Subject Access Request

Patient	Miss Janie Verhees
Date of birth	28-Feb-1972 (age 54)
Gender	F
NHS number	483/72/013
Patient's address	10 Burnfoot Court Grangemouth Stirlingshire FK3 0AL
Date range selected	Full record
Organisation	
Reference	

Problems

Active

22-May-2025 OS Mary-Helen Caldwell (MHC)
Did not attend - no reason
MHN - letter sent

07-Apr-2025 PN Jemma Foley (JF2)
Chronic obstructive pulmonary disease

09-Aug-2012 Ms Evelyn Kania (EVK12718018766)
Query Boutonniere finger deformity
- left middle finger - advice given

28-Oct-2010 Prescription0 (Prescripti18766)
Notes summary on computer
priority=1

10-Sept-2009 Dr Michael Fyall (DRFYALL_1818766)
Smoking cessation advice
Disease: SPICE Basic Health Values, priority=2

09-Sept-2009 Prescription0 (Prescripti18766)
Pat. GP7B/GP8B card from HB
priority=2

08-Sept-2009 Prescription0 (Prescripti18766)
Patient reg. form sent to HB
priority=2

Significant Past

13-Jan-2026 PM Lynn Woolfenden (LW)
Registered for access to Patient Facing Service

01-May-2025 OS Mary-Helen Caldwell (MHC)
Did not attend - no reason
MHN - letter sent.

10-Sept-2009 Dr Michael Fyall (DRFYALL_1818766)
Current smoker
Disease: SPICE Basic Health Values, priority=2

10-Sept-2009 Dr Michael Fyall (DRFYALL_1818766)
Other injury NOS
priority=2

10-Sept-2009 Dr Michael Fyall (DRFYALL_1818766)
Minor injury - enhanced service completed
priority=2

Minor Past

19-Jan-2026 Mhn Lorraine Laing (LL4)
Anxiety with depression

23-Oct-2025 Mhn Lorraine Laing (LL4)
Medication review
sertraline 50mgs.

08-Aug-2024 PN Jemma Foley (JF2)
Did not attend - no reason

06-Jan-2023 PN Robyn Smyth (RSM)
Cervical cytology screen

30-Aug-2019 Anp Amanda Gilmour Kb (AP9918766)
Infected insect bite

27-Apr-2012 Dr Sebastian Miller (SEMI2718018766)
Voice hoarseness

Consultations

22-Apr-2026 Pharmacist Lisa Kelly (LISK) Data Entry

Comment	Comment Called today to review, phone rings then cuts off so unable to discuss with pt. Issued and can try again at next request.
Comment	Comment Pt called back. Helps mostly, sometimes taking 3 tabs at once- strongly advised to stick to maximum 2 tablets at a time as this is licensed dose. States taking between 6-8 per day for sciatica/back pain- discussed risks of dependency/addiction Tramadol made her feel sick so stopped taking. Counselled on importance of managing bowels- has supply of laxido at home which helps if constipated. No other SEs.
History	Telephone encounter
History	Failed encounter
Comment	Medication requested Co-codamol
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

09-Feb-2026 Pharmacist Hayley McCall (HMC) Data Entry

Comment	Comment See 23/01/26- for review- no appt booked yet- issued and further note.
Comment	Medication requested Co-Codamol
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

05-Feb-2026 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

History	History last seen by mhn on 19/1/26 planned reduction of sertraline with view to switch to mirtazapine 15mgs
Examination	Examination ftf appt with mhn today
Comment	Comment reports today a bit confused about medication now on 100mgs, doesn't want to switch over quickly, wants to continue to decrease, advised to go down to 50mgs a short period of time so as not to prolong the reduction plan will agree with oncall gp next steps Sleep: not sleeping, lots of family issues, mums cancer has returned, brother has prostrate cancer Mood: flat not reactive to change, nothing changed life is "shite", poor eye contact. arguing a lot with daughter Appetite: poor appetite, no interest, nothing taste good. Plan: duty doctor as per emis note of 19/1/26 and dr abassi's on 22/1/26 please prescribe and issue mirtazapine 15mgs/ please send to pharmacy for collection. she is not keen on doing a direct swap so have advised her to drop to sertraline 50mgs tomorrow for 1 week and then is it best to do 50mgs alternative days and 15mgs mirtazapine alternative days for 1 week then stop sertraline and move to mirtazapine every day OR stop the 50mgs after 1 week and start mirtazapine the following night - please advise and I will let her know *** as per DR Zuberi note - call to patient to advise sertraline 50mgs x 1 week stop then start mirtazapine 15mgs the following night ***

05-Feb-2026 Dr Shahid Zuberi (M) (SZ) Alba Medical GroupMain Surgery

Comment	Comment Task ,your second option to stop sertrlaine 50 mg after one week and start mirtazapine the following night is more practical and easy to follow for patient script done
Medication	Medication Mirtazapine Tablets 15 mg 28 tablet ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

23-Jan-2026 Pharmacist Lisa Kelly (LISK) Data Entry

Comment	Comment See 13/05- no further requests for analgesia until today. Hx sciatica and back pain, used both co-codamol and tramadol in past. noted no review since May 2024. Issued small supply with slip tma.
Comment	Medication requested Co-codamol
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

22-Jan-2026 Dr Adnan Abbasi (AAA) Alba Medical GroupMain Surgery

Comment	Comment GPOC MHN task re-help to sleep. I spoke to Janie who claims her sleep is not great for last 4 weeks. Recently she has cut down Sertraline to 150mg, we offered 15mg of Mirazapine but after discussion of serotronin syndrome, Janie is happy to consider adding Mirtazapine after a week when she will cut down her Sertraline to 100mg. I agreed and she will contact on Tuesday or after that. Interim advice for sleep hygeine and to contact if any deterioration.

22-Jan-2026 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Comment	Comment advised by admin that patient has called in as she thought mhn was requesting something to help her sleep on 19th jan see emis note , recall talking about her sleep but not going to request as it is unlikely to be given. may have got lost in communication or mhn may have forgot whilst talking abut reduction plan of sertraline. have tasked to duty gp for consideration.

19-Jan-2026 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

History	History last seen by 1/12/25 by mhn at this time prescribed sertraline 100mgs
Examination	Planned telephone contact was supposed to be ftf but changed to telephone as couldn't get out the door, really bad cough can be heard over the phone due to start smoking cessation today.

Comment	Comment hates feeling low, her mental health is really bad again, feels its never ending, mind just won't shut up, poor appetite, poor sleep, not falling asleep until 3 or 4 the morning, awake all day, feels exhausted all the time. admitted that during december she increased her sertraline to 200mgs on her own states she feels nothing from it at all. lots pof family issue going on, fell out with ***** at xmas she got really drunk and started talking to her dad again which she feels is a total insult as to what she put up with from him. mid december her brother was diagnosed with prostrate cancer, mum is curently being investigated again for more suspicious spots on scans potential liver and chest, and on 27/12/25 her neice died due to brain tumour. today complaining of poor sleep feels exhausted all the time, irritiability mood swings, hopelessness, poor concentration, on edge all the time, brain fog can't get out the door and feeling overwhelmed, also not feeling very well, chest doesn't sound good, productiove cough heard throughout call. has been having thoughts of cutting herself to help relieve the stress, doesn't want to do this. discussed current medication - she is taking serraline 200mgs albeit prescribed 100mgs, not clear as to why she would have so many to facilitate this unless not fully compliant. Suggested if its not working we should switch to another medication she is agreement with this. advised need to reduce the sertraline from 200mgs by 50mgs every 1-2 weeks if tolerated she is keen to switch asap, advised to take it slowly, once reaches 50mgs x 1 week to stop then start Mirtazapine 15mgs the following evening. advised of side effects and worsening advise given. will request prescription for same from GP nearer the time so as not to have her switch too early, patient advised to make an appt for around 1st week in february.

Problem	Anxiety with depression

14-Jan-2026 PN Jemma Foley (JF2) Alba Medical GroupMain Surgery

Comment	Comment Struggling with breathing. Feels SOB on minimal exertion and is struggling with basic tasks. Struggling with full sentences. Is now under Smoking Cessation. Awaiting input from Pulmonary Rehab. Coughing up sticky white mucus. Feels no relief with Trixeo. Sp02 96%. Notable expiratory wheeze on right side. Steroids and CXR. COPD card also issued. Most likely for Urgent Respiratory referral after CXR.
Medication	Medication Prednisolone Tablets 5 mg 40 tablet EIGHT TABLETS ONCE DAILY
Medication	Medication Acepiro Effervescent tablets 600 mg 60 TABLET TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

22-Dec-2025 Admin Clara Pinto (CP) OUT OF HOURS

Comment	Comment Thoughts of self harm, wanting to cut herself in places that can't be sen, traumatic childhood, disposition to contact the GP for next day appointment

09-Dec-2025 PN Jemma Foley (JF2) Alba Medical GroupMain Surgery

Comment	Comment Currently using Trimbow two puffs BD and SABA which she feels she is becoming reliant on. Cut down to 4cpd plus vape and is struggling to stop past this. Referral completed together for Stop Smoking. Referral also sent for Pulmonary Rehab as struggles with anxiety so could be ?hyperventilation also. Struggles with basic tasks like washing and dressing due to breathlessness. Change to Trixeo to see if this helps.
Medication	Medication Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose 240 dose TWO INHALATIONS TWICE A DAY

05-Dec-2025 OS Debbie Lynn (DL2) iGPR

History	Medical report sent Subject Access Request sent to patient

05-Dec-2025 OS Debbie Lynn (DL2) iGPR

History	Medical report requested Subject Access Request requested by third party

01-Dec-2025 Dr Adnan Abbasi (AAA) Alba Medical GroupMain Surgery

Comment	Comment see belwo, agreed to dose increase
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet TAKE ONE DAILY(TDD IS 150MG)

01-Dec-2025 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Examination	Planned telephone contact
Comment	Comment Medication review: Drug: sertraline Dose: 100mgs Supply: 56 days Pharmacy: rowlands Reported side effects: doesn't feel medication is working for her just now Presenting issue: son and his partner and child have now moved into their own house, she is feeling miserable and isolated. COPD has also been playing up affecting her breathing and ability to cope outside and at home between cold and damp to heat. no plans to see them over xmas suspects will just see them on xmas eve, she doesn't get invited to family gatherings as she has to look after ***** no one will have ***** as when she gets drunk she causes issues. Sleep: sleeping all the time, feels exhausted, even attending to personal care is exhausting Mood: flat, non reactive Appetite: very poor just now. General Functioning: overwhelmed not coping Supports at home: daughter ***** Plan: 1. Recommendation to GP for consideration of increase of current SSRI - Sertraline to 150mgs, does not require supply of 100mgs tabs, but does require supply of 50mgs tabs, pls send to pharmacy on file Rowlands

23-Oct-2025 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Problem	Medication review sertraline 50mgs.
History	History no contact with patient since last seen in April 2025
Examination	Examination f2f appt with mhn today, presented quite anxious and agitated
Social	Social at end of week son and daughter with grandson moving out to own home, she will then be back to living alone. ex partner hanging about again so feeling quite fearful
Comment	Comment presented all over the place today exceptionally distressed, having flash backs and constantly thinking about past abuse, wants to call the historical sexual abuse helpline but everytime she tries it triggers flashbacks nightmares, affects her anxiety and sleep. not going out unless she really needs to.. discussed with her that maybe she needs to do some counselling to help he rmake that call, agreed to referral to scots recovery frdom abuse, - referral completed at time of appointment, also assisted with bus pass application to enable travel to appointment. have suggested an increase of sertraline to 100mgs given her heightened anxiety symptoms and presentation agreed to try this. on call GP, pls consider increase of Sertraline 100mgs/daily x 56 days supply, pls send prescription to pharmacy on file Rowlands - she can use continue with current supply of 50mgs in the meantime till prescription collected

29-May-2025 Pharmacist David MacPhee (DMC) Alba Medical GroupMain Surgery

Comment	Medication requested "Sertraline 50mg" - not due

22-May-2025 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Comment	Did not attend - no reason

13-May-2025 Pharmacist Hayley McCall (HMC) Data Entry

Comment	Comment Hx of sciatic pain- no recent review of pain- note tma added to Rx. Tramadol issued by GP 03/04/25. Not usually for tramadol and co-codamol together. Will issue Tramadol as most recent.
Comment	Medication requested 1. Co-Codamol 30/500 2. Ibuprofen Gel 3. Tramadol
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 60 capsule 1-2 QDS

01-May-2025 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Comment	Did not attend - no reason No answer on phone called at 15:18 and 15:25 message left.

17-Apr-2025 Mhn Lorraine Laing (LL4) Alba Medical GroupMain Surgery

Problem	Problem medication review
History	History fluoxetine 40mgs
Examination	Examination F2F appt. with mhn today, presented with a list on her phone, very anxious lady, very agitated in the room, couldn't wait to leave
Comment	Comment not sleeping, worse since dose was increased in January from 20mgs, no appetite, doesn't feel hungry, not concentrating on anything, feels really anxious all the time, hates meeting people face to face, not an impulsive person, needs time to organise herself. not been on other medications just Fluoxetine, been on it for about 1 year + never really found it to be of any use. willing to try something else, - advised today as she has not taken her dose as yet to reduce to 20mgs 1 tab of Fluoxetine to facilitate cross over, to remain on 20mgs until such time as new prescription is available at pharmacy and to follow the instructions given to cross over. have arranged to review her again on 1st May at 3.15pm telephone call, provided with a note detailing plan and when appt. is. ON CALL GP please prescribe Sertraline 50mgs/daily, currently on Fluoxetine 40mgs, has been asked to reduce today to 20mgs, please provide instructions thereafter what to do to cross over safely to Sertraline - please send to pharmacy on record

17-Apr-2025 Dr David Wearden (DWE) Alba Medical GroupMain Surgery

Medication	Medication Sertraline Hydrochloride Tablets 50 mg 56 TABLET TAKE ONE DAILY

11-Apr-2025 Adm/Phleb Tracey Hanrahan (WBTH) Alba Medical GroupMain Surgery

Comment	Sample sent to lab. for test

08-Apr-2025 Pharmacist Hayley McCall (HMC) Data Entry

Comment	Comment Had initailly for shoulder pain and then sciatic type pain- note suffers from COPD- has used topical NSAID prev with no issues. Ibuprofen use was last reviewed 17/03/25.
Comment	Medication requested Ibuprofen Gel
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY

07-Apr-2025 PN Jemma Foley (JF2) Alba Medical GroupMain Surgery

Problem	Chronic obstructive pulmonary disease
Comment	Comment Was not coded for COPD so have updated this. Increase strength of Trimbow as is notably breathless. Also note other investigations for breathlessness are ongoing. O/E wheeze and crackles on left upper lobe so have issued steroids for 7 days as felt 5 days previously wasn't quite enough. No infective signs so nil abx. Also has been getting Ventolin previously from pharmacy and prefers this so have changed px to represent this as was given salamol recently and feels she has to use more to get same effect. Also discussed easychamber which Janie is happy to try. Discussed tidal breathing and how to do this. Is aware can order new chamber in 6/12. For further review in 2-3 months time when other investigations have been completed.
Medication	Medication Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff 200 dose ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY
Medication	Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 240 DOSE TWO PUFFS TO BE INHALED TWICE A DAY
Medication	Medication Prednisolone Tablets 5 mg 42 tablet SIX TABLETS ONCE DAILY
Medication	Medication Easychamber Spacer device with adult mask (6 years - adult) 1 DEVICE USE AS DIRECTED

03-Apr-2025 Dr David Wearden (DWE) Alba Medical GroupMain Surgery

History	History L post chest pain unremitting 2 weeks, had cxr 2/12 ago
Examination	Examination wheezy chest
Comment	Comment cxr and bloods
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 60 capsule 1-2 QDS

24-Mar-2025 Pharmacist Lisa Kelly (LISK) Data Entry

Comment	Comment Co-codamol- see 7/5/24 - appropriate ordering. Fluoxetine - increased to 40mg on 8/10/24 - no review since. Slip attached tma with PCMHN.
Comment	Medication requested Co-codamol
Comment	Repeated prescription Fluoxetine re-authorisation
Medication	Medication Fluoxetine Hydrochloride Capsules 40 mg 56 capsule ONE A DAY
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

17-Mar-2025 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	History F2F - has COPD / Asthma - last 4 weeks left shoulder blade pain - nil trauma or injury - pain on movement - nil Pins & needles - no reduced grip - been taking usual co-codamol/Ibuprofen gel , no rash / swelling or erythema - continues to smoke , no unintetional weight loss
Examination	Examination Left shoulder skin - nil to see - pain at scapula on palpation - worse on abduction & extension Chest - trachea central - air entry staisfactory - widespread wheeze - states coughing up phlegm- dirty Nil palpable CLN
Comment	Comment Cover chest with below - note CXR last year satisfactory - needs COPD?asthma review - TMA - continue self care for shoulder - rest / analgesia - heat/ice - can Make Appt ESP in view of duration
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Prednisolone Tablets 5 mg 40 tablet EIGHT DAILY FOR 5 DAYS

21-Nov-2024 Dr Shahid Zuberi (M) (SZ) Alba Medical GroupMain Surgery

Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

15-Nov-2024 PN Jemma Foley (JF2) Telephone Consulation

Comment	Comment Menopause consultation. LMP over 12 months ago. Struggling with mood swings, flushing and sweating and insomnia. No known family or personal history of oestrogen dependent cancers. No known bleeding or clotting disorders. No known liver disease. Not known to be diabetic. No previous issues with migraines. No known contraindications to continuing. Counselled on how to use chosen HRT approriately and is aware will require a 3 month review prior to next dispensary. Discussed checking breasts and the importance of continuing to do so regularly whilst on HRT.
Medication	Medication Evorel Transdermal patches 50 micrograms/24 hrs 24 patch APPLY ONE PATCH TWICE WEEKLY
Medication	Medication Progesterone Capsules (Micronised) 100 mg 90 capsule ONE CAPSULE AT NIGHT

15-Nov-2024 PN Jemma Foley (JF2) Telephone Consulation

Comment	Comment Attempted to call x2. No answer; VM left.

25-Oct-2024 Pharmacist Abbas Aliakbar (ABA) Data Entry

Comment	Comment Issued as per 07/5/24- sparing enough use.
Comment	Medication requested Ibuprofen and Cocodamol
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY

08-Oct-2024 Mhn Sophie Ferrier (SF) Alba Medical GroupMain Surgery

Examination	Examination TC with PCMHN: Queried whether had been taking fluoxetine regularly as missing two months in prescribing. Janie advised she had been taking it on a daily basis however had a problem getting a prescription at one point and took her daughters spare tablets as she had been prescribed something else. Advised that she should try not to do this. Doesn't feel they are working. Trauma background. High anxiety particularly as her abusive ex came round to her door. Has turned night into day. Doesn't like leaving the house. Mood still low with low motivation. Not looking after herself or carrying out ADI's, daughter comes round and helps out. Discussed increasing fluoxetine and reminded her of the importance of compliance.
Comment	Comment Plan: Increase fluoxetine to 40mg/day. Review in 6 weeks.

12-Sept-2024 Pharmacist Abbas Aliakbar (ABA) Data Entry

Comment	Comment Last had 06/24. So Definetly overdue. See entry 09/5/24. Since then response received saying patient unresponsive to several attempts. Likely will be inpractice review. Issued with slip.
Comment	Medication requested Fluoxetine
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE CAPSULE TO BE TAKEN IN THE MORNING

08-Aug-2024 PN Jemma Foley (JF2) Alba Medical GroupMain Surgery

Problem	Did not attend - no reason
Comment	Comment For cervical screening

17-Jun-2024 Dr Adela Pop (APOP) Data Entry

Comment	Comment SR.
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE CAPSULE TO BE TAKEN IN THE MORNING

09-May-2024 Pharmacist Abbas Aliakbar (ABA) Add Data

Comment	Comment Cocodamol issued 07/5/24. Fluoxetine last reviewed by MHN 02/24 and reffered to HSTAR for trauma therapy- pt has not enagaged- email was send to Janie by them, unclear if she has been discharged or not. Issued further so no gap in therapy but if still no engagament with trauma therapy for review inpractice.
Comment	Medication requested Fluoxetine and cocodamol
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE CAPSULE TO BE TAKEN IN THE MORNING

07-May-2024 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	Telephone encounter - sciatic pain right buttock/leg - no recent trauma or injury - able to weight bare /walk - nil saddle parasthesia , no bladder/bowel issues - taking co-codamol which is helping
Comment	Comment Add NSAID topically - advised utilise heat/ice packs - keep mobile - if not resolving 7-10 days can arrange ESP review
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet 1-2 UPTO QID PRN PAIN

05-Apr-2024 Dr Adela Pop (APOP) Data Entry

Comment	Comment SR.
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE CAPSULE TO BE TAKEN IN THE MORNING

03-Apr-2024 PM Gillian Tollins (GT1) Alba Medical GroupMain Surgery

Comment	Comment Fit note issued by hand for Low mood and anxiety 02/04/-03/05/24

15-Mar-2024 Para Craig Young (M) Para Ip Pa38849 (CY) Alba Medical GroupMain Surgery

Comment	Comment SR for analgesia - reissued co-codamol as not overordering

27-Feb-2024 Mhn Ayleen Blackadder (AB2) Alba Medical GroupMain Surgery

Problem	Problem low mood and anxiety
Examination	Examination Mental health assessment - PMHx low mood. Hx ACE and trauma. Previous childhood trauma and domestic abuse as an adult from previous two partners.In foster care at aged 4 years as both parents had alcohol issues and Dad was often in prison.Witnessed domestic abuse from Dad to Mum.Whilst in foster care was often physically punished and emotional abuse from foster carers. Says struggled with MH issues for years but tried to self manage as ex partner was controlling and wouldn't let her seek support. Recenlt finding self managing not helping. More bad days than good. Rated mood 1 over past week (1=low). Reduced motivation, interest and enjoyment. Increased anxiety, worrying htoughts and hypervigilance. Avoiding going out. Trigger - found out ex partner is back in Scotland. Reports intimidation - he puts notes through her door. Advised to report to *****. Mood appears reactive to situation and retriggering of traumatic past events. Feels like she's not dealt with past traumas and "tries to bury it". Discussed and agreed referral for trauma therapy. Sleep/appetite - no recent changes but has struggled with poor apetie and sleep issues for years she informs. Advice given re sleep hygiene and eating little/often. Discussed Eat Well Plate. Drugs/alcohol - no issues but says alcohol consumption has recently increased - uses as a "crutch. Given ABI advice. Risk of self harm or suicide/history - no DSH Previous OD 10 years ago. No current suicidal ideation. Evidence of future planning - meeting up with her adult son. Family/Social - lives on her own. Has support from her Mum and kids. Was in and out of foster care from age 4 years and developed a relationship with her Mum when she was 16 years. No contact with her Dad. Reports domestic abuse from her two previous partners. Medication -discussed and agreed SSRI. Given advice re concordance and potential S/E. Rx arranged. Plan - advice as above and worsening advice. Commence Fluoxetine 20mg/day. Referred to HStar for trauma therapy - copy in docman. Fit note agreed and arranged.
Attachment	MED3 (2010) issued by hand, not fit for work *FitNote.pdf, (Diagnosis: low mood and anxiety; Duration: 27/02/2024 - 02/04/2024)*

27-Feb-2024 Dr Adela Pop (APOP) Data Entry

Comment	Comment SR MHN.
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE CAPSULE TO BE TAKEN IN THE MORNING

05-Feb-2024 Dr Adela Pop (APOP) Alba Medical GroupMain Surgery

History	History on goin spt feels fine when finishing Ab and steroids then 3-4 days later all starting again. chest X-ray clear and sputum asmple as well but saying the spit went dark yeloow green again. try below worsening adv given.
Examination	Examination chest crackles midf to lower zpnes exp wheeze more muffled breathing sounds upper zones, sats 97% but had inhalers before came in.
Medication	Medication Co-Amoxiclav 500/125 Tablets 21 tablet 1 TAB 3 TIMES DAILY
Medication	Medication Carbocisteine Capsules 375 mg 120 capsule TWO THREE TIMES DAILY UNTIL SPUTUM CLEARING THEN REDUCE TO ONE THREE TIEMS DAILY FOR A WEEK THEN STOP
Medication	Medication Prednisolone Tablets 5 mg 30 tablet 6 DAILY AS STAT DOSE FOR 5 DAYS
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Exacerbation of COPD; Duration: 05/02/2024 - 29/02/2024)*

30-Jan-2024 Pharmacist Hayley McCall (HMC) Data Entry

Comment	Comment 1. Co-Codamol- see entry 18/12/23- right shoulder pain since Saturday- encouraged for regular analgesia-- if worsening for further review by ANP. 2. Ibuprofen Gel- see entry 08/12/23 but also see entry re pain in shoulder- further issued. Note added to Rx if no improvement then for further ANP review.
Comment	Medication requested 1. Co-Codamol 30/500mg 2. Ibuprofen Gel
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet 1-2 UPTO QID PRN PAIN
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY

23-Jan-2024 Dr Adnan Syeed (M) (ASY) Telephone Consultation

History	History Tel consult. Flare up of cough/ wheeze sx again since last week - though been ongoing since Nov 23 - had improved with oral pred/ abx. Cough worse in mornings - expectorates small amt phelgm. Now feeling bit better after steam inhal. Reports some chest tightness which comes on before coughing and settles after. No exertional tightness/ current sx. No fever. Works as valet cleaning buses - a lot of dust and thinks could be worsening sx - been off work past 5 days. Has to use salbutamol more often at work. Smoker 3/ day and vapes.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Exacerbation of COPD; Duration: 23/01/2024 - 06/02/2024)*
Examination	Examination Talking full sents/ no resp distress on phone. No audible wheeze
Comment	Comment likely copd p; advice. Script abx/ steroids - provide sputim sample before starting abx. CXR requested - to attend following completion of abx. Fit note issued - speak to work re sx and ? other duties
Medication	Medication Prednisolone Tablets 5 mg 30 tablet (STEROID) 6 MANE FOR 5 DAYS
Medication	Medication Doxycycline Hyclate Capsules 100 mg 8 capsule 2 STAT THEN 1 DAILY

09-Jan-2024 PN Jemma Foley (JF1) Telephone Consultation

Comment	Comment COPD review. Currently using Anoro one puff OD. Feels that she has felt more breathless recently and as if the inhaler is not working aswell. Struggling with powder aspect of inhaler recently aswell and feels its making her have coughing fits after taking it which sometimes makes her feel sick. Trial Trimbow and see if this helps; if she feels well can continue with this for now; if no improvement or having any other issues Janie knows to get back in touch with us for further review. Prescription generated and checked and signed by AP Young.
Medication	Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 240 DOSE INHALE TWO PUFFS TWICE DAILY

09-Jan-2024 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	Telephone encounter - follow up re hand xray
Comment	Comment Discussed xray satisfactory - bloods satisfactory

21-Dec-2023 Ctac Suzanne Baird (SB4) Alba Medical Group (Grangemouth)Branch Surgery

Comment	Blood sample taken

19-Dec-2023 Dr Adela Pop (APOP) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Shoulder pain; Duration: 19/12/2023 - 09/01/2024)*

18-Dec-2023 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	Telephone encounter right shoulder pain since staurday - nil trauma or injury - incidious onset - nil swelling /erythema - pain across shouler / lower neck down to scapula - able to lif elbow above shoulder but with discomfort , no loss of sensation/grip - no pins & needles or numbness - taking OTC analgesia - using heat ice - no relief
Comment	Comment Prescription below - advised continue regular analgesia - utilise heat/ice - rest/protect - if no improvement can self refer to ESP
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet 1-2 UPTO QID PRN PAIN

08-Dec-2023 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	History f2F - 1- finger joint pain/ swelling /stiffness - both hands 2. Chest infection - has asthma / smoker - productive cough- increased use inhalers last 10 days
Examination	Examination Looks well , Temp 36 HR 80 reg RR16 Sao2 98% Chest - trachea central - bilateral wheeze/ rhonchi Hands - warm / well perfused - some mild joint swelling not inflammed - Bouchards present
Comment	Comment Prescription below - xray hands - likely OA - routine bloods check inflammatory markers - if chest not improving with treatment to recontact for further review
Medication	Medication Ibuprofen Gel 10 % 100 gram APPLY THINLY THREE TIMES A DAY
Medication	Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Prednisolone E/c tablets 5 mg 30 tablet (STEROID) 6 MANE FOR 5 DAYS

28-Sept-2023 Ms Lindsay Brown (LCB) Alba Medical GroupMain Surgery

History	Failed encounter F2F re. finger swelling.

26-Jan-2023 Anp Craig Blackwood (M) (CB1) Alba Medical GroupMain Surgery

History	Telephone encounter - slipped at work 2 days ago and injured foot - has issues with fibroma in feet under Ortho - has pain - no erythema or swelling , no bruising - able to weight bare - taking ibuprofen which helps - using ice packs - looking for fitnote for work
Comment	Comment Continue self care - rest / elevate /analgesia /ice - will issue 1 week fitnote - worsening advice
Attachment	MED3 (2010) issued by hand, not fit for work *FitNote.pdf, (Diagnosis: foot injury; Duration: 26/01/2023 - 02/02/2023)*

06-Jan-2023 PN Robyn Smyth (RSM) Alba Medical GroupMain Surgery

Problem	Cervical cytology screen
Examination	Examination cervical
Examination	Cervical smear taken
Examination	O/E-vaginal speculum exam. NAD
Examination	O/E - frothy vag. discharge
Comment	Comment smear obtained, pt education provided, recall explained. pt happy.
Read Code	O/E Cervix: transitional zone seen

13-Dec-2022 Para Craig Young (M) Para Ip Pa38849 (CY) Alba Medical GroupMain Surgery

Comment	Comment attends with ongoing bilateral plantar fibromas. Attended Orthpaedic clinic in Feb 22 - was meant to be going for USS of feet but has not heard anything since. I will write to the consultant. Janie will also call the Secretaries.

12-Dec-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment on Tuesday 13/12/2022 at 10:15 AM at your GP Surgery. If you no longer need this appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service. Thank you..

09-Dec-2022 PN Jemma Foley (JF1) Telephone Consultation

Comment	Comment Inhaler review after commencing Anoro one month ago. Feels a difference with the new inhaler. Is only having to use SABA when she is at work and is using chemicals. Have explained that this can be normal and an inhaler, even when on the right one, wouldn't stop her feeling out of breath when she is exposed to something like chemicals; its more to lower the amount of times she is relying on her SABA day to day outwith the chemical exposure element. Happy with this inhaler so have changed to repeat prescription. Will be due for annual review in February anyway but is aware to get in contact sooner if she feels she needs seen before then.

08-Dec-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your telephone appointment on Friday 9/12/2022 with the Practice Nurse. If you no longer need this telephone appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service. Thank you..

11-Nov-2022 PN Jemma Foley (JF1) Alba Medical GroupMain Surgery

Comment	Comment Has had SABA for several years but no other types of inhaler. Currently smoking 7/8 cigarettes per day, smoked since she was 13, smoked between 10-15 a day for most of the day. So 27 pack years at worst. Have discussed that although she states she has been diagnosed with Asthma previously I wouldn't be surprised if there was an element of COPD within that due to the significant smoking history. Will trial LAMA + LABA to see if this helps. Will call in 1 month to review. Prescription generated and checked and signed by ANP Blackwood.
Medication	Medication Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose 60 DOSE ONE DOSE TO BE INHALED EACH DAY

10-Nov-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment on Friday 11/11/2022 at 8:50 AM at your GP Surgery. If you no longer need this appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service. Thank you..

12-Oct-2022 Ecp Billy Gibson (M) (BG) Telephone Advice

Problem	Problem Spoke to patient - states regarding previous consulation feels no relief from Co-Codamol - able to complete sentences - no obvious SOB - no wheeze - no stridor - no haemoptysis - Otherwise reasonably well - Imp - ?? MSK/ ? # Tx management wont change analgesia - add in topical gel - advice on breathing exercise - TMA as below issued with red flag advice
Comment	Comment See consultation dated 4th Oct 2022 - Note on Inhaler - states she is Asthmatic - hence on inhaler not coded - requries TMA for ?? Asthma review with PN
Medication	Medication Ibuprofen Gel 5 % 100 GRAM APPLY UP TO THREE TIMES DAILY

04-Oct-2022 Anp Robert Burns (M) (RB1) Alba Medical GroupMain Surgery

History	Telephone encounter fell going up the stairs a couple of day ago sustaining injury to left chest wall, has been taken paracetamol which is not helping, no cough, SOB or haemoptysis
Comment	Comment imp rib injury advised to try co-codamol to see if this helps and wsg
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

17-Dec-2021 Para Johnny Hood (M) Para Ip Pa36338 (JH1) Alba Medical GroupMain Surgery

Problem	Problem plantar fibroma
History	History Bilateral Plantar Fibroma, one x fibrous knot on the right foot and three x knots on the left, struggling to saty at work, works on her feet.
Comment	Comment Ref to minor surgery action, URGENT
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE CAPSULE TO BE TAKEN ONCE DAILY
Medication	Medication Naproxen Tablets 500 mg 112 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Paracetamol Caplets 500 mg 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Ibuprofen Gel 5 % 100 GRAM APPLY UP TO THREE TIMES DAILY
New Referral	New Referral 8HHS.: Referral for minor surgery (SCI Gateway Referral)
Attachment	MED3 (2010) issued by hand, not fit for work *FitNote.pdf, (Diagnosis: Bilateral Plantar fibroma; Duration: 17/12/2021 - 24/12/2021)*

16-Dec-2021 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment on Friday 17/12/2021 at 10:15 AM at your GP Surgery. If you no longer need this appt, please text CANCEL to 07903590746. Please only use the word CANCEL. Unfortunately, no queries can be answered via this service. Thank you..

14-Dec-2021 Para Craig Young (M) Para Ip Pa38849 (CY) Alba Medical Group (Grangemouth)Branch Surgery

Problem	Problem lumps on feet
History	Telephone encounter both feet on the plantar aspect of arch has pebble like masses. nil erythema, heat or swelling. Pain can get worse when heavy lifting. took some ibuprofen. Does not think would be able to send a picture that shows the lumps
Comment	Comment I. Plantar fibroma P. requires F2F to assess lumps and consider minor ops referral

05-Aug-2021 Mr Anonymous User (ANON)

28-July-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By S Pozzo) *FF3319/ PF/IM/LUA//C-19 Pfizer (By S Pozzo)*

25-May-2021 Mr Anonymous User (ANON)

05-May-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By D Millar) *EW2245/ PF/IM/LUA//C-19 Pifzer (By D Millar)*

02-Nov-2020 Dr Adela Pop (APOP) Data Entry

Comment	Comment SR.
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1*1 INHALER ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

04-Mar-2020 Pharmacist Susan Ingham (SI) Data Entry

Comment	Medication requested ventolin- has Asthma r/v with PN 12.03.2020
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1*1 INHALER ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

03-Jan-2020 Pharmacist Russell Morrison (RM) Forth Medical Group (Grangemouth)Main Surgery

Comment	Medication requested - Issued as before with note advising appt with PN as per Dr ***** recommendation 13/11
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1*1 INHALER ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

03-Jan-2020 Dr Sally Peterson (F) (SP118766) Data entry - No Px contact

History	History needs further cxr
Test Request	Test Request XR Chest - Requested

13-Nov-2019 Dr Harjeev S Dhillon (M) (HD18766) Forth Medical Group (Grangemouth)Main Surgery

History	History Works in ASda warehouse as a axllary hit with handdle of a shovel by accident broke right side of glasses. mark on right side of face and maxillary swelling. worse on leaning forward and paresthsia. no effect with simple analgesia. Tender over maxially area ?# - adv to attend AE&gt
History	History &gt1 year hisotry of cough with clear phelgm. SOBOE. no blood. no weight loss. Was a heavy smoker and cut down. Has stairs at home. cough worse at night and morning.
Examination	Examination S 96 p 80 bp 120/70 chest mild wheeze. R&gtL.
Comment	Comment ?COPD - suggest CXR. PN follow up 4/52. trial blue inhaler
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 2 inhaler ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

30-Aug-2019 Anp Amanda Gilmour Kb (AP9918766) Forth Medical Group (Grangemouth)Main Surgery

Problem	Infected insect bite
History	History Attended with infected insect bites to left arm as per triage call
Examination	Examination Temp 37.2 Pulse 89 RR 20 Arm erythema inflamed pustular bites - states itchy
Social	Social Independently mobile and with ADLs Works in ASDA warehouse
Comment	Comment Prescription as documented Worsening advice given
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY
Medication	Medication Fucidin H Cream 30 GRAM APPLY THINLY TWICE DAILY FOR A MAXIMUM OF 14 DAYS.

