Subject Access Request

Patient	Miss Ann Mathers
Date of birth	14-Oct-1978 (age 47)
Gender	F
NHS number	
Patient's address	57 Littleton Park Barrhead Glasgow East Renfrewshire G78 2FA
Date range selected	Full record
Organisation	MMA Legal
Reference	100042

Problems

Active

30-Jan-2025 Sister Ann McBain (AM987)
Suspected UTI

13-Oct-2016 Ms Janis McNeil (JM3116)
Intra-uterine contr. device

Significant Past

This section is empty.

Minor Past

25-Sept-2018 Dr Gillian Lockhart (GL3111)
Chest infection

13-Oct-2017 Dr John Dudgeon (JD524)
Anxiety state NOS

22-Sept-2016 Dr Gillian Lockhart (GL3111)
Throat infection - tonsillitis

19-Sept-2016 Dr Gillian Lockhart (GL3111)
Generalised anxiety disorder

19-Sept-2016 Dr Gillian Lockhart (GL3111)
Viral sore throat NOS

28-July-2016 Dr Gillian Lockhart (GL3111)
Throat infection - tonsillitis

28-July-2016 Dr Gillian Lockhart (GL3111)
Anxiety state NOS

18-Nov-2015 Dr Gillian Lockhart (GL3111)
Eustachian tube dysfunction (Right)

13-May-2013 Ms Jenny Whelan (JW5817)
IUD fitted

01-May-2013 Dr Gillian Lockhart (GL3111)
Postnatal examination normal

05-Oct-1994 Mrs Mairi McKelvie (MMCK)
[X]Overdose - paracetamol

Consultations

12-Feb-2026 Mrs Michelle White (MW) Gleniffer Medical GroupMain Surgery

History	Rep.presc. monitoring NOS RPLES
History	Drug over usage checked RPLES

04-July-2025 Mrs Jane Gemmell (JG) Phone Encounter

Comment	Comment Telephone call - Checked with patient to ensure she is still wanting her b12 injection as treatment room had been trying to allocate her an appointment but no answer. Re-reffered to treatment room - Ann already has the ampule of b12 to bring with her
New Referral	New Referral 8Hlg.: Referral to community treatment room (SCI Gateway Referral)

27-May-2025 Dr Martin Downey (DWNYGP_18998) Telephone Consultation

Problem	Problem Ongoing LBP No red flags Asking for stronger analgesia
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET ONE OR TWO TO BE TAKEN FOUR TIMES A DAY IF REQD

23-May-2025 Dr Gouri Bhat (BHATGP_18998) Gleniffer Medical GroupMain Surgery

Comment	Comment Mechanical back pain- 4 day h/o same. Was cleaning the day before. No red flags. Fully mobile. Flexion of spine full range, extension possible but painful. SLR bilaterally 90 degrees. No urinary symptoms. No bowel symptoms no red flags. Lower lumbar muscles feel stiff. Rx Naproxen and worsening statement given
Medication	Medication Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY

06-Mar-2025 Dr Clare Seenan (CLS) Data Entry

History	History Rx request sertraline / folic acid / dizepam - needs appt with GP to disucssed ? had b12 inj

06-Mar-2025 Dr Fiona O'Donoghue (FO) Gleniffer Medical GroupMain Surgery

History	History recent reg in practice and thought was referred ther but not , do colorectal referral based on previous practice noted . Also had B12 inj at eastwood as loading dose . refer to rx room her for 3 mthly
Problem	Problem for rpt folic acid rx and sertraline
History	History on diazepam for years and 150mg sertraline , discussed high dose and not good idea long termfor sertraline and diazepam would not be added to acute , can return for further discussion , refer2 referrals meantime
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 168 tablet 3 DAILY
Medication	Medication Diazepam Tablets 2 mg 21 TABLET ONE TABLET AS REQUIRED
Medication	Medication Folic Acid Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY

06-Mar-2025 Dr Fiona O'Donoghue (FO) Data Entry

Comment	Comment HB 135 mcv 107 e gfr gtr 60
Medication	Medication Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule 5 ampoule TO BE INJECTED AS DIRECTED

21-Feb-2025 Mrs Caroline Wilson (CAROLINE W18998) General Practice Surgery

Result	**Virology**:	
	Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative	(No range available)

19-Feb-2025 Ms Margaret Robertson (MR) Gleniffer Medical GroupMain Surgery

History	Cigarette smoker	19 Cigarettes/day
Examination	O/E - height	172.72 cm
Examination	O/E - weight	69.85 Kg
Examination	Body Mass Index	23.41
Examination	Ideal Weight	68.61 Kg
Social	Aerobic exercise 0 times/week	
Social	Teetotaller	

17-Feb-2025 Dr Lauren Firth (LF8202) ELMWOOD MEDICAL PRACTICEMain Surgery

History	History Follow up about Qfit. refered to surgeons for raised qfit. Patient already googled and worried. nil FH of IBD or cancers. happy with referal and aware lots of other causes for raised qfit. Brought rpt urine for me today. issues with haematuria but all while menstrating. Currently not menstrating. Due copper coil out this week
Examination	Examination urinalysis: negative
Comment	Comment Currently abdominal pain better, awaiting surgeons and nil issues with haematuria.

14-Feb-2025 Dr Salma Ahmad (SA5821) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment	Comment Urgent referral to colorectal - Dear Colleague, I would be grateful for your assessment of a 46-year-old patient who has been experiencing ongoing weight loss and fatigue. Her history has been somewhat complex due to multiple symptoms, making it challenging to pinpoint a clear pattern. She primarily reports persistent abdominal pain, bloating, and a general sense of exhaustion. She has mentioned intermittent episodes of diarrhea, though the history is unclear, and she denies any blood in her stool. Additionally, she has had recurrent urinary tract infections around the same time, which has made it difficult to determine the exact source of her symptoms. Further investigations revealed a raised qFIT of 160. Given this, I would be grateful if she could be reviewed and investigated further. Many thanks,	

05-Feb-2025 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

Examination	Urinalysis = abnormal blood ++	
Comment	Comment MSSU repeated as per SA. Note menstruating at present.	
Test request	Test request Midstream Urine (C&S) - Completed	

05-Feb-2025 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment	Comment Smear cancelled today as bleeding.	

05-Feb-2025 Dr Salma Ahmad (SA5821) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet TWO TABLETS THREE TIMES A DAY AS REQUIRED	
20-Feb-2025	Medication	Medication Folic Acid Tablets 5 mg 56 tablet ONE TO BE TAKEN EACH DAY	
	History	History Abdominal pain : For months now, waking her up at night, worse at night time. Had a urine infection recently which was treated - pain eased slightly but then back pain. Takes analegsia at night which helps slightly but not very mcuh. Has a copper coil insitu which is out of date - has follow up with sandford in 2 weeks and might consider a mirena, Periods are heavy and problematic. Pain often seems worse around this time, feels spasmodic and severe when comes on. Due for a smear today but bleeding heavy so will not be able to have this done - has not had a smear in a long time.	
	Examination	O/E - BP reading abdomen: generalised tenderness Worse on right side radiating to back. , no guarding or rebound. temp 36.9.	
	Medication	Medication Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule 1 AMPOULE TO BE INJECTED AS DIRECTED	
	Social	Social Admits to heavy drinking for sometime now - 4 bottles of wine a week on her own. Discussed this - offered help but feels would be able to do it herself.	
	Comment	Comment Discsused bloods - low b12 - which needs replacing and folate, prescription given Also trial of buscopan to help with pain rechcek urine sample, if no infection but has blood ? consider KUB - if still has an infection to treat. Will drop in a sample today.	
	History	History Discsused low b12 and Folate	
	Comment	Comment Prescription for b12 given	
	Examination	Systolic blood pressure	121 mm Hg
	Examination	Diastolic blood pressure	72 mm Hg

01-Feb-2025 Ms Lynda Gordon (LG3113) Out Of Hours

Comment	Comment abdominal pain 3 days diagnosed with uti finished course of abx now radiating round back and down leg states is also on period has coil in states she has had coil in 7 years longer than should have pt thought was 10 years ?gyn related pain given naproxen 500mg tablets one to be taken twice daily with food instead of ibuprofen (28) omeprazole 20mg gr capsules 1 capsule once a day oral 28.	

31-Jan-2025 User Previous Practice (PP328) Original Pathology Report

30-Jan-2025	Result	**(Non Coded Event - CA125)**:		
		CA125 level	**43 kU/L**	**(No range available)**
30-Jan-2025	Result	**(Non Coded Event - Thyroid funct test)**:		
		Serum total T3 level		(No range available)
		Serum free T4 level	13.8 pmol/L	(Range: 9 - 21)
		Serum TSH level	1.12 mU/L	(Range: 0.35 - 5)
30-Jan-2025	Result	**(Non Coded Event - Lipid profile)**:		
		Serum cholesterol/HDL ratio	2.6	(No range available)
		VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.4 mmol/L	(No range available)
		Calculated LDL cholesterol level	2.4 mmol/L	(No range available)
		Serum HDL cholesterol level	1.8 mmol/L	(No range available)
		Serum triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
		Serum cholesterol	4.6 mmol/L	(No range available)
30-Jan-2025	Result	**(Non Coded Event - Liver Function Tests)**:		
		Serum albumin	38 g/L	(Range: 35 - 50)
		Serum alkaline phosphatase	67 U/L	(Range: 30 - 130)
		AST serum level	29 U/L	(No range available)
		ALT/SGPT serum level	23 U/L	(No range available)
		Serum total bilirubin level	7 umol/L	(No range available)
30-Jan-2025	Result	**(Non Coded Event - Urea & Electrolytes)**:		
		GFR calculated abbreviated MDRD > 60		(No range available)
		Serum creatinine	49 umol/L	(Range: 40 - 130)
		Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
		Serum chloride	104 mmol/L	(Range: 95 - 108)
		Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
		Serum sodium	136 mmol/L	(Range: 133 - 146)

30-Jan-2025 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Trimethoprim Tablets 200 mg 6 tablet ONE TO BE TAKEN TWICE A DAY		
	Problem	Suspected UTI		
	History	History Ongoing HX of lower abdominal pain & bloating " going on for ages ". Worsened suddenly past few days. 46 yer old para 3+2 (SVD's) No significant gynae HX - no cysts or endometriosis. Denies risk of pregnancy. Last smear NAD 2016. Has had IUCD insitu for 9 years (? copper coil) . Still has monthly bleeds reports menses as heavy ++. LMP 02/01/2025. Reports unexpained weight loss of 2 stones in past year. Denies altered bowel habit, however has noticed occasional diarrhoea - no blood in stool or urinary issues. Smoker & high alcohol intake (3 bottles of wine over weekends). Feels very emotional, TATT, with night sweats & brain fog. Systemically well. No red flags of acute abdomen / appendicitis. Works as a school dinner lady, has two living children *****. Admits to stress at home & keen to address lifestyle / get back on track with health. Note smear overdue - last cytology negative 2016.		
	Examination	Urinalysis = abnormal nitrate +ve, leucocytes ++. Cloudy with strong odour on examination. Temp 36.3.		
	Examination	O/E - BP reading		
	Test request	Test request Vitamin B12 (Active) - Completed, CA125 - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Folate - Completed, Thyroid function tests - Completed, HbA1c - Completed, qFIT - Completed, Full Blood Count - Completed, Midstream Urine (C&S) - Completed		
	Comment	Nursing care blood sample taken Symptoms & presention in keeping with UTI. RX issued for ABX. Advised re rest, fluids, simple analgesia. MSSU sent to lab. including ca125. qFIT kit issued - advised on use. Strongly advised to update smear & appt with Sandyford to renew coil. Can consider HRT. Will follow up with GP next week. Signposted to Menopause Matters website meantime for further reading. Supportive chat. Worsening statement given . Red flags discussed - aware to attend A& E if any acute symptoms develop. Ann happy with POA. NKDA.		
	Examination	Systolic blood pressure	117 mm Hg	
	Examination	Diastolic blood pressure HR 68 reg. Sa02 100% Abdomen soft & non tender . Bowel sounds present.	72 mm Hg	

30-Jan-2025 Sister Ann McBain (AM987) General Practice Surgery

	Result	**(Non Coded Event - HbA1C (IFCC))**:		
		Haemoglobin A1c level - IFCC standardised	31 mmol/mol	(Range: 20 - 41)

30-Jan-2025 Sister Ann McBain (AM987) General Practice Surgery

Result	**(Non Coded Event - Thyroid funct test)**:		
	Serum total T3 level		(No range available)
	Serum free T4 level	13.8 pmol/L	(Range: 9 - 21)
	Serum TSH level	1.12 mU/L	(Range: 0.35 - 5)
Result	**(Non Coded Event - Lipid profile)**:		
	Serum cholesterol/HDL ratio	2.6	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.4 mmol/L	(No range available)
	Calculated LDL cholesterol level	2.4 mmol/L	(No range available)
	Serum HDL cholesterol level	1.8 mmol/L	(No range available)
	Serum triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
	Serum cholesterol	4.6 mmol/L	(No range available)
Result	**(Non Coded Event - Liver Function Tests)**:		
	Serum albumin	38 g/L	(Range: 35 - 50)
	Serum alkaline phosphatase	67 U/L	(Range: 30 - 130)
	AST serum level	29 U/L	(No range available)
	ALT/SGPT serum level	23 U/L	(No range available)
	Serum total bilirubin level	7 umol/L	(No range available)
Result	**(Non Coded Event - Urea & Electrolytes)**:		
	GFR calculated abbreviated MDRD > 60		(No range available)
	Serum creatinine	49 umol/L	(Range: 40 - 130)
	Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
	Serum chloride	104 mmol/L	(Range: 95 - 108)
	Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
	Serum sodium	136 mmol/L	(Range: 133 - 146)

30-Jan-2025 Dr Lauren Firth (LF8202) General Practice Surgery

Result	**(Non Coded Event - Full Blood Count)**:		
	Nucleated red blood cell count	0 x10^9/l	(No range available)
	Basophil count	0 x10^9/l	(No range available)
	Eosinophil count	0.22 x10^9/l	(Range: 0.02 - 0.5)
	Monocyte count	0.6 x10^9/l	(Range: 0.2 - 1)
	Lymphocyte count	1.8 x10^9/l	(Range: 1.1 - 5)
	Neutrophil count	6.3 x10^9/l	(Range: 2 - 7)
	Platelet count	237 x10^9/l	(Range: 150 - 410)
	Mean corpusc. haemoglobin(MCH)	**36.9 pg**	**(Range: 27 - 32)**
	Mean corpuscular volume (MCV)	**107.7 fl**	**(Range: 83 - 101)**
	Haematocrit	0.394 l/l	(Range: 0.37 - 0.47)
	Haemoglobin estimation	135 g/l	(Range: 115 - 165)
	Red blood cell (RBC) count	**3.66 x10^12/l**	**(Range: 3.8 - 5.8)**
	Total white cell count	8.9 x10^9/l	(Range: 4 - 10)

30-Jan-2025 Dr Lauren Firth (LF8202) General Practice Surgery

Result	**(Non Coded Event - Serum Folate)**:		
	Serum folate < 2.2		(No range available)
Result	**(Non Coded Event - Serum Ferritin)**:		
	Serum ferritin	122 ug/l	(Range: 15 - 200)
Result	**(Non Coded Event - Active B12)**:		
	Active B12 (Non Coded Event - Active B12)	**19 pmol/L**	**(No range available)**

30-Jan-2025 Dr Lauren Firth (LF8202) General Practice Surgery

Result	**(Non Coded Event - QFIT)**:		
	qFIT (Non Coded Event - qFIT)	**160 ug Hb/g faeces**	**(No range available)**

17-Nov-2023 Ms Lynda Gordon (LG3113) Telephone Consultation

Comment	Comment asked patient about the address in Barrhead, she says she definitely stays at 20 Moorhill Crescent, she was phoning her ***** prescription to her surgery, and when she came to phone her own she gave barrhead address and realised her mistake

16-Nov-2023 Ms Lynda Gordon (LG3113) Data Entry

Comment	Comment patient phoned prescription line ordering medication given address and 59 Littleton Park which is in Barrhead, order not processed, sent letter to patient asking her to contact the surgery

13-Sept-2023 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Trimethoprim Tablets 200 mg 6 tablet ONE TO BE TAKEN TWICE A DAY
	Examination	Urinalysis = abnormal blood +, leucocytes ++. Symptomatic ++ pain, dysuria, frequency.
	Comment	Comment Treat empirically. No issues with Trimethoprim. Rx arranged. Aware to provide further sample if persists following completion of ABX. Worsening statement given .

24-Oct-2021 User Previous Practice (PP328) Original Pathology Report

23-Oct-2021 Result **2019-nCoV (novel coronavirus) detected**:
2019-nCoV (novel coronavirus) detected (No range available)

15-Sept-2021 Mr Anonymous User (AU308) Unknown

11-Sept-2021 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Madhok) *(Left arm) PV46701/ AZ/IM/LUA//C-19 (By K Madhok)*

25-May-2021 Mr Anonymous User (AU308) Unknown

19-May-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By R *****) *(Left arm) PV46679/ AZ/IM/LUA//C-19 (By R *****)*

14-Sept-2020 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Loperamide Hydrochloride Capsules 2 mg 30 capsule TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)
Comment Comment loperamide

10-Sept-2020 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Campylobacter infection; Duration: 03/09/2020 - 14/09/2020)

07-Sept-2020 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Hyoscine Butylbromide Tablets 10 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY
Comment Comment As per below. JAT aware.
Test request Test request Faeces (C&S) - Completed

07-Sept-2020 Sister Ann McBain (AM987) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Telephone encounter : D & V since Friday. Vomiting stopped - loose stools remain. Miserable. Managing to mainain hydration. No red flags highlighted ? viral gastric flu. Suportive advice. Stool sample for C & S if no improvement by tomorrow. Worsening statement given . Consulted under current Covid-19 national crisis. Extreme measures in place nationally.Some limitations on clinical assessment. .

08-Apr-2020 Ms Michelle Moffat (MM3114) Acute Scripts

Comment Comment Diazepam 5mg as a one off due to anxiety

08-Apr-2020 Mrs Vicki Hunt (VH1700) Special Request

20-Feb-2025 Medication Medication Diazepam Tablets 2 mg 56 tablet TAKE ONE UP TO TWICE DAILY AS REQUIRED
History History Regular issue of 2mg diazepam, average 2/day. D/w JT re request for higher strength. Continue 2mg up to bd as per r/v in Feb.
Comment Comment Unable to contact patient, no voicemail on mobile. Regular Rx for 2mg tabs issued as is now due
Read Code Medication review done

06-Feb-2019 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment ok on sertraline and low dose diaz, regular review,

19-Dec-2018 Mrs Vicki Hunt (VH1700) Special Request

20-Feb-2025 Medication Medication Sertraline Hydrochloride Tablets 50 mg 84 tablet 3 DAILY
History History Special Request sertraline. On rpt but not issued since 28/8/18. Phoned to check if still taking 3/day, but no reply. Rx issued but will ask admin team to book her in for GP r/v in Jan. Acute Rx issued meantime
Comment Previous treatment continue

25-Sept-2018 Dr Gillian Lockhart (GL3111) Special Request

20-Feb-2025 Medication Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY
Problem Chest infection
Comment Comment if not settling needs rewiew

18-July-2018 Ms Jacqui Williams (JW3115) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Diazepam 5mg x 14 for flying

14-Mar-2018 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Ibuprofen Gel 5 % 100 gram APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY
Comment Comment neck tightness, stress++

27-Feb-2018 Ms N Docherty (ND3118) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Feeling better, less anxious and enjoying working more hours. Spoke to family and asked for extra help with child care which they are happy to do. Awaits counselling through future pathways, will be discharged from service as awaits counselling.

15-Feb-2018 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Diazepam Tablets 2 mg 28 tablet AS DIRECTED
Comment Comment uses low dose diaz as a 'emergency' will limit self to 28/month...put on repeat , know to try and reduce
Read Code Medication review done

13-Feb-2018 Ms N Docherty (ND3118) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Never feels "secure", placed in care aged 9 with siblings, lost ***** at five months to cot death. Feels she has never dealt with past traumas as others have "worse problems". Discussed future pathways service which provide long term counselling to people who have been in care. Will make referral and app made for two weeks.

02-Feb-2018 Ms Michelle Moffat (MM3114) ELMWOOD MEDICAL PRACTICEMain Surgery

History Rep.presc. monitoring NOS MM LES

24-Jan-2018 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Long chat continues to work bakery local coop. scared of decreasing stopping diazepam. Long chat will see ***** RAMH Linkworker. Fine when at work has distraction there 14x 2mg diazepam given until review with Linkworker. No further diazepam Rx unless reviewed. Understands the rational. Continues on 150mg sertraline. ? ref computer CBT course

11-Jan-2018 Mrs Vicki Hunt (VH1700) Phone Encounter

20-Feb-2025 Medication Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN TWICE A DAY IF REQ
Comment Comment See previous encounter. Called back after messages left Monday & today. Appt now booked for 24th Jan. Rx issued for 14 tabs (average over past month ~1/day)
Read Code Previous treatment continue
Read Code Advised to contact general practitioner
Read Code Telephone encounter

08-Jan-2018 Mrs Vicki Hunt (VH1700) Special Request

Comment Comment Special Request diazepam. D/w GL: must have double appt with GL for review. Can only give enough to last until appt. Unable to contact patient - message left to call back.
Read Code Drugs not issued Diazepam
Read Code Advised to contact general practitioner

27-Dec-2017 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment chest infection, rhonchi, ae good sats 98%

11-Dec-2017 Mrs Vicki Hunt (VH1700) Special Request

20-Feb-2025 Medication Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN TWICE A DAY IF REQ
Comment Comment Special Request diazepam. Average &lt3/day since Sept '16, but note encounters 13/10/17, 25/10/17 & 02/11/17 - not for long-term use. D/w GL: issue 14 tablets today but must see GL before any further prescriptions.
Read Code Previous treatment continue
Read Code Advised to contact general practitioner

05-Dec-2017 Ms Irene Brown (IB3117) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Ann didn't attend her appointment today

22-Nov-2017 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 56 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
	Comment	Comment uses diaz for panics, not overusing, ok for further supply

20-Nov-2017 Mrs Vicki Hunt (VH1700) Phone Encounter

	Comment	Comment Special Request diazepam. See previous encounter. Advised patient to be seen before any further prescription issued. Will phone tomorrow to make appt.
	Read Code	Drugs not issued Diazepam

02-Nov-2017 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 28 tablet ONE TO BE TAKEN TWICE A DAY IF REQ
	Comment	Comment long chat re diazepam use. Will re self ref RAMH also appointment with RAMH Linkworker Irene Brown early dec review prior to any further diazepam Rx. NO FURTHER DIAZEPAM rx until review. Booked RAMH linkworker also. Now in employment with COOP

25-Oct-2017 Dr Charlotte Monteith (CM2434) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 6 tablet TAKE ONE TABLET UP TO THREE TIMES PER DAY
	History	History Specials request for Diazepam. Needs to see GP - Looks as though been discussed with patient not long term solution. For appointment before any further issued, allow 6 only today.

13-Oct-2017 Dr John Dudgeon (JD524) Medication Course Ended

	Medication	Drug therapy discontinued Diazepam Tablets 2 mg 56 tablet REASON NOT SPECIFIED

13-Oct-2017 Dr John Dudgeon (JD524) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY
	Problem	Anxiety state NOS
	History	History Struggling with her anxiety meant to be going away for the week with her son and terrified at the prospect. Asking for more 5 mg diazerpam as they are the only thing she feels help with her panic attacks. Did not like B blocker did not help. Did a 4 day course with RAMH and has been trying to use her workbooks. Long chat about the paroxysmal effect and addcitive nature of diazepam and also the license restrictions. Assured her it is not the long term solution and will make matters worse. Asked her to consider going to see a psychiatristy.

29-Sept-2017 Ms Laura Pelan (LP1105) Data Entry

	Comment	Comment Special Request: Diazepam 5mg. Using 2mg regularly, had 5mg once for flying. Spoke to ***** - pt had appt with JT today but cancelled, requesting higher dose as stressed with new job. Discussed with JT - agreed no dose increase unless sees GP.
	Comment	Comment Phoned pt to inform her but going to voicemail - message left explaining no supply and tma with GP if wishes higher strength.
	Read Code	Drugs not issued Diazepam 5mg tabelts

11-Sept-2017 Ms Lynda Gordon (LG3113) ELMWOOD MEDICAL PRACTICEMain Surgery

	Test request	Test request Faeces (C&S) - Completed

09-Aug-2017 Ms Michelle Moffat (MM3114) Out Of Hours

	Comment	Comment Medication query, concerned interaction with Fluconazole and Diazepam.

08-Aug-2017 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 5 mg 14 tablet AS DIRECTED
20-Feb-2025	Medication	Medication Fluconazole Capsules 150 mg 1 capsule ONE TO BE TAKEN AS A SINGLE DOSE
	Comment	Comment flying phobia

24-May-2017 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment going to hols.

10-Apr-2017 Mrs Vicki Hunt (VH1700) Phone Encounter

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 10 tablet ONE TO BE TAKEN TWICE A DAY AS DIRECTED
	Comment	Comment Special Request diazepam. On repeat, but issued 1 month's supply 29/3/17. Left tablets at her ***** at the weekend. Will get them back on Saturday, but needs supply to cover until then. Passed to GL - agrees happy to prescribe 10 tablets.
	Read Code	Previous treatment continue
	Read Code	Discussed with pharmacist

29-Mar-2017 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 84 tablet 3 DAILY
20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 56 tablet AS DIRECTED
	Comment	Comment seeing irene, got lots help at ramh...keep diaz 2 /day should be on 150mg sertraline

24-Mar-2017 Ms Laura Pelan (LP1105) Data Entry

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 12 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Comment	Comment Special Request sertraline and diazepam.
	Comment	Comment Sertraline was on 100mg reduced to 50mg in January. Average usage 1.1/day. Acute Rx issued
	Comment	Comment Diazepam - average use 2.3/day. Has appt for review 29/03/2017. Acute Rx issued - 4 day supply.
	Read Code	Previous treatment continue

17-Mar-2017 Ms Laura Pelan (LP1105) Data Entry

	Comment	Comment Special Request diazepam - no appointment made following request last week. Discussed with JT - 4 day supply issued with note to make appointment for review.
	Read Code	Previous treatment continue
	Read Code	Advised to contact general practitioner

10-Mar-2017 Ms Laura Pelan (LP1105) Data Entry

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
	Comment	Comment Special Request diazepam. See previous requests - ordering weekly now, suggesting she is using approx 3/day. Discussed with JT - agreed 7 day supply and asked tma for review.
	Read Code	Previous treatment continue
	Read Code	Advised to contact general practitioner

07-Mar-2017 Ms Irene Brown (IB3117) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment Ann said that she attended the Anxiety Management group and really enjoyed it. She said she enjoyed getting up to 'go somewhere and being part of a group'. She is planning to attend the Self-Esteem group and then Assertiveness. Ann said she would like to work with children who have a chaotic upbringing as she had. Suggested that she refer to Employability when she has completed the other groups to look at college courses. No further support required from Community Link

15-Feb-2017 Ms Irene Brown (IB3117) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment Ann spoke about anxiety management techniques she was using after reading the booklet I gave her. She is on the Isit for the RAMH Causeway Anxiety Management Group and we have arranged an appointment on 7th March to see how she got on and discuss future support.

06-Feb-2017 Mrs Vicki Hunt (VH1700) Data Entry

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
	Comment	Comment Special Request diazepam. D/w GL - OK to have 2 wks supply for now as due to see link worker & RAMH in next few weeks. Average use ~2-3/day. Acute Rx issued for 21 tabs as per usual Rx quantity, so can have another Rx next week if needed.
	Read Code	Previous treatment continue

31-Jan-2017 Ms Irene Brown (IB3117) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment Ann spoke of anxiety and also of events from her past which she doesn't feel have anything to do with how she is feeling. She said she doesn't like relying on medicine so we discussed other interventions that could help. She agreed to 1:1 anxiety management and also agreed to consider Counselling once this is complete. Further appointment on 15th February.

31-Jan-2017 Ms Lynda Gordon (LG3113) Telephone Consultation

	Comment	Comment patient has an appt with RAMHS on 1st, 2nd, 3rd of March (3 day course) between 10.00am and 12.00pm as per ***** ***** at RAMH. Left Message on Mrs Mathers mobile phone on Tuesday 31st January

30-Jan-2017 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Comment	Comment long chat re diazepam use try to pull forward anxiety management see RAMH Linkworker mane see back 2-3/52

23-Jan-2017 Mrs Vicki Hunt (VH1700) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 7 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Comment	Comment Special Request sertraline. On 100mg since October, issue dates suggest concordance ~80%. Acute Rx issued
	Comment	Comment Special Request diazepam. Note previous encounter, had appt for today but then cancelled. D/w GL: can give 7 tablets but advise no more until review. Unable to contact patient, note left on Rx to make appt asap.
	Read Code	Previous treatment continue

16-Jan-2017 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment req review prior to any further diazepam

28-Nov-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment increasing anxiety no obvious trigger will contact RAMH 1/52 supply diazepam see back

21-Nov-2016 Mrs Vicki Hunt (VH1700) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment Special Request diazepam. 5 Rx in last 2mths (~1.7 tabs/day) Note sertraline increased last month, overdue GP review. Unable to contact patient. Passed to GP for decision.
	Read Code	Drugs not issued Diazepam

13-Oct-2016 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICEMain Surgery

	Examination	Cervical smear taken
	Examination	O/E-vaginal speculum exam. NAD
	Examination	O/E - no vaginal discharge
	Comment	Comment EPOSIDES SPOT BLEEDING / CERVIX BLED ON CONTACT
	Read Code	[V]Coil check
	Read Code	O/E Cervix: transitional zone seen

13-Oct-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Problem	Generalised anxiety disorder
	Comment	Comment Gradual improvement increase sertraline to 100mg see back 3/52

03-Oct-2016 Mrs Vicki Hunt (VH1700) Data Entry

	Comment	Comment Special request: Diazepam. Given for first time 2 wks ago with restarted sertraline for anxiety. D/w Dr Lockhart - to give small supply & advise to see GP next time.
	Read Code	Previous treatment continue

30-Sept-2016 User Previous Practice (PP328) Original Pathology Report

29-Sept-2016	Result	**(Non Coded Event - Serum Ferritin)**: Serum ferritin	82 ug/l	(Range: 15 - 200)

30-Sept-2016 User Previous Practice (PP328) Original Pathology Report

29-Sept-2016	Result	**(Non Coded Event - Blood Film)**:		
		Blood film microscopy Yes		(No range available)
29-Sept-2016	Result	**(Non Coded Event - GFST)**:		
		Glandular fever screening test Neg		(No range available)
29-Sept-2016	Result	**(Non Coded Event - Full Blood Count)**:		
		Nucleated red blood cell count	0 x10^9/l	(No range available)
		Basophil count	0 x10^9/l	(No range available)
		Eosinophil count	0.2 x10^9/l	(No range available)
		Monocyte count	0.5 x10^9/l	(Range: 0.2 - 0.8)
		Lymphocyte count	2.2 x10^9/l	(Range: 1.5 - 4)
		Neutrophil count	5.2 x10^9/l	(Range: 2 - 7.5)
		Platelet count	351 x10^9/l	(Range: 150 - 400)
		Mean corpusc. haemoglobin(MCH)	30.9 pg	(Range: 27 - 32)
		Mean corpuscular volume (MCV)	92.7 fl	(Range: 80 - 100)
		Haematocrit	**0.366 l/l**	**(Range: 0.37 - 0.47)**
		Haemoglobin estimation	122 g/l	(Range: 115 - 165)
		Red blood cell (RBC) count	3.95 x10^12/l	(Range: 3.8 - 5.8)
		Total white cell count	8.2 x10^9/l	(Range: 4 - 11)

30-Sept-2016 User Previous Practice (PP328) Original Pathology Report

29-Sept-2016	Result	**(Non Coded Event - Glucose)**:		
		Plasma glucose level	4.5 mmol/L	(Range: 3.5 - 6)

30-Sept-2016 User Previous Practice (PP328) Original Pathology Report

29-Sept-2016	Result	**(Non Coded Event - Thyroid funct test)**:		
		Serum total T3 level		(No range available)
		Serum free T4 level	11.6 pmol/L	(Range: 9 - 21)
		Serum TSH level	0.79 mU/L	(Range: 0.35 - 5)
29-Sept-2016	Result	**(Non Coded Event - Liver Function Tests)**:		
		Serum albumin	**34 g/L**	**(Range: 35 - 50)**
		Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
		AST serum level	25 U/L	(No range available)
		ALT/SGPT serum level	21 U/L	(No range available)
		Serum total bilirubin level	4 umol/L	(No range available)
29-Sept-2016	Result	**(Non Coded Event - Urea & Electrolytes)**:		
		GFR calculated abbreviated MDRD > 60		(No range available)
		Serum creatinine	59 umol/L	(Range: 40 - 130)
		Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
		Serum chloride	107 mmol/L	(Range: 95 - 108)
		Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
		Serum sodium	139 mmol/L	(Range: 133 - 146)
29-Sept-2016	Result	**(Non Coded Event - C-reactive Protein)**:		
		Serum C reactive protein level	5 mg/L	(No range available)
29-Sept-2016	Result	**(Non Coded Event - Bone Profile)**:		
		Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
		Serum albumin	**34 g/L**	**(Range: 35 - 50)**
		Serum inorganic phosphate	0.95 mmol/L	(Range: 0.8 - 1.5)
		Corrected serum calcium level	2.26 mmol/L	(Range: 2.2 - 2.6)
		Serum calcium	**2.18 mmol/L**	**(Range: 2.2 - 2.6)**

29-Sept-2016 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment	Comment blood sample to lab as requested, review result with Dr
Test request	Test request Glucose - Completed, Bone Profile - Completed, CRP - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Thyroid function tests - Completed, Throat swab (C&S) - Completed, Full Blood Count - Completed, Infectious Mononucleosis - Completed
Comment	Comment Blood in os / r/v for smear when bleeding stopped

22-Sept-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 80 tablet TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS
20-Feb-2025	Medication	Medication Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ml RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS
	Problem	Throat infection - tonsillitis
	Comment	Comment now white exudate systemic problems exudate ++ if not settling bloods and swab
	Test request	Test request Glucose - Requested, Bone Profile - Requested, CRP - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Thyroid function tests - Requested, Throat swab (C&S) - Requested, Full Blood Count - Requested, Infectious Mononucleosis - Requested

19-Sept-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY	
20-Feb-2025	Medication	Medication Diazepam Tablets 2 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	
20-Feb-2025	Medication	Medication Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ml RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	
	Problem	Generalised anxiety disorder	
	Comment	Comment ref anxiety management	
	Problem	Viral sore throat NOS	

28-July-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 80 tablet TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS	
20-Feb-2025	Medication	Medication Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ml RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	
	Problem	Throat infection - tonsillitis	
	Comment	Comment eudate LHS Cx lymph nodes palp	
	Problem	Anxiety state NOS	
	Comment	Comment still ongoing problems no obvious triggers. Check bloods see back ? anxiety management/and or ? sertraline	
	Test request	Test request Glucose - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Thyroid function tests - Requested, Full Blood Count - Requested, Infectious Mononucleosis - Requested	

13-July-2016 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY	
	Comment	O/E - BP reading anxiety attack, tachycardia..100bpm	
	Examination	Systolic blood pressure	130 mm Hg
	Examination	Diastolic blood pressure	74 mm Hg

07-Apr-2016 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Metronidazole Tablets 400 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY	
20-Feb-2025	Medication	Medication Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY	
	Comment	Comment still problems with L TM joint and swelling cover with metronidazole x-ray arranged see back with result	

05-Feb-2016 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY	
	Comment	Comment swollen L pre-auric? parotitis, no evidence of throat infn	

18-Nov-2015 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY	
20-Feb-2025	Medication	Medication Xylometazoline Hydrochloride Nasal spray 0.1 % 1 spray ONE SPRAY EACH NOSTRIL TID FOR 5/7	
	Problem	Eustachian tube dysfunction (Right)	
	Comment	Comment also still some issues with anxiety trial of sertraline see 2/52	

04-Sept-2015 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Acetic Acid Ear Spray 2 % 1 spray 1 PUFF TID EACH EAR	
20-Feb-2025	Medication	Medication Xylometazoline Hydrochloride Nasal spray 0.1 % 1 spray ONE SPRAY EACH NOSTRIL TID FOR 5/7	
20-Feb-2025	Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 capsule ONE TO BE TAKEN EACH DAY	
	Comment	Comment increasing anxiety no trigger . re start fluoxetine see 1/12	

19-May-2015 Ms Michelle Moffat (MM3114) Medication Course Ended

Medication	Drug therapy discontinued Fluoxetine Hydrochloride Capsules 20 mg 56 CAPS Medication no longer required Not had since Mar 2014

09-Dec-2013 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment	Comment bloods fine except no trace TFT feels much better on omeprazole awaiting USS on Wed see after

28-Nov-2013 Ms Lynda Gordon (LG3113) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment	Comment stool sample sent

26-Nov-2013 User Previous Practice (PP328) Original Pathology Report

Result	**(Non Coded Event - CA125)**:		
	CA125 level	6 kU/L	(No range available)
Result	**(Non Coded Event - Transferrin / Iron)**:		
	Transferrin saturation index	**21 %**	**(Range: 25 - 50)**
	Serum iron level	15 umol/L	(Range: 10 - 30)
	Serum transferrin	2.9 g/L	(Range: 2 - 4)
Result	**(Non Coded Event - Lipid profile)**:		
	Serum cholesterol/HDL ratio	2.2	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	1 mmol/L	(No range available)
	Calculated LDL cholesterol level	0.9 mmol/L	(No range available)
	Serum HDL cholesterol level	1.6 mmol/L	(No range available)
	Serum triglycerides	2.1 mmol/L	(Range: 0.2 - 2.3)
	Serum cholesterol	3.5 mmol/L	(No range available)
Result	**(Non Coded Event - Liver Function Tests)**:		
	Serum albumin	38 g/L	(Range: 35 - 50)
	Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
	AST serum level	14 U/L	(No range available)
	ALT/SGPT serum level	11 U/L	(No range available)
	Serum total bilirubin level	9 umol/L	(No range available)
Result	**(Non Coded Event - GGT)**:		
	Serum gamma-glutamyl transferase level	18 U/L	(No range available)
Result	**(Non Coded Event - Urea & Electrolytes)**:		
	GFR calculated abbreviated MDRD > 60		(No range available)
	Serum creatinine	71 umol/L	(Range: 40 - 130)
	Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
	Serum chloride	104 mmol/L	(Range: 95 - 108)
	Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
	Serum sodium	138 mmol/L	(Range: 133 - 146)
Result	**(Non Coded Event - C-reactive Protein)**:		
	Serum C reactive protein level < 3		(No range available)
Result	**(Non Coded Event - Bone Profile)**:		
	Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
	Serum albumin	38 g/L	(Range: 35 - 50)
	Serum inorganic phosphate	1.1 mmol/L	(Range: 0.8 - 1.5)
	Corrected serum calcium level	2.34 mmol/L	(Range: 2.2 - 2.6)
	Serum calcium	2.32 mmol/L	(Range: 2.2 - 2.6)
Result	**(Non Coded Event - Amylase)**:		
	Serum amylase level	45 U/L	(No range available)

26-Nov-2013 User Previous Practice (PP328) Original Pathology Report

Result	**(Non Coded Event - Glucose)**:		
	Plasma glucose level	4.7 mmol/L	(Range: 3.5 - 6)

26-Nov-2013 User Previous Practice (PP328) Original Pathology Report

Result	**(Non Coded Event - ESR)**:		
	Erythrocyte sedimentation rate	5 mm/hr	(Range: 1 - 12)
Result	**(Non Coded Event - Full Blood Count)**:		
	Nucleated red blood cell count	0 x10^9/l	(No range available)
	Basophil count	0 x10^9/l	(No range available)
	Eosinophil count	0.3 x10^9/l	(No range available)
	Monocyte count	0.6 x10^9/l	(Range: 0.2 - 0.8)
	Lymphocyte count	2.4 x10^9/l	(Range: 1.5 - 4)
	Neutrophil count	5.9 x10^9/l	(Range: 2 - 7.5)
	Platelet count	238 x10^9/l	(Range: 150 - 400)
	Mean corpusc. haemoglobin(MCH)	29.9 pg	(Range: 27 - 32)
	Mean corpuscular volume (MCV)	87.1 fl	(Range: 80 - 100)
	Haematocrit	0.399 l/l	(Range: 0.37 - 0.47)
	Haemoglobin estimation	137 g/l	(Range: 115 - 165)
	Red blood cell (RBC) count	4.58 x10^12/l	(Range: 3.8 - 5.8)
	Total white cell count	9.2 x10^9/l	(Range: 4 - 11)

26-Nov-2013 User Previous Practice (PP328) Original Pathology Report

Result	**(Non Coded Event - Serum Ferritin)**:		
	Serum ferritin	27 ug/l	(Range: 20 - 300)

26-Nov-2013 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Comment blood sample to lab as requested, review result with Dr
	Result	Urine protein test = ++
	Result	Urine blood test = +
	Result	MSU sent for C/S

25-Nov-2013 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY
	Comment	Comment recuurent GI /RUQ pain tried some of partners lansoprazole with increased relief. also RUQ pain bloods abdominal USS
	Test request	Test request FBC, ESR, U and E, Glucose, LFTs, Serum Lipids, Bone Profile, TFTs, Iron Studies, CRP, Ferritin, Amylase, GGT, CA125, H pylori, U/S Abdomen

25-Nov-2013 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

	Test request	Test request Urine, Stool

03-Sept-2013 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Fluconazole Capsules 150 mg 1 capsule ONE TO BE TAKEN AS A SINGLE DOSE
	Comment	Comment thrush, vag...for oral rx

16-May-2013 Ms Jenny Whelan (JW5817) ELMWOOD MEDICAL PRACTICEMain Surgery

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

01-May-2013 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

	Problem	Postnatal examination normal
	Comment	Advice about long acting reversible contraception for will attend FPC
	Test request	Test request FBC, ESR, U and E, Glucose, LFTs, Serum Lipids, Bone Profile, TFTs, Iron Studies, CRP

01-May-2013 Dr Gillian Lockhart (GL3111) General Practice Surgery

	Read Code	WML document Contraception After Having a ***** Printed

01-May-2013 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

	Comment	Contraception

26-Mar-2013 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025	Medication	Medication Ferrous Fumarate Tablets 210 mg 168 tablets ONE TO BE TAKEN THREE TIMES A DAY
20-Feb-2025	Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY
	History	History throat/ear infection

14-Mar-2013 Ms Jenny Whelan (JW5817) Telephone Consultation

	History	Cigarette smoker 5 cigarettes/day
	Comment	Comment not interested in stopping smoking at present
	Read Code	Smoking cessation advice

07-Mar-2013 Ms Lynda Gordon (LG3113) Telephone Consultation

	Comment	Comment phoned to say she is 8 1/2 months pregnant not felt the ***** move advised her to phone midwife said she had no transport to get to ***** told me to forget it. ***** overheard converstion told me to phone her back and advise her important to get in touch with midwife

25-Feb-2013 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

	History	History n2 to lesion on abdo wall
	Read Code	Other destruction of lesion of skin of other site

04-Feb-2013 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICEMain Surgery

	Vaccination	Low dose diphth, tet, acellular pert and inactiv polio vacc *Vaccine Name REPEVAX Manufacturer MSD Batch No H0353 Exp 04/14 Given for Pregnancy/New ***** Programme*
	Vaccination	Full consent for immunisation

31-Jan-2013 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Ferrous Sulphate Tablets 200 mg 168 tablet ONE TO BE TAKEN TWO OR THREE TIMES DAILY (OR ONE TO BE TAKEN DAILY FOR PROPHYLAXIS)
History History needs iron as per hosp

07-Dec-2012 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Salicylic Acid And Lactic Acid Gel 12 % + 4 % 8 gram APPLY THINLY AT NIGHT
History History n2 to wart on R breast
Read Code Other destruction of lesion of skin of other site

06-Nov-2012 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEMain Surgery

Problem Patient pregnant
Comment Urinalysis = no abnormality 21/40 some grumbling abdo pain FHH due clarkston clinic Fri see as wishes wart removal

12-Oct-2012 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

Examination Systolic blood pressure 130 mm Hg
Examination Diastolic blood pressure 74 mm Hg
Comment O/E - BP reading anc all well fh fine

