

Subject Access Request



Patient	Miss Katrina Robertson
Date of birth	22-Feb-1966 (age 60)
Gender	F
NHS number	6352410103
Patient's address	8 Dovecote Close Embleton Alnwick Northumberland NE66 3DB
Date range selected	Full record
Organisation	MMA Legal
Reference	100355

Problems

Active

20-Jun-2025 RUTHERFORD, Kerry
Diabetes structured education programme declined
EMPOWER

13-May-2025 BARNES, Holly
Bereavement

07-Apr-2025 MATHER, Christine
O/E - right eye diabetic maculopathy

23-Jan-2025 ENSER, Zina
Type II diabetes mellitus

26-July-2018 PARKIN, Robert
Hypertension

13-July-2018 KHOKHAR, Asma
Stress at home

15-Jan-2015 SMAILES, Anne
Hypertensive disease

Significant Past

10-July-2023 Unknown Staff Member
Eczema NOS

25-Jan-1992 BARRETT, Lisa
Blood group O Rh(D) positive

25-Oct-1986 BARRETT, Lisa
**** delivered
female

10-May-1984 BARRETT, Lisa
**** delivered
female

Minor Past

15-Nov-2017 MATHER, Christine
Shoulder pain
right subacromial

28-Jun-2017 BIRD, Valerie
Hip pain
-likely OA.

24-May-2017 EMBLETON-BLACK, Caroline
Telephone encounter

18-July-2016 WILSON, Christopher
Otitis externa NOS

13-Feb-1970 Unknown Staff Member
Tonsillectomy and adenoidectomy

Consultations

14-May-2026 IRONSIDE, Emily Surgery

Read Code eConsultation via online application
 Attachment Attachment
 Comment *Comment* eConsult lite eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 14/05/2026, 10:05 eConsult reference ID: f5cd6713-9601-4415-98ce-392a83b4b882 Ideas, concerns & expectations Q1: Describe the problem, what are the symptoms? A1: patient put in a online request for more timodine cream for the rash under her breasts, not issued since 2024? Q2: What help would you like? (optional) A2: Not answered Q3: Preferred clinician (optional) A3: Not answered

14-May-2026 STRAUGHAN, Lara Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your medication request, I have filled in an E-consult on your behalf regarding the cream you requested. In the future please consider using this between the hours of 7am - 4pm at https://bit.ly/AMG_All_eConsult and following the online request process. Thanks, Pharmacy Administration Alnwick Medical Group Sent on 14/05/2026 at 10:05
 Read Code Patient telephone number +447543170362
 Read Code Education about access to Patient Facing Service

14-May-2026 STRAUGHAN, Lara AMG Upper Building, Surgery**14-May-2026 STRAUGHAN, Lara AMG Upper Building, Surgery****13-May-2026 EVANS, Stephanie Surgery**

Read Code Choice and booking enhanced services administration
 Read Code Referral to musculoskeletal clinic
 Referral *Referral* . Referral Type: Hospital; Sender: JACKSON, Charlotte (Dr); Referral Status: Waiting For Information

13-May-2026 MATHER, Rebecca AMG Upper Building, Surgery

Read Code Referred by member of Primary Health Care Team
 Read Code Clinical management plan also mentions crepitus cx, reasonable ROM, gd 5 UL myotomes, inc tension traps Left > right, no tenderness on cx palp- likely some degn changes, try heat, simple ROM exs, reassured crepitus nil concerning- happy to self manage, if worsening TCB.
 Read Code Referral to orthopaedic service
 Read Code Shared decision making
 Attachment *Referral from Alnwick Medical Group -> JMAPS CATS*
 Read Code Review appointment
 Read Code Seen by first contact physiotherapist
 Read Code Patient identity verified
 Read Code Musculoskeletal system fu re xray right hip. struggling with right groin pain can go down right thigh a bit- no further, no Pn numbness. discussed xray advanced OA right hip. walking limited by groin pain, sleep disturbed, on naproxen. would like to be considered for right THR
 Read Code Osteoarthritis of hip
 Read Code Consultation

13-May-2026 EVANS, Stephanie Surgery

Attachment Attachment
Administration from North of England Commissioning Support Group -> Alnwick Medical Group

20-Apr-2026 HARDY, Bethany AMG Upper Building, Surgery

Comment *Comment* acute med query re naproxen - see HB input 26/3 and DM 8/4 has PPI cover has F/U appt with FCP on 13/5

16-Apr-2026 HOOKER, Emma Surgery

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire:
<https://accurx.nhs.uk/c/p-86hwpvq8rb> Regards, Patient Support Administrator Alnwick Medical Group Sent on 16/04/2026 at 17:57

15-Apr-2026 WOOD, Karen Surgery

Read Code Has authorisation for medication under PSD I authorise 0.5ml of PREVENAR 20 suspension for injection to be administered ONCE by IM injection. This is valid until the next vaccination appointment unless PSD cancelled

15-Apr-2026 GREEN, Diane Surgery

Comment **Comment** Online questionnaire completed by patient
 Dear Miss Robertson, Thank you for your request for naproxen. Please can I check you have enough until Monday/Tuesday next week. Many Thanks Alnwick Medical Group Response: I have enough till Monday
 Received on: 15/04/2026 at 11:14

15-Apr-2026 GREEN, Diane Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your request for naproxen. Please can I check you have enough until Monday/Tuesday next week. TO RESPOND, please follow this link: <https://accurx.nhs.uk/c/p-vqjznt6wa8> Many Thanks Alnwick Medical Group Sent on 15/04/2026 at 09:45
 Read Code Patient telephone number +447543170362

15-Apr-2026 GREEN, Diane AMG Upper Building, Surgery**15-Apr-2026 MILLIGAN, Sara Lee-Anne Surgery**

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Appointment confirmation - A follow up telephone appointment has been made for you with Rebecca Mather our Muscular Skeletal Practitioner. Date: Wednesday 13th May at around 10.50am. Many Thanks Patient Support Team Alnwick Medical Group Sent on 15/04/2026 at 08:36

08-Apr-2026 MOODY, Duncan Surgery

Read Code Shared decision making with decision support
 Read Code Plan On list to discuss pain relief. HB has given Naproxen but still struggling. Would like to try some codeine as per HB plan. Advised keep use to a mimium, only short term, warned about tolerance, dependence and potential SE. Any issues she will stop and seek rv.
 Read Code New medication added
 Read Code Telephone consultation
 Read Code Advice about drug treatment
 Read Code Seen by clinical pharmacist

30-Mar-2026 Active Listener North Northumberland Hospice and Care Services North Northumberland Hospice and Care Services

Read Code Bereavement support visit Post
 Activity **Activity** Face to face - Bereavement Care with Patient (60 minutes)
 Read Code Comment note Closing the sessions, making plans and putting strategies in place.
 Read Code Date 27.03.26
 Read Code Comment note Alnwick
 Read Code Patient Katrina Robertson
 Read Code Comment note 10
 Read Code Seen by bereavement counsellor D Smith AVL
 Read Code Plan No further session, have suggested Bereavement Cafe.

27-Mar-2026 Auto-filed Surgery

07-Apr-2026

XR PELVIS AND HIP RIGHTXR PELVIS AND HIP RIGHT: Clinical History : ? worsening right OA hip ?? referred from Degn Lx. xray prior to consideration of onwards ortho ref. REQUESTED