30-Aug-2019 Anp Amanda Gilmour Kb (AP9918766) Telephone Consultation

History	History Triage call Rash and inflamation to arm - itchy very red and hot to touch
Comment	Comment SDA with ANP

16-Apr-2018 Dr Kathryn Hogg (F) (KH18766) Data Entry

History	History Special request as per *****
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Back pain; Duration: 10/04/2018 - 01/05/2018)*

16-Apr-2018 Esp Wendy Monteith (WMO18766) Forth Medical Group (Grangemouth)Main Surgery

Problem	Problem Thoracic pain
History	History See entry 29th and 13th March. Thoracic back pain is now improving but now has intermittent sharp pain left neck/shoulder. Feels needs further fitnote.
Examination	Examination Cx spine good RoM pain on right rotation and side flexion. Tx spine much better movement still some pain on left rotation. Palpation tight and tender over left upper traps. T5-9 some stiffness and tenderness persists.
Comment	Comment Tx spine improving, butterfly manip with release T7,9 with increased RoM after. Neck/shoulder pain due to tight musculature shown how to stretch. Has now turned a corner and is improving. Agreed to fitnote for 2 weeks backdated to 10th April but shouldn't require any further fitnotes now.

16-Apr-2018 Adm/Phleb Marlene Black (MBLA) Forth Medical Group (Grangemouth)Main Surgery

Attachment	eMED3 (2010) duplicate issued, not fit for work *FitNote.pdf, (Diagnosis: Back pain; Duration: 10/04/2018 - 01/05/2018)*

29-Mar-2018 Ms Helen Turner (HT18766) Forth Medical Group (Grangemouth)Main Surgery

Problem	Problem Thoracic pain
History	History See entry 13/8/18. Ongoing Sx no change. Cocod and heat do help. Currently meant to be seeking employment but feels unable and asking for extension of fitnote. Denies any prev h/o back problems, keeping well otherwise no other complaints. B&B -ve, saddle -ve, no weight loss. P with lift/twist and sitting. Trying to keep active but feels limited. No ref pain or parathesia.
Examination	Examination No spinal dev. Lx ROM 3/4 sl pain, Ext sl pain EOR, flex to shins some pain. Tx ROt limited and painful to L. Hips clear. SLR -ve. Palp - tender mid Tx centrally and L facets.
Comment	Comment Tx Dysfunction - probable after lift/twist injury. Butterfly manip T5-10 and grade 3 mobs same area. Tx rot better after. Shown self-stretches. Cont heat and I will request further analgesia/fitnote for 2/52. Reassured this should start to settle soon.

29-Mar-2018 Dr Adel ElAlfy (AE18766) Forth Medical Group (Grangemouth)Main Surgery

History	History message for note extention due bak pain, nees analgesic
Comment	Comment se GP if no better
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back pain; Duration: 27/03/2018 - 10/04/2018)*

21-Mar-2018 Ms Wilma Paton (WP18766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment Note to Pharmacist - please set up for Rowlands Pharmacy when issuing next prescription

16-Mar-2018 Dr Stephen John Beattie (SJB18766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment I'm assuming we have updated the incorrect personal details
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)*

15-Mar-2018 Ms Wilma Paton (WP18766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment Recent fit note issued with previous surname and address and job centre refusing to accept it. Can another one be issued with new details from 13/03/18 - 27/03/18 please

14-Mar-2018 Adm/Phleb Marlene Black (MBLA) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment Could not find original also re-printed script gone missing
Attachment	eMED3 (2010) duplicate issued, not fit for work *FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)*

13-Mar-2018 Esp Wendy Monteith (WMO18766) Forth Medical Group (Grangemouth)Main Surgery

Problem	Problem Acute back pain
History	History 3 weeks ago was moving furniture, sudden onset acute back pain left side back, couldn't move. Been taking painkillers (Mum's cocodamol) which do help and using heat can now move but still very sore. Sleep disturbed. No leg pain or paraesthesia, no bladder/bowel well otherwise. Not currently working advised by job centre to get fitnote backdated from yesterday 12/3/18.
Examination	Examination In obvious discomfort sitting and moving. Lx spine RoM RSF 1/2 P, LSF 1/4 P+, ext to neutral P+, flex 1/4 P. Tx spine minimal rotation to left available. Palpable muscle tightness++ Left paraspinals mid thoracic. T8,9,10 very stiff and tender.
Comment	Comment Acute mechanical back pain. Acupuncture to tight musculature 3 needles, butterfly manip T9. Still sore but increased RoM after. Shown how to mobilise back (SF, Tx rot in sitting and e.s stretch from sitting). Will request script for own cocodamol and fit note from GP. Should settle but may take another couple of weeks to come back if not improving.

13-Mar-2018 Dr Hannah Fennerty (HF18766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment back pain, seeing esp today
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)*

13-Mar-2018 Dr Hannah Fennerty (HF18766) Forth Medical Group (Grangemouth)Main Surgery

Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

31-Mar-2015 Dr Catriona McPhail (CM2718018766) Forth Medical Group (Grangemouth)Main Surgery

History	History Several months of feeling down, anxious, moodswings,tearful. Took an overdose about 6 weeks ago. Didn't seek help. Not actively suicidal now but feels as if everything is crashing down around her. Sleep is OK, appetite is poor. Doesn't work, doesn't want to go out or see people, real struggle coming here today. Relationship has ended because partner thought she needed help and she wouldn't go. Previouslyon anti-deps but previous partner told her she was a tablet junkie so she stopped them. Not keen to go back on anti-deps as felt she had no emotions at all on them. Difficult childhood, brought up in care.
Comment	Comment Supportive chat. Agreed FDAMH SP referral.

29-Jan-2015 Dr Catriona McPhail (CM2718018766) Forth Medical Group (Grangemouth)Main Surgery

History	History Sore right shoulder since yesterday. Pain is posterior, around right scapula. Not aware of any parcticular injury. taken 2 paracetamol without effect.
Examination	Examination No bony tenderness. FROM at shoulder but pain on extreme of abduction.
Comment	Comment Muscular injury. Analgesia and advice.
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN

16-Apr-2014 Mrs Annie O'Hara (NURSE1_18718766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment FTA for smear

14-Apr-2014 Dr Derek Dundas (DD2718018766) Forth Medical Group (Grangemouth)Main Surgery

Comment	Comment Aware of a swelling on right side of cheek when opens her mouth. Reassued it is symmetrical and its her jaw. Should stop smoking.	
Examination	O/E - Systolic BP reading	125 mm Hg
Examination	O/E - Diastolic BP reading	73 mm Hg
Social	Current smoker	
Read Code	Smoking cessation advice	
Read Code	Referral to NHS stop smoking service	

07-Nov-2013 Dr Docman ***do Not Delete* (DOC118766) Docman**

26-Sept-2013 Ms Anne McLean (AMCLEAN_1818766) GRANGE MEDICAL GROUPMain Surgery

Comment	Did not attend - no reason

25-Jan-2013 Ms Margaret McLean (MAG12718018766) GRANGE MEDICAL GROUPMain Surgery

Comment	Did not attend - no reason

08-Jan-2013 Dr Michael Fyall (DRFYALL_1818766) GRANGE MEDICAL GROUPMain Surgery

Examination	Current smoker 2/52 of pleuritic chest pain. no trauma. coughing yellow sputum. has chronic cough (seen april 12 re this) CXR at that stage NAD. no haemoptysis/weight loss. o/e alert, orientated, speaking freely. pulse 80/min. O2 sats 98%. chest clear. good AE throughout. says 15/day.
Comment	Comment ?LRTI. script as below. NSAID for pain. r/v if symptoms not settled 1/52. for spirometry + reversibility with PN. r/v with me with results.
Examination	Smoking cessation advice
Medication	Medication Amoxicillin Capsules 500 mg 21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Diclofenac Sodium E/c tablets 50 mg 84 TABLET ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD

26-Oct-2012 Admin Ann Canning (ANNC) Data Entry

Comment	Did not attend - no reason

18-Sept-2012 Ms Anne McLean (AMCLEAN_1818766) Data Entry

Comment	Did not attend - no reason

15-Jun-2012 Ms Vicky Allan (VAL12718018766) GRANGE MEDICAL GROUPMain Surgery

Comment Did not attend - no reason

10-May-2012 Ms Vicky Allan (VAL12718018766) GRANGE MEDICAL GROUPMain Surgery

Test Request Test Request U and E, LFTs, FBC, TFTs

27-Apr-2012 Dr Sebastian Miller (SEMI2718018766) GRANGE MEDICAL GROUPMain Surgery

Problem Voice hoarseness
History Heavy smoker - 20-39 cigs/day intermittent voice change for 1 year. chronic cough. no haemoptysis/wt loss
Test Request Test Request CXR, FBC, U and E, LFTs, TFTs

30-Sept-2011 Dr Michael Fyall (DRFYALL_1818766) GRANGE MEDICAL GROUPMain Surgery

History History deformity left ring finger, PIP joint. . approx 5 years. started with triggering. right handed. patient unable to manually extend finger. refer ortho.

02-Aug-2010 Reception4 (Reception418766) GRANGE MEDICAL GROUPData Entry

28-July-2010 History Ca cervix screen -not attended Cervical Screening$$.clm Cervical smear non-responder - Repeat after an Interval
In GP care
23-Feb-2000 History Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval
In GP care
20-Nov-1995 History Cervical smear - inflam.change Cervical Screening$$.clm - Repeat after an Interval
In GP care

26-Jan-2010 Dr Euan Hogarth (DRHOGARTH_18766) GRANGE MEDICAL GROUP

History History slipped last week on ice > back painful . mechanical and no red flag features. Advice and can try diclofanac > review if not settling 1-2 weeks priority=2

05-Oct-2009 MDriver (MDriver_1818766) GRANGE MEDICAL GROUPData Entry

07-July-2007 History Ca cervix screen -not attended Cervical Screening$$.clm Cervical smear non-responder - Repeat after an Interval
In GP care

21-Sept-2009 Dr May Hagerty (DRHAGERTY_18766) GRANGE MEDICAL GROUP

History History still v sore from # coccyx. adv not much more can be done. will take about 6wks for # to heal priority=2

10-Sept-2009 Dr Michael Fyall (DRFYALL_1818766) GRANGE MEDICAL GROUP

History History fell after being pushed on tuesday night. landed on "backside". pain "tailbone" since. no pain down legs. no numbness. no bladder./bowel dysfunction. walking slowly. tender over coccyx, no brusing/swelling visable. imp advised either soft tissue injury or possible could be # coccyx. advised managed conservatively. NKDa. no inhalers/asthma. advised analgesia as below. advised re s/e. smoker-advised. mfyall priority=2
History Current smoker Disease: SPICE Basic Health Values, priority=2
History Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
History Other injury NOS priority=2
History Minor injury - enhanced service completed priority=2

09-Sept-2009 Prescription0 (Prescripti18766) GRANGE MEDICAL GROUPData Entry

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

08-Sept-2009 Prescription0 (Prescripti18766) GRANGE MEDICAL GROUPData Entry

28-Oct-2010 Problem Notes summary on computer priority=1
History History Automatically generated by transaction priority=2
History Patient reg. form sent to HB priority=2

Medications (inc. issues)

Acute

05-Feb-2026 Mirtazapine Tablets 15 mg
28 tablet - ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

Repeat

12-May-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

12-May-2026 Acepiro Effervescent tablets 600 mg
60 TABLET - TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

12-May-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

12-May-2026 Mirtazapine Tablets 15 mg
28 tablet - ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

12-May-2026 Co-Codamol 30/500 Tablets
100 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

22-Apr-2026 Co-Codamol 30/500 Tablets
100 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

22-Apr-2026 Co-Codamol 30/500 Tablets
100 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

20-Apr-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

20-Apr-2026 Mirtazapine Tablets 15 mg
28 tablet - ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

20-Apr-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

13-Mar-2026 Mirtazapine Tablets 15 mg
28 tablet - ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

10-Mar-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

10-Mar-2026 Acepiro Effervescent tablets 600 mg
60 TABLET - TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

10-Mar-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

05-Feb-2026 Mirtazapine Tablets 15 mg
28 tablet - ONE TABLET TO BE TAKEN AT NIGHT AS ADVISED BY MNETAL HEALTH NURSE

27-Jan-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

27-Jan-2026 Acepiro Effervescent tablets 600 mg
60 TABLET - TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

27-Jan-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

14-Jan-2026 Acepiro Effervescent tablets 600 mg
60 TABLET - TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

14-Jan-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

14-Jan-2026 Acepiro Effervescent tablets 600 mg
60 TABLET - TAKE ONE TABLET ONCE DAILY AFTER FOOD. DISSOLVE IN HALF A GLASS OF WATER.

09-Dec-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

09-Dec-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
240 dose - TWO INHALATIONS TWICE A DAY

28-Nov-2025 Sertraline Hydrochloride Tablets 100 mg
56 TABLET - TAKE ONE DAILY

28-Nov-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

23-Oct-2025 Sertraline Hydrochloride Tablets 100 mg
56 TABLET - TAKE ONE DAILY

23-Oct-2025 Sertraline Hydrochloride Tablets 100 mg
56 TABLET - TAKE ONE DAILY

23-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

19-Sept-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

22-Aug-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

04-July-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-May-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Apr-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Apr-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

Past

09-Feb-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

23-Jan-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

23-Jan-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

14-Jan-2026 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TABLETS ONCE DAILY

14-Jan-2026 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TABLETS ONCE DAILY

01-Dec-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - TAKE ONE DAILY(TDD IS 150MG)

01-Dec-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - TAKE ONE DAILY(TDD IS 150MG)

28-Nov-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

23-Oct-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

19-Sept-2025 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - TAKE ONE DAILY

19-Sept-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

22-Aug-2025 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - TAKE ONE DAILY

22-Aug-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

09-July-2025 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - TAKE ONE DAILY

09-July-2025 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - TAKE ONE DAILY

04-July-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

13-May-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

13-May-2025 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - 1-2 QDS

13-May-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

17-Apr-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - TAKE ONE DAILY

17-Apr-2025 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - TAKE ONE DAILY

08-Apr-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

08-Apr-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

07-Apr-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

07-Apr-2025 Easychamber Spacer device with adult mask (6 years - adult) Acute Medication (Past)
1 DEVICE - USE AS DIRECTED

07-Apr-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

07-Apr-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
42 tablet - SIX TABLETS ONCE DAILY

07-Apr-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
42 tablet - SIX TABLETS ONCE DAILY

07-Apr-2025 Easychamber Spacer device with adult mask (6 years - adult) Acute Medication (Past)
1 DEVICE - USE AS DIRECTED

03-Apr-2025 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - 1-2 QDS

03-Apr-2025 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - 1-2 QDS

24-Mar-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

24-Mar-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

24-Mar-2025 Fluoxetine Hydrochloride Capsules 40 mg Repeat Medication (Past)
56 capsule - ONE A DAY

18-Mar-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

18-Mar-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

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

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

17-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT DAILY FOR 5 DAYS

17-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT DAILY FOR 5 DAYS

30-Jan-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

30-Jan-2025 Fluoxetine Hydrochloride Capsules 40 mg Repeat Medication (Past)
56 capsule - ONE A DAY

30-Jan-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

04-Dec-2024 Fluoxetine Hydrochloride Capsules 40 mg Repeat Medication (Past)
56 capsule - ONE A DAY

04-Dec-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

04-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

21-Nov-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

15-Nov-2024 Evorel Transdermal patches 50 micrograms/24 hrs Acute Medication (Past)
24 patch - APPLY ONE PATCH TWICE WEEKLY

15-Nov-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
90 capsule - ONE CAPSULE AT NIGHT

15-Nov-2024 Evorel Transdermal patches 50 micrograms/24 hrs Acute Medication (Past)
24 patch - APPLY ONE PATCH TWICE WEEKLY

15-Nov-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
90 capsule - ONE CAPSULE AT NIGHT

25-Oct-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

25-Oct-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

25-Oct-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

25-Oct-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TAKE ONE TO TWO UPTO FOUR TIMES DAILY AS REQUIRED FOR PAIN

16-Oct-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

16-Oct-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

08-Oct-2024 Fluoxetine Hydrochloride Capsules 40 mg Repeat Medication (Past)
56 capsule - ONE A DAY

08-Oct-2024 Fluoxetine Hydrochloride Capsules 40 mg Repeat Medication (Past)
56 capsule - ONE A DAY

12-Sept-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

12-Sept-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

05-Sept-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

05-Sept-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

08-Aug-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

17-Jun-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

10-May-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

10-May-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

09-May-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

07-May-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

07-May-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

07-May-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

07-May-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

05-Apr-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

25-Mar-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

25-Mar-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

15-Mar-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

15-Mar-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

27-Feb-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

27-Feb-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE CAPSULE TO BE TAKEN IN THE MORNING

21-Feb-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

21-Feb-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

05-Feb-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY AS STAT DOSE FOR 5 DAYS

05-Feb-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - 1 TAB 3 TIMES DAILY

05-Feb-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - 1 TAB 3 TIMES DAILY

05-Feb-2024 Carbocisteine Capsules 375 mg Acute Medication (Past)
120 capsule - TWO THREE TIMES DAILY UNTIL SPUTUM CLEARING THEN REDUCE TO ONE THREE TIEMS DAILY FOR A WEEK THEN STOP

05-Feb-2024 Carbocisteine Capsules 375 mg Acute Medication (Past)
120 capsule - TWO THREE TIMES DAILY UNTIL SPUTUM CLEARING THEN REDUCE TO ONE THREE TIEMS DAILY FOR A WEEK THEN STOP

05-Feb-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY AS STAT DOSE FOR 5 DAYS

31-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

30-Jan-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

30-Jan-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

30-Jan-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

30-Jan-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

23-Jan-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - (STEROID) 6 MANE FOR 5 DAYS

23-Jan-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - 2 STAT THEN 1 DAILY

23-Jan-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - 2 STAT THEN 1 DAILY

23-Jan-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - 2 STAT THEN 1 DAILY

23-Jan-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - (STEROID) 6 MANE FOR 5 DAYS

09-Jan-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

09-Jan-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
240 DOSE - INHALE TWO PUFFS TWICE DAILY

18-Dec-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

18-Dec-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1-2 UPTO QID PRN PAIN

11-Dec-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

11-Dec-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

08-Dec-2023 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

08-Dec-2023 Prednisolone E/c tablets 5 mg Acute Medication (Past)
30 tablet - (STEROID) 6 MANE FOR 5 DAYS

08-Dec-2023 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY THINLY THREE TIMES A DAY

08-Dec-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

08-Dec-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

08-Dec-2023 Prednisolone E/c tablets 5 mg Acute Medication (Past)
30 tablet - (STEROID) 6 MANE FOR 5 DAYS

02-Nov-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

02-Nov-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

27-Sept-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

27-Sept-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

04-Aug-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

04-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

07-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

13-Apr-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

13-Apr-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

08-Mar-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

08-Mar-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

06-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

06-Feb-2023 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

30-Dec-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

22-Dec-2022 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

14-Nov-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

11-Nov-2022 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Acute Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

11-Nov-2022 Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose Repeat Medication (Past)
60 DOSE - ONE DOSE TO BE INHALED EACH DAY

13-Oct-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

12-Oct-2022 Ibuprofen Gel 5 % Acute Medication (Past)
100 GRAM - APPLY UP TO THREE TIMES DAILY

12-Oct-2022 Ibuprofen Gel 5 % Acute Medication (Past)
100 GRAM - APPLY UP TO THREE TIMES DAILY

12-Oct-2022 Ibuprofen Gel 5 % Acute Medication (Past)
100 GRAM - APPLY UP TO THREE TIMES DAILY

04-Oct-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

04-Oct-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

06-Sept-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

19-Aug-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

28-July-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

05-July-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

15-Jun-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

12-May-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

11-Apr-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

22-Mar-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

02-Mar-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

10-Feb-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

17-Jan-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

20-Dec-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

17-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE CAPSULE TO BE TAKEN ONCE DAILY

17-Dec-2021 Naproxen Tablets 500 mg Acute Medication (Past)
112 TABLET - ONE TO BE TAKEN TWICE A DAY

17-Dec-2021 Ibuprofen Gel 5 % Acute Medication (Past)
100 GRAM - APPLY UP TO THREE TIMES DAILY

17-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE CAPSULE TO BE TAKEN ONCE DAILY

17-Dec-2021 Naproxen Tablets 500 mg Acute Medication (Past)
112 TABLET - ONE TO BE TAKEN TWICE A DAY

17-Dec-2021 Ibuprofen Gel 5 % Acute Medication (Past)
100 GRAM - APPLY UP TO THREE TIMES DAILY

17-Dec-2021 Paracetamol Caplets 500 mg Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

17-Dec-2021 Paracetamol Caplets 500 mg Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

01-Dec-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

16-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

19-Oct-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

20-Sept-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

24-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

28-July-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

30-Jun-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

02-Jun-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

31-Mar-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

18-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

25-Nov-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

25-Nov-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

02-Nov-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

28-Sept-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

25-Aug-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

09-Jun-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

10-Apr-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

04-Mar-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

04-Mar-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

03-Jan-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

03-Jan-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1*1 INHALER - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

13-Nov-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
2 inhaler - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

13-Nov-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
2 inhaler - ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE

30-Aug-2019 Fucidin H Cream Acute Medication (Past)
30 GRAM - APPLY THINLY TWICE DAILY FOR A MAXIMUM OF 14 DAYS.

30-Aug-2019 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY

30-Aug-2019 Fucidin H Cream Acute Medication (Past)
30 GRAM - APPLY THINLY TWICE DAILY FOR A MAXIMUM OF 14 DAYS.

30-Aug-2019 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY

29-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

29-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

13-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

13-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

29-Jan-2015 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

29-Jan-2015 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

08-Jan-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

08-Jan-2013 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD

08-Jan-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

08-Jan-2013 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD

26-Jan-2010 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)
84 TABS - 1 Tab with food 3 times daily

26-Jan-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 TABS - 1 Tab with food 3 times daily

10-Sept-2009 CO-CODAMOL 30MG/500MG TABLETS Acute Medication (Past)
200 TABS - 2 Tabs 4 times daily

10-Sept-2009 Co-Codamol 30/500 Tablets Acute Medication (Past)
200 TABS - 2 Tabs 4 times daily

10-Sept-2009 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)
84 TABS - 1 Tab with food 3 times daily

10-Sept-2009 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 TABS - 1 Tab with food 3 times daily

Allergies

This section is empty.

Vaccinations

28-July-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By S Pozzo)
FF3319/ PF/IM/LUA//C-19 Pfizer (By S Pozzo)

05-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By D Millar)
EW2245/ PF/IM/LUA//C-19 Pifzer (By D Millar)

Referrals

09-Dec-2025 PN Jemma Foley (JF2)
8H7u.: Referral to pulmonary rehabilitation (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

17-Dec-2021 Para Johnny Hood (M) Para Ip Pa36338 (JH1)
8HHS.: Referral for minor surgery (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

11-Apr-2025 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	2 mm in 1st hour	(Range: 2 - 30)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count, 0	**0 10^9/L**	**(Range: 0.02 - 0.1)**
Eosinophil count	0.1 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.8 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	**3.8 10^9/L**	**(Range: 1 - 3)**
Neutrophil count	5.3 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	319 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	31.4 pg	(Range: 27 - 32)
Packed cell volume	0.423	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	98.4 fl	(Range: 83 - 101)
Red blood cell (RBC) count	4.3 10^12/L	(Range: 3.8 - 4.8)
Platelet count	276 10^9/L	(Range: 150 - 410)
Total white cell count	10 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	135 g/L	(Range: 120 - 150)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Serum protein electrophoresis

Serum protein electrophoresis		(No range available)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Immunoglobulins

IgA	2.5 g/L	(Range: 0.8 - 4)
IgM	1.05 g/L	(Range: 0.4 - 2.4)
IgG	6.3 g/L	(Range: 6 - 16)

11-Apr-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event -)

Serum C reactive protein level < 5		(No range available)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate > 59		(No range available)
Serum creatinine	50 umol/L	(Range: 40 - 130)
Serum urea level	3.5 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	**109 mmol/L**	**(Range: 95 - 108)**
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	143 mmol/L	(Range: 133 - 146)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.01 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.34 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.37 mmol/L	(Range: 2.2 - 2.6)

11-Apr-2025 Mr Anonymous User (ANON)
Result: Liver function test

Serum gamma GT level	25 U/L	(No range available)
Serum alkaline phosphatase	68 U/L	(Range: 30 - 130)
Serum albumin	44 g/L	(Range: 35 - 50)
Serum total protein	68 g/L	(Range: 60 - 80)
Serum total bilirubin level	9 umol/L	(No range available)
Serum ALT level	14 IU/L	(No range available)
AST serum level	16 U/L	(No range available)

11-Dec-2024 OS Mary-Helen Caldwell (MHC)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Glucose tolerance test

Plasma glucose level	4.9 mmol/L	(Range: 3 - 6)
Biochemical test	15.53	(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	36 mmol/mol	(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	2 mm in 1st hour	(Range: 2 - 30)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.6 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	**3.2 10^9/L**	**(Range: 1 - 3)**
Neutrophil count	5.7 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	333 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**32.6 pg**	**(Range: 27 - 32)**
Packed cell volume	0.426	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	97.9 fl	(Range: 83 - 101)
Red blood cell (RBC) count	4.35 10^12/L	(Range: 3.8 - 4.8)
Platelet count	216 10^9/L	(Range: 150 - 410)
Total white cell count	9.7 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	142 g/L	(Range: 120 - 150)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Rheumatoid factor

Rheumatoid factor < 20		(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum ferritin	87 ug/L	(Range: 15 - 200)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	2.47 mU/L	(Range: 0.35 - 5)

21-Dec-2023 Mr Anonymous User (ANON)
Result: (Non Coded Event -)

Serum C reactive protein level < 5		(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate > 59		(No range available)
Serum creatinine	50 umol/L	(Range: 40 - 130)
Serum urea level	3.6 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	140 mmol/L	(Range: 133 - 146)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Serum lipids

Serum total cholesterol level	6.1 mmol/L	(No range available)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.2 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.32 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.36 mmol/L	(Range: 2.2 - 2.6)

21-Dec-2023 Mr Anonymous User (ANON)
Result: Liver function test

Serum alkaline phosphatase	64 U/L	(Range: 30 - 130)
Serum albumin	45 g/L	(Range: 35 - 50)
Serum total protein	67 g/L	(Range: 60 - 80)
Serum total bilirubin level	16 umol/L	(No range available)
Serum ALT level	14 IU/L	(No range available)
AST serum level	17 U/L	(No range available)

06-Jan-2023 OS Mary-Helen Caldwell (MHC)
Result: Cervical Cytology

Cervical smear: negative -		(No range available)

06-Jan-2023 OS Mary-Helen Caldwell (MHC)
Result: Virology

Cervical smear - human papillomavirus positive - Cervical smear - human papillomavirus positive		(No range available)

Other Items

01-Apr-2026	Read Code	SMS text sent to patient Summary of smart message sent to patient / Dear Janie Verhees Are you a hidden carer? Providing unpaid care for a family member, friend, or neighbour without identifying as a carer? If so, please contact your local practice or visit https://www.fmg.scot.nhs.uk/clinics-and-services/your-record/referral-to-carers-centre/ to complete the online form so we can register your caring role and help connect you with support. Kind regards / Are you a Carer
18-Jan-2026	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
13-Jan-2026	Read Code	Registered for access to Patient Facing Service
13-Jan-2026	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
08-Dec-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
30-Nov-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
22-Oct-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
20-Oct-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
22-May-2025	Read Code	Did not attend - no reason MHN - letter sent
21-May-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
01-May-2025	Read Code	Did not attend - no reason MHN - letter sent.
30-Apr-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
16-Apr-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
14-Apr-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
10-Apr-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
07-Apr-2025	Read Code	Chronic obstructive pulmonary disease
06-Apr-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
05-Apr-2025	Recall	Medication review

06-Feb-2025	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
22-Nov-2024	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: See MJog for Smart Response Details.
21-Nov-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
14-Nov-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
07-Oct-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
07-Aug-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
15-Mar-2024	Read Code	SMS text sent to patient Summary of smart message sent to patient / Message from Alba Medical Group Dear Janie Verhees, Further to your request for more pain relief, the GP has issued your prescription, and this has been send to our reception desk for you to collect. Kind regards Alba Medical Group 03301 289 389
26-Feb-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
23-Jan-2024	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: See MJog for Smart Response Details.
22-Jan-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
08-Jan-2024	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
20-Dec-2023	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
07-Dec-2023	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
27-Sept-2023	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
08-May-2023	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.
01-Feb-2023	Read Code	Message given to patient Summary of smart message sent to patient / Miss Janie Verhees Forth Medical Group has changed it's name to Alba Medical Group, this is to align with the wider teams in other health board areas. Please be advised that this is a change of name only and there is no change in partnership or to your local surgery. Thank you.
12-Jan-2023	Read Code	No response to bowel cancer screening programme invitation Non-Responder
14-Oct-2022	Recall	No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion*
29-May-2022	Read Code	No response to bowel cancer screening programme invitation Non-Responder
26-Jan-2021	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 08/11/2024. Reason: Defaulter
12-Mar-2020	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: CANCEL.
09-July-2017	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 09/10/2019. Reason: Defaulter
31-Mar-2015	Read Code	Referral to non NHS mental health community service
08-Jun-2014	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 08/09/2016. Reason: Defaulter
09-Aug-2013	Recall	Cervical neoplasia screen
09-Aug-2012	Read Code	Query Boutonniere finger deformity - left middle finger - advice given
10-May-2012	Read Code	Basophil count, 0 0 10^9/l

10-May-2012	Read Code	Eosinophil count 0.1 10^9/l
10-May-2012	Read Code	Monocyte count 0.9 10^9/l
10-May-2012	Read Code	Lymphocyte count 2.4 10^9/l
10-May-2012	Read Code	Neutrophil count 8.5 10^9/l
10-May-2012	Read Code	Mean corpusc. Hb. conc. (MCHC) 33.1 g/dl
10-May-2012	Read Code	Mean corpusc. haemoglobin(MCH) 32.4 pg
10-May-2012	Read Code	Packed cell volume 0.472
10-May-2012	Read Code	Mean corpuscular volume (MCV) 97.9 fl
10-May-2012	Read Code	Red blood cell (RBC) count 4.82 10^12/l
10-May-2012	Read Code	Platelet count 446 10^9/L
10-May-2012	Read Code	Total white cell count 12 10^9/l
10-May-2012	Read Code	Haemoglobin estimation 156 g/l
10-May-2012	Read Code	Serum TSH level 3.14 mU/l
10-May-2012	Read Code	Serum albumin 45 g/l
10-May-2012	Read Code	Serum total protein 77 g/l
10-May-2012	Read Code	AST serum level 24 iu/l
10-May-2012	Read Code	Serum ALT level 11 iu/l
10-May-2012	Read Code	Serum alkaline phosphatase 81 u/L
10-May-2012	Read Code	Serum total bilirubin level 11 umol/l
10-May-2012	Read Code	Glomerular filtration rate >59
10-May-2012	Read Code	Serum urea level 1.7 mmol/l
10-May-2012	Read Code	Serum creatinine 63 umol/l
10-May-2012	Read Code	Serum chloride 102 mmol/l
10-May-2012	Read Code	Serum sodium 141 mmol/l
10-May-2012	Read Code	Serum potassium 5.1 mmol/l
09-May-2011	Read Code	Cervical smear defaulter
09-May-2011	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 08/08/2013. Reason: Defaulter
01-Jan-1899	Read Code	Marital Status: Single

Attachments

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Department of Orthopaedic Surgery
Consultant: Mr Douglas Robinson
Tel: 01324 566947
Fax:

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: DR/SS/S202291
CHI: 2802720503

Clinic Date: 10 July 2012
Date: 12 July 2012

01 AUG 2012

Mr I K Ritchie
Consultant Orthopaedic Surgeon
FVRH

Dear Mr Ritchie

Janie Lees 28/02/1972
40 Lumley Place, GRANGEMOUTH, Stirlingshire FK3 8BY

Diagnosis: **Mild-moderate Boutonnières deformity left ring finger PIP joint**
Treatment: **Advice**
Outcome: **Discharge**

Thank you for asking me to see this lady. As you describe she developed a mild fixed flexion deformity of her left ring finger PIP. This has not caused a functional disability.

I agree with your assessment and I have had a further discussion with Ms Lees. If surgical correction of a few degrees would be obtained she would be unlikely to benefit functionally. In the absence of significant discomfort I have therefore advised against surgery. She has taken my advice on board and will see how matters progress.

No further follow-up appointments have been made.

Yours sincerely

S Stewart

pp **Mr D Robinson**
Consultant Orthopaedic Surgeon
CC Dr Lucy Munro, Grange Medical Group, The Health Centre, Kersiebank Avenue, Grangemouth, FK3 9EL

Morbidity + file

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 40 Lumley Pl,
CONSULTANT: Dr Michael Fyall
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Fyall, Grange Medical Group
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Voice change
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.2-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
27/12/96 15:39	262148A		**6.1**						
09/01/97 08:59	266010D		3.9						
09/01/97 11:00	266011L		4.4						
19/12/99 Unknown	156172J		5.0						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 23-30 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 60-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
19/12/99 Unknown	156173V			143	4.0	107	**1.9**	62	
08/03/00 15:22	199071X			137	**3.4**	**108**	**1.2**	**50**	
10/05/12 09:10	935662A			141	**5.1**	102	**1.7**	63	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 35-52 g/l	ALKALINE PHOSPHATASE 0 - 130) iu/l 37°C	γGT 7-62 (female) iu/l 37°C
19/12/99 Unknown	156173V	42							
10/05/12 09:10	935662A		24	11	11	77	45	81	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 11-28 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.87-1.45 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 29.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.8 nmol/l from 29.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependant	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are sex dependant
10/05/12 09:10	935662A	3.14							

10/05/12 09:10	935662A	Alk. Phosphatase Note method change from 09.00 on 27.02.2012. Values 42% on average of those from previous method. ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L.

File Permanently Page 1 of 1 | Date of Report 11/05/2012 10:45

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01 MAY 2012

NHS
Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2802720503 **Examination Number:** 31062322

Name: Lees, Janie DOB: 28/02/1972

Address: 40 Lumley Place,, GRANGEMOUTH,, Stirlingshire, FK3 8BY -- **CC:** -

Examination: XR Chest

Examination Date: 30/04/2012 **Examination Time:** 10:10

Dictating Radiologist: DR GORDON DEWAR,

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: FYALL, MICHAEL GRANGE MED GRP

Chronic cough. Course.

Chest:
Normal heart and mediastinal contours. No evidence of active pulmonary disease.