09-Oct-2012 Ms Jenny Whelan (JW5817) ELMWOOD MEDICAL PRACTICEMain Surgery

Social Current smoker 5 per day
Vaccination Seasonal influenza vaccination *(Right arm) Batch No 23849421A Expiry 06/13*
Vaccination Consent given for seasonal influenza vaccination

27-Sept-2012 Ms Lynda Gordon (LG3113) Telephone Consultation

Comment Comment 15wks pregnant bleeding phoned midwife was advised to get to RAH no transport phoned them back they said see GP spoke to Dr T who said if she is bleeding badly needs ambulance went back on phone just bleeding lightly but has a rare blood group and needs a D injection Dr T says she has to go to hosp for that said about ambulance but she said she would try and get transport sorted as she did not want to go in ambulance

20-July-2012 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

Comment Comment Imp 12/6/12 ***** 19/3/13 para 2+2 (one sids) book *****

27-Jun-2012 Ms Jenny Whelan (JW5817) ELMWOOD MEDICAL PRACTICEMain Surgery

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

25-Apr-2012 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICEMain Surgery

20-Feb-2025 Medication Medication Salicylic Acid And Lactic Acid Gel 12 % + 4 % 8 gram APPLY THINLY AT NIGHT
Comment Comment n2 to verruca

07-Feb-2011 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICE

History History acute back muscle spasm
no discogenic signs
 priority=2

14-Jan-2011 Ms Jenny Whelan (JW5817) ELMWOOD MEDICAL PRACTICEData Entry

History Rep.presc. monitoring NOS mm les priority=2
History Equivalent quantities for all medication checked priority=2
History Medication review

18-Sept-2009 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICE

History History much happier today continue flouxetine
advice re heathy eating
see 6-8/52 priority=2

08-Sept-2009 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICE

History History Bloods taken as req / urine +ve protein msu sent priority=2

07-Sept-2009 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICE

History	History anxious ++ some improvement with floxetine for FBC ESR U&E LFT GLU TFT FE STORES CRP CHOL TFT & URINALYSIS WILL SEE OPTICIAN also BP fine priority=2	
History	Systolic blood pressure	130
History	Diastolic blood pressure Disease: SPICE Basic Health Values	76
History	Systolic blood pressure	130
History	Diastolic blood pressure	76

13-Aug-2009 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICE

History	Systolic blood pressure	124
History	Diastolic blood pressure Disease: SPICE Basic Health Values	70
History	Systolic blood pressure	124
History	Diastolic blood pressure	70

10-July-2009 Mr Dr Locum (D5820) ELMWOOD MEDICAL PRACTICE

History	History bad panic attacks last few weeks. disturbed sleep, poor concentration. has 9 yr old *****, ***** not around. is in stable relationship. feels things are generally ok can't explain it. has had this on-off over the years. discussed. start fluoxetine. r/v 1/12. adv re relaxation techniques. tm priority=2	
History	Current smoker Disease: SPICE Basic Health Values, priority=2	
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
History	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2	
History	Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2	
History	O/E - weight Disease: SPICE Basic Health Values	73.7
History	Systolic blood pressure	122
History	Diastolic blood pressure Disease: SPICE Basic Health Values	82
History	O/E - weight	73.7
History	Systolic blood pressure	122
History	Diastolic blood pressure	82
History	O/E - weight	73.7
History	Systolic blood pressure	122
History	Diastolic blood pressure	82

18-Mar-2009 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICE

History	History SCI Electronic Referral priority=2
New Referral	Referral for further care *Refered To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Lesion on Her Right Nipple. Referral Type: Unknown (0)*

16-Mar-2009 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICE

History	History ref breast clinic priority=2

05-Mar-2009 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICE

History	History lesion to lower edge outer of R nipple trial fucidin h and see back any worries ref breast clinic no biological FH but ***** has breast ca priority=2

23-Feb-2009 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICE

History	History Overdue cervical smear cx intact priority=2
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval In GP care

26-Jan-2009 recright (r5819) ELMWOOD MEDICAL PRACTICEData Entry

History	White British priority=2

19-Dec-2007 Dr John Tobias (JT3112) ELMWOOD MEDICAL PRACTICE

History	History positive preg test, unsure whether to proceed at present, arrange term Imp 30/10/07 priority=2

16-Feb-2007 Ms Jacqui Williams (JW3115) ELMWOOD MEDICAL PRACTICEData Entry

History	White priority=2

26-Jan-2007 Dr Gillian Lockhart (GL3111) ELMWOOD MEDICAL PRACTICEData Entry

	History	Termination of pregnancy medical 2nd trimester priority=2 Start Date: 26/10/2007

26-Jan-2007 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICEData Entry

	History	Notes summary on computer priority=2
23-July-1999	History	Normal delivery in a completely normal case male priority=2
01-Jan-1998	History	H/O: cot death in family priority=2
09-Nov-1997	History	Normal delivery in a completely normal case male priority=2
20-Apr-1995	History	Nondependent alcohol ***** priority=2
22-Nov-1994	History	Bedwetting priority=2
01-Jan-1994	History	[X]Depressive episode priority=2
25-July-1983	History	I-V pyelography normal priority=2
30-July-1978	History	Open wound of vulva priority=2

18-Jan-2007 Ms Lynda Gordon (LG3113) ELMWOOD MEDICAL PRACTICEData Entry

	History	History Automatically generated by transaction priority=2
	Problem	Patient MRE received from HB priority=1

18-Dec-2006 Ms Janis McNeil (JM3116) ELMWOOD MEDICAL PRACTICE

	History	History NEW PATIENT / LMP OCTOBER URINE SENT HCG / ALSO MSU URINE +VE PROTEIN C/O FREQUENCY priority=2
	History	Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2
	History	Current smoker Disease: SPICE Basic Health Values, priority=2
	History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
	History	No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2
	History	No family history diabetes Disease: SPICE Basic Health Values, priority=2
	History	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2
	History	Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
	History	O/E - height Disease: SPICE Basic Health Values 169
	History	O/E - weight Disease: SPICE Basic Health Values 68
	History	Systolic blood pressure 120
	History	Diastolic blood pressure Disease: SPICE Basic Health Values 70
	History	O/E - height 169
	History	O/E - weight 68
	History	Systolic blood pressure 120
	History	Diastolic blood pressure 70

13-Dec-2006 UnknownUser (U368) ELMWOOD MEDICAL PRACTICEData Entry

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

11-Dec-2006 UnknownUser (U368) ELMWOOD MEDICAL PRACTICEData Entry

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

Medications (inc. issues)

Acute

23-May-2025 Folic Acid Tablets 5 mg
56 tablet - ONE TO BE TAKEN EACH DAY

Repeat

23-May-2025 Folic Acid Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

06-Mar-2025 Folic Acid Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

06-Mar-2025 Folic Acid Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

Past

27-May-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY IF REQD

27-May-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY IF REQD

23-May-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

23-May-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

23-May-2025 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TABLET AS REQUIRED

23-May-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
168 tablet - 3 DAILY

23-May-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
168 tablet - 3 DAILY

23-May-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

23-May-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

23-May-2025 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TABLET AS REQUIRED

06-Mar-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
168 tablet - 3 DAILY

06-Mar-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

06-Mar-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

06-Mar-2025 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TABLET AS REQUIRED

06-Mar-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
168 tablet - 3 DAILY

06-Mar-2025 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TABLET AS REQUIRED

05-Feb-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TABLETS THREE TIMES A DAY AS REQUIRED

05-Feb-2025 Folic Acid Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

05-Feb-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

05-Feb-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
5 ampoule - TO BE INJECTED AS DIRECTED

05-Feb-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TABLETS THREE TIMES A DAY AS REQUIRED

05-Feb-2025 Folic Acid Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

30-Jan-2025 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

30-Jan-2025 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

28-Jan-2025 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

28-Jan-2025 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-Dec-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-Dec-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

18-Nov-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

18-Nov-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

14-Oct-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

14-Oct-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

16-Sept-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

16-Sept-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

14-Aug-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

14-Aug-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

04-July-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

04-July-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

23-May-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

23-May-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

05-Apr-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

05-Apr-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

19-Feb-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

19-Feb-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

17-Jan-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Jan-2024 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

13-Dec-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

13-Dec-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Nov-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

17-Nov-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-Oct-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-Oct-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

13-Sept-2023 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

13-Sept-2023 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

23-Aug-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

23-Aug-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-July-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-July-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

27-Jun-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-Jun-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

22-May-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

22-May-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

25-Apr-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

25-Apr-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

30-Mar-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

30-Mar-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-Feb-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

24-Feb-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Jan-2023 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Jan-2023 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

20-Dec-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Dec-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

23-Nov-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

23-Nov-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Oct-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

20-Oct-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

21-Sept-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

21-Sept-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

23-Aug-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

23-Aug-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

04-Aug-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

04-Aug-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

07-July-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

07-July-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

10-Jun-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

10-Jun-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

16-May-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

16-May-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

13-Apr-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

13-Apr-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Mar-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Mar-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

14-Feb-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

14-Feb-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

19-Jan-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

19-Jan-2022 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

23-Dec-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

23-Dec-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

25-Nov-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

25-Nov-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

27-Oct-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

27-Oct-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-Sept-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-Sept-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

31-Aug-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

31-Aug-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

29-July-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

29-July-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-July-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-July-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

02-Jun-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-Jun-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

04-May-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

04-May-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

31-Mar-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

31-Mar-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

22-Feb-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

08-Feb-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

14-Jan-2021 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

14-Jan-2021 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

15-Dec-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

15-Dec-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Nov-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

20-Nov-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Oct-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Oct-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

24-Sept-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-Sept-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

14-Sept-2020 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
30 capsule - TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)

14-Sept-2020 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
30 capsule - TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)

07-Sept-2020 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

07-Sept-2020 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

26-Aug-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

26-Aug-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

03-Aug-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

03-Aug-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

06-July-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

06-July-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

01-Jun-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

01-Jun-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

11-May-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

11-May-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

08-Apr-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

08-Apr-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Mar-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

17-Mar-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

17-Feb-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

17-Feb-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

14-Jan-2020 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

14-Jan-2020 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Dec-2019 Diazepam Tablets 5 mg Acute Medication (Past)
28 tablet - AS DIRECTED

20-Dec-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Dec-2019 Diazepam Tablets 5 mg Acute Medication (Past)
28 tablet - AS DIRECTED

21-Nov-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

21-Nov-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

22-Oct-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

22-Oct-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

26-Sept-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

26-Sept-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

05-Sept-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

05-Sept-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

05-Aug-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

05-Aug-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

08-July-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

08-July-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

10-Jun-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

10-Jun-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-May-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-May-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

15-Apr-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

15-Apr-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

15-Mar-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

15-Mar-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

06-Feb-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

06-Feb-2019 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

21-Jan-2019 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

19-Dec-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

19-Dec-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

20-Nov-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

22-Oct-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

26-Sept-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

25-Sept-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

25-Sept-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

03-Sept-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

28-Aug-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-Aug-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-Aug-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

18-July-2018 Diazepam Tablets 5 mg Acute Medication (Past)
14 tablet - AS DIRECTED

18-July-2018 Diazepam Tablets 5 mg Acute Medication (Past)
14 tablet - AS DIRECTED

02-July-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

11-Jun-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

04-Jun-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

08-May-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

30-Apr-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-Apr-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

09-Apr-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

14-Mar-2018 Ibuprofen Gel 5 % Acute Medication (Past)
100 gram - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

14-Mar-2018 Ibuprofen Gel 5 % Acute Medication (Past)
100 gram - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

14-Mar-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

12-Mar-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

05-Mar-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

15-Feb-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - TAKE ONE UP TO TWICE DAILY AS REQUIRED

15-Feb-2018 Diazepam Tablets 2 mg Repeat Medication (Past)
28 tablet - AS DIRECTED

02-Feb-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-Jan-2018 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

11-Jan-2018 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

08-Jan-2018 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

27-Dec-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

27-Dec-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

27-Dec-2017 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

11-Dec-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

11-Dec-2017 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

22-Nov-2017 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

22-Nov-2017 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

20-Nov-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

02-Nov-2017 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

02-Nov-2017 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY IF REQ

25-Oct-2017 Diazepam Tablets 2 mg Acute Medication (Past)
6 tablet - TAKE ONE TABLET UP TO THREE TIMES PER DAY

25-Oct-2017 Diazepam Tablets 2 mg Acute Medication (Past)
6 tablet - TAKE ONE TABLET UP TO THREE TIMES PER DAY

25-Oct-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

13-Oct-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Oct-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

18-Sept-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

18-Sept-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

25-Aug-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

25-Aug-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

08-Aug-2017 Diazepam Tablets 5 mg Acute Medication (Past)
14 tablet - AS DIRECTED

08-Aug-2017 Diazepam Tablets 5 mg Acute Medication (Past)
14 tablet - AS DIRECTED

08-Aug-2017 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

08-Aug-2017 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

24-July-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-July-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

03-July-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

03-July-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

12-Jun-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

12-Jun-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-May-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

24-May-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

11-May-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

08-May-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

19-Apr-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

10-Apr-2017 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY AS DIRECTED

10-Apr-2017 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY AS DIRECTED

29-Mar-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

29-Mar-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

29-Mar-2017 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
84 tablet - 3 DAILY

29-Mar-2017 Diazepam Tablets 2 mg Repeat Medication (Past)
56 tablet - AS DIRECTED

24-Mar-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

24-Mar-2017 Diazepam Tablets 2 mg Acute Medication (Past)
12 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

24-Mar-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

17-Mar-2017 Diazepam Tablets 2 mg Acute Medication (Past)
12 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

10-Mar-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

03-Mar-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

27-Feb-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

21-Feb-2017 Diazepam Tablets 2 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

21-Feb-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-Feb-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

06-Feb-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

30-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
12 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

30-Jan-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

30-Jan-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

30-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

23-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

23-Jan-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

16-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

11-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

04-Jan-2017 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

28-Dec-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

21-Dec-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

14-Dec-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

14-Dec-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-Dec-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

07-Dec-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

28-Nov-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

08-Nov-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

08-Nov-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

26-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

13-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

13-Oct-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

13-Oct-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

03-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

03-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

22-Sept-2016 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS

22-Sept-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

22-Sept-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

22-Sept-2016 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS

19-Sept-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

19-Sept-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

19-Sept-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

19-Sept-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

19-Sept-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

19-Sept-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

10-Aug-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

10-Aug-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

28-July-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

28-July-2016 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS

28-July-2016 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ml - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

28-July-2016 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS

13-July-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-July-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

07-Apr-2016 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

07-Apr-2016 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

07-Apr-2016 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

07-Apr-2016 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

05-Feb-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

05-Feb-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

14-Jan-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-Jan-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

11-Dec-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

18-Nov-2015 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 spray - ONE SPRAY EACH NOSTRIL TID FOR 5/7

18-Nov-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

18-Nov-2015 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 spray - ONE SPRAY EACH NOSTRIL TID FOR 5/7

18-Nov-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

10-Nov-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

10-Nov-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

01-Oct-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

04-Sept-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

04-Sept-2015 Acetic Acid Ear Spray 2 % Acute Medication (Past)
1 spray - 1 PUFF TID EACH EAR

04-Sept-2015 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 spray - ONE SPRAY EACH NOSTRIL TID FOR 5/7

04-Sept-2015 Acetic Acid Ear Spray 2 % Acute Medication (Past)
1 spray - 1 PUFF TID EACH EAR

04-Sept-2015 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 spray - ONE SPRAY EACH NOSTRIL TID FOR 5/7

04-Sept-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

20-Mar-2014 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

25-Nov-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

25-Nov-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

25-Oct-2013 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

03-Sept-2013 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

03-Sept-2013 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

08-Aug-2013 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

13-May-2013 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

26-Mar-2013 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
168 tablets - ONE TO BE TAKEN THREE TIMES A DAY

26-Mar-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

26-Mar-2013 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
168 tablets - ONE TO BE TAKEN THREE TIMES A DAY

26-Mar-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

22-Mar-2013 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

31-Jan-2013 Ferrous Sulfate Tablets 200 mg Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWO OR THREE TIMES DAILY (OR ONE TO BE TAKEN DAILY FOR PROPHYLAXIS)

31-Jan-2013 Ferrous Sulphate Tablets 200 mg Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWO OR THREE TIMES DAILY (OR ONE TO BE TAKEN DAILY FOR PROPHYLAXIS)

28-Jan-2013 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

07-Dec-2012 Salicylic Acid And Lactic Acid Gel 12 %+ 4 % Acute Medication (Past)
8 gram - APPLY THINLY AT NIGHT

07-Dec-2012 Salicylic Acid And Lactic Acid Gel 12 %+ 4 % Acute Medication (Past)
8 gram - APPLY THINLY AT NIGHT

27-Nov-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

10-Oct-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

08-Aug-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

27-Jun-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

25-Apr-2012 Salicylic Acid And Lactic Acid Gel 12 %+ 4 % Acute Medication (Past)
8 gram - APPLY THINLY AT NIGHT

25-Apr-2012 Salicylic Acid And Lactic Acid Gel 12 %+ 4 % Acute Medication (Past)
8 gram - APPLY THINLY AT NIGHT

19-Apr-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

07-Feb-2012 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

08-Nov-2011 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

13-Sept-2011 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

06-July-2011 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

04-May-2011 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

11-Feb-2011 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

11-Feb-2011 FLUOXETINE CAPSULES 20MG Repeat Medication (Past)
56 CAPS - 1 Cap In the morning

07-Feb-2011 Methocarbamol Tablets 750 mg Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

07-Feb-2011 METHOCARBAMOL TABLETS 750MG Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

07-Feb-2011 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)
42 TABS - 1 Tab 3 times daily

07-Feb-2011 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
42 TABS - 1 Tab 3 times daily

05-Jan-2011 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

24-Nov-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

20-Oct-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

15-Sept-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

10-Aug-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

07-July-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

28-May-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

19-Apr-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

09-Mar-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

03-Feb-2010 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

31-Dec-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

16-Nov-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

19-Oct-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

14-Sept-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

12-Aug-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
56 CAPS - 1 Cap In the morning

10-July-2009 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPS - 1 Cap Daily

10-July-2009 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
30 CAPS - 1 Cap Daily

05-Mar-2009 Fucidin H Cream Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

05-Mar-2009 FUCIDIN H CREAM Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

Allergies

This section is empty.

Vaccinations

11-Sept-2021 Mr Anonymous User (AU308)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Madhok)
(Left arm) PV46701/ AZ/IM/LUA//C-19 (By K Madhok)

19-May-2021 Mr Anonymous User (AU308)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By R *****)
*(Left arm) PV46679/ AZ/IM/LUA//C-19 (By R *****)*

04-Feb-2013 Ms Janis McNeil (JM3116)
Low dose diphth, tet, acellular pert and inactiv polio vacc
*Vaccine Name REPEVAX Manufacturer MSD Batch No H0353 Exp 04/14 Given for Pregnancy/New ***** Programme*

04-Feb-2013 Ms Janis McNeil (JM3116)
Full consent for immunisation

09-Oct-2012 Ms Jenny Whelan (JW5817)
Seasonal influenza vaccination
(Right arm) Batch No 23849421A Expiry 06/13

09-Oct-2012 Ms Jenny Whelan (JW5817)
Consent given for seasonal influenza vaccination

08-Oct-1992 Mrs Mairi McKelvie (MMCK)
[V]Tuberculosis (BCG) vaccination

01-Jan-1992 Mrs Mairi McKelvie (MMCK)
DTP (triple)+polio vaccination

28-Jan-1980 Mrs Mairi McKelvie (MMCK)
[V]Measles vaccination

22-Oct-1979 Mrs Mairi McKelvie (MMCK)
First DTP (triple)+polio vacc.

Referrals

04-July-2025 Dr Clare Seenan (CLS)
8Hlg.: Referral to community treatment room (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Mar-2025 Dr Clare Seenan (CLS)
8Hlg.: Referral to community treatment room (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Mar-2025 Dr Fiona O'Donoghue (FO)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

06-Mar-2025 Dr Fiona O'Donoghue (FO)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

06-Mar-2025 Dr Fiona O'Donoghue (FO)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Feb-2025 Dr Salma Ahmad (SA5821)
8Hlh.: Referral to NHS treatment centre (SCI Gateway Referral)
SelfReferral, Out Patient. Referral Type: Self Referral

28-Sept-2016 Dr Gillian Lockhart (GL3111)
8HHp.: Referral for guided self-help for anxiety (SCI Gateway Referral)
SelfReferral, Out Patient. Referral Type: Self Referral

25-July-2012 Dr John Tobias (JT3112)
8H57.: Obstetric referral (SCI Gateway Referral)
SelfReferral, Out Patient. Referral Type: Self Referral

18-Mar-2009 Dr Gillian Lockhart (GL3111)
Referral for further care
*Refered To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Lesion on Her Right Nipple. Referral Type: Unknown (0)*

Test Requests

This section is empty.

Test Results

21-Feb-2025 Mrs Caroline Wilson (CAROLINE W18998)		
Result: Virology		
Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative		(No range available)
30-Jan-2025 User Previous Practice (PP328)		
Result: (Non Coded Event - CA125)		
CA125 level	**43 kU/L**	**(No range available)**
30-Jan-2025 User Previous Practice (PP328)		
Result: (Non Coded Event - Thyroid funct test)		
Serum total T3 level		(No range available)
Serum free T4 level	13.8 pmol/L	(Range: 9 - 21)
Serum TSH level	1.12 mU/L	(Range: 0.35 - 5)
30-Jan-2025 User Previous Practice (PP328)		
Result: (Non Coded Event - Lipid profile)		
Serum cholesterol/HDL ratio	2.6	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.4 mmol/L	(No range available)
Calculated LDL cholesterol level	2.4 mmol/L	(No range available)
Serum HDL cholesterol level	1.8 mmol/L	(No range available)
Serum triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
Serum cholesterol	4.6 mmol/L	(No range available)
30-Jan-2025 User Previous Practice (PP328)		
Result: (Non Coded Event - Liver Function Tests)		
Serum albumin	38 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	67 U/L	(Range: 30 - 130)
AST serum level	29 U/L	(No range available)
ALT/SGPT serum level	23 U/L	(No range available)
Serum total bilirubin level	7 umol/L	(No range available)
30-Jan-2025 User Previous Practice (PP328)		
Result: (Non Coded Event - Urea & Electrolytes)		
GFR calculated abbreviated MDRD > 60		(No range available)
Serum creatinine	49 umol/L	(Range: 40 - 130)
Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	136 mmol/L	(Range: 133 - 146)
30-Jan-2025 Sister Ann McBain (AM987)		
Result: (Non Coded Event - HbA1C (IFCC))		
Haemoglobin A1c level - IFCC standardised	31 mmol/mol	(Range: 20 - 41)
30-Jan-2025 Sister Ann McBain (AM987)		
Result: (Non Coded Event - Thyroid funct test)		
Serum total T3 level		(No range available)
Serum free T4 level	13.8 pmol/L	(Range: 9 - 21)
Serum TSH level	1.12 mU/L	(Range: 0.35 - 5)
30-Jan-2025 Sister Ann McBain (AM987)		
Result: (Non Coded Event - Lipid profile)		
Serum cholesterol/HDL ratio	2.6	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.4 mmol/L	(No range available)
Calculated LDL cholesterol level	2.4 mmol/L	(No range available)
Serum HDL cholesterol level	1.8 mmol/L	(No range available)
Serum triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
Serum cholesterol	4.6 mmol/L	(No range available)

30-Jan-2025 Sister Ann McBain (AM987)
Result: (Non Coded Event - Liver Function Tests)

Serum albumin	38 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	67 U/L	(Range: 30 - 130)
AST serum level	29 U/L	(No range available)
ALT/SGPT serum level	23 U/L	(No range available)
Serum total bilirubin level	7 umol/L	(No range available)

30-Jan-2025 Sister Ann McBain (AM987)
Result: (Non Coded Event - Urea & Electrolytes)

GFR calculated abbreviated MDRD > 60		(No range available)
Serum creatinine	49 umol/L	(Range: 40 - 130)
Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	136 mmol/L	(Range: 133 - 146)

30-Jan-2025 Dr Lauren Firth (LF8202)
Result: (Non Coded Event - Full Blood Count)

Nucleated red blood cell count	0 x10^9/l	(No range available)
Basophil count	0 x10^9/l	(No range available)
Eosinophil count	0.22 x10^9/l	(Range: 0.02 - 0.5)
Monocyte count	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocyte count	1.8 x10^9/l	(Range: 1.1 - 5)
Neutrophil count	6.3 x10^9/l	(Range: 2 - 7)
Platelet count	237 x10^9/l	(Range: 150 - 410)
Mean corpusc. haemoglobin(MCH)	**36.9 pg**	**(Range: 27 - 32)**
Mean corpuscular volume (MCV)	**107.7 fl**	**(Range: 83 - 101)**
Haematocrit	0.394 l/l	(Range: 0.37 - 0.47)
Haemoglobin estimation	135 g/l	(Range: 115 - 165)
Red blood cell (RBC) count	**3.66 x10^12/l**	**(Range: 3.8 - 5.8)**
Total white cell count	8.9 x10^9/l	(Range: 4 - 10)

30-Jan-2025 Dr Lauren Firth (LF8202)
Result: (Non Coded Event - Serum Folate)

Serum folate < 2.2		(No range available)

30-Jan-2025 Dr Lauren Firth (LF8202)
Result: (Non Coded Event - Serum Ferritin)

Serum ferritin	122 ug/l	(Range: 15 - 200)

30-Jan-2025 Dr Lauren Firth (LF8202)
Result: (Non Coded Event - Active B12)

Active B12 (Non Coded Event - Active B12)	**19 pmol/L**	**(No range available)**

30-Jan-2025 Dr Lauren Firth (LF8202)
Result: (Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT)	**160 ug Hb/g faeces**	**(No range available)**

23-Oct-2021 User Previous Practice (PP328)
Result: 2019-nCoV (novel coronavirus) detected

2019-nCoV (novel coronavirus) detected		(No range available)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Serum Ferritin)

Serum ferritin	82 ug/l	(Range: 15 - 200)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Blood Film)

Blood film microscopy Yes		(No range available)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - GFST)

Glandular fever screening test Neg		(No range available)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Full Blood Count)

Nucleated red blood cell count	0 x10^9/l	(No range available)
Basophil count	0 x10^9/l	(No range available)
Eosinophil count	0.2 x10^9/l	(No range available)
Monocyte count	0.5 x10^9/l	(Range: 0.2 - 0.8)
Lymphocyte count	2.2 x10^9/l	(Range: 1.5 - 4)
Neutrophil count	5.2 x10^9/l	(Range: 2 - 7.5)
Platelet count	351 x10^9/l	(Range: 150 - 400)
Mean corpusc. haemoglobin(MCH)	30.9 pg	(Range: 27 - 32)
Mean corpuscular volume (MCV)	92.7 fl	(Range: 80 - 100)
Haematocrit	**0.366 l/l**	**(Range: 0.37 - 0.47)**
Haemoglobin estimation	122 g/l	(Range: 115 - 165)
Red blood cell (RBC) count	3.95 x10^12/l	(Range: 3.8 - 5.8)
Total white cell count	8.2 x10^9/l	(Range: 4 - 11)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Glucose)

Plasma glucose level	4.5 mmol/L	(Range: 3.5 - 6)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Thyroid funct test)

Serum total T3 level		(No range available)
Serum free T4 level	11.6 pmol/L	(Range: 9 - 21)
Serum TSH level	0.79 mU/L	(Range: 0.35 - 5)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Liver Function Tests)

Serum albumin	**34 g/L**	**(Range: 35 - 50)**
Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
AST serum level	25 U/L	(No range available)
ALT/SGPT serum level	21 U/L	(No range available)
Serum total bilirubin level	4 umol/L	(No range available)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Urea & Electrolytes)

GFR calculated abbreviated MDRD > 60		(No range available)
Serum creatinine	59 umol/L	(Range: 40 - 130)
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	107 mmol/L	(Range: 95 - 108)
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	139 mmol/L	(Range: 133 - 146)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - C-reactive Protein)

Serum C reactive protein level	5 mg/L	(No range available)

29-Sept-2016 User Previous Practice (PP328)
Result: (Non Coded Event - Bone Profile)

Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
Serum albumin	**34 g/L**	**(Range: 35 - 50)**
Serum inorganic phosphate	0.95 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.26 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	**2.18 mmol/L**	**(Range: 2.2 - 2.6)**

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - CA125)

CA125 level	6 kU/L	(No range available)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - Transferrin / Iron)

Transferrin saturation index	**21 %**	**(Range: 25 - 50)**
Serum iron level	15 umol/L	(Range: 10 - 30)
Serum transferrin	2.9 g/L	(Range: 2 - 4)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - Lipid profile)

Serum cholesterol/HDL ratio	2.2	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	1 mmol/L	(No range available)
Calculated LDL cholesterol level	0.9 mmol/L	(No range available)
Serum HDL cholesterol level	1.6 mmol/L	(No range available)
Serum triglycerides	2.1 mmol/L	(Range: 0.2 - 2.3)
Serum cholesterol	3.5 mmol/L	(No range available)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - Liver Function Tests)

Serum albumin	38 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
AST serum level	14 U/L	(No range available)
ALT/SGPT serum level	11 U/L	(No range available)
Serum total bilirubin level	9 umol/L	(No range available)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - GGT)

Serum gamma-glutamyl transferase level	18 U/L	(No range available)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - Urea & Electrolytes)

GFR calculated abbreviated MDRD > 60		(No range available)
Serum creatinine	71 umol/L	(Range: 40 - 130)
Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	138 mmol/L	(Range: 133 - 146)

26-Nov-2013 User Previous Practice (PP328)
Result: (Non Coded Event - C-reactive Protein)

Serum C reactive protein level < 3		(No range available)

26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - Bone Profile)		
Serum alkaline phosphatase	61 U/L	(Range: 30 - 130)
Serum albumin	38 g/L	(Range: 35 - 50)
Serum inorganic phosphate	1.1 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.34 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.32 mmol/L	(Range: 2.2 - 2.6)
26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - Amylase)		
Serum amylase level	45 U/L	(No range available)
26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - Glucose)		
Plasma glucose level	4.7 mmol/L	(Range: 3.5 - 6)
26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - ESR)		
Erythrocyte sedimentation rate	5 mm/hr	(Range: 1 - 12)
26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - Full Blood Count)		
Nucleated red blood cell count	0 x10^9/l	(No range available)
Basophil count	0 x10^9/l	(No range available)
Eosinophil count	0.3 x10^9/l	(No range available)
Monocyte count	0.6 x10^9/l	(Range: 0.2 - 0.8)
Lymphocyte count	2.4 x10^9/l	(Range: 1.5 - 4)
Neutrophil count	5.9 x10^9/l	(Range: 2 - 7.5)
Platelet count	238 x10^9/l	(Range: 150 - 400)
Mean corpusc. haemoglobin(MCH)	29.9 pg	(Range: 27 - 32)
Mean corpuscular volume (MCV)	87.1 fl	(Range: 80 - 100)
Haematocrit	0.399 l/l	(Range: 0.37 - 0.47)
Haemoglobin estimation	137 g/l	(Range: 115 - 165)
Red blood cell (RBC) count	4.58 x10^12/l	(Range: 3.8 - 5.8)
Total white cell count	9.2 x10^9/l	(Range: 4 - 11)
26-Nov-2013 User Previous Practice (PP328)		
Result: (Non Coded Event - Serum Ferritin)		
Serum ferritin	27 ug/l	(Range: 20 - 300)

Other Items

14-Oct-2043	Recall	Influenza vaccination
06-Jun-2025	Recall	Medication review
21-May-2025	Read Code	Notes summary on computer
21-May-2025	Read Code	Total notes on computer
20-Feb-2025	Read Code	Marital Status: Single
19-Feb-2025	Read Code	Scottish - ethnic category 2001 census
19-Feb-2025	Read Code	Consent given for communication by SMS text messaging
17-Jan-2024	Read Code	Medication review done
23-Aug-2022	Read Code	Medication review done
08-Feb-2021	Read Code	Medication review done
01-Jan-2021	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 14/10/2024. Reason: Defaulter
13-Oct-2016	Read Code	Intra-uterine contr. device
14-Jan-2016	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 14/04/2018. Reason: Defaulter
19-May-2015	Read Code	Rep.presc. monitoring NOS MM LES
16-May-2013	Read Code	Medication review done
13-May-2013	Read Code	IUD fitted

19-Apr-2012	Read Code	Medication review done
08-Feb-2012	Read Code	Cervical smear - 1st call
14-Oct-1978	Read Code	Date records held from

Attachments

NHS Confidential: Personal data about a patient

[redacted] Outlook

PT141 078 6102

From Er Treatment Room, Ggc <ggc.ertreatmentroom@nhs.scot>
Date Tue 24/06/2025 09:07
To gp87019clinical (Gleniffer Medical Group) <ggc.gp87019clinical@nhs.scot>

Good Morning,

Thae above PT has never attended TR.PT now discharged from caseload

Kind Regards
[redacted]

Treatment Rooms - East Renfrewshire Health and [redacted] Partnership
Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN
T: 0141 451 0541

Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW
T: 0141 800 7889

Connect and share with us:
www.eastrenfrewshire.gov.uk/health-and-care | @ERHSCP

Mathers Ann CHI: 1410786102

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Ann Mathers
57 LITTLETON PARK
BARRHEAD
Glasgow
Lanarkshire
G78 2FA

Main Switchboard:	0141 211 3000
Department:	General Surgery
Contact Tel:	01475 504514
Enquiries to:	Aileen.Campbell@nhs.scot
Letter Date:	14/05/2025
Reference:	MA/SG
Dictated Date:	18/04/2025
Transcribed Date:	23/04/2025

Dear Miss Mathers,

Thank you very much for attending the camera test on 22 March 2025. As you may recall during this procedure biopsies were taken from the small bowel and the colon and sent to the Lab. I now have the result of the Histopathology.

I am glad to inform you that there were unremarkable with no sinister Pathology. I have copied the result to your GP.

Kind regards.

Yours sincerely,

[redacted] Alwahid

Consultant Surgeon - Clyde Sector

Electronically Signed: Mr [redacted] Alwahid, Consultant

cc. Dr CF Seenan
Gleniffer Medical Group
Barrhead Health & Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Printed on 14/05/2025 09:54 by [redacted] Leith Page 1 of 1

NHS Confidential: Personal data about a patient

Royal [redacted] Hospital
Corsebar Road
[redacted] PA2 9PN
Contact Telephone Number, Endoscopy Department: 0141 201 3682

10/03/2025

Patient:	Ann Mathers
Address:	57 LITTLETON PARK
	BARRHEAD
	Glasgow G78 2FA
CHI Number:	1410786102
Date of Ref:	07/03/2025
Urgency:	URGENT
Specialty:	General Surgery
Hospital:	Royal [redacted] Hospital

Dear Dr FJ O'Donoghue

Thank-you for your USC referral of the above patient. This referral has been triaged based on your patient's statistical risk of cancer and clinical information provided. This patient has been vetted for an Urgent Suspicion of Cancer Clinic Appointment. We aim to provide a date within 4 weeks. We are working hard to reduce waiting lists for all patients. Your patient remains at USC priority on the waiting list. If their clinical information changes, please submit an updated USC referral indicating what has changed.

Regards,

Endoscopy Service GGC

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

COLONOSCOPY REPORT

Name: **Ann MATHERS (F)**
Date of birth: **14/10/1978**
CHI No: **1410786102**
Case note no.: **1410786102**

Address: **57 Littleton Park**
Barrhead
Glasgow
Lanarkshire
G78 2FA

GP: **SEENAN, [redacted]**
Gleniffer Medical Group
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Procedure date: **22nd March 2025 (11:43)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **GGH**
Referring Cons: **G P**
(G P)

Indications
Wt loss, Altered bowel habit/diarrhoea, raised qFIT.

Consultant/Endoscopist
Mr [redacted] Alwahid

Report
Bowel preparation with 2 plenvu was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified by the ileocecal valve, the appendicular orifice, the tri-radiate caecal fold and ileal intubation. The scope was retroflexed in the rectum.
The examination to the limit of insertion was normal.
There were no peri-operative complications.

Site a: An area wholly within the terminal ileum
Specimens: 4x random biopsy.

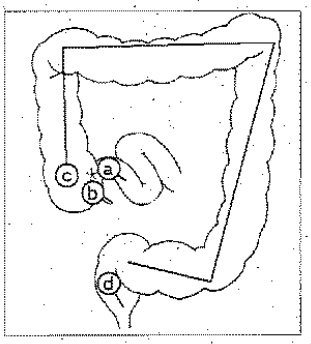
Site c: An area extending from the caecum to the distal sigmoid
Specimens: 10x random biopsy.

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 2.5 mg

Advice/comments
Unremarkable test. Biopsies taken and sent for histopathology.

Follow up
Return to the referring Consultant.



a: *An area wholly within the terminal ileum (photographed)*
b: *Appendiceal orifice (photographed)*
c: *An area extending from the caecum to the distal sigmoid*
d: *An area wholly within the rectum (photographed)*

Mr Muhammed Alwahid
Consultant Surgeon General & Colorectal
c.c. G P (G P)
Mathers, Ann

Produced by Unisoft's GI Reporting Tool (v12.20.18) Page 1 of 1 Compiled on 22/03/2025 at 12:13

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_56.pdf
Extension:.tif
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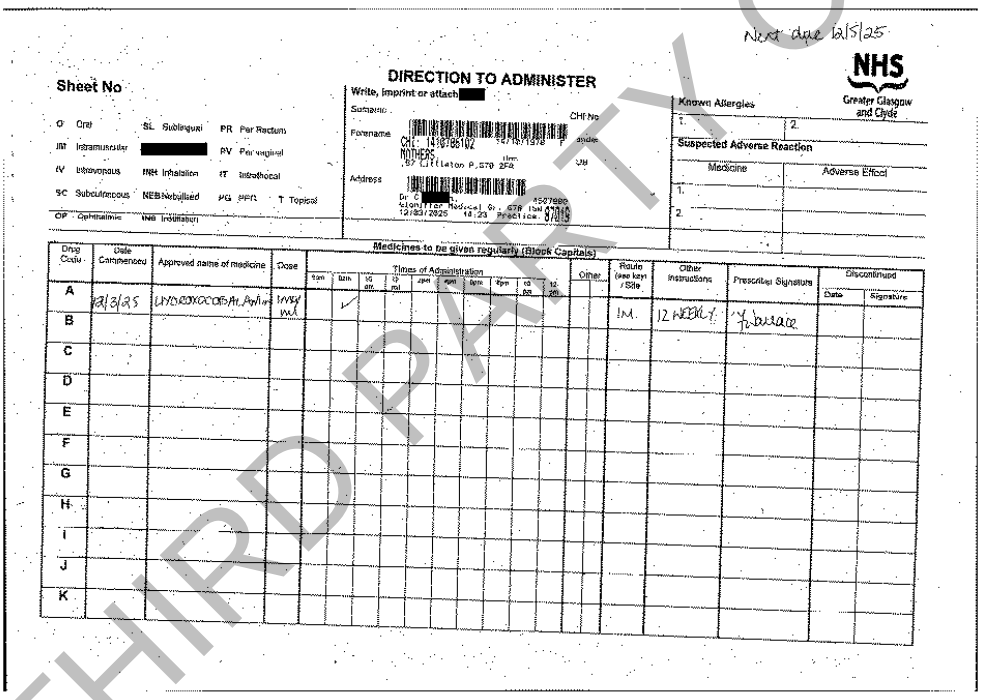

Next due 12/5/25

Sheet No

DIRECTION TO ADMINISTER

Write, imprint or attach [redacted]

Surname

Forename

CHI No

Address

NHS Greater Glasgow and Clyde

Known Allergies

Suspected Adverse Reaction

Medicine	Adverse Effect
1.	
2.	

Medicines to be given regularly (Block Capitals)

Drug Code	Date Commenced	Approved name of medicine	Dose	Times of Administration	Other	Route (see key) / Site	Other Instructions	Prescriber Signature	Discontinued Date	Discontinued Signature
A	12/3/25	HYDROXOCOBALAMIN Aplin	1MG IM	✓		IM.	12 WEEKLY	[redacted]		
B										
C										
D										
E										
F										
G										
H										
I										
J										
K										

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21-May-2026 MR
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Filename: iGPRDA_54.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Royal [redacted] Hospital
Corsebar Road
[redacted] PA2 9PN
Contact Telephone Number, Endoscopy Department: 0141 201 3682

07/03/2025

Patient: Ann Mathers
Address: 57 LITTLETON PARK
BARRHEAD
Glasgow G78 2FA
CHI Number: 1410786102
Date of Ref: 07/03/2025
Urgency: URGENT - SUSPECTED CANCER
Specialty: General Surgery
Hospital: Royal [redacted] Hospital

Dear Dr FJ O'Donoghue

Thank you for your USC referral of the above patient. This referral has been triaged based on your patient's statistical risk of cancer. From the qFIT and clinical information you have provided for this patient, they have a risk of colorectal cancer of 10% to 20%. In keeping with NHSGGC guidance, they have been put on the waiting list for a category 1 colonoscopy. This means the investigation carries the highest priority and we would aim to complete within 2-3 weeks.

We are working hard to reduce waiting lists for [redacted] patients. Your patient remains at USC priority on the waiting list. If their clinical information changes, please submit the updated USC referral indicating what has changed.