Examination Date: 30/04/2012
Examination: XR Chest
Date Reported: 30/04/2012
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR,

Verified by: DR GORDON DEWAR, on 30/04/2012

Page 1 of 1

NHS Confidential: Personal data about a patient

NHS Forth Valley Haematology

NHS Forth Valley

Patient	LEES, JANIE 40 Lumley Pl	Patient Ref. Number	2802720503
		Date Of Birth	28/02/1972
		Sex	F
Doctor/Location	Grange Medical Group Dr Michael Fyall	Consultant/GP	Dr Michael Fyall
		Date/Time Specimen Received	10/05/2012 19:27
Clinical Data	voice change	Sample Type	Blood

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/l

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
8.50	2.40	**0.90**	0.10	0.00					

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
4.82	**0.472**	97.9	32.4	33.1			11/05/2012 10:48

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
156	**12.0**	**446**	Full Blood Count	415086	10/05/2012 09:10

Lab Ref: GRMP - HOG

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/l)	3.9 - 10.6	3.5 - 11
Red Cell Count (x10^{12}/l)	4.4 - 5.9	3.8 - 5.2
Haemoglobin (g/l)	133 - 177	117 - 157
Packed Cell Volume	0.40 - 0.52	0.35 - 0.47
Mean Cell Volume (fl)	81 - 100	81 - 100
Mean Cell Haemoglobin (pg)	26.6 - 33.8	26.4 - 34.0
MCH Concentration (g/dl)	31.5 - 36.3	31.4 - 35.8
Platelet Count (x10^9/l)	150 - 440	150 - 440

CHILDREN	BIRTH	1 YEAR	6	10
WBC (x10^9/l)	9.0 - 30.0	6.0 - 17.5	5.0 - 14.5	4.3 - 13.5
Hb (g/l)	146 - 234	90 - 146	106 - 155	107 - 155

Differential White Cell Count: (as absolute counts, x 10^9/l)

	1 YEAR	6	10	ADULT
Neutrophils	1.5 - 8.5	1.5 - 8.0	1.5 - 8.0	1.8 - 7.7
Lymphocytes	4.0 - 10.5	1.5 - 7.0	1.5 - 6.5	1.0 - 4.8
Monocytes	0.05 - 1.1	0 - 0.65	0 - 0.8	0 - 0.8
Eosinophils	0 - 0.65	0 - 0.65	0 - 0.60	0 - 0.45
Basophils	0 - 0.20	0 - 0.20	0 - 0.20	0 - 0.20

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Registration Details - Patient No: 13585

Personal details...		Address details...	
Date of birth	28/02/1972	Post Code	HS1 2QH
Sex	F	House Name Flat No	The Old House
Surname	Lees	No and Street	4 Lewis Street
Previous Surname		Village	
Forenames	Janie	Town	STORNOWAY
Calling Name	Janie	County	ISLE OF LEWIS
Title	Ms		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Western Isles	Home Tel No	702730
Registered GP	Dr J N Davis	Work Tel No	
Usual GP	Dr J N Davis	Mobile Tel No	
CHI Number	2802720503	E Mail Address	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing	N	RPP Road Miles	
Hospital Number		Blocked Special	
Records At		Water Miles	
Footpath Miles			

Further Information		ePharmacy Patient Consent	
Long/Short stay or Dead		eAMS Consent	Yes
Date of registration	30/08/2007		

Medical Record

Problems

Active Problems		Authorised By	Code
20/02/2008	Presumed left address (GPASS code: Z1100)	mairie	PCSDT1541218001
25/09/2007	Victim of domestic violence police involved	Dr Davis	14X8

Past Problems		Authorised By	Code
30/08/2007	**Patient MRE received from HB**	reception1	9125
25/07/2007	**Pat. GP7B/GP8B card from HB**	SERVER_PROCESS_70	9124
23/07/2007	**Patient reg. form sent to HB**	Catherine	9123

Health Admin Problems		Authorised By	Code

Attachments		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code

None

Immunisations	Authorised By	Code

None

Health Status

Other Observations		Authorised By	Code
14/07/2008	**Administration** [ETK1]: priority=2	marion	9
05/03/2008	**Administration** [ETK1]: priority=2	agnes	9
20/02/2008	**Administration** [ETK1]: priority=2	mairie	9
08/11/2007	**Face to face consultation** [ETK0]: priority=2	Dr MacLennan	EMISNQFA11
27/10/2007	**Administration** [ETK1]: priority=2	Dr MacLennan	9
25/09/2007	**Administration** [ETK1]: A+E NOTE alleged domestic abuse from long term partner priority=2	Dr Davis	9
30/08/2007	**Administration** [ETK1]: Automatically generated by transaction priority=2	reception1	9
16/08/2007	**Letter invite to screening** Cervical Screening$$.clm	UnknownUser	9O21
16/08/2007	**Administration** [ETK1]: priority=2	mairie	9
25/07/2007	**Administration** [ETK1]: Automatically generated by transaction priority=2	SERVER_PROCESS_70	9
25/07/2007	**Face to face consultation** [ETK0]: priority=2	Mr DR LOCUM 2	EMISNQFA11
23/07/2007	**Administration** [ETK1]: Automatically generated by transaction priority=2	Catherine	9

Consultations

14/07/2008	marion at Broadbay Medical Practice
History	Administration [ETK1]: priority=2
-	----
05/03/2008	agnes at Broadbay Medical Practice
History	Administration [ETK1]: priority=2
-	----
20/02/2008	mairie at Broadbay Medical Practice
History	Administration [ETK1]: priority=2
Problem	**Presumed left address (GPASS code: Z1100)**
-	----
08/11/2007	Dr C MacLennan at Broadbay Medical Practice
History	Face to face consultation [ETK0]: priority=2
-	----
27/10/2007	Dr C MacLennan at Broadbay Medical Practice
History	Administration [ETK1]: priority=2
-	----
25/09/2007	Dr J N Davis at Broadbay Medical Practice
History	Administration [ETK1]: A+E NOTE alleged domestic abuse from long term partner priority=2
Problem	**Victim of domestic violence** police involved
-	----
30/08/2007	reception1 at Broadbay Medical Practice
History	Administration [ETK1]: Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB**
-	----
16/08/2007	mairie at Broadbay Medical Practice
History	Administration [ETK1]: priority=2 Letter invite to screening Cervical Screening$$.clm
-	----
25/07/2007	SERVER_PROCESS_70 at Broadbay Medical Practice
History	Administration [ETK1]: Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB**
-	----
25/07/2007	Mr DR LOCUM 2 at Broadbay Medical Practice
History	Face to face consultation [ETK0]: priority=2
-	----
23/07/2007	Catherine at Broadbay Medical Practice
History	Administration [ETK1]: Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB**

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
25/07/2007	**Co-Codamol 8/500 Tablets** 2 Tabs Take as required 100 TABS	25/07/2007P	Mr DR LOCUM 2	ACUTE

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File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr Lucy Munro	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

CHI Number	2602720503
Name	LEES, JANE
Date Of Birth	28/02/1972
GMC Code of Registered GP	4013190
Practice Code	Y25578

Exclusion Reason	**Deceased**
Exclusion Date	**09/05/2011**
Exclusion End Date	**08/08/2013**
Extended	**No**
Closed	**No**
Next Recall Date	**04/07/2007**

Emis PCS

Department of Orthopaedic Surgery
Consultant: Mr Ian Ritchie
Tel: 01324 566817
Fax:

Stirling Community Hospital
Livilands
Stirling
FK8 2AU

NHS Forth Valley

Ref: IKR/CR/F297689
CHI: 2802720503

Clinic Date: 14 February 2012
Date: 01 March 2012

- 6 MAR 2012

Mr Douglas Robinson
Consultant Orthopaedic Surgeon
FVRH

Dear Mr Robinson

Janie Lees 28/02/1972
40 Lumley Place, GRANGEMOUTH, Stirlingshire FK3 8BY

I shall be grateful for your opinion on this lady. Five years ago she had an altercation with her then boyfriend and she sustained an injury to her left ring finger PIP joint. Initially there was no particular problem but over the next few months she developed a fixed flexion deformity and the range of movements now is about 70° to 95° at the PIP joint. Functionally her hand is doing quite well and she is able to cope with almost everything except she occasionally loses change between her ring and little finger.

On examination the range of movements is as I have described above and apart from that her hand is remarkably normal. I have obtained an x-ray which shows evidence of injury to the proximal phalanx and it is not clear to me whether she had a fracture there but I suspect that is a possibility and I am fairly certain that she has had collateral ligament damage at the PIP joint.

I discussed with Miss Lees the options here. I made a strong case for leaving things alone since she is functionally doing very well. However she would like to consider surgery. I pointed out to her that if we were successful then surgery should give her a reasonable function but I am not convinced that joint is undamaged or that she would achieve a full range of movements at this stage after the injury. I also pointed out that it is entirely possible that she could end up in a position much as she is now but with scars on her fingers. I suppose I am not convinced that we could do an awful lot to improve the situation at this stage, however she would like to explore the matter further and I have suggested that she should have a second opinion from you about this.

Many thanks for seeing her.

Yours sincerely

Mr. I. K. Ritchie
Consultant Orthopaedic Surgeon

Copy To: Dr Lucy Munro, Grange Medical Group, The Health Centre, Kersiebank Avenue, Grangemouth, FK3 9EL

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
04-Oct-2011

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2802720503 CHI No:2802720503

101002605925P
Unique Care Pathway Number: 101002605925P

REFERRAL TO

Trauma and Orthopaedic SurgeryC8
FV General OrthopaedicReferral
— **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR
— **Hospital**and **hospital address**
Hospital location code.
V217H

Urgency of Referral **Routine Orthopaedic Referral**

Administrative Information
Patient will accept any doctor:Not Recorded
Patient will accept any site:Not Recorded
Patient will accept cancellation or short notice appointment:Not Recorded
Patient has disability or requires wheelchair access:Not Recorded

PATIENT DETAILS

Surname	Lees
Forename(s)	Janie
Title	- Sex Female
Previous Surname	-
Date of birth	28-Feb-1972
CHI no.	2802720503

Patient's address
40 Lumley Place
Grangemouth
FK3 8BY

Contact number(s)
Voice: 07849393838

REFERRING PRACTITIONER DETAILS

Name: Dr. Michael Fyall (GMC: 6053895)
Practice: Grange Medical Group (25578)
Phone: Voice: 01324 665533

Practice address:
The Health Centre
Kersiebank Avenue
Grangemouth

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: General Shoulder/Arm Referral

Comment: Dear Doctor

This 39 year old lady presented with a history of deformity of her left ring finger. The finger is stuck at 90 degrees flexion position at the PIP joint. She tells me this has been to case for around five years. She gives a history of the finger initially triggering and initially being able to manually release this herself.

She is right handed and not working at present. She usually keeps well and has no regular medication.

I would be most grateful if you would be kind enough to see her with regard to the above problem with her left ring finger.

Yours sincerely

Investigations

Smoking Advice Recorded: Not Recorded -

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Notes summary on computer	-	-	priority=1	28-Oct-2010
Other injury NOS	-	-	priority=2	10-Sep-2009
Minor injury - enhanced service completed	-	-	priority=2	10-Sep-2009
Pat. GP7B/GP8B card from HB	-	-	priority=2	09-Sep-2009
Patient reg. form sent to HB	-	-	priority=2	08-Sep-2009

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
Smoking cessation advice	-	-	10-Sep-2009

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Not Known	Units per day ? (not known)

Additional relevant information

Signature of referring doctor (or other professional)

Date 04-Oct-2011

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ALBA MEDICAL GROUP

JV/MHC

22nd May 2025

Miss Janie Verhees
10 Burnfoot Court
GRANGEMOUTH
FK3 0AL

FAILURE TO ATTEND
LETTER 2

Dear Miss Verhees

I note from our records that you did not attend a number of appointments at the surgery on

1) **22/05/2025..... at.....09.30.....with.....Mental.Health.Nurse.....**
2) **01/05/2025..... at.....15.15.....with.....Mental.Health.Nurse.....**
3) **08/08/2024..... at.....09.15.....with.....Mental.Health.Nurse.....**

Due to an increasing number of patients failing to attend we have changed our policy for dealing with this problem. I have attached the policy for your information.

Failure to cancel appointments leads to GP, Nurse and other clinical time being wasted at a time when demand for appointments exceeds availability.

You may have a good reason why you did not attend on this occasion, but could I please ask you to note the above in case of any future problems.

In keeping with the above policy ONE further failure to attend will lead to you being removed from the practice register.

Yours sincerely

MRS GILLIAN TOLLINS

PRACTICE MANAGER

Kersiebank Medical Practice	21A Kersiebank Avenue	Grangemouth	FK3 9EL	T: 03301289389
Bannockburn Medical Practice	Fire Entry	Bannockburn	FK7 0HW	T: 03301289389
Hallpark Medical Practice	CCHC, Hallpark Road	Sauchie	FK10 3JQ	T: 03301289389
Westburn Medical Practice	Westburn Avenue	Falkirk	FK1 5SU	T: 01324623577

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```
Request ID:        15062273
Lab Number:        F015062273
CHI:               2802720503
Patient Name:      Lees, Janie
Patient ID:        TK2802720503
Request Recorded:  2025-04-03
Status Changed:    2025-05-12
Requestor:         Wearden, David, Dr (Locum GP) V26015
Collection:        Apr  3 2025  3:38PM
Urgency:           R
Submittal Error:   Request out of date and therefore not justified as per
IRMER regulations
Patient Info:
```

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ALBA MEDICAL GROUP

JV/MHC

01st May 2025

Miss Janie Verhees
10 Burnfoot Court
GRANGEMOUTH
FK3 0AL

FAILURE TO ATTEND
LETTER 1

Dear Miss McIntosh

I note from our records that you did not attend an appointment at the surgery on

1) **01/05/2025..... at.....15.15.....with.....Mental.Health.Nure.....**
2) **08/08/2025..... at.....09.15.....with.....Practice.Nure.....**

Due to an increasing number of patients failing to attend we have changed our policy for dealing with this problem. I have attached the policy for your information.

Failure to cancel appointments leads to GP, Nurse and other clinical time being wasted at a time when demand for appointments exceeds availability.

You may have a good reason why you did not attend on this occasion, but could I please ask you to note the above in case of any future problems.

Patients with continued failed appointments are removed from the practice

Yours sincerely

MRS GILLIAN TOLLINS

PRACTICE MANAGER

Kersiebank Medical Practice	21A Kersiebank Avenue	Grangemouth	FK3 9EL	T: 03301289389
Bannockburn Medical Practice	Firs Entry	Bannockburn	FK7 0HW	T: 03301289389
Hallpark Medical Practice	CCHC, Hallpark Road	Sauchie	FK10 3JQ	T: 03301289389
Westburn Medical Practice	Westburn Avenue	Falkirk	FK1 5SU	T: 01324623577

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
09-Dec-2025

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2802720503 CHI No: 2802720503

101038469934X
Unique Care Pathway Number: 101038469934X

REFERRAL TO

Physiotherapy - RespiratoryR5V4
FV Physio - Respiratory
— **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR
— **Hospital** and **hospital address**
Hospital location code.
V217H

Urgency of Referral: **Routine Physiotherapy - Respiratory Referral**

Administrative Information
Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Age in Years:53
Patient has special requirements:No

PATIENT DETAILS

Surname	Verhees
Forename(s)	Janie
Title	- Sex Female
Previous Surname	-
Date of birth	28-Feb-1972
CHI no.	2802720503

Patient's address
10 Burnfoot Court
Grangemouth
FK3 0AL

Contact number(s)
Voice: 07946083218

REFERRING HCP DETAILS

Name: Jemma Foley
Organisation name: Alba Medical Group Forth Valley (26015) (26015)
Specialty: - (-)

Organisation address
Firs Entry
Bannockburn
Stirling
FK7 0HW
Voice: 0330 1289 389

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Disordered breathing

Comment: Good Morning
The above lady has COPD and is struggling with her breathing. She struggles with anxiety also and feels she is breathless most of the time due to the COPD and anxiety. I would be grateful if you could see her to work on some breathing techniques etc.
Many thanks
Jemma Foley
GPN

Examinations and Investigations

Murmur present:	Not Recorded	-
Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-
Known risks:	None	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
125	73				14-Apr-2014

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Query Boutonniere finger deformity	-	-	- left middle finger - advice given	09-Aug-2012
Other injury NOS	-	-	priority=2	10-Sep-2009
Chronic obstructive pulmonary disease	-	-	-	30-Dec-1899

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 TABLET	TAKE ONE DAILY	-	-	-
Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose	-	240 DOSE	TWO PUFFS TO BE INHALED TWICE A DAY	-	-	-
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	0301011R0BEAIAP	200 dose	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Sertraline Hydrochloride Tablets 50 mg	0403030Q0AAAAAA	28 tablet	TAKE ONE DAILY(TDD IS 150MG)	-	-	42 Days

Clinical warnings

Description	Comment	Date Recorded
Current smoker	-	14-Apr-2014
Current smoker	2/52 of pleuritic chest pain. no trauma. coughing yellow sputum. has chronic cough (seen april 12 re this) CXR at that stage NAD. no haemoptysis/weight loss. o/e alert, orientated, speak- TRUNCATED	08-Jan-2013
Heavy smoker - 20-39 cigs/day	intermittent voice change for 1 year. chronic cough. no haemoptysis/wt loss	27-Apr-2012
Current smoker	Disease: SPICE Basic Health Values, priority=2	10-Sep-2009

Alcohol status: Units per day: ? (not known)

Exercise status: Not Known

Additional relevant information

Signature of referring doctor (or other professional) **Date** 09-Dec-2025

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: LEES,JANIE	UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH	
CONSULTANT: Dr David Wearden	DOB: 28/02/1972 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr David Wearden, Alba Medical Group	SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: boby pain L post thorax	COPY DETAILS: Copy Report. First Printed: 11/04/2025 at 22:58

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	Urine CREATININE CLEARANCE 85-160 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 930 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosmKgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-55 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

17/03/00 09:04	104695Y	HCG (Local)	10	U/L	(0 - 5)
21/12/23 15:53	702410D	Ferritin	87	ug/L	(15 - 200)
		Phosphate	1.20	mmol/L	(0.8 - 1.5)
		Rheumatoid Factor	<20	IU/mL	(0 - 29)
11/04/25 10:23	935103F	Phosphate	1.01	mmol/L	(0.8 - 1.5)
		S Electrophoresis	NP1		
11/04/25 10:23	935103F	S Electrophoresis No paraprotein or immunosuppression detected.			

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NHS
Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE	UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH	
CONSULTANT: Dr David Wearden	DOB: 28/02/1972 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr David Wearden, Alba Medical Group	SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: boby pain L post thorax	COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 95-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

17/03/00 09:04	104695Y	HCG (Local)	10	U/L	(0 - 5)
21/12/23 15:53	702410D	Ferritin	87	ug/L	(15 - 200)
		Phosphate	1.20	mmol/L	(0.8 - 1.5)
		Rheumatoid Factor	<20	IU/mL	(0 - 29)
11/04/25 10:23	935103F	IgA	2.50	g/L	(0.80 - 4.00
		IgG	6.3	g/L	(6.0 - 16)
		IgM	1.05	g/L	(0.40 - 2.40
		Phosphate	1.01	mmol/L	(0.8 - 1.5)

Filing Range from: 11/04/2025 to: 17/03/2000 Page 1 of 1 — Date of Report 11/04/2025 22:58

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Pages:

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janie Verhees 2802720503

Did Not Attend for Breast Screening on 06-08-2024.

Yours sincerely,

Jacqueline Kelly
Clinical Director

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
LEES, JANIE 10 BURNFOOT COURT GRANGEMOUTH		2802720503	
		Date Of Birth 28/02/1972	Sex F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Alba Medical Group Dr David Wearden	Dr David Wearden	11/04/2025 13:48	
Clinical Data boby pain L post thorax		Sample Type Blood	

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
5.30	**3.80**	0.80	0.10	**0.00**					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 ^{9}/L	Report Date/Time
4.30	0.423	98.4	31.4	319			11/04/2025 14:04

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
135	10.0	276	Miscellaneous	551192	11/04/2025 10:23

Lab Ref: V26015 - V26015

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10 ^{9}/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
LEES, JANIE 10 BURNFOOT COURT GRANGEMOUTH		2802720503	
		Date Of Birth 28/02/1972	Sex F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Alba Medical Group Dr David Wearden	Dr David Wearden	11/04/2025 13:48	
Clinical Data boby pain L post thorax		Sample Type Blood	

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L									
Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
					2		11Apr25 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	551192	11/04/2025 10:23

Lab Ref: V26015 - V26015

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Patient Name Lees, Janie Patient ID 2802720503 Accession NumberV213908413101

NHS Forth Valley

NHS Forth Valley Radiology Report

Patient Name:	Lees, Janie	Exam Date:	30/01/2024
Patient ID:	2802720503	Consultant:	GP REQUESTOR
Patient Date of Birth:	28/02/1972	Report Date and Time:	02/02/2024 12:42:46
Patient Address	10 BURNFOOT COURT GRANGEMOUTH STIRLINGSHIRE FK3 0AL	Referring Dept/Location:	SYEED, DR A, LOCUM GP FORTH MEDICAL GROUP

Accession: V213908413101, Examination Date: 30/01/2024, Examination: XR Chest:

Indication:
Clinical Details :
Worsening COPD past 3/12 - requiring freq rescue abx/ steroids. Has cut down her smoking.
Provisional Diagnosis :
? COPD - residual infection/ ? lung lesion

Findings:

Examination: PA erect chest x-ray.
Comparison: 2020.
This
Findings: Normal cardiomediastinal contour.
No hilar or paratracheal lymphadenopathy.

The lungs are fully expanded and appear clear, no collapse, consolidation or effusion.

Kaley Potts Reporting Radiographer, Medica Reporting Ltd

HCPC: RA63229

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Final Report By: Kaley Potts Medica Radiographer HCPC RA63229 at 02/02/2024 12:42:46 .

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NHS
Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH
CONSULTANT: Dr David Wearden
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr David Wearden, Alba Medical Group
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: boby pain L post thorax
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 22-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
19/12/99 Unknown	156172J		5.0						
21/12/23 15:53	702409A	15.53	4.9						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
19/12/99 Unknown	156173V			143	4.0	107	1.9	62	
08/03/00 15:22	199071X			137	3.4	108	1.2	50	
10/05/12 09:10	935662A			141	5.1	102	1.7	63	>59
21/12/23 15:53	702410D			140	4.1	104	3.6	50	>59
11/04/25 10:23	935103F			143	4.1	**109**	3.5	50	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	YGT 0-40 (female) iu/l 37°C
19/12/99 Unknown	156173V	42							
10/05/12 09:10	935662A		24	11	11	77	45	81	
21/12/23 15:53	702410D		17	14	16	67	45	64	
11/04/25 10:23	935103F		16	14	9	68	44	68	25

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
21/12/23 15:53	702410D			2.36	2.32	1.20			
11/04/25 10:23	935103F			2.37	2.34	1.01			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mu/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependant	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are sex dependant
10/05/12 09:10	935662A	3.14							
21/12/23 15:53	702410D	2.47					6.1		

11/04/25 10:23	935103F	C-Reactive Prot.	<5 mg/L	(0 - 5)
21/12/23 15:53	702410D	C-Reactive Prot.	<5 mg/L	(0 - 5)
11/04/25 10:23	935103F	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L		

File Permanently Page 1 of 1 — Date of Report 11/04/2025 22:57

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Fw: We have received your response for External Therapy Referral Form

Ayleen Blackadder (NHS Forth Valley) <ayleen.blackadder@nhs.scot>
Tue 27/02/2024 15:19
To:V26015 Forth Medical Group (NHS Forth Valley) <FV.FMG@nhs.scot>

Hi,

Please file in patients docman. Thanks

Kind Regards
Ayleen Blackadder
Primary Care Mental Health Nurse

Email: ayleen.blackadder@nhs.scot

Kersiebank Medical Practice - Tel - 0330 1289 389
Tuesday Wednesday 8.15am - 4.15pm
Thursday 8.15am - 12.15pm

From: Jotform <noreply@jotform.com>
Sent: 27 February 2024 15:03
To: Ayleen Blackadder (NHS Forth Valley) <ayleen.blackadder@nhs.scot>
Subject: We have received your response for External Therapy Referral Form

You don't often get email from noreply@jotform.com. Learn why this is important

External Therapy Referral Form

Name	Janie Verhees
Address	Street Address: 10 Burnfoot court Street Address Line 2: Grangemouth City: FALKIRK Post Code: FK30AL
Mobile Phone Number	07946083218
National Insurance Number	NY14 72 35C
Email	janieverhees6380@gmail.com
Birth Date	28-02-1972
What is their employment status?	Unemployed
Please explain briefly how HSTAR could support your client/patient	Support for childhood trauma and domestic abuse as an adult from previous two partners. In foster care at aged 4 years as both parents had alcohol issues and Dad was often in prison. Witnessed domestic abuse from Dad to Mum.

	Whilst in foster care was often physically punished and emotional abuse from foster carers.
GP Practice Contact Details	Kersiebank Medical Practice 21A Kersiebank Avenue Grangemouth FK39EL
Has your client/patient previously received any type of counselling or mental health services?	No
Is your client/patient currently receiving any type of counselling or mental health services?	No
Is your client/patient currently on prescribed drugs/medication?	No
Do they have	sleeping disorder struggled to explain myself to others stress and tension
Type of trauma the referred person have experienced/witnessed:	Domestic Abuse Childhood Emotional Abuse Childhood Physical Abuse Adoption / Social Care
In order to continue with this referral please tick to confirm that your referee is NOT currently receiving any other counselling therapy, mental health treatment * I confirm	Yes, I confirm
In order to continue with this referral please tick to confirm that your referee is NOT currently feeling suicidal or engage in significant self harm behaviours and can keep yourself safe *I confirm	Yes, I confirm
In order to continue with this referral please tick to confirm that your referee will accept to be receiving therapy from fully supervised Therapist in Training * I confirm	Yes, I confirm
Your Name	Ayleen Blackadder
Organisation/Company	NHS Forth Valley
Mobile Phone Number	03301289389
Your Email	ayleen.blackadder@nhs.scot
Date	02/27/2024

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NHS Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
LEES 10 BURNFOOT COURT GRANGEMOUTH	JANIE	2802720503
	DATE OF BIRTH: 28/02/1972	SEX: F

CONSULTANT	WARD	
Dr Adnan Syeed	Dr Adnan Syeed	26015_
	G.P. Alba Medical Group	

CLINICAL DATA: COPD

Pyogenic Culture
No Lower Respiratory Tract pathogens isolated
Test performed by UKAS accredited medical
laboratory No.10825.

EXAMINATION	LAB No	AUTHORISED	
Pyogenic Culture	MG708369W	Linda Stewart	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Sputum	29/01/2024	29/01/2024	30/01/2024

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Pages:

Fwd: 1069JVE - Discharge

Ayleen Blackadder (NHS Forth Valley)
<ayleen.blackadder@nhs.scot>
Wed 13/03/2024 17:51
To:V26015 Forth Medical Group (NHS Forth Valley) <FV.FMG@nhs.scot>

Hi,
Please file in Janie Verhees docman. Thanks

Kind Regards
Ayleen Blackadder
Primary Care Mental Health Nurse

Email: ayleen.blackadder@nhs.scot

Kersiebank Medical Practice - Tel - 0330 1289 389
Tuesday Wednesday 8.15-4.15
Thursday 8.15-12.15

From: Therapies Scotland <therapies@hstar-scotland.org>
Sent: Monday, March 11, 2024 11:48:39 AM
To: janieverhees6380@gmail.com <janieverhees6380@gmail.com>
Subject: 1069JVE - Discharge

You don't often get email from therapies@hstar-scotland.org. Learn why this is important

Hi Janie,

Several attempts have been made to contact you to complete our Therapy Intake process.

Despite our best efforts and rescheduling to another day, we have not managed to complete this.

We are currently experiencing high demand for our mental health wellness and counselling services, so we cannot keep contacting unresponsive clients.

Thank you so much for your understanding and cooperation.

If your referral was made by another person/organisation we have included them into this message.

Kind regards,

Nazia Akhtar
Deputy Manager

HSTAR Scotland

Phone: 01786 845 720
Mobile: 07889 600 760

Working part-time hours:
Monday, Tuesday
09:30 – 16:00

Wednesday
09:30 – 13:30

36-40 Cowane Street, Stirling FK81JR

www.hstar-scotland.org

A logo of a company Description automatically generated

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
LEES 10 BURNFOOT COURT GRANGEMOUTH	JANIE	2802720503
	DATE OF BIRTH: 28/02/1972	SEX: F

CONSULTANT: P/N Jemma Foley
WARD: P/N Jemma Foley 26015_
G.P.: Alba Medical Group
CLINICAL DATA: ?infection

Pyogenic Culture
No Lower Respiratory Tract pathogens isolated
Test performed by UKAS accredited medical
laboratory No.10825.

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG839819R	Declan Smith	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Sputum	10/12/2025	10/12/2025	11/12/2025

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NHS
Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE	UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH	
CONSULTANT: Craig Blackwood	DOB: 28/02/1972 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Craig Blackwood, Alba Medical Group	SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Joint pain - Hands	COPY DETAILS

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 65-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

17/03/00 09:04	104695Y	HCG (Local)	10	U/L	(0 - 5)
21/12/23 15:53	702410D	Ferritin	87	ug/L	(15 - 200)
		Rheumatoid Factor	<20	IU/mL	(0 - 29)
21/12/23 15:53	702410D	Rheumatoid Factor Note new ranges and methodology for RF from 15/06/2020. Normal range 0-29 IU/mL Weak positive range 30-90 IU/mL Positive >90 IU/mL Positive rheumatoid factor found in 70% of individuals with rheumatoid arthritis. Also found in many other inflammatory and infective conditions and some healthy individuals.			

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH
CONSULTANT: Craig Blackwood
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Craig Blackwood, Alba Medical Group
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Joint pain - Hands
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
09/01/97 11:00	266011L		4.4						
19/12/99 Unknown	156172J		5.0						
21/12/23 15:53	702409A	15.53	4.9						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-145 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
19/12/99 Unknown	156173V			143	4.0	107	1.9	62	
08/03/00 15:22	199071X			137	3.4	108	1.2	50	
10/05/12 09:10	935662A			141	5.1	102	1.7	63	>59
21/12/23 15:53	702410D			140	4.1	104	3.6	50	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	γGT (140 (female) iu/l 37°C
19/12/99 Unknown	156173V	42							
10/05/12 09:10	935662A		24	11	11	77	45	81	
21/12/23 15:53	702410D		17	14	16	67	45	64	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
21/12/23 15:53	702410D			2.36	2.32	1.20			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
10/05/12 09:10	935662A	3.14							
21/12/23 15:53	702410D	2.47					6.1		

21/12/23 15:53	702410D	C-Reactive Prot. <5 mg/L (0 - 5)
21/12/23 15:53	702410D	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

File Permanently Page 1 of 1
Date of Report 22/12/2023 22:02

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NHS
Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH
CONSULTANT: Craig Blackwood
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Craig Blackwood, Alba Medical Group
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Joint pain - Hands
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 65-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

17/03/00 09:04	104695Y	HCG (Local)	10	U/L (0 - 5)
21/12/23 15:53	702410D	Ferritin	87	ug/L (15 - 200)
		Rheumatoid Factor	<20	IU/mL (0 - 29)
21/12/23 15:53	702410D	Rheumatoid Factor Note new ranges and methodology for RF from 15/06/2020. Normal range 0-29 IU/mL Weak positive range 30-90 IU/mL Positive >90 IU/mL Positive rheumatoid factor found in 70% of individuals with rheumatoid arthritis. Also found in many other inflammatory and infective conditions and some healthy individuals.		

File Permanently Page 1 of 1

Date of Report 22/12/2023 23:05

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
LEES, JANIE 10 BURNFOOT COURT GRANGEMOUTH		2802720503	
		Date Of Birth 28/02/1972	Sex F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Alba Medical Group Craig Blackwood	Craig Blackwood	21/12/2023 19:04	
Clinical Data Joint pain - Hands		Sample Type Blood	

HbA1c IFCC 36 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
5.70	3.20	0.60	0.20	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10^9/L	Report Date/Time
4.35	0.426	97.9	32.6	333	2		21/12/2023 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
142	9.7	216	FBC + ESR + A1C	491885	21/12/2023 15:53

Lab Ref: V26015 - V26015

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE	UNIT NUMBER: 2802720503
PATIENT'S ADDRESS: 10 BURNFOOT COURT, GRANGEMOUTH	
CONSULTANT: Craig Blackwood	DOB: 28/02/1972 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Craig Blackwood, Alba Medical Group	SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Joint pain - Hands	COPY DETAILS

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5 6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
09/01/97 08:59	266010D		3.9						
09/01/97 11:00	266011L		4.4						
19/12/99 Unknown	156172J		5.0						
21/12/23 15:53	702409A	15.53	4.9						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 278-295 mosm/kg H2O	SODIUM 133-145 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
19/12/99 Unknown	156173V			143	4.0	107	1.9	62	
08/03/00 15:22	199071X			137	**3.4**	108	1.2	50	
10/05/12 09:10	935662A			141	5.1	102	1.7	63	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 IU/l 37°C	AST 0-45 IU/l 37°C	ALT 0-55 IU/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 0 - 130 IU/l 37°C	YGT 0-40 (female) IU/l 37°C
19/12/99 Unknown	156173V	42							
10/05/12 09:10	935662A		24	11	11	77	45	81	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) IU/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mU/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l Target levels are risk dependent
10/05/12 09:10	935662A	3.14							

Filing Range from: 21/12/2023 to: 09/01/1997 Page 1 of 1 — Date of Report: 21/12/2023 22:02

Patient Name Lees, Janie Patient ID 2802720503 Accession NumberV213896852201

NHS Forth Valley

NHS Forth Valley Radiology Report

Patient Name:	Lees, Janie	Exam Date:	11/12/2023
Patient ID:	2802720503	Consultant:	GP REQUESTOR
Patient Date of Birth:	28/02/1972	Report Date and Time:	14/12/2023 14:17:34
Patient Address	10 BURNFOOT COURT GRANGEMOUTH STIRLINGSHIRE FK3 0AL	Referring Dept/Location:	BLACKWOOD, CRAIG, ANP FORTH MEDICAL GROUP

Accession: V213896852201, Examination Date: 11/12/2023, Examination: XR Hands:

Indication:
Clinical Details :
Pain/ swelling & stiffness finger joints - evidence of herbeden nodes
Provisional Diagnosis :
? OA

Findings:
DP views of both hands

Comparison is made with previous imaging of 14/02/12

There is minor joint space loss seen at the distal interphalangeal joints. No significant erosive change seen. Small bony exostosis is seen to the radial aspect of the proximal phalanx of the left ring finger which is unchanged in appearance. Appearances may be secondary to previous injury.

Discussed with Dr. Tallett, Consultant Radiologist, Medica Reporting Ltd.GMC 2295862

Reported by Kasia Snelling
Advanced Radiographic Practitioner
Medica Reporting Ltd.

Report date 14/12/23

If you are a clinician and have a query on this report, please call Medica on 01424377901 or email clinical@medicagroup.co.uk

Final Report By: Kasia Snelling Medica Radiographer HCPC RA38766 at 14/12/2023 14:17:34 .

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Request ID:       16413632
Lab Number:       F016413632
CHI:              2802720503
Patient Name:     Lees, Janie
Patient ID:       TK2802720503
Request Recorded: 2026-01-14
Status Changed:   2026-02-25
Requestor:        Hood, Johnny (APP) V26015
Collection:       Jan 14 2026  2:00PM
Urgency:          R
Submittal Error:  Patient did not attend via open access. This request is
now out of date under IRMER and will be rejected. Please submit a new
request if the examination is still clinically required.
Patient Info:
```

OC Rejected
Group on: 2C

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Department of Orthopaedic Surgery
Consultant: Mr Efstathios Drampalos
Tel: 01324 566945

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr R Lal
Health Centre
Kersiebank Avenue
Grangemouth
FK3 9EL

Date Dictated: 16/01/2023
Date Typed: 15/02/2023
Our Ref: ED/KM
CHI: 2802720503

Dear Dr R Lal

Janie Lees DOB: 28-02-1972
10 Burnfoot Court Grangemouth FK3 0AL

I reviewed this pleasant lady today in my clinic with the results of the ultrasound scan showing that she has multiple fibromas in her feet.

I have explained to her about the findings and the potential options for treatment. My suggestion is for conservative management and I am referring her to Orthotics for some special insoles and discharging her.

Yours sincerely

Dictated, not electronically checked by:

Drampalos

Mr Efstathios Drampalos
Consultant Orthopaedic Surgeon

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RECEIVED
26 NOV 2019

NHS
Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2802720503 **Examination Number:** 34754175

Name: Lees, Janie DOB: 28/02/1972

Address: 40 LUMLEY PLACE, GRANGEMOUTH, , FK3 8BY -- **CC:** -

Examination: XR Chest

Examination Date: 20/11/2019 **Examination Time:** 09:40

Dictating Radiologist: ANDREW WATT DR LOC GMC 3453319

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: PETERSON, DR S, GP KERSIEBANK MEDICAL PRACTICE

Heart size is normal. Lungs are overinflated as previously. There is a small opacity projected at the left costophrenic angle which is new compared to previous and may be inflammatory in origin. Suggest repeat in 6 weeks to confirm resolution.

Examination Date: 20/11/2019
Examination: XR Chest
Date Reported: 24/11/2019
Dictating Radiologist / Clinical Specialist By ANDREW WATT DR LOC GMC 3453319

Verified by: ANDREW WATT DR LOC GMC 3453319 on 24/11/2019

Page 1 of 1

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NHS Forth Valley OOH Call Incident Report

Call number:	**79059**	Receive Date:	**22-Dec-2025 00:34**
Patient's Name:	**Janie Verhees**		
Date of birth:	**28-Feb-1972 (53 years)**	Gender:	**F**
Address:	**10 Burnfoot Court Grangemouth Stirlingshire FK3 0AL**	Current Address:	**10 Burnfoot Court FK3 0AL**
Return Contact No:			
Tel No:	**07946 083218**		**07946 083218**
Mobile No:			
Priority:	**Urgent HV Request**	Call Origin:	**NHS24**
Received:	**22-Dec-2025 00:34**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**01:07**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
2802720503

Reported Condition:
THOUGHTS OF SELF HARM, WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE.