Regards,

Endoscopy Service GGC

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_53.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Registration Details

Personal details...		Address details...	
Date of birth	14/10/1978	Post Code	G77 6BN
Sex	F	House Name Flat No	
Surname	Mathers	No and Street	20 Moorhill Crescent
Previous Surname		Village	[redacted] Mearns
Forenames	Ann	Town	GLASGOW
Calling Name	Ann	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		

[redacted] Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr [redacted] Ahmad	Work Tel No	
Usual GP	Dr Salma Ahmad	Mobile Tel No	07905 028 715
Residential Inst		E Mail Address	annie28mathers@yahoo.co.uk
Branch Surgery	ELMWOOD MEDICAL PRACTICE		
CHI Number	1410786102		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital [redacted]		Blocked Special	
Records At	ELMWOOD MEDICAL PRACTICE	Walking Quarters	

Further Information		Upload [redacted]	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	12/04/2011		
NEXT OF KIN			
next of kin contact number			
previous address			

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
[redacted] Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Problems

Active Problems		Authorised By	Code
30/01/2025	Suspected UTI	Ms McBain	1J4
13/10/2016	Intra-uterine contr. device	Ms McNeil	615

Past Problems		Authorised By	Code
25/09/2018	**Chest infection**	Dr Lockhart	H06z0-1
13/10/2017	**Anxiety state NOS**	Dr Dudgeon	E200z
22/09/2016	**Throat infection - tonsillitis**	Dr Lockhart	H03-1
19/09/2016	**Viral sore throat NOS**	Dr Lockhart	H02-2
19/09/2016	**Generalised anxiety disorder**	Dr Lockhart	E2002
28/07/2016	**Anxiety state NOS**	Dr Lockhart	E200z
28/07/2016	**Throat infection - tonsillitis**	Dr Lockhart	H03-1
18/11/2015	**Eustachian tube dysfunction (Right)**	Dr Lockhart	F51y0
13/05/2013	**IUD fitted**	Ms Whelan	6151
01/05/2013	**Postnatal examination normal**	Dr Lockhart	62S7

Health Admin Problems		Authorised By	Code

Investigations

Investigations		Authorised By	Code
30/01/2025	**(Non Coded Event - QFIT)** (Source: LAB) raised - for GP app (FIRT). Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).|		
30/01/2025	**(Non Coded Event - Active B12)** (Source: LAB) low b12 (FIRT). Note change in the B12 assay to an active B12 assay from 14/5/24.|		
30/01/2025	**(Non Coded Event - Serum Ferritin)** (Source: LAB) normal - no action (FIRT). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|		
30/01/2025	**(Non Coded Event - Serum Folate)** (Source: LAB) low (FIRT).		
30/01/2025	**(Non Coded Event - Full Blood Count)** (Source: LAB) just out of normal range - OK (FIRT).		
30/01/2025	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) Normal - no action (ANN).		
30/01/2025	**(Non Coded Event - Liver Function Tests)** (Source: LAB) Normal - no action (ANN).		
30/01/2025	**(Non Coded Event - Lipid profile)** (Source: LAB) Normal - no action (ANN). Fasting sample|		
30/01/2025	**(Non Coded Event - Thyroid funct test)** (Source: LAB) Normal - no action (ANN).		
30/01/2025	**(Non Coded Event - HbA1C (IFCC))** (Source: LAB) Normal - no action (ANN).		
30/01/2025	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB).		
30/01/2025	**(Non Coded Event - Liver Function Tests)** (Source: LAB).		
30/01/2025	**(Non Coded Event - Lipid profile)** (Source: LAB). Fasting sample|		
30/01/2025	**(Non Coded Event - Thyroid funct test)** (Source: LAB).		
30/01/2025	**(Non Coded Event - CA125)** (Source: LAB). Raised CA125. Suggest repeat mid-cycle to confirm.|		
23/10/2021	**2019-nCoV (novel coronavirus) detected** (Source: LAB).		^ESCT1299074
13/10/2016	**Cervical Cytology** [redacted] Manually filed). Routine Recall -		4K22.
29/09/2016	**(Non Coded Event - Serum Ferritin)** (Source: LAB) normal - no action (LOCKHART_18940). 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.|		
29/09/2016	**(Non Coded Event - Bone Profile)** (Source: LAB) just out of normal range - OK (LOCKHART_18940). Alkaline Phosphatase results IFCC aligned from 03/08/15.|		
29/09/2016	**(Non Coded Event - C-reactive Protein)** (Source: LAB) normal - no action (LOCKHART_18940).		
29/09/2016	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) normal - no action (LOCKHART_18940).		
29/09/2016	**(Non Coded Event - Liver Function Tests)** (Source: LAB) just out of [redacted] range - OK (LOCKHART_18940). Alkaline Phosphatase results IFCC aligned from 03/08/15.|		
29/09/2016	**(Non Coded Event - Thyroid funct test)** (Source: LAB) normal - no action (LOCKHART_18940).		
29/09/2016	**(Non Coded Event - Glucose)** (Source: LAB) Normal - no action (LOCKHART_18940). Fasting sample|		
29/09/2016	**(Non Coded Event - Full Blood Count)** (Source: LAB) just out of normal range - OK (LOCKHART_18940) (LOCKHART_18940).		
29/09/2016	**(Non Coded Event - GFST)** (Source: LAB) normal - no action (LOCKHART_18940) (LOCKHART_18940).		
29/09/2016	**(Non Coded Event - Blood Film)** (Source: LAB). Mild polychromasia only of note|		
26/11/2013	**(Non Coded Event - Serum Ferritin)** (Source: LAB). Ferritin may vary with age and sex of patient and can rise|during an acute phase response|The Serum Ferritin is NORMAL|		
26/11/2013	**(Non Coded Event - Full Blood Count)** (Source: LAB).		
26/11/2013	**(Non Coded Event - ESR)** (Source: LAB).		
26/11/2013	**(Non Coded Event - Glucose)** (Source: LAB). Fasting sample|		
26/11/2013	**(Non Coded Event - Amylase)** (Source: LAB).		
26/11/2013	**(Non Coded Event - Bone Profile)** (Source: LAB).		
26/11/2013	**(Non Coded Event - C-reactive Protein)** (Source: LAB).		
26/11/2013	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB).		
26/11/2013	**(Non Coded Event - GGT)** (Source: LAB).		
26/11/2013	**(Non Coded Event - Liver Function Tests)** (Source: LAB).		
26/11/2013	**(Non Coded Event - Lipid profile)** (Source: LAB). Fasting sample|		

28/11/2013	**(Non Coded Event - Transferrin / Iron)** (Source: LAB) .	
28/11/2013	**(Non Coded Event - CA125)** (Source: LAB) . Female reference ranges: premenopausal <35, postmenopausal <25.(	
30/04/2012	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.

Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
05/02/2025	Urinalysis = abnormal blood ++		
05/02/2025	O/E - BP reading abdomen: generalised tenderness Worse on right side radiating to back. , no guarding or rebound. temp 36.9.		
05/02/2025	Blood pressure reading 121/72 mm Hg		
30/01/2025	160 ug Hb/g faeces (Non Coded Event - qFIT)		
30/01/2025	19 pmol/L (Non Coded Event - Active B12)		
30/01/2025	Serum ferritin 122 ug/l		15-200
30/01/2025	Serum folate < 2.2		4-18
30/01/2025	Total white cell count 8.9 x10^9/l		4-10
30/01/2025	Red blood cell (RBC) count 3.66 x10^12/l		3.8-5.8
30/01/2025	Haemoglobin estimation 135 g/l		115-165
30/01/2025	Haematocrit 0.394 l/l		0.37-0.47
30/01/2025	Mean corpuscular volume (MCV) 107.7 fl		83-101
30/01/2025	Mean corpusc. haemoglobin(MCH) 36.9 pg		27-32
30/01/2025	Platelet count 237 x10^9/l		150-410
30/01/2025	Neutrophil count 6.3 x10^9/l		2-7
30/01/2025	Lymphocyte count 1.8 x10^9/l		1.1-5
30/01/2025	Monocyte count 0.6 x10^9/l		0.2-1
30/01/2025	Eosinophil count 0.22 x10^9/l		0.02-0.5
30/01/2025	Basophil count 0 x10^9/l		0-0.1
30/01/2025	Nucleated red blood cell count 0 x10^9/l		
30/01/2025	Serum sodium 136 mmol/L		133-146
30/01/2025	Serum potassium 4.3 mmol/L		3.5-5.3
30/01/2025	Serum chloride 104 mmol/L		95-108
30/01/2025	Serum urea level 5.2 mmol/L		2.5-7.8
30/01/2025	Serum creatinine 49 umol/L		40-139
30/01/2025	GFR calculated abbreviated MDRD > 60		
30/01/2025	Serum total bilirubin level 7 umol/L		
30/01/2025	ALT/SGPT serum level 23 U/L		5-40
30/01/2025	AST serum level 29 U/L		
30/01/2025	Serum alkaline phosphatase 67 U/L		30-130
30/01/2025	Serum albumin 38 g/L		35-50
30/01/2025	Serum cholesterol 4.6 mmol/L		3.5-6.5
30/01/2025	Serum triglycerides 0.8 mmol/L		0.2-2.3
30/01/2025	Serum HDL cholesterol level 1.8 mmol/L		
30/01/2025	Calculated LDL cholesterol level 2.4 mmol/L		
30/01/2025	0.4 mmol/L (Non Coded Event - VLDL-Chol (calc'd))		
30/01/2025	Serum cholesterol/HDL ratio 2.6		
30/01/2025	Serum TSH level 1.12 mU/L		0.35-5
30/01/2025	Serum free T4 level 13.8 pmol/L		9-21
30/01/2025	Serum total T3 level		
30/01/2025	Haemoglobin A1c level - IFCC standardised 31 mmol/mol		20-41
30/01/2025	CA125 level 43 kU/L		0-35
23/10/2021	2019-nCoV (novel coronavirus) detected		
13/10/2016	Cervical smear: negative Routine Recall -		
29/09/2016	Serum calcium 2.18 mmol/L		2.2-2.6
29/09/2016	Corrected serum calcium level 2.26 mmol/L		2.2-2.6
29/09/2016	Serum inorganic phosphate 0.95 mmol/L		0.8-1.5
29/09/2016	Serum C reactive protein level 5 mg/L		0-10
29/09/2016	Plasma glucose level 4.5 mmol/L		3.5-6
29/09/2016	Glandular fever screening test Neg		
29/09/2016	Blood film microscopy Yes		
26/11/2013	Erythrocyte sedimentation rate 5 mm/hr		1-12
26/11/2013	Serum amylase level 45 U/L		0-100
26/11/2013	Serum gamma-glutamyl transferase level 18 U/L		0-40
26/11/2013	Serum transferrin 2.9 g/L		2-4
26/11/2013	Serum iron level 15 umol/L		10-30
26/11/2013	Transferrin saturation index 21 %		25-50
26/11/2013	MSU sent for C/S		
26/11/2013	Urine blood test = +		
26/11/2013	Urine protein test = ++		
14/03/2013	Cigarette smoker 5 cigarettes/day		

08/11/2012	Urinalysis = no abnormality 21/40 some grumbling abdo pain FHH due clarkston clinic Fri see as wishes wart removal		
09/10/2012	Current smoker 5 per day	].....	>0
10/07/2009	O/E - weight 73.7		
18/12/2006	O/E - height 169	...]...	10-250

Attachments

Attachments			Authorised By	Code
10/09/2020	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Campylobacter infection; Duration: 03/09/2020 - 14/09/2020)	FitNote_6f6cf989-cd2f-4899-a1b4-f74235f61dae.pdf	Dr Tobias	9D15

Due Diary Entries

Due Diary Entries	Authorised By	Code
None		

Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
17/01/2025	Medication review OVERDUE	Ms Moffat	8B314

Alerts

Alerts	Authorised By	Code
None		

Drug Allergies

Drug Allergies	Authorised By	Code
None		

Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

Family History

Family History	Authorised By	Code

None

Referrals

Referrals		Authorised By	Code
07/02/2025	**8Hlh.: Referral to NHS treatment centre (SCI Gateway Referral)**	Dr [redacted]	8Hlh
26/09/2016	**8HHp.: Referral for guided self-help for anxiety (SCI Gateway Referral)**	Dr Lockhart	8HHp
25/07/2012	**8H57.: Obstetric referral (SCI Gateway Referral)**	Dr Tobias	8H57
18/03/2009	**Referral for further care** Refered To: [redacted] Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. . Referral Reason: Lesion on Her Right Nipple	Dr Lockhart	8H

Immunisations

Immunisations		Authorised By	Code
11/09/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Madhok)** PV46701/ AZ/IM/LUA//C-19 (By K Madhok)		^ESCT1348325
19/05/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By R MacDonald)** PV46679/ AZ/IM/LUA//C-19 (By R [redacted])		^ESCT1348323
04/02/2013	**Full consent for immunisation**	Ms McNeil	68N5
04/02/2013	**Low dose diphth, tet, acellular pert and inactiv polio vacc** Vaccine Name REPEVAX Manufacturer MSD Batch No H0353 Exp 04/14 Given for Pregnancy/New Mothers Programme	Ms McNeil	65I8
09/10/2012	**Consent given for seasonal influenza vaccination**	Ms Whelan	68NV0
09/10/2012	**Seasonal influenza vaccination (Right arm)** Batch No 23849421A Expiry 06/13	Ms Whelan	65ED

Health Status

Health Status	
	Cervical smear
13/10/2016	result Cervical smear: negative
18/12/2006	Height 169 cm
10/07/2009	Weight 73.7 Kg
	Blood pressure
05/02/2025	reading O/E - BP reading
	Blood pressure
05/02/2025	reading 121/72 mm Hg
	Smoking Status
14/03/2013	Cigarette smoker, 5 cigarettes/day
	Exercise grading
10/07/2009	Enjoys moderate exercise

Miscellaneous

Other Observations		Authorised By	Code
30/01/2025	**Nursing care blood sample taken** Symptoms & presention in keeping with UTI. RX issued for ABX. Advised re rest, fluids, simple analgesia. MSSU sent to lab. including ca125. qFIT kit issued - advised on use. Strongly advised to update smear & appt with Sandyford to renew coil. Can consider HRT. Will follow up with GP next week. Signposted to Menopause Matters website meantime for further reading. Supportive chat. Worsening statement given . Red flags discussed - aware to attend A& E if any acute symptoms develop. Ann happy with POA. NKDA.	Ms McBain	8C1B
17/01/2024	**Medication review done**	Dr [redacted]	8B3V
23/08/2022	**Medication review done**	Dr [redacted]	8B3V
08/02/2021	**Medication review done**	Dr [redacted]	8B3V
01/01/2021	**Cervical smear defaulter** Exclusion From SCCRS Until 14/10/2024. Reason: Defaulter	Ms Gordon	9O8S
07/09/2020	**Telephone encounter** : D & V since Friday. Vomiting stopped - loose stools remain. Miserable. Managing to mainain hydration. No red flags highlighted ? viral gastric flu. Supportive advice. Stool sample for C & S if no improvement by tomorrow. Worsening statement given . Consulted under current Covid-19 national crisis. Extreme measures in place nationally.Some limitations on clinical assessment. .	Ms McBain	9N31
08/04/2020	**Medication review done**	Ms Hunt	8B3V
19/12/2018	**Previous treatment continue**	Ms [redacted]	8B4
15/02/2018	**Medication review done**	Dr [redacted]	8B3V
02/02/2018	**Rep.presc. monitoring NOS** MM LES	Ms Moffat	66RZ
11/01/2018	**Telephone encounter**	Ms Hunt	9N31
11/01/2018	**Advised to contact general practitioner**	Ms [redacted]	8CAt
11/01/2018	**Previous treatment continue**	Ms [redacted]	8B4
08/01/2018	**Advised to contact general practitioner**	Ms [redacted]	8CAt
08/01/2018	**Drugs not issued** Diazepam	Ms Hunt	6B38
11/12/2017	**Advised to contact general practitioner**	Ms Hunt	8CAt
11/12/2017	**Previous treatment continue**	Ms Hunt	8B4
20/11/2017	**Drugs not issued** Diazepam	Ms Hunt	6B38
29/09/2017	**Drugs not issued** Diazepam 5mg tabelts	Ms Pelan	6B38
10/04/2017	**Discussed with pharmacist**	Ms [redacted]	671G
10/04/2017	**Previous treatment continue**	Ms Hunt	8B4
24/03/2017	**Previous treatment continue**	Ms Pelan	8B4
17/03/2017	**Advised to contact general practitioner**	Ms Pelan	8CAt
17/03/2017	**Previous treatment continue**	Ms Pelan	8B4
10/03/2017	**Advised to contact general practitioner**	Ms Pelan	8CAt
10/03/2017	**Previous treatment continue**	Ms Pelan	8B4
08/02/2017	**Previous treatment continue**	Ms [redacted]	8B4
23/01/2017	**Previous treatment continue**	Ms Hunt	8B4
21/11/2016	**Drugs not issued** Diazepam	Ms Hunt	6B38
13/10/2016	**Generalised anxiety disorder (REVIEW)**	Dr Lockhart	E2002
13/10/2016	**O/E Cervix: transitional zone seen**	Ms McNeil	EMISHGT62
13/10/2016	**[V]Coil check**	Ms McNeil	ZV254-1
13/10/2016	**O/E - no vaginal discharge**	Ms McNeil	26A1
13/10/2016	**O/E-vaginal speculum exam. NAD**	Ms McNeil	2691
13/10/2016	**Cervical smear taken**	Ms McNeil	7E2A2
03/10/2016	**Previous treatment continue**	Ms [redacted]	8B4
14/01/2016	**Cervical smear defaulter** Exclusion From SCCRS Until 14/04/2018. Reason: Defaulter	Ms Gordon	9O8S
19/05/2015	**Rep.presc. monitoring NOS** MM LES	Ms Moffat	66RZ
16/05/2013	**Equivalent quantities for all medication checked** MM LES	Ms Whelan	6BIQ
16/05/2013	**Rep.presc. monitoring NOS** MM LES	Ms Whelan	66RZ
16/05/2013	**Medication review done**	Dr [redacted]	8B3V
01/05/2013	**Contraception**	Dr Lockhart	61
01/05/2013	**Advice about long acting reversible contraception** for will attend FPC	Dr Lockhart	8CAw
14/03/2013	**Smoking cessation advice**	Ms Whelan	8CAL
25/02/2013	**Other destruction of lesion of skin of other site**	Dr [redacted]	7G09
07/12/2012	**Other destruction of lesion of skin of other site**	Dr Tobias	7G09
06/11/2012	**Patient pregnant (REVIEW)**	Dr Lockhart	62
27/08/2012	**Equivalent quantities for all medication checked** MM LES	Ms Whelan	6BIQ
27/08/2012	**Rep.presc. monitoring NOS** MM LES	Ms Whelan	66RZ
19/04/2012	**Medication review done**	Dr Tobias	8B3V
08/02/2012	**Cervical smear - 1st call**	Ms Whelan	9O81

14/01/2011	**Medication review**	UnknownUser	8B314
14/01/2011	**Equivalent quantities for all medication checked** priority=2	Ms Whelan	8BfQ
14/01/2011	**Rep.presc. monitoring NOS** mm tes priority=2	Ms Whelan	66RZ
10/07/2009	**Enjoys moderate exercise** Disease: SPICE Basic Health Values, priority=2	Mr Dr Locum	1384
10/07/2009	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Mr Dr Locum	136L
10/07/2009	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mr Dr Locum	8CAL
10/07/2009	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mr Dr Locum	137R
26/01/2009	**White British** priority=2	recright	9S10
16/02/2007	**White** priority=2	Mrs Williams	9S1
26/01/2007	**Notes summary on computer** priority=2	Ms McNeil	9344
26/01/2007	**Terminat[redacted] of pregnancy** medical 2nd trimester priority=2 Start Date: 26/10/2007	Dr Lockhart	L05
18/01/2007	**Patient MRE received from HB** priority=1	Ms [redacted]	9125
18/12/2006	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	1383
18/12/2006	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	136L
18/12/2006	**No family history diabetes** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	1228
18/12/2006	**No FH: Ischaemic heart disease** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	1226
18/12/2006	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	8CAL
18/12/2006	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	137R
18/12/2006	**Body mass index 20-24 - normal** Disease: SPICE Basic Health Values, priority=2	Ms McNeil	22K8
13/12/2006	**Pat. GP7B/GP8B card from HB** priority=1	UnknownUser	9124
11/12/2006	**Patient reg. form sent to HB** priority=1	UnknownUser	9123
23/07/1999	**Normal delivery in a completely normal case** male priority=2	Ms McNeil	L20
01/01/1998	**H/O: cot death in family** priority=2	Ms McNeil	13tA
09/11/1997	**Normal delivery in a completely normal case** male priority=2	Ms McNeil	L20
20/04/1995	**Nondependent alcohol [redacted]** priority=2	Ms McNeil	E250
01/01/1995	**H/O: repeated [redacted]** priority=2	Ms McNeil	14K0
22/11/1994	**Bedwetting** priority=2	Ms McNeil	1A220
01/01/1994	**[X]Depressive episode** priority=2	Ms McNeil	Eu32
25/07/1980	**I-V pyelography normal** priority=2	Ms McNeil	54C2
30/07/1978	**Open wound of vulva** priority=2	Ms McNeil	S884
Not Known	**Marital Status: Single**	UnknownUser	1331

Consultations

Consultations	
17/02/2025 11:18	Dr Lauren Firth at ELMWOOD MEDICAL PRACTICE
History	Follow up about Qfit. refered to surgeons for raised qfit. Patient already googled and worried. nil FH of IBD or cancers, happy with referal and aware lots of other causes for raised qfit. Brought pt urine for me today. issues with haematuria but all white menstrating. Currently not menstrating. Due copper coil out this week
Examination	urinalysis: negative
Comment	Currently abdominal pain better, awaiting surgeons and nil issues with haematuria.
14/02/2025 17:41	Dr [redacted] Ahmad at ELMWOOD MEDICAL PRACTICE
	Urgent referral to colorectal - Dear Colleague, I would be grateful for your assessment of a 46-year-old patient who has been experiencing ongoing weight loss and fatigue. Her history has been somewhat [redacted] due to multiple symptoms, making it challenging to pinpoint a clear pattern.
Comment	She primarily reports persistent abdominal pain, bloating, and a general sense of exhaustion. She has mentioned intermittent episodes of diarrhea, though the history is unclear, and she denies any blood in her stool. Additionally, she has had recurrent urinary tract infections around the same time, which has made it difficult to determine the exact source of her symptoms. Further investigations revealed a raised qFIT of 160. Given this, I would be grateful if she could be reviewed and investigated further. Many thanks.
05/02/2025 13:50	Ms Ann McBain at ELMWOOD MEDICAL PRACTICE
Examination	Urinalysis = abnormal blood ++
Comment	MSSU repeated as per SA. Note menstruating at present.
Test Request	Midstream Urine (C&S) - *Completed*
05/02/2025 11:28	Ms Ann McBain at ELMWOOD MEDICAL PRACTICE
Comment	Smear cancelled today as bleeding.
05/02/2025 10:41	Dr Salma [redacted] at ELMWOOD MEDICAL PRACTICE
History	Abdominal pain - For months now, waking her up at night, worse at night time. Had a urine infection recently which was treated - pain eased slightly but then back pain. Takes analegsia at night which helps slightly but not very much. Has a copper coil insitu which is out of date - has follow up with sandford in 2 weeks and might consider a mirena. Periods are heavy and problematic. Pain often seems worse around this time, feels spasmodic and severe when comes on. Due for a smear today but bleeding heavy so will not be able to have this done - has not had a smear in a long time.
Medication	Hyoscine Butylbromide Tablets 10 mg *56 tablet TWO TABLETS THREE TIMES A DAY AS REQUIRED*
Examination	O/E - BP reading abdomen: generalised tenderness Worse on right side radiating to back , no guarding or rebound. temp 36.9. Blood pressure reading 121/72 mm Hg
Medication	Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule *1 AMPOULE TO BE INJECTED AS DIRECTED* Folic Acid Tablets 5 mg *56 TABLET ONE TO BE TAKEN EACH DAY*
Social	Admits to heavy drinking for sometime now - 4 bottles of wine a week on her own. Discussed this - offered help but feels would be able to do it herself.
Comment	Discsused bloods - low b12 - which needs replacing and folate, prescription given Also trial of buscopan to help with pain recheck urine sample, if no infection but has blood ? consider KUB - if still has an infection to treat. Will drop in a sample today.
History	Discsused low b12 and Folate
Comment	Prescription for b12 given
01/02/2025 12:36	Ms Lynda Gordon at Out Of Hours

Comment	abdominal pain 3 days diagnosed with uti finished course of abx now radiating round back and down leg states is also on period has coil in states she has had coil in 7 years longer than should have pt thought was 10 years ?gyn related pain given naproxen 500mg tablets one to be taken twice daily with food instead of ibuprofen (28) omeprazole 20mg gr capsules 1 capsule once a day oral 28.
30/01/2025	Dr Lauren Firth at General Practice Surgery
Result	(Non Coded Event - QFIT) raised - for GP app (FIRT)
30/01/2025	Dr Lauren Firth at General Practice Surgery
Result	(Non Coded Event - Serum Folate) low (FIRT) (Non Coded Event - Serum Ferritin) normal - no action (FIRT) (Non Coded Event - Active B12) low b12 (FIRT)
30/01/2025	Dr Lauren Firth at General Practice Surgery
Result	(Non Coded Event - Full Blood Count) just out of normal range - OK (FIRT)
30/01/2025	Ms Ann McBain at General Practice Surgery
Result	(Non Coded Event - Thyroid funct test) Normal - no action (ANN) (Non Coded Event - Lipid profile) Normal - no action (ANN) (Non Coded Event - Liver Function Tests) Normal - no action (ANN) (Non Coded Event - Urea & Electrolytes) Normal - no action (ANN)
30/01/2025	Ms [redacted] McBain at General Practice Surgery
Result	[redacted] Coded Event - HbA1C (IFCC)) Normal - no action (ANN)
30/01/2025 10:45	Ms Ann McBain at ELMWOOD MEDICAL PRACTICE
Problem (FIRST)	**Suspected UTI**
History	Ongoing HX of lower abdominal pain & bloating " going on for ages ". Worsened suddenly past few days. 46 year old para 3+2 (SVD's) No significant gynae HX - no cysts or endometriosis. Denies risk of pregnancy. Last smear NAD 2016. Has had IUCD insitu for 9 years (? copper coil) . Still has monthly bleeds reports menses as heavy ++. LMP 02/01/2025. Reports unexpained weight loss of 2 stones in past year. Denies altered [redacted] habit, however has noticed occasional diarrhoea - no blood in stool or urinary issues. Smoker & high alcohol intake (3 bottles of wine over weekends). Feels very emotional, TATT, with night sweats & brain fog. Systemically well. No red flags of acute abdomen / appendicitis. Works as a [redacted] dinner lady, has two [redacted] children (lost a [redacted] cot death in 1997). Admits to stress at home & keen to address lifestyle / get back on track with health. Note smear overdue - last cytology negative 2016.
Examination	Urinalysis = abnormal nitrate +ve, leucocytes ++, [redacted] with strong odour on examination. Temp 36.3.
Medication	Trimethoprim Tablets 200 mg 6 *TABLET ONE TO BE TAKEN TWICE A DAY*
Examination	O/E - BP reading Blood pressure reading 117/72 mm Hg HR 68 reg. Sa02 100% Abdomen soft & non tender . Bowel sounds present.
Test Request	Vitamin B12 (Active) - *Completed*, CA125 - *Completed*, Urea and Electrolytes - *Completed*, Ferritin - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Folate - *Completed*, Thyroid function tests - *Completed*, HbA1c - *Completed*, qFIT - *Completed*, Full Blood Count - *Completed*, Midstream Urine (C&S) - *Completed*
Comment	Nursing care blood sample taken Symptoms & presention in keeping with UTI. RX issued for ABX. Advised re rest, fluids, simple analgesia. MSSU sent to lab. including ca125, qFIT kit issued - advised on use. Strongly advised to update smear & appt with Sandyford to renew coil. Can consider HRT. Will follow up with GP next week. Signposted to Menopause Matters website meantime for further reading. Supportive chat. Worsening statement given . Red flags discussed - aware to attend A& E if any acute symptoms develop. Ann happy with POA. NKDA.
17/11/2023	Ms Lynda Go[redacted]on at Telephone Consultation
Comment	asked patient about the address in Barrhead, she says she definitely stays at 20 Moorhill Crescent, she was phoning her [redacted] prescription to her surgery, and when she came to phone her own she gave barrhead address and realised her mistake
16/11/2023 16:49	Ms Lynda Gord[redacted]n at Data Entry
Comment	patient phoned prescription line ordering medication given address and 59 Littleton Park which is in Barrhead, order not processed, sent letter to patient asking her to contact the surgery

13/09/2023 09:50	Ms [redacted] McBain at ELMWOOD MEDICAL PRACTICE
Examination	Urinalysis = abnormal blood +, leucocytes ++. Symptomatic ++ pain, dysuria, frequency.
Comment	Treat empirically. No issues with Trimethoprim. Rx arranged. Aware to provide further sample if persists following completion of ABX. Worsening statement given .
Medication	Trimethoprim Tablets 200 mg 6 *TABLET ONE TO BE TAKEN TWICE A DAY*
15/09/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By K Madhok) PV46701/ AZ/IM/LUA/C-19 (By K Madhok)
25/05/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By R MacDonald) PV46679/ AZ/IM/LUA/C-19 (By R MacDonald)
14/09/2020	Dr John [redacted] ELMWOOD MEDICAL PRACTICE
Comment	loperamide
Medication	Loperamide Hydrochloride Capsules 2 mg *30 CAPSULE TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)*
10/09/2020	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Campylobacter infection; Duration: 03/09/2020 - 14/09/2020)
07/09/2020 13:32	Ms Ann McBain at ELMWOOD MEDICAL PRACTICE
Comment	As per below. JAT aware.
Medication	Hyoscine Butylbromide Tablets 10 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY*
Test Request	Faeces (C&S) - *Completed*
07/09/2020 11:57	Ms Ann McBain at ELMWOOD MEDICAL PRACTICE
Comment	Telephone encounter : D & V since Friday. Vomiting stopped - loose stools remain. Miserable. Managing to maintain hydration. No red flags highlighted ? viral gastric flu. Supportive advice. Stool sample for C & S if no improvement by tomorrow. Worsening statement given . Consulted under current Covid-19 national crisis. Extreme measures in place nationally.Some limitations on clinical assessment. .
08/04/2020	Ms Vicki [redacted] at Special Request
History	Regular issue of 2mg diazepam, average 2/day. D/w JT re request for higher strength. Continue 2mg up to bd as per r/v in Feb.
Comment	Unable to contact patient, no voicemail on mobile. Regular Rx for 2mg tabs issued as is now due
Medication	Diazepam Tablets 2 mg *56 TABLET TAKE ONE UP TO TWICE [redacted] AS REQUIRED*
Additional	Medication review done
08/04/2020	Ms [redacted] Moffat at Acute Scripts
Comment	Diazepam 5mg as a one off due to anxiety
06/02/2019	Dr [redacted] ELMWOOD MEDICAL PRACTICE
Comment	ok on sertraline and low dose diaz. regular review,
19/12/2018	Ms Vicki Hunt at Special Request
History	Special Request sertraline. On rpt but not issued since 28/8/18. Phoned to check if still taking 3/day, but no reply. Rx issued but will ask admin team to book her in for GP r/v in Jan. Acute Rx issued meantime
Comment	Previous treatment continue
Medication	Sertraline Hydrochloride Tablets 50 mg *84 tablet 3* [redacted]
25/09/2018	Dr Gillian Lockhart at Special Request
Problem (FIRST)	**Chest infection**
Comment	If not settling needs review
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
18/07/2018	Dr John [redacted] ELMWOOD MEDICAL PRACTICE

Additional	
18/07/2018	Mrs Jacqui [redacted] ELMWOOD MEDICAL PRACTICE
Comment	Diazepam 5mg x 14 for flying
04/06/2018	Dr [redacted] at ELMWOOD MEDICAL PRACTICE
Additional	
14/03/2018	Dr [redacted] ELMWOOD MEDICAL PRACTICE
Comment	neck tightness, stress++
Medication	Ibuprofen Gel 5 % *100 gram APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY*
27/02/2018	Ms N Docherty at ELMWOOD MEDICAL PRACTICE
Comment	Feeling better, less anxious and enjoying working more hours. Spoke to family and asked for extra help with child care which they are happy to do. Awaits counselling through future pathways, will be discharged from service as awaits counselling.
15/02/2018	Dr [redacted] ELMWOOD MEDICAL PRACTICE
Comment	uses low dose diaz as a 'emergency' will limit self to 28/month....put on repeat , know to try and reduce
Medication	Diazepam Tablets 2 mg *28 tablet AS DIRECTED*
Additional	Medication review done
13/02/2018	Ms N Docherty at ELMWOOD MEDICAL PRACTICE
Comment	Never feels "secure", placed in care aged 9 with siblings, lost [redacted] at five months to cot death. Feels she has never dealt with past traumas as others have "worse problems". Discussed future pathways service which provide long term counselling to people who have been in care. Will make referral and app made for two weeks.
02/02/2018	Ms Michelle Moffat at ELMWOOD MEDICAL PRACTICE
History	Rep.presc. monitoring NOS MM LES
24/01/2018	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment	Long chat continues to work bakery local coop, scared of decreasing stopping diazepam. Long chat will see Nicola RAMH Linkworker. Fine when at work has distraction there 14x 2mg diazepam given until review with Linkworker. No further diazepam Rx unless reviewed. Understands the rational. Continues on 150mg sertraline. ? ref computer [redacted] course
11/01/2018	Ms Vicki [redacted] at Phone Encounter
Comment	See previous encounter. Called back after messages left Monday & today. Appt now booked for 24th Jan. Rx issued for 14 tabs (average over past month ~1/day)
Medication	Diazepam Tablets 2 mg *14 TABLET ONE TO BE TAKEN TWICE A DAY IF REQ*
Additional	Previous treatment continue Advised to contact general practitioner Telephone encounter
08/01/2018	Ms Vicki Hunt at Special Request
Comment	Special Request diazepam. D/w GL: must have double appt with GL for review. Can only give enough to last until appt. Unable to contact patient - message left to call back.
Additional	Drugs not [redacted] Diazepam Advised to contact general practitioner
27/12/2017	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	chest infection, rhonchi, ae good sats 98%
11/12/2017	Ms Vicki [redacted] at Special Request
Comment	Special Request diazepam. Average <3/day since Sept '16, but note encounters 13/10/17, 25/10/17 & 02/11/17 - not for long-term use. D/w GL: issue 14 tablets today but must see GL before any further prescriptions.
Medication	Diazepam Tablets 2 mg *14 TABLET ONE TO BE TAKEN TWICE A DAY IF REQ*
Additional	Previous treatment continue Advised to contact general practitioner
05/12/2017	Ms Irene Brown at ELMWOOD MEDICAL PRACTICE
Comment	Ann didn't attend her appointment today

22/11/2017	[redacted] at ELMWOOD MEDICAL PRACTICE
Comment	uses diaz for panics, not overusing, ok for further supply
Medication	Diazepam Tablets 2 mg *56 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
20/11/2017	Ms Vicki Hunt at Phone Encounter
Comment	Special Request diazepam. See previous encounter. Advised patient to be seen before any further prescription issued. Will phone tomorrow to make appt.
Additional	Drugs not issued Diazepam
02/11/2017	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment	long chat re diazepam use. Will re self ref RAMH also appointment with RAMH Linkworker Irene Brown early dec review prior to any further diazepam Rx. NO FURTHER DIAZEPAM rx until review. Booked RAMH linkworker also. Now in employment with COOP
Medication	Diazepam Tablets 2 mg *28 tablet ONE TO BE TAKEN TWICE A DAY IF REQ*
25/10/2017	Dr Charlotte Monteith at ELMWOOD MEDICAL PRACTICE
History	Specials request for Diazepam. Needs to see GP - Looks as though been discussed with patient not long term solution. For appointment before any further issued, allow 8 only today.
Medication	Diazepam Tablets 2 mg *6 tablet TAKE ONE TABLET UP TO THREE TIMES PER DAY*
13/10/2017 11:18	Dr John Dudgeon at ELMWOOD MEDICAL PRACTICE
Problem (NEW)	**Anxiety state NOS**
History	Struggling with her anxiety meant to be going away for the week with her son and terrified at the prospect. Asking for more 5 mg diazepam as they are the only thing she feels help with her panic attacks. Did not like B blocker did not help. Did a 4 day course with RAMH and has been trying to use her workbooks. Long chat about the paroxysmal effect and addcitive nature of diazepam and also the license restrictions. Assured her it is not the long term solution and will make matters worse. Asked her to consider going to see a psychiatrisy.
Medication	Diazepam Tablets 2 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY*
29/09/2017	Ms [redacted] Pelan at Data Entry
Comment	Special Request: Diazepam 5mg. Using 2mg regularly, had 5mg once for flying. Spoke to [redacted] appt with JT today [redacted] cancelled, requesting higher dose as stressed with new job. Discussed with JT - agreed no dose increase unless sees GP. Phoned pt to inform her but going to voicemail - message left explaining no supply and tma with GP if wishes higher strength.
Additional	Drugs not issued Diazepam 5mg tabelts
11/09/2017	Ms Lynda Gordon at ELMWOOD MEDICAL PRACTICE
Test Request	Faeces (C&S) - *Completed*
09/08/2017	Ms Mic[redacted] Moffat at Out Of Hours
Comment	Medication query, concerned interaction with Fluconazole and Diazepam.
08/08/2017	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	flying phobia
Medication	Diazepam Tablets 5 mg *14 tablet AS DIRECTED* Fluconazole Capsules 150 mg *1 CAPSULE ONE TO BE TAKEN AS A SINGLE DOSE*
24/05/2017	Dr [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	going to hols.
10/04/2017	Ms Vicki [redacted] Phone Encounter
Comment	Special Request diazepam. On repeat, but issued 1 month's supply 29/3/17. Left tablets at her [redacted] at the weekend. Will get them back on Saturday, but needs supply to cover until then. Passed to GL - agrees happy to prescribe 10 tablets.
Medication	Diazepam Tablets 2 mg *10 tablet ONE TO BE TAKEN TWICE A DAY AS DIRECTED*
Additional	Previous treatment continue Discussed with pharmacist
29/03/2017	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE

Comment: seeing Irene, got lots help at ramh...keep diaz 2 /day should be on 150mg sertraline

Medication: Sertraline Hydrochloride Tablets 50 mg *84 tablet 3 DAILY*
Diazepam Tablets 2 mg *56 tablet AS DIRECTED*

24/03/2017 — Ms Laura Pelan at Data Entry

Comment: Special Request sertraline and diazepam.
Sertraline was on 100mg reduced to 50mg in January. Average usage 1.1/day. Acute Rx issued
Diazepam - average use 2.3/day. Has appt for review 29/03/2017. Acute Rx issued - 4 day supply.

Medication: Diazepam Tablets 2 mg *12 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
Sertraline Hydrochloride Tablets 50 mg *28 tablet ONE TO BE TAKEN EACH DAY*

Additional: Previous treatment continue

17/03/2017 — Ms Laura Pelan at Data Entry

Comment: Special Request diazepam - no appointment made following request last week. Discussed with JT - 4 day supply issued with note to make appointment for review.

Additional: Previous treatment continue
Advised to contact general practitioner

10/03/2017 — Ms Laura Pelan at Data Entry

Comment: Special Request diazepam. See previous requests - ordering weekly now, suggesting she is using approx 3/day. Discussed with JT - agreed 7 day supply and asked tma for review.

Medication: Diazepam Tablets 2 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*

Additional: Previous treatment continue
Advised to contact general practitioner

07/03/2017 — Ms Irene Brown at ELMWOOD MEDICAL PRACTICE

Comment: Ann said that she attended the Anxiety Management group and really enjoyed it. She said she enjoyed getting up to 'go somewhere and being part of a group'. She is planning to attend the Self-Esteem group and then Assertiveness. Ann said she would like to [redacted] children who have a chaotic upbringing as she had. Suggested that she look at Employability when she has completed the other groups to look at [redacted] courses. No further support required from Community Link

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15/02/2017 — Ms Irene Brown at ELMWOOD MEDICAL PRACTICE

Comment: Ann spoke about anxiety management techniques she was using after reading the booklet I gave her. She is on the list for the RAMH Causeway Anxiety Management Group and we have arranged an appointment on 7th March to see how she got on and discuss future support.

06/02/2017 — Ms Vicki Hunt at Data Entry

Comment: Special Request diazepam. D/w GL - OK to have 2 wks supply for now as due to see link worker & RAMH in next few weeks. Average use ~2-3/day. Acute Rx issued for 21 tabs as per usual Rx quantity, so can have another Rx next week if needed.

Medication: Diazepam Tablets 2 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*

Additional: Previous treatment continue

31/01/2017 — Ms Lynda Gordon at Telephone Consultation

Comment: patient has an appt with RAMHS on 1st, 2nd, 3rd of March (3 day course) between 10.00am and 12.00pm as per [redacted] at RAMH. Left Message on Mrs Mathers mobile phone on Tuesday 31st January

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31/01/2017 — Ms Irene Brown at ELMWOOD MEDICAL PRACTICE

Comment: Ann spoke of anxiety and also of events from her past which she doesn't feel have anything to do with how she is feeling. She said she doesn't like relying on medicine so we discussed other interventions that could help. She agreed to 1:1 anxiety management and also agreed to consider Counselling once this is complete. Further appointment on 15th February.

30/01/2017 — Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE

Comment: long chat re diazepam use try to pull forward anxiety management see RAMH Linkworker mane see back 2-3/52

Medication	Sertraline Hydrochloride Tablets 50 mg *28 tablet ONE TO BE TAKEN EACH DAY*
23/01/2017	Ms Vicki [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	Special Request sertraline. On 100mg since October, issue dates suggest concordance ~80%. Acute Rx issued
	Special Request diazepam. Note previous encounter, had appt for today but then cancelled. D/w GL: can give 7 tablets but advise no more until review. Unable to contact patient, note left on Rx to make appt asap.
Medication	Diazepam Tablets 2 mg *7 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
	Sertraline Hydrochloride Tablets 100 mg *28 tablet ONE TO BE TAKEN EACH DAY*
Additional	Previous treatment continue
16/01/2017	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment	req review prior to any further diazepam
28/11/2016	Dr Gillian Lockhart at [redacted]WOOD MEDICAL PRACTICE
Comment	increasing anxiety no obvious trigger will contact RAMH 1/52 supply diazepam see back
21/11/2016	Ms Vicki [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	Special Request diazepam, 5 Rx in last 2mths (~1.7 tabs/day) Note sertraline increased last month, overdue GP review. Unable to contact patient. Passed to GP for decision.
Additional	Drugs not issued Diazepam
13/10/2016	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (REVIEW)	**Generalised anxiety disorder**
Comment	Gradual improvement increase sertraline to 100mg see back 3/52
Medication	Sertraline Hydrochloride Tablets 100 mg *28 tablet ONE TO BE TAKEN EACH DAY*
13/10/2016	Ms Janis McNeil at ELMWOOD MEDICAL PRACTICE
Examination	Cervical smear taken
	O/E-vaginal speculum exam. NAD
	O/E - no vaginal discharge
Comment	EPOSIDES SPOT BLEEDING / CERVIX BLED ON CONTACT
Additional	[V]Coil check
	O/E Cervix: transitional zone seen
03/10/2016	Ms Vicki [redacted] Data Entry
Comment	Special request: Diazepam. Given for first time 2 wks ago with restarted sertraline for anxiety. D/w Dr Lockhart - to give small supply & advise to see GP next time.
Additional	Previous treatment continue
29/09/2016	Ms Janis McNeil at ELMWOOD MEDICAL PRACTICE
Comment	blood sample to lab as requested, review result with Dr
Test Request	Glucose - *Completed*, Bone Profile - *Completed*, CRP - *Completed*, Urea and Electrolytes - *Completed*, Ferritin - *Completed*, Liver Function Tests - *Completed*, Thyroid function tests - *Completed*, Throat swab (C&S) - *Completed*, Full Blood Count - *Completed*, Infectious Mononucleosis - *Completed*
Comment	Blood in as / r/v for smear when bleeding stopped
22/09/2016	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (NEW)	**Throat infection - tonsillitis**
Comment	now white exudate systemic problems exudate ++ if not settling bloods and swab
Medication	Phenoxymethylpenicillin Tablets 250 mg *80 TABLET TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS*
	Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % *300 ML RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED. USUALLY FOR NOT MORE THAN 7 DAYS*
Test Request	Glucose - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Thyroid function tests - *Requested*, Throat swab (C&S) - *Requested*, Full Blood Count - *Requested*, Infectious Mononucleosis - *Requested*

19/09/2016 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (FIRST): **Generalised anxiety disorder**
Comment: ref anxiety management
Medication: Sertraline Hydrochloride Tablets 50 mg *28 tablet ONE TO BE TAKEN EACH DAY*
Diazepam Tablets 2 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*

Problem (FIRST): **Viral sore throat NOS**
Medication: Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % *300 ML RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS*

28/07/2016 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (FIRST): **Throat infection - tonsillitis**
Comment: eudate LHS Cx lymph nodes palp
Medication: Phenoxymethylpenicillin Tablets 250 mg *80 TABLET TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS*
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % *300 ML RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS*

Problem (FIRST): **Anxiety state NOS**
Comment: still ongoing problems no obvious triggers. Check bloods see back ? anxiety management/and or ? sertraline
Test Request: [redacted] - *Requested*, Urea and Electrolytes - *Requested*, [redacted] - *Requested*, Liver Function Tests - *Requested*, Thyroid function tests - *Requested*, Full Blood Count - *Requested*, Infectious Mononucleosis - *Requested*

13/07/2016 Dr John [redacted] ELMWOOD MEDICAL PRACTICE
Comment: O/E - BP reading anxiety attack, tachycardia..100bpm
Examination: Blood pressure reading 130/74 mm Hg
Medication: Propranolol Hydrochloride Tablets 40 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY*

07/04/2016 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment: still problems with L TM joint and swelling cover with metronidazole x-ray arranged see back with result
Medication: Metronidazole Tablets 400 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
Naproxen Tablets 500 mg *56 tablet ONE TO BE TAKEN TWICE A DAY*

05/02/2016 Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Comment: swollen L pre-auric? parotitis, no evidence of throat infn
Medication: Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*

18/11/2015 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (FIRST): **Eustachian tube dysfunction (Right)**
Comment: also still some issues with anxiety trial of sertraline see 2/52
Medication: Sertraline Hydrochloride Tablets 50 mg *28 tablet ONE TO BE TAKEN EACH DAY*
Xylometazoline Hydrochloride Nasal spray 0.1 % *1 SPRAY ONE SPRAY EACH NOSTRIL TID FOR 5/7*

04/09/2015 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Medication: Acetic Acid Ear Spray 2 % *1*1 spray 1 PUFF TID EACH EAR*
Xylometazoline Hydrochloride Nasal spray 0.1 % *1 SPRAY ONE SPRAY EACH NOSTRIL TID FOR 5/7*

Comment: increasing anxiety no trigger . re start fluoxetine see 1/12
Medication: Fluoxetine Hydrochloride Capsules 20 mg *28 capsule ONE TO BE TAKEN EACH DAY*

09/12/2013 Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment: bloods fine except no trace TFT feels much [redacted] omeprazole awaiting USS on Wed see after

28/11/2013	Ms Lynda G[redacted]on at ELMWOOD MEDICAL PRACTICE
Comment	stool sample sent
26/11/2013	Ms Janis McNeill at ELMWOOD MEDICAL PRACTICE
Comment	blood sample to lab as requested, review result with Dr
Result	Urine protein test = ++
	Urine blood test = +
	MSU sent for C/S
25/11/2013	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Test Request	Urine, Stool
25/11/2013	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment	recurrent GI /RUQ pain [redacted] some of [redacted] lansoprazole with increased relief. also RUQ pain bloods abdominal [redacted]
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*
Test Request	FBC, ESR, U and E, Glucose, LFTs, Serum Lipids, Bone Profile, TFTs, Iron Studies, CRP, Ferritin, Amylase, GGT, CA125, H pylori, U/S Abdomen
03/09/2013	Dr John [redacted] ELMWOOD MEDICAL PRACTICE
Comment	thrush, vag...for oral rx
Medication	Fluconazole Capsules 150 mg *1 CAPSULE ONE TO BE TAKEN AS A SINGLE DOSE*
16/05/2013	Ms Jenny Whelan at ELMWOOD MEDICAL PRACTICE
History	Rep.presc. monitoring NOS MM LES
	Equivalent quantities for all medication checked MM LES
01/05/2013	Dr Gillian Lockhart at General Practice Surgery
Additional	WML document Contraception After Having a [redacted] Printed
01/05/2013	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Comment	Contraception
01/05/2013	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (FIRST)	**Postnatal examination normal**
Comment	Advice about long acting reversible contraception for will attend FPC
Test Request	FBC, ESR, U and E, Glucose, LFTs, Serum Lipids, Bone Profile, TFTs, Iron Studies, CRP
28/03/2013	[redacted] at ELMWOOD MEDICAL PRACTICE
History	throat/ear infection
Medication	Ferrous Fumarate Tablets 210 mg *168 TABLETS ONE TO BE TAKEN THREE TIMES A DAY*
	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
14/03/2013	Ms [redacted] Whelan at Telephone Consultation
History	Cigarette smoker, 5 cigarettes/day
Comment	not interested in stopping smoking at present
Additional	Smoking cessation advice
07/03/2013	Ms Lynda Gordon at Telephone Consultation
Comment	phoned to say she is 8 1/2 months pregnant not felt the [redacted] move advised her to phone midwife said she had no transport to get to Paisley told me to forget it, Gill overheard converstion told me to phone her back and advise her important to get in touch with midwife
25/02/2013	Dr John Tobias at ELMWOOD MEDICAL PRACTICE
History	n2 to lesion on abdo wall
Additional	Other destruction of lesion of skin of other site
04/02/2013	Ms Janis McNeill at ELMWOOD MEDICAL PRACTICE
Additional	Low dose diphth, tet, acellular pert and inactiv polio vacc Vaccine Name REPEVAX Manufacturer MSD Batch No H0353 Exp 04/14 Given for Pregnancy/New [redacted] Programme
	Full consent for immunisation
31/01/2013	Dr John [redacted] ELMWOOD MEDICAL PRACTICE

History	needs iron as per hosp
Medication	Ferrous Sulphate Tablets 200 mg *168 TABLET ONE TO BE TAKEN TWO OR THREE TIMES* [redacted] *(OR ONE TO BE TAKEN* [redacted] *FOR PROPHYLAXIS)*

07/12/2012	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
History	n2 to wart on R breast
Medication	Salicylic Acid And Lactic Acid Gel 12 % + 4 % *8 gram APPLY THINLY AT NIGHT*
Additional	Other destruction of lesion of skin of other site

08/11/2012	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
Problem (REVIEW)	**Patient pregnant**
Comment	Urinalysis = no abnormality 21/40 some grumbling abdo pain FHH due clarkston clinic Dr see as wishes wart removal

12/10/2012	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Examination	Blood pressure reading 130/74 mm Hg
Comment	O/E - BP reading and all well fh fine

09/10/2012	Ms Jenny Whelan at ELMWOOD MEDICAL PRACTICE
Social	Current smoker, 5 per day
Additional	Seasonal influenza vaccination (Right arm) Batch No 23849421A Expiry 06/13
	Consent given for seasonal influenza vaccination

27/09/2012	Ms Lynda G [redacted] at Telephone Consultation
Comment	15wks pregnant bleeding phoned midwife was advised to get to RAH no transport phoned them back they said see GP spoke to Dr T who said if she is bleeding badly needs ambulance went back on phone just bleeding lightly but has a rare blood group and needs a D injection Dr T says she has to go to hosp for that said about ambulance but she said she would try and get transport sorted as she did not want to go in ambulance

20/07/2012	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	Imp 12/6/12 [redacted] 19/3/13 para 2+2 (one sids) hook paisley

27/06/2012	Ms Jenny Whelan at ELMWOOD MEDICAL PRACTICE
History	Rep.presc. monitoring NOS MM LES
	Equivalent quantities for all medication checked MM LES

25/04/2012	Dr John [redacted] at ELMWOOD MEDICAL PRACTICE
Comment	n2 to verruca
Medication	Salicylic Acid And Lactic Acid Gel 12 % + 4 % *8 gram APPLY THINLY AT NIGHT*

07/02/2011	Dr [redacted] ELMWOOD MEDICAL PRACTICE
History	acute back muscle spasm no discogenic signs priority=2

14/01/2011	Ms Je[redacted]y Whelan at ELMWOOD MEDICAL PRACTICE
History	Rep.presc. monitoring NOS mm les priority=2
	Equivalent quantities for all medication checked priority=2
	Medication review

18/09/2009	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
History	much happier today continue flouxetine advice re healthy eating see 6-8/52 priority=2

08/09/2009	Ms Janis McNeill at ELMWOOD MEDICAL PRACTICE
History	Bloods taken as req / urine +ve protein msu sent priority=2

07/09/2009	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
History	anxious ++ some improvement with floxetine for FBC ESR U&E LFT GLU TFT FE STORES CRP CHOL TFT & URINALYSIS WILL SEE OPTICIAN also BP fine priority=2
	Systolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure Disease: SPICE Basic Health Values
	Systolic blood pressure
	Diastolic blood pressure

13/08/2009	[redacted] at ELMWOOD MEDICAL PRACTICE
History	Systolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure Disease: SPICE Basic Health Values Systolic blood pressure Diastolic blood pressure
10/07/2009	Mr Dr Locum at ELMWOOD MEDICAL PRACTICE
History	bad panic attacks last few weeks, disturbed sleep, poor concentration. has 9 yr old son, [redacted] not around. is in stable relationship. feels things are generally ok can't explain it, has had this on-off over the years. discussed, [redacted] fluoxetine. r/v 1/12. adv re relaxation techniques. tm priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2 Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2 O/E - weight Disease: SPICE Basic Health Values Systolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure Disease: SPICE Basic Health Values O/E - weight Systolic blood pressure Diastolic blood pressure O/E - weight Systolic blood pressure Diastolic blood pressure
18/03/2009	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Victoria Infirmary, NHS, Referral Type: Out Patient, Speciality Type: General Surgery, Referral Nature: Not Specified. , Referral Reason: Lesion on Her Right Nipple
18/03/2009	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
History	ref breast clinic priority=2
05/03/2009	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE
History	lesion to lower edge outer of R nipple trial fucidin h and see back any worries ref breast clinic no biological FH but step mum has breast ca priority=2
23/02/2009	Ms Janis McNeill at ELMWOOD MEDICAL PRACTICE
History	Overdue cervical smear cx intact priority=2 Cervical smear; negative Cervical Screening$$.clm - Repeat after an interval in GP care (diary entry deleted) (Not Known)
26/01/2009	recright at ELMWOOD MEDICAL PRACTICE
History	White British priority=2
19/12/2007	Dr [redacted] ELMWOOD MEDICAL PRACTICE
History	positive preg test, unsure whether to proceed at present, arrange [redacted] imp 20/10/07 priority=2
16/02/2007	Mrs Jacqui Williams at ELMWOOD MEDICAL PRACTICE
History	White priority=2
26/01/2007	Ms Janis McNeill at ELMWOOD MEDICAL PRACTICE
History	Open wound of vulva priority=2 I-V pyelography normal priority=2 H/O: repeated overdose priority=2 Bedwetting priority=2 Nondependent alcohol [redacted] priority=2 Normal delivery in a completely normal case male priority=2 H/O: cot death in family priority=2 [X]Depressive episode priority=2 Normal delivery in a completely normal case male priority=2 Notes summary on computer priority=2
26/01/2007	Dr Gillian Lockhart at ELMWOOD MEDICAL PRACTICE

History	Termination of pregnancy medical 2nd trimester priority=2 Start Date: 26/10/2007
18/01/2007	Ms Lynda [redacted] at ELMWOOD MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
18/12/2006	Ms Janis McNeil at ELMWOOD MEDICAL PRACTICE
History	NEW PATIENT / LMP OCTOBER URINE SENT HCG / ALSO MSU URINE +VE PROTEIN C/O FREQUENCY priority=2 Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2 No family history diabetes Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2 Enjoys light exercise Disease: SPICE Basic Health Values, priority=2 O/E - height Disease: SPICE Basic Health Values O/E - weight Disease: SPICE Basic Health Values Systolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure Disease: SPICE Basic Health Values O/E - height O/E - weight Systolic blood pressure Diastolic blood pressure
13/12/2006	UnknownUser at ELMWOOD MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
11/12/2006	UnknownUser at ELMWOOD MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1

Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/02/2025	**Hyoscine Butylbromide Tablets 10 mg** TWO TABLETS THREE TIMES A DAY AS REQUIRED 56 tablet	05/02/2025P	Dr Salma Ahmad	ACUTE
05/02/2025	**Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule** TO BE INJECTED AS DIRECTED 5 AMPOULE	05/02/2025P	Dr Salma Ahmad	ACUTE
05/02/2025	**Folic Acid Tablets 5 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	05/02/2025P	Dr Salma [redacted]	ACUTE
15/02/2018	**Diazepam Tablets 2 mg** TAKE ONE UP TO TWICE DAILY AS REQUIRED 56 TABLET	28/01/2025P	Dr [redacted]	REPEAT
29/03/2017	**Sertraline Hydrochloride Tablets 50 mg** 3 DAILY 84 tablet	28/01/2025P	Dr [redacted] Ahmad	REPEAT

Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
30/01/2025	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	30/01/2025P	Ms Ann McBain	ACUTE
13/09/2023	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	13/09/2023P	Ms Ann McBain	ACUTE
14/09/2020	**Loperamide Hydrochloride Capsules 2 mg** TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS) 30 CAPSULE	14/09/2020P	Dr John [redacted]	ACUTE
07/09/2020	**Hyoscine Butylbromide Tablets 10 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 tablet	07/09/2020P	Dr John [redacted]	ACUTE
20/12/2019	**Diazepam Tablets 5 mg** AS DIRECTED 28 tablet	20/12/2019P	Dr John Tobias	ACUTE
25/09/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	25/09/2018P	Dr Gillian Lockhart	ACUTE
18/07/2018	**Diazepam Tablets 5 mg** AS DIRECTED 14 tablet	18/07/2018P	Dr John [redacted]	ACUTE
14/03/2018	**Ibuprofen Gel 5 %** APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY 100[redacted]	14/03/2018P	Dr John [redacted]	ACUTE
27/12/2017	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	27/12/2017P	Dr John [redacted]	ACUTE
22/11/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 56 tablet	22/11/2017P	Dr John [redacted]	ACUTE
02/11/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN TWICE A DAY IF REQ 14 TABLET	24/01/2018P	Dr Gillian Lockhart	ACUTE
25/10/2017	**Diazepam Tablets 2 mg** TAKE ONE TABLET UP TO THREE TIMES PER DAY 6 tablet	25/10/2017P	Dr John [redacted]	ACUTE
13/10/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 tablet	13/10/2017P	Dr John [redacted]	ACUTE
08/08/2017	**Diazepam Tablets 5 mg** AS DIRECTED 14 tablet	08/08/2017P	Dr John [redacted]	ACUTE
08/08/2017	**Fluconazole Capsules 150 mg** ONE TO BE TAKEN AS A SINGLE DOSE 1 CAPSULE	08/08/2017P	Dr John Tobias	ACUTE
10/04/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN TWICE A DAY AS DIRECTED 10 tablet	10/04/2017P	Dr Gillian Lockhart	ACUTE
24/03/2017	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 tablet	24/03/2017P	Dr [redacted]	ACUTE
30/01/2017	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 tablet	21/02/2017P	Dr Gillian Lockhart	ACUTE
30/01/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 12 TABLET	24/03/2017P	Dr John [redacted]	ACUTE
14/12/2016	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 28 tablet	23/01/2017P	Dr Gillian Lockhart	ACUTE
13/10/2016	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 28 tablet	08/11/2016P	Dr Gillian Lockhart	ACUTE
03/10/2016	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 7 TABLET	21/02/2017P	Dr Gillian Lockhart	ACUTE
22/09/2016	**Phenoxymethylpenicillin Tablets 250 mg** TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS 80 TABLET	22/09/2016P	Dr Gillian Lockhart	ACUTE
22/09/2016	**Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %** RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS 300 ML	22/09/2016P	Dr Gillian Lockhart	ACUTE
19/09/2016	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 tablet	19/09/2016P	Dr Gillian Lockhart	ACUTE
19/09/2016	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 21 TABLET	19/09/2016P	Dr Gillian Lockhart	ACUTE
19/09/2016	**Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %** RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS 300 ML	19/09/2016P	Dr Gillian Lockhart	ACUTE
10/08/2016	**Propranolol Hydrochloride Tablets 40 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	10/08/2016P	Dr John [redacted]	ACUTE
28/07/2016	**Phenoxymethylpenicillin Tablets 250 mg** TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS 80 TABLET	28/07/2016P	Dr Gillian Lockhart	ACUTE
28/07/2016	**Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %** RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS 300 ML	28/07/2016P	Dr Gillian Lockhart	ACUTE

13/07/2016	**Propranolol Hydrochloride Tablets 40 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	13/07/2016P	Dr John [redacted]	ACUTE
07/04/2016	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	07/04/2016P	Dr Gillian Lockhart	ACUTE
07/04/2016	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 56 tablet	07/04/2016P	Dr Gillian Lockhart	ACUTE
05/02/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	05/02/2016P	Dr John [redacted]	ACUTE
14/01/2016	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 tablet	14/01/2016P	Dr John [redacted]	ACUTE
18/11/2015	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 tablet	11/12/2015P	Dr John [redacted]	ACUTE
18/11/2015	**Xylometazoline Hydrochloride Nasal spray 0.1 %** ONE SPRAY EACH NOSTRIL TID FOR 5/7 1 SPRAY	18/11/2015P	Dr Gillian Lockhart	ACUTE
10/11/2015	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	10/11/2015P	Dr Gillian Lockhart	ACUTE
04/09/2015	**Acetic Acid Ear Spray 2 %** 1 PUFF TID EACH EAR 1*1 spray	04/09/2015P	Dr Gillian Lockhart	ACUTE
04/09/2015	**Xylometazoline Hydrochloride Nasal spray 0.1 %** ONE SPRAY EACH NOSTRIL TID FOR 5/7 1 SPRAY	04/09/2015P	Dr Gillian Lockhart	ACUTE
04/09/2015	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	01/10/2015P	Dr John [redacted]	ACUTE
25/11/2013	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	25/11/2013P	Dr Gillian Lockhart	ACUTE
03/09/2013	**Fluconazole Capsules 150 mg** ONE TO BE TAKEN AS A SINGLE DOSE 1 CAPSULE	03/09/2013P	Dr John [redacted]	ACUTE
26/03/2013	**Ferrous Fumarate Tablets 210 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 TABLETS	26/03/2013P	Dr John [redacted]	ACUTE
26/03/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	26/03/2013P	Dr [redacted]	ACUTE
31/01/2013	**Ferrous Sulfate Tablets 200 mg** ONE TO BE TAKEN TWO OR THREE TIMES DAILY (OR ONE TO BE TAKEN [redacted] FOR PROPHYLAXIS) 168 TABLET	31/01/2013P	Dr [redacted]	ACUTE
07/12/2012	**Salicylic Acid And Lactic Acid Gel 12 % + 4 %** APPLY THINLY AT NIGHT 8 gram	07/12/2012P	Dr John [redacted]	ACUTE
25/04/2012	**Salicylic Acid And Lactic Acid Gel 12 % + 4 %** APPLY THINLY AT NIGHT 8 gram	25/04/2012P	Dr John [redacted]	ACUTE
07/02/2011	**Methocarbamol Tablets 750 mg** 2 Tabs 4 times daily 100 TABS	07/02/2011P	Dr [redacted]	ACUTE
07/02/2011	**Diclofenac Sodium E/c tablets 50 mg** 1 Tab 3 times daily 42 TABS	07/02/2011P	Dr [redacted]	ACUTE
10/07/2009	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	10/07/2009P	Mr Dr Locum	ACUTE
05/03/2009	**Fucidin H Cream** Apply sparingly Twice daily 30 CREAM	05/03/2009P	Dr Gillian Lockhart	ACUTE
29/03/2017	**Diazepam Tablets 2 mg** AS DIRECTED 56 tablet	18/09/2017P	Dr John [redacted]	REPEAT
11/02/2011	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 56 CAPS	20/03/2014P	Dr [redacted]	REPEAT

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr John [redacted]	Filed By User	Ms Lynda [redacted]
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619

Smear Taker	Janice [redacted]
Reporting Location	NHS GGC

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

Lab Report ID : B,13.2271110.V
Filed By User : Ms Lynda Gordon
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		9.2	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.58	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		137	g/l	(115-165 U)	NK
Haematocrit		0.399	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		87.1	fl	(80.0-100.0 U)	NK
Mean Cell Hgb		29.9	pg	(27.0-32.0 U)	NK
Platelet Count		238	x10^9/l	(150-400 U)	NK
Neutrophils		5.9	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.4	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.3	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R ESR					
ESR		5	mm/hr	(1-12 U)	NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:22:00
Received Date : 26/11/2013 19:01:18
Requestor :
Requestor GMC Code :

Lab Report ID : B,13.2316828.D **Coding Status** : Part Read Coded
Filed By User : Ms Lynda Gordon **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
-Fasting sample					
Glucose		4.7	mmol/L	(3.5-6.0 U)	MK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:30:00
Received Date : 26/11/2013 19:01:25
Requestor :
Requestor GMC Code :

Lab Report ID : B,13.2316827.R **Coding Status** : Part Read Coded
Filed By User : Ms Lynda Gordon **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

**** ABNORMAL ****

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Amylase					
Amylase		45	U/L	(0-100 U)	NK
R Bone Profile					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.34	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.10	mmol/L	(0.80-1.50 U)	NK
Albumin		38	g/L	(35-50 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
R C-reactive Protein					
C Reactive Protein		< 3	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		4.3	mmol/L	(2.5-7.8 U)	NK
Creatinine		71	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>=60 U)	NK
R GGT					
Gamma-GT		18	U/L	(0-40 U)	NK
R Liver Function Tests					
Total Bilirubin		9	umol/L	(0-20 U)	NK
ALT		11	U/L	(0-50 U)	NK
AST		14	U/L	(0-40 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
Albumin		38	g/L	(35-50 U)	NK
R Lipid profile					
-Fasting sample					
Cholesterol		3.5	mmol/L		NK
Triglycerides		2.1	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.6	mmol/L		NK
LDL-Cholest (calc'd)		0.9	mmol/L		NK
R VLDL-Chol (calc'd)		1.0	mmol/L		NK
Chol/HDL ratio		2.2			NK
R Transferrin / Iron	Y				
Transferrin		2.90	g/L	(2.00-4.00 U)	NK
Iron		15	umol/L	(10-30 U)	NK
T'ferrin Saturation	-	21	%	(25-50 U)	NK
R CA125					
-Female reference ranges: premenopausal <35, postmenopausal <25.					
CA125		6	kU/L		NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:30:00
Received Date : 26/11/2013 19:01:35
Requestor :
Requestor GMC Code :

Lab Report ID : B,13.2271111.R **Coding Status** : Part Read Coded
Filed By User : Ms Lynda Gordon **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
-Ferritin may vary with age and sex of patient and can rise					
-during an acute phase response					
-The Serum Ferritin is NORMAL					
Serum Ferritin		27	ug/l	(20-300 U)	NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:22:00
Received Date : 26/11/2013 19:01:54
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr [redacted]	Filed By User	Ms Lynda [redacted]
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619

Exclusion Reason	[redacted]
Exclusion Date	
Exclusion End Date	
Extended	
Closed	
Next Recall Date	

Lab Report ID : B,16.2154826.N
Filed By User : Dr Gillian Lockhart
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 20 Moorhill Crescent [redacted] Mearns GLASGOW

** ABNORMAL **

Report Text :

-low mood non resolving th...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
just out of normal range - OK (LOCKHART_18940) (LOCKHART_18940 - v.1)					
White Blood Count		8.2	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		3.95	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		122	g/l	(115-165 U)	NK
Haematocrit	-	0.366	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		92.7	fl	(80.0-100.0 U)	NK
MCH		30.9	pg	(27.0-32.0 U)	NK
Platelet Count		351	x10^9/l	(150-400 U)	NK
Neutrophils		5.2	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		0.2	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R GFST					
normal - no action (LOCKHART_18940) (LOCKHART_18940 - v.1)					
Glan. Fever Scr Test		Neg			NK
R Blood Film					
-Mild polychromasia only of note					
Blood Film		Yes			NK

Sample Collected Date : 29/09/2016 10:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2016 14:56:00
Received Date : 30/09/2016 11:00:18
Requestor :
Requestor GMC Code :

Lab Report ID : B,16.2156208.Y
Filed By User : Dr Gillian Lockhart
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 20 Mo[redacted]ill Crescent Newton Mearns GLASGOW

Report Text :

-low mood non resolving th...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
Normal - no action (LOCKHART_18940)					
-Fasting sample					
Glucose		4.5	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 29/09/2016 10:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2016 18:28:00
Received Date : 30/09/2016 11:00:33
Requestor :
Requestor GMC Code :

Lab Report ID : B,16.2155101.W
Filed By User : Dr Gillian Lockhart
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

**** ABNORMAL ****

Report Text :

-low mood non resolving th...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile	Y				
just out of normal range - OK (LOCKHART_18940)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Calcium	-	2.18	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.26	mmol/L	(2.20-2.60 U)	NK
Phosphate		0.95	mmol/L	(0.80-1.50 U)	NK
Albumin	-	34	g/L	(35-50 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
R C-reactive Protein					
normal - no action (LOCKHART_18940)					
C Reactive Protein		5	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
normal - no action (LOCKHART_18940)					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.5	mmol/L	(3.5-5.3 U)	NK
Chloride		107	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		59	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
just out of normal range - OK (LOCKHART_18940)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT		21	U/L	(<<50 U)	NK
AST		25	U/L	(<<40 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
Albumin	-	34	g/L	(35-50 U)	NK
R Thyroid funct test					
normal - no action (LOCKHART_18940)					
TSH		0.79	mU/L	(0.35-5.00 U)	NK
Free T4		11.6	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 29/09/2016 10:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2016 15:35:00
Received Date : 30/09/2016 11:00:34
Requestor :
Requestor GMC Code :

Lab Report ID : B,16.2155101.W **Coding Status** : Part Read Coded
Filed By User : Dr Gillian Lockhart **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

Report Text :
-low mood non resolving th...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
normal - no action (LOCKHART_18940)					
-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		82	ug/l	(15-200 U)	NK

Sample Collected Date : 29/09/2016 10:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2016 15:35:00
Received Date : 30/09/2016 19:00:24
Requestor :
Requestor GMC Code :

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr [redacted]	**Filed By User**	Ms Lynda [redacted]
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service

New [redacted]

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619

Smear Taker	Practice Nurse Janis McNeil
Reporting Location	NHSGGC

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr [redacted]	Filed By User	Ms Lynda [redacted]
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619

Exclusion Reason	[redacted]
Exclusion Date	
Exclusion Sent Date	
Extended	
Cleared	
Next Recall Date	

Lab Report ID : AAI58033149 Coding Status : Coded
Filed By User : Ms Lynda Gordon File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

** ABNORMAL **

SPECIMEN : Throat and Nose Swab P

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) detected	Y				
R 2019-nCoV (novel coronavirus) detected	OR				NK

-SARS-CoV-2 Positive by PCR
-Sample taken at GPC and analysed in the National Lighthouse Laboratory

Sample Collected Date : 23/10/2021 14:37:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 24/10/2021 15:00:05
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.0732057.Y **Coding Status** : Part Read Coded
Filed By User : Dr [redacted] Firth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

**** ABNORMAL ****

Report Text :

-TATT, abdo pain, bloating...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
just out of normal range - OK (FIRT)					
White Blood Count		8.9	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count	-	3.66	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		135	g/l	(115-165 U)	NK
Haematocrit		0.394	l/l	(0.370-0.470 U)	NK
Mean Cell Volume	+	107.7	fl	(83.0-101.0 U)	NK
MCH	+	36.9	pg	(27.0-32.0 U)	NK
Platelet Count		237	x10^9/l	(150-410 U)	NK
Neutrophils		6.3	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.8	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.22	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 30/01/2025 11:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 30/01/2025 15:55:00
Received Date : 30/01/2025 19:00:38
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.4434437.X Coding Status : Part Read Coded
Filed By User : Dr [redacted] Firth File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

** ABNORMAL **

Report Text :

-TATT, abdo pain, bloatin....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Active B12	Y				
low b12 (FIRT)					
-Note change in the B12 assay to an active B12 assay from 14/5/24.					
R Active B12	-	19	pmol/L	(>25 U)	NK
R Serum Ferritin					
normal - no action (FIRT)					
-Males 15-300 (<15 iron deficiency)					
-Females 15-200 (<15 iron deficiency)					
-15-50 intermediate result. Consider iron deficiency					
-in anaemic patients, older patients and those					
-with inflammatory disease.					
Serum Ferritin		122	ug/l	(15-200 U)	NK
R Serum Folate	Y				
low (FIRT)					
Serum Folate	-	< 2.2	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 30/01/2025 11:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 30/01/2025 15:22:00
Received Date : 31/01/2025 11:00:43
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.4434437.X
Filed By User : Ms Lynda Gordon
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

**** ABNORMAL ****

Report Text :

-TAFT, abdo pain, bloatin....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea & Electrolytes					
Sodium		136	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		5.2	mmol/L	(2.5-7.8 U)	NK
Creatinine		49	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests					
Total Bilirubin		7	umol/L	(<<20 U)	NK
ALT		23	U/L	(<<50 U)	NK
AST		29	U/L	(<<40 U)	NK
Alkaline Phosphatase		67	U/L	(30-130 U)	NK
Albumin		38	g/L	(35-50 U)	NK
R Lipid profile					
-Fasting sample					
Cholesterol		4.6	mmol/L		NK
Triglycerides		0.8	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.8	mmol/L		NK
LDL-Cholest (calc'd)		2.4	mmol/L		NK
R VLDL-Chol (calc'd)		0.4	mmol/L		NK
Chol/HDL ratio		2.6			NK
R Thyroid funct test					
TSH		1.12	mU/L	(0.35-5.00 U)	NK
Free T4		13.8	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R CA125	Y				
-Raised CA125. Suggest repeat mid-cycle to confirm.					
CA125	+	43	kU/L	(0-35 U)	NK

Sample Collected Date : 30/01/2025 11:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 30/01/2025 15:22:00
Received Date : 31/01/2025 15:00:12
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.0732068.D
Filed By User : Ms Ann McBain
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

Report Text :

-TATT, abdo pain, bloating...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1C (IFCC)					
Normal - no action (ANN)					
HbA1c (IFCC)		31	mmol/mol	(20-41 U)	NR

Sample Collected Date : 30/01/2025 11:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 30/01/2025 15:56:00
Received Date : 31/01/2025 15:00:44
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.4453792.J
Filed By User : Dr [redacted] Firth
Assigned to :

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

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 20 Moorhill Crescent Newton Mearns GLASGOW

** ABNORMAL **

Report Text :

-TATT, abdo pain, bloating...

SPECIMEN : Faeces

		Abn	Value	Units	Range	Status
R	QFIT	Y				
	raised - for GP app (FIRT)					
	-Positive qFIT result.					
	-Urgent referral to Colorectal services highlighting qFIT result.					
	-Patient will be triaged direct to colonoscopy at urgent or					
	-USC priority depending on level of faecal haemoglobin (qFIT).					
R	qFIT	+	160	ug Hb/g faeces	(<<9 U)	MK

Sample Collected Date : 30/01/2025 11:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/02/2025 10:49:00
Received Date : 07/02/2025 15:00:17
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics
GGC Obstetrics

Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
[redacted]
PA2 9PN

Hospital and hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral ROUTINE
Date of referral 25-Jul-2012 **Date sent** 25-Jul-2012

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

14 Maybole Cres
Newton Mearns
GLASGOW
G77 5SY

Contact number(s)

Voice:0141 239 6394
Voice:078186 27872

1010039558468 Unique Care Pathway Number: 1010039558468

REGISTERED GP DETAILS

Name	D[redacted]		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

3 ELMWOOD AVENUE
NEWTON MEARNS
Glasgow
G77 6EH

Contact number(s)

Voice:0141 639 2478
Facsimile:0141 639 6708

REFERRING GP DETAILS

Name	Dr. John Tobias		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

3 Elmwood Avenue
Newton Mearns
Glasgow
G77 6EH

Contact number(s)

Voice:0141 639 2478

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Pregnant
Date of onset: 25-Jul-2012
Comment: Dear Doctor,

Thank you for seeing Mrs Mathers she is pregnant, she is para 2+2 although one of her children did succumb to sudden [redacted] death syndrome as such she is rather nervous about everything and remains on Fluoxetine from a depressive point of view.

Her [redacted] is 19/3/13 of which she is definite by dates and I would be most grateful if you could book her for delivery at [redacted]

If it is possible for her to have antenatal care at Clarkston this would be hugely advantageous.

Kind regards

Dr JA [redacted]

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Patient pregnant	20-Jul-2012	20-Jul-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	11-Feb-2011	27-Jun-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salicylic Acid And Lactic Acid Gel 12 % 4 %	8	8 gram	APPLY THINLY AT NIGHT	-	25-Apr-2012	25-Apr-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Investigations

Description/Question	Result/Comment	Date
Chosen place for Delivery:	Maternity Unit	-
Risk Assessment on booking identified in this pregnancy:	Low Risk	-
LMP (last menstrual period) :	2012-06-12	-
[redacted] (expected date of delivery) estimated:	2013-03-19	-

Clinical warnings

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health PCMHT Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

Bridges - PCMHT
GGC Mental Health PCMHT

Consultant / receiving practitioner and/or specialty clinic

PCMHT (Primary Care Mental Health Team)
SCI Gateway Virtual Location Code

Hospital and hospital address

Hospital location code.
G006G

Email address
-

Urgency of referral Routine
Date of referral 28-Sep-2016 **Date sent** 28-Sep-2016

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

14 Maybole Cres
Newton Mearns
GLASGOW
G77 5SY

Contact number(s)

Voice:0141 239 6394
Voice:078186 27872

1010122246760

Unique Care Pathway Number: 1010122246760

REGISTERED GP DETAILS

Name	Dr Gillian Lockhart		
GMC code	3490675	GP code	07579
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

1 Drumby Crescent
Clarkston
Glasgow
G76 7HN

Contact number(s)

Facsimile:0141 451 0650

REFERRING GP DETAILS

Name	Dr. Gillian Lockhart		
GMC code	3490675	GP code	07579
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN

Contact number(s)

Voice:0141-451-0650

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Anxiety
Date of onset: 26-Sep-2016
Comment: Dear Colleagues,

I would be grateful if you could see this delightful 37 year old lady who has increasing problems with anxiety.

I am seeing her regularly but I think would also benefit from your input regarding anxiety management and I would be grateful if you could her as soon as you can manage.

Kind regards

Dr GD Lockhart

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Date of onset	Date recorded
Generalised anxiety disorder	19-Sep-2016	19-Sep-2016
Viral sore throat NOS	19-Sep-2016	19-Sep-2016

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Phenoxymethylpenicillin Tablets 250 mg	80	80 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS	-	22-Sep-2016	22-Sep-2016
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	300	300 ML	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	-	22-Sep-2016	22-Sep-2016
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	19-Sep-2016	19-Sep-2016
Diazepam Tablets 2 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	19-Sep-2016	19-Sep-2016
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	300	300 ML	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	-	19-Sep-2016	19-Sep-2016
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	10-Aug-2016	10-Aug-2016
Phenoxymethylpenicillin Tablets 250 mg	80	80 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS	-	28-Jul-2016	28-Jul-2016
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	300	300 ML	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	-	28-Jul-2016	28-Jul-2016
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Jul-2016	13-Jul-2016

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
[redacted] intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional relevant information
Administrative information
Risk of Suicide:No
Past history of [redacted]
Risk of deliberate self harm:No
Is patient responsible for children?:Yes
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self [redacted]
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:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

NHS Confidential: Personal data about a patient

Hospital use only	[redacted]	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

East Renfrewshire TR - Eastwood
GGC General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Treatment Room Service GGC
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G138G

Email address
-

Urgency of referral Routine
Date of referral 07-Feb-2025 **Date sent** 07-Feb-2025

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

20 Moorhill Crescent
Newton Mearns
GLASGOW
G77 6BN

Contact number(s)

Voice: [redacted] 029 715
E-mail: [redacted]28mathers@yahoo.co.uk

1010355315888

Unique Care Pathway Number: 1010355315888

REGISTERED GP DETAILS

Name	Dr Salma Ahmad		
GMC code	6095165	GP code	01538
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

Drumby Crescent
Clarkston
Glasgow
G76 7HN

Contact number(s)

Voice: 0141 732 9553
E-mail: ggc.gp49619clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Salma Ahmad		
GMC code	6095165	GP code	01538
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN

Contact number(s)

Voice: 0141 732 9553

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: 5 Loading Doses of B12 Followed By 3 monthly
Date of onset: 07-Feb-2025
Comment: Dear Colleagues,

I would be grateful if you could carry out 5 loading doses of B12 injections followed by 3 monthly thereafter.

I have attached the direction to administer form.

Kind regards

Dr Saima Ahmad

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Date of onset	Date recorded
Suspected UTI	30-Jan-2025	30-Jan-2025

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Intra-uterine contr. device	13-Oct-2016	13-Oct-2016

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Diazepam Tablets 2 mg	56	56 TABLET	TAKE ONE UP TO TWICE DAILY AS REQUIRED	-	15-Feb-2018	28-Jan-2025
Sertraline Hydrochloride Tablets 50 mg	84	84 tablet	3 DAILY	-	29-Mar-2017	28-Jan-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	TWO TABLETS THREE TIMES A DAY AS REQUIRED	-	05-Feb-2025	05-Feb-2025
Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule	5	5 AMPOULE	TO BE INJECTED AS DIRECTED	-	05-Feb-2025	05-Feb-2025
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Feb-2025	05-Feb-[redacted]
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	30-Jan-2025	30-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
05-Feb-2025	121	72
30-Jan-2025	117	72
13-Jul-2016	130	74
12-Oct-2012	130	74
07-Sep-2009	130	76

Body Measurements

Date Recorded	Height	Weight	BMI
10-Jul-2009	-	73.7	-
18-Dec-2006	169	68	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances
Ethnic Origin: (White) British

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

End of Document. Total Pages (including this one): 62

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Filename: iGPRDA_52.pdf
Extension:.tif
Pages:

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Registration Details - Patient No: 20523

Personal details...		Address details...	
Date of birth	[redacted]	Post Code	G78 2FA
Sex	F	House Name Flat No	
Surname	Mathers	No and Street	57 Littleton Park
Previous Surname		Village	Barrhead
Forenames	[redacted]	Town	Glasgow
Calling Name	[redacted]	County	East Renfrewshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Tracing partner	Argyll & Clyde	Home Tel No	
Registered GP	Dr Clare Seenan	Next of Kin	[redacted] Sutherland (partner)
Usual GP	Dr Clare Seenan	[redacted] contact numbers	07427671477
Residential Inst		Work Tel No	
Branch Surgery	Glenlffer Medical Group	Mobile Tel No	07906029715
CHI Number		E Mail Address	
NHS Number		Key Code	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	19/02/2025		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
19/02/2025	Height 172.72 cm
19/02/2025	Weight 69.85 Kg
19/02/2025	Body Mass Index 23.41 kg/m2

Consultations

19/02/2025	Ms Margaret Robertson at Glenlitter Medical Group
History	Cigarette smoker, 19 Cigarettes/day
Examination	O/E - height, 172.72 cm
	O/E - weight, 69.85 Kg
	Body Mass Index, 23.41
	Ideal Weight, 68.61 Kg
Social	Aerobic exercise 0 times/week
	Teetotaller

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

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20523.

Gleniffer Medical Group

Barrhead Health & Care Centre
213 Main Street, Barrhead. G78 1SW

Tel. No: 0141 800 7020

NEW PATIENT REGISTRATION PACK

Surgery Use Only	Tick box
Form GMS GPR completed/identification initialed New Patient Questionnaire Registration Form checked	☑

Date form handed into surgery: 18/2/25

Receptionist's Initials: NW

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GLENIFFER MEDICAL GROUP
BARRHEAD HEALTH & CARE CENTRE
213 Main Street, Barrhead. G78 1SW
Tel. No: 0141 800 7020 Fax No: 0141 880 7158

Dear New Patient

Welcome to Gleniffer Medical practice.

Patients that stay within our practice boundary ie Barrhead, Neilston, Uplawmoor and some Parkhouse G53 areas can register with the practice (Parkhouse G53 patients to confirm with receptionist if area covered).

In this "New Patient Pack" you will find all the forms and information you need to register here at the surgery. To make all the paperwork a little easier we will explain the various forms:

1. **Form GMSGPR001 Application to Register Permanently with a General Medical Practice**
   You must complete this form. It is very important that you give all the information requested as this form will be used to obtain your notes from your last doctor.

2. **New Patient Health Form**
   This helps us to obtain a brief personal medical history – again, please give as much information as possible. Please include immunisation details for children.

3. **Practice Booklet**
   This Booklet gives you information about the services available at the surgery, details of our practice team and arrangements for times when the surgery is closed. For lots more information about the practice visit our website at: www.gleniffermedical.co.uk

4. **Proof of Identification and address Policy**
   New patients are required to provide confirmation of identity and as part of the registration process you will be asked to bring in both photographic identification and proof of address documents. Suggested Photographic ID – Passport, Driving Licence, Student Card, Bus pass, Disabled Parking badge, etc. Proof of Address: Driving Licence, Utility [redacted] credit card/bank statement, tenancy agreement eg.

Once you have handed in your forms to register we will process them and will contact you if there are any problems. **Supply of medicines – if you are on repeat medication please hand in your order form from your previous practice.**

Yours sincerely,

Gleniffer Medical Group
Dr [redacted] Downey, Dr [redacted] Wong, Dr [redacted] Merriweather, Dr Gouri Bhat, Dr [redacted] Seenan & Dr [redacted] Alani

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth* 14-10-78

Title* MISS

Surname* MATHERS

Forenames* ANN

Previous Surname*

email address # annie28mathers@yahoo.co.uk

Address* 57 LITTLETON PARK BARRHEAD EAST RENFREWSHIRE GLASGOW

Postcode* G78 2FA

Telephone #

Mobile # 07905029715

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* GLASGOW

Country of Birth* SCOTLAND

Registered district of birth (Scotland only)

Mother's maiden name NEILSON

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

20 MOORHILL CRESCENT NEWTON MEARNS

Postcode* G77 6BN

Name and address of previous GP Practice in UK*

ELMWOOD MEDICAL CENTRE EASTWOOD HEALTH CENTRE DRUMBY CRESCENT CLARKSTON

Postcode* G76 7HA

If you are from abroad:

Date you first came to live in the UK*

If previously resident in the UK, date of leaving*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date*

If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to [redacted] the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature _____ Date

GMSGPR001 v2 (01-2018)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at www.nhsinform.co.uk/rights/ or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have [redacted] form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [signature] Date 18-02-25

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [ ]-[ ] GP name

Practice code [ ]-[ ] Mileage (No.) Road [ ] Water [ ] Footpath [ ]

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. [ ] Student ID Card [ ] Driving Licence [ ] Passport or HC2 Cert. [ ] Home Office App Reg Card [ ] Other/None - specify [ ] Receptionist initials [ ]

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature Date [ ]-[ ]-[ ]

7. OFFICIAL USE ONLY

Input by

Checked by

Date [ ]-[ ]-[ ]

Practice Stamp

GMSGPR001 v2 (01-2018)

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New Patient Health Form

Title Mr ☐ Mrs ☐ Miss ☑ Ms ☐ Master ☐ Other .....

Marital Status [redacted]NGLE

First Name: ANN Surname: MATHERS

Maiden Name (if applicable) _____ Date of Birth 14/10/78

[redacted] Name (if under 16) _____

Preferred Contact Telephone Number: 07905029715

[redacted]

Next

Addr

Hom

Ethnic Group

A. White

☑ Scottish (9S13)
☐ Other British (9S14)
☐ Irish (9S11)
☐ Any other White background (specify) (9S12) .....

B. Mixed

☐ Any mixed background (specify) (9SB).....

C. Asian, Asian Scottish, Asian British

☐ Indian (9S6)
☐ Pakistani (9S7)
☐ Bangladeshi (9S8)
☐ Chinese (9S9)
☐ Any other Asian background (specify)(9SG).....

D. Black, Black Scottish or Black British

☐ Caribbean (9S2)
☐ African (9S3)
☐ Any Other Black background (specify) .....

E. Other Ethnic Background

☐ Any other background (specify) .....

F. Other

☐ Prefer not to say (9SD)

What is your first language? ENGLISH

If not English, do you speak English? _____

Do you need a translator when seeing a health professional? _____

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Please list any medicines being taken and the amount. If available, please hand in the right side of your previous practice prescription order form.

SERTALINE, DIAZEPAM 2MG WHEN REQUIRED
FOLIC ACID 5MG 1A DAY, HYOS [redacted] BUSCOPAN
2X3 TIMES A DAY
NAPROXEN 500 MG WHEN NEEDED
VITAMIN B INJECTIONS

Are you under the care of a Consultant or Specialist Yes/No (If Yes, please give details)

BEEN REFERRED TO HOSPITAL DUE TO HIGH
[redacted] LEVELS IN URINE & STOOL SAMPLE

Are you taking any medication which was started or is supervised by a Consultant or Specialist

VITAMIN B INJECTIONS

Any Allergies or Reactions? (eg to: eggs, medicines, vaccinations, medical dressings or foodstuffs)

Measurements:

Height (cm) 5'11 8

Weight (kg) 11 STONE

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Any Significant health problems? If yes please give details including year of diagnosis

- ☐ Atrial Fibrillation _____
- ☐ Absent Spleen (Asplenic) _____
- ☐ Asthma _____
- ☐ Cancer _____
- ☐ COPD (eg emphysema or chronic bronchitis) _____
- ☐ Coronary heart disease (eg heart failure, myocardial infarction and angina) _____
- ☐ Current kidney disorders _____
- ☐ Depression _____
- ☐ Diabetes _____
- ☐ Epilepsy _____
- ☐ High Blood Pressure _____
- ☐ Thyroid Disease _____
- ☐ Stroke/CVA/TIA _____

Other _____

Family History: Any medical history in blood relatives? Please state relative (e.g. [redacted]

- ☐ Angina or Heart Attack (under the age of 60) _____
- ☐ Angina or Heart Attack (over the age of 60) _____
- ☐ Asthma _____
- ☐ Cancer _____
- ☐ Diabetes _____
- ☐ High Blood Pressure _____
- ☐ Stroke _____
- ☐ Other _____

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Female Patients Only

Are you pregnant Yes ☐ No ☑

Date of last cervical smear test 7 Years Ago Result: CLEAR

Contraception: Coil

Have you had a hysterectomy Yes ☐ No ☑

Smoking Status

I am a current smoker and smoke:
- ☐ Less than 1 per day
- ☐ 1 to 9 per day
- ☑ 10 to 19 per day
- ☐ 20 to 39 per day
- ☐ More than 40 per day

I am an ex smoker and used to smoke:
- ☐ Less than 1 per day
- ☐ 1 to 9 per day
- ☐ 10 to 19 per day
- ☐ 20 to 39 per day
- ☐ More than 40 per day

Alcohol

Know your Units: 1 Unit — 1 Glass of wine (175 ml), 1 Single measure of spirits
1.5 Units — 1 Alcopop or Can Lager
2 Units — 1 pint regular beer/lager/cider
9 Units — 1 bottle of wine

How many units of alcohol do you drink per week: _____

Exercise

- ☐ [redacted] average week how often do you exercise?
- ☑ No regular exercise
- ☐ 1 to 3 twenty minute sessions per week
- ☐ More than 3 twenty minute sessions per week
- ☐ I am a competitive athlete

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Vaccination History 0 – 5 Years Only

Which Vaccinations has your child had:

8 Weeks	1st DTaP/IPV/Hib	Date: _____
	1st Pneumococcal (PCV)	Date: _____
	1st Rotavirus	Date: _____
	Men B (new introduced September 2015)	Date: _____
12 Weeks	2nd DtaP/IPV/Hib	Date: _____
	1st Men C	Date: _____
	2nd Rotavirus	Date: _____
16 Weeks	3rd DtaP/IPV/Hib	Date: _____
	2nd Men C	Date: _____
	2nd Pneumococcal	Date: _____
	2nd Men B (new introduced September 2015)	Date: _____
One Year	Hib/Men C Booster	Date: _____
	MMR	Date: _____
	3rd Pneumococcal	Date: _____
	3rd Men B (new introduced September 2015)	Date: _____
3 years and 4 months:	MMR	Date: _____
	Pre-school Booster	Date: _____

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[redacted] **Only**

[redacted] Questionnaire

If you are a [redacted] we want to help you.