NHSD details:

Received By - Triage	**Abi Rock (Nhs 24) (Pwpcalltaker) (Cardonald C**
Start Time - Triage	**22-Dec-2025 00:34**
End Time -	**22-Dec-2025 01:12**

Clinical Summary -

Clinical summary created by: Abi Rock (Nhs 24) (Pwpcalltaker) () [22/12/2025 00:34:32]
Reason for call: THOUGHTS OF SELF HARM, WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE. History and Mental state Main problem: THOUGHTS OF SELF HARM, WANTING TO

CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE. DX ANXIETY, DEPRESSION AND PTSD. Medication: SETRALINE, STARTED ON 50MG AND NOW ON 150MG - BEEN ON NEW DOSE SINCE 1ST. FEELING WORSE OFF SINCE BEING ON HIGHER DOSE.
PREVIOUSLY ON FLOUXETINE 60MG. Engagement with services: MH NURSE REFERRING PT TO TRAUMA COUNSILLING. RAG History and mental state: Amber Public protection considerations Adult protection: PT BECAMCE PREGNANT AT AGED 15YO - PT HAD TRAUMATIC CHILDHOOD DUE TO ABUSIVE RELATIONSHIP WITH CHILDRENS FATHER. HAVENT BEEN TOGETHER FOR 20 YEARS BUT STILL FEELING SCARED AND FRIEGHTENED. Child protection: OLDER CHILDREN Harm to others risk: NO THOUGHTS OF HARM TO OTHERS RAG Harm to others: Green RAG Adult protection: Amber RAG Child protection: Green Suicide or self-harm Self-harm risk: CURRENT THOUGHTS OF SELF HARM WITH PLAN TO CUT HERSELF IN PLACES NO ONE CAN SEE. HX OF SELF HARM THOUGHTS. Suicide risk: NO CURRENT THOUGHTS OF SUICIDE. RECENT THOUGHTS OF SUICIDE, NO PLAN WAS MADE. OVERDOSE IN 2015 - COCODEMOL AND ALCOHOL. RAG Self-harm: Red RAG Suicide: RAG Red Social and personal risks Support network: FAMILY Housing and finances: LIVES ALONE Physical health: ASTHMA AND COPD - STRUGGLES WITH BREATHING THE WORST IN THE MORNING - STARTED GREY/YELLOW INHALOR 2 WEEKS AGO. Occupation/activity: UNEMPLOYED RAG Social and personal risks: Green Risk from substance misuse Substance abuse risk: PT STATES ALCOHOL INTAKE UPPED RECENTLY. 2 OR 3 TIMES A WEEK DRINKING A CASE OF BEER.
SMOKES CANNIBIS DAILY SINCE AGED 21YO. PT USES THIS TO CALM DOWN AND DISTRESS. RAG Risk from substance misuse: Amber Any other issues Other issues: NIGHTMARES AND FLASHBACKS OF THE PAST. MULTIPLE POLICE INVOLVEMENTS DUE TO EX PARTNER. PT STATE EX PARTNER IS CONTINUING TO TRY GET IN TOUCH WITH HER. RAG Any other issues: Amber Summary Overall impression: THOUGHTS OF SELF HARM, WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE. RAG Summary: Red:2 Amber:5 Green:3 Not known:0 RAG Overall impression: Amber
20251222T011230.181 GMT Abi Rock (NHS 24):THOUGHTS OF SELF HARM, WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. NO HX OF ACTS. NO CURRENT THOUGHTS OF SUICIDE. HX OF OVERDOSE IN 2015. HX OF TRAUMATIC CHILDHOOD. FEELS MEDICATIONS ARE NOT EFFECTIVE. DX ANXIETY, DEPRESSION AND PTSD. MH NURSE REFERRING PT TO TRAUMA

COUNSILLING. PT BECAMCE PREGNANT AT AGED 15YO - PT HAD TRAUMATIC CHILDHOOD DUE TO ABUSIVE RELATIONSHIP WITH CHILDRENS FATHER. HAVENT BEEN TOGETHER FOR 20 YEARS BUT STILL FEELING SCARED AND FRIEGHTENED.
PT OFFERED CHAT AND REASSURANCE. PT FELT BETTER AFTER HAVING A CHAT.
DW MHNP G BURNS. PT ADVISED TO CONTACT GP IN MORNING TO DISCUSS MEDICATION AND FURTHER SUPPORT. PT SAFETY AGREED. WORSENING STATEMENT GIVEN. ENDPOINT: GP NEXT DAY Outcome: Pt advised to contact practice within 36 Hrs - For Information Only

Questions

- **Algorithm: Keyword Search**

  Keyword selected
  [X] PWP

  Algorithm: Protocols Used

  Guideline used
  [X] Mental Health Wellbeing Assessment Framework

  Algorithm: MHWAF

  Is there a Police Storm ID or SAS Call Sign?
  --NO

  Risk of self-harm
  [X] CURRENT THOUGHTS OF SELF HARM WITH PLAN TO CUT HERSELF IN PLACES NO ONE CAN SEE. HX OF SELF HARM THOUGHTS.

  Risk of suicide
  [X] NO CURRENT THOUGHTS OF SUICIDE. RECENT THOUGHTS OF SUICIDE, NO PLAN WAS MADE.
  OVERDOSE IN 2015 - COCODEMOL AND ALCOHOL.

  Risk of self-harm
  [X] Red

  Risk of suicide
  [X] Red

Risk from substance misuse
[X] PT STATES ALCOHOL INTAKE UPPED RECENTLY. 2 OR 3 TIMES A WEEK DRINKING A CASE OF BEER.
SMOKES CANNIBIS DAILY SINCE AGED 21YO. PT USES THIS TO CALM DOWN AND DISTRESS.

Risk from substance misuse
[X] Amber

What the patient says are the main problems.
[X] THOUGHTS OF SELF HARM, WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE.
DX ANXIETY, DEPRESSION AND PTSD.

Medication
[X] SETRALINE, STARTED ON 50MG AND NOW ON 150MG - BEEN ON NEW DOSE SINCE 1ST. FEELING WORSE OFF SINCE BEING ON HIGHER DOSE.
PREVIOUSLY ON FLOUXETINE 60MG.

Engagement with services
[X] MH NURSE REFERRING PT TO TRAUMA COUNSILLING.

History and Mental state
[X] Amber

Adult Protection
[X] PT BECAMCE PREGNANT AT AGED 15YO - PT HAD TRAUMATIC CHILDHOOD DUE TO ABUSIVE RELATIONSHIP WITH CHILDRENS FATHER. HAVENT BEEN TOGETHER FOR 20 YEARS BUT STILL FEELING SCARED AND FRIEGHTENED.

Child Protection
[X] OLDER CHILDREN

Child Protection
[X] Green

Adult Protection
[X] Amber

Risk of harm to others
[X] NO THOUGHTS OF HARM TO OTHERS

Risk of harm to others
[X] Green

Support network
[X] FAMILY

Housing and finances
[X] LIVES ALONE

Physical health
[X] ASTHMA AND COPD - STRUGGLES WITH BREATHING THE WORST IN THE MORNING - STARTED GREY/YELLOW INHALOR 2 WEEKS AGO.

Occupation / activity
[X] UNEMPLOYED

Social and personal risks
[X] Green

Any other issues
[X] NIGHTMARES AND FLASHBACKS OF THE PAST. MULTIPLE POLICE INVOLVEMENTS DUE TO EX PARTNER. PT STATE EX PARTNER IS CONTINUING TO TRY GET IN TOUCH WITH HER.

Any other issues
[X] Amber

Overall impression, including risk
[X] THOUGHTS OF SELF HARM. WANTING TO CUT HERSELF IN PLACES THAT CANT BE SEEN. HX OF TRAUMATIC CHILDHOOD. MEDICATIONS NOT EFFECTIVE.

Overall impression, including risk
[X] Amber

Red flag count
[X] 2

Green flag count
[X] 3

Amber flag count
[X] 5

Unknown flag count

[X] 0

RAG Summary
[X] Red:2 Amber:5 Green:3 Not known:0

Algorithm: Distress Brief Intervention

Does the caller wish to be referred to the Distress Brief Intervention Level Two Service
[X] Not applicable

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Mental Health Wellbeing Assessment Framework

Algorithm: MH CALL REASON

Mental health call reason
[X] Thoughts of self-harm

Disposition Contact GP Practice within 36 Hours (next day appt.)

Followups:
None

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For info - Lorna 6/7/15

FDAMH
LIGHT IN A DARK PLACE

07 JUL 2015

Lorna Wotherspoon
Link/Social Prescribing Practitioner
01324 671616
lorna.wotherspoon@fdamh.org.uk

Link/Social Prescribing Feedback Form

Name	Janie Lees
Address	40 Lumley Place Grangemouth FK3 8BY
Date of Birth	28/02/1972
Referrer Details	Dr C McPhail
Name of GP	
Completion Date	30/06/2015

1. Did the patient engage with the Link/SP Service?	Yes
2. How many consultations did the patient have with the service?	1 –Assessment only did not attend for follow up appointment

3. Link/Social Prescribing Support provided:	Assessment of difficulties. Emotional support
Service referred to?	New Futures –Salvation Army employment training project.
One to One Link/SP work:	Anxiety management
Information Provision:	FDAMH activities
Other:	

MINDFUL EMPLOYER | Healthy Working Lives

Department of Orthopaedic Surgery
Consultant: Mr Efstathios Drampalos
Tel: 01324 566945

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Orthotics
Stirling Community Hospital
Livilands
Stirling

Date Dictated: 16/01/2023
Date Typed: 15/02/2023
Our Ref: ED/KM
CHI: 2802720503

sent via sci gateway

Dear Orthotics

Janie Lees DOB: 28-02-1972
10 Burnfoot Court Grangemouth FK3 0AL

This lady suffers from plantar fibromas bilaterally. She would need special insoles full length to support her arch and accommodate for these fibromas.

Yours sincerely

Dictated and electronically checked by:

EDrampalos

Mr Efstathios Drampalos
Consultant Orthopaedic Surgeon

CC:
Dr R Lal
Health Centre
Kersiebank Avenue
Grangemouth
FK3 9EL

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NHS Forth Valley OOH Call Incident Report

Call number:	**58942**	Receive Date:	**30-Aug-2019 22:22**
Patient's Name:	**Janie Verhees**		
Date of birth:	**28-Feb-1972 (47 years)**	Gender:	**F**
Address:	**10 Burnfoot Court Grangemouth**	Current Address:	**10 Burnfoot Court Grangemouth**
	FK3 0AL		**FK3 0AL**
Return Contact No:			
Tel No:	**07946 083218**		**07946 083218**
Mobile No:			
Priority:	**Within 4 Hours**	Call Origin:	**NHS24**
Received:	**30-Aug-2019 22:22**	Calltype:	**Attend**
Advised:	**22:42**	Arrived PCC:	**30-Aug-2019 23:48**
Cons start:	**30-Aug-2019 23:48**	Cons End:	**30-Aug-2019 23:56**
Consulting Doctor:	**Christine Heron**	Own doctor:	

CHI Number:
2802720503

Reported Condition:
SPREADING REDNESS ON ARM. 30 MINS

Consultation details:

History -	**Insect bite to left arm. Started on flucloxacillin today. has taken 3. Feels red area has spread slightly. Feels slightly unwell, no temp. Itchy +**
Examination -	**Oe- Apyrexial P80 regular. Small ?bite and surrounding erythema, no tracking**
Diagnosis -	**Imp- Cellulitis- advised still early in course of antibiotics- likely to improve.**
Treatment -	**Continue fluclox- area marked. Add in piriton. If not improving or worsening review**

Prescriptions:
Piriton 4mg tablets (GlaxoSmithKline Consumer Healthcare) one three times a day 28.00

Followups:
No Follow Up

Clinical Codes:
M0... Skin/subcutaneous infections

NHSD details:

Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Insect Bites

Keyword selected
[X] INSECT BITES

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] All other insect bites

Is the patient unconscious?
--NO

Does the patient have increasing swelling of the lips, tongue or throat?
--NO

Does the patient have any breathlessness, wheeze or cough?
--NO

Is the patient experiencing a change / hoarseness in their voice?
--NO

Is the patient feeling weak, dizzy or collapsed?
--NO

Does the patient have a past history of serious reaction to bites?
--NO

Does the patient have a generalised body rash or blisters which appears to be in reaction to the bite / sting?
--YES

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended final endpoint:
[X] Clinical issue

Reason for choosing selected endpoint:
[X] SCN V MCEWAN

Please confirm caller's current location details
[X] The details are still correct

Disposition Contact GP Practice within 4 Hours (ASAP)

Disposition
-

Contact GP Practice within 4 Hours (ASAP)

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Pages:

Advice Request

13-12-2022 10:50:53

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Trauma and Orthopaedic Surgery Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	CraigYoung Alba Medical Group Forth Valley (26015) Firs Entry Bannockburn Stirling

ADVICE REQUIRED:-

Dear Orthopaedics,This lady saw Mr Drampalos in Feb 22 (apologies, SCI gateway will not allow me to send the Advice Request directly). She attended with ? bilateral plantar fibromas that were causing considerable pain. I can see for the last communication that she was to be send for ultrasound scanning, but has not had any appointments or 'missed appointment' letters through. Can you please advise on the next steps for Janie.Yours sincerelyCraig Young

PATIENT DETAILS:-

Forename	Janie
Surname	Verhees
Middlename(s)	-
Previous Surname	-
Sex	Female
Date of Birth	28-02-1972
CHI No.	2802720503

10 Burnfoot Court
Grangemouth

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency	Started	Last Issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAAPAP	1*1 INHALER	ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE		04-03-2020	
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE CAPSULE TO BE TAKEN ONCE DAILY		17-12-2021	
Naproxen Tablets 500 mg	1001010P0AAAEAE	112 TABLET	ONE TO BE TAKEN TWICE A DAY		17-12-2021	
Paracetamol Caplets 500 mg		100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN		17-12-2021	
Ibuprofen Gel 5 %	1003020P0AAACAC	100 GRAM	APPLY UP TO THREE TIMES DAILY		17-12-2021	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN		04-10-2022	
Ibuprofen Gel 5 %	1003020P0AAACAC	100 GRAM	APPLY UP TO THREE TIMES DAILY		12-10-2022	
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose		60 DOSE	ONE DOSE TO BE INHALED EACH DAY		11-11-2022	

Consent to share	-
Sensitivity	-

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FDAMH
LIGHT IN A DARK PLACE

Link/Social Prescribing Service

Referral Form

NAME: 2802720503 Lees, Janie

ADDRESS: 40 Lumley Place

POSTCODE: 28/02/1972 F FK3 8BY

TEL NO.: Tel: 07707915299

EMAIL:

DOB:

Dr C McPhail Kersiebank Medical Practice 25864 4 25864

MALE ☐ FEMALE ☑

Best way to contact:

Home Phone ☐ Mobile ☑ Letter ☐ Email ☐

If contacting by phone, best time to contact:

Am ☐ PM ☐

REASON FOR REFERRAL

Low mood, anxiety
Stress ++ Relationship breakdown, housing problems
Difficult childhood

ANY RELEVANT INFORMATION INC. HEALTH & SAFETY RISK

Moving address soon so phone contact best.

Other Services/Treatments involved:

CPN/Psychiatrist Y/(N)

Social Work Y/(N)

GP Practice (Y)/N

Other Service (please specify) Y/(N)

Referrer Name	Referrer Signature	Date
C McPhail		31/3/15

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Pages:

Department of Orthopaedic Surgery
Consultant: Mr Efstathios Drampalos
Tel: 01324 566945

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr A Ali
Health Centre
Kersiebank Avenue
Grangemouth
FK3 9EL

Date Dictated: 10/02/2022
Date Typed: 25/03/2022
Our Ref: ED/SMeC
CHI: 2802720503

Dear Dr A Ali

Janie Lees DOB: 28-02-1972
10 Burnfoot Court Grangemouth FK3 0AL

I reviewed this pleasant lady in my clinic today. She is reporting bilateral lumps along the medial band of the plantar fascia, likely fibromas. There is no sign of Dupuytren's in the hands.

I am referring her for ultrasound of both feet as x-rays were negative for any findings.

I will see her with the results of the scans.

Yours sincerely

Electronically dictated, but not checked by;

Drampalos

Mr Efstathios Drampalos
Consultant Orthopaedic Surgeon

Advice Response

25/01/2023 15:56:49

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Craig Tinning Forth Valley Royal Hospital Stirling Road Larbert	CraigYoung Alba Medical Group Forth Valley (26015) Firs Entry Bannockburn Stirling

ADVICE REQUIRED:-

Dear Orthopaedics, This lady saw Mr Drampalos in Feb 22 (apologies, SCI gateway will not allow me to send the Advice Request directly). She attended with ? bilateral plantar fibromas that were causing considerable pain. I can see for the last communication that she was to be send for ultrasound scanning, but has not had any appointments or 'missed appointment' letters through. Can you please advise on the next steps for Janie. Yours sincerely Craig Young

ADVICE GIVEN:-

USS of both feet (confirming plantar fibromas) was undertaken on 01/08/2022. Unclear why f/u with Mr Drampalos hasn't taken place since but I will email him and follow this up.

PATIENT DETAILS:-

Forename	Janie
Surname	Verhees
Middlename(s)	-
Previous Surname	-
Sex	F
Date of Birth	28/02/1972
CHI No.	2802720503

10 Burnfoot Court
Grangemouth

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency	Started	Last Issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAAPAP	1*1 INHALER	ONE OR TWO PUFFS UP TO FOUR TIMES DAILY WHEN REQUIRED FOR WHEEZE		04/03/2020	
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE CAPSULE TO BE TAKEN ONCE DAILY		17/12/2021	
Naproxen Tablets 500 mg	1001010P0AAAEAE	112 TABLET	ONE TO BE TAKEN TWICE A DAY		17/12/2021	
Paracetamol Caplets 500 mg		100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN		17/12/2021	
Ibuprofen Gel 5 %	1003020P0AAACAC	100 GRAM	APPLY UP TO THREE TIMES DAILY		17/12/2021	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN		04/10/2022	
Ibuprofen Gel 5 %	1003020P0AAACAC	100 GRAM	APPLY UP TO THREE TIMES DAILY		12/10/2022	
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose		60 DOSE	ONE DOSE TO BE INHALED EACH DAY		11/11/2022	

Consent to share	-
Sensitivity	-

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File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr Lucy Munro	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2802720503
Name	LEES, JANE
Date Of Birth	28/ 02/ 1972
GMC Code of Registered GP	4013190
Practice Code	V25864
Exclusion Reason	**Defaulter**
Exclusion Date	**08/ 06/ 2014**
Exclusion End Date	**08/ 09/ 2016**
Extended	**No**
Closed	**No**
Next Recall Date	**04/ 07/ 2007**

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RADIOLOGY REPORT - FORTH VALLEY ROYAL HOSPITAL

Booking No:- 34953768 **Exam Date:-** 25/02/2020

Patient:- VERHEES JANIE

CHI:- 2802720503

PATIENT ADDRESS:- 10 BURNFOOT COURT, GRANGEMOUTH, STIRLINGSHIRE

Date of Birth:- 28/02/1972 **Sex:-** Female

Referring Consultant:- S Peterson
Referring Department:- Peterson, Dr S, GP Kersiebank MP

THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Clinical Details :
repeat cxr after 6 weeks - small opacity in left costraphenic angle
Provisional Diagnosis :
?? resolved

XR Chest
Comparison is made with previous image 20/11/2019. The left base is now clear.

Reported by
Dr Gordon Dewar
Consultant Radiologist
NHS Forth Valley
GMC No: 3330137
Gordondewar@nhs.net

Verified on 04/03/2020

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Adult Disability Payment: Information request

We have an information-sharing agreement with your organisation. This enables us to legally share information about social security applications. You can find out more at socialsecurity.gov.scot. We're looking for information to support an application for Adult Disability Payment. We have the applicant's authorisation to contact you about their application.

What we need you to do

You've been identified as a professional who can provide information for an Adult Disability Payment application. We're asking you to provide details in relation to a specific area of the application. We do not expect you to answer outside of your area of expertise. We need you to answer the questions with as much detail as you can, but only provide information related to what is being asked. When Social Security Scotland make a supporting information request, a response is expected within 28 days.

We use this form to help build our understanding about the applicant's needs, care and daily life. We review the information you provide as part of the application along with other supporting documents. Once we've made a decision, we'll contact the applicant to let them know.

Claimant / Patient:

CHI: 2802720503
Elizabeth Jane Verhees
Date of Birth: 28-Feb-1972

10 BURNFOOT COURT
FK3 0AL

Applicant (if different from subject):

Name: Elizabeth Jane Verhees
Relationship: Client

Your Details

Fill in your details if you are the professional completing this form.

Your name:	
Registration Code:	
Registration Scheme:	
Organisation name:	
Organisation adress:	

Moving Around

We need more information that describes how the applicant is affected and what support they need moving around.

The client refers to their condition affecting their ability to move around. Please confirm what conditions and symptoms have been reported and the restrictions these have on the client carrying out this activity on a daily basis.

☐ *Yes I have information about this question* use the box below to tell us what you know

☐ *I have some information, but may not be the best person to ask* use the box below to tell us what you know. If you know of someone who might be able to help tell us at the end of the questionnaire.

☐ *I have no information relating to this question* if you know of someone who might be able to help tell us at the end of the questionnaire.

If you have information, use this box to tell us what you know.

Other

We need more information that describes how the client's needs with regards to the question below.

Please confirm what symptoms and conditions have been reported and diagnosed. Please confirm what medications have been prescribed and for what conditions. Please confirm if the client has been referred to any other professionals including physiotherapy, psychology and mental health services. Please provide any other relevant details you feel could have a bearing on their application.

☐ *Yes I have information about this question* use the box below to tell us what you know

☐ *I have some information, but may not be the best person to ask* use the box below to tell us what you know. If you know of someone who might be able to help tell us at the end of the questionnaire.

☐ *I have no information relating to this question* if you know of someone who might be able to help tell us at the end of the questionnaire.

If you have information, use this box to tell us what you know.

Additional Information

Do you have other relevant information about the help, support or care the applicant needs?

☐ Yes ☐ No

If you answered Yes use the box below to tell us what you know.

Harmful Information

You should use the Harmful information section to tell us any information about their health that the applicant is not aware of. This protects the applicant from discovering information that could have a harmful effect. For example, a prognosis that the applicant has not been told about or test results that have not been discussed yet.

Any information you give here will not be shared with applicant, even if they ask for a copy of this form.

If you cannot complete this form

If you do not have enough information to complete this form, you can tell us about someone else who can help.

Add the name, role and organisation of another professional involved in the client's care below. Any information you can give us is helpful, even if you cannot complete the full details.

We phone the applicant to confirm before we approach any new contacts.

Name:

Role:

Organisation:

Contact Details:

Name:

Role:

Organisation:

Contact Details:

Name:

Role:

Organisation:

Contact Details:

Fee

Fee payable: £33.50

Fee claim: ☐ I am claiming the fee above ☐ I am NOT claiming the fee above

Confirm and sign

I declare that the information on this form is correct, complete and up to date as far as I know and believe. ☐

Your signature:

Date:

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Medical Record Insert
Grange Medical Group HC

Janie Lees

2802720503

CADmeleon
Medical Record Scanning

CADmeleon Technical Services,
Castle Street Industrial Estate, Castle Street, Alloa, FK10 1EU
Tel: +44 (0)1259 211456
Fax: +44(0)1259 723131
Web: www.cadmeleon.co.uk
Email: info@cadmeleon.co.uk

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Encounter Report

Ms Janie Lees **28/02/1972** **Female** **483/72/013** **Transferred Out**

Address
10 Doune Park Bragar Isle Of Lewis Western Isles HS2 9DE

Communication numbers
Mobile phone 07927 894 671

Problems
Currently Relevant Started: 02/04/2007 Ended:

Medical History

23/07/2007	Seen by accident and emergency doctor	
21/07/2007	Seen by accident and emergency doctor	
07/06/2007	Child protection procedure Report prepared for Initial Child Protection Case Conference to be held tommorrow.	Dr Anthony Higgins
17/05/2007	Notes summary on computer	Dr Anthony Higgins
30/04/2007	Letter sent to patient to rearrange appointments for family new patient medicals	Dr Anthony Higgins
25/04/2007	Patient MRE received from FPC	Dr Anthony Higgins
24/04/2007	Did not attend - no reason DNA new patient medical, one of four for the family	Dr Margaret Ferguson
02/04/2007	White Scottish new patient	Dr Anthony Higgins
26/03/2000	Bilateral salpingectomy NEC	
26/03/2000	Ectopic pregnancy	

Consultation
23/07/2007 Casualty Attendance Miss Karen Maclean

Total patients for report 1

NHS Confidential: Personal data about a patient

Medical History Report

Ms Janie Lees **28/02/1972** **Female** **483/72/013** **Transferred Out**

Medical History

23/07/2007	Seen by accident and emergency doctor	
21/07/2007	Seen by accident and emergency doctor	
07/06/2007	Child protection procedure Report prepared for Initial Child Protection Case Conference to be held tommorrow.	Dr Anthony Higgins
17/05/2007	Notes summary on computer	Dr Anthony Higgins
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25/04/2007	Patient MRE received from FPC	Dr Anthony Higgins
24/04/2007	Did not attend - no reason DNA new patient medical, one of four for the family	Dr Margaret Ferguson
02/04/2007	White Scottish new patient	Dr Anthony Higgins
26/03/2000	Bilateral salpingectomy NEC	
26/03/2000	Ectopic pregnancy	
31/01/1997	H/O:manual removal of placenta	
21/02/1994	Bilateral salpingectomy NEC	
21/02/1994	Ectopic pregnancy	
14/12/1989	Spontaneous abortion	

Total patients for report 1

Westside Medical Practice, Borve Surgery, Gearra Mor, Borve, Isle Of Lewis, Western Isles, HS2 0RX
Tel: 01851 850 282

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (letters)

Janie Elizabeth Lees
11 Haugh Gardens
BAINSFORD
FK2 7RB
V56294 Dr Gordon Muircroft
F 28/02/72

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
11/8/03		DNA	
30/6/05	C	Did not attend court yesterday – wants med. cert. Cough – 1yr. Worse recently – coughing till retches. o/e p– 70 °temp. Well Throat – °w Chest clear °RR Smoker – 20/day – Gus. Dad – COPD Daughter – asthma. For spirometry Declined med cert – not seen anyone but not well enough today to not attend court. Court can write for info if required. Overdue smear – reminded O.A.	Cough
8/7/05		DNA	
23/1/6		Wants referral to hospital dentist. Advised needs repairs – dentist a d/w them Appointment.	
27/1/06		DNA	

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

FORM GP111F

PRINTED FOR ASTRON, B32004 8/03 (017302)

355 2095

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Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Address		Date of Birth

Date	*	Clinical Notes	Diagnosis
28/1/3	S	moved from Tullibody	
		Split from partner	
		given Fluoxetine in Dec	- took
		intermittently sleeps OK.	temper ↑
		℞ fluoxetine 20mg (28)	
[redacted] 20/2/03	S	Stopped T [illegible] [illegible] [illegible]	[illegible]
		Unsure whether to continue or not	(28)
		[illegible]	Fluoxetine 20mg
		[illegible]	
		Previously received [illegible] to 100	
28.3.3	S	P.T. neg on 26.3.3 at FPC	
		period for 1day only in Feb,	
		Some breast milk leakage	and
		abdo bloating	
		check bloods incl. prolactin	
		See PMH effectively sterilised	- see letter
		® + © salpingectomies.	20.3.2000
[redacted] 20.5.03		CEDα	
~~DN~~ 11/6/3		DNA	
19/6/03		DNA	
2/7/03		Cervical Smear letter sent Recorded Delivery	

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

FORM GP111F

PRINTED FOR ASTRON, B26862 7/02 (017302)

355 2095

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Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

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Date	*	
18/6/02	A	→ [illegible] for future [illegible] [illegible].
		[illegible]
30/9/02	A	FTA.
13/11/02		Period 2/52 late home preg test x2 negative
		– cycle usually regular
		– has had bilat salpingectomies
		– (previous ectopics)
		– no pelvic pain
		– imp HCG -ve bilat salp. unlikely to be [illegible] ectopic – discussed
		[illegible] if [illegible] amenorrhoea or pelvic pain (A)
2/12/02		Low mood ↓ conc poor sleep
		↓ motivation 8/52
		split c̄ partner then – feels it was for the better
		4 children at home 4-15 yrs
		-disc
		– Ix depressed
		Fluoxetine 20mg (30)
		see 3/52 (A)
x/12/02		FTA.

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

Printed for TSO, Dd J17480 ,03/98, R.P.(53791)

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	National Health Service Number	Cleaver
CLINICAL NOTES	Surname (Block Letters): Lees	Forenames (Block Letters): Elizabeth
	Address	Date of Birth

Date	*	
22.6.01	A	Missed a period. anxious due to possibility of ectopic, no abdo pain / spotting. Past hx of both tubes removed but advised is a v. small risk of ectopic. PT (home) neg - repeated in surgery - negative. Admits under a lot of stress at present. Abdo NAD. ∴ wait + see. To come early if any evidence of pain
22/11/01		FTA
?/11/01		Lump R side of [illegible]. Present for 6 years. ? Fibrous tissue. [illegible] [illegible] surgeons. [illegible]. BP 110/70 [illegible]. Although bilateral salpingectomy would [illegible] further pregnancy [illegible] [illegible]. Try oral contraceptive for 1 year Microgynon
6/8/02	A	Mild tenosynovitis both wrists (De Quervain's) → probably due to humping heavy bags. — advice — splinting — [illegible]

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

FORM GP11F
355 2095

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Lees.

Forenames (Block Letters): Elizabeth

Address

Date of Birth: 28.2.72

Date	*	
21.8.98.		New Patient Registration Ht 159 cms Wt 58 kg BMI 23 BP 90/56 Urinalysis: No spec. Smokes: 10/15 day Drinks: Nil Allergies: Nil Drugs: Nil Rashes: Nil acute F-H: Grandparent Diabetes Last Cytosmear ? 16 months ago (post natal) Wishes to discuss contraception with GP
10/5/99.		EXT... Rt/ back pain. No ? urinary symptoms. Tenderness no shoulder spasm Rt flank pain Urinalysis - protein +, blood +. Impression ? UTI. Rx trimethoprim 200mg bd 3/7. diclofenac 50mg tds 7/7. CT
14.9.99		DNA well woman
4-2-00		Requesting sterilisation 11 [illegible] partner 13 yrs. 9 [illegible] 8 [illegible] 3. [illegible]

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FORM GP111F

355 2095

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Date	*	
		(talk)
24.2.00		WWC Wt 9st 9lb BP 105/60. Urine – Protein TR
		Smear ✓ Erosion noted. No excitation
		Breast awareness taught & leaflet given
		C Geder
29/2/00	A	[illegible] LMP 21st Jan
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]

DATE		NAME Eliz. Lees ADDRESS 54 Redlands Rd T/S
7/3/00		Ongoing R IF pain (10/7) Period 3/52 late (LMP 2.1.00)
		? Urinary symptoms spotting N 3/7 no contracep?
		O/E R IF tenderness c Rebound PV not possible (at home)
		∴ Refer Gyn for further assessment (? Ectopic)
5/7/00	A	NEW PATIENT MEDICAL.
		Abscess (R) Groin 3/7
		Rx Mg SO4 Dressings
		Coamoxiclav 375 (21)
		Review if not settle
29/9/00	A	Infected blister / paronychial area L 4th finger
		– incised
		– Rx Fluclox 250mg qid (28)
12/12/00		
		Back pain – since this a.m.
		Worse on movement. Passed urine
		O.K. O/E pain + tenderness
		(L) lower chest. Chest clear
		Rx muscle spasm – Heat
		+ Cocodamol 30/500 (30)

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

Given 2 sachets
Lopralte (?) start

Printed by The Stationery Office Scotland

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): Lees

Forenames (Block Letters): Eliz (Jane)

CLINICAL NOTES

Address: 8. Strowan Rd.

Date of Birth: 28.02.72.

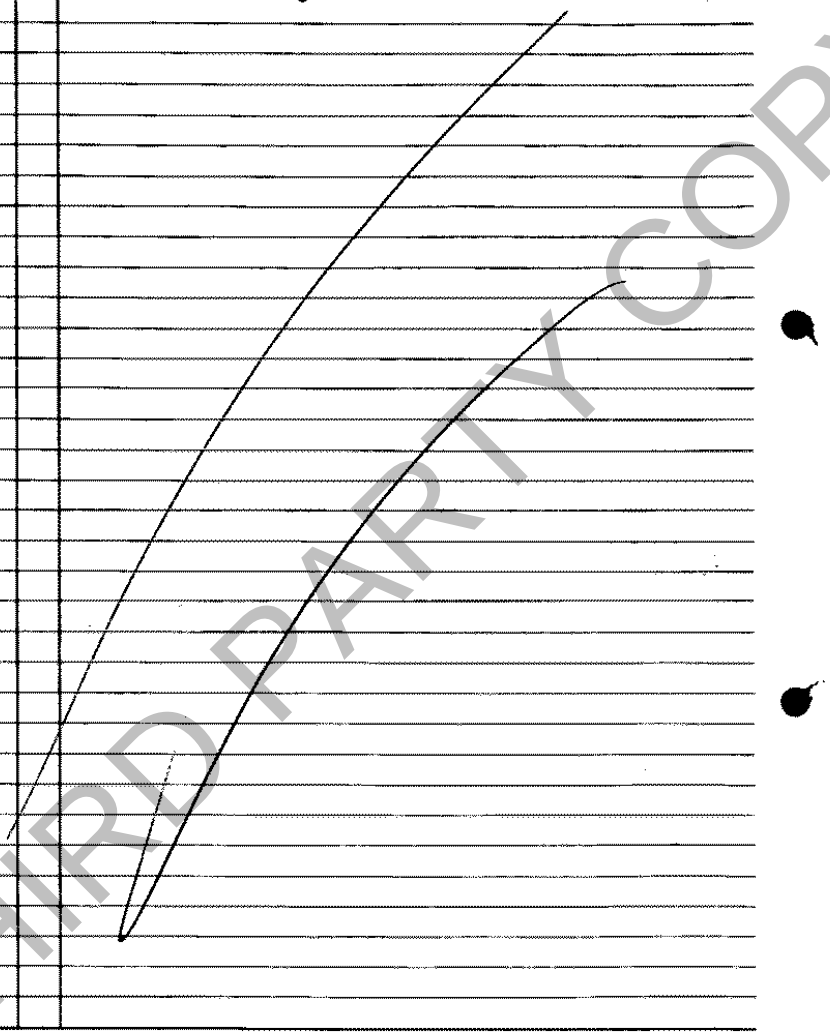
Date	*	
24/1/97	E	36/40 c/o (R) [illegible] [illegible] [illegible] [illegible] [illegible]
		OE - Oblique [illegible] [illegible] Head [illegible] [illegible]
		[illegible] Pregnancy [illegible]
30/1/97		ANC. 37/52. Odd shaped uterus ♡. No similar shape in last 3 pregnancies. Ante refer for [illegible] for consultant opinion.
31/1/97	E	c/o [illegible] [illegible] from Para. B [illegible]. Contractions [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] / Reqd Hospital / Ambulance arranged
3/2/97	HV	[illegible] John ♂ 6lb 9oz 31/1/97 SVD
		[illegible] ok. [illegible] [illegible] (TL) Pregnancy (CL)
14.8.97		Post natal [illegible]. Could not be [illegible] as she was [illegible] → [illegible] visit.
4.4.97	S	FTA Post natal [illegible]
10.4.97		letter sent to make apt for smear.
10.6.97		2nd letter sent to make apt for smear.

*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	*	
13·8·97		3rd and final letter sent to make appt for smear sent recorded delivery.



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

Printed by HMSO Scotland Dd 8455818 8/96 (138130)

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): ~~[illegible]~~ LEES	Forenames (Block Letters): ELIZABETH JANE (JANIE) ~~[illegible]~~
	Address: 8 STROWAN ~~[illegible]~~ ROAD GRANGEMOUTH ~~111 KERSIEBANK AVENUE., GRANGEMOUTH~~	Date of Birth: 28.02.72

Date	*	
26/1/95		F.T.A (Double Apt)
3/2/95		FTA
13/2/95		In on [illegible] appt & requesting to be seen [illegible] - advice
		[illegible] pregnancy [illegible] part
		[illegible] [illegible] = ⓁIF
		O/E palpable bowel - advice
		[illegible] (B) [illegible] B.D.
23/8/95	S	[illegible]
		[illegible]
5/9/95		infn around mouth ? cold sores
		Rx zovirax
		headaches Rx cocodamol.
20/9/95		BP 120/80 Rx coproxamol
		fundi NAD
24/10/95	S	[illegible]
		LMP 4/10/95
		2-5 / 28-35 → [illegible]
		send [illegible] for [illegible]
23/11/95	AE	[illegible]
		[illegible]
		→ APT [illegible]
24/11/95	E	[illegible]
		[illegible]
		[illegible]

*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	*	
22/11/95	S	[illegible]
29/11/95	S	[illegible] 10% [illegible]
16/7/96	S	LMP – 21/5/96 [illegible] +ve Test [illegible]
[illegible]	[illegible]	c/o chesty cough [illegible] Amoxil 250 [illegible]
8/11/96		[illegible] Chest clear [illegible]
10.12.96	E	[illegible]
8/1/97		34/52 [illegible] Fe 80 [illegible] Due GTT tomorrow
1?/1/97		[illegible] well. – Seen [illegible] hospital [illegible]
20.1.97 5:30PM	S	? Slight [illegible] → HMSU. tomorrow am
23.1.97		36 BP 110/60 NAD Cph 5/5 35cms FBC. On Ferrous Sulphate 1 Daily to 3 [illegible]

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

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National Health Service Number		
CLINICAL NOTES	Surname (Block Letters): Verhees	Forenames (Block Letters): Janie
	Address:	Date of Birth:

Date	*	
29.11.91		LAB REPORT DR. B
		Candida Albicans ++ isolated.
08.02.92		S.R.I. DISCHARGE DR. B
		See report
10.02.92		LAB REPORT DR. B
		Hgb 10.4
21.02.92		LAB REPORT DR. B
		Salmonella/Shigella and campylobacter not isolated.
21.02.92		S.R.I. MAT DR. B
		Female child 2600 gms.
		Discharged on 24.02.92 however, continued bleeding and was
		re-admitted on 7.2.92 with secondary PPH with both blood and clots
		Evacuation of retained products. she was transfused two units.
12.03.92		PPH still pale - now having first period. Baby doing O.K. last
		test still excluding salmonella.
		Happy to use Depo-Provera - probably was pregnant when started
		Depo-P last time. Worried re- possibility of irregular bleeding.
		Depo-Provera 150 mg given. Advised next injection due in
		week of 2-9th June.
26/5/92		Depo Provera 150mg I.M.
4/6/92		DNA for Depot injection.
9.6.92		Depo-Provera 150mg given IM.
26/6/92		Injected gun with (L)
		Augmentin 1tid
		Coeadamol 2tid
		Advised to attend Emergency Dental at Orchard House
		Tomorrow

*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	*	
15.10.92		LAB REPORT DR. B
		Pregnancy test - Negative.
25.01.93		LAB REPORT DR. B Pregnancy Test - Negative
11.03.93		LAB REPORT DR. B
		Pregnancy Test - Negative
13/3/93		No period from August 92
		On contraceptive injection 3/12
		Mr Dr Heaven
14.5.93		Quellada lotion Send 1OP.
		Eurax/derm lotion 160mls Send 1OP.
26.5.93		SEE LETTER
26.8.93		SEE LETTER
25.11.93		LAB REPORT DR. B.
		Pregnancy Test Negative
16/2/94	-	Found lump - L I.F. No constipation
		OE - NAD. Reassured.
07.01.94		LAB REPORT DR. B
		Pregnancy Test Negative
21.02.94		S.R.I. CASUALTY DR. B
		Sudden onset of lower abdo pain at 17.00 hrs. Severe constant pain.
28.02.94		PATHOLOGY REPORT DR. K
		See report
02.03.94		S.R.I. GYNAE DR. K
		Diagnosis ectopic pregnancy.
		Salpingectomy.
21/3/94.		DNA.
27.04.94		S.R.I. GYNAE DR. K
		Your patient who had a left salpingectomy for ruptured ectopic pregnancy
		on 21.02.94 did not return for her second follow up appointment. Please
		let us know if you wish us to see her.