Please complete the following if you look after someone with an illness, disability or frailty.

I look after my _____
(please state relationship eg [redacted] or [redacted]

The person I look after is a: (please tick)

Person with learning disability	Person with chronic disease
Person with physical disability	Person with mental health problem
Person with sensory impairment	Person with substance misuse
Person with alcohol misuse	Other.....

Would you like the practice to refer your details to the East Renfrewshire [redacted] Centre for them to contact you Yes/No

Text Messaging Service

Our free text message service continues to prove very popular with patients. It has quickly become the preferred method of communication for many patients who receive appointment confirmations and reminders. To utilise this service simply sign the following consent form

I consent to the practice contacting me by text message for the purposes of chronic disease recall reminders, health promotion and for appointment reminders I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Patient Name: Ann Matters

Patient Date of Birth: 14/10/78

Mobile Number: 07905029715

Patient Signature: Ann Matters

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NHS Greater Glasgow and Clyde

DIRECTION TO ADMINISTER

Sheet No

O Oral | SL - Sublingual | PR Per Rectum
IM Intramuscular | ID Intradermal | PV Per vaginal
IV Intravenous | INH Inhalation | IT Intrathecal
SC Subcutaneous | NEB Nebulised | PG PEG | T Topical
OP Ophthalmic | INS Instillation

Write, imprint or attach label
Surname MATHERS
Forenames ANN
Address 20 MOORHILL CRESCENT NEWTON MEARNS G77 6BN
CHI No 6102
Gender F
[redacted] 141078

Known Allergies
1.
2.

Suspected Adverse Reaction

Medicine	Adverse Effect
1.	
2.	

Medicines to be given regularly (Block Capitals)

Drug Code	Date Commenced	Approved name of medicine	Dose	Times of Administration 9am	[illegible]	10am	12md	2pm	6pm	8pm	10pm	12pm	Other		Route (see key) / Site	Other Instructions	Prescriber Signature	Discontinued Date	Discontinued Signature
A	5/2/25	HYDROXOCOBALAMIN													IM	5 LOADING			
B		SOLUTION FOR														DOSES			
C		INJECTION														FOLLOWED			
D		1MG/1ML														BY			
E		1ML AMPOULE														3 MONTHLY			
F																THEREAFTER			
G																			
H																			
I																			
J																			
K																			
L																			
M																			
N																			
O																			
P																			

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GP Links Microbiology Report

Patient Details

Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	20 Moorhill Crescent Newton Mearns GLASGOW G77 6BN

Specimen Details

Specimen Number	M,25.5112204.K
Specimen Type	Mid Stream Urine
Date/Time Collected	05.02.25 / 13:59
Date/Time Received	05.02.25 / 20.00
Requested By	Dr [redacted] Ahmad
GP Practice	49619
Date/Time Reported	07.02.25 / 08:22

Results

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

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Salma Ahmad Order No:I825520269
LOCATION: Elmwood Medical Practice

RESULT: No growth

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 07.02.2025 08:20
** END OF REPORT **

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NHS Greater Glasgow and Clyde

DIRECTION TO ADMINISTER

Sheet No

O Oral, SL Sublingual, PR Per Rectum, IM Intramuscular, ID Intradermal, PV Per vaginal, IV Intravenous, INH Inhalation, IT Intrathecal, SC Subcutaneous, NEB Nebulised, PG PEG, T Topical, OP Ophthalmic, INS Instillation

Write, imprint or attach label
Surname MATHERS
Forenames ANN
CHI No 6102
Gender F
DOB 14/1078
Address 20 MOORHILL CRESCENT NEWTON MEARNS, G77 6BN

Known Allergies
1.
2.

Suspected Adverse Reaction

Medicine	Adverse Effect
1.	
2.	

Medicines to be given regularly (Block Capitals)

Drug Code	Date Commenced	Approved name of medicine	Dose	Times of Administration	Other	Route (see key) / Site	Other Instructions	Prescriber Signature	Discontinued Date	Discontinued Signature
A	5/2/25	HYDROXOCOBALAMIN SOLUTION FOR INJECTION 1MG/1ML AMPOULE				IM	5 LOADING DOSES FOLLOWED BY 3 MONTHLY THERE AFTER	[signature]		
B										
C										
D										
E										
F										
G										
H										
I										
J										
K										
L										
M										
N										
O										
P										

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7542792**	Receive Date:	**1-Feb-2025 12:36**
Patient's Name:	**Ann Mathers**		
Date of birth:	**14-Oct-1978 (46 years)**	Gender:	**F**
Address:	**20 Moorhill Crescent** [redacted] **Mearns Glasgow** **G77 6BN**	Current Address:	**20 Moorhill Crescent** [redacted] **Mearns Glasgow** **G77 6BN**
Return Contact No:			
Tel No:	**07905 029715**		**07905 029715**
Mobile No:			
Priority:	**within 2 hours**	Call Origin:	
Received:	**1-Feb-2025 12:36**	Calltype:	**Attend OOH Appointment**
Advised:	**13:26**	Arrived PCC:	**1-Feb-2025 15:29**
Cons start:		Cons End:	
Consulting Doctor:	[redacted] **Rughani**	Own doctor:	[redacted]

CHI Number:
1410786102

NHSD details:

Receptionist:
ABDOMINAL PAIN 3 DAYS.
PCC3 PCEC within 2 Hrs
Clinical summary created by: [redacted] **(Call Taker Si) () [01/02/2025 13:26:22] Reason for call: ABDOMINAL PAIN 3 DAYS.Confirmed Symptom(s): Pain woke or prevented sleep Clammy Symptom(s) not found: No chest pain front or back Not pale Not cold No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country No high risk factors identified No other high risk symptoms identified No underlying high risk conditions identified Call Detail(s): 01:02:2025 12:37:50 JOHNSTONJ.. ABDOMINAL PAIN 3 DAYS. DIAGNOSED WITH UTI - FINISHED COURSE OF ABX. PAIN NOW RADIATING ROUND BACK AND DOWN LEG... STATES IS ALSO ON PERIOD. HAS COIL IN -- STATES HAS HAD COIL IN 7 YEARS LONGER THAN SHOULD HAVE. PT THOUGHT WAS**

10 YEAR, HOWEVER WAS ONLY 5 YEARS. TAKING PARACETAMOL AND IBUPROFEN... CLAMMY.. FEELS NAUSEAUS WITH PAIN.. FEELING SHAKY AND TIRED.. DW NP J MCKLOUD. SEVERE LOWER ABDO PAIN RADIATING TO RIGHT FLANK. COMES IN WAVES WITH NAUSEA. ANALGESIA NO RELIEF. PCEC 2... Outcome: PCEC within 2 Hrs

---

Triage details:

History - **RIF pain intermittently for the last week. Had similar (can be LIF too) before period for last few months**
Went to own GP - tx for UTI and blds taken and qFIT pending. Blds on portal show no acute inf
Taking paracetamol and brufen which helps
Opening bowels and passing urine have no impact on the pain
Pain comes and goes. Lasts for several hours then settles.
Has mirena in situ, overdue replacement.

PMH: anxiety
Meds: sertraline and diazepam
NKDA

Examination - **temp 36.5 degrees, sats 97%, pulse 84, bp 137/77**
urine - protein trace, leukocytes trace

Abdo: mild tenderness RIF, no palpable masses inc with coughing. no suprapubic tenderness. rest abdo soft.
No renal angle tenderness
BS normal

Diagnosis - **?gyn-related pain**

Treatment - **Escalate to naproxen. advised re side effects and to not take with ibuprofen. omep issiused for gastroprotection.**
Has f/u with own GP next week for Ix of the pain.

Prescriptions:

Naproxen 500mg tablets one to be taken twice daily with food (instead of ibuprofen) 28.00 Omeprazole 20mg gastro-resistant capsules 1 capsule - ONCE a DAY - oral 28.00

Followups:

GP Follow Up

Clinical Codes:

1969. Abdominal pain

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_47.pdf
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Pages:

GP Links Microbiology Report

Patient Details

Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	20 Moorhill Crescent Newton Mearns GLASGOW G77 6BN

Specimen Details

Specimen Number	M,25,5109897,E
Specimen Type	Mid Stream Urine
Date/Time Collected	30.01.25 / 11:16
Date/Time Received	30.01.25 / 15:58
Requested By	Ann McBain
GP Practice	49619
Date/Time Reported	03.02.25 / 11:07

Results

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

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Ann McBain Order No:1825462947
LOCATION: Elmwood Medical Practice

RESULT: Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	S					
Trimethoprim	S					
Nitrofurantoin	S					
Gentamicin	S					

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Amy Osbourne QEUH MIC
Date/Time authorised: 03.02.2025 11:06
** END OF REPORT **

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Filename: iGPRDA_46.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

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

Patient Details

Surname	mathers
Forename	ann
CHI	1410786102
Date of birth	1978-10-14
Sex	Female
Address	20 MOORHILL CRESCENT [redacted] MEARNS GLASGOW G77 6BN

Specimen Details

Specimen Processed Date	24-10-2021 07:16
Test [redacted]	23-10-2021 14:37
Test End Date	23-10-2021 14:37
GP Practice	49619
Specimen Number	AAI58033149
Administration Method	self

End of Report

Report Date: 24/10/2021

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Filename: iGPRDA_45.pdf
Extension:.tif
Pages:

NHS Confidential. Personal data about a patient

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

Patient's name: Mr/Mrs/Miss/Ms ANN MATHERS

I assessed your case on: 10 / 09 / 2020

and, because of the following condition(s): Campylobacter infection

I advise you that:
- [X] you are not fit for work
- [ ] you may be fit for work taking account of the following advice

If available, and with your employer's agreement, you may benefit from:
- [ ] a phased return to work
- [ ] amended duties
- [ ] altered hours
- [ ] workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from 03 / 09 / 2020 to 04 / 09 / 2020

I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature

Date of statement: 10 / 09 / 2020

Doctor's address:
HELMWOOD MEDICAL PRACTICE
Drumby Crescent, Clarkston
Glasgow, G76 7HN
Telephone: 0141 451 0680

Unique ID: Med 3 01/17 6F8CF069-CD2F-43B3-A164-F74235F81DAE

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

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

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

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

Your details – Please use BLOCK CAPITALS

Surname	Mr/Mrs/Miss/Ms MATHERS
Other names	ANN
Address	20 MOORHILL CRESCENT NEWTON MEARNS GLASGOW Postcode G77 6RN
Date of birth	14 / 10 / 1975 **Mobile**
NI number	

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

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Filename: iGPRDA_43.pdf
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Pages:

GP Links Microbiology Report

Patient Details	
Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	20 Moorhill Crescent Newton Mearns GLASGOW G77 6BN

Specimen Details	
Specimen Number	M.20.5411549.V
Specimen Type	Faeces
Date/Time Collected	07.09.20 / 13:34
Date/Time Received	07.09.20 / 17:57
Requested By	Dr [redacted]
GP Practice	49619
Date/Time Reported	09.09.20 / 11:32

Results

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

** FINAL REPORT **

INVESTIGATION: Enteric Pathogens
SPECIMEN TYPE; Faeces

CONS/GP: Dr John Tobias Order No:IS13062733
LOCATION: Elmwood Medical Practice

Appearance: Diarrhoeal

Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN
.
Salmonella: NEGATIVE
Shigella: NEGATIVE
Campylobacter: POSITIVE
E.coli O157: NEGATIVE

CULTURE RESULTS: GROWTH:
a)Campylobacter jejuni Isolated
b)
c)
d)
e)
f)

Campylobacter infection is usually self-limiting
and does NOT normally require antibiotic therapy.
Treatment is ONLY warranted in patients
with severe disease or at risk of severe disease
(elderly, pregnant or immunocompromised),
in which case please contact Microbiology for advice.

C. difficile screening test negative.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

GP Links Microbiology Report

Authorised by: Zahra Ahmad QEUH MIC
Date/Time authorised: 09.09.2020 11:27
** END OF REPORT **

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Additional: Scanned Document

Filename: iGPRDA_44.pdf
Extension:.tif
Pages:

GP Links Microbiology Report

Patient Details	
Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	20 Moorhill Crescent Newton Mearns GLASGOW G77 6BN

Specimen Details	
Specimen Number	M,20.5411549.V
Specimen Type	Faeces
Date/Time Collected	07.09.20 / 13:34
Date/Time Received	07.09.20 / 17:57
Requested By	Dr [redacted]
GP Practice	49619
Date/Time Reported	08.09.20 / 14:12

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** INTERIM REPORT - Further report to follow **

INVESTIGATION: Enteric Pathogens
SPECIMEN TYPE: Faeces

CONS/GP: Dr John Tobias Order No:I313062733
LOCATION: Elmwood Medical Practice

.

C. difficile screening test negative.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 08.09.2020 14:08
** END OF REPORT **

GP Links Microbiology Report

Patient Details	
Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	20 Moorhill Crescent Newton Mearns GLASGOW G77 6BN

Specimen Details	
Specimen Number	M,17.5411471.S
Specimen Type	Faeces
Date/Time Collected	11.09.17 / 11:24
Date/Time Received	11.09.17 / 20:00
Requested By	Dr Gillian Lockhart
GP Practice	49619
Date/Time Reported	14.09.17 / 10:28

Results

Report Issued by Microbiology,Glasgow South Sector
* FINAL REPORT *

Faeces

Appearance: Non diarrhoeal
Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN

Culture:-
Salmonella NEGATIVE Shigella NEGATIVE
Campylobacter NEGATIVE E.coli O 157 NEGATIVE

Filename: iGPRDA_41.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5109496**	Receive Date:	**9-Aug-2017 20:25**
Patient's Name:	**Ann Mathers**		
Date of birth:	**14-Oct-1978 (38 years)**	Gender:	**F**
Address:	**20 Moorhill Crescent** [redacted] **Mearns** **Glasgow G77 6BN**	Current Address:	**20 Moorhill Crescent** [redacted] **Mearns** **Glasgow G77 6BN**
Return Contact No:			
Tel No:	**0141 571 0946**		**0141 571 0946**
Mobile No:			
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**9-Aug-2017 20:25**	Calltype:	**No Action Required By Co-op**
Advised:	**20:48**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**JA** [redacted]

CHI Number:
1410786102

NHSD details:

Triage NHSD - **Transfer this call to a pharmacist.**

NHSD Comments - **WAS GIVEN FLUCONAZOLE TODAY FOR THRUSH. PT ALSO TAKES DIAZEPAM 2MG TABLETS. WAS ADVISED NOT TO TAKE DIAZEPAM TODAY BUT HAS ACCIDENTLY TAKEN 2 DIAZEPAM AT 18.00 & FLUOCONAZOLE AT 11.30. WAS FEELING STRESSED AND ANXIOUS IS WHY SHE TOOK HER DIAZEPAM. ((User) (Cardonald))**

PSL - ADVISED MODERATE INETRACTION FLUCONAZOLE MAY INCREASE EFFECTS OF DIAEPAM. WOULD NOT BE CONCERNED IF PATIENT HAS TAKEN TOGETHER. SELF CARE ((Other Clinical User) (Cardonald))

CALL DISCUSSED WITH NP LINDA THOMSON ADVISED TO ROUTE FOR PHARMACIST. ((User) (Cardonald))

PT HAS 2MG AND 5MG DIAZEPAM. NORMALLY TAKES 2 2MG TABLETS. DUE TO GO ON A FLIGHT NEXT WEEK AND WAS GIVEN THE 5MG TABLETS JUST IN CASE AND HAS NOT TAKEN ANY OF THEM YET. SELF CARE ADVISED. ((User) (Cardonald))

Receptionist:
MEDICATION ERROR TODAY SEE AV
SCAI Pt given self care advice - For Information Only
Clinical summary created by: (User) (Cardonald) [09/08/2017 20:42:40]
MEDICATION ERROR FOR TODAY AND WAS GIVEN FLUCONAZOLE FOR THRUSH & ADVISED BY GP NOT TO TAKE HER DIAZEPAM WITH THEM. HAS ACCIDENTLY TAKEN 2 DIAZEPAM TONIGHT. CONCERNED & ANXIOUS. REASSURED MODERATE INTERACTION FLUCONAZOLE MAY INCREASE EFFECTS OF DIAZEPAM. SELF CARE ADVISED BY PHARMACIST. .

Followups:
None

NHS Confidential: Personal data about a patient

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

BRIDGES

East Renfrewshire Council working for you

NHS Greater Glasgow and Clyde

Bridges Primary Care Mental Health Team

Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN

Tel: 0141-451-0590

Date Typed:04.10.2016

STRICTLY CONFIDENTIAL
Dr Lockhart
Elmwood Medical Centre
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN

Dear Dr Lockhart

Referral to Bridges PCMHT

Re: Ann Mathers, 14 Maybole Crescent, [redacted] Mearns, G77 5SY
Chi: 1410786102

Thank you for referring the above named patient to Bridges Primary Care Mental Health Team. The patient was discussed at our allocations meeting and based on their current needs would be more suitable for RAMH Services. We have encouraged her to self refer to this service. I trust this meets with your approval however if not please do not hesitate to contact the service on the telephone number above.

Yours sincerely

Bridges PCMHT

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GP Links Microbiology Report

Patient Details	
Surname	MATHERS
Forename	ANN
CHI	1410786102
Date of birth	14.10.1978
Address	14 Maybole Cres Newton Mearns GLASGOW G77 5SY

Specimen Details	
Specimen Number	M.16.5861015.A
Specimen Type	Throat swab
Date/Time Collected	29.09.16 / 10:15
Date/Time Received	29.09.16 / 16:07
Requested By	Dr Gillian Lockhart
GP Practice	49619
Date/Time Reported	01.10.16 / 11:13

Results

Report issued by Microbiology, Glasgow South Sector

* FINAL REPORT *

Specimen: Throat swab

Culture yields no significant growth

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21-May-2026 MR
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Filename: iGPRDA_38.pdf
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Pages:

NHS Confidential: Personal data about a patient

Mathers Ann CHI: 1410786102

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal [redacted] Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

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

Date Completed: 20/09/2016

Consultant: Dr Alasdair Corfield

JA [redacted]
Elmwood Medical Practice
Eastwood Health & Care Centre
1 Drumby Crescent
Clarkston
Glasgow
G76 7HN

Dear JA [redacted]

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 MAYBOLE CRESCENT
Glasgow G77 5SY

Attended on: **18/09/2016 at 14:52 hrs.** Departed on: **18/09/2016 at 18:19 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
panic attacks + chest pains

Nursing Assessment:
c/o headache and central chest pain for 1/52. describes pain as sharp and worsened overnights. pt states she suffers panic attacks and has had 3 today.

Investigations in ED:
1. CT Head

NHS Confidential: Personal data about a patient

Mathers Ann CHI: 1410786102

Diagnosis:

Diagnosis	Side	Site
Tension-type headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Patient presented with headache and panic attacks. Suffers severe anxiety. [redacted] died age 27 from SAH. CT head NAD. Discharged with diazepam and GP follow up.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted] McNamara
Doctor

Copies to:
1. JA [redacted] (GP)
School Address:

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21-May-2026 MR
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Filename: iGPRDA_37.pdf
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Pages:

NHS Confidential: Personal data about a patient

Mathers Ann CHI: 1410786102

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/07/2016

Consultant: Dr [redacted]

JA [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] Mearns
Glasgow
Glasgow
G77 6EH

Dear JA [redacted]

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 MAYBOLE CRESCENT
Glasgow G77 5SY

Attended on: **15/07/2016 at 19:05 hrs.** Departed on: **15/07/2016 at 21:56 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
chest pains 1 week, breathless

Nursing Assessment:
Patient c/o pleuritic sounding chest pain for 1/52 - seen by GP who felt there was an element of panic attack and given propranolol. C/O ongoing chest pains.

Investigations in ED:

1. CRP	**2. Full Blood Count**	**3. Gamma GT**
4. Glucose	**5. Urea and Electrolytes**	**6. D - Dimer**
7. Troponin I hs	**8. XR Chest**	**9. Coagulation screen**

NHS Confidential: Personal data about a patient

Mathers Ann CHI: 1410786102

Diagnosis:

Diagnosis	Side	Site
Chest pain (non cardiac)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Investigations normal D Dimer and CXR normal. Chest wall pain that is mobile. Discharged

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Amitava [redacted]
Doctor

Copies to:
1. JA [redacted] (GP)
School Address:

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Extension:.tif
Pages:

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Mathers Ann CHI: 1410786102

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/04/2016

Consultant: Dr [redacted] Hepburn

JA [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] Mearns
Glasgow
Glasgow
G77 6EH

Dear JA [redacted]

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 MAYBOLE CRESCENT
Glasgow G77 5SY

Attended on: **21/04/2016 at 00:53 hrs.** Departed on: **21/04/2016 at 04:35 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
unwell

Nursing Assessment:
pain at back of head and numb feeling at the side of her face . feels a bit panicky , l ear sore no vomiting , on antibiotics for joint pains

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Mathers Ann CHI: 1410786102

Diagnosis:

Diagnosis	Side	Site
Disease of jaws, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Headache, ear pain and TMJ discomfort. No neurological features on exam. Advised see dentist for assessment.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted] Cochrane
Doctor

Copies to:
1. JA [redacted] (GP)
School Address:

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Additional: Scanned Document

Filename: iGPRDA_35.pdf
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Pages:

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New [redacted] Hospital: Diagnostic Imaging Report Page 1 of 1

MATHERS, ANN DoB : **14/10/1978**
14 MAYBOLE CRESCENT, [redacted] MEARNS, GLASGOW, LANARKSHIRE, G77 5SY CHI. No. : **1410786102**
Ref. Locn. : **GP PRACTICE** CRIS No. : **143736**
Referrer : **Dr Gillian Lockhart** Curr Ward: **G405HEDMIU**

VERIFIED Verified By: Dr [redacted] Watt 12/05/16 0915.
Clinical History :
Pain and discomfort

See report of same day. Closed views only were possible as equipment failure prevented open views being performed. Please re-refer if felt clinically appropriate.

Event Number : E-30451053 Examination Date : **15/04/16**
Ref. Source : Dr Gillian Lockhart, 3 Elmwood Avenue, [redacted] Mearns, Glasgow, G77 6EH
Examinations : **XR Temporomandibular joint Both**

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Additional: Scanned Document

Filename: iGPRDA_34.pdf
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Pages:

NHS Confidential: Personal data about a patient

New [redacted] Hospital: Diagnostic Imaging Report Page 1 of 1

MATHERS, ANN DoB : **14/10/1978**
14 MAYBOLE CRESCENT, [redacted] MEARNS, GLASGOW, LANARKSHIRE, G77 5SY CHI. No. : **1410786102**
Ref. Locn. : **GP PRACTICE** CRIS No. : **143736**
Referrer : **Dr Gillian Lockhart** Curr Ward: **G405HEDMIU**

VERIFIED Verified By: Dr [redacted] Watt 12/05/16 0913.
Clinical History :
Pain and discomfort

No focal bone or joint abnormality can be identified.

Event Number : E-30450863 Examination Date : **15/04/16**
Ref. Source : Dr Gillian Lockhart, 3 Elmwood Avenue, [redacted] Mearns, Glasgow, G77 6EH
Examinations : **XR Temporomandibular joint Lt**

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Filename: iGPRDA_30.pdf
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Pages:

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,13.2316828.D
Filed By User :
Assigned to : Dr John Tobias
Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 14 Maybole Cres Newton Mearns GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
-Fasting sample					
Glucose		4.7	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:30:00
Received Date : 26/11/2013 19:01:25
Requestor : [redacted] JOHN
Requestor GMC Code :

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_33.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

[redacted] Infirmary

Diagnostic Imaging Report

MATHERS, Ann
14 Maybole Crescent, [redacted] Mearns, Glasgow, Renfrewshire, G77 5SY
Referrer: Dr Gillian Lockhart - GP PRACTICE

DoB: **14/10/1978**
Chi No: **1410786102**
CRIS No: **143736**
Hosp No:

VERIFIED Verified By: Morgyn Sneddon 11/12/13 1244.

Clinical History :
Recurrent RUQ pain.? Gallstones.

US Abdomen :
Scanned by Morgyn Sneddon, sonographer.

Liver appears normal in size, shape and echotexture. No overt focal pathology or intrahepatic duct dilatation.

Common bile duct appears normal measuring 0.2 cm. Gallbladder appears within normal limits.

The pancreas is not well visualised, however no overt focal pathology noted within this area. The aorta, both kidneys and spleen appear grossly normal. No abdominal free fluid identified.

Ref. Src: 3 Elmwood Avenue, [redacted] Mearns, Glasgow, G77 6EH
Exams: US Abdomen
Exam Date: 11/12/13 Event: E-28036654

Page 1 of 1

08964

NHS Greater Glasgow & Clyde
Vic 619 Cert 0619619

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Filename: iGPRDA_32.pdf
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Pages:

NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

MATHERS ANN	CHI No.	1410786102	Cons/GP	Dr [redacted] [redacted]
14 MAYBOLE CRES	Hosp.no		Loc.	3 Elmwood MC [redacted] Mearn
[redacted] MEARNS	D.O.B	14.10.1978	Coll'd	Not known
G77 5SY	Sex	F	Rec'd	28.11.2013 15:46
				Senders ref. no.
Enteric Pathogens	HISS No:			
Faeces				Copy to:
				3 Elmwood MC [redacted] Mearn

Appearance:-Non diarrhoeal

Microscopy:-
Cryptosporidium: NO OOCYSTS OF CRYPTOSPORIDIUM SEEN

Culture for: Salmonella NEGATIVE Shigella NEGATIVE
Campylobacter NEGATIVE E.coli O 157 NEGATIVE

Authorised by Lesley McGarvey * FINAL REPORT *
Reported 30.11.2013 09:15 Lab No. M,13.5412862.H

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_31.pdf
Extension:.tif
Pages:

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,13.2316827.R
Filed By User :
Assigned to : Dr John Tobias

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

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 14 Maybole Cres Newton Mearns GLASGOW

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Amylase					
Amylase		45	U/L	(0-100 U)	NK
R Bone Profile					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.34	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.10	mmol/L	(0.80-1.50 U)	NK
Albumin		38	g/L	(35-50 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
R C-reactive Protein					
C Reactive Protein		<3	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		4.3	mmol/L	(2.5-7.8 U)	NK
Creatinine		71	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>60 U)	NK
R GGT					
Gamma-GT		18	U/L	(0-40 U)	NK
R Liver Function Tests					
Total Bilirubin		9	umol/L	(0-20 U)	NK
ALT		11	U/L	(0-50 U)	NK
AST		14	U/L	(0-40 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
Albumin		38	g/L	(35-50 U)	NK
R Lipid profile					
-Fasting sample					
Cholesterol		3.5	mmol/L		NK
Triglycerides		2.1	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.6	mmol/L		NK
LDL-Cholest (calc'd)		0.9	mmol/L		NK
R VLDL-Chol (calc'd)		1.0	mmol/L		NK
Chol/HDL ratio		2.2			NK
R Transferrin / Iron	Y				
Transferrin		2.90	g/L	(2.00-4.00 U)	NK
Iron		15	umol/L	(10-30 U)	NK
T'Ferrin Saturation	-	21	%	(25-50 U)	NK
R CA125					
-Female reference ranges: premenopausal <35, postmenopausal <25.					
CA125		6	kU/L		NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:30:00
Received Date : 26/11/2013 19:01:35
Requestor : [redacted]
Requestor GMC Code :

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_28.pdf
Extension:.tif
Pages:

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,13.2271111.R
Filed By User :
Assigned to : Dr John Tobias

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

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F
ADR : 14 Maybole Cres Newton Mearns GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
-ferritin may vary with age and sex of patient and can rise					
-during an acute phase response					
-The Serum Ferritin is NORMAL					
Serum Ferritin		27	ug/l	(20-300 U)	NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:22:00
Received Date : 26/11/2013 19:01:54
Requestor : [redacted]
Requestor GMC Code :

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Filename: iGPRDA_26.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

MATHERS ANN	CHI No.	1410786102	Cons/GP	Dr [redacted] [redacted]
14 MAYBOLE CRES	Hosp.no		Loc.	3 Elmwood MC [redacted] Mearn
NEWTON MEARNS	D.O.B	14.10.1978	Coll'd	Not known
G77 5SY	Sex	F	Rec'd	26.11.2013 16:00
				Senders ref. no.
Helicobacter serol.	HISS No:			
Blood				Copy to:
				3 Elmwood MC [redacted] Mearn

Helicobacter pylori Serology: Negative

Authorised by [redacted] Cumming * FINAL REPORT *
Reported 29.11.2013 12:17 Lab No. M,13.5711529.Y

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_29.pdf
Extension:.tif
Pages:

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,13.2271110.V
Filed By User :
Assigned to : Dr John Tobias

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

Patient Details : (5468) Ann Mathers DOB : 14/10/1978 CHI : 1410786102 SEX : F

ADR : 14 Maybole Cres Newton Mearns GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		9.2	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.58	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		137	g/l	(115-165 U)	NK
Haematocrit		0.399	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		87.1	fl	(80.0-100.0 U)	NK
Mean Cell Hgb		29.9	pg	(27.0-32.0 U)	NK
Platelet Count		238	x10^9/l	(150-400 U)	NK
Neutrophils		5.9	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.4	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.3	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R ESR					
ESR		5	mm/hr	(1-12 U)	NK

Sample Collected Date : 26/11/2013 10:27:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2013 15:22:00
Received Date : 26/11/2013 19:01:18
Requestor : [redacted]
Requestor GMC Code :

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21-May-2026 MR
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Filename: iGPRDA_27.pdf
Extension:.tif
Pages:

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GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE

Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

MATHERS ANN	CHI No.	1410786102	Cons/GP	Dr John [redacted]
14 MAYBOLE CRES	Hosp. No.		Loc.	3 Elmwood MC [redacted] Mearn
[redacted] MEARNS	D.O.B.	14.10.1978	Coll'd	Not known
G77 5SY	Sex	F	Rec'd	26.11.2013 15:00
				Senders ref. no.
Urine Culture	HISS No.			
Mid Stream Urine				Copy to:
				3 Elmwood MC [redacted] Mearn

Microscopy White cells: Scanty
Organisms: Scanty

Culture: No evidence of urinary tract infection

Authorised by Automatic release by system
Reported 26.11.2013 15:26

* FINAL REPORT *
Lab No. M,13.5192815.V

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_24.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Dr [redacted] B Robins
Dr [redacted] S Yousef
Dr [redacted]
Dr Srikant Bollapragada
Dr [redacted] Hafez (Associate Specialist)
Dr Mugove Zwizwai (Associate Specialist)
Dr Sameh [redacted] (Speciality Doctor)

Women's &Children's Directorate
Royal [redacted] Hospital
Corsebar Road
[redacted]
PA2 9PN

Direct Line: 0141-314-6132
Fax: 0141-314-7034

NHS
Greater Glasgow and Clyde

Ref: JBR/HGH/504469

Chi: 1410786102

Date: 3rd October 2012

Dictated: 14.9.12

Dr [redacted]
Elmwood Practice
3 Elmwood Avenue
[redacted] MEARNS

Dear Dr [redacted]

RE: ANN MATHERS – 14.10.78
14 Maybole Crescent, [redacted] Mearns.

This 33 year old woman Para 2 was admitted to ward 18 at the RAH in [redacted] on the 3.9.12 at approximately 11 weeks gestation with a history of vaginal bleeding. Ultrasound scan was to demonstrate a single active [redacted] measurements consistent with stated dates foetal heart was positive. Bleeding settled shortly after admission and she was discharged home with arrangements for antenatal booking.

Kind regards

Yours sincerely

Dr [redacted] Robins
Consultant Obstetrician & Gynaecologist

Delivering better health
www.nhsggc.org.uk

NHS Confidential: Personal data about a patient

SANDYFORD

caring about sexual, reproductive and emotional health

Date: 14 May 2013

Dr [redacted] A [redacted]
3 Elmwood Avenue
[redacted] Mearns
Glasgow
G77 6EH

Dear Doctor

Ann Mathers DOB: 14/10/78 CHI: 1410786102

This is an automatically generated letter to advise that your patient Ann Mathers underwent the following contraceptive IUD/IUS procedure in a Sandyford service on Mon, 13-May-2013

Type of procedure:	Insertion only
Type inserted:	TT 380 Slimline
Reason for insertion:	Emergency Contraception
Type removed:	
Reason for removal:	
Immediate complication:	No
Performed by:	Al-Mufti Halah

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

Yours sincerely

Sandyford Sexual and Reproductive Health Services

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org

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Filename: iGPRDA_23.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

CLYDE DIVISION

Dr [redacted] Gemmell
Dr [redacted]
Dr [redacted]
Dr [redacted]
Dr Morton Hair
Dr Bibhas Ray (Associate Specialist)
Dr Mugove Zwizwai (Associate Specialist)
Dr Jeannet[redacted] (Associate Specialist)
Dr Sameh [redacted] (Speciality Doctor)

Women's & Children's Directorate
Royal [redacted] Hospital
Corsebar Road
Paisley
PA2 9PN
Direct Line: 0141 314 6747
Fax: 0141 314 6824

NHS Greater Glasgow and Clyde

Our Ref: JAG/LS/M000216

Date: 27 September 2012

Dr [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] MEARNS
G77 6EH

Dear Dr [redacted]

ANN MATHERS DOB 14.10.78 CHI 1410786102
14 MAYBOLE CRESCENT, [redacted]ON MEARNS

I saw your patient at the antenatal clinic on the 6 September 2012 and details of my findings are in her record card.

I will be happy to share her care with you and have asked her to return to the clinic in 19 weeks.

Special Remarks:

[redacted] a 33 year old para 2+2 with an [redacted] by scan of the 20 March 2013. Her first child was born in 1997 and unfortunately was a cot death at 5 months of age. The [redacted] was also IUGR being on the 2nd centile. Her second child was born in 1999 and was on the 10th centile. Both deliveries were SVD. We will therefore plan growth scans in the ~~first~~ 2nd trimester. Ann is a smoker and she is aware of the significance of smoking in pregnancy and is trying to reduce. She has also been provided with information about smoking cessation. She knows the importance of not smoking in the house.

We are attempting to complete CUB screening today but anomaly scan has been arranged. Her early pregnancy had been complicated by threatened miscarriage but all is satisfactory on scan today. Smears are up-to-date and normal.

Best wishes.

Yours sincerely

Dr Judith Gemmell
Consultant Obstetrician & Gynaecologist

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Filename: iGPRDA_21.pdf
Extension:.tif
Pages:

NHS Confidential [redacted]

SANDYFORD

caring about sexual, reproductive and emotional health

Date: 01 May 2012

[redacted] A [redacted]
3 Elmwood Avenue
[redacted] Mearns
Glasgow
G77 6EH

Dear Doctor

Ann Mathers DOB: 14/10/78 CHI: 1410786102

This is an automatically generated letter to advise that your patient Ann Mathers underwent the following contraceptive IUD/IUS procedure in a Sandyford service on Mon, 30-Apr-2012

Type of procedure:	Removal only
Type inserted:	
Reason for insertion:	
Type removed:	Mirena IUS
Reason for removal:	Side effects
Immediate complication:	No
Performed by:	Janice Abrami

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

Yours sincerely

Sandyford Sexual and Reproductive Health Services

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_22.pdf
Extension:.tif
Pages:

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Mathers Ann CHI: 1410786102

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal [redacted] Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

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

Date Completed: 20/09/2012

Consultant: Dr Alasdair Corfield

JA [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] Mearns
Glasgow
Glasgow
G77 6EH

Dear JA [redacted]

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 Maybole Crescent
Glasgow G77 5SY

Attended on: **03/09/2012 at 06:10 hrs.** Departed on: **03/09/2012 at 09:12 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital (triaged in A&E)**

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

Presenting complaint
pv bleed 12wks preg

Nursing Assessment:

Investigations in ED:
1. CRP (ED) **2. FBC (ED)** **3. HCG (ED)**
4. LFT (ED) **5. U&E's (ED)**

Diagnosis: **None**

Mathers Ann CHI: 1410786102

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lynsey [redacted]
Doctor

Copies to:
1. JA Tobias (GP)
School Address:

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_20.pdf
Extension:.tif
Pages:

NHS Confidential: [redacted] data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr John [redacted]	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Result

[redacted]

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3126419
Practice Code	G49619

Smear Taker	Janice [redacted]
Reporting Location	NHS GGC

SCCRS ID	1215462717
Laboratory ID	12Q4020885
Smear Taken Date	30/ 04/ 2012 00:00:00
Result	Negative (4KZZ.)
Report Comments	
Recommended Management	Routine Recall
Recall Date	30/ 04/ 2015

Emis PCS

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21-May-2026 MR
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Filename: iGPRDA_19.pdf
Extension:.tif
Pages:

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ACCIDENT & EMERGENCY DEPARTMENT

VICTORIA INFIRMARY

NHS Greater Glasgow and Clyde

SURNAME: MATHERS	DOB: 14/10/78	AGE: 31	SEX: F
FORENAME: ANN	OCCUPATION:		
ADDRESS: 14 MAYBOLE CRESCENT [redacted] MEARNS GLASGOW			
POSTCODE: G77 5SY	TEL: 07818 627872		

A/E Number: AE0078136/10
CHI Number: 1410786102
UNIT [redacted] : BG99807632
ARRIVAL DATE: 15/09/10
ARRIVAL [redacted] 1801
MODE: OWN
REFERRAL BY: SELF

GP Name: GILLIAN GD LOCKHART
ADDRESS: 3 ELMWOOD AVENUE GLASGOW G77 6EH
CODE: 49619|1 TEL: 0141 639 2478

PRESENTING COMPLAINT: PAINFUL HAND
INCIDENT TYPE: MED
INCIDENT LOCATION: INS

GP DISCHARGE LETTER

DIAGNOSIS Repetitive Strain injury Left Carpal Extensors

INVESTIGATIONS

• X-RAYS

TREATMENT Analgesia
Wrist splint
Rest

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) CHRIS MORROW CODE STRGOVCH

(SIGNATURE) DISCHARGE TIME 1910

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC	ORTHOPAEDIC		
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

ADMISSION
TO WARD

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT **SOUTHERN GENERAL HOSPITAL** GLASGOW
TEL: 0141 201 1703/4/5

Name: MATHERS ANN
Address: 14 MAYBOLE CRES GLASGOW
Consultant/GP: Dr.J.A. [redacted]
Ward: 3 Elmwood Ave, G77 6EH
Specimen: URINE mid stream

Unit No.: SG00419797 CHI No.: 1410786102
D.O.B. 14.10.78 Sex: F
Report to: 3 Elmwood Ave, G77 6EH
Date collected: 08.09.09
Date received: 08.09.09

REPORT:

Microscopy:- W.B.C. ABSENT
R.B.C. INSIGNIFICANT NUMBER

Culture:-
NO SIGNIFICANT BACTERIURIA

Comment:-
URINE NOT CULTURED

Carol Young 08.09.09 LAB.NO. U,09.0051537

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21-May-2026 MR
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Filename: iGPRDA_16.pdf
Extension:.tif
Pages:

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BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

Name	MATHERS ANN	CHI Number	1410786102	Location	3 Elmwood Ave, G77 6EH
Unit No.	SG99807632	Lab Number	R,09.1281448.E	Consultant	Dr.J.A. [redacted]
D.O.B.	14.10.78 Sex F	Received	08.09.09 at 16:24	Prov. Diagnosis	

IRON STUDIES

Ref Range / Units		(10–30) umol/L	(2.0–4.0) g/L	(25–50) %			
Date	Time	Iron	Transferrin	% Sat			
08.09.09	07:00	14	2.5	25			

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 544 Issued 09.09.09 at 10:04 Specimen type: **Blood**

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21-May-2026 MR
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Filename: iGPRDA_15.pdf
Extension:.tif
Pages:

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BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

Name	MATHERS ANN	CHI Number	1410786102	Location	3 Elmwood Ave, G77 6EH
Unit No.	SG99807632	Lab Number	R,09.1281448.E	Consultant	Dr.J.A. [redacted]
D.O.B.	14.10.78 Sex F	Received	08.09.09 at 16:24	Prov. Diagnosis	

LIPID PROFILE

Ref Range / Units		mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	
Date	Time	Chol	Trig	HDL-Chol	LDL-Chol	VLDL-Chol	Chol/HDL
08.09.09	07:00	3.9	1.06				

Fasting Patient

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 544 Issued 09.09.09 at 10:04 Specimen type: **Blood**

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21-May-2026 MR
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Filename: iGPRDA_14.pdf
Extension:.tif
Pages:

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BIOCHEMISTRY DEPARTMENT SOUTH GLASGOW ☎ (0141) 201 1681 NHS C

Name	MATHERS ANN	CHI Number	1410786102	Location	3 Elmwood Ave, G77 6EH
Unit No.	SG99807632	Lab Number	R,09.1281448.E	Consultant	Dr.J.A. [redacted]
D.O.B.	14.10.78 Sex F	Received	08.09.09 at 16:24	Prov. Diagnosis	

THYROID FUNCTION

Ref Range / Units		(0.35-5.00) mU/L	(9.0-21.0) pmol/L	(3.5-6.5) IU/L	(0.9-2.5) nmol/L	(<6) IU/L	(0-15) U/L
Date	Time	TSH	Free T4	Free T3	Total T3	ATPO	TRAB
08.09.09	07:00	1.52	15.5				

THY: Result(s) indicates patient euthyroid

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation

Run No: 544 Issued 09.09.09 at 10:04 Specimen type: **Blood**

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21-May-2026 MR
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Filename: iGPRDA_17.pdf
Extension:.tif
Pages:

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The Victoria Infirmary Department of Haematology

Surname	Forenames	Sex	Hosp. No.	D.O.B.
MATHERS	ANN	F	ZH09166930	14.10.78

Location	Consultant/G.P.	Lab. No.
3 Elmwood Ave G77 6EH	DR JA TOBIAS	H,09.4161854

Report

No Unit Number supplied. Computer number allocated

Date of Report	Analyser Diff. x10⁹/l	Neutro	Lymph	Mono	Eos	Baso	ESR mm/hr	Retic %	Authorised By
08.09.09		5.1	2.4	0.5	0.2	0.0	6		

Date of Sample	W.B.C. x10⁹/l	Plat. x10⁹/l	R.B.C. x10¹²/l	Hb g/l	Hct	M.C.V. fl	M.C.H. pg	R.D.W.
08.09.09	8.1	222	4.52	135	0.411	90.9	29.9	12.7

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Filename: iGPRDA_13.pdf
Extension:.tif
Pages:

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BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde **A**

Name **MATHERS ANN** | CHI Number **1410786102** | Location **3 Elmwood Ave, G77 6EH**
Unit No. **SG99807632** | Lab Number R,09,1281448,E | Consultant **Dr.J.A.** [redacted]
D.O.B. **14.10.78** Sex **F** | Received 08.09.09 at 16:24 | Prov. Diagnosis

Withdrawal		Na	K	Cl	HCO_3	Urea	Creat	eGFR	Glucose	*	CRP	Amylase	Magnesium	Urate
		135–145	3.5–5.0	98–108	23–30	2.5–7.0	40–130				<10	<100	0.70–1.00	0.15–0.35
Date	Time	mmol/L					umol/L	mL/min	mmol/L		mg/L	U/L	mmol/L	
08.09.09	07:00	139	3.9	106	24	3.5	67	>60	4.5	Y	0.8			

Withdrawal		T.Protein	Albumin	Globulins	Bilirubin	Alk. Phos.	AST	ALT	GGT	CK	Calcium	Adj Ca	Phosphate
		60–80	32–45	23–38	<20	25–110	<40	<50	<40	<170		2.10–2.60	0.70–1.40
Date	Time	g/L			umol/L	U/L					mmol/L		
08.09.09	07:00	64	41	23	8	55	18	20					

* Fasting: Y = Yes, N = No

CPA Accredited Medical Laboratory Reference No. 2923

Report authorised by Computer validation
Run No: 519 Issued 09.09.09 at 10:53 Specimen type: **Blood**

NHS Confidential: Personal data about a patient

CLYDE DIVISION

Dr Gour Sarkar
Dr [redacted] Gemmell
Dr [redacted]
Dr [redacted]
Dr [redacted]
Dr W. [redacted] Hair
Dr Bibhas Ray (Associate Specialist)
Dr Mugove Zvizvai (Staff Grade)
Dr Jeannette [redacted] (Staff Grade)

Women's & Children's
Directorate
Royal [redacted] Hospital
Corsebar Road
[redacted]
PA2 9PN
Direct Line: 0141 314 6752
Fax: 0141 314 6824

NHS
Greater Glasgow and Clyde

22/01/2008

Dr. [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] Mearns
G77

Dear Dr. [redacted]

Re: Ann Mathers, dob: 14/10/1978, Unit No. 504469
14 Maybole Crescent, [redacted] Mearns

The above lady was seen at the Social Gynaecology clinic in [redacted] on 04/01/2008. She was requesting termination of pregnancy and following counselling, she chose to proceed with her request. She subsequently had a STOP on 09/01/2008.