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

Dd 8281147 750M 3/91 Ed(287582)

NHS Confidential: Personal data about a patient

National Health Service Number	
Surname (Block Letters) VEAHEER	Forenames (Block Letters) JANICE
CLINICAL NOTES Address 8 FARLSDOWN AVE, student	Date of Birth 28/2/72

Date	*	
29/7/88		Previously booked SRI. Moved to Falkirk. Back to SRI EDD 10/4/89.
22/9/89		DNA.
22/12/89		S.R.I. - Gyn. - Dr. B.
		Emergency admission on the 14th December. Two day history of PV bleeding.
		Products of conception protruding through the os. Diagnosed as having had an incomplete abortion.
		Took an irregular discharge on the 14th December, 1989, against medical advice.
		Re-admitted on the 15th December, 1989 and had an evacuation of uterus. Discharged home well with the oral contraceptive pill on the 16th December, 1989.
16/5/90		Lab Report Dr.B.
		Pregnancy Test NEGATIVE
30/5/90		Lab Report Dr.B.
		Pregnancy Test POSITIVE
7-6-90	-	LMP- about 10 April about 7-8/40 Booked ✓
2/7/90		SRI Gyn Dr.R.
		Admitted as an emergency with vaginal bleeding following ten weeks amenorrhoea Ultrasound scan showed a single foetus 10 to 11 weeks' gestation Blood group was rhesus positive
20/7/90		Wt 57.2kg BP 120/60
20/7/90		Bleeding is low. ? Lobule. Further bleeding today → SAU
19/7/90		Lewis Hos Dr. K. See report

*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	*	
1/8/90		Lewis Hos. Dr.B.
		Threatened mid-trimester miscarriage on 17/7/90 On scanning the foetal heart was present and BPD corresponded to 14 weeks' gestation ~~Hgb 9.8 gms Started on oral iron~~
05.11.90		Pain low left abdo. 7/12 pregnant. Uterus soft. Baby mobile. P. 9 BP O.K. Probably position 1 but check MSSU also.
19.12.90		Lab Report - Dr. B
		Hgb 10.7
20.12.90		Lab Report - Dr. B
		See Report Plasma Glucose 3.9
27.01.91		S.R.I. MAT DR. B
		Female child - 2890 kilos.
3.4.91		DNA
/6/91		4½ months post-natal.
		LMP. mid May.
		150mg I/M Depot Provera Lot 22770.
		Smear —
		P/V all well
06.06.91		LAB REPORT DR. Y (91/1313419)
		Smear - Negative
12/8/91		Depo Provera 150mg send I.O.P
17.09.91		LAB REPORT DR. B
		Pregnancy test - positive
21/10/91		[illegible] 10 [illegible]
		N/P
		[illegible] 10 [illegible]
		[illegible]
[illegible]		[illegible] 10 mg [illegible]
		[illegible]
		[illegible]

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

8037950 750M 1/89 27219

NHS Confidential: Personal data about a patient

N.P.

	National Health Service Number	

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	YERHEES ~~VARESSE~~	(JANE) ~~JANIE~~ ELIZABETH JANE	
	Address ~~Burnfield~~ 8c [illegible] Ave Bannockburn.		Date of Birth 28/2/72

Date	*	
30/6/[illegible]		medical : [illegible] ; [illegible] [illegible]
		E - [illegible] [illegible] N~ T~ HS~ LF~ abd~
		[illegible] - [illegible] [illegible]
16/8/87		Pharyngitis
		[illegible].
2.2.88		LMP. 3.12.87. Test
10.2.88		Has decided that she wants baby.
		Mrs Brown. Care allocated

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

FORM GP111F

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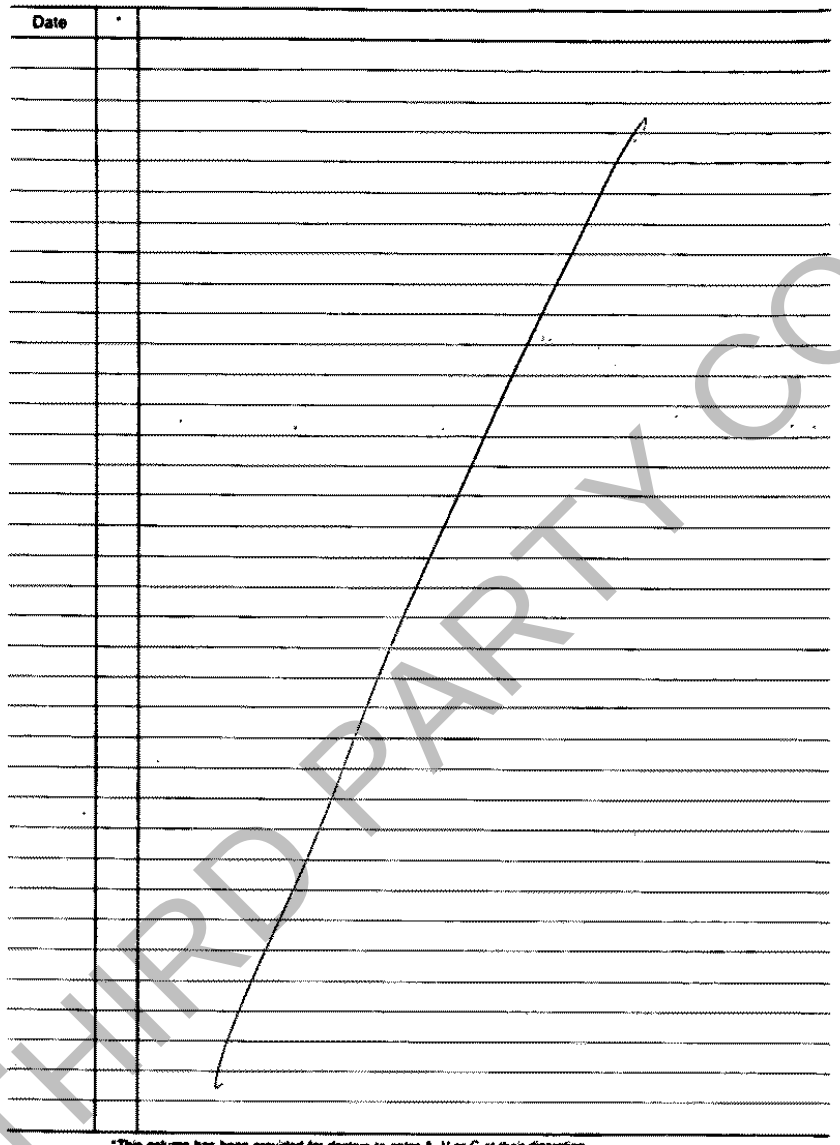

*This column has been provided for doctors to enter A, V or C at their discretion

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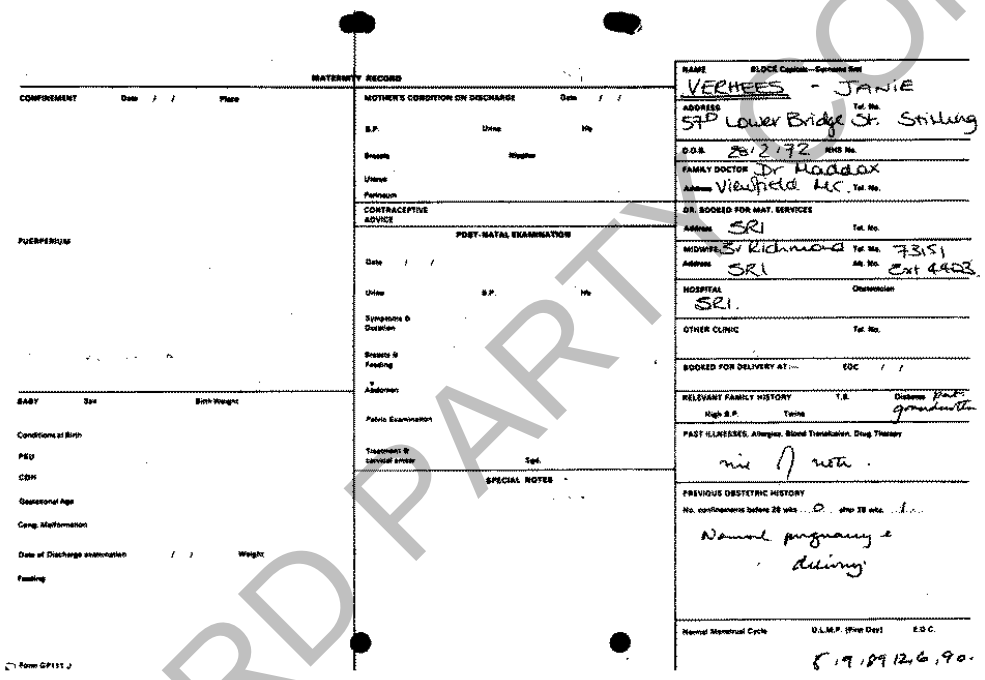

MATERNITY RECORD

CONFINEMENT Date / / Place

PUERPERIUM

BABY Sex Birth Weight

Conditions at Birth

PKU

CBH

Gestational Age

Cong. Malformation

Date of Discharge examination / / Weight

Feeding

Form GP151 J

MOTHER'S CONDITION ON DISCHARGE Date / /

B.P. Urine Hb

Breasts Nipples

Uterus

Perineum

CONTRACEPTIVE ADVICE

POST-NATAL EXAMINATION

Date / /

Urine B.P. Hb

Symptoms & Duration

Breasts & Feeding

Abdomen

Pelvic Examination

Treatment & cervical smear Spd.

SPECIAL NOTES -

NAME BLOCK Capitals—Surname first
VERHEES - JANIE

ADDRESS 57D Lower Bridge St. Stirling Tel. No.

D.O.B. 28/2/72 NHS No.

FAMILY DOCTOR Dr Haddox

Address Viewfield HC Tel. No.

GP, BOOKED FOR MAT. SERVICES

Address SRI Tel. No.

MIDWIFE Sr Richmond Tel. No. 7315

Address SRI Alt. No. Ext 4408

HOSPITAL SRI. Obstetrician

OTHER CLINIC Tel. No.

BOOKED FOR DELIVERY AT:— EDC / /

RELEVANT FAMILY HISTORY T.B. Diabetes Pat. grandmother

High B.P. Twins

PAST ILLNESSES, Allergies, Blood Transfusion, Drug Therapy

nil ? meth.

PREVIOUS OBSTETRIC HISTORY

No. confinements before 28 wks 0 after 28 wks 1

Normal pregnancy & during

Normal Menstrual Cycle D.L.M.P. (First Day) E.D.C.

5/9/89 12/6/90.

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IMPORTANT – *In the event of a transfusion being needed the blood grouping should be repeated and cross-matching should always be carried out*

ANTE-NATAL RECORD

INVESTIGATIONS	Date	Results
A.B.O. Blood Group		
Rhesus		
Antibodies		
W/R Kahn		
X-Ray chest		
Repeat A.B.O.		

HISTORY

Oedema nil

Headache nil.

Bowels

Micturition

Discharge

Date of Quickening / /

FIRST EXAMINATION Date 16/11/89

Special Observations

Height 5'2"

Teeth ✓

Breasts Nip. Pallor +.

Heart 120/70.

Varicose Veins ✓

Pelvic Examinations ✓

Cervical Smear not done.

Sgd.

Examination 25/27 Week Date / /

Hand/Bore

Relationship

Pelvic Capacity

Sgd.

The patient is fit for inhalation analgesia

Sgd. Date / /

DATE	WEEKS	FUNDAL HEIGHT	PRESENTATION & POSITION	RELATION OF PP TO BRIM	FH	WEIGHT	URINE Prot	URINE Sug	URINE Alb	B.P.	OEDEMA	Hb	NEXT VISIT	Sgd.	NOTES e.g. Repeat A.B.O. incidents, illnesses, drugs, polio immunisations, classes attended
14/11/89	10	—	—	—	—	57.2	nil	nil	nil	120/70	nil		1/12	AN	Ref ANC

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: ST1791183
PATIENT'S ADDRESS: 19 Backwood Court, Clackmannan
CONSULTANT: Unknown
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr. V. Scott, Clackmannan Health Centre

DATE OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 9-18 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA less than 50 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM 100-150 mmol/24h	Urine POTASSIUM 40-150 mmol/24h	Urine UREA 250-580 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 18-48 mmol/24h	Urine URATE 1.5-4.7 mmol/24h	

28/03/03	BB180775S	FSH	4.9	U/L	(1.0 - 9.2)
28/03/03	BB180775S	LH	7.1	U/L	(2.0 - 34.0)
28/03/03	BB180775S	Prolactin	653	mU/L	(0 - 500)
28/03/03	BB180775S				

FSH Report From Glasgow Royal Infirmary
Prolactin Prolactin moderatly raised. Is patient currently ona any medication? suggest repeat sample to confirm.

RECEIVED

Presc.	
P. Nurse	
Appt.	
File	US
Cytology	
Repeat	
Normal	
Tell Patient	

File Permanently Page 1 of 1

Date of Report 08/04/2003 13:15

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: LEES,JANIE
UNIT NUMBER: STI791183
PATIENT'S ADDRESS: 19 Backwood Court, Clackmannan
CONSULTANT: Unknown
DOB: 28/02/1972
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr. V. Scott, Clackmannan Health Centre

DATE OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.1 - 5.5 mmol/l	BLOOD GAS Specimen type	[H+] 38-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %

DATE OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-6.0 mmol/l	CREATININE 60-120 µmol/l	PSA <4.0 µg/L
28/03/03	BB180775S			142	4.3	111	3.3	55	

DATE OF COLLECTION	LABORATORY NUMBER	LDH 199-416 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 36-52 g/l	ALKALINE PHOSPHATASE age dependent iu/l 37°C	γGT 7-43 (male) 7-22 (female) iu/l 37°C
28/03/03	BB180775S		13	22	10	76	47	134	15

DATE OF COLLECTION	LABORATORY NUMBER	IRON 11-29 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.6-1.3 mmol/l	MAGNESIUM 0.8-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-175(male) 23-142(female) iu/l 37°C	cardiac TROPONIN-I µg/l

DATE OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.4-5.0 mu/l	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.4 nmol/l	LITHIUM 0.6-1.0 mmol/l therapeutic	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependent
28/03/03	BB180775S	4.00	11.7						

Presc.	
P. Nurse	
Appt.	
File	US
Cytology	
Repeat	✓
Normal	
Tell Patient	

RECEIVED

Filing Range from: 28/03/03 to: 28/03/03 Page 1 of 1

Date of Report 01/04/2003 15:01

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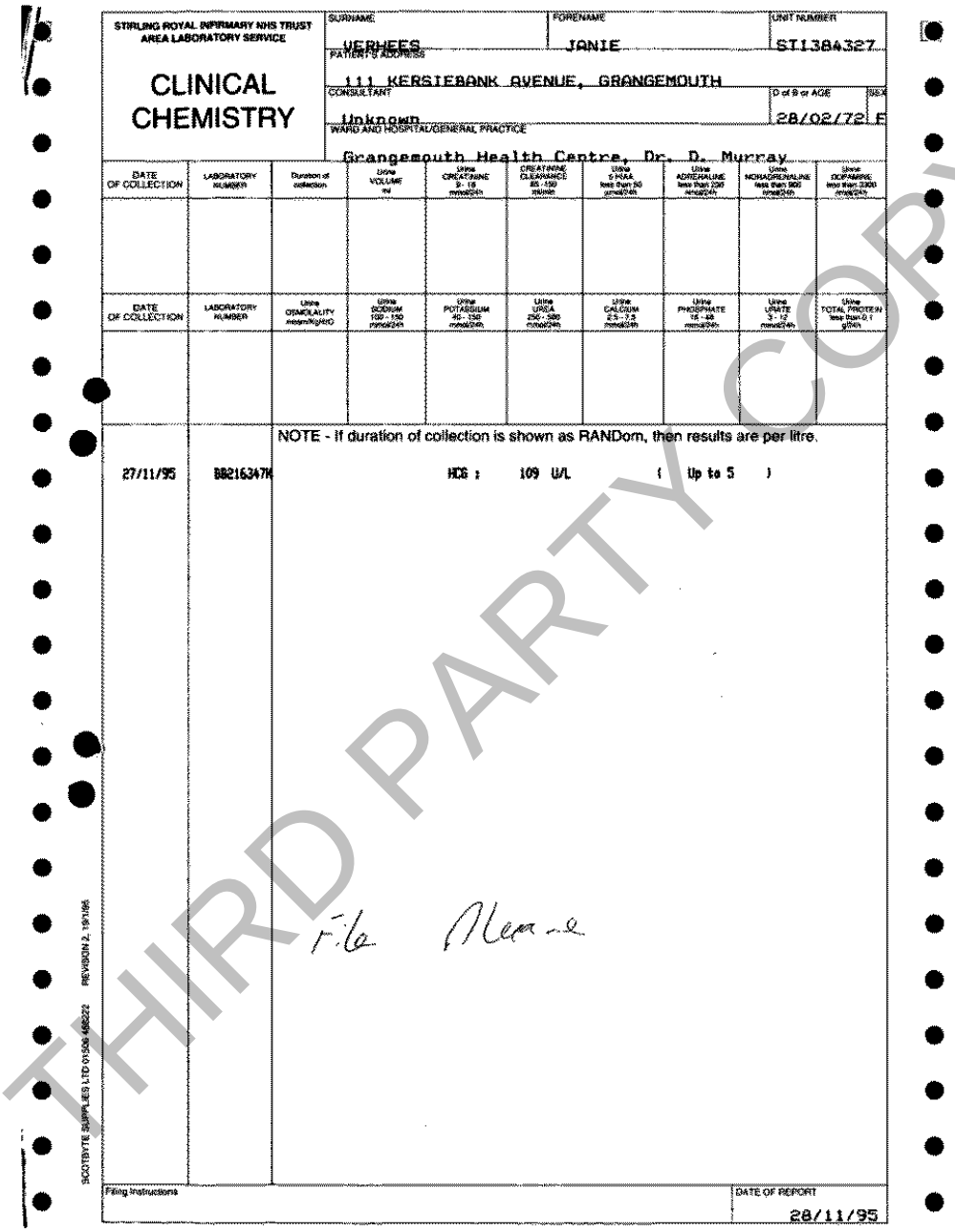

STIRLING ROYAL INFIRMARY NHS TRUST
AREA LABORATORY SERVICE

CLINICAL CHEMISTRY

SURNAME: VERHEES | FORENAME: JANIE | UNIT NUMBER: SI1384327

PATIENT'S ADDRESS: 111 KERSIEBANK AVENUE, GRANGEMOUTH

CONSULTANT: Unknown | D of B or AGE: 28/02/72 | SEX: F

WARD AND HOSPITAL/GENERAL PRACTICE: Grangemouth Health Centre, Dr. D. Murray

DATE OF COLLECTION	LABORATORY NUMBER	Duration of collection	Urine VOLUME ml	Urine CREATININE 9 - 15 mmol/24h	Urine CREATININE CLEARANCE 85 - 150 ml/min	Urine 5 HIAA less than 50 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 2300 nmol/24h

DATE OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/kg(H2O)	Urine SODIUM 100 - 150 mmol/24h	Urine POTASSIUM 40 - 150 mmol/24h	Urine UREA 250 - 500 mmol/24h	Urine CALCIUM 2.5 - 7.5 mmol/24h	Urine PHOSPHATE 15 - 45 mmol/24h	Urine URATE 3 - 12 mmol/24h	Urine TOTAL PROTEIN less than 0.1 g/24h

NOTE - If duration of collection is shown as RANDom, then results are per litre.

27/11/95 B8216347K HCG : 109 U/L (Up to 5)

File Memo

Filing Instructions

DATE OF REPORT: 28/11/95

SCOTBYTE SUPPLIES LTD 01506 466222 REVISION 2. 19/1/95

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STIRLING ROYAL INFIRMARY NHS TRUST
AREA LABORATORY SERVICE

CLINICAL CHEMISTRY

SURNAME: VERHEES
FORENAME: J
UNIT NUMBER: STI380056
PATIENT'S ADDRESS: 111 KERSIEBANK AVENUE, GRANGEMOUTH
CONSULTANT: Unknown
D of B or AGE: 28/02/77
SEX: F
WARD AND HOSPITAL/GENERAL PRACTICE: Grangemouth Health Centre, Dr. D. Murray

DATE OF COLLECTION	LABORATORY NUMBER	Duration of collection	Urine VOLUME ml	Urine CREATININE 9 - 18 mmol/24h	CREATININE CLEARANCE 85 - 150 ml/min	Urine 5-HIAA less than 50 umol/24h	Urine ADRENALINE less than 220 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/Kg(w2O	Urine SODIUM 100 - 150 mmol/24h	Urine POTASSIUM 40 - 125 mmol/24h	Urine UREA 250 - 580 mmol/24h	Urine CALCIUM 2.5 - 7.5 mmol/24h	Urine PHOSPHATE 16 - 48 mmol/24h	Urine URATE 3 - 12 mmol/24h	Urine TOTAL PROTEIN less than 0.1 g/24h

NOTE - If duration of collection is shown as RANDom, then results are per litre.

24/10/95	BB204097K	Report From : Glasgow Royal Infirmary		
	BB204097K	FSH :	4.7 U/L	(Up-to 5.7)
	BB204097K	Luteinising Hormone :	7.7 U/L	(2.0 to 15.0)
	BB204097K	Oestradiol :	360 pmol/l	(Up to 1500)
	BB204097K	Prolactin :	260 mU/L	(60 to 360)
	BB204097K	Progesterone :	68.0 nmol/l	
		: Confirms Ovulation.		
	BB204097K	Day of Cycle :	21	(1 to 28)

Can I see notes please
Ovulating
-> Notes letter

Filing Instructions

DATE OF REPORT: 02/11/95

SCOTBYTE SUPPLIES LTD 01506 466222 REVISION 2. 19/1/95

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FORTH VALLEY ACUTE HOSPITALS
NHS TRUST
AREA LABORATORY SERVICES
HAEMATOLOGY

PATIENT: LEES,JANIE
19 Backwood Court
Clackmannan

PATIENT REFERENCE No.: ST1791183
DATE OF BIRTH: 28/02/1972 SEX: F

CONSULTANT: Unknown
DOCTOR / LOCATION: Clackmannan Health Centre
Dr. V. Scott

CLINICAL DATA:

RECEIVED
31 MAR 2003

P. Nurse
02
Cytology
Repeat
Normal
Tell Patient

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/l

NEUT.	LYMPHO.	MONO.	EOS.	BASO.	META.	MYEL.	*	BLASTS	N.R.B.C.
5.80	2.50	0.60	0.10	0.10					

R.B.C. x 10^{12}/l	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H. g/dl	E.S.R.mm/1hr	Retics. x 10^9/l	INIT.	REPORT DATE
4.43	0.411	92.8	31.2	33.6				28/03/2003

Hb g/l	W.B.C. x 10^9/l	Plt. x 10^9/l	INVESTIGATION	LAB. No.	SPECIMEN DATE
138	9.0	240	FBC	131123	28/03/2003

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY
NHS TRUST
AREA LABORATORY SERVICE
HAEMATOLOGY

PATIENT
LEES, JANIE
8 STROWAN ROAD
GRANGEMOUTH

PATIENT REFERENCE No.
F297689

DATE OF BIRTH 28/02/1972 | SEX F

CONSULTANT
Dr R. Cole

DOCTOR / LOCATION
Grangemouth Health Centre
Dr. D. Murray

CLINICAL DATA 36 WEEKS

FILE	✓
SAY OK	✓
REPEAT	
APP'T	
PHONE ME	
SCRIPT	
VISIT	
NOTES	✓
K	✓

CT for

27 JAN 1997

DIFFERENTIAL W.B.C. COUNT ALL X 10^9/l

NEUT.	LYMPHO.	MONO.	EOS.	BASO.	META.	MYEL.	★	BLASTS	N.R.B.C.
30	2.40	0.60	0.10	0.10					

R.B.C.X 10^{12}/l	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. X10^9/l	INIT.	REPORT DATE
3.11	0.290	93.2	30.9	33.1				24/01/1997

Hb g/l	W.B.C. X10^9/l	Plt. X10^9/l	INVESTIGATION	LAB. No.	SPECIMEN DATE
96	15.48	404	FBC	010517	23/01/1997

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY NHS TRUST AREA LABORATORY SERVICE	PATIENT	PATIENT REFERENCE No.
HAEMATOLOGY	LEES, JANIE 8 STROWAN ROAD GRANGEMOUTH	F297689
		DATE OF BIRTH 28/02/1972 — SEX F
CONSULTANT	DOCTOR / LOCATION	
[redacted]r. R. Cole	Falkirk D. Royal Infirmary Ante Natal Clinic	
CLINICAL DATA 32/40		

Sept 10th

10/11/97

DIFFERENTIAL W.B.C. COUNT ALL X 10^9/l									
NEUT.	LYMPHO.	MONO.	EOS.	BASO.	META.	MYEL.	☆	BLASTS	N.R.B.C.
[redacted]70	2.00	0.40	0.10	0.00					

R.B.C.X 10^{12}/l	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C.g/dl	E.S.R.mm/1hr	Retics. X 10^9/l	INIT.	REPORT DATE
3.01	0.283	94.0	31.2	33.2				27/12/1996

Hb g/l	W.B.C.X10^9/l	Plt.X10^9/l	INVESTIGATION	LAB. No.	SPECIMEN DATE
94	9.2	322	FBC	011546	27/12/1996

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD

HAEMATOLOGY

CONSULTANT [redacted]

PATIENT'S ADDRESS [redacted] AVENUE

HOSPITAL AND WARD/G.P PRACTICE
DR. B.R.A. HADDOX,
3 VIEWFIELD PLACE,
STIRLING

SURNAME VERNESS

FORENAME(S) JANE

HOSPITAL NUMBER 10189311HA [redacted]

CLINICAL DATA
?ANAEMIA

SEX F

DATE OF BIRTH 28\02\22

FILM = ANISOCYTOSIS
= POLYCHROMASIA

DIFFERENTIAL W.B.C. COUNT ALL X10⁹/l

NEUT.	LYMPHO.	MONO.	EOS.	BASO.	L.U.C.	META.	MYELO.	*	BLASTS
[redacted]91	1.80	0.26	0.25	0.12	0.21				[redacted]

R.B.C.X10⁹/l	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. %	N.R.B.C. X10⁹/l	INIT.	REPORT DATE
3.46	0.307	88.9	30.1	33.8		3.0		TF	11\02\92

Hb g/dl	W.B.C. X10⁹/l	Plt.X10⁹/l	INVESTIGATION	LAB. NO.	SPECIMEN DATE
10.4	6.55	197	BLOOD COUNT	11146	10\02\92

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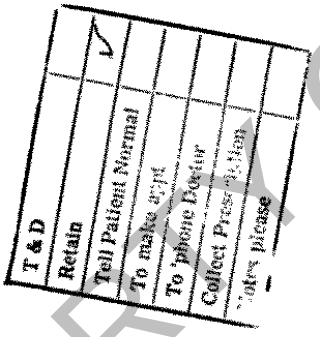
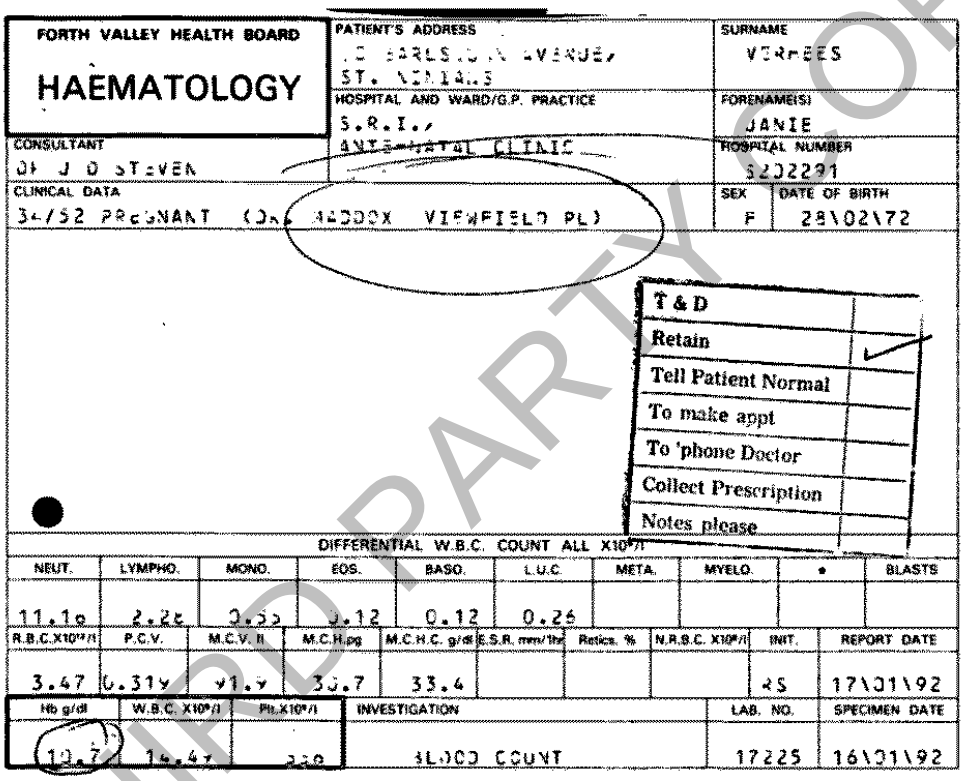


NHS Confidential: Personal data about a patient



FORTH VALLEY HEALTH BOARD

HAEMATOLOGY

PATIENT'S ADDRESS: [illegible] CARLSTON AVENUE, ST. NINIANS

SURNAME: VERBEES

HOSPITAL AND WARD/G.P. PRACTICE: S.R.I., ANTE-NATAL CLINIC

FORENAME(S): JANIE

CONSULTANT: DR J D STEVEN

HOSPITAL NUMBER: S202291

CLINICAL DATA: 34/52 PREGNANT (DR. ADDOX VIEWFIELD PL)

SEX: F

DATE OF BIRTH: 28\02\72

T & D
Retain ✓
Tell Patient Normal
To make appt
To 'phone Doctor
Collect Prescription
Notes please

DIFFERENTIAL W.B.C. COUNT ALL X10⁹/l

NEUT.	LYMPHO.	MONO.	EOS.	BASO.	L.U.C.	META.	MYELO.	•	BLASTS
11.1o	2.2E	0.55	0.12	0.12	0.26				

R.B.C.X10⁹/l	P.C.V.	M.C.V. fl	M.C.H.pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. %	N.R.B.C. X10⁹/l	INIT.	REPORT DATE
3.47	0.31v	v1.v	30.7	33.4				RS	17\01\92

Hb g/dl	W.B.C. X10⁹/l	Plt.X10⁹/l	INVESTIGATION	LAB. NO.	SPECIMEN DATE
10.7	14.4v	2:0	BLOOD COUNT	17225	16\01\92

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD

HAEMATOLOGY

PATIENT'S ADDRESS: 8C EARLSBURN AVENUE, ST. NINIANS

HOSPITAL AND WARD/G.P. PRACTICE: S.R.I., ANTE-NATAL CLINIC

SURNAME: VERHEES

FORENAME(S): JANIE

CONSULTANT: M[redacted]K S STEWART

HOSPITAL NUMBER: S202291

CLINICAL DATA: 35/52 PREGNANT (DR. MADDOX VIEWFIELD)

SEX: F

DATE OF BIRTH: 28\02\72

DIFFERENTIAL W.B.C. COUNT ALL X10⁹/l

NEUT.	LYMPHO.	MONO.	EOS.	BASO.	L.U.C.	META.	MYELO.	*	BLASTS
[redacted]53	2.10	0.40	0.08	0.06	0.18				

R.B.C. X10¹²/l	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. %	N.R.B.C. X10⁹/l	INIT.	REPORT DATE
3.33	0.310	93.2	32.0	34.4				RS	20\12\90

Hb g/dl	W.B.C. X10⁹/l	Plt. X10⁹/l	INVESTIGATION	LAB. NO.	SPECIMEN DATE
10.7	10.35	319	BLOOD COUNT	20227	19\12\90

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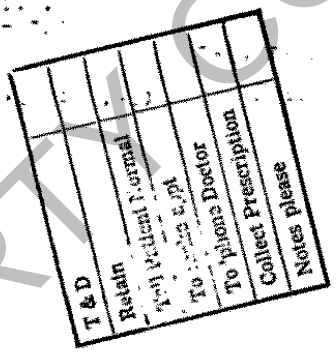


NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY
NHS TRUST
AREA LABORATORY SERVICE
MICROBIOLOGY

SURNAME: LEES
FORENAME: ELIZABETH
84 REDLANDS ROAD
TULLIBODY
UNIT No.: STI586876
DATE OF BIRTH: 28/02/1972
SEX: F

CONSULTANT: nown
WARD: Dr. C. Todd
G.P.: Alva Health Centre
5748

CLINICAL DATA: ? UTI

CPA ACCREDITED

Urine Culture
Microscopy.
White blood cells /cmm nil
Red blood cells /cmm nil
Epithelial cells +
Culture.
No growth

13 MAY 1999

Action		Prescription
Notes Plse		Comm...
Normal Rslt	✓	Summ...
Give Result	✓	Fits
Phone Pat		Filed by:
JAY		FC
RAH		CAMT
GAA		GIH
JMC		GP REG
DCM		MHLR

EXAMINATION	LAB. No.	AUTHORISED	
Urine Culture	MU003946D	M.Williamson	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Midstream specimen of Urine	10/05/1999	12/05/1999	12/05/1999

NHS Confidential: Personal data about a patient

FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: LEES
FORENAME: ELIZABETH
UNIT No.: S202291
84 REDLANDS ROAD
TULLIBODY
DATE OF BIRTH: 28/02/1972
SEX: F

CONSULTANT: [redacted] known
WARD: Dr. C. Todd
G.P.: Alva Health Centre
5748

CLINICAL DATA: leaking suture line

CPA ACCREDITED

Pyogenic Culture
Gram.
White Blood Cells +
Culture.
Light growth of Staphylococcus aureus

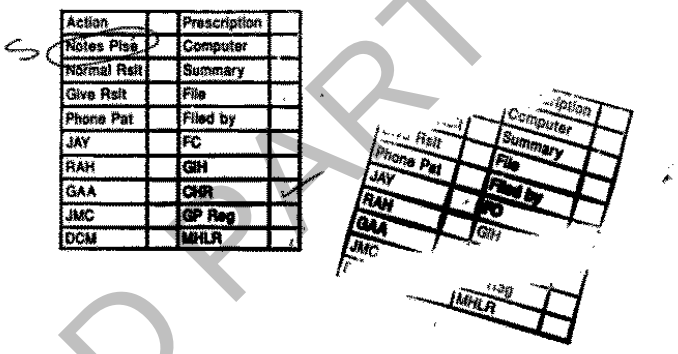
Penicillin S
Flucloxacillin S
Erythromycin S
Amp/Amoxycillin S

[redacted]

24 APR 2000

EXAMINATION	LAB. No.	AUTHORISED	
Pyogenic Culture	MG0010065	Dr J McGavigan	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Wound swab	19/04/2000	19/04/2000	

NHS Confidential: Personal data about a patient



Action		Prescription	
Notes Pise		Computer	
Normal Rslt		Summary	
Give Rslt		File	
Phone Pat		Filed by	
JAY		FC	
RAH		GIH	
GAA		CHR	
JMC		GP Reg	
DCM		MHLR	

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY NHS TRUST
AREA LABORATORY SERVICE
MICROBIOLOGY

SURNAME: VERHEES
FORENAME: JANIE
111 KERSIEBANK AVENUE
GRANGEMOUTH

UNIT No.: STI384327
DATE OF BIRTH: 28/02/1972
SEX: F

CONSULTANT: Unknown
WARD: Dr. D. Murray
G.P.: Grangemouth Health Centre
5645

CLINICAL DATA: ? PREGNANT H/O ECTOPIC

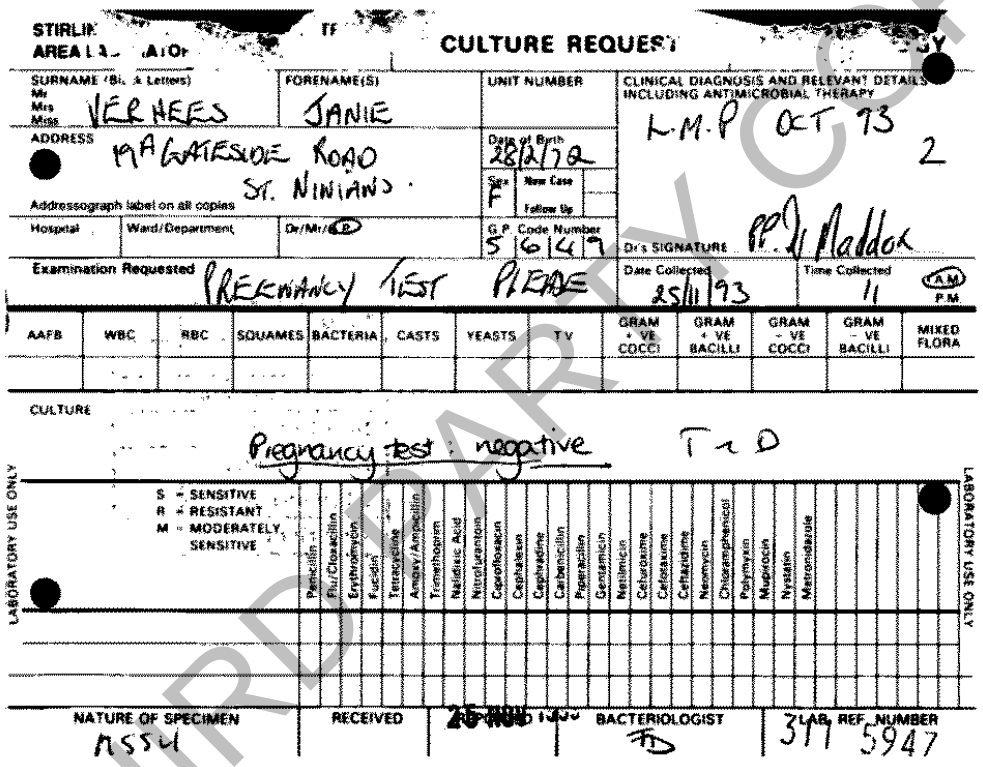
Pregnancy Test
Pregnancy test positive at 50 iu HCG/l
Pregnancy test negative at 500 iu HCG/l
Result phoned

seen.

File please

EXAMINATION	LAB. No.	AUTHORISED	
Pregnancy Test	MP007377Y	Dr.I.King	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Urine	24/11/1995	24/11/1995	25/11/1995

NHS Confidential: Personal data about a patient



STIRLIN[illegible] TF
AREA L[illegible] A[illegible]

CULTURE REQUEST

SURNAME (Block Letters) Mr / Mrs / Miss: VERHEES	FORENAME(S): JANIE	UNIT NUMBER	CLINICAL DIAGNOSIS AND RELEVANT DETAILS INCLUDING ANTIMICROBIAL THERAPY: L.M.P OCT 93 2
ADDRESS: 19A GARESLOE ROAD ST. NINIANS.		Date of Birth: 28/2/72	
Addressograph label on all copies		Sex: F; New Case; Follow Up	
Hospital	Ward/Department	Dr/Mr/(Dr)	G.P. Code Number: 5 6 4 9
Examination Requested: PREGNANCY TEST PLEASE		Date Collected: 25/11/93	Time Collected: 11 (AM) PM

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	TV	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM - VE COCCI	GRAM - VE BACILLI	MIXED FLORA

CULTURE

Pregnancy test : negative T + D

LABORATORY USE ONLY

S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

Penicillin	Flu/Cloxacillin	Erythromycin	Fusidic	Tetracycline	Amoxy/Ampicillin	Trimethoprim	Nalidixic Acid	Nitrofurantoin	Ciprofloxacin	Cephalexin	Cephradine	Carbenicillin	Piperacillin	Gentamicin	Netilmicin	Cefuroxime	Cefotaxime	Ceftazidime	Neomycin	Chloramphenicol	Polymyxin	Mupirocin	Nystatin	Metronidazole

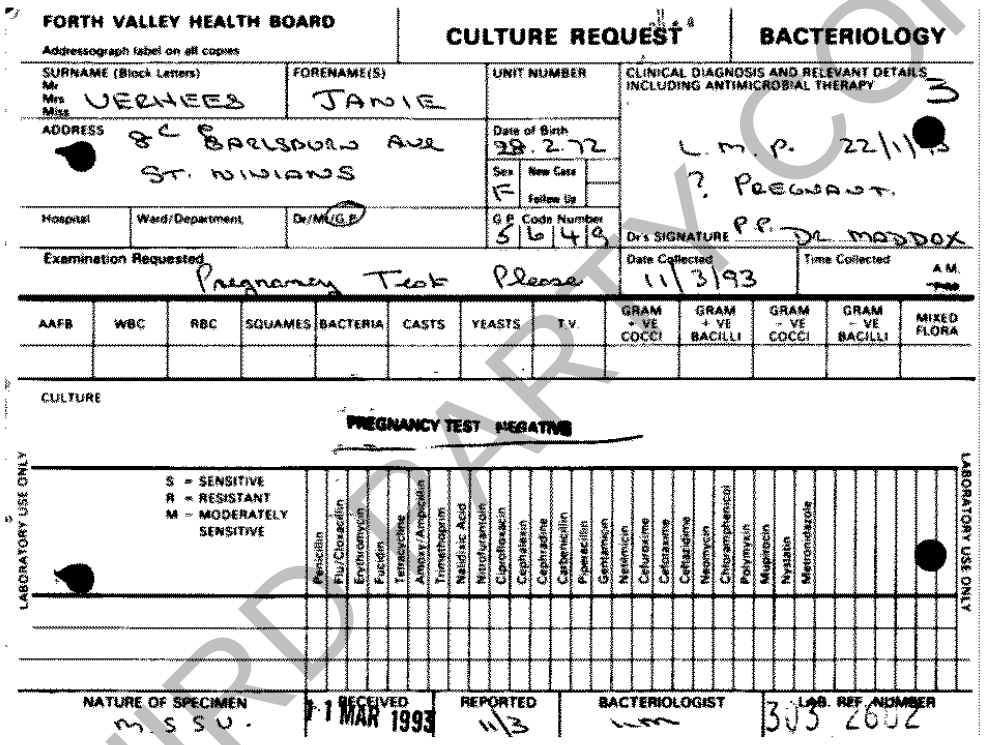
LABORATORY USE ONLY

NATURE OF SPECIMEN	RECEIVED	BACTERIOLOGIST	LAB. REF. NUMBER
MSU	25 NOV 1993	FD	311 5947

NHS Confidential: Personal data about a patient

T & D	✓
Retain	Neg ✓
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

NHS Confidential: Personal data about a patient



FORTH VALLEY HEALTH BOARD
Addressograph label on all copies

CULTURE REQUEST | BACTERIOLOGY

SURNAME (Block Letters) Mr / Mrs / Miss: VERHEEB
FORENAME(S): JANIE
UNIT NUMBER:
CLINICAL DIAGNOSIS AND RELEVANT DETAILS INCLUDING ANTIMICROBIAL THERAPY: 3 L.M.P. 22/11/93 ? PREGNANT.

ADDRESS: 8C BARLEYBURN AVE ST NINIANS
Date of Birth: 28.2.72
Sex: F
New Case / Follow Up:

Hospital | Ward/Department | Dr/M/G P
G.P. Code Number: 5 6 4 9
Dr's SIGNATURE: P.P. Dr. MADDOX

Examination Requested: Pregnancy Test Please
Date Collected: 11/3/93
Time Collected: A.M. / P.M.

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM - VE COCCI	GRAM - VE BACILLI	MIXED FLORA

CULTURE

PREGNANCY TEST NEGATIVE

LABORATORY USE ONLY

S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

Penicillin, Flu/Cloxacillin, Erythromycin, Fusidin, Tetracycline, Amoxy/Ampicillin, Trimethoprim, Nalidixic Acid, Nitrofurantoin, Ciprofloxacin, Cephalexin, Cephradine, Carbenicillin, Piperacillin, Gentamicin, Netilmicin, Cefuroxime, Cefotaxime, Ceftazidime, Neomycin, Chloramphenicol, Polymyxin, Mupirocin, Nystatin, Metronidazole

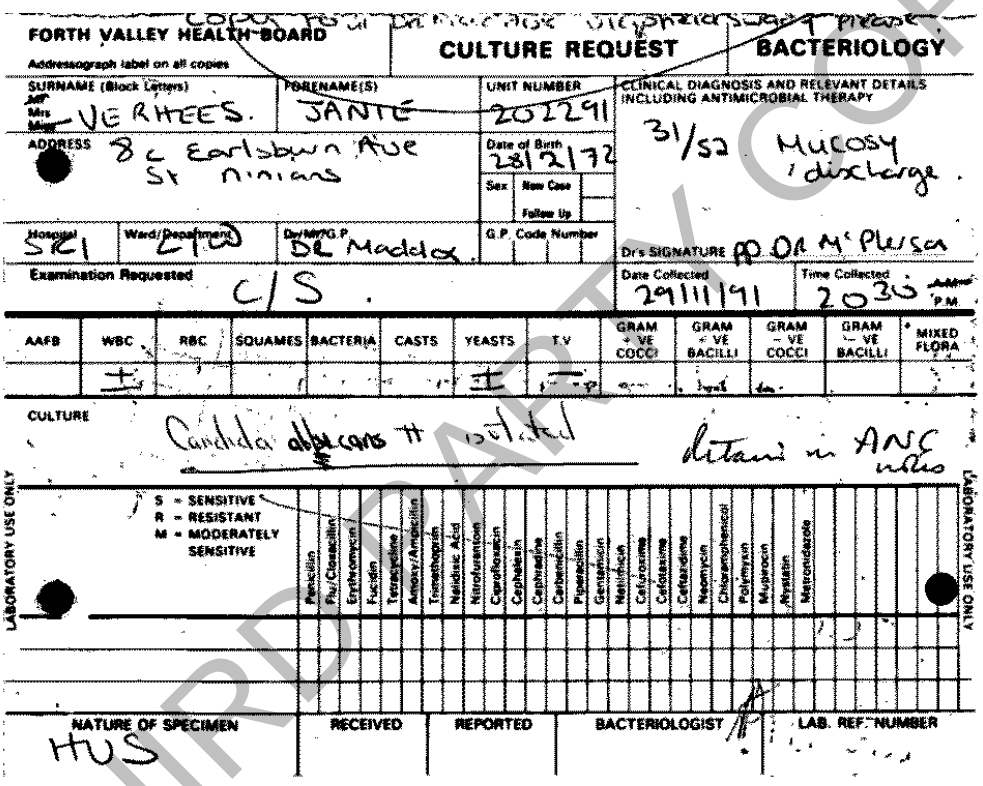
LABORATORY USE ONLY

NATURE OF SPECIMEN: M S S U.
RECEIVED: 1 MAR 1993
REPORTED: 11/3
BACTERIOLOGIST:
LAB. REF. NUMBER: 303 2602

NHS Confidential: Personal data about a patient

T & D	
Retain	
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

NHS Confidential: Personal data about a patient



FORTH VALLEY HEALTH BOARD
Addressograph label on all copies

CULTURE REQUEST — BACTERIOLOGY

SURNAME (Block Letters): VERHEES.
FORENAME(S): JANTE
UNIT NUMBER: 201291
CLINICAL DIAGNOSIS AND RELEVANT DETAILS INCLUDING ANTIMICROBIAL THERAPY: 31/52 Mucosy discharge.
ADDRESS: 8c Earlsburn Ave St Ninians
Date of Birth: 28/2/72
Sex: New Case / Follow Up
Hospital: STI
Ward/Department: [illegible]
Dr/MP/G.P.: DR Maddox
G.P. Code Number:
Drs SIGNATURE: DR M'Pherson
Examination Requested: C/S.
Date Collected: 29/11/91
Time Collected: 2030 P.M.

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM − VE COCCI	GRAM − VE BACILLI	MIXED FLORA
	+					++						

CULTURE: Candida albicans ++ isolated

Antifungal sensitivities to follow

LABORATORY USE ONLY

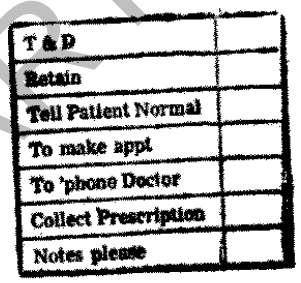
S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

Penicillin; Flu/Cloxacillin; Erythromycin; Fucidin; Tetracycline; Amoxy/Ampicillin; Trimethoprim; Nalidixic Acid; Nitrofurantoin; Cephalexin; Cephradine; Cephalothin; Carbenicillin; Piperacillin; Gentamicin; Neomycin; Cefuroxime; Cefotaxime; Ceftazidime; Neomycin; Chloramphenicol; Polymyxin; Mupirocin; Nystatin; Metronidazole

LABORATORY USE ONLY

NATURE OF SPECIMEN	RECEIVED	REPORTED	BACTERIOLOGIST	LAB. REF. NUMBER
HVS				

NHS Confidential: Personal data about a patient



T & P	
Retain	
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD — Addressograph label on all copies

CULTURE REQUEST | **BACTERIOLOGY**

SURNAME (Block Letters) Mr / Mrs / Miss: VERITEES
FORENAME(S): JAMIE
UNIT NUMBER:
CLINICAL DIAGNOSIS AND RELEVANT DETAILS INCLUDING ANTIMICROBIAL THERAPY: LMP 4/91 19

ADDRESS: 8c Tarbrax Ave. Stirling
Date of Birth: 28-2-72
Sex: New Case / Follow Up

Hospital: Ward/Department: Dr/M(G): Vranfield Med Parlour.
G.P. Code Number: 5 6 4 9
Dr's SIGNATURE: H. Maddox.

Examination Requested: EMU Pregnancy Test.
Date Collected: 17.9.91
Time Collected: A.M. / P.M.

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM − VE COCCI	GRAM − VE BACILLI	MIXED FLORA

CULTURE: Pregnancy Test Positive

S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

Penicillin; Flu/Cloxacillin; Erythromycin; Fucidin; Tetracycline; Amoxy/Ampicillin; Trimethoprim; Nalidixic Acid; Nitrofurantoin; Ciprofloxacin; Cephalexin; Cephradine; Carbenicillin; Piperacillin; Gentamicin; Netilmicin; Cefuroxime; Cefotaxime; Ceftazidime; Rifampicin; Vancomycin; Metronidazole

T & D
Retain
Tell Patient Normal
To make appt.
Please Doctor
Collect Prescription
Note please

LABORATORY USE ONLY

NATURE OF SPECIMEN | RECEIVED | REPORTED 18 SEP 1991 | BACTERIOLOGIST | LAB. REF. NUMBER

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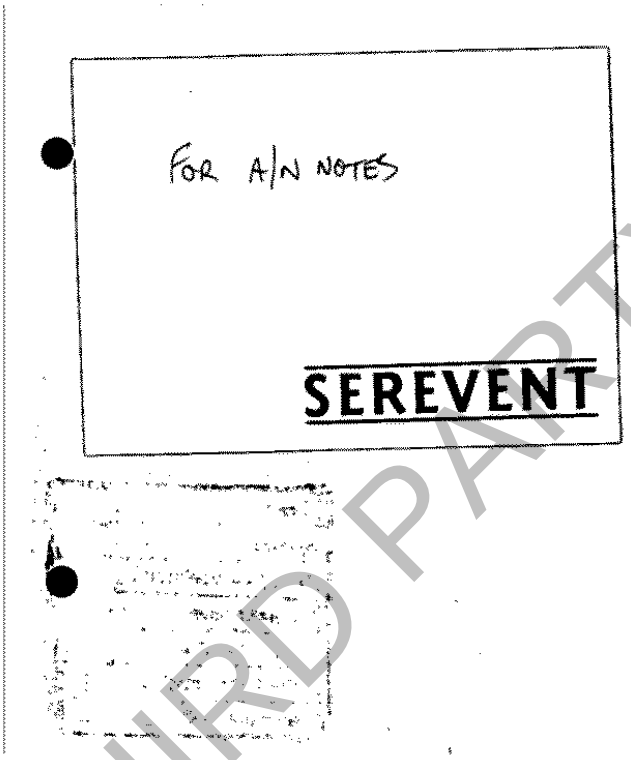

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD | **CULTURE REQUEST** | **BACTERIOLOGY**

Addressograph label on all copies

SURNAME (Block Letters) Mr. Mrs. Miss	FORENAME(S)	Date of Birth / Sex	CLINICAL DIAGNOSIS AND RELEVANT DETAILS
Mrs VERHEES	JANIE	28-8-79.	LMP 7-8 weeks ago.

ADDRESS	UNIT NUMBER
236 BROAD ST. STIRLING.	

Hospital	Ward/Department	Consultant	G.P. Code Number	DR'S SIGNATURE
	V/FIELD.	G.P.	5649.	PP Dr. Craddox

MICROSCOPY — FOR LAB. USE ONLY

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM – VE COCCI	GRAM – VE BACILLI	MIXED FLORA

CULTURE — S = SENSITIVE, R = RESISTANT, M = MODERATELY SENSITIVE

ORGANISM	Penicillin	Flu/Cloxacillin	Clindamycin	Fucidin	Erythromycin	Tetracycline	Cefaclor	Amoxy/Ampicillin	Co-Trimoxazole	Trimethoprim	Nalidixic Acid	Nitrofurantoin	Cephalexin	Mecillinam	Piperacillin	Carbenicillin	Gentamicin	Tobramycin	Netilmicin	Cefuroxime	Cefotaxime	Ceftazidime	Neomycin	Chloramphenicol	Polymyxin	Bacitracin	Sulphonamide	Nystatin	Metronidazole

Pregnancy Test POSITIVE   RECEIVED [illegible] JUN 1990

Please ask to make A/N clinic appt soon
[illegible]

DATE   BACTERIOLOGIST [illegible]

NATURE OF SPECIMEN	EXAMINATION REQUIRED	DATE & TIME COLLECTED	LAB REF NUMBER
EMU	Preg. Test	30-5-90. 1.00PM.	005 6316

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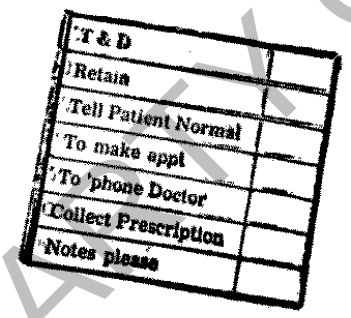

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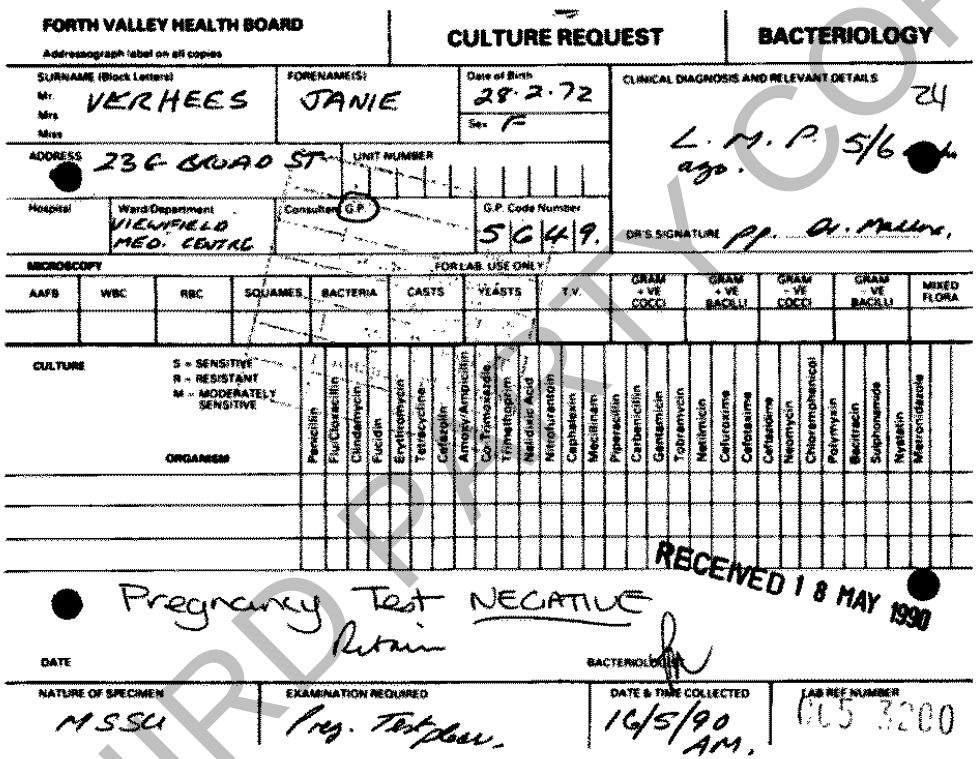


FORTH VALLEY HEALTH BOARD
Addressograph label on all copies

CULTURE REQUEST

BACTERIOLOGY

SURNAME (Block Letters) Mr. / Mrs / Miss: VERHEES
FORENAME(S): JANIE
Date of Birth: 28.2.72
Sex: F
CLINICAL DIAGNOSIS AND RELEVANT DETAILS: 24 L.M.P. 5/6 ago.
ADDRESS: 236 BROAD ST
UNIT NUMBER
Hospital: VICTORIA HOSP.
Ward/Department: MED. CENTRE
Consultant / G.P.
G.P. Code Number: 5649.
DR'S SIGNATURE: P. A. Mallon.

MICROSCOPY — FOR LAB. USE ONLY

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM +VE COCCI	GRAM +VE BACILLI	GRAM -VE COCCI	GRAM -VE BACILLI	MIXED FLORA

CULTURE
S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

ORGANISM	Penicillin	Flu/Cloxacillin	Clindamycin	Fucidin	Erythromycin	Tetracycline	Cefalexin	Amoxy/Ampicillin	Co-Trimoxazole	Trimethoprim	Nalidixic Acid	Nitrofurantoin	Cephalexin	Mecillinam	Piperacillin	Carbenicillin	Gentamicin	Tobramycin	Netilmicin	Cefuroxime	Cefotaxime	Ceftazidime	Neomycin	Chloramphenicol	Polymyxin	Bacitracin	Sulphonamide	Nystatin	Metronidazole

RECEIVED 18 MAY 1990

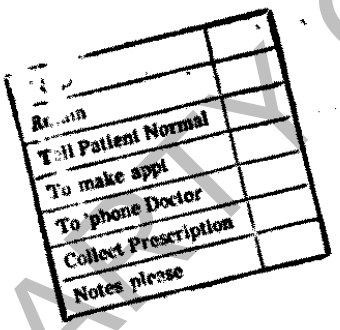
Pregnancy Test NEGATIVE
Retain

DATE

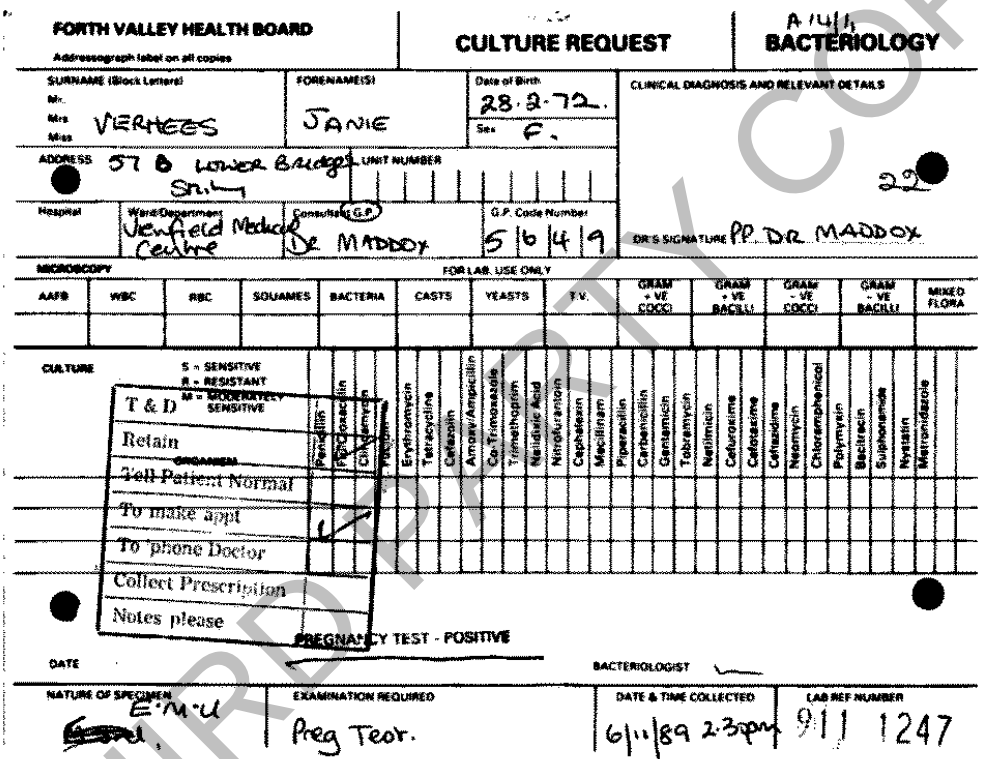
BACTERIOLOGIST

NATURE OF SPECIMEN	EXAMINATION REQUIRED	DATE & TIME COLLECTED	LAB REF NUMBER
MSSU	Preg. Test plus.	16/5/90 AM.	BC5 3200

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



FORTH VALLEY HEALTH BOARD

Addressograph label on all copies

CULTURE REQUEST

BACTERIOLOGY

SURNAME (Block Letters) Mr. Mrs Miss VERHEES

FORENAME(S) JANIE

Date of Birth 28.2.72.

Sex F.

CLINICAL DIAGNOSIS AND RELEVANT DETAILS

ADDRESS 57 B Lower Bridge St Shiny

UNIT NUMBER

22

Hospital

Ward/Department Jenfield Medical Centre

Consultant/G.P. Dr MADDOX

G.P. Code Number 5 6 4 9

DR'S SIGNATURE PP DR MADDOX

MICROSCOPY — FOR LAB. USE ONLY

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM - VE COCCI	GRAM - VE BACILLI	MIXED FLORA

CULTURE

S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

ORGANISM

Penicillin, Flucloxacillin, Chloramycin, Rifampicin, Erythromycin, Tetracycline, Cefalexin, Amoxy/Ampicillin, Co-Trimoxazole, Trimethoprim, Nalidixic Acid, Nitrofurantoin, Cephalexin, Macillinam, Piperacillin, Carbenicillin, Gentamicin, Tobramycin, Netilmicin, Cefuroxime, Cefotaxime, Ceftazidime, Neomycin, Chloramphenicol, Polymyxin, Bacitracin, Sulphonamide, Nystatin, Metronidazole

T & D
Retain
Well Patient Normal
To make appt ✓
To phone Doctor
Collect Prescription
Notes please

PREGNANCY TEST - POSITIVE

DATE

BACTERIOLOGIST

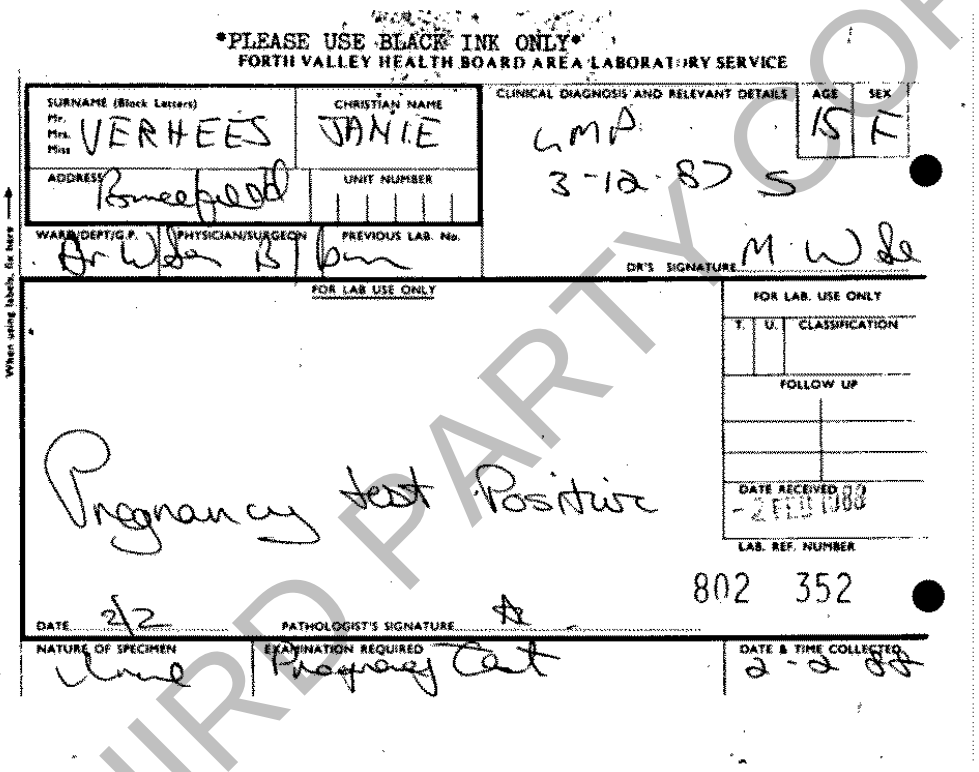
NATURE OF SPECIMEN E.M.U

EXAMINATION REQUIRED Preg Test.

DATE & TIME COLLECTED 6/11/89 2.30pm

LAB REF NUMBER 911 1247

NHS Confidential: Personal data about a patient

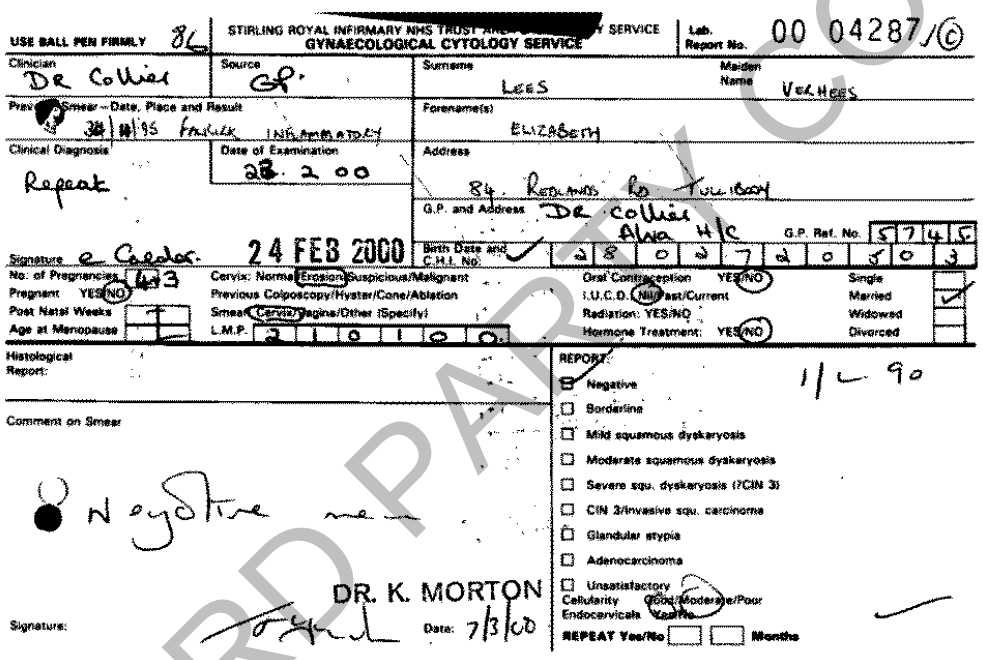


PLEASE USE BLACK INK ONLY
FORTH VALLEY HEALTH BOARD AREA LABORATORY SERVICE

When using labels, fix here

SURNAME (Block Letters) Mr. Mrs. Miss: VERHEES
CHRISTIAN NAME: JANIE
CLINICAL DIAGNOSIS AND RELEVANT DETAILS: LMP 3-12-87
AGE: 15
SEX: F
ADDRESS: Romeefield
UNIT NUMBER:
WARD/DEPT/G.P.: Dr Wilson
PHYSICIAN/SURGEON: BT
PREVIOUS LAB. No.:
DR'S SIGNATURE: M Wilson
FOR LAB USE ONLY
FOR LAB. USE ONLY
T. U. CLASSIFICATION
FOLLOW UP
DATE RECEIVED - 2 FEB 1988
LAB. REF. NUMBER: 802 352
Pregnancy test Positive
DATE: 2/2
PATHOLOGIST'S SIGNATURE:
NATURE OF SPECIMEN: Urine
EXAMINATION REQUIRED: Pregnancy Test
DATE & TIME COLLECTED: 2-2-88

NHS Confidential: Personal data about a patient



USE BALL PEN FIRMLY

STIRLING ROYAL INFIRMARY NHS TRUST [redacted] SERVICE
GYNAECOLOGICAL CYTOLOGY SERVICE

Lab. Report No. 00 04287/©

Clinician: Dr Collier
Source: GP.
Surname: LEES
Maiden Name: VerHees
Previous Smear – Date, Place and Result: 3/8/95 Forfar INFLAMMATORY
Forename(s): ELIZABETH
Clinical Diagnosis: Repeat
Date of Examination: 28.2.00
Address: 84 Redmains Rd Turriff
G.P. and Address: Dr Collier Alva H/C
G.P. Ref. No. 57455
Signature: E Geddes. 24 FEB 2000
Birth Date and C.H.I. No: 3 8 0 3 7 2 0 5 0 3
No. of Pregnancies: 3
Pregnant YES/NO
Post Natal Weeks
Age at Menopause
Cervix: Normal/Erosion/Suspicious/Malignant
Previous Colposcopy/Hystr/Cone/Ablation
Smear: Cervix/Vagina/Other (Specify)
L.M.P. 2 1 0 1 0 0
Oral Contraception YES/NO
I.U.C.D. Nil/Past/Current
Radiation: YES/NO
Hormone Treatment: YES/NO
Single
Married ✓
Widowed
Divorced
Histological Report:
Comment on Smear
Negative
REPORT:
1/c 90
☒ Negative
☐ Borderline
☐ Mild squamous dyskaryosis
☐ Moderate squamous dyskaryosis
☐ Severe squ. dyskaryosis (?CIN 3)
☐ CIN 3/invasive squ. carcinoma
☐ Glandular atypia
☐ Adenocarcinoma
☐ Unsatisfactory
Cellularity Good/Moderate/Poor
Endocervicals Yes/No
REPEAT Yes/No ☐ ☐ Months
Signature:
DR. K. MORTON
Date: 7/3/00

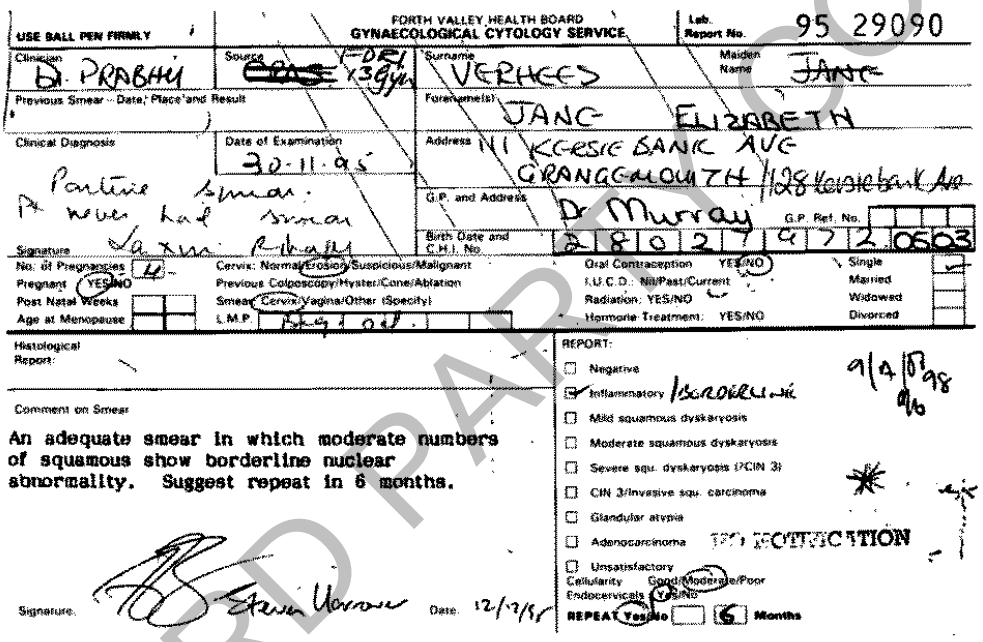
NHS Confidential: Personal data about a patient

[redacted]

Action	Prescription
Notes Pso	Computer
Normal Rsit	Summary
Give Result	File
Phone Pat	Filed by
JAY	FC
RAH	CAMT
GAA	CIH
JMC	GP REG
DCM	MHLR

RECEIVED 13 MAR 2000

NHS Confidential: Personal data about a patient



USE BALL PEN FIRMLY

FORTH VALLEY HEALTH BOARD
GYNAECOLOGICAL CYTOLOGY SERVICE

Lab. Report No. 95 29090

Clinician: Dr. PRABHU
Source: ~~CASE~~ Y-DEL 39yrs
Surname: VERHEES
Maiden Name: JANE
Forename(s): JANE ELIZABETH
Previous Smear – Date, Place and Result:
Clinical Diagnosis: Partial smear. Pt never had smear
Date of Examination: 30.11.95
Address: 111 KERSIE BANK AVE GRANGEMOUTH 1/28 Kersiebank Ave
G.P. and Address: Dr Murray
G.P. Ref. No.
Signature: Jane Prabhu
Birth Date and C.H.I. No: 2 8 0 2 7 9 7 2 0503

No. of Pregnancies: 4
Pregnant: YES/NO
Post Natal Weeks:
Age at Menopause:
Cervix: Normal/Erosion/Suspicious/Malignant
Previous Colposcopy/Hyster/Cone/Ablation
Smear: Cervix/Vagina/Other (Specify)
L.M.P. [illegible]
Oral Contraception: YES/NO
I.U.C.D.: Nil/Past/Current
Radiation: YES/NO
Hormone Treatment: YES/NO
Single
Married
Widowed
Divorced

Histological Report:

Comment on Smear

An adequate smear in which moderate numbers of squamous show borderline nuclear abnormality. Suggest repeat in 6 months.