Her blood group is A Neg and she received anti D.

Following discussion, she has had a Mirena inserted for contraception.

Best wishes,

Yours sincerely,

DR ANDREW THOMSON
CONSULTANT OBSTETRICIAN & GYNAECOLOGIST

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_12.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

NHS Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate

Mr Laszlo Romics
Consultant Surgeon
Department of Surgery
E-mail: [redacted].uk
Telephone 0141 201 5466/Fax 0141 201 5117

Our Ref: LR/KL

Clinic: 31/03/09
Dictated: 31/03/09
Typed: 07/04/09

[redacted] Infirmary
Langside Road
Glasgow
G42 9TY

DR GILLIAN GD LOCKHART
3 ELMWOOD AVENUE
GLASGOW
G77 6EH

Dear Dr Lockhart,

ANN MATHERS DOB: 14/10/78 (SG99807632) CHI: 1410786102
14 MAYBOLE CRESCENT, NEWTON MEARNS, GLASGOW, G77 5SY

Thank you very much for referring this 31 year old woman with a small brown [redacted] next to her right nipple. This was noticed one month ago. She did not have any nipple discharge or lump associated with this. She has no relevant family history. She is healthy otherwise. She has been pregnant twice having one child who was not breast fed. Her menarche was at the age of 14 and she has regular periods now.

Clinical examination of her breasts and axillae were unremarakble apart from the small brownish spot in her right areola. This is from a distance of approximately 2cm from the nipple at the 8 o'clock position. This [redacted] extends over an area of approximately 5x3cm. It does not look inflamed in any way and she says it is itchy occasionally but not at the moment.

I understand that you have tried Fucidin for this which didn't help. The appearance of this is nothing like Paget's disease and I have explained to her that this must be just a simple skin condition probably a fungal infection. I think you will need to try another topical treatment but if this doesn't help you should refer her to a dermatologist.

From our point or view she does not need to have any more investigations and I have reassured her and discharged her back to your care.

Yours sincerely,

Laszlo Romics
Consultant Surgeon

Page 1 of 1

Delivering better health

www.nhsggc.org.uk

40369

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CLYDE DIVISION

Dr Gour Sarkar
Dr [redacted] Gemmell
Dr [redacted]
Dr [redacted]
Dr [redacted]
Dr W. [redacted] Hair
Dr Bibhas Ray (Associate Specialist)
Dr Mugove Zwizwai (Staff Grade)
Dr Jeannette [redacted] (Staff Grade)

Women's & Children's Directorate
Royal [redacted] Hospital
Corsebar Road
[redacted]
PA2 9PN
Direct Line: 0141 314 6752
Fax: 0141 314 6824

NHS Greater Glasgow and Clyde

19/01/2007

Dr. [redacted]
Elmwood Medical Practice
3 Elmwood Avenue
[redacted] Mearns
G77

Dear Dr. [redacted]

Re: Ann Mathers, dob: 14/10/1978, Unit No. 504469
77 Maybole Crescent, Glasgow

The above lady was seen at the Social Gynaecology clinic in Paisley on 05/01/2007. She was requesting termination of pregnancy and following counselling, she chose to proceed with her request. She subsequently had a 2nd trimester MTOP on 08/01/2007.

Her blood group is A Neg and she received anti D.

Following discussion, she will use condoms for contraception.

Best wishes,

Yours sincerely,

DR [redacted]
CONSULTANT OBSTETRICIAN & GYNAECOLOGIST

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21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_9.pdf
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Pages:

NHS Confidential: Personal data about a patient

ELMWOOD MEDICAL PRACTICE

PRACTICE ACCREDITATION
RCGP Scotland
2024 - 2027

Dr [redacted] A. [redacted]

Dr Gillian D. Lockhart

3 Elmwood Avenue
[redacted] Mearns
Glasgow G77 6EH

Tel. No. 0141 639 2478
Fax. No. 0141 639 670

Typed: 21st December 2006

Our ref: JAT/LMcA

Gynaecology
Royal Alexandria Hospital
Corsebar Road
[redacted]
PA2 9PN

Dear Doctor,

Ann Mathers
D.O.B. 14/10/78
77 Maybole Crescent, [redacted] Mearns, Glasgow, G77 5SY

Thank you for seeing this lady who presented at the surgery requesting termination. Ann has two children and and this pregnancy was unplanned.

Her LMP was end of October 2006.

I trust you find this paperwork in order.

Kind regards

Dr JA [redacted]

NHS Confidential: Personal data about a patient

ELMWOOD MEDICAL PRACTICE

RCGP Scotland 2006-2007

Dr [redacted] A. [redacted]

Dr Gillian D. Lockhart

3 Elmwood Avenue
[redacted] Mearns
Glasgow G77 6EH

Tel. No. 0141 639 2478
Fax. No. 0141 639 670

Typed: 21st December 2006

Our ref: JAT/LMcA

Gynaecology
Royal Alexandria Hospital
Corsebar Road
[redacted]
PA2 9PN

Dear Doctor,

Ann Mathers
D.O.B. 14/10/78
77 Maybole Crescent, [redacted] Mearns, Glasgow, G77 5SY

Thank you for seeing this lady who presented at the surgery requesting termination. Ann has two children and and this pregnancy was unplanned.

Her LMP was end of October 2006.

I trust you find this paperwork in order.

Kind regards

Dr JA [redacted]

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_6.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

DEPARTMENT OF MICROBIOLOGY. 0141-201-5607/4 [redacted] **INFIRMARY**

SURNAME	FORENAME	SEX	UNIT No.	D.O.B./AGE	LAB NUMBER
MATHERS	ANN	F	ZM08147850	14.10.78	M,06.0041234.C

ADDRESS	REQUESTING WARD/GP's ADDRESS	REPORT TO
77 MAYBOLE CRESCENT	3 Elmwood Ave G77 6EH	3 Elmwood Ave G77 6EH

SPECIMEN TYPE/INVESTIGATION	CONSULTANT/ANTIBIOTIC CHEMOTHERAPY
Pregnancy test URINE Pregnancy test	DR G.LOCKHART

REPORT Final report

Pregnancy Test: POSITIVE (>25IU/L)

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
18.12.06 NK	18.12.06	19.12.06	Pregnancy test	Authorised by Dr R [redacted]

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_5.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

DEPARTMENT OF MICROBIOLOGY. 0141-201-5607/4 [redacted] **INFIRMARY**

SURNAME	FORENAME			D.O.B./AGE	LAB NUMBER
MATHERS	ANN	[redacted] F	ZM06147850	14.10.78	M,06.0094238.Q

ADDRESS	REQUESTING WARD/GP's ADDRESS	REPORT TO
77 MAYBOLE CRESCENT	3 Elmwood Ave G77 6EH	3 Elmwood Ave G77 6EH

SPECIMEN TYPE/INVESTIGATION
Mid stream urine
Culture and Sens

CONSULTANT [redacted] CHEMOTHERAPY
DR G.LOCKHART

REPORT Final report

Microscopy
WBC <1 /HPF
RBC 0 /HPF
Organisms 0 /HPF
Epithelial cells 0 /HPF

Culture: No Growth

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
18.12.06 NK	18.12.06	19.12.06	[redacted] stream urine	Authorised on behalf of PJR

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_4.pdf
Extension:.tif
Pages:

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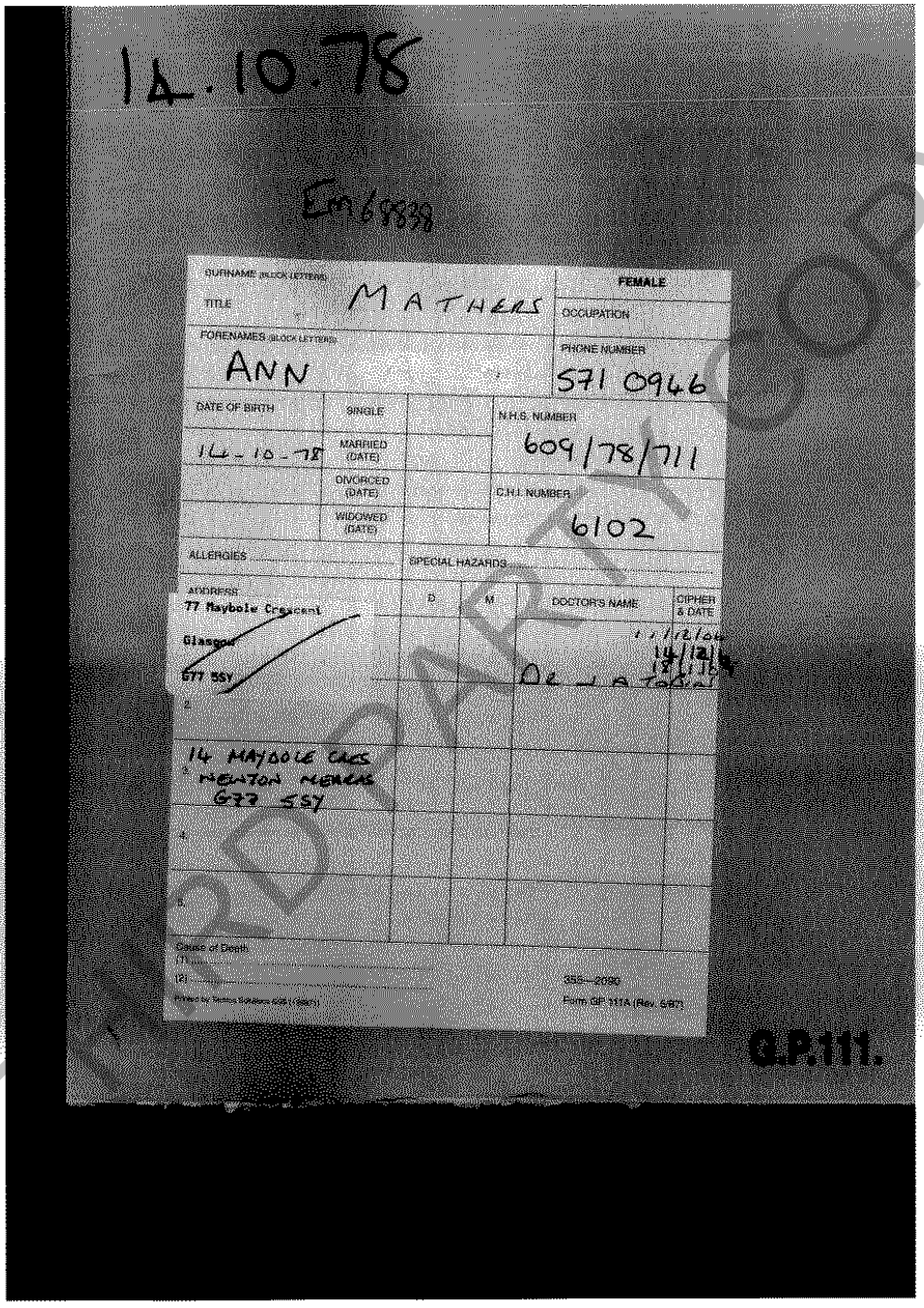
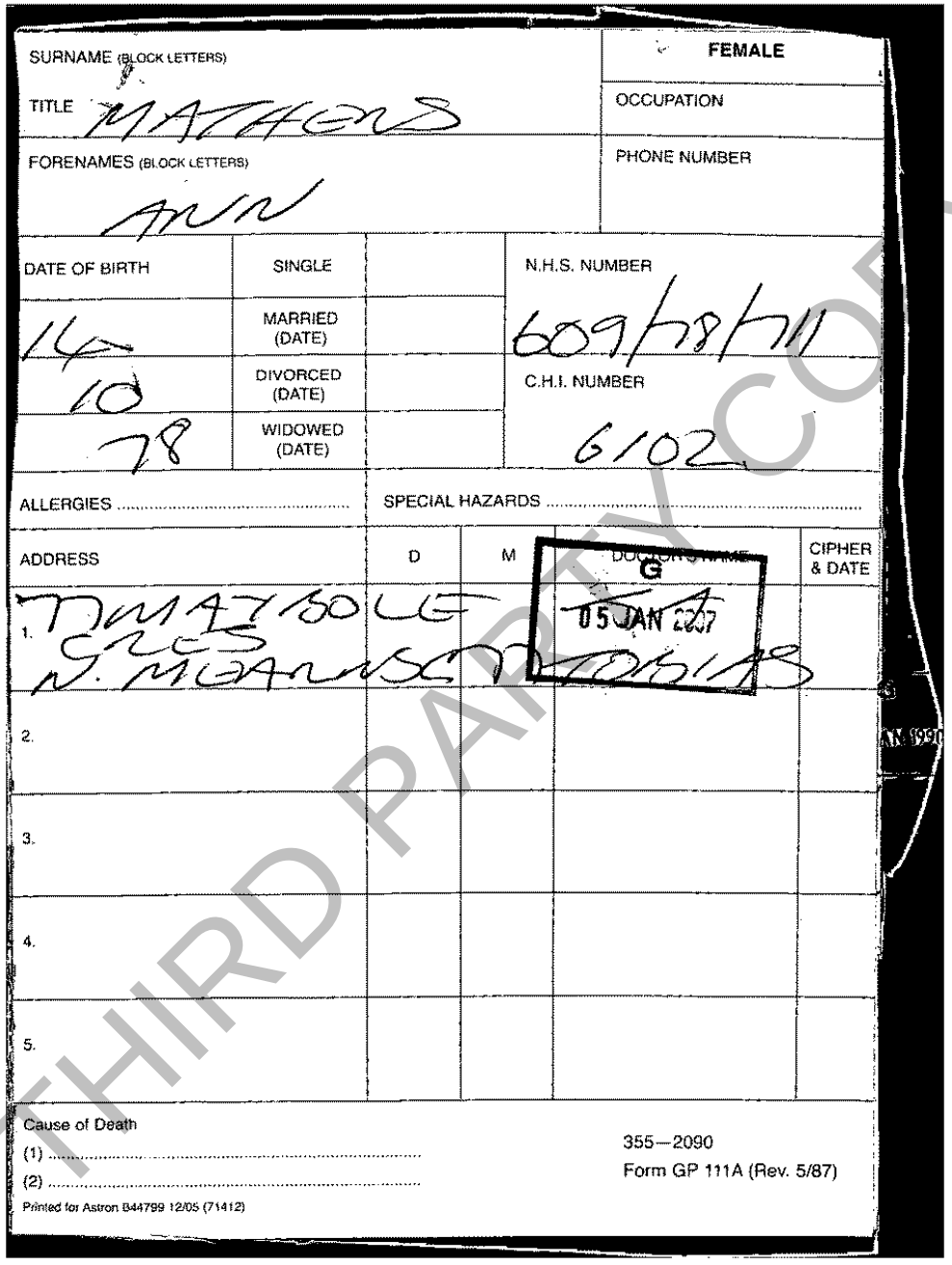


NHS Confidential: Personal data about a patient



SURNAME (BLOCK LETTERS) MATHEWS — FEMALE

TITLE — OCCUPATION

FORENAMES (BLOCK LETTERS) ANN — PHONE NUMBER

DATE OF BIRTH			N.H.S. NUMBER
14	SINGLE		609 758 7111
10	MARRIED (DATE)		C.H.I. NUMBER
78	DIVORCED (DATE)		6102
	WIDOWED (DATE)		

ALLERGIES ..... SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. DUMFRIES [illegible] N. MCANULTY			G 05 JAN 2007	
2.				
3.				
4.				
5.				

Cause of Death
(1) .....
(2) .....
Printed for Astron B44799 12/05 (71412)

355—2090
Form GP 111A (Rev. 5/87)

Scanned Document
21-May-2026 MR
Additional: Scanned Document

Filename: iGPRDA_3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Mathews, Ann 14.10.78
01 142 Shawbridge St

11.12.96 Here unsatis. — Immediate appt
Pregnant. — due @ A/N ? 17/97 23/4/97
~~28.1.98 appt.~~
18.2.98 Here Neo. Rpt 3yrs.

NHS Confidential: Personal data about a patient

ELMWOOD MEDICAL PRACTICE
DRS [redacted] AND GILLIAN LOCKHART
WELCOME TO OUR PRACTICE (Form 1)

As it takes some time for your medical records to reach us from your previous doctor. It would be helpful if you could complete the questions detailed below.

We would recommend that each member of the family/apart from children under the age of 5) should be seen by the Practice Nurse for a simple health check when joining the practice. Please arrange an appointment with the receptionist to see the Practice Nurse and please bring a specimen of urine with you.

There are different procedures for children under the age of 5. The practice nurse will advise you of these.

NAME ANN MATHERS **DOB** 14,10,78

ADDRESS 77 Maybole Crescent, Newton Mearns Glasgow, G77-5SY

MARITAL STATUS
Married/Separa[redacted]
Divorced/Living with partner/(single)

OCCUPATION

TELEPHONE NUMBER 07946 119917

PREVIOUS DOCTOR Dr Livingstone

PREVIOUS ADDRESS 21 Riverbank St FLAT 73. G43.

PAST MEDICAL HISTORY/ FAMILY HISTORY:-

HEIGHT 5,5? **WEIGHT** 11st 2lb **SMOKING STATUS** Smoker

CURRENT MEDICATION:- None

ARE YOU ALLERGIC TO ANY MEDICINES:- No

ARE YOU A [redacted] OR HAVE YOU A [redacted] No

DATE OF LAST TETANUS INJECTON:-

(Ladies only)
DATE OF LAST CERVICAL SMEAR:- Nearly 2 years ago
NUMBER OF PREGNANCIES:- 2
CONTRACEPTION:- —
MAMMOGRAM:- —

Office use only PTO

NHS Confidential: Personal data about a patient

NHS IN SCOTLAND

GPR

APPLICATION TO REGISTER WITH A GENERAL MEDICAL PRACTITIONER

Please complete in BLOCK CAPITALS and tick relevant boxes

PATIENT DETAILS

Surname Mathers

Forename Ann

Previous Surname

Date of Birth 14/10/1978

SEX F

Address 77 Maybole Crescent

Glasgow

Post code G775SY

I wish the child named above to be registered at the practice for Child Health Surveillance ☐

Relationship to patient

I will be in the area for more than three months ☐

Patient's/ Patient's representative signature **Date:** 11/12/2006

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:** ☐ **Heart:** ☐

Corneas: ☐ **Pancreas:** ☐ **Lungs:** ☐

Patient's signature **Date:** 11/12/2006

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

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

21 Riverbank Street

Pollokshaws

Town:

County: **Post code**

[redacted] **and address of previous doctor in U.K.**

Pollokshaws Health Centre

Not Known (Scot)

If returning from abroad

Date of depature from U.K.

Date of return to U.K.

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: Unknown

Reg. district of birth (see birth certificate)

Country of birth:

[redacted] **maiden name**

DOCTOR'S AGREEMENT

Enter 'D' if supplying drugs

CHS acceptance

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

Doctor's signature

Date: 11/12/2006

Mileage claim road 0

water 0

footpath 0

Enter date if registration examination completed

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

Doctor's [redacted]

Dr JA[redacted]

GP Ref. No.

G03905

NHS Confidential: Personal data about a patient

Wellgreen Group Practice
Pollokshaws Medical Centre
26 Wellgreen
Glasgow
G43 1RR

0141 620 4310

5th September 2006

Ms Ann Mathers
77 Maybole Crescent
[redacted] Mearns
Glasgow
G77 5SY

Dear Ms Mathers

You have been invited on several occasions to attend for a cervical smear test. Cervical screening has reduced the number of women developing cervical cancer, which is one of the few cancers we can successfully screen for and usually prevent. It is recommended that all women between 20 and 60 should have a smear test every 3 years. We strongly advise you to take advantage of this service. However you may have decided that you do not want to have a smear. If so please sign the form below and return this to us so that we do not send you further appointments. We think that by refusing a smear test you are taking an unnecessary risk of developing cervical cancer but the decision is yours. The only women who do not have to have a smear test are those who have never been sexually active.

Yours sincerely

Dr B Molloy

I have [redacted] the above letter and have decided **not** to have a smear test.

Signed_____ Date_____

[redacted] of Holistic Medicine
4 Craigpark Glasgow G31 2NA Phone 0141 554 5808
fax 0141 554 9036 e-mail
Director of Studies: [redacted] Rieck

Student – Practice Client Agreement

The signatures below form a mutual agreement between student and practice client which will remain in place for the duration of the practice sessions or until the student becomes a qualified practitioner.

The student will change no professional fees to the practice client. The student will strive to work ethically and professionally to the best of their ability but does not claim to take on the capacity or responsibility of a qualified practitioner. The practice client understands this.

The student commits him or her self to the BACP Ethical Framework of Good Practice for Counselling and Psychotherapy.

The student may seek consultation and supervision from teachers and tutors and in doing so, may refer to the sessions without divulging the identity of the practice client.

Should the practice client feel uncomfortable, or have a complaint of any kind, they can approach the director of studies of the college. Any approach will be treated in absolute confidence.

Agreement

I, Ann Mathers have willingly agreed to become a practice client [redacted] who is presently a student on the three-year Advanced Diploma Course in Therapeutic Counselling run by the [redacted] of Holistic Medicine.

Prior to signing this document it was fully explained to me what is required of a practice client and I have agreed to proceed. I also understand I am free to end the agreement at any time.

Signed / Practice Client
Ann Mathers date 5/11/04

Signed / Student
[redacted] date 5/11/04

Thank you for helping our students in obtaining practical competence.

A:\Appendix 12 Student - Practice Client Agreement and information for clients.doc

NHS Confidential: Personal data about a patient

Pollokshaws Medical Centre
26 Wellgreen
Glasgow
G43 1RR

0141 649 2836

Miss Ann Mathers

H73 21 Riverbank Street
Glasgow
GLASGOW G43

12 June 2002

Dear Miss Mathers

I am happy to inform you that your recent cervical smear test result was normal.

We will notify you when the next test is due, but you may like to note that this will be in 36 months time, and make an appointment at that time.

Yours sincerely,

Dr Brigid Molloy

NHS Confidential: Personal data about a patient

COPY

Pollokshaws Medical Centre
26 Wellgreen
Glasgow
G43 1RR

0141 649 2836

Miss Ann Mathers

H73 21 Riverbank Street
Glasgow
GLASGOW G43

30 April 2002

Dear Miss Mathers

I am sorry you were unable to keep your smear test appointment.

It is important to have regular smear tests carried out, and therefore we write to offer you a further appointment on
Wednesday 15/05/2002 at 10am.

If you are unable to attend on this particular day, please telephone the surgery and an alternative date will be offered.

Yours sincerely,

pp Molloy

Dr Brigid Molloy

NHS Confidential: Personal data about a patient

Pollokshaws Medical Centre
26 Wellgreen
Glasgow
G43 1RR

0141 649 2836

11.10.01

Miss Ann Mathers

H73 21 Riverbank Street
Glasgow
GLASGOW G43
G431NR

11 October 2001

Dear Miss Mathers

You have been invited on several occasions to attend for a cervical smear test. Cervical screening has reduced the number of women developing cervical cancer, which is one of the few cancers we can successfully screen for and usually prevent. It is recommended that all women between 20 and 60 should have a smear test every 3 years. We strongly advise you to take advantage of this service. However you may have decided that you do not want to have a smear. If so please sign the form below and return this to us so that we do not send you further appointments. We think that by refusing a smear test you are taking an unnecessary risk of developing cervical cancer but the decision is yours. The only women who do not need to have a smear test are those who have never been sexually active.

Yours sincerely,

Brigid Molloy

Dr Brigid Molloy

I have [redacted] the above letter and have decided **not** to have a smear test.

Signed _____ Date _____

NHS Confidential: Personal data about a patient

IB65B

Incapacity for work

Office stamp

THE BENEFITS AGENCY
MURRAY HOUSE
MURRAY ROAD
EAST KILBRIDE
G75 0JY
01355 572200

DR SMITH
26 WELLGREEN
POLLOKSHAWS
GLASGOW
G43 1RR

Our phone number is
Code 01355 Number 572200 Ext 2319

If you have textphone, you can call on
Code — Number —

If you get in touch with us, tell us this reference number
PW 76 37 04A

Date
20 / 09 / 00

Patient's name ANN MATHERS

Date of birth 14 / 10 / 78

This patient has been claiming benefit because they are incapable of work. Their ability to work was recently assessed using the All Work Test.

We have assessed that your patient is capable of work from and including 20 / 09 / 00.

Our decision is based on
- information given by your patient
- a report from the medical assessment carried out by a doctor from our Medical Services
- information you provided about your patient's medical condition.

This means that you no longer have to give your patient medical certificates unless their condition becomes significantly worse, or they want to claim benefit because of a new medical condition.

If we have decided that there are any limitations or restrictions on your patient's ability to work, a summary of these will be given to your patient.

benefits agency

An Executive Agency of the Department of Social Security

Printed by Belmont Press Ltd, Issue 1. 7/99

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SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Dr Wm C M K Naismith
Dr M J Carty
Dr Valerie D Hood
Dr [redacted] J S Hawthorn
Dr I Ramsay
Dr D Mack
Dr Kraszewski
Dr McDougall

1345 Govan Road
GLASGOW
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
Secretary: 0141 201 2236
(Dr Hawthorn's Secretary - [redacted]

[redacted]

29/07/99

Dr [redacted]
Pollokshaws Doctors Centre
26 Weligreen
GLASGOW
G43 1RR

Dear Dr [redacted]

ANN MATHERS - DOB 14.10.78
21 RIVERBANK STREET, GLASGOW

This patient was recently delivered of a healthy [redacted] in the Southern General Hospital after an uneventful ante-natal course and labour.

She was discharged home with [redacted] on the 27.07.1999, and she will be returning to you for a post-natal examination in about 6 weeks time.

Yours sincerely

H DOUGALL
REGISTRAR TO DR R J S HAWTHORN

Date of delivery:	25.07.1999
Type of labour:	Spontaneous
Type of delivery:	Spontaneous Vertex Delivery
Weight of [redacted]	2.63 kg
Sex of [redacted]	Boy
Type of Feeding:	Bottle

NHS Confidential: Personal data about a patient

benefits agency

An Executive Agency of the Department of Social Security.

Your reference is PW763704A
Please tell us this number if you get in touch with us

DR [redacted]
POLLOKSHAWS DOCTOR CENTRE
26 WELLGREEN
GLASGOW
G43 1RR

Glasgow Newlands BO
8 Coustonholme Road
Glasgow
G43 1SS

Phone 0141 6368100
TEXTPHONE for the deaf/hard of hearing ONLY 0141 6368275

Date 07/04/1999
FOR MISS ANN MATHERS

INFORMATION ABOUT A PATIENT

About the patient

Name MISS ANN MATHERS

Address HOUSE 73
21 RIVERBANK STREET
POLLOKSHAWS
GLASGOW
G43 1NN

National Insurance Number PW763704A

Date of Birth 14/10/1978

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

7311/0044

Page 01 of 02

NHS Confidential: Personal data about a patient

07/04/1999

MISS ANN MATHERS REF: PW763704A

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity.

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.

Yours sincerely,

IB74

7311/0044 Page 02 of 02

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

CONSULTANTS:
DR WM C M K NAISMITH
DR M J CARTY
DR VALERIE D HOOD
DR [redacted] HAWTHORN
DR I RAMSAY
DR D MACK
DR KRASZEWSKI
DR MCDOUGALL

1345 GOVAN ROAD
GLASGOW
G51 4TF
TEL: 0141 201 1100
FAX: 0141 201 2994
SECRETARY: 0141 201 2236
(Dr Hawthorn's Secretary - [redacted])

RJSH/CJC/419797

02/02/99

Dr [redacted]
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Freya

ANN MATHERS - DOB 14.10.78
21 RIVERBANK STREET, GLASGOW

Many thanks for asking me to see this girl who as you know has a previous cot death. She has been seen by the Paediatricians and an apnoea monitor has been requested for her.

She is 14+ weeks by dates and scan today, giving her an expected date of delivery of 26.07.1999.

General examination was unremarkable, and her blood pressure was 110/60 and urine analysis was negative.

She has been booked for shared care, and has a return appointment for the clinic in 14 weeks, and she will attend the Surgery monthly in the interim.

She will also attend the surgery for serum AFP in 1 week.

Kind regards.

Yours sincerely

[redacted] J S HAWTHORN
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-
THE INFORMATION IN THIS [redacted]

Appointment Category: Routine ☑ Soon ☐ Urgent ☐

Hospital SGH Date [redacted] 02

Please arrange for this patient to attend the ... clinic of Dr/M Mitchell

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Masters — Maiden Surname

First Names Ann — Single/Married/Widowed/Other

Address House 73 — Date of Birth 14-10-78

21 Riverbank St — Patient's Occupation

Postal Code G43 — Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance ... Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Pollokshaws Doctor Centre
26 Wellgreen, Glasgow G43
0141-649-2836

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

PARITY 1+0

LMP 14/10/98

PDT

Team A
Named midwife
J. Sheppard

PREVIOUS MEDICAL HISTORY
1994 Depression 2° to family problems.
25/12/98 to mw negative.

PREVIOUS OBSTRETIC HISTORY
9/11/97 SVD 3.00 kg Boy Salt. Cot death 7/1/98
Requires apnoea monitor post birth +

OBSTRETIC FINDINGS resuscitation training

PLEASE BOOK FOR SHARED CARE SGH

Diagnosis/provisional diagnosis:

[redacted] drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: ... No. (if known)

... Signature

355-2104

NHS Confidential: Personal data about a patient

NAME ANN MATHERS

ADDRESS 21 RIVERBANK ST

DOB 14/10/78

DOCTOR LIVINGSTONE

REASON

INFECTION

SUGAR

URINALYSIS

PREGNANT ✓

LMP ≅ 19/10/98

ANTIBIOTICS ~~YES~~/NO

NHS Confidential: Personal data about a patient

TO WHOM IT MAY CONCERN

Dear Sir

ANN MATHERS, 14/57 124 Shawbridge Street, Glasgow G43 1NR

I hope that you will look favourably on Ann's application to move house. She lost her [redacted] in a cot death on 7.4.98 and has been very traumatised by the experience. She realised her child was dead when she found her and ran out of the flat.
She has been unable to go back inside her house since.

I am sure it would greatly benefit her mental health if she could be rehoused.

Yours faithfully

F M [redacted]

22 April 1998

NHS Confidential: Personal data about a patient

3 March 1998

Miss A Mathers
57/14 124 Shawbridge Street
GLASGOW
G43 1NR

Dear Miss Mathers

[redacted] pleased to inform you that your recent cervical smear was normal.

You should have a routine repeat in three year's time.

Yours sincerely

F M [redacted]

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Consultants:
Dr Wm C M K Naismith
Dr [redacted] J Carty
Dr Valerie D Hood
Dr [redacted] J S Hawthorn
Dr [redacted] N Ramsay

1345 Govan Road
Glasgow G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
(Dr Hawthorn's Secretary - 0141 201 2325)

[redacted]

17/11/97

Dr Smith
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Dr [redacted]

ANN MATHERS - DOB 14.10.78
57/124 SHAWBRIDGE STREET, GLASGOW

This patient was recently delivered of a healthy [redacted] in the Southern General Hospital after an uneventful ante-natal course and labour. She was discharged home with [redacted] on the 13 November 1997, and she will be returning to you for a post-natal examination in about 6 weeks time.

Yours sincerely

DR [redacted] PRINGLE
REGISTRAR TO DR R HAWTHORN

Date of delivery:	9 November 1997
Type of labour:	Spontaneous
Type of delivery:	Spontaneous Vertex Delivery
Weight of [redacted]	3.00kg
Sex of [redacted]	Boy
Type of Feeding:	Bottle

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr [redacted] J S Hawthorn
Dr Ian N Ramsay

1345 Govan Road
Glasgow G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
Direct Dial: 0141 201 2325
(Dr Hawthorn's Secretary - [redacted]

(Ante-Natal Booking Clinic)

RJSH/CJC/419797

06/05/97

Dr [redacted]
Pollokshaws Doctors Centre
26 Weilgreen
GLASGOW
G43 1RR

Dear Dr Smith Freigel

ANN MATHERS -- DOB 14.10.78
142 SHAWBRIDGE STREET, GLASGOW

Many thanks for referring this girl to the Southern General Hospital for booking, where I saw her today at 13 weeks by scan, giving her an expected date of delivery of 4 November 1997.

General examination was unremarkable, and her blood pressure was 110/60 and urine analysis was negative.

She has been booked for shared care, and has a return appointment for the clinic in 15 weeks, and she will attend the Surgery monthly in the interim.

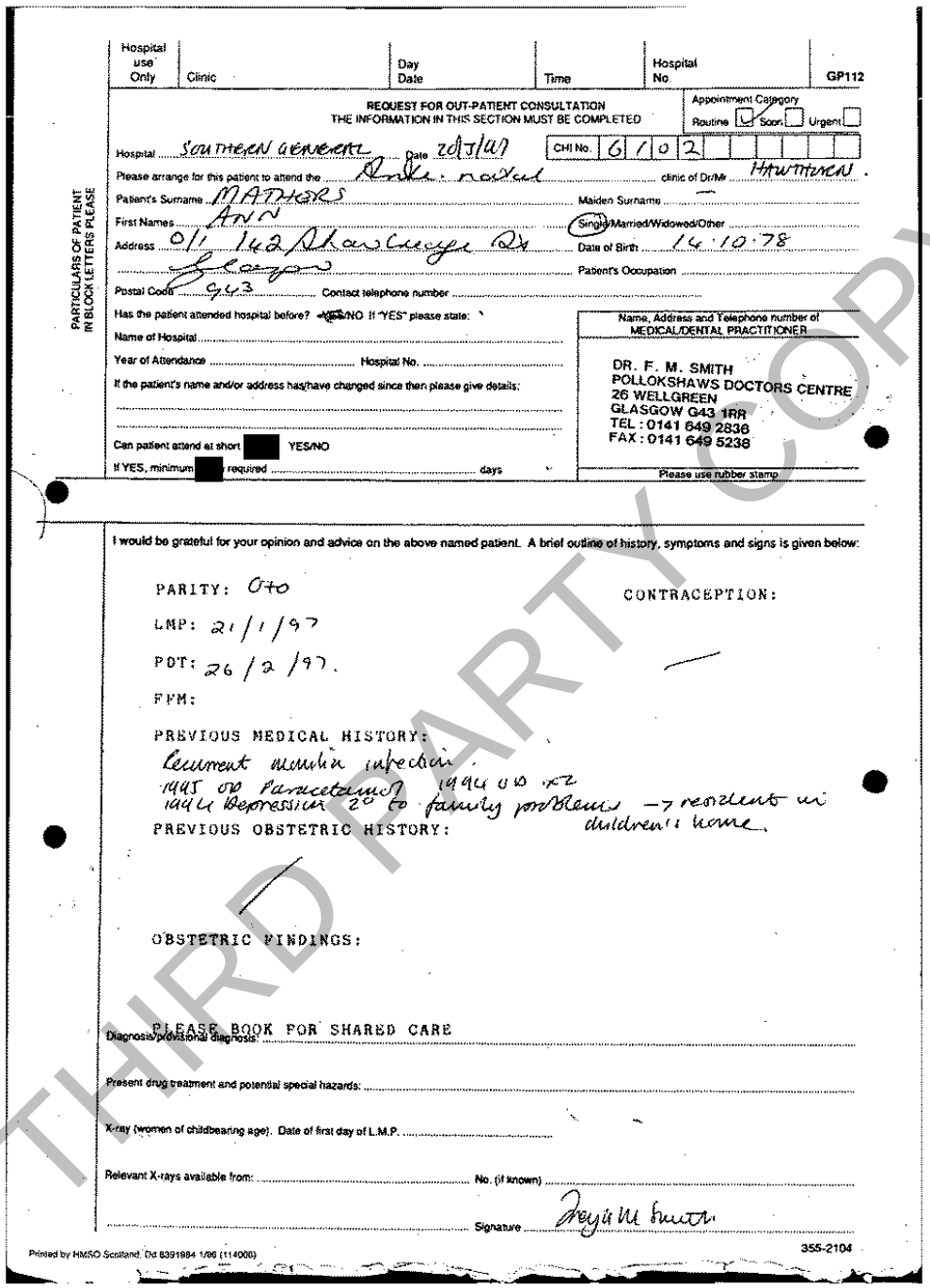
She will also attend the surgery for serum AFP in 3 weeks.

Kind regards.

Yours sincerely

[redacted] J S HAWTHORN
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

NHS Confidential: [redacted] data about a patient



Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☑ Soon ☐ Urgent ☐

Hospital: SOUTHERN GENERAL Date: 20/3/97 CHI No. 6 1 0 2 [redacted]

Please arrange for this patient to attend the Rheum. nurse clinic of Dr/Mr HAWTHORN.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: MATHERS Maiden Surname:

First Names: ANN Single/Married/Widowed/Other:

Address: 0/1 142 Aikenhead Rd Glasgow Date of Birth: 14.10.78

Patient's Occupation:

Postal Code: G42 Contact telephone number:

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital:

Year of Attendance: Hospital No.:

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short [redacted] YES/NO

If YES, minimum [redacted] required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. F. M. SMITH
POLLOKSHAWS DOCTORS CENTRE
26 WELLGREEN
GLASGOW G43 1RR
TEL : 0141 649 2836
FAX : 0141 649 5238

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

PARITY: 040

CONTRACEPTION:

LMP: 21/1/97

POT: 26/2/97.

FFM:

PREVIOUS MEDICAL HISTORY:
Recurrent urinary infection.
1995 OD Paracetamol 1996 OD x2
1996 Depression 20 60 family problems - 7 residents in children's home.

PREVIOUS OBSTETRIC HISTORY:

OBSTETRIC FINDINGS:

PLEASE BOOK FOR SHARED CARE

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.:

Relevant X-rays available from: No. (if known):

Signature: Joyce M Smith

Printed by HMSO Scotland. Dd 8391884 1/96 (114000)

355-2104

NHS Confidential: Personal data about a patient

NEW PATIENT INFORMATION CARD

Date 22.11.96.

Surname MATHERS

First name(s) ANN

Full address 01 142 Anascaul Co

943 1NR

Tel. no. home — work

Marital status SINGLE Date of birth 14/10/78

Country of origin BRITISH Sex F

Occupation Unemployed

GENERAL HISTORY

Have you had any serious illnesses or operations, X-rays or similar tests and when?

Do you suffer from indigestion, e.g. heartburn? none

What medicines are you taking? none

Have you any allergies to medicines or anything else? none

How much tobacco or cigarettes do you smoke? 10 p/day

How much alcohol do you consume per week? (quantity)

Wine Beer 24 units. Spirits

A service provided by Glaxo Laboratories

NHS Confidential; Personal data about a patient

FAMILY HISTORY

Please tick appropriate boxes

Which of your blood relations have suffered from the following

Heart attack	☐	none	Cancer	☐	none
Diabetes	☑	Father	High blood pressure	☐	[redacted]
Asthma	☐	none	Tuberculosis	☐	none
Stroke	☑	none.	Other serious illness	☐	mother. Cerebral Haemorrhage

VACCINATIONS Which vaccinations have you had and when?

Diptheria	☑		Polio	☑	
German measles	☐		Tetanus	☑	1992
Typhoid	☐		Measles	☐	
Cholera	☐		BCG	☑	
Yellow fever	☐		MMR	☐	
Whooping cough	☑			☐	

CHD ASSESSMENT 2436 DATE 22.11.96.

BP 115/72	☑	SMOKING: 10	☐	CHOLESTEROL:	
BMI: 23	☑	EXERCISE: little	☐	ALCOHOL: 24	☐
Test 42	☑	Diet Low	☑	FOLLOW-UP	

H+ 169
W +64.5
P/H - Diabetes & Hypertension father

FOR FEMALE PATIENTS ONLY

Have you had any children? ☑ give ages —

Have you had a miscarriage? ☐ date —

Have you had a termination of pregnancy? ☐ date —

Have you had a hysterectomy? ☐ date —

Which method of contraception are you using at present?

Microgynon 30.

When was your last smear test? unknown

DO NOT COMPLETE THIS SECTION

Date 22.11.96

Urine	—	Glucose	—	Albumin	—
BP	115/72	Weight	64.5	Height	169

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: BJA/LM/HG/807632

Your Ref:

If Phoning ask for: Direct Line - 201 5494

Dictated: 7.6.95
Typed: 8.6.95

Dr I [redacted]
162 Nithsdale Road
GLASGOW
G41 5RU

Dear Dr MacDonald

ANN MATHERS, CREAGDHU, 12-14 NEWARK DRIVE, GLASGOW G41 4QE; DOB: 14.10.78

I saw Ann for review today. She found the Ditropan useful. She is now only wet on average every two weeks. I suggest she is restarted on Ditropan, and if she remains dry after a reasonable length of time this could be stopped.

I have not arranged to see her again, but should she run into problems we would be happy to do so.

Yours sincerely

L Morrison
Associate Specialist in Urology

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐

13 JUN 1995

[redacted] Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201-6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. VM/AG/37519

Your Ref.

If phoning ask for Southfield House Ext 4259

The Department of Adolescent and Family Psychiatry

Southfield House
Mearnskirk Hospital
[redacted] Mearns
Glasgow
G77 5RY

TEL 0141 639 2251
(FAX 0141 616 2487)

CONFIDENTIAL

Date - 18 April 1995
Dictated - 7 April 1995

Ms [redacted] Gray
[redacted]
Pollok Office
130 Langton Road
Glasgow
G53

Dear Ms [redacted]

ANN MATHERS DOB 4.10.78
C/O CREAG DHU [redacted] 12/14 NEWARK DRIVE GLASGOW

I am sorry to say that Ann has now missed 2 appointments and I fear she is choosing to disengage from contact here yet again.

While I would be happy to see Ann again if she was ever interested in this, I am currently discharging her from my case load since it seems clear she does not intend returning.

I am sorry I could not be more helpful.

Yours sincerely

24 APR 1995

RNCD ☐
DRF ☐
IMM ☐
WPMcK ☐
AD ☐
JF ☐

pp Dictated by, but signed the absence of
V Murray
Senior Registrar in Adolescent Psychiatry

cc. Dr Ferguson 4 Merryvale Place Giffnock Glasgow G46

0370787

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. AT/AG/37519

Your Ref.

If phoning ask for Southfield House Ext 4259

The Department of Adolescent and Family Psychiatry

Southfield House
Mearnskirk Hospital
[redacted] Mearns
Glasgow
G77 5RY

TEL 0141 639 2251
(FAX 0141 616 2487)

CONFIDENTIAL

Date - 20 April 1995
Dictated - 24 March 1995

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐
24 APR 1995

Dr Northcote
Consultant Physician
[redacted] Infirmary NHS Trust
Langside
Glasgow

cc. Dr [redacted]
162 Nithsdale Road
Glasgow

Dear Dr Northcote

ANN MATHERS DOB 14.10.78
C/O CREAG DHU [redacted] 12/14 NEWARK DRIVE GLASGOW

I saw Ann at the [redacted] Infirmary on Thursday 23 March 1995 following an [redacted] Paracetamol whilst under the influence of alcohol. This is her third [redacted] and I gather it followed arguments with her [redacted] her [redacted] 2 days previously. She had returned to the home and had said that she had taken an [redacted] Paracetamol but had left before the staff could send her to the [redacted] Infirmary. She said that she had been picked up by the [redacted] and held for a short while in the cells before she was returned to the home and taken to the [redacted] Infirmary.

Ann was keen to tell me that she had fallen out with her [redacted] a month previously as her [redacted] had denied her access to her [redacted] Ann had tried to see her [redacted] the week before but had been turned away by her [redacted] as she was under the influence of alcohol. Ann told me that she had had an alcohol problem and currently attends AA meetings. At present she consumes a bottle of cider per day and tends to save up her bus fare that she gets from the home to buy alcohol. Ann told me that she has not tried to cut down her alcohol consumption and gets extremely angry when the staff point out that she should not be drinking. She told me that the alcohol tends to blot out her problems and stops her worrying about her family members. She said that her family tend to use her to get at her [redacted] who is estranged from the family and that this upsets her constantly. When she took the [redacted] she felt that she could not cope with this pressure anymore and that she just wanted out of the situation. She did not express any suicidal ideation and certainly when I saw her 2 days later she was adamant that she would not [redacted] again.

0370787

I did not feel there was any mood disturbance but she did talk about how it was difficult to visit her [redacted] and to keep on good terms with her [redacted] and also to cope with arguments within the home. She exhibited no biological depressive features nor [redacted]

At mental state examination she appeared extremely well defended and would only answer questions in very short sentences. Her mood was relatively reactive although she appeared quite angry and frustrated by the constant family problems and had difficulty in staying at the home. There was no evident thought disorder and she denied continuing [redacted] Her cognition was grossly intact but I felt her insight was quite limited.

My initial impression of this 16 year old girl was that she had marked emotional difficulties and that she was trying to cope with her [redacted] who is alcoholic and her [redacted] who she feels is treating her unfairly. She also felt that she appeared to be the focus of constant arguments within the family and that this was parallelled within the [redacted] Her [redacted] appeared to be a cry for help and temporarily relieve her from the pressure in the outside world. There was no evidence of major mental illness and I did not feel it would be helpful to detain her or to transfer her to a psychiatric unit for further assessment. I did feel that she would benefit from intensive out-patient work and I arranged with my colleague Dr [redacted] to see her on 27 March 1995 at 4.30pm. I spoke the senior worker at the [redacted] and they were happy to accept her back into their care when she was medically fit to be discharged. I have arranged no further follow-up but no doubt you should be kept informed of her progress.

Yours sincerely

[redacted]

REGISTRAR IN ADOLESCENT PSYCHIATRY

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: RJN.LN.807632

Your Ref:

If Phoning ask for: Direct Line 0141 201 5396

Dictated 28th March, 1995.
Typed 30th March, 1995.

Dr. I. MacDonald,
162, Nithsdale Road,
Glasgow, G.41.

Dear Dr. MacDonald,

ANN MATHERS, CREAGDHU, 12/14, NEWARK DRIVE, G.41. DOB 14.10.78.

Admitted : 21.3.95.
Discharged : 24.3.95.
Final Diagnosis : Self-poisoning - paracetamol
Drugs on Discharge : Nil
Review : Outpatient Clinic Southfield House (Dr. [redacted] 27.3.95.)

This young lady ingested a quantity of paracetamol in the context of an argument with her [redacted] and under the influence of alcohol. This is her third [redacted] She has numerous family and social problems.

She made an uneventful recovery from her [redacted] from a physical point of view and was seen by a Psychiatrist prior to discharge. Arrangements have been [redacted] for her follow-up at Southerfield House.

Kind regards,
Yours sincerely,

R.J. NORTHCOTE,
CONSULTANT PHYSICIAN & CARDIOLOGIST.

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐
4 APR 1995

[redacted] Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

BJA/LM/EH/807632 UROLOGY DEPARTMENT

Our Ref:

Your Ref:

If Phoning ask for: DIRECT LINE 0141 201 5494

Dictated 22 11 94
Typed 24 11 94

Dr I [redacted]
162 Nithsdale Road
GLASGOW G41 5RU

Dear Dr [redacted]

ANN MATHERS CREAGDHU 12-14 NEWARK DRIVE G41 4QE DOB 14 10 79

This 16 year old girl was seen at the Outpatient Clinic recently. She gives a life-long history of bed-wetting. This is apparently episodic, can occur two or three times per week and she can be dry for up to two weeks at a time. The longest dry period has been four weeks. She is in Local Authority care and apparently wakens in the morning to find herself wet. She admits to one bottle of soft drink per day. There is no history suggestive of infection. She has no problem with day time frequency or incontinence. Apparently she had treatment with [redacted] and buzzer method four years ago with no benefit. She appears to have had no previous investigation. Her day time pattern appeared to be last fluid taken at 10 pm, she goes to bed about 1 am and rises during the next day. Her periods have started. A KUB and ultrasound was arranged but she did not attend for this. MSSU was taken which showed no growth.

I suggested she be started on Ditropan to be taken prior to retiring. She could start at 2.5 mg and if necessary increasing this to 5.0 mgs. We will see her back at the clinic in three months' time.

Yours sincerely

L MORRISON
ASSOCIATE SPECIALIST IN UROLOGY

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐

2 DEC 1994

[redacted] Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-649 4545. Fax: 0141-649 2436.

NHS Confidential: Personal data about a patient

Our Ref. VM/AG/37519

Your Ref.

If phoning ask for Southfield House Ext 4259

The Department of Adolescent and Family Psychiatry

Southfield House
Mearnskirk Hospital
[redacted] Mearns
Glasgow
G77 5RY

041 639 2251

CONFIDENTIAL

Date - 9 November 1994

Doctor
GP Practice
162 Nithsdale Road
Glasgow

Dear Doctor DRF

ANN MATHERS DOB 14.10.78
C/O CREAG DHU [redacted] NEWARK DRIVE GLASGOW G41 4QE

I saw Ann for review on 3 November 1994. Since our last meeting Ann had taken another [redacted] and you will have received a letter from Dr [redacted] regarding this.

Although it was difficult to establish a rapport with Ann she was eventually able to talk frankly about her current problems. Despite all her difficulties she maintains a remarkable optimism for the future. I do not think she is suffering from a depressive disorder and feelings of rejection and loneliness are appropriate, considering her family circumstances.

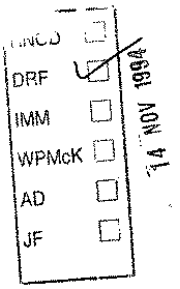
I hope that Ann will continue to attend as she remains at risk of impulsive acts of [redacted]
I hope to address the issue of her attempting to disengage from those family relationships which cause her most distress.

I will keep you informed of her progress.

Yours sincerely

VMurray.

V [redacted]
SENIOR REGISTRAR IN ADOLESCENT PSYCHIATRY



0370787

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: GI/SPP/807632

Your Ref:

If Phoning ask for: DIRECT LINE: 0141 201 5398

Dict. 19.10.94
Typed 24.10.94

Dr. I. [redacted]
162 Nithsdale Road
GLASGOW
G41 5RU

Dear Dr. [redacted]

ANN MATHERS, CREAGDHU, 12-14 NEWARK DRIVE, GLASGOW, G41 4QE
D.O.B. 14.10.78

Date of admission: 12.10.94
Date of discharge: 14.10. 94
Diagnosis: [redacted]
Consultant: Dr. Ballantyne
Drugs on discharge: Nil
Follow-up: Psychiatric out-patient review

This young lady who has numerous family and social problems was admitted on the above date having taken an [redacted] Doxepin, DF118 and alcohol. She suffered no untoward physical sequelae. Psychiatric review was arranged and their opinion was that she needed help to come to terms with her family and social problems and review is as above.

Kind regards.

Yours sincerely

G. IMRIE
Senior House Officer

RNCD ☐
DRF ☐
IMM ☐
WPMcK ☐
AD ☐
JF ☐
26 OCT 1994

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. EC/AG/37519

Your Ref.

If phoning ask for Southfield House Ext 4259

The Department of Adolescent and Family Psychiatry

Southfield House
Mearnskirk Hospital
[redacted] Mearns
Glasgow
G77 5RY

041 639 2251

CONFIDENTIAL

Date - 21 October 1994
Dictated - 14 October 1994

Dr Ballantyne
Consultant Physician
[redacted] Infirmary NHS Trust
Langside
Glasgow

RNCD ☐ DRF ☑ JMM ☐ WPMcK ☐ AD ☐ JF ☐
06 OCT 1994

Dear Dr Ballantyne

ANN MATHERS DOB 14.10.78
C/O CREAG DHU [redacted] NEWARK DRIVE GLASGOW G41 4QE

I saw Ann at the [redacted] on Friday 14 October 1994 following an [redacted] we think dyhydrocodeine and Temazepam in the context of alcohol. This is the second [redacted] in 10 days which has occurred at her [redacted] house in the context of alcohol. She had gone to her [redacted] house having been drinking before she went down, subsequently had an argument with her [redacted] taken some of his tablets and gone into the street where she was found in a state of collapse and brought to hospital.

She was initially saying that nothing was going right and her [redacted] Morag had fallen out with her following the first [redacted] and this in combination with the argument with her [redacted] had made her feel that she did want to die. However, at the time I saw her she was saying that she did not want [redacted] and was adamantly saying that she was not going to do it again. I found it difficult to decide whether there had been any mood disturbance. She seemed to be saying that she had been a bit down over the last 3 or 4 weeks. She described this terms of feeling sorry for herself, and perhaps secondary to some difficulties getting on with other young people in Creag Dhu, where she stays. She was quite insistent however that she had ups and down, was happy and sad, just exactly the same as everybody else and was able to enjoy herself doing things she liked. She described some difficulty getting over to sleep but again said that this was a very longstanding problem and that she slept late in the morning to compensate. There is not appetite or weight disturbance.

0370787

Dr Ballantyne

ANN MATHERS DOB 14.10.78

She does present one constantly with contradictions. Early on in the interview she told me that there were absolutely no problems at Creag Dhu, that she had a room to herself and could not care whether she lived there or somewhere else. Later, saying that she hated Creag Dhu and that staff and young people were talking about her, saying that no-one liked her. Also, on one hand saying that she just spent her time sitting around and she liked it, at other times saying that she was bored as she had nothing to do.

In view of Ann having taken 2 [redacted] in the last 10 days, although mental state examination did not reveal any continuing [redacted] I found her a very difficult young lady to assess and offered her admission to hospital. She however declined this and I did not feel that it was appropriate to detain her. I have offered her an appointment for 3 days time on Monday in the hope that I will be able to make a further assessment then. I have also contacted Creag Dhu to let them know of my worries.

Yours sincerely

E [redacted]
Senior House Officer in Adolescent Psychiatry

cc. GP - 162 Nithsdale Road Glasgow

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. VM/AG/37519

Your Ref.

If phoning ask for Southfield House Ext 4259

The Department of Adolescent and Family Psychiatry

Southfield House
Mearnskirk Hospital
[redacted] Mearns
Glasgow
G77 5RY

041 639 2251

CONFIDENTIAL

Date - 10 October 1994

Dr Ballantyne
Consultant Physician
[redacted] Infirmary NHS Trust
Langside
Glasgow

cc. GP
162 Nithsdale Road
Glasgow

Dear Dr Ballantyne

ANN MATHERS DOB 14.10.78
C/O CREAG DHU [redacted] 12/14 NEWARK DRIVE GLASGOW G41 4QE

Thank you for referring this 15 year old who was admitted in the [redacted] hours of 5 October 1994 having taken an [redacted] Ann had attended Adolescent Out-patient Services in the past but was unable to make use of the service offered.

Although Ann has now been in care for 5 years, her [redacted] who suffers from alcoholism has continued to cause her grief. She describes how she had to leave [redacted] because he would repeatedly turn up at the [redacted] shouting on her in a drunken state. He tortures her emotionally by threatening to take [redacted] and in fact has done so on 3 occasions.

The [redacted] was precipitated by Ann recently discovering that her [redacted] had been [redacted] and her subsequent confrontation with him regarding this. The [redacted] was not pre-planned and there was no suicidal intent. It was taken under the influence of a bottle of Merrydown cider and 3 Temazepam tablets. Having confronted her [redacted] with her suspicions and hearing him deny this but being subject to considerable verbal [redacted] from him, she subsequently took 17 ?60mg Dihydrocodeine tablets and 2 Sinequan tablets. She told her [redacted] what she had done and he showed no concern, save to tell her that she should make herself sick, then sleep it off. Luckily Ann had the good sense to go to a telephone box and phone for an ambulance.

0370787

Dr Ballantyne

ANN MATHERS DOB 14.10.78

This would appear to be the final straw on a background of various significant adults in her life disappointing her. She was left feeling that no-one cared for her and I heard from the staff at the home that she had been noted to be particularly quiet over the previous 2 weeks. When I saw Ann at interview she was still clearly under the influence of opiates with small pupils and a slightly disinhibited manner. At several points during the interview she dosed off to sleep, although when awake could hold a reasonable conversation and I would suspect that the slight euphoria she experienced with the opiates facilitated her telling me how she felt. Thus I could not be certain that she was not suffering from a depressive illness which was masked by the effects of the Dihydrocodeine. However, there was no suicidal intent and Ann agreed to attend Southfield House for follow-up. Unfortunately I am due to go on holiday and so it will be [redacted] weeks before I can see Ann and she refused to attend another worker in the interim.

I have made the Home staff aware of my concerns regarding Ann and asked that she is allowed to feel more supported in this [redacted] in her life. The staff at Creag Dhu have already informed her [redacted] Hopefully Ann will make use of the follow-up arrangements and not default as she did in the past.

Yours sincerely

V [redacted]
Senior Registrar in Adolescent Psychiatry

RNCD ☐
DRF ☑
IMM ☐
WPMcK ☐
AD ☐
JF ☐

15 OCT 1994

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: CMK/JGR/807632

Your Ref:

If Phoning ask for: Direct Line: 201 5397

Dictated: 12.10.94.
Typed: 13.10.94.

Dr. I. [redacted]
162, Nithsdale Road,
GLASGOW, g41.

Dear Dr. [redacted]

Ann Mathers, (d.o.b. 14.10.78.), Creagdhu, 12-14 Newark Dr. G41.

Admitted: 5.10.94.
Discharged: 7.10.94.
Diagnosis: [redacted] alcohol, Temazepam and Dihydrocodeine.

This patient was admitted after she had taken an [redacted] She speedily recovered from the physical effects of her [redacted] and was assessed by the Psychiatrist who found her [redacted] not premeditated and associated with a history of repeated disappointments by adults.

Full blood count and routine biochemistry were normal and the patient was discharged on the 7th of October.

Psychiatric follow-up at Southfield House has been arranged.

Yours sincerely,

C.M. KESSON,
Consultant Physician

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐

14 OCT 1994

[redacted] Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Date 5/10/94
Ward IC

Discharge Summary

Dr McDonald
Address 162 Nithsdale Road
Glasgow
G41 5RU.

Patient Ann Mathers
Address Greagdhu
12-14 Newark Drive
Glasgow G41 4QZ
Date of Birth 14/10/78
Unit Number 807632
Referral Number

Dear DR McDONALD

The above named patient was admitted to the Victoria Infirmary on 5/10/94 under the care of DR BANNANTYNE

Diagnosis 1 OVERDOSES
2
3

Operation/Procedures 1 Date
2 Date
3 Date

RNCD ☐
DRF ☐
IMM ☑
WPMcK ☐
AD ☐
JF ☐
11 OCT 1994

Patient was discharged from [redacted] Date 7/10/94
Patient was transferred to Date
Outpatient appointment on Date

Other information FOLLOW UP BY PSYCHIATRIST -

The patient has been provided with a discharge prescription for your attention. A full discharge letter will follow as soon as possible.

Yours sincerely

Name (Signed) Edward Leung
Block Capitals EDWARD LEUNG
Division MEDICAL

JMcC/1332189

The [redacted] Infirmary NHS Trust, Langside Road, Glasgow G42 9TT. Telephone: 041-649 4545.

NHS Confidential: Personal data about a patient

ROUTINE

[redacted] Infirmary 31/8/94

Urology Any

Mathers
Ann [redacted]
Creagdhu 12-14 Newark Dr **14/10/78**
Glasgow G41

423 8900

[redacted]

Dr [redacted]
162 Nithsdale Road
Glasgow G41 5RU
Tel No 041-424-1831
Practice No **49144**

[redacted]

2

I would be grateful for your opinion on this girl, who is a resident of a Local Authority [redacted] There is a problem of enuresis on two or three nights a week. This has been troublesome since childhood, and I enclose photocopies of the negative investigations done in 1983.

Naturally the persistence of this problem is becoming more distressing to her as she gets older.

Incidentally there was a trace of proteinuria noted on routine testing.

With thanks,
Yours sincerely

Dr [redacted]

Encls.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY NHS TRUST

ACCIDENT AND EMERGENCY DEPARTMENT 041-649 4545

INDEX NUMBER 29050

DATE 27-6-93 TIME A.M. 0-06 P.M.

SURNAME (BLOCK LETTERS)	AGE	DATE OF BIRTH
MATHERS	14	14-10-78
FORENAMES	**SEX**	**OCCUPATION**
ANN	F	SCHOOL

ADDRESS 14 NEWARK DR GLASGOW

TELEPHONE: 423-8900

GENERAL PRACTITIONER DR. DOUGLAS 162 NITHSDALE RD. G41.

DIAGNOSIS Sprain of (L) ankle

INVESTIGATIONS

X-RAYS (L) ANKLE — NSI

TREATMENT

Tubigrip

PLEASE PRESCRIBE

FOLLOW UP ~~ARRANGED~~ NOT ARRANGED CLINIC ON

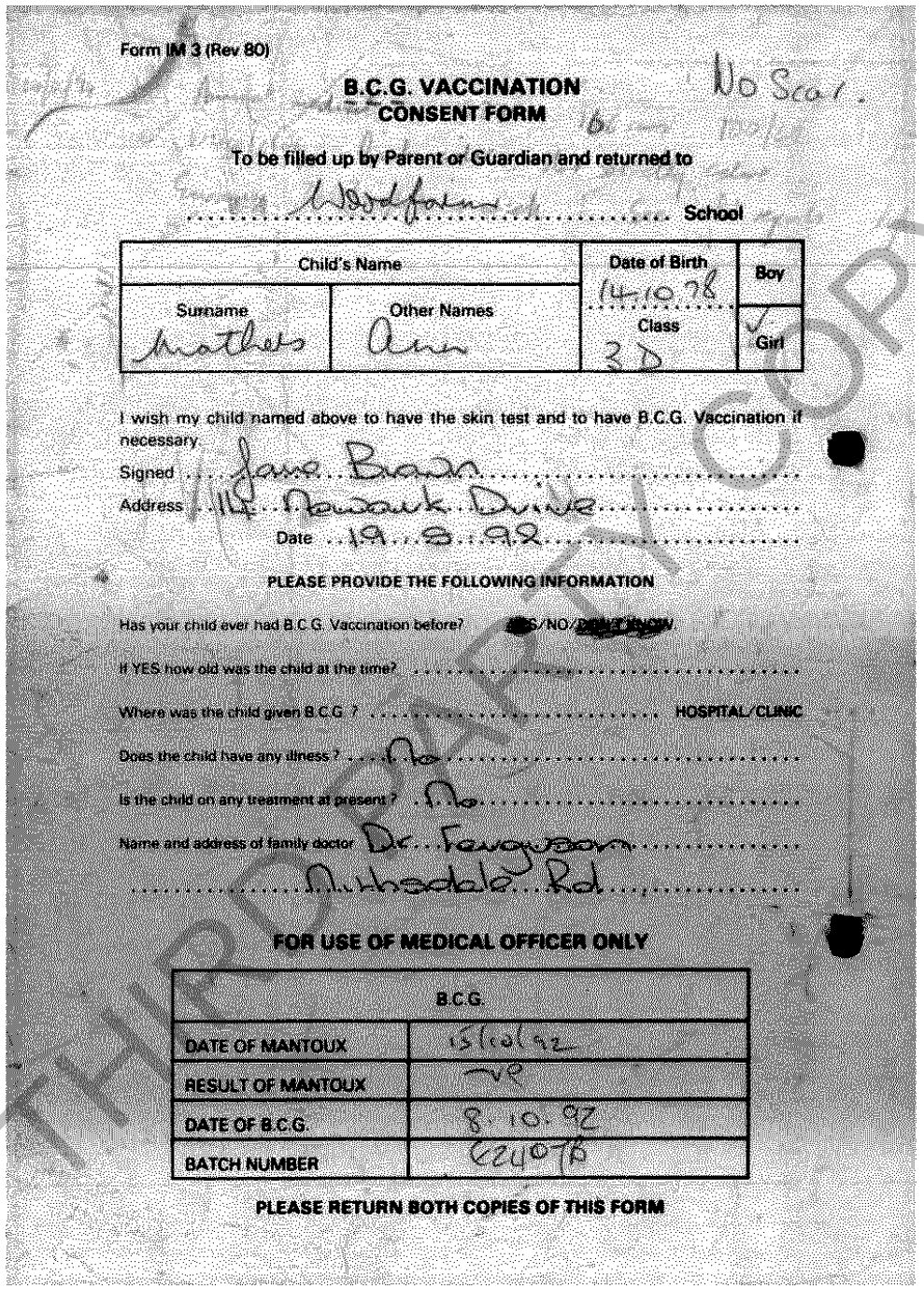
TETANUS TOXOID / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

SIGNED

BLOCK LETTERS MANNION. / SPEARS

Form J0220

NHS Confidential: Personal data about a patient



Form IM 3 (Rev 80)

No Scar.

B.C.G. VACCINATION CONSENT FORM

To be filled up by Parent or Guardian and returned to

Woodfarm ..... School

Child's Name		Date of Birth	Boy
Surname: Mathews	Other Names: Ann	14.10.78	✓ Girl
		Class: 3D	

I wish my child named above to have the skin test and to have B.C.G. Vaccination if necessary.

Signed ... Jane Brown ...

Address ... 11 Newark Drive ...

Date ... 19.8.92 ...

PLEASE PROVIDE THE FOLLOWING INFORMATION

Has your child ever had B.C.G. Vaccination before? YES/NO/DON'T KNOW

If YES how old was the child at the time? .....

Where was the child given B.C.G.? ..... HOSPITAL/CLINIC

Does the child have any illness? ... No ...

Is the child on any treatment at present? ... No ...

Name and address of family doctor Dr ... Fairweather ...

... Whitehall Rd ...

FOR USE OF MEDICAL OFFICER ONLY

	B.C.G.
DATE OF MANTOUX	15.10.92
RESULT OF MANTOUX	-ve
DATE OF B.C.G.	8.10.92
BATCH NUMBER	E2407B

PLEASE RETURN BOTH COPIES OF THIS FORM

NHS Confidential: Personal data about a patient

Form IM 4

RUBELLA (GERMAN MEASLES) IMMUNISATION

CONSENT FORM

To be filled up by the Parent or Guardian and return to

Woodfarm High Secondary School

Child's Name		Date of Birth	Age last Birthday
Surname	Other Names		
Matkers.	Ann.	14.10.78	12yrs

I wish my daughter named above to be immunised in school by the school doctor against Rubella (German Measles).

(Signed) K. Pilkington ~~Parent or~~ Guardian)

Address 14 Newark Drive Pollokshields

Date 26/2/91

PLEASE PROVIDE THE FOLLOWING INFORMATION

Has the child been previously immunised against German Measles?

If YES, when and where? No

Is the child on treatment for any serious illness? No

Name and address of Family Doctor Dr D.R. I. Allison
162 Nithsdale Road, G41 5RU

Rubella (German Measles) Immunisation

FOR USE OF THE MEDICAL OFFICER

Date	Maker's Name	Batch No
12:3:91.	SKF	RA16K13B.

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

ACCIDENT AND EMERGENCY DEPARTMENT 041 552 3535

T NUMBER 11191

DATE 1/3/90 TIME 20·17

SURNAME: MATHERS	AGE: 11	DATE OF BIRTH: 14 10 78	DATE OF INJURY:
FORENAMES: Andr	SEX: F	MARITAL STATE: M S D W	PLACE OF INJURY/ILLNESS: HOME ☐ ROAD ☐ WORK ☐ SPORT ☐ OTHER:
ADDRESS: 14 Nawark Dr G41	MAIDEN NAME:		REFERRED BY: SELF ☐ G.P. ☐ AMB. ☐ WORK ☐ POLICE ☐ OTHER:
POST CODE: TEL. No.	OCCUPATION: -		
NEXT OF KIN: FATHR. Hugh	GENERAL PRACTITIONER: Dr Ferguson Nithsdale Rd		TYPE OF INJURY OR ILLNESS: Lac Fin
ADDRESS: S/a			
POST CODE: TEL. No.			

DEAR DOCTOR Ferguson

THIS PATIENT WAS SEEN AS ABOVE

SUFFERING FROM SCRATCH (L) LEG BY RUSTY NAIL

INVESTIGATIONS WOUND CLEANED + SUPERFICIAL AND CLEAN

X-RAY

TREATMENT A.T.T BOOSTER

R.N.C.D.	
D.R.F.	✓
I.M.M.	
E.A.C.	
W.P.McK.	J
TRAINEE	

10 MAR 1990

ANTITETANUS GIVEN No ☐ Yes ☑ < TETANUS TOXOID ☐ / HUMAN IMMUNOGLOBULIN ☐

BOOSTER ADVISED NO ☐ YES < 6 / 52 / 6 / 12

ADMISSION:— WARD _____ FROM _____ TO _____

FOLLOW UP < ARRANGED AT / NOT ARRANGED _____ CLINIC ON _____

DRUGS < _____ DAYS SUPPLY OF _____ / NOT GIVEN

FURTHER TREATMENT ADVISED _____

DIAGNOSTIC CODES 1 2 3

SIGNED _____

BLOCK CAPITALS PENNINGTON

GRADE SHO

CONSULTANT _____

W&G Selkirk 0/3000/3

4/8/83

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow, G3 8SJ

AGG/KD

25 July 1983

Out-patient Department

Dr. S. Dutt,
57 Kyleakin Road,
Arden,
Glasgow. G46

Dear Dr. Dutt,

Ann Mathers D.O.B. 14.10.78 - 252465
3 Kilvoxter Drive, Arden, Glasgow. G46

Further to Mr. Prabhu's letter of the 6th June, this girl's IVP has now been carried out and I am glad to say it shows no abnormality of the kidneys, ureters or bladder. Taken in conjunction with her negative urine culture, this would suggest that there is no organic disease present here and there is no need for any further investigation. At such a young age, I do not think any form of treatment such as Imipramine is indicated and I am writing to the child's [redacted] to reassure them as to the negative nature of the x-rays.

With kind regards.

Yours sincerely,

A.G. [redacted]
Consultant Urologist

1883 *100 years of service to Glasgow and Scotland* 1983

ROYAL HOSPITAL FOR SICK CHILDREN

YORKHILL, GLASGOW G3 8SJ.

TELEPHONE:
041-339 8888

Our Ref.: WC/AS
Your Ref.:

27th April, 1981

Out-patient Department

Dr. Quirk,
Bowman Street,
GLASGOW G42

Dear Dr. Quirk,

Ann Mathers, d.o.b. 14.10.78 - 252465
15 Nithsdale Road, Glasgow

I saw this little girl today of long term review and I am happy to note that she had no complaint and no problems and that her vulva has completely and soun dly healed and is restored to normal anatomy without any deformation or stenosis of any oriphice. She has been discharged from surveillance,

Yours sincerely,

Wm. Cochran
Consultant Paediatric Surgeon

ROYAL HOSPITAL FOR SICK CHILDREN

YORKHILL, GLASGOW G3 8SJ.

TELEPHONE:
041-339 8888

Our Ref.: WC/EM
Your Ref.:

30th July, 1980.

Dr. Quirk,
Bowman Street,
GLASGOW, G42.

Dear Dr. Quirk,

Ann Mathers - D.O.B. 14.10.78.
15 Nithsdale Road, Glasgow.
H.N. 252465.

I am writing purely from recollection. This little girl's case notes have "disappeared" from the time she was discharged and they cannot be located. She was brought in on 12th July, while her [redacted] was absent in Belfast, [redacted] who [redacted] the family and looks after the children. She was transferred from the Accident Unit of the [redacted] Hospital, because of suspected bleeding per rectum. A quantity of blood being noted in the pot after a "potty" session.

Examination established that the blood did not come from the rectum but from a midline laceration of the fourchette extending from just below the vaginal orifice half way down to the anal margin. In the centre of the fourchette it was about 1.5 cm. Deep and there was little bleeding by the time she was seen. The child was remarkably free from pain.

The cause of the injury was not known, possibilities included an injury on a supermarket trolley and during a potty session sometime before with her [redacted] In the preceding 24 hours (the appearances of the laceration suggested that its duration was not in excess of that) she had never been out of Miss [redacted] sight. A small contusion was present on the left side in the inner aspect of the labium minora above vaginal level. The whole appearance suggested the result of blunt impact directly onto the vulval and introital region. There was a slight suspicion of vaginal dilatation and a few stretched remnants of hymen remained. There was no history that the little girl was in the habit of fingering her introitus. The appearances were not at all consistent with any inter-vagainal damage or forcible entry into the vagina. When Miss [redacted] volunteered the information that an older girl in the family had been [redacted] a certain amount of concern arose concerning Ann's injury and investigation by the [redacted] Department culminated in a case conference, the conclusion of which on 18.,7.80 was that the injuries were probably the result of a genuine accident and that no further action was required./

continued.

I sutured the injury the day after admission after a period of soaking in "Noxytiolin" because of faecal contamination and she was detained for a week during which it healed in a straightforward manner assisted by antispetic baths. She has now gone home and arrangements have been made for follow up as an out-patient and for domicillary follow up by the local Health Visitor.

Yours sincerely,

A.W.R. Tyfe

P. W. Cochran.
Consultant Surgeon.

NHS Confidential: Personal data about a patient

FEMALE SURNAME [redacted] NAMES DRF.

MATHERS ANN

ADDRESS CRAIGDHU

Date of Birth 14 10 78.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
1/8/88		Routine medical	
		– trace of protein in urine!	
		Rechecked in 1/12	
		→ negative	
16/12/89		Viral URTI. Advised	
8 JAN 1990		Still coughing Chest ✓	advised

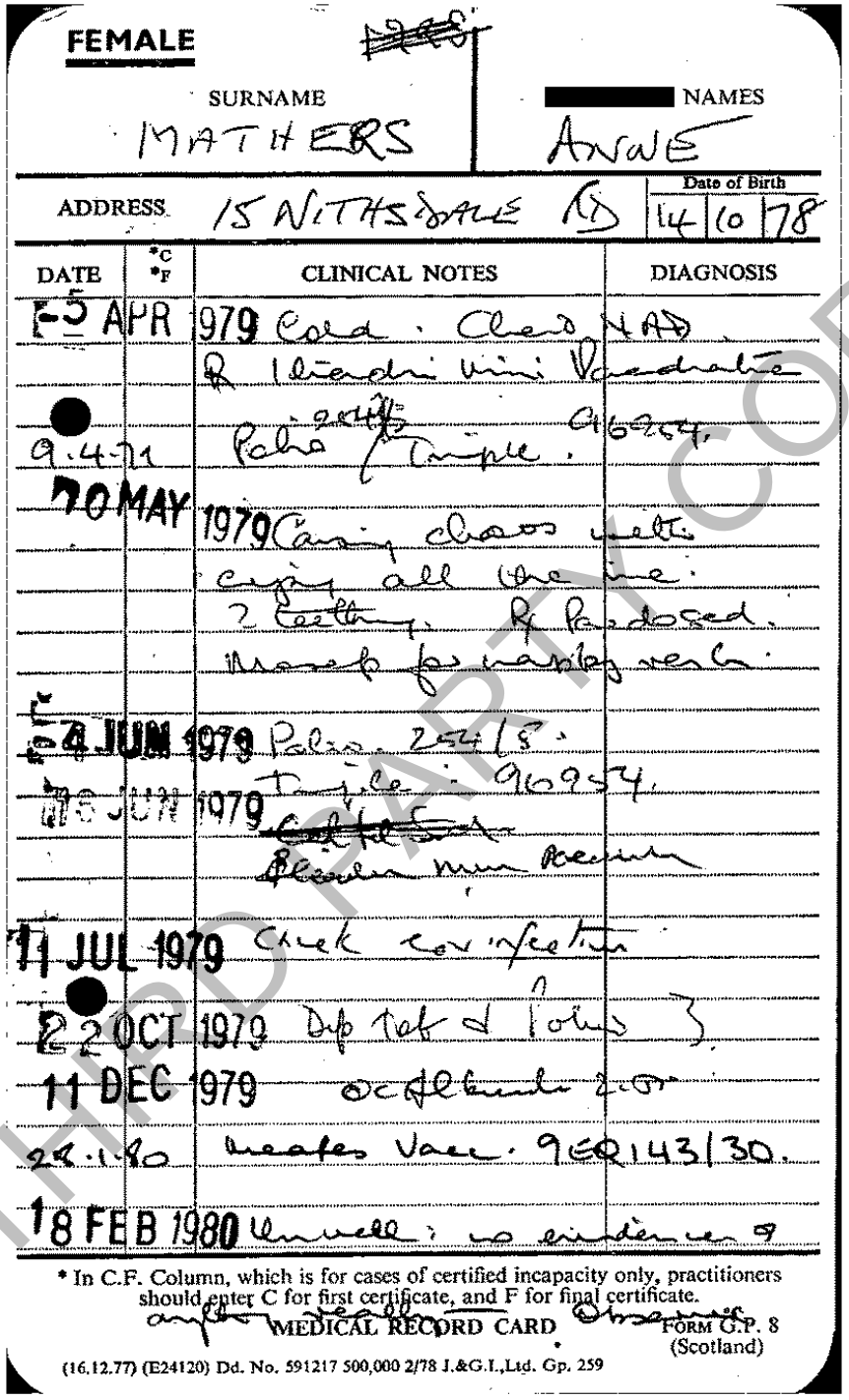
* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 8 (Scotland)

Dd 8130701MD 300M 11/88 (25364)

NHS Confidential: Personal data about a patient



FEMALE

SURNAME: MATHERS

NAMES: ANNE

ADDRESS: 15 NITHSDALE RD

Date of Birth: 14 10 78

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
5 APR 1979		Cold. Chest HAD. R Ideadri Mini Vaccination	
9.4.79		Polio (Triple). 960954.	
10 MAY 1979		Caring chaos with crying all the time. 2 teeth. R Parotid. Mouth for marking week.	
4 JUN 1979		Polio 2548.	
25 JUN 1979		Triple. 960954. Blood from Heel	
11 JUL 1979		Check for infection	
20 OCT 1979		Dip Tet & Polio 3.	
11 DEC 1979		Measles 2nd	
28.1.80		Measles Vacc. 9EQ143/30.	
18 FEB 1980		Unwell; no evidence of	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD FORM G.P. 8 (Scotland)

(16.12.77) (E24120) Dd. No. 591217 500,000 2/78 J.&G.I.,Ltd. Gp. 259

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
14 APR 1980		Pyrexia : O/E [illegible]	
		Inflamed Throat ✓	
		Chest ✓	
		Rx. Cryptapen? [illegible] TDS [illegible]	
23 APR 1980		[illegible]	[illegible]
24 APR 1980		[illegible]	[illegible]
		[illegible]	[illegible]
[redacted]5 SEP 1980		[illegible] Pain : left [illegible]	
		[illegible]	
22/9/80		Screening ? [illegible]	
		[illegible]	
[redacted]3 DEC 1980		Tonsillitis. Rx Cryptapen	
		[illegible]	
		looks like a typical [illegible]	
23 DEC 1980		[illegible]	[illegible]
23 FEB 1981		[illegible]	[illegible]
13 APR 1981		Burn of foot :	O.K.
[redacted]12 OCT 1981		[illegible]	[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

609.78.711

FEMALE

SURNAME: MATHERS

[redacted] NAMES: ANN

ADDRESS: 15 Nithsdale Rd G41

Date of Birth: 14 | 10 | 78

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
23 OCT 1981		U.T.I. [illegible] Septs. Vitamel.	
17 DEC 1981		[illegible]	
16 FEB 1982		[illegible]	
		25/4/86 c/o [illegible]	

Dr. P A Quirk

This person has been placed on your list in accordance with your acceptance and this card should be used until her medical record envelope is sent to you. It should then be placed in the envelope.

Date 30 MAR 1979

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM G.P. 8a (Scotland)

591247 300M 2/78 J&GI 259

NHS Confidential: Personal data about a patient

FEMALE

609 : 78 : 711

SURNAME: MATHERS.

[redacted] NAMES: ANN.

ADDRESS 3 Kilvaxter DR.

Date of Birth: 14 | 10 | 78

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
12/5/83		[illegible]	
2[illegible]/1/83		[illegible]	
4/4/84		Inco Pads. 4 doz.	

Dr. S DUTT

This person has been placed on your list in accordance with your acceptance and this card should be used until her medical record envelope is sent to you. It should then be placed in the envelope.

Date 30 JUN 1982

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM G.P. 8a (Scotland)

L.L.Ltd. Dd. 613702, 1/79

NHS Confidential: Personal data about a patient

Reg 23/6/82.

FEMALE SURNAME [redacted] NAMES

Mathers Ann.

ADDRESS 3. Kilbraxten Drive. Date of Birth 14 | 10 | 78.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
23/6/82		Dilatation Exam. Padula	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

P.H.P., 53-2785, 6/81

Form G.P. 8 (Scotland)

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters) | Forenames (Block Letters)

Ann Mathers
77 Maybole Crescent
Glasgow
G77 5SY

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Addr

Date of Birth: 14-10-78

Date	
30/7/78	Vulval Laceration
25/7/83	IVP - NAD.
5/10/04	Overdose. - temazepam / dihydrocodeine
12/10/04	Over dose - self poisning DF118 /alcohol.
22/11/04	Bed wetting - on going.
21.3.95	Self poisning - paracetamol.
20/4/95	Alcohol abuse.
9/11/97	SVD (Boy).
1998	Cot Death. - child
1994	Depression
23/7/99	SVD (male)

Form GP111G 355—2096

Printed for Aston 825628 4/02 (71412)

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname	Forenames (Block Letters)
Ann Mathers 77 Maybole Cres Newton Mearns GLASGOW G77 5SY	

Address: [illegible] G43

Date of Birth: 14.10.78.

Date	*	Clinical Notes	Diagnosis
9/11/01		Microgynon 30 1op.	
21/11/01		DNA smear again - letter 2 sent 11/10/01.	
9.4.02		Tearful, low [illegible]. anniv of cot death daughter. feels worthless. Sleep poor, appetite ↓ wt ↓ 2st [redacted] a.w.n. suicidal ideation.	
		To come for CIS. (WWC)	
		Rx Fluoxetine 20mg f/u 1/12.	
17/4/02		[redacted] smear. - letter re appt - sent for 15/5/02	
15/5/02		Routine smear - no problems	
		O.C. Check 128/78. - Microgynon 30, 60P	~~monitor~~
20/05/02		Contraceptive clinic.	
8/10/02		Microgynon 30 x 60P	
24/1/03	T.	Using Amphetamines, Diazepam, Temazepam	
Drug [illegible] Centre		? Chlorpromazine	
		? Diazepam.	
30/1/03		C/o trimazole cream x 20g	
		Canesten 1 pessary x 1op	
28/2/03		Step-mother. Not coping. Taking speed - taken to drug crisis - off drugs ? 3/52	
		Looking after baby but does not go out herself.	
		Trying to get her rehoused near father & step-mother in [illegible].	
		Letter for housing.	
4/4/03.		DNA.	
8/10/03		Microgynon 30 (x3)	
14/10/03		DNA	

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
23/8/04		own.	
25/10/04		Moved a year [redacted] home on her own.	
		Son birth 7 yrs [redacted]	
		wants Brian to leave everything OK for a few weeks	
		Has taking Speed - still taking at weekends.	
		[redacted] visits sometimes - not much help - has had breast cancer → Counsellor.	
7/8/06		DNA	

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

National Health Service Number

Ann Mathers
77 Maybole Cres
[redacted] Mearns
GLASGOW
G77 5SY

Surname | Forenames (Block Letters)

CLINICAL NOTES

Address | Date of Birth 14/10/78

Date	*	
14/4/98	tel	funeral tomorrow.
		Watch Rx for Benzodiazepines as boyfriend
		Jimmie Kyle who is not our patient [redacted]
		been taking her Oxazepam. She does not
		want to take drugs herself at all – no effect
		anyway.
05 MAY 1998		Worried re frontal headache. Pain (L) T-M jt. Tender.
		B.P. = 120/80. Reassured.
13/5/98		C4 STRESS
21 MAY 1998		LMP 3/52 ago. PDT.
		Monilial vaginitis. Canesten pess 200g ×3 / Canesten HC cr.
8/6/98		C 4/52 STRESS
3.7.98	C.	4/52 Stress
09 JUL 1998		DNA.
4/8/98		DNA
09 SEP 1998		Canesten pess 200g ×3 / Canesten HC cream / co-codamol tabs (4) 8
27/11/98		LMP 19/10/98 PDT at FPC +ve. Folic acid 0.4mg.
		Trying to stop smoking. Feels well.
[redacted] 1999		Discharge ++ white curdy, itch ++.
		Gynodaktarin pess (1x)
		Also c/o odd cramps / numbness thighs when wakes,
		clears later. Reassured
28/7/99		SVD 20/7/99 DYLAN BOYLE 9 hr labour
		No stitches. Bladder & bowels OK
		Bottle feeding
		Microgynon 30 2×6 21 day start.
		Has apnoea monitor – very stressed
8/9/99		Advised pelvic floor exercise. Bladder
		& bowels OK. Still bleeding. –
		had [redacted] – RTS on COC

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

No pain.

Tiny cyst (R) arm.