Signature: Steven Verhees Date: 12/12/95

REPORT:
- Negative
- Inflammatory ISCHORRHOEIC 9/12/95 98
- Mild squamous dyskaryosis
- Moderate squamous dyskaryosis
- Severe squ. dyskaryosis (?CIN 3)
- CIN 3/Invasive squ. carcinoma
- Glandular atypia
- Adenocarcinoma [illegible] INFECTION
- Unsatisfactory

Cellularity: Good/Moderate/Poor
Endocervicals: YES/NO
REPEAT: Yes/No 6 Months

NHS Confidential: Personal data about a patient

Lees, Janie Elizabeth E
DoB: 28/02/1972 **Report Valid On 15/06/05 14:38**

Carron Medical Centre
Page number 1

Registration

Miss Janie Elizabeth E Lees
11 Haugh Gardens
BAINSFORD
Falkirk
FK2 7RB
Telephone:
Contact: ? ContactRelship: ?
Email: ?
Occupation:

Service Code: Permanent
DoB: 28/02/1972
Age: 33

Marital Status: Single
Registered: 04/05/2004 Confirmed: 05/05/2004 Records Received: 25/05/2004
BMI: 21.5 Height: 1.6 m Weight: 55 kg BP: 110/40

Priority Clinical / User Marker

26/03/2000	High	Ectopic pregnancy
26/03/2000	High	Right salpingectomy
31/01/1997	High	Manual removal of placenta from delivered uterus
21/02/1994	High	Ectopic pregnancy
21/02/1994	High	Left salpingectomy
14/12/1989	High	Spontaneous abortion

Clinical / User Marker

25/05/2004	Medium	Patient MRE received from HB
05/05/2004	Medium	Pat. GP7B/GP8B card from HB
04/05/2004	Medium	Patient reg. form sent to HB

Screening

04/05/2004	**Cervical Screening$$**	Screened - no result yet	
Enter Result when Available		Do not send recall letter	Do not send result letter
03/02/2003	**Height$$**	O/E - height	
Repeat after an Interval - 5 Years		Do not send recall letter	Do not send result letter
03/02/2003	**Weight$$**	O/E - weight	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
03/02/2003	**Alcohol Intake$$**	Teetotaller	
Repeat after an Interval - 5 Years		Do not send recall letter	Do not send result letter
03/02/2003	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
03/02/2003	**Smoker$$ Status**	Current smoker	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
06/10/1988	**Rubella Screening$$**	Rubella antib. present -immune	
No Action Required		Do not send recall letter	Do not send result letter

Summary Sheet: Practice1 Printed at 15/06/2005 14:38:09

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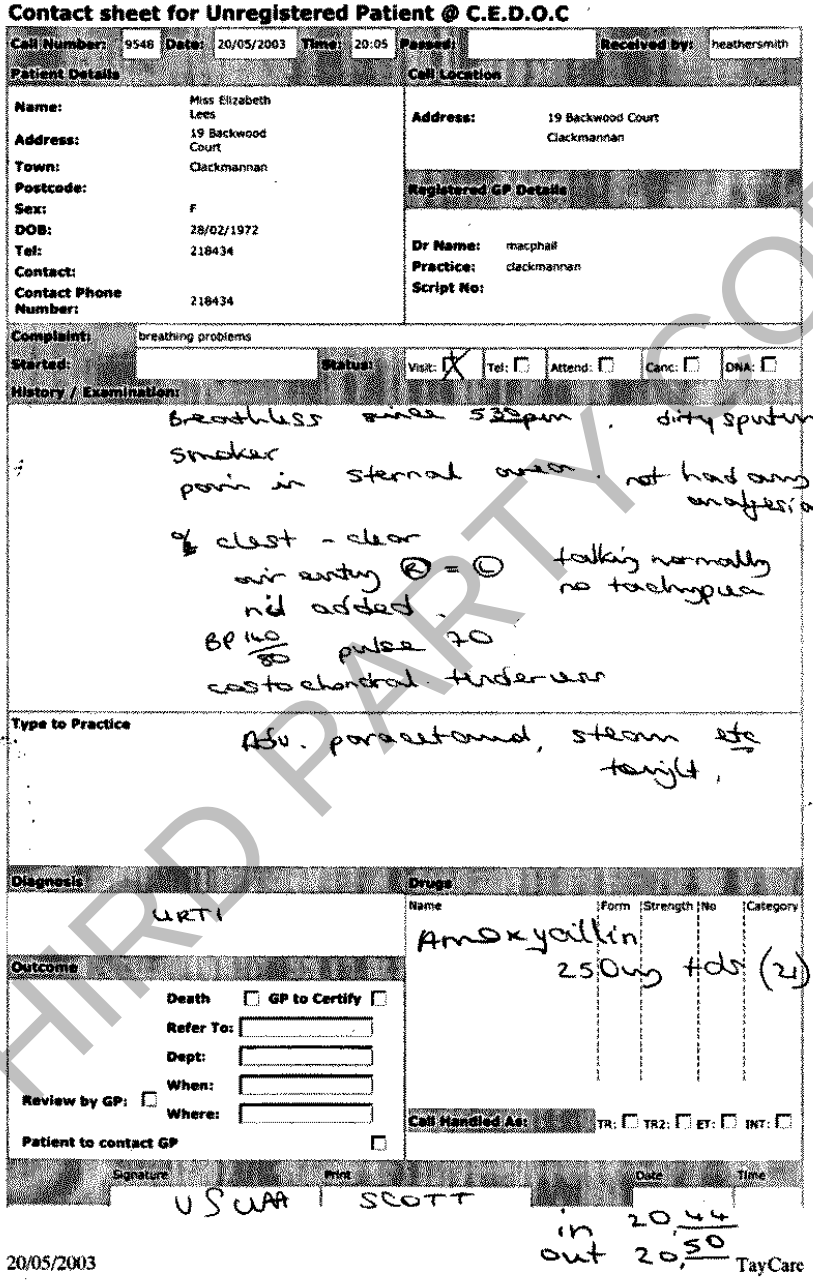
NHS Confidential: Personal data about a patient

Contact sheet for Unregistered Patient @ C.E.D.O.C



Call Number:	9548	Date:	20/05/2003	Time:	20:05	Passed:	Received by: heathersmith

Patient Details

Name:	Miss Elizabeth Lees
Address:	19 Backwood Court
Town:	Clackmannan
Postcode:	
Sex:	F
DOB:	28/02/1972
Tel:	218434
Contact:	
Contact Phone Number:	218434

Call Location

Address: 19 Backwood Court, Clackmannan

Registered GP Details

Dr Name: macphail
Practice: clackmannan
Script No:

Complaint: breathing problems
Started: Status: Visit: X Tel: Attend: Canc: DNA:

History / Examination:

Breathless since 5.35pm. dirty sputum
smoker
pain in sternal area. not had any analgesia
chest - clear
air entry R = L
talking normally
no tachypnea
mid added.
BP 140/80 pulse 70
costochondral tenderness

Type to Practice

Abx. paracetamol, steam etc tonight.

Diagnosis

URTI

Drugs

Name	Form	Strength	No	Category
Amoxycillin		250mg	tds (21)	

Outcome

Death ☐ GP to Certify ☐
Refer To:
Dept:
When:
Where:
Review by GP: ☐
Patient to contact GP ☐

Call Handled As: TR: ☐ TR2: ☐ ET: ☐ INT: ☐

Signature: USUAA I SCOTT Print: Date: Time:

in 20.44
out 20.50

20/05/2003 TayCare

NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals NHS Trust

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
www.show.scot.nhs.uk/nhsfv

NHS Forth Valley

DEPARTMENT OF GENERAL SURGERY
ALLOA HEALTH CENTRE

DBB/JT/202291
29TH July 2002

Miss Elizabeth Lees
84 Redlands Road
Tullibody
FK10 2QJ

Dear Miss Lees ~~Clark~~,

I was expecting to see you at my Alloa Health Centre clinic this afternoon (29th July). You did not keep the appointment, nor have you been in touch with us requesting an alternative date. I quite appreciate you may feel an appointment was no longer required. I am concerned however that arrangements may have gone awry and you were unaware you were expected today. If you wish a further appointment sent out to you, please contact the records department at Stirling Royal.

Yours sincerely

D.B. BOOTH
CONSULTANT SURGEON, M.B., F.R.C.S.

cc: Dr. Clark, Health Centre, Alva

Action		Prescription	
Notes File		Computer	
Normal Rslt		Summary	
Give Rslt		Fls	
Phone Pat		Scan to	
JAY	✓	FR	
RAH		GIH	✓
GAA		CHR	
JMC		GP Reg	
DCM		MHLR	

02 AUG 2002

Forth Valley Acute Hospitals NHS Trust
Trust Headquarters Westburn Avenue Falkirk FK1 5SU
Telephone 01324 678532 Fax 01324 617421

Chairman Ian Mullen
Chief Executive Jim Currie

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Forth Valley Acute Hospitals NHS Trust

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000

DEPARTMENT OF GENERAL SURGERY
FAX NO. 01786 434473

NHS Forth Valley

DB/MM/202291

29th April, 2002

Mr. Booth's Alloa Clinic

Dr. J. Clark
Health Centre
West Johnstone Street
Alva
FK12 5BD

Dear Dr. Clark

ELIZABETH LEES (28.02.72)
84 Redlands Road, Tullibody FK10 2QJ

Thank you for asking me to see this lady. It is an odd feeling lump on the right side of her neck.

I almost wondered if it was a bony prominence or perhaps a cervical rib. I think in the first instance, it would be worthwhile getting a plain chest x-ray and x-rays of her cervical spine and once I have seen the result of that I will be in touch with both you and the patient.

If there is nothing much on these films then I will bring her back to my clinic and we can attempt to get a fine needle aspirate from it or perhaps arrange a CT of her neck.

Yours sincerely

D. B. BOOTH, M.B., F.R.C.S.,
CONSULTANT SURGEON

08 MAY 2002

Action		Prescription	
Notes Pise		Computer	
Normal Roll		Summary	
Give Roll		File	
Phone Pat		Filed by	EB
JAY		FC	
RAH		GH	
GAA		CHR	
JMC		GF Reg	
DCM		MHLR	

Forth Valley Acute Hospitals NHS Trust
Trust Headquarters Westburn Avenue Falkirk FK1 5SU
Telephone 01324 678532 Fax 01324 617421

Chairman Ian Mullen
Chief Executive Jim Currie

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Forth Valley Acute Hospitals NHS Trust
Stirling Royal Infirmary
Livilands, Stirling

16411.
A&E No.

Consultant: Mrs U. Mackintosh

PATIENT	SURNAME LEES	MPI No.	DATE 260601	TIME OF ARRIVAL 1626
	FORENAME ELIZ JANE	SEX F / MARITAL STATUS M	DATE OF INCIDENT 260601	TIME OF INCIDENT 1100
	MAIDEN NAME	DOB 280272	LOCATION OF INCIDENT FALL	
	ADDRESS 84 REDLANDS RD. TULLBODY FK10 2AN	AGE		
	TEL. 0775 5190406	RELIGION	COMPLAINT INJ (L) LEG	
	TEMPORARY ADDRESS — TEL.	OCCUPATION/~~SCHOOL~~ CLEANER	GP NAME Dr Young ADDRESS ALLOA	
		PREVIOUS ATTENDANCE (Y) N		
NOK	NAME DONALD ADDRESS MCLEOD TEL. N/A	RTA Y (N)		
		REFERRED BY SELF		
	NOTIFIED N/Y RELATIONSHIP HUSBAND	ARRIVAL: AMBULANCE Y (N)		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor,

the above named patient attended the Accident & Emergency Department today 05 JUL 2001

DIAGNOSIS STI (L) knee

X RAY / ECG / INVESTIGATIONS SHOW
(L) knee; no # seen

TREATMENT GIVEN

→ wool/crepe
→ NSAID's
→ elevate
→ A/E clinic review

2.7.01 Able to wb. All ligs stable. Pain on stressing MCL AMCL/pain'

DRUGS Referred to physio

TETANUS PROPHYLAXIS
HAS / HAS NOT BEEN GIVEN TT COURSE ____ TT BOOSTER ____ IMMUNOGLOBULIN ____

DISPOSAL

ADMITTED TO ____ OP CLINIC A/E 28/06/01

DISCHARGED TO home TIME OF DISCHARGE ____

DOCTORS NAME (print) M SCHWARZ SIGNATURE [signature]

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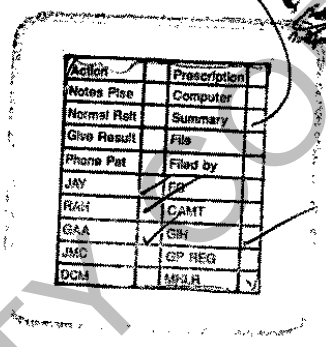
STIRLING ROYAL INFIRMARY

Stirling Royal Infirmary, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

MK/FKM/MSG/202291

Salpingectomy.
(R ectopic)
pregnancy



Dictated 26.3.00
Typed 28.3.00

Dr. R.A. Hurry
Health Centre
ALVA

Dear Dr. Hurry,

Elizabeth Lees (28.2.72)
84 Redlands Road, Tullibody

This young woman was referred to the Gynaecology service with right sided abdominal pain, vaginal spotting and a positive pregnancy test. She had a history of a previous left ectopic pregnancy treated in 1994 by left salpingectomy. She is married, has four children and had been on the waiting list for sterilisation.

On examination she was haemodynamically stable. There was right iliac fossa tenderness, but no rebound or guarding. Marked cervical excitation was noted on bimanual examination and there was significant tenderness in the right adnexum.

Ultrasound scan failed to confirm an intra-uterine gestation and there was a large amount of free fluid in the cul-de-sac.

The clinical impression was highly suggestive of a right ectopic pregnancy. Prior to surgery we had a full discussion of management options. Elizabeth made it clear she would prefer a definitive procedure to a conservative approach, especially as she had decided to proceed with sterilisation for permanent contraception. We made it clear that a right salpingectomy would leave her with no tubes and, therefore, infertile. Nevertheless, she was advised that there could still be a small risk of recurrent ectopic pregnancy in a tubal stump.

In theatre a ruptured right ectopic pregnancy was confirmed with approximately 200 cc blood and clot in the abdomen. A right salpingectomy was performed without intra-operative complications.

In /

31 MAR 2000

STL023

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Elizabeth Lees - 202291

In the immediate post operative period she developed hypotension, which was treated easily with colloid and crystalloid infusions. Thereafter she had an uncomplicated recovery and went home on the third day post op. She is to return to the Gynae. Clinic in six weeks for follow-up.

Yours sincerely,

MARILOU KOSSEIM
SHO 3
Obstetrics and Gynaecology

NHS Confidential: Personal data about a patient

7

STIRLING ROYAL INFIRMARY

DISTRIBUTION:
1st White - General Practitioner/Receiving Hospital
2nd Pink - Pharmacy
3rd Yellow - Patient's Record

PATIENT DISCHARGE NOTIFICATION

NAME: ELIZABETH LEES
ADDRESS: 84 REDLANDS RD THURNBY
D.O.B. / CHI NO: 28-2-72
HOSPITAL NO: 202291
ALTERNATIVE DISCHARGE ADDRESS (if applicable)
TRANSPORT: ARRANGED / NOT ARRANGED

CONSULTANT: DR MORRISON
WARD: 18
REGISTERED GP: Dr Hay
REFERRING GP:
ADMISSION ARRANGED
EMERGENCY VIA GP
SELF REFERRAL
DATE OF ADMISSION: 7-3-00
DATE OF DISCHARGE: 11.3.00

Dear Doctor,

Clinical summary: (Presenting problem, positive investigations, diagnosis, treatment, information given to patient re diagnosis, new drug sensitivities:)

Laparotomy for ® ectopic pregnancy

Action		Prescription	
Notes Plse		Computer	
Blood Rslt		Summary	
Give Result		File	
Phone Pat		Filed by	
JAY		FC	
RAH		CAMT	
GAA		GIH	
JMC		GP REG	
DCM		MHLR	

Post-op hb - 95
Post-op MSSU - neg

FOLLOW UP: 6/52

APPOINTMENT: MADE / TO BE MADE
OUTPATIENT INVESTIGATIONS REQUESTED

7 DAYS' MEDICATION SUPPLIED:

℞ MEDICINE, FORM OF PREPARATION AND STRENGTH	MAKE & BATCH NO (FOR PHARMACY USE ONLY)	DOSE	FREQUENCY	QUANTITY SUPPLIED	DURATION OF TREATMENT
AUGMENTIN		375mg	tds		
FERROUS SULPHATE	BNO 3593 Exp 26-4-00	200mg	tds	21 tabs	

MEDICAL OFFICER — PHARMACIST — DATE DISPENSED

WHERE PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY THE PHARMACIST.
STH024

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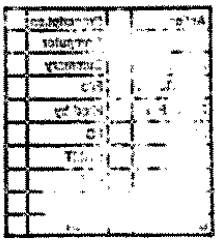

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5

Forth Valley Acute Hospitals NHS Trust
Stirling Royal Infirmary
Livilands, Stirling

A&E No. 33236

Consultant: Mrs U. Mackintosh

PATIENT

SURNAME: Lees	MPI No.	DATE: 19.12.99	TIME OF ARRIVAL: 1400
FORENAME: Elizabeth	SEX: F / MARITAL STATUS: S	DATE OF INCIDENT: 19.12.99	TIME OF INCIDENT:
MAIDEN NAME:	DOB: 25.2.72	LOCATION OF INCIDENT:	
ADDRESS: 84 Redstock Rd Tullibody FK10 2QN	AGE	COMPLAINT: rsdd10 Pain	
TEL:	RELIGION		
TEMPORARY ADDRESS: nil.	OCCUPATION/SCHOOL: Nurse	GP NAME:	
TEL:	PREVIOUS ATTENDANCE Y N	ADDRESS: msk Tullibody HC.	
NOK NAME: D. McLeod	RTA Y N		
ADDRESS: s/o	REFERRED BY		
TEL:	ARRIVAL: AMBULANCE Y N		
NOTIFIED N/Y RELATIONSHIP			

Action	Prescription
Nurse Pkg	Computer
Nurse Rslt	Summary
Gen Result	File
Phone Pat	Filed by
	FC
RAH	CAMT
GLA	GRI
SMO	FVRI
DCM	

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor, _____

the above named patient attended the Accident & Emergency Department today

DIAGNOSIS: Abdo pain non specific

X RAY / ECG / INVESTIGATIONS SHOW: _____

TREATMENT GIVEN: Bloods, Amy, Normal Hb 127, WCC 13.3, plts 196
urine, preg nancy test (-)
-F/u C GP

04 JAN 2000

DRUGS _____ GIVEN BY _____

TETANUS PROPHYLAXIS
HAS / HAS NOT BEEN GIVEN TT COURSE _____ TT BOOSTER _____ IMMUNOGLOBULIN _____

DISPOSAL

ADMITTED TO _____ OP CLINIC _____

DISCHARGED TO Home TIME OF DISCHARGE 15.430

DOCTORS NAME (print)	SIGNATURE
THISTLETHWAITE	Thistlethwaite

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Falkirk & District Royal Infirmary NHS Trust

Major's Loan
Falkirk FK1 5QE

Telephone 01324 624000
Fax 01324 612340

CG/MWN/OBSETRICS - FAX NO. 01324 616077

Dictated 05.02.97
Typed 17.02.97

Dr D.R. Murray
Grange Medical Group
Health Centre
Grangemouth
FK3 9EW

Pink Team

Dear Dr Murray

Patient: Janie Lees, 8 Strowan Road, Grangemouth, FK3 9HG.
DoB: 28.02.72 Unit No: 297689

Mrs Lees was admitted to the Labour Ward on 31.01.97 with a history of contractions. She progressed to spontaneous vaginal delivery of a live male baby. In the third stage Mrs Lees has had a retained placenta and she required a manual removal of the placenta under general anaesthetic.

Her postpartum period was uneventful and she was discharged home on 01.02.97 on Ferrous Sulphate. She has not decided about future contraception and her follow up appointment in 6 weeks times will be with yourself. Since there is no smear recorded in her notes I would be grateful if you could perform one in due course.

Yours sincerely

Dr Catherine Georgantopoulou,
Senior House Officer.
Obstetrics/Gynaecology.

CC. D.M.O.

NHS Confidential: Personal data about a patient

MATERNITY RECORD FDRI **PAGE 19**

POSTNATAL DISCHARGE SUMMARY- MOTHER *last revision 1/1/95*

Falkirk & District Royal Infirmary NHS Trust

Name JANIE LEES : 297689

Address 8 STRONAN ROAD, GRANGEMOUTH, FK3 9HG

Own GP DR D.R. MURRAY, GRANGE MEDICAL GROUP, GRANGE MEDICAL GROUP, HEALTH CENTRE, GRANGEMOUTH

Major's Loan
Falkirk FK1 5QE

Telephone 01324 624000
Fax 01324 612340

Delivery by: SVD NORMAL DELIVERY VERTEX OA MRDP

Diagnoses: 1.02.97

Discharged

Placenta:	0	Membranes:	COMPLETE	Last Hb	31-Jan 10.0	Home day	2
Blood loss:	300	Fundus:	FIRM	Lochia:	RED MODERATE		
Perineal wound:	INTACT			Abdominal wound:			
Blood group	O+	Anti D	NOT REQUIRED	Blood Pressure	120/70		
Rubella status	IMMUNE	Parity	2+1	Urinalysis on discharge			

Discharge drugs & Comments: *generic name / dose / timing / date start / date stop / dispensed / checked / ref no*

SHO - IF DRUG IS ASTERISKED please also handwrite DRUGNAME and PATIENT ID on pharmacy copy

Ferrous Sulphate TDS HB 8.0.
Discussed with SHO happy for pt to go home on iron.

Contraception NOT DECIDED

Follow-up appointment: Six week check anticipated to be with GP

NO SMEAR RECORDED HERE

POSTNATAL DISCHARGE SUMMARY- BABY

	Baby One		Baby Two	
Time of Birth : Date of Birth	11:15	31.01.97		
Weight at birth	2980 gms	6 lb 9 oz lbs	gms	lbs
Weight at discharge	2980 gms	6 lb 9 oz lbs	gms	lbs
OFC : Apgars at 1 & 5 mins	34	8 + 10		
Guthrie Test : Feeding by	N	BOTTLE		
Blood Group : Sex		M		
Date discharge : review plan	1.02.97	NO REVIEW		

Discharge drugs & Comments: *generic name / dose / timing / date start / date stop / dispensed / checked / ref no*

BABY ONE

BABY TWO

NHS Confidential: Personal data about a patient

Falkirk & District Royal Infirmary NHS Trust

Major's Loan
Falkirk FK1 5QE

Telephone 01324 624000
Fax 01324 612340

FAX NO. 01324 616077

DMcQ/ABL

Dr. D.R. Murray,
Grange Medical Group,
The Health Centre,
Kersiebank Avenue,
GRANGEMOUTH.

GYNAECOLOGY
DATE DICTATED 08.01.96
DATE TYPED 11.01.96

Dear Dr. Murray,

MRS. JANE VERHEES, 111, KERSIEBANK AVENUE, GRANGEMOUTH.
UNIT NO. F 297689. DATE OF BIRTH - 28.02.72.

Mrs. Verhees again did not attend the Subfertility Clinic.

It appears that she recently had an early spontaneous abortion. This would suggest that subfertility is not, in fact, necessarily a problem, and her chances of further spontaneous conception, with a more successful outcome, must be high.

I have, therefore, not arranged any further review at present.

Yours sincerely,

DAVID McQUEEN,
CONSULTANT GYNAECOLOGIST.

NHS Confidential: Personal data about a patient

STIRLING ROYAL
INFIRMARY

Stirling Royal Infirmary NHS Trust, Livilands, Stirling FK8 2AU.
Telephone: 0786 434000 Fax: 0786 450588

JDS/WC/202291

Dictated: 2 March 1994
Typed: 2 March 1994

Dr. Kyles
3 Viewfield Place
Stirling

Dear Dr. Kyles

Janie Verhees (28.2.72.)
8C Earlsburn Avenue, Stirling.

Your patient was admitted as emergency on 21 February via casualty with clinical features suggestive of ruptured ectopic pregnancy. Resuscitation was performed and then laparotomy which confirmed the presence of a haemoperitoneum and a ruptured left tubal pregnancy. Left salpingectomy was performed.

Post operatively she made a good recovery and was allowed home on the 25 February with appointment for review in six weeks. She attended the ward on the 28 February to have her sutures removed and was commenced on a course of Augmentin at that stage for a mild wound infection.

Yours sincerely

J.D. STEVEN
CONSULTANT GYNAECOLOGIST

Diagnosis: Ectopic pregnancy
Operation: Salpingectomy

PS Copy of pathology report enclosed.

T & D	
Retain	
Call Patient Normal	
[illegible]	
[illegible] Letter	
Collect Prescription	
Notes please	

RECEIVED 4 MAR [illegible]

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY NHS TRUST - ACCIDENT & EMERGENCY

SURNAME: VERHGES	A&E NO: 3804	DATE: 21/2/94	ARRIVAL TIME: 17.15.
FORENAME: JANIE Miss	CHI NO.		
ADDRESS: 19A Gateside Rd. Stirling	SEX: F	COMPLAINT: Abdo Pain	
POST CODE: FK7 9DF	DOB: 28.2.42		
TEL NUMBER	AGE	DATE OF INCIDENT: 20/2/94	TIME OF INCIDENT
	RELIGION		

TEMPORARY ADDRESS	OCCUPATION/SCHOOL	REFERRED BY
POST CODE	RTA Y N	GP
TEL NUMBER	PREV ATTEND Y N	NAME: Dr Maddox
NOK NAME: A. D. McLeod ADDRESS	X-RAY Y N	ADDRESS: Ninefield Pl. Stirling
RELATIONSHIP: Friend		
TEL NUMBER: AA	X-RAY NO	
POST CODE	MODE OF ARRIVAL	POST CODE
NOTIFIED Y/N		

TIME SEEN	DOCTOR	TEMP	BP	PULSE	RESPS	TETANUS COVERED/BOOSTER/COURSE
17.17	S Evans	36.8	108	130/44	24	

HISTORY

Sudden onset of lower abdo pain at 13.00h
Severe. constant pain. Worse on movement.
Patient sweating.

RESEARCH

Fbc
Hb 11.3
WCC 11.1
BM 4.
U+Es Na 136, K 3.3, Cl 107, urea 106, Amyl 171

EXAMINATION

°nausea / vomiting / Bowel habit = ☺.
° urinary symptoms previously
1x 's dysuria this evening
LMP December 22. 1x -ve pregnancy test since then
No Breast tenderness / No morning sickness
° pv discharge

..D	
Retain	
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

Past Hx para 3 retained placenta '91.
nil else
°DM / °Asthma / ° Epilepsy.

DHx nil

OE pale sweating distressed ++ apyrexial

TREATMENT CVS p108 RR 24. Abdo
BP 139/77 Uss clear.
HS I+II

Generally tender
pubic tender in lower abdo
guarding ++
No rebound.
no masses ? distended
BS ✓

For referral → Surgeons.

DIAGNOSIS Abdo Pain I. ☐☐☐☐☐☐ II. ☐☐☐☐☐☐

DISPOSAL Wd 17 I. ☐☐☐☐☐☐ 23 FEB 1994

CONSULTANT	DR'S SIGNATURE
GMC CODE ☐☐☐☐☐☐☐	GMC CODE ☐☐☐☐☐☐☐ TIME OUT

NHS Confidential: Personal data about a patient

STIRLING ROYAL
INFIRMARY

Stirling Royal Infirmary NHS Trust, Livilands, Stirling FK8 2AU.
Telephone: 0786 434000 Fax: 0786 450588

JDS/PD/202291 26 August 1993

Dr. G. Kyles
3 Viewfield Place
STIRLING

RECEIVED 3 0 AUG 1993

Dear Dr. Kyles

Janie Verhees (28.2.72)
8c Earlsburn Avenue, Stirling

I write to inform you that this patient did not attend for her scan, nor the clinic on 25 August.

Yours sincerely

J.D. STEVEN
CONSULTANT GYNAECOLOGIST

26.5.93 - TSH - 2.4 mu/l.
FREE T4 - 10.7 pmol/l.
LH - 4.4 u/l.
FSH - 6.8 u/l.
PROLACTIN - 180 mu/l.

T & D	
Retain	✓
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

NHS Confidential: Personal data about a patient

STIRLING ROYAL
INFIRMARY

Stirling Royal Infirmary NHS Trust, Livilands, Stirling FK8 2AU.
Telephone: 0786 434000 Fax: 0786 450588

JDS/MSG/202291

Dictated 26.5.93
Typed 31.5.93

Dr. G. Kyles,
3 Viewfield Place,
Stirling.

RECEIVED 0 3 JUN 1993

Dear Dr. Kyles,

Janie Verhees (28.2.72)
8c Earlsburn Avenue, Stirling.

Thank you for your letter about this 21 year old Para 3 who complains of secondary amenorrhoea since she stopped Depo Provera injections last August.

On clinical examination I can find no abnormality.

I suspect that the amenorrhoea is related to her Depo contraceptive and advised her that probably her cycle will return in due course.

In the meantime, I have arranged some hormone assays and a scan and asked her to report for review in three months' time.

Yours sincerely,

J.D. STEVEN.
Consultant Gynaecologist.

T & D	
Retain	✓ GH
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

NHS Confidential: Personal data about a patient

MATERNITY UNIT — **STIRLING ROYAL INFIRMARY**

Consultant Mr. K. S. Stewart

Summary dictated by: Dr. Graham Strang

Grade: S.H.O.

Addressograph 202291	**Address discharged to if different:**
JANIE VERHEES, 8C EARLSBURN AVENUE, ST. NINIANS 28.2.72	

Dear Dr. Maddox, 3 Viewfield Place, Stirling

This patient was delivered on 27.1.91 **and discharged on** 29.1.91

The following summarises the details. **Signed:**

PREGNANCY

Attended for routine ultrasound scan at 16 weeks. Complained of right loin pain in early October when a formal booking appointment was sent to her. She chose not to attend. She was sent for again and attended in early December, about 33 + weeks. She also complained at that time of contractions. However, the os was closed. MSSU was sent and a further booking appointment was given to her. She was later scanned to check presentation which showed that it was cephalic. Attendance for day care and her kick chart seemed haphazardly adhered to.

LABOUR AND DELIVERY

She was seen at term and scanned again as she had put on very little weight during the entire pregnancy. This only showed a placental abnormality.

Self referral to labour ward on 20.1.91 with a history of contractions. However this settled spontaneously and she was allowed home. On 26th she came again with a history of contractions and within 2½ hours she was delivered. No episiotomy was required. Syntometrine was used after delivery to aid placental delivery. One dose of Pethidene was also given.

Mother's Blood Group:

PUERPERIUM

Problem free.

RECEIVED 12 MAR 1991

INFANT A/S[redacted]D.

Birth weight 2890 **gms.**

Discharge weight 2840 **gms.**

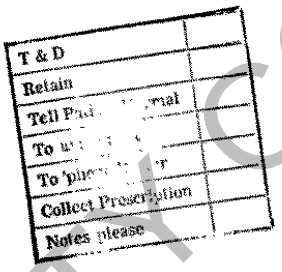
Female.
Apgar 9 and 9 at 5 and 10 minutes.

Hb. =	**Anti-D?** YES/NO		
Rubella status	IMMUNE	**Guthrie Tested**	YES/NO
Post-natal exam.	G.P.	**Feeding**	BOTTLE

Type of Stay 2 DAYS.

Infant outcome (with mother/Retained in Hospital)

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

JR/PD

MATERNITY UNIT — **STIRLING ROYAL INFIRMARY**

Consultant DR. J.D. STEVEN

Summary dictated by: DR. J. ROBERTSON

Grade: SENIOR HOUSE OFFICER

Addressograph	**Address discharged to if different:**
JANIE VERHEES 202291 8c EARLSBURN AVE 28.2.72 ST. NINIANS.	

Dear Dr. Maddox, Viewfield Place, Stirling.

This patient was delivered on 21.1.92 **and discharged on** 24.1.92

7.2.92

The following summarises the details. **Signed:**

PREGNANCY

19 year old para 2 + 1. In-patient admissions for p.v. discharge and spotting in November and December 1991, January 1992.

LABOUR AND DELIVERY

Pre-term delivery at 37 weeks. Spontaneous rupture of membranes. Placenta and membranes ? incomplete.

T & D	
Repeat	✓
Tell P...	
To make apt	
To 'phone Doctor	
Collect Prescription	
Notes please	

Mother's Blood Group: O RHESUS POSITIVE

PUERPERIUM

Uneventful. Discharged on 24.1.92. However, continued bleeding and was re-admitted on 7.2.92 with secondary PPH with both blood and clots. Slightly hypertensive on admission. Evacuation of retained products of conception carried out and she was transfused two units. Sent home the following day on antibiotics and iron.

INFANT A/[redacted]

Birth weight 2600 gms.

Discharge weight ..... gms.

Female.

Apgars of 7 and 9

RECEIVED 2 8 FEB 1992

Hb. = 10.1	**Anti-D?** YES/NO		
Rubella status	IMMUNE	**Guthrie Tested**	YES/NO ✓
Post-natal exam.	O.P.	**Feeding**	BOTTLE

Type of Stay

18 DAYS

Infant outcome (with mother/Retained in I.C.U./ Transferred to)

BABY IN S C B U

DEPARTMENT of HISTOPATHOLOGY
STIRLING ROYAL INFIRMARY

BIOPSY / CYTOLOGY REPORT

Miss Janie VERHEES
8C Earlsburn Ave
St Ninians

Lab No: ST001233/92
DOB : 28-FEB-1972
PAS No: 202291
CHI No:

Clinician: Unknown Clinician
Source : Stirling Royal (wards) Ward: 19
Date Received: 07-FEB-92 Date Issued: 11-FEB-92

Retained Products of Conception

The multiple fragments consist of degenerate placental tissue in keeping with retained products of conception.

Signature of Pathologist(s)

Dr.J.D.Stewart

LMO

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD

GYNAECOLOGY DISCHARGE LETTER

Write – imprint or Attach Label

F158031

ELIZABETH VERHEES
35 ETTRICK COURT
FALKIRK

F/NK
28/02/1972

CONSULTANT DR. R.A. COLE
TO DOCTOR DR. B.R. MADDOX, Viewfield Medical Centre, STIRLING Ward/Dept 1

Date of Admission 14.12.89 15.12.89	Blood gp rh
Date of Discharge 16.12.89 16.12.89	Hb
Admission: Elective/Emergency	Anti D given on
Follow Up	Anti D not required
Contraception	Cervical Cytology
	Rubella Status

SUMMARY

This patient was admitted as an emergency admission on the 14th December, 1989. She gave a two day history of PV bleeding. Her last menstrual period having been in August, 1989, sometime, and she had a subsequent positive pregnancy test.

Speculum examination showed products of conception protruding through the os and she was therefore, diagnosed as having had an incomplete abortion.

She however, took an irregular discharge on the 14th December, 1989, against medical advice.

She was re-admitted on the 15th December, 1989, and had an evacuation of uterus. She made a good post-operative recovery and was discharged home well with the oral contraceptive pill on the 16th Dwcember, 1989.

T & D	
Retain	✓
Tell Patient Normal	
To make appt	
To 'phone Doctor	
Collect Prescription	
Notes please	

HISTOLOGY

14.12.89
Two pieces of haemorrhagic tissue. The larger 4 x 1.5 x 1cm.
Pieces of decidual tissue consistent with a recent pregnancy.
15.12.89
Pieces of decidual tissue, largest 4.5 x 2 x 1.5cm.
Products of conception consisting of chorionic villi, placental membranes and decidua.

Signed: D C McNeill Date 22 / 12 / 89

DR. CAROLYN McNEILL.
Designation: **SENIOR HOUSE OFFICER.**

Form: RX80

NHS Confidential: Personal data about a patient

AJW/PD

MATERNITY UNIT — **STIRLING ROYAL INFIRMARY**

Consultant MR. K.S. STEWART

Summary dictated by: DR. A.J. WILKINSON

Grade: REGISTRAR

Addressograph	**Address discharged to if different:**
202201 VERHEES MISS JANIE 20.2.72 BRUCEFIELD HOME, PANNOCKBURN	MISS JANE VERHEES C/O 35 ETTRICK COURT HALLGLEN FALKIRK. (PARENTS.)

Dear Dr. PEDDIE

IRREGULAR DISCHARGE

This patient was delivered on 2.10.88 and discharged on 6.10.88

The following summarises the details. **Signed:** [redacted]

PREGNANCY

Para 0 + 0. Poor attender for antenatal care but remained well in pregnancy.

LABOUR AND DELIVERY

Spontaneous onset of labour at term proceeding to a normal vaginal delivery of a healthy male infant. Third stage complete.

Mother's Blood Group: O RHESUS POSITIVE

PUERPERIUM

Uneventful. Discharged herself home against medical advice on 4th postnatal day.

INFANT A/[redacted]

Birth weight 3480 gms.

Discharge weight 3540 gms.

Male.

Apgars of 8 and 10.

Hb. = 10.4	Anti-D? YES/NO		
Rubella status	IMMUNE	Guthrie Tested	[redacted]/NO
Post-natal exam.	G.P.	Feeding	BOTTLE
Type of Stay		**Infant outcome** (with mother/Retained/Transferred etc.)	
4 DAYS		IRREGULAR DISCHARGE	

NHS Confidential: Personal data about a patient

Carron Medical Centre

Janie Elizabeth Lees
11 Haugh Gardens
BAINSFORD
FK2 7RB
V56294 Dr Gordon Muircroft
F 28/02/72

Marital Status: S M W D (Partner)
Occupation: Cleaner
Social & Family History
Partner
Children LP
Siblings
Parents
Allergies/Sensitivities Date
Health Promotion/Screening
Height - 1.60
Date: Weight BP Smoking Alcohol
Yes No
3/2/03 55 110/90
Vaccines

Date	Vaccine	Date	Vaccine

Cervical Cytology
23/2/00 (N) 36/12
Others 11/2/03 Rubella Immune

Problem List	Date
Spon Abortion	14 12 89
Ectopic Pregnancy	21 2 94
(LT) Salpingectomy	21 2 94
Manual removal of Placenta	31.1.97
Ectopic Pregnancy	26/3/00
(RT) Salpingectomy	26/3/00

NHS Confidential: Personal data about a patient

PSDCare Patient Details

Operator V002A

NHS Scotland

Thursday, 23/09/2010

PSD WebCHI Patient Details

⚠ Last Updated 09/09/2009

CHI Number: 2802720503 On: E | UPI Number: 2802720503 On: E | UPI Status: CURRENT OWNER | Namesake: None

Surname:	LEES	Forename:	JANIE	Conc Code:
Birth Surname:		2nd Fname:	ELIZABETH	Immig:
Prev. Surname:	VERHEES	Alt. Fname:		Inst:
Surname Changed:	12/08/1996 By V002A	Initials:	E	Hosp Rec:
Title:		Sex:	Female	Comm Rec:
DOB:	28/02/1972 (UNCONFIRMED)	NHS Number:	483/72/013	Dispense: No
Marital Status:	Single			Gone Away:
				Temp Res:

Current Address:	195 OXGANG ROAD GRANGEMOUTH	Previous Address:	35 GAIRDOCH STREET BAINSFORD FALKIRK
P.Code:	FK39ES	P.Code:	FK27SD
		Address Changed	09/09/2009 By V002A

Road Miles: Rst?
Foot Path Miles:
Water Miles:

Area of Res:	V	Prac Ref:	V2557(8)	Old Area:	W
GP Ref:	V5621(9)	Date Prac:	08/09/2009	Prev GP:	
Trans Reason:	Z	Phone:	01324 665533	Prev GP Date Acc:	
Date Acc:	08/09/2009	Prac Name:	GRANGE MEDICAL GROUP	Reason Reg:	
GP Name:	Dr. LUCY MUNRO			New Area:	

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WOMEN ONLY

No of Children	Name	D.O.B.
4	Jane Lees	28.07.72
.....	.....	.....
.....	.....	.....

Date of last cervical smear 7

Result Clear

Smear taken at

1) GP's Surgery ✓
2) Family Planning Clinic
3) Hospital

Thank you for completing this form, the information you have provided will be most helpful.

Dr Hogarth, Dr Munro, Dr Hagerty
Dr Fyall
Grange Medical Group
Kersiebank Avenue
GRANGEMOUTH FK3 9EL

TEL. 01324.665533
FAX. 01327.665693

GRANGE MEDICAL GROUP

New Patient Questionnaire

We would like to take this opportunity to welcome you to our Practice.

Your old medical records will be forwarded to us from your previous Doctor. However, this may take a few weeks and in order for us to provide your best ongoing care it would be helpful if you could answer the following questions.

NHS Confidential: Personal data about a patient

SF

Personal Details:

Name Janice Lees

D.O.B. 28 02 72

Address 195 Oxgang Rd

Grangemouth

Post Code FK3 9ES

Telephone No. 07849373878

Occupation Housewife

Marital Status Single

Medical History/Operations

Have you ever had Asthma, Diabetes, Fits/Faints, Mental Illness, other serious illnesses or operations.

Date	Problem/Operation
.....	.....
.....	.....
.....	.....

ALLERGIES

Please list any medicines you are allergic to

.....

.....

MEDICATIONS

Please list any regularly prescribed medications below (including the contraceptive Pill)

a) .....

b) .....

c) .....

d) .....

HEALTH

Smoker (Yes)/No Amount 20

Past Smoker Yes/No Amount .....

Year stopped .....

Alcohol - Units per week .....

Height 5-3 Weight 9 ST

Last Tetanus ✓

EXERCISE

Do you take regular exercise i.e. swimming, walking, attending a Gym etc.

walking

FAMILY HISTORY

Have any close relatives (Parents, Brother or Sister) had:

a) Stroke Yes/(No)

b) Heart attack under the age of 60 Yes/(No)

c) Heart attack over the age of 60 Yes/(No)

d) Asthma (Yes)/No

e) Diabetes Yes/No

e) Other illnesses running in the family

.....

COMMENTS

Is there any other information that you feel is important for us to know thus ensuring your best possible medical care?

Read.

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DOCTORS AGREEMENT

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

Doctors Signature _____ Doctor's Name Dr Munro

Date 9/9/09 GP Ref.No V82209

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Regd. S/F

Application to Register with a General Medical Practitioner

Title Miss
Surname Lees
Forename Janie
Previous Surname VeeHees
Date of Birth 28.02.72
Telephone Number 07849393838

Address 195 Oxgang Rd
Grangemouth
Postcode FK3 9ES

I wish the child named above to be registered At the Practice for Child Health Surveillance ☐

I will be in the area for more than three months ☑

PATIENT'S/PATIENT'S REPRESENTATIVE SIGNATURE Lees.
RELATIONSHIP TO PATIENT _____ Date _____

We hope you do not mind completing this section. There may be cultural or religious difference in relation to health care that we should be aware of.
I would describe my ethnicity as (Please tick)

White Scottish	✓	Chinese	
Other White British		Other Asian Ethnic Group	
White Irish		Black African	
Other White		Black Caribbean	
Indian		Other Black Ethnic Group	
Pakistani		Other Ethnic Mixed Origin	
Bangladeshi		Other Ethnic Group	

If you have ticked other Please Specify Ethnicity _____

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

Any organ ☑ Kidneys ☐ Liver ☐ Lungs ☐ Heart ☐ Corneas ☐ Pancreas ☐

Patients signature Lees. Date 03.09.09

To help us 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 UK
1 Waterboard House
Town Newmarket, Stornoway
County _____ Post Code HS1
Town of birth FALKIRK
County of birth _____

Name and address of previous Doctor in the U.K
_____
_____
_____
Reg. District of birth (see birth certificate) _____
Mother's maiden name Lees

If returning from abroad
Date of departure from U.K. _____
Date of return to U.K. _____

If returning from HM Forces
Date Enlisted _____
Service/Personnel No. _____

FOR PRACTICE USE ONLY – PLEASE COMPLETE OVERLEAF

NHS Confidential: Personal data about a patient

Please do not complete the section below

Date completed .....

7. Weight .....

8. Height .....

9. Blood Pressure .....

10. Urinalysis .....

11. TIA/CVA Review .....

12. CV/BP.....

13. Date of last Cervical Smear .....

Smoking	**Alcohol**
( ) Leaflet	( ) Leaflet
( ) Counselling	( ) Counselling
Appetite	**Exercise**
( ) Leaflet	( ) Leaflet
( ) Counselling	( ) Counselling

WESTSIDE MEDICAL PRACTICE

PATIENT HEALTH INFORMATION CARD

TITLE: MR / MRS (MISS) OTHER

NAME: JANIE LEES

ADDRESS: 10 DOUNE PARK

BRAGAR

POST CODE HS2 9DE

TELEPHONE 07927894671

D.O.B 28.02.72

ETHNIC ORIGIN:

(White) / Asian / Black / Chinese / Mixed Ethnicity / Other

MARITAL STATUS:

Married / (Single) Cohabiting / Divorced / Widowed

OCCUPATION UNEMPLOYED

DO YOU PAY FOR YOUR PRESCRIPTIONS YES/(NO)

IF NO, PLEASE GIVE YOUR EXEMPTION STATUS

IN RECIEPT OF INCOME SUPPORT

NHS Confidential: Personal data about a patient

GENERAL HISTORY

Please circle appropriate answer

Have you had any:	Yes	No	Year
Serious illnesses		(No)	
Operations	(Yes)		94,99.
x-rays/similar test	(Yes)		

If you answered Yes, please explain
BOTH THOSE YEARS I HAD ECTOPIC PREGNANCIES.

1. Have you any **allergies** to medicine or anything else? No

If yes, what_____

2. Do you smoke? (Yes)/No

If yes, are you a

Light (Moderate) / Heavy / smoker?

Cigar / Pipe (Cigarettes) / Rolls own / Ex-smoker /

3. Approximately how many units of alcohol do you consume per week?

Spirits (1 measure) 4 Beer (1pint) 4

Wine (1 small glass)_____ Teetotaller____

4. Do you take any regular exercise? (Yes)/No
If yes is it Gentle / Moderate/ Vigorous

5. How is your diet?

Good / (Moderate) / Poor /

6. Do **you** suffer from any of the following?

Heart disease / Asthma / Diabetes / Stroke / Hypertension / Cancer / Other

7. Do any **blood relatives** suffer from any of the following?

If yes, please state who:

Heart disease_____ Asthma FATHER / MOTHER, BROTHER
Diabetes GRANDMOTHER Stroke_____
Hypertension_____ Cancer GRANDMOTHERS
Other CHRONIC OBSTRUCTIVE AIRWAYS DISEASE (FATHER)

Are you a carer? Yes/(No)

If so for whom?_____

Do you have a carer? Yes/(No)

If yes, Name_____

Phone_____

PLEASE BRING A SPECIMEN OF URINE WITH YOU.

NHS Confidential: Personal data about a patient

Appendix

PATIENT TRANSFER NOTIFICATION FORM

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

Please enter the Practice Stamp in the box below

Forename Janie

Surname Lees

CHI No 2802720503

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

The Patient Summary is:

Scanned into Docman ☑ Within the Paper Record ☐ Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☑ To be transferred ☐ No images ☐

NHS Confidential: Personal data about a patient

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

G.P.R.

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

Patient details

Surname LEES

Forename JANIE (ELIZ)

Previous Surname

Date of birth 28.02.72 **Male** **Female** ✓

I wish the child named above to be registered at the practice for Child Health Surveillance

Relationship to patient

Address 17 HAUGH GARDENS BAINSFORD

Post code FK2 7RB

I will be in the area for more than three months

Patient's / Patient's representative signature Janie Lees **Date** 26.04.04

Voluntary consent to organ donation

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

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

Patient's signature **Date**

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

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

19 BACKWOOD COURT
CLACKMANNAN

Town

County ALLOA **Post code**

Name and address of previous doctor in U.K.

DR McPHAIL
CLACKMANNAN HEALTH CENTRE

If returning from abroad

Date of departure 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

Reg. district of birth (see birth certificate)

County of birth

Mother's maiden name

Doctor's agreement

Enter 'D' if supplying drugs

CHS acceptance **yes** **no**

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

Doctor's signature **Date** 4/5/04

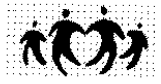
Mileage claim road water footpath

Enter date if registration examination completed

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

Doctor's name **GP Ref. No.**

NHS Confidential: Personal data about a patient



Carron Medical Centre

Welcome to the Carron Medical Centre. Until we receive your previous records it would be helpful if you could complete this health questionnaire

Name: JANIE LEES
Address: 11 HAWKHILL GARDENS
BAINSFORD.
Postcode: FK2 7LB

Date of birth: 28.02.72.
Tel.:
Today's date: 26.04.04.

- Please list any illnesses you are currently suffering from:
- Please list any significant illnesses, operations or injuries in the past:
- Please list any medicines currently taken:
- Please list any medicines you may be sensitive or allergic to:
- Please list any diseases which run in your immediate family e.g. asthma, heart disease, diabetes etc:
- Lifestyle - Do you smoke? yes/never smoked/ex-smoker
  Do you drink alcohol? If so, how much per week? No None.
  Do you feel you are overweight? No.
  Do you think you exercise enough? Yes.
- What is your current (or usual/previous) occupation? CLEANER.
- Are you married/single/widowed/divorced/living with a partner
- Do you have any children (if applicable) 04.
- Is there any other information you feel would be helpful e.g. housing, family circumstances, worries about drugs etc.?

For Women Only

- When was your last cervical smear? UNSURE.
- Do you regularly examine your breasts? Yes.
- Which method of Family Planning, if any, do you use?

Have you ever been registered at the practice before – yes/no

NHS Confidential: Personal data about a patient

Lees, Janie Elizabeth E Carron Medical Centre
DoB: 28/02/1972 **Report Valid On 12/04/07 11:22** Page number 1

Registration

Miss Janie Elizabeth E Lees
35 Gairdoch Street
BAINSFORD
FALKIRK
FK2 7SD
Telephone: 07908 049735
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2802720503 NHS Number: 483/72/013
Patient ID: 297689
Occupation:
Registered GP: Dr Gordon Muircroft
Repeat Consultation: ?
Registered: 04/05/2004 Confirmed: 05/05/2004
BMI: 21.5 Height: 1.6 m Weight: 55 kg
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 28/02/1972
Age: 35

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: Dr Gordon Muircroft
Acute Consultation: 23/01/2006
Records Received: 25/05/2004
BP: 110/40

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
26/03/2000	None	High	Ectopic pregnancy	
26/03/2000	None	High	Right salpingectomy	
31/01/1997	None	High	Manual removal of placenta from delivered uterus	
21/02/1994	None	High	Ectopic pregnancy	
21/02/1994	None	High	Left salpingectomy	
14/12/1989	None	High	Spontaneous abortion	

Repeat Medication

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

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
25/05/2004	None	Medium	Patient MRE received from HB	
05/05/2004	None	Medium	Pat. GP7B/GP8B card from HB	
04/05/2004	None	Medium	Patient reg. form sent to HB	
07/03/2007	None	Low	Notes summary on computer	

Screening

21/09/2006	**Cervical Screening$$**	Letter invite to screening	
Call for screening		Third recall letter sent	Do not send result letter
03/02/2003	**Height$$**	O/E - height	
Repeat after an Interval - 5 Years		Do not send recall letter	Do not send result letter

Summary Sheet: All Sections Printed at 12/04/2007 11:22:18

NHS Confidential: Personal data about a patient

Lees, Janie Elizabeth E Carron Medical Centre
DoB: 28/02/1972 **Report Valid On 12/04/07 11:22** Page number 2

03/02/2003	**Weight$$**	O/E - weight	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
03/02/2003	**Alcohol Intake$$**	Teetotaller	
Repeat after an Interval - 5 Years		Do not send recall letter	Do not send result letter
03/02/2003	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
03/02/2003	**Smoker$$ Status**	Current smoker	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
06/10/1988	**Rubella Screening$$**	Rubella antib. present -immune	
No Action Required		Do not send recall letter	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date

Inactive Repeat Drugs

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

Last Encounter

GP Registrar Date: Jan 23 2006 12:35PM

Last 4 Clinical Notes

Date	Clinical Notes
25/05/2004	Automatically generated by transaction
05/05/2004	Automatically generated by transaction
04/05/2004	Automatically generated by transaction

Summary Sheet: All Sections Printed at 12/04/2007 11:22:18

NHS Confidential: Personal data about a patient

AREA CODE - V

LANARKSHIRE (L)
IRON MOUNTAIN AUDIT

THE ATTACHED MEDICAL RECORD/SUMMARY WAS IN IRON MOUNTAIN

PLEASE UPDATE/CORRECT YOUR MRE SCREEN ADDING A COMMENT 'MRE SENT TO (PRACTICE CODE) PER IM AUDIT (DATE & INITIAL)'

PLEASE CHANGE ANY COMMENTS THAT SAY DOCMAN ONLY IF YOU RECEIVE A PAPER RECORD

THANK YOU FOR YOUR ASSISTANCE
LANARKSHIRE REGISTRATION

NHS Confidential: Personal data about a patient

FEMALE | SURNAME: VERHEES | CHRISTIAN NAMES: JANIE (N/P)

ADDRESS: 35 Ettrick Court, Hallglen | Date of Birth: 28 2 72

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
15/6/88		Due 10/9/88. booked for Stirling change to Falkirk Urine NAD spec BP. 100/60 wt 65.2. = 28cm FH ✓: Pregnancy. Booked.	28/52
29/6/88	34/52	B/P 100/60 = 30cm wt 65-1	
7/10/88	HV.	HV. Not in Letter	
12/10/88	HV.	HV visit well baby well	

* 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)

53-57-4368 335M 1/87 27219

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE

SURNAME	CHRISTIAN NAMES
VERHEES	ELIZABETH J.

ADDRESS 1/35 BERRYHILL Court — Date of Birth 28/2/71

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/8/[illegible]		Chest Infection.	
		Cough Wet [illegible]	
		Actifed Co	✓
7/[illegible]/85		Sore throat - NAD	4 [illegible]
		Superinfected cold sore	
		Rx Aureomycin	
8/2/85		Tonsils pus++	ampicillin

* 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 E.C. 8 (Scotland)

(24.9.76) (E21714) Dd. No. 403388 500m 11/76 J.&G.L.Ltd. Gp.259

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE 483·42·013

SURNAME	CHRISTIAN NAMES
VERHEES.	Elizabeth

ADDRESS 14 Craigs Crescent Rd. Kinross. — Date of Birth: 28 | 2 | 42

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
23.5.73		Rash on body ? cause	
		Not scabies. Rx Betnovate 15g	
		simple cream to 100g	
1[redacted]8/76		abscess => GRI	

D[redacted]Dr. W. D. W. MILLER

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 24 MAY 1973

* 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 E.C. 8a (Scotland)

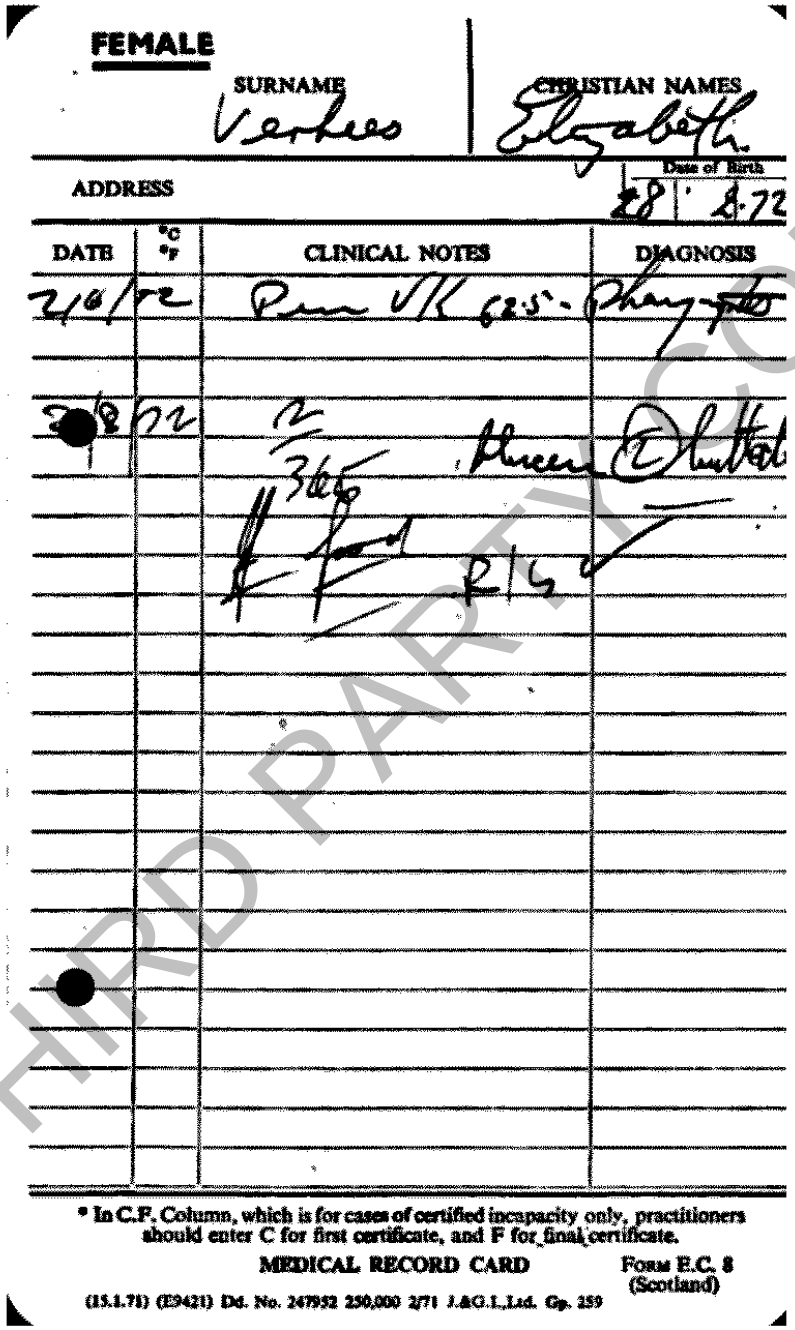
(2.5.69) (E5383) Dd. No. 842211 200,000 4/69 J.&G.I.Ltd. Gp. 189

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient



FEMALE

SURNAME: Verhees

CHRISTIAN NAMES: Elizabeth

ADDRESS

Date of Birth: 28 | 8.72

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
2/6/92		Pen V/K 62.5 - Pharyngitis	
3/8/92		2/365 Amoxil Elixir 125	

* 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 E.C. 8 (Scotland)

(15.1.71) (E9421) Dd. No. 247952 250,000 2/71 J.&G.L.Ltd. Gp. 259

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MED3 (2010) issued by hand, not fit for work
03-Apr-2024 PM Gillian Tollins (GT1)
Additional: MED3 (2010) issued by hand, not fit for work
(Diagnosis: Low mood and anxiety; Duration: 02/04/2024 - 03/05/2024)
Filename: FitNote_3ff07a2f-65c0-4ac9-8e0e-42a5a81ff17c.pdf
Extension: .tif
Pages:

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

Patient's name ~~Mr, Mrs,~~ Miss, ~~Ms~~ Janie Verhees

I assessed your case on: 03 /04 / 2024

and, because of the following condition(s): Low mood and anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 02 /04 / 2024 **to** 03 /05 / 2024

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 03 /04 / 2024

Doctor's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 01/17 3FF07A2F-65C0-4AC9-8E0E-42A5A81FF17C

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 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~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL

Date of birth 28 / 02 / 1972 **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**.

MED3 (2010) issued by hand, not fit for work
27-Feb-2024 Mhn Ayleen Blackadder (AB2)
Additional: MED3 (2010) issued by hand, not fit for work
FitNote.pdf, (Diagnosis: low mood and anxiety; Duration: 27/02/2024 - 02/04/2024)
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~~ Janie Verhees

I assessed your case on: 27 /02 / 2024

and, because of the following condition(s): low mood and anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /02 / 2024 **to** 02 /04 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Mhn Ayleen Blackadder

Issuer's profession Nurse

Date of statement 27 /02 / 2024

Issuer's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 04/22

C889A507-D50B-4EB0-B3A0-C366D97E9C60

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to 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 do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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**

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~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT

GRANGEMOUTH **Postcode** FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
05-Feb-2024 Dr Adela Pop (APOP)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Exacerbation of COPD; Duration: 05/02/2024 - 29/02/2024)
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~~ Janie Verhees

I assessed your case on: 05 /02 / 2024

and, because of the following condition(s): Exacerbation of COPD

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 05 /02 / 2024 **to** 29 /02 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Adela Pop

Issuer's profession Doctor

Date of statement 05 /02 / 2024

Issuer's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 04/22

5495B8CB-4003-468A-A172-D429E328F213

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to 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 do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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**

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~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH **Postcode** FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
23-Jan-2024 Dr Adnan Syeed (M) (ASY)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Exacerbation of COPD; Duration: 23/01/2024 - 06/02/2024)
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~~ Janie Verhees

I assessed your case on: 23 /01 / 2024

and, because of the following condition(s): Exacerbation of COPD

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 23 /01 / 2024 **to** 06 /02 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Adnan Syeed (M)

Issuer's profession Doctor

Date of statement 23 /01 / 2024

Issuer's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 04/22

ACF6C2FE-77FB-40CC-924D-9770E7751649

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to 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 do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH **Postcode** FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
19-Dec-2023 Dr Adela Pop (APOP)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Shoulder pain; Duration: 19/12/2023 - 09/01/2024)
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~~ Janie Verhees

I assessed your case on: 19 /12 / 2023

and, because of the following condition(s): Shoulder pain

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 19 /12 / 2023 **to** 09 /01 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Adela Pop

Issuer's profession Doctor

Date of statement 19 /12 / 2023

Issuer's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 04/22

861BA7AC-199D-46D6-8F8C-399F90CE9930

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to 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 do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH **Postcode** FK3 0AL

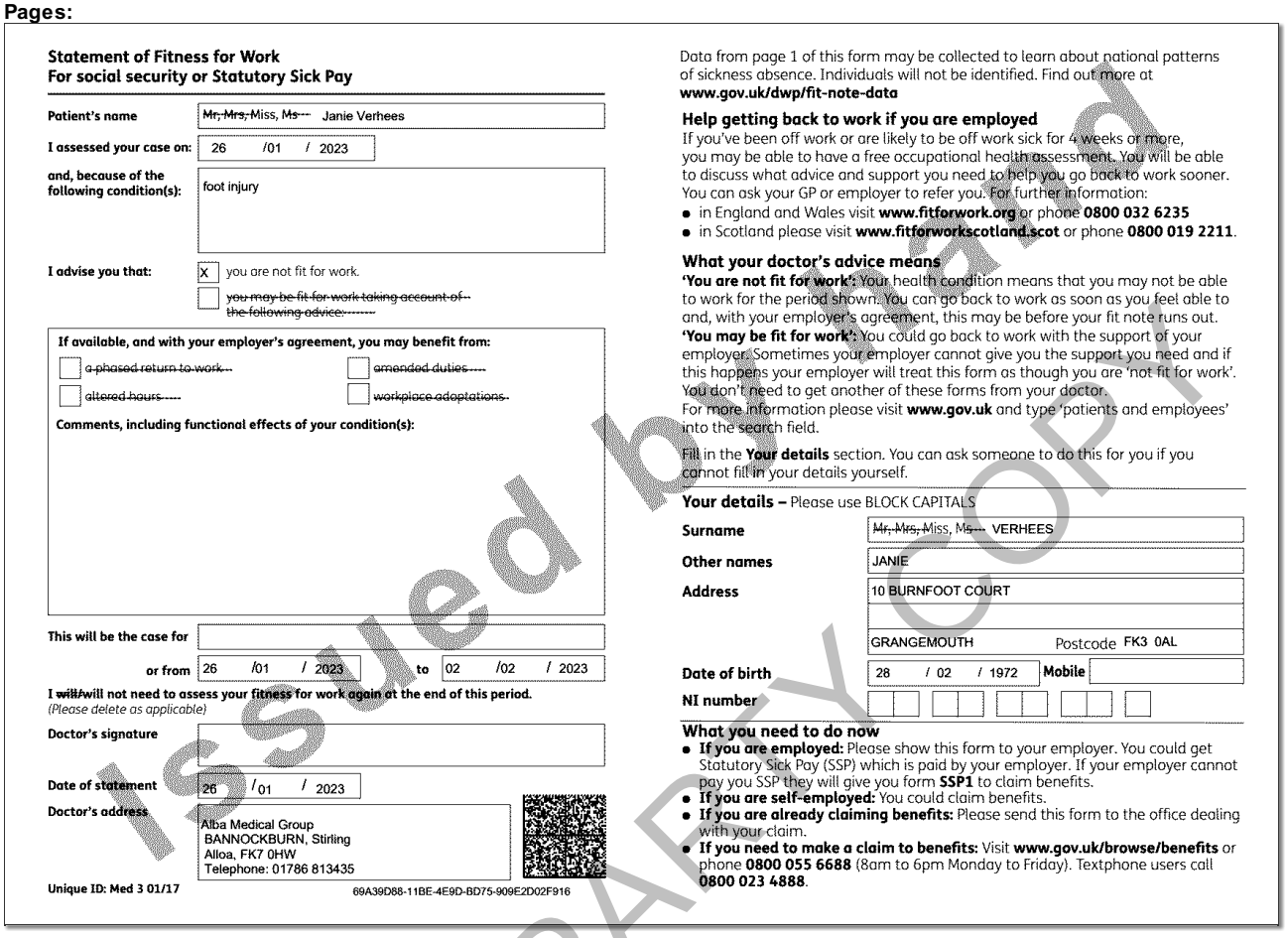
Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

MED3 (2010) issued by hand, not fit for work
26-Jan-2023 Anp Craig Blackwood (M) (CB1)
Additional: MED3 (2010) issued by hand, not fit for work
FitNote.pdf, (Diagnosis: foot injury; Duration: 26/01/2023 - 02/02/2023)
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~~ Janie Verhees

I assessed your case on: 26 /01 / 2023

and, because of the following condition(s): foot injury

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 26 /01 / 2023 **to** 02 /02 / 2023

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 26 /01 / 2023

Doctor's address
Alba Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 01/17 69A39D88-11BE-4E9D-BD75-909E2D02F916

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 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~~ VERHEES
Other names JANIE
Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL
Date of birth 28 / 02 / 1972 **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**.

MED3 (2010) issued by hand, not fit for work
17-Dec-2021 Para Johnny Hood (M) Para Ip Pa36338 (JH1)
Additional:MED3 (2010) issued by hand, not fit for work
FitNote.pdf, (Diagnosis: Bilateral Plantar fibroma; Duration: 17/12/2021 - 24/12/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

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

Patient's name ~~Mr, Mrs,~~ Miss, ~~Ms~~ Janie Verhees

I assessed your case on: 17 /12 / 2021

and, because of the following condition(s): Bilateral Plantar fibroma

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 17 /12 / 2021 **to** 24 /12 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 17 /12 / 2021

Doctor's address
Forth Medical Group
BANNOCKBURN, Stirling
Alloa, FK7 0HW
Telephone: 01786 813435

Unique ID: Med 3 01/17 7A0661EC-484D-4E34-8770-22EFBA1CA082

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to 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.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES
Other names JANIE
Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL
Date of birth 28 / 02 / 1972 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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EMIS attachment reference code
26-Nov-2019 Admin Claire MacLanachan (CMAC)
Additional:EMIS attachment reference code
Document1
Filename: Document1.doc
Extension:.tif
Pages:

Kersiebank Medical Practice

26th November 2019.

Miss Janie Verhees
10 Burnfoot Court
Grangemouth
Stirlingshire
FK3 0AL

Dear Miss Verhees

We use this letter for routine use and you should not be concerned at receiving it.

[redacted]

You DO need to fast for this appointment
You DO NOT need to fast for this appointment

[redacted]

Thank you

Receptionist

Kersiebank Medical Practice, The Health Centre, Kersiebank Avenue,
Grangemouth, FK3 9EL.
Tel: 01324 665533
www.kersiebankmedicalpractice.co.uk

eMED3 (2010) new statement issued, not fit for work
16-Apr-2018 Dr Kathryn Hogg (F) (KH18766)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 10/04/2018 - 01/05/2018)
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~~ Janie Verhees

I assessed your case on: 16 /04 / 2018

and, because of the following condition(s): Back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 10 /04 / 2018 **to** 01 /05 / 2018

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 16 /04 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17 86C133D5-9B2E-477A-B1D2-E559E0C4007F

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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) duplicate issued, not fit for work
16-Apr-2018 Adm/Phleb Marlene Black (MBLA)
Additional: eMED3 (2010) duplicate issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 10/04/2018 - 01/05/2018)
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~~ Janie Verhees

I assessed your case on: 16 /04 / 2018

and, because of the following condition(s): Back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 10 /04 / 2018 **to** 01 /05 / 2018

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 16 /04 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17 86C133D5-9B2E-477A-B1D2-E559E0C4007F

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Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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eMED3 (2010) new statement issued, not fit for work
29-Mar-2018 Dr Adel ElAlfy (AE18766)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 27/03/2018 - 10/04/2018)
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~~ Janie Verhees

I assessed your case on: 29 /03 / 2018

and, because of the following condition(s): back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /03 / 2018 **to** 10 /04 / 2018

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 29 /03 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17 E67AD6D0-BA87-4451-BCD2-14CF1AF2D16D

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES

Other names JANIE

Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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eMED3 (2010) new statement issued, not fit for work
16-Mar-2018 Dr Stephen John Beattie (SJB18766)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)
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~~ Janie Verhees

I assessed your case on: 16 /03 / 2018

and, because of the following condition(s): back pain

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 13 /03 / 2018 **to** 27 /03 / 2018

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 16 /03 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17
C432DC99-66CF-421C-9A12-44C5332ED04F

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
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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.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ VERHEES
Other names JANIE
Address 10 BURNFOOT COURT
GRANGEMOUTH Postcode FK3 0AL
Date of birth 28 / 02 / 1972 **Mobile**
NI number

What you need to do now
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eMED3 (2010) duplicate issued, not fit for work
14-Mar-2018 Adm/Phleb Marlene Black (MBLA)
Additional: eMED3 (2010) duplicate issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)
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~~ Janie Lees

I assessed your case on: 13 /03 / 2018

and, because of the following condition(s): back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 13 /03 / 2018 **to** 27 /03 / 2018

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 14 /03 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17 4DA6BFC4-F304-47FF-A478-04137B6BA9EB

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

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ LEES

Other names JANIE

Address 40 LUMLEY PLACE
GRANGEMOUTH Postcode FK3 8BY

Date of birth 28 / 02 / 1972 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
13-Mar-2018 Dr Hannah Fennerty (HF18766)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 13/03/2018 - 27/03/2018)
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~~ Janie Lees

I assessed your case on: 13 /03 / 2018

and, because of the following condition(s): back pain

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 13 /03 / 2018 **to** 27 /03 / 2018

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 13 /03 / 2018

Doctor's address
Kersiebank Medical Practice
Kersiebank Avenue
Grangemouth, FK3 9EL
Telephone: 01324665533

Unique ID: Med 3 01/17 4DA6BFC4-F304-47FF-A478-04137B6BA9EB

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs,~~ Miss, ~~Ms~~ LEES
Other names JANIE
Address 40 LUMLEY PLACE
GRANGEMOUTH Postcode FK3 8BY
Date of birth 28 / 02 / 1972 **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**.

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GMG Grange Medical Group

Dr Euan D. A. Hogarth
Dr Lucy Munro
Dr May Hagerty
Dr Michael Fyall

Health Centre
Kersiebank Avenue
Grangemouth FK3 9EL

Tel : 01324 665533
Fax : 01324 665693

Date as Postmark

Miss Janie Lees
40 Lumley Place
Grangemouth
Stirlingshire
FK3 8BY

Dear Miss Lees

How long is it since you had a health check?

Having a regular health check can help us prevent problems developing that could damage your health.

That's why we are pleased to invite you to make an appointment for a health assessment at Grangemouth Health Centre where an experienced nurse will be available to advise you on a wide range of health matters.

As well as receiving a variety of health checks such as blood pressure and cholesterol, advice will be available on a wide range of lifestyle issues. During your appointment you will be given the opportunity to discuss any physical or mental wellbeing concern you may have. If your weight is a worry a comprehensive weight management programme is available.

To make your appointment please phone 01324 482354

We recognise that many people find it difficult to access services for health promotion and advice during day- time hours. Most appointment times for this service are in the evening, although day time appointments are available. The receptionist will try to find you an appointment that suits you best.

Please bring a sample of urine with you.

We hope that this service can help you maintain or improve your health.

Yours sincerely,

Dr Lucy Munro