FORM GP111F

355 2095

Date	*	
22/10/99		Canesten Pessary 1OP
29/10/99		Dental abscess Rx Amoxycillin
		Cocodamol 30/500 (50) - helped before
[redacted]		EXTRA - DNA
1/11/99		MEFENAMIC ACID 500mg (30)
10/12/99		DNA
16.12.99		Canesten 1 pessary x 1op, Canesten cream x 20g
25/1/00		Microgynon 30 2 1x6.
18/2/00		Discharge 4/12 Ectopy + HVS Chlamydia
		endo cx swabs.
24/2/00		Phoned c result - Thrush
		Itraconazole 100mg (4).
8/3/00		DNA
27.3.00		Canesten Pessary 200mg (3)
13/4/00		MED 4. No complaints
		Sore throat OE NAD. No Rx
8/6/00	E	Low pain since yest
		No dysuria
		Urinalysis - cloudy ++ blood (prev period)
		++ prot
		++ nitrite D ascending UTI
		NAD
		Co-amoxyclav (21) / analgesic 30 (30)
31/8/00		Clotrimazole Cream 30g
		" Pessary 500
1/1/01		DNA.
21/3/01		DNA
		Smear appt sent for 30/4/01 — letter returned inadequate
		address. Smear appt sent for 13/6/01
13/6/01		DNA smear x1 - letter (1) - sent 15/6/01
10/7/01		MICROGYNON 30 x 6op
		Smear appt sent for 19/9/01
19/9/01		DNA Smear x 2 — letter (1A) Appt sent for 5/10/01 [illegible]
31/10/01		DNA smear x 3 - letter Z sent [illegible]
8/12/01		

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

Printed for The Stationery Office Dd 8456942 J10780

National Health Service Number

CLINICAL NOTES (2436)

Surname: MA... Forenames (Block Letters): ...NN

Ann Mathers
77 Maybole Cres
Newton Mearns
GLASGOW
G77 5SY

Address: 142 ... 943 1NR

Date of Birth: 14.10.78

Date	*	
14.10.96		N/P Medical - DNA.
22.11.96.		Recently moved to this area. Previous GP
		-Dr McDonald - Mithsdale Rd. Eighteen yr old girl,
		lives with father. mother deceased.
		P/H - nil of note.
		F/H - Diabetes & hypertens[redacted]
		medication - o/c microgynon 30. Allergies - none.
		Last [redacted] - 1992. Last Smear - unknown. BP 115/72.
		Smokes - 10/day.
		Has had history of vaginal [redacted] Presently has
		white discharge - will make appt for w/w clinic.
		will bring urine spec. Alcohol - 24 units. Discussed
		safe levels. S. Turner.
11/12/96		Discharge. ? Tampon.
		Cx smear - bled on contact
		HVS. Sporanox 200mg (4)
19 DEC 1996		DNA
14 JAN 1997		Worried re (R) ant cervical gland, o/e. Feels innocent.
		No other lymphadenopathy
22/1/97		Smear Appt DNA
26 FEB 1997		LMP ... ago. PDT. She stopped o.c. because of
		irregular periods
		Monilial vaginitis Canesten 1 pes. / Canesten HC cr.
5 MAR 1997		Folic acid ...
20/3/97		Smelly discharge ? Bact. vaginosis
		Metronidazole. 200mg T tid (21)
23/4/97		Discharge ... PV - vulvovaginitis looks like thrush. Gynodaktarin ... nocte (16)
		Daktacort.
24/7/97		frequency, dysuria. MSSU

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

Cephalexin 250mg (20)

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

Date	*	
2/10/97		Fe SO4 (100).
23/10/97		
31/10/97		Fe SO4 tabs x 100
13/11/97	T	SVD 9/11/97 Home today. - girl KATIE-MARIE BOYLE
14/11/97	PN	6lb 11oz. No stitches. Bladder & bowels OK.
	DV	Microgynon 30 21x6 Day 21 start.
		Bottle feeding
23/12/97		DN · PN · reappoint 7/1/98.
28/1/98		Came for PN - but went out between
		BP & smear - hand written letter sent (MO)
		MO to contact re Cx smear.
4/2/98		Dental abscess... On Metronidazole &
		Amoxycillin from dentist. Pain ++
		Co-codamol 30/500 (60)
		Says has made further smear appt - could
		not wait as child restless.
18/2/98		Dyspareunia+
		(R) lower abdo pain
		Bladder OK. Constipated+
		Did not take Metronidazole from dentist
		as -> sick.
		Metronidazole 400mg (5) 5 start
		Diflucan 1[redacted] (1)
		Taking OC
		PV - uterus involuted, perineum intact.
		Slight tenderness R adnexa Report
		if not settling.
27/3/98		DNA
7/4/98		[redacted] dead in cot @ 11am life pronounced
		extinct @ 12.05. Last fed 4am Katie is only
		child.
7/4/98	T	Lorazepam 1g (14) ī note
	T	(Mrs. Mathers) - feel Lorazepam → vomits - expl unlikely, more
		probable due to stress
		- anxiety ↑↑. Script Oxazepam 15, (14) - can try 1 more
		or ½ - 1 during day if req'd

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

(TO BE ADMINISTERED BY MRS. MATHERS)

14/4/98 C4/52 Stress

Printed by HMSO Scotland Dd 8391993 3/96 (120234)

Oxazepam 15mg (14) + warning

Boyfriend has been taking them.

CLINICAL NOTES

National Health Service Number: ? T.R.

Surname: Ann Mathers

Address: 77 Maybole Cres [redacted] Mearns GLASGOW G77 5SY

~~B-15 Turnberry Road~~

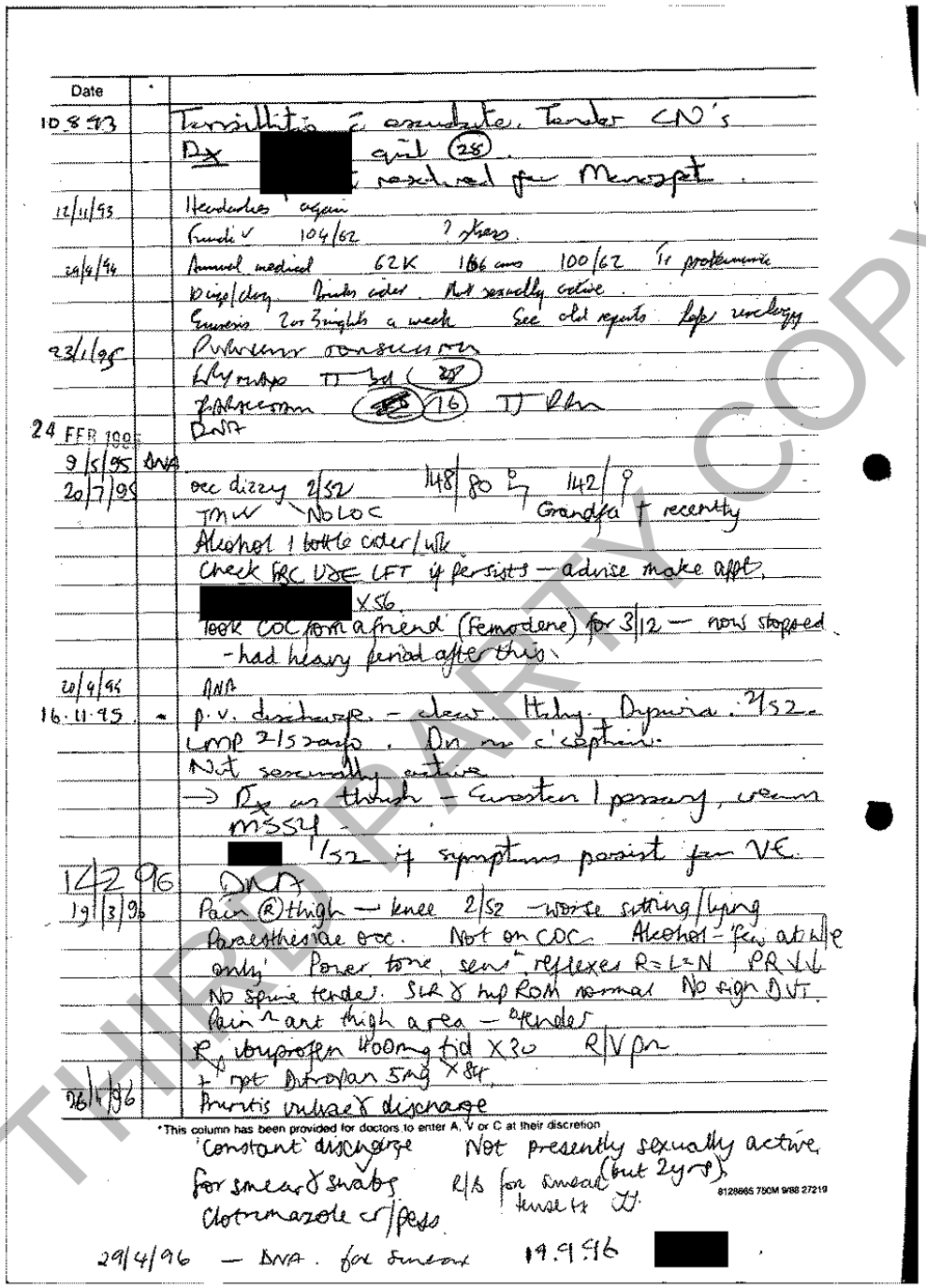
Date of Birth: 14.10.78

Date	*	
24/5/89		Admission Medical Sats.
		Nocturnal enuresis. Need re-referral to RHSC.
		Previously defaulted ? abnormality.
29/1/90		Infection of ear-lobes. Floxapen 250mg (2)
20 JUN 1990		Oxyuriasis Rx Piperazine sachets
15/8/91		Went 2nd (R) toe - for Nz
9 OCT 1991		Sinusitis Rx Vibramycin
4/12/91		Conjunctivitis. Rx Gutt Chloramphenicol
		Missed BCG at school. Ref HV for clinic.
29/11/91		Go Boron 14 — 10
		Ann Trampolining c Seven
		Also Go Hearing
		OE - ABY
		Lns ✓
		BP 110/80.
		Reassured — [illegible] Rx (59)
6/2/92		(R) OM Amoxil (21)
22/2/92		Still c/o (R) otalgia, TM appears normal No Rx
1/5/92		(L) ear sore 3/7 - Normal (R) ear OK throat NAD.
		No Rx. Paracetamol.
12/6/92		Headache. Viral URTI. Rx Elix Paracetamol P.I. (200ml)
3/9/92		V+D, headaches Throat ✓ Ears ✓ Abdo ✓ Rx fluids only Paracetamol
10/9/92		Still c/o headaches Use Paracetamol ti qid
2/11/92		Headaches persist Fundi ✓ 104/62. Neck movements ✓
		Reassured - use Paracetamol
		Periods heavy - reassured.
1/12/92		Sinusitis R Vibramycin
10/2/93		Sinusitis — Vibramycin (100mg) (10)
		Because nasal spray.

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

FORM GP111F

NHS Confidential: Personal data about a patient



Date	
10.8.93	Tonsillitis ? exudate. Tender CN's Dx [redacted] quit (28). [redacted] resolved for Menopat.
12/11/93	Headaches again Fundi ✓ 104/62 ? stress.
29/4/94	Annual medical 62K 166 cms 100/62 Tr proteinuria Drinks/day 7 units cider. Not sexually active. Exercise 2 or 3 nights a week See old reports Lap reviewed
23/1/95	Pulmonary consultation Lung mass TI 3rd (28) Pathology (16) TJ Rhm DNA
24 FEB 1995	
9/5/95 DNA	
20/7/95	occ dizzy 2/52 148/80 b/p 142/? Grandfa † recently TM w No LOC Alcohol 1 bottle cider/wk Check FBC U&E LFT if persists — advise make appt. [redacted] X56. took COC from a friend (Femodene) for 3/12 — now stopped - had heavy period after this.
20/4/96	DNA
16.11.95	p.v. discharge. — clear. Hx/y. Dysuria. 2/52. LMP 2/52 ago. Dx re c'septin. Not sexually active → Rx as thrush — Canesten 1 pessary, exam MSSU. [redacted] 1/52 if symptoms persist for VE.
14/2/96	DNA
19/3/96	Pain (R) thigh — knee 2/52 — worse sitting/lying Paraesthesia occ. Not on COC Alcohol - few at WE only. Power, tone, sens, reflexes R=L=N PR ✓✓ No spine tender. SLR & hip ROM normal No sign DVT. Pain ^ ant thigh area — bruise Rx ibuprofen 400mg tid X30 R/V pr + opt Dihydran 5mg X84.
26/4/96	Pruritis vulvae & discharge

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

'Constant' discharge Not presently sexually active.
for smear & swabs R/S for smear (but 2y ↓)
Clotrimazole cr/pess

29/4/96 — DNA. for smear 19.9.96 [redacted]

8128665 750M 9/88 27219

CLINICAL NOTES

National Health Service Number

Surname (Block Letters)

Ann Mathers
77 Maybole Cres
[redacted] Mearns
GLASGOW
G77 5SY

Address

Date of Birth 14-10-78

Date	*	
10/7/86		Balabone / Ampicillin
3/10/86		Ludens, Fever + ε. Ampicillin IV
28.8.87		Ampicillin nig Soon
5.1.88		Ulcer on upper gum (left side)
		Amoxil Syrup 125mg/5ml TDS x 5days (100ml)
3.5.88		Plantar wart on (L) foot [redacted]
3/8/88		S: Fell on (L) elbow 2 nights ago. Pain +
		↓ Swelling, bruising & cannot fully extend elbow joint
		6: → BrE Vict Inf.
		OAS continuing "not emerging". Next IIV wrong
9/6/88	A	Warts OC Mengy 6x8
7.8.96		C/o sore throat 1/52
		O/E Throat SL red TM ✓ ✓ No cervical lymph
		Chest clear → v... reassure
11/8/96		Rx Amoxycillin Con
7/11/90		Mucogyne 6x01

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

FORM GP111F

NHS Confidential [redacted]

National Health Service [redacted]
Ann Mathers
77 Maybole Cres
[redacted] Mearns
GLASGOW
G77 5SY

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block letters) [redacted]

Address [redacted]

Date of Birth 14.10.78

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1								
2								
3								
Boost						12.3.91		
Boost								
Boost								

Tuberculin Test					BCG	
Result				Date	8/10/92.	
Date						

Other Inoculations

Type						
Date						
Type						
Date						
Type						
Date						

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H Dd 8037881 500M 11/87 MeC

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SGH 251

SOUTHERN GENERAL HOSPITAL NHS TRUST

PATHOLOGY DEPARTMENT (Pregnancy Test)

SURNAME MATHERS Age 18

Christian Name ANN Unit No.

ADDRESS 142/01 SHAWBRIDGE ST

WARD/OP/GP DR LIVINGSTONE

CLINICAL DETAILS LAST LMP 21.1.97

DOCTOR IN CHARGE DR LIVINGSTONE

Signature K Kerr

Doctor's Address 26 Wellgreen

Glasgow

G43 1RR

IMMUNOLOGICAL PREGNANCY TEST POSITIVE

Pathologist's Signature

Date 26 FEB 1997

Lab. Ref. No. M.97.0000460.E A

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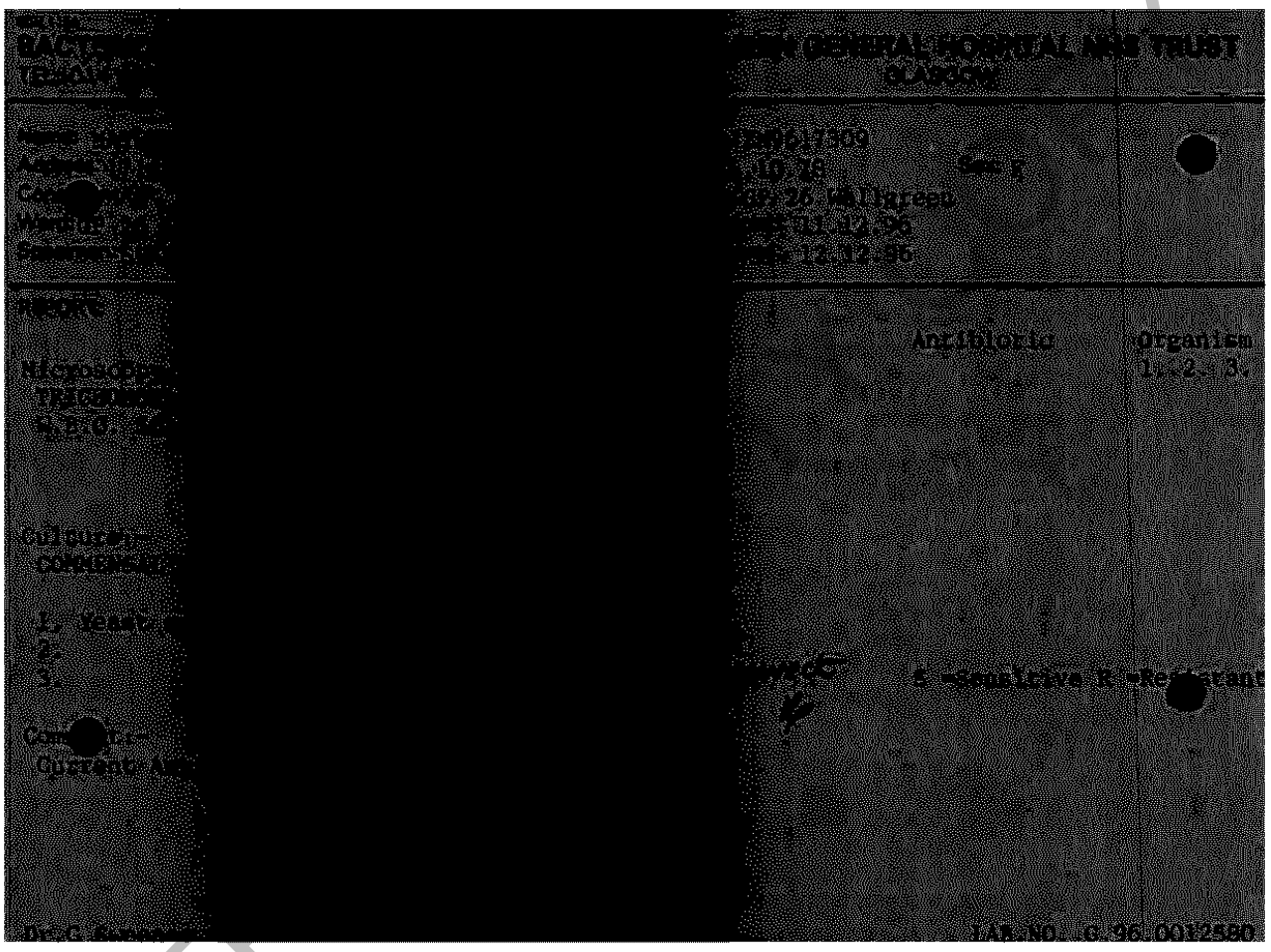


NHS Confidential: Personal data about a patient

Southern General Hospital (NHS) Trust
Department of Cytology

Lab. Reference No. 06-11427/96 F

Name :MATHERS Ann
Address :F01/142 Shawbridge Street
Glasgow
G43

Date of Birth :14.10.78
CHI No :6102
Maiden Name :

Sender :HW. Livingstone
Address :26 Wellgreen

G.P.:HW. Livingstone
26 Wellgreen

Smear taken : 11.12.96
Date received : 13.12.96

Reason for smear : First ever examination
Appearance of cervix: Intact
L.M.P : 27.11.96
Hormone Treatment : No

Clinical details: Bled to touch

UNSATISFACTORY SMEAR due to insufficient cellular content. Please repeat in one month

Letter (5) 2m

Sent 17/12/96

Lara Taylor

CSM /FGT / Date reported 13.12.96 Advice: Repeat in one month

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Name: MATHERS ANN
Address: 1/142 SHAWBRIDGE ST
Consultant/GP: GP: Dr.F.M.Smith
War[redacted]P 26 Wellgreen
Specimen: SWAB vaginal high

UNIT No.: ZM9617309
D.O.B. 14.10.78 Sex: F
Report to: GP 26 Wellgreen
Date collected: 23.04.97
Date received: 24.04.97

REPORT:

Antibiotic — Organism 1. 2. 3.

Microscopy:-
TRICHOMONAS VAGINALIS NOT DETECTED
W.B.C. SCANTY

Culture:-
COMMENSAL FLORA AND

1. Yeast species (heavy growth)
2.
3.

Thrush. ans. On correct Rx

S =Sensitive R =Resistant

Comment:-
St[redacted]ting Daktarin (Miconazole) antibiotic therapy.

Dr.G Sweeney 28.04.97 LAB.NO. G.97.0004344

NHS Confidential: Personal data about a patient

GH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Name: MATHERS ANN
Address: 1/142 SHAWBRIDGE ST
Consultant/GP: GP: Dr.F.M.Smith
Ward: 26 Wellgreen
Specimen: SWAB vaginal high

UNIT No.: ZM9617309
D.O.B. 14.10.78 **Sex:** F
Report to: GP 26 Wellgreen
Date collected: 20.03.97
Date received: 20.03.97

REPORT:

Microscopy:-
TRICHOMONAS VAGINALIS NOT DETECTED
W.B.C. SCANTY
SCANTY YEASTS

OL. MW

Culture:-
COMMENSALS ONLY ISOLATED.

Comment:-
Current Antibiotic: Metronidazole.

Dr.G Gallacher 22.03.97 LAB.NO. G.97.0003543

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/6

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Name: MATHERS ANN
Address: 0/1 142 SHAWBRIDGE ST G43
Consultant/GP: GP: Dr.F.M.Smith
Ward: GP Pollokshaws H.C.
Specimen: URINE mid stream

UNIT No.: 0419797
D.O.B. 14.10.78 Sex: F
Report to: GP Pollokshaws H.C.
Date collected: 24.07.97
Date received: 24.07.97

REPORT:

Microscopy:- W.B.C. MODERATE
R.B.C. SCANTY

Culture:-
>100,000 ORGANISMS PER ML.

1. Streptococcus faecalis
2.

Antibiotic	Organism 1.	2.
Amoxycillin	S	
Cephalexin	R	
Nitrofurantoin	S	
Trimethoprim	S	

S =Sensitive R =Resistant

(A) AMJ.

Comment:-

Current Antibiotic: Cephalexin.

Dr.G Gallacher 25.07.97

LAB.NO. U.97.0021034

NHS Confidential: Personal data about a patient

Southern General Hospital (NHS) Trust
Department of Cytology

Lab. Reference No. 06-1568/98

Name :MATHERS Ann
Address :F01/142 Shawbridge Street
Glasgow
G43

Date of Birth :14.10.78
CHI No :6102
Maiden Name :

Sender :FM. Smith
Address :26 Wellgreen

G.P.:FM. [redacted]
26 Wellgreen

Smear taken : 18.02.98
Date received : 19.02.98

Reason for smear : Previous unsatisfactory
Appearance of cervix: Ectopy
L.M.P : 10.02.98
Hormone Treatment : No

Clinical details: Post natal

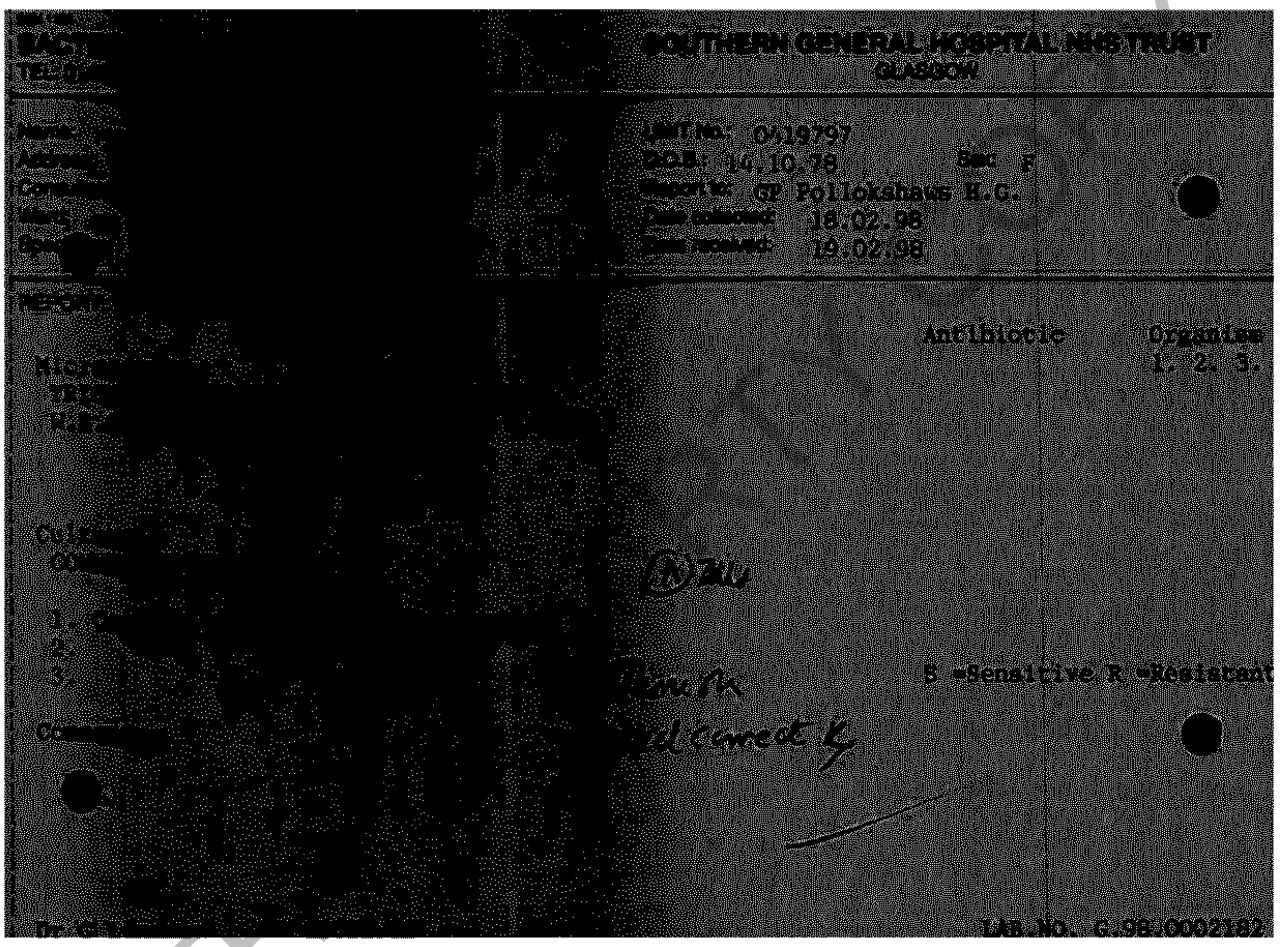
NEGATIVE SMEAR
Cells from the Transformation zone are identified.

JEA / /

Date reported 25.02.98

Advice: Routine repeat

NHS Confidential: Personal data about a patient



SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Hosp No: 0/19797
D.O.B: 14.10.78 Sex: F
Ward: GP Pollokshaws H.C.
Date collected: 18.02.98
Date received: 19.02.98

Antibiotic Organism
1. 2. 3.

S =Sensitive R =Resistant

LAB. NO. G 98 0002182

NHS Confidential: Personal data about a patient

DEPARTMENT OF MICROBIOLOGY. 0141-201 5607/4 [redacted] INFIRMARY NHS TRUST

SURNAME	FORENAME	SEX	UNIT No.	D.O.B./AGE	LAB NUMBER
MATHERS	ANN	F	807632	14.10.78	M.96.0028517.B

ADDRESS	REQUESTING WARD/GP'S ADDRESS	REPORT TO
14 NEWARK DR	162 Nithsdale Road G41	162 Nithsdale Road G41

SPECIMEN TYPE/INVESTIGATION	CONSULTANT/ANTIBIOTIC CHEMOTHERAPY
HIGH VAGINAL SWAB Culture and sens	Dr Fowlie

REPORT Final report

Culture:
1.Moderate growth of Candida species

No Neisseria spp isolated
No Trichomonas spp detected

DRF ☐
IMM ☐
WPMcK ☐
AD ☐
JF ☑
VA ☐

Treat Symptoms

S = Sensitive R = Resistant
I = Partially resistant

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE	
26.04.96 11:30	26.04.96	29.04.96	HIGH VAGINAL SWAB	Authorised by Dr R Lewis

NHS Confidential: Personal data about a patient

SGH 251

SOUTHERN GENERAL HOSPITAL NHS TRUST — **PATHOLOGY DEPARTMENT (Pregnancy Test)**

SURNAME MATHEWS Age 14/6/78	DOCTOR IN CHARGE LIVINGSTONE
Christian Name ANN Unit No.	Signature
ADDRESS 12 Shawbridge St 943	Doctor's Address Pollokshaws N Centre
WARD /OP/GP Dr Livingstone	26 Wellgreen
CLINICAL DETAILS LMP 4/98	

IMMUNOLOGICAL PREGNANCY TEST — NEGATIVE

Pathologist's Signature	Date 26 MAR 1998	Lab. Ref. No M.98.0001117.R A

22

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Name: MATHERS ANN
Address: HSE 73 21 RIVERBANK ST
Consultant/GP: GP: Dr.J.Galbraith
Ward: GP Pollokshaws H.C.
Specimen: URINE mid stream

UNIT No.: 0419797
D.O.B. 14.10.78 Sex: F
Report to: GP Pollokshaws H.C.
Date collected: 08.06.00
Date received: 09.06.00

REPORT:

Microscopy:- W.B.C. NUMEROUS
R.B.C. NUMEROUS

Culture:-
>100,000 ORGANISMS PER ML.

1. Escherichia coli
2.

Antibiotic	Organism 1.	2.
Amoxycillin	S	
Cephalexin	S	
Nitrofurantoin	S	
Trimethoprim	S	

S =Sensitive R =Resistant

Comment:- Already Rx antibiotic and is sensitive

Dr.G Sweeney 12.06.00

LAB.NO. U,00.0014556

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

Name: MATHERS ANN
Address: HSE 73 21 RIVERBANK ST
Consultant/GP: GP: [redacted]
Ward: GP Pollokshaws H.C.
Specimen: SWAB vaginal high

UNIT No.: 0419797
D.O.B. 14.10.78 Sex: F
Report to: GP Pollokshaws H.C.
Date collected: 18.02.00
Date received: 21.02.00

REPORT:

Antibiotic Organism
1. 2. 3.

Microscopy:-
TRICHOMONAS VAGINALIS NOT DETECTED
W.B.C. SCANTY

Culture:-
COMMENSAL [redacted] AND

1. Candida albicans (moderate growth)
2.
3.

S =Sensitive R =Resistant

Comment:-

M60280

Dr G Lindsay 23.02.00 LAB.NO. G,00.0001960

NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
MATHERS	ANN	0419797	F 14.10.78
SOURCE: 26 Wellgreen	CONSULTANT	GP: Dr [redacted]	
SPECIMEN: Endocervical Swab.	LAB NO.: V,00.0302611.N	REPORT STATUS: Final	YOUR REF. NO.

C.trachomatis LCR :Negative

C.trachomatis not detected.

Clinical details Vaginal discharge

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	18.02.00	21.02.00	22.02.00	Ms D [redacted]

Copy for :26 Wellgreen

NHS Confidential: Personal data about a patient

SGH487

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
PATHOLOGY DEPARTMENT

Name :MATHERS [redacted]
Address :21 Riverbank Street
Glasgow
G43
Unit No.:MA141078

Date of Birth :14.10.78
CHI No :1410786102
Previous Name :
FP Number :

Sender :Dr.H.W.Livingstone
Address :Pollokshaws HC, G43 1RR

G.P.:HW. Livingstone
26 Wellgreen

Smear taken : 15.05.02
Date received : 16.05.02

Reason for smear : Routine Repeat
Appearance of cervix: Intact
L.M.P :
Hormone Treatment : No

Clinical details: Routine

N	✓
A	
GPl	
GPap	
P	

NEGATIVE SMEAR.

Please repeat in 3 years.

Gkad.

Advice: Routine repeat

GDR / / Date reported 05.06.02 Lab. Reference No. S,02.0011364.G

[redacted]

DEPARTMENT OF MICROBIOLOGY. [redacted] INFIRMARY NHS TRUST

SURNAME	FORENAME	SEX	UNIT No.	D.O.B./AGE	LAB NUMBER
MATHERS	ANN	F	ZM9457859	14.10.78	M,94.0054027.Q

ADDRESS	REQUESTING WARD/GP's ADDRESS	REPORT TO
14, NEWPARK DR	162 Nithsdale Road G41	162 Nithsdale Road G41

SPECIMEN TYPE/INVESTIGATION	CONSULTANT/ANTIBIOTIC CHEMOTHERAPY
Mid stream urine Culture and Sens	Dr [redacted]

REPORT Final report Microscopy WBC <1 /HPF Organisms 0 /HPF
RBC 0 /HPF Epithelial cells -Nil /HPF

CULTURE:- No Significant growth

NB. Specimen received 1 day after collection

APPT | NORMAL ✓ | [illegible]

COMMENT

RNCD ☐
DRF ☐
MM ✓
WPMcK ☐
AD ☐
[illegible] ☐

31 AUG 1994

DATE/TIME COLLECTED	DATE RECEIVED	DATE AUTHORISED	SPECIMEN TYPE
29.08.94 NK	30.08.94	31.08.94	Mid stream urine Authorised on behalf of PJR

JOHN McCORMICKS, THE PRINTERS, GLASGOW 93296

EMIS attachment reference code
25-Jun-2025 Ms Margaret Robertson (MR)
Additional:EMIS attachment reference code
unable to contact
Filename: unable to contact.doc
Extension:.tif
Pages:

Dr [redacted] Downey
Dr [redacted]
Dr [redacted] Merriweather
Dr Gouri Bhat
Dr [redacted] Seenan
Dr [redacted] Alani
Dr [redacted] O'Donoghue
Dr [redacted] Tran

GLENIFFER MEDICAL GROUP
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW
Gleniffermedicalgroup.gp.scot

25 06 2025

Miss Ann Mathers
57 Littleton Park
Barrhead
Glasgow
East Renfrewshire
G78 2FA

Dear Miss Mathers

We have been unable to reach you by telephone.

This is a routine matter and not cause for concern

Could you please call the surgery on **0141 800 7020** for more information.

Please give receptionists your up to date contact number.

If you have a mobile phone we now operate a text messaging service. Receptionists will give you more information.
..

.....
pp Gleniffer Medical Group

Please note when the surgery telephones you at home the number on caller display will be: 0141 232 4000

NHS
Greater Glasgow and Clyde

Attachment
07-Feb-2025 Dr Salma Ahmad (SA5821)
Additional: Attachment
Referral Letter (07-Feb-2025), for 8Hlh.: Referral to NHS treatment centre (SCI Gateway Referral)

Filename: Referral Letter (07-Feb-2025)
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

East Renfrewshire TR - Eastwood
GGC General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Treatment Room Service GGC
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G138G

Email address
-

Urgency of referral Routine
Date of referral 07-Feb-2025 **Date sent** 07-Feb-2025

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

20 Moorhill Crescent
[redacted] Mearns
GLASGOW
G77 6BN

Contact number(s)

Voice: 07905 029 715
E-mail: annie28mathers@yahoo.co.uk

101035531588B Unique Care Pathway Number: 101035531588B

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	6095165	GP code	01538
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

Drumby Crescent
Clarkston
Glasgow
G76 7HN

Contact number(s)

Voice: 0141 732 9553
E-mail: ggc.gp49619clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	6095165	GP code	01538
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN

Contact number(s)

Voice: 0141 732 9553

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: 5 Loading Doses of B12 Followed By 3 monthly
Date of onset: 07-Feb-2025
Comment: Dear Colleagues,

I would be grateful if you could carry out 5 loading doses of B12 injections followed by 3 monthly thereafter.

I have attached the direction to administer form.

Kind regards

Dr [redacted]

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Suspected UTI	30-Jan-2025	30-Jan-2025

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Intra-uterine contr. device	13-Oct-2016	13-Oct-2016

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Diazepam Tablets 2 mg	56	56 TABLET	TAKE ONE UP TO TWICE DAILY AS REQUIRED	-	15-Feb-2018	28-Jan-2025
Sertraline Hydrochloride Tablets 50 mg	84	84 tablet	3 DAILY	-	29-Mar-2017	28-Jan-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date [redacted]	Date last issued
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	TWO TABLETS THREE TIMES A DAY AS REQUIRED	-	05-Feb-2025	05-Feb-2025
Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule	5	5 AMPOULE	TO BE INJECTED AS DIRECTED	-	05-Feb-2025	05-Feb-2025
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Feb-2025	05-Feb-2025
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	30-Jan-2025	30-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
05-Feb-2025	121	72
30-Jan-2025	117	72
13-Jul-2016	130	74
12-Oct-2012	130	74
07-Sep-2009	130	76

Body Measurements

Date Recorded	Height	Weight	BMI
10-Jul-2009	-	73.7	-
18-Dec-2006	169	68	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) British

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

eMED3 (2010) new statement issued, not fit for work
10-Sept-2020 Dr John Tobias (JT3112)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Campylobacter infection; Duration: 03/09/2020 - 14/09/2020)
Filename: FitNote.pdf
Extension:.tif
Pages:

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

Patient's name ~~Mr, Mrs,~~ Miss, ~~Ms~~ Ann Mathers

I assessed your case on: 10 /09 / 2020

and, because of the following condition(s): Campylobacter infection

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~
[ ] ~~amended duties~~
[ ] ~~altered hours~~
[ ] [redacted]

Comments, including functional effects of your condition(s):

This will be the case for
or from 03 /09 / 2020 **to** 14 /09 / 2020

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 10 /09 / 2020

Doctor's address
ELMWOOD MEDICAL PRACTICE
Drumby Crescent, Clarkston
Glasgow, G76 7HN
Telephone: 0141 451 0650

Unique ID: Med 3 01/17 6F6CF969-CD2F-4899-A1B4-F74235F61DAE

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

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

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

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

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ MATHERS
Other names ANN
Address 20 MOORHILL CRESCENT
[redacted] MEARNS
GLASGOW Postcode G77 6BN
Date of birth 14 / 10 / 1978 **Mobile**
NI number

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

Cervical smear: negative
13-Oct-2016 Ms Lynda Gordon (LG3113)
Additional: Cervical smear: negative
Cervical Cytology, Routine Recall -
Filename: Cervical Cytology
Extension:.tif
Pages:

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr [redacted]	Filed By User	Ms Lynda [redacted]
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619
Smear Taker	Practice Nurse Janis McNeil
Reporting Location	NHSGGC
SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

Attachment
28-Sept-2016 Dr Gillian Lockhart (GL3111)
Additional: Attachment
Referral Letter (28-Sep-2016), for 8HHp.: Referral for guided self-help for anxiety (SCI Gateway Referral)
Filename: Referral Letter (28-Sep-2016)
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health PCMHT Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

Bridges - PCMHT GGC Mental Health PCMHT	?____ **Consultant / receiving practitioner**and/or**specialty clinic**
PCMHT (Primary Care Mental Health Team) SCI Gateway Virtual Location Code	?____ **Hospital**and **hospital address** Hospital location code. G006G Email address -

Urgency of referral	Routine		
Date of referral	28-Sep-2016	**Date sent**	28-Sep-2016

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

14 Maybole Cres
[redacted] Mearns
GLASGOW
G77 5SY

Contact number(s)

Voice:0141 239 6394
Voice:078186 27872

101012224676O Unique Care Pathway Number: 101012224676O

REGISTERED GP DETAILS

Name	Dr Gillian Lockhart		
GMC code	3490675	GP code	07579
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

1 Drumby Crescent
Clarkston
Glasgow
G76 7HN

Contact number(s)

Facsimile:0141 451 0650

REFERRING GP DETAILS

Name	Dr. Gillian Lockhart		
GMC code	3490675	GP code	07579
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN

Contact number(s)

Voice:0141-451-0650

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Anxiety

Date of onset: 28-Sep-2016

Comment: Dear Colleagues,

I would be grateful if you could see this delightful 37 year old lady who has increasing problems with anxiety.

I am seeing her regularly but I think would also benefit from your input regarding anxiety management and I would be grateful if you could her as soon as you can manage.

Kind regards

Dr GD Lockhart

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	??	Date of onset	??	Date recorded
Generalised anxiety disorder	??	19-Sep-2016	??	19-Sep-2016
Viral sore throat NOS	??	19-Sep-2016	??	19-Sep-2016

Family conditions (All priorities)

Description	??	Comment	??	Date of Onset	??
No FH: Ischaemic heart disease	??	Disease: SPICE Basic Health Values, priority=2	??	18-Dec-2006	??
No family history diabetes	??	Disease: SPICE Basic Health Values, priority=2	??	18-Dec-2006	??

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

No current medications recorded

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

Drug name	??	Quantity	??	Formulation	??	Dosage	??	Frequency	??	Date started	??	Date last issued	??
Phenoxymethylpenicillin Tablets 250 mg	??	80	??	80 TABLET	??	TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS	??	-	??	22-Sep-2016	??	22-Sep-2016	??
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	??	300	??	300 ML	??	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	??	-	??	22-Sep-2016	??	22-Sep-2016	??
Sertraline Hydrochloride Tablets 50 mg	??	28	??	28 tablet	??	ONE TO BE TAKEN EACH DAY	??	-	??	19-Sep-2016	??	19-Sep-2016	??
Diazepam Tablets 2 mg	??	21	??	21 TABLET	??	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	??	-	??	19-Sep-2016	??	19-Sep-2016	??
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	??	300	??	300 ML	??	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	??	-	??	19-Sep-2016	??	19-Sep-2016	??
Propranolol Hydrochloride Tablets 40 mg	??	84	??	84 TABLET	??	ONE TO BE TAKEN THREE TIMES A DAY	??	-	??	10-Aug-2016	??	10-Aug-2016	??
Phenoxymethylpenicillin Tablets 250 mg	??	80	??	80 TABLET	??	TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS	??	-	??	28-Jul-2016	??	28-Jul-2016	??
Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 %	??	300	??	300 ML	??	RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS	??	-	??	28-Jul-2016	??	28-Jul-2016	??
Propranolol Hydrochloride Tablets 40 mg	??	84	??	84 TABLET	??	ONE TO BE TAKEN THREE TIMES A DAY	??	-	??	13-Jul-2016	??	13-Jul-2016	??

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional relevant information

Administrative information

[redacted]

Past history of suicide attempt:No

Risk of [redacted]

Is patient responsible for children?:Yes

Risk to others including children/dependents/clinicians/other:No

Risk from others:No

[redacted]

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:Referring GP

Electronic Attachment Present:No

?

Social circumstances

Ethnic Origin: (White) British

?

? ?

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

Attachment
25-July-2012 Dr John Tobias (JT3112)
Additional: Attachment
Referral Letter (25-Jul-2012), for 8H57.: Obstetric referral (SCI Gateway Referral)
Filename: Referral Letter (25-Jul-2012)
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics
GGC Obstetrics

?—— **Consultant / receiving practitioner** and/or **specialty clinic**

Royal [redacted] Hospital
Corsebar Road
[redacted]
PA2 9PN

?—— **Hospital** and **hospital address**

Hospital location code.
C418H

Email address
-

Urgency of referral	ROUTINE		
Date of referral	25-Jul-2012	**Date sent**	25-Jul-2012

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

14 Maybole Cres
[redacted] Mearns
GLASGOW
G77 5SY

Contact number(s)

Voice:0141 239 6394
Voice:078186 27872

1010039558468 Unique Care Pathway Number: 1010039558468

REGISTERED GP DETAILS

Name	Dr John [redacted]		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

3 ELMWOOD AVENUE
[redacted] MEARNS
Glasgow
[redacted]

Contact number(s)

Voice:0141 639 2478
Facsimile:0141 639 6708

REFERRING GP DETAILS

Name	Dr. John [redacted]		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

3 Elmwood Avenue
[redacted] Mearns
Glasgow
G77 6EH

Contact number(s)

Voice:0141 639 2478

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Pregnant
Date of onset: 25-Jul-2012
Comment: Dear Doctor,

Thank you for seeing Mrs Mathers she is pregnant, she is para 2+2 although one of her children did succumb to sudden [redacted] death syndrome as such she is rather nervous about everything and remains on Fluoxetine from a depressive point of view.

Her [redacted] is 19/3/13 of which she is definite by dates and I would be most grateful if you could book her for delivery at [redacted]

If it is possible for her to have antenatal care at Clarkston this would be hugely advantageous.

Kind regards

Dr JA[redacted]

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Past procedures (High and medium priority - all)

Description	?? Date performed	?? Date recorded
Patient pregnant	?? 20-Jul-2012	?? 20-Jul-2012

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

Drug name	?? Quantity	?? Formulation	?? Dosage	?? Frequency	?? Date started	?? Date last issued	??
Fluoxetine Hydrochloride Capsules 20 mg	?? 56	?? 56 CAPS	?? 1 Cap In the morning	?? -	?? 11-Feb-2011	?? 27-Jun-2012	??

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

Drug name	?? Quantity	?? Formulation	?? Dosage	?? Frequency	?? Date started	?? Date last issued	??
Salicylic Acid And Lactic Acid Gel 12 % 4 %	?? 8	?? 8 gram	?? APPLY THINLY AT NIGHT	?? -	?? 25-Apr-2012	?? 25-Apr-2012	??

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Investigations

Description/Question	Result/Comment	Date
Chosen place for Delivery:	Maternity Unit	-
Risk Assessment on booking identified in this pregnancy:	Low Risk	-
LMP (last menstrual period) :	2012-06-12	-
[redacted](expected date of delivery) estimated:	2013-03-19	-

Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No
?

Social circumstances

Ethnic Origin: (White) British
?

? ?

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

Cervical smear: negative
30-Apr-2012 Ms Lynda Gordon (LG3113)
Additional: Cervical smear: negative
Cervical Cytology, Routine Recall -
Filename: Cervical Cytology
Extension: .tif
Pages:

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr [redacted]	**Filed By User**	Ms Lynda [redacted]
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	1410786102
Name	MATHERS, ANN
Date Of Birth	14/ 10/ 1978
GMC Code of Registered GP	3120419
Practice Code	G49619
Smear Taker	Janice Abram
Reporting Location	NHS GGC
SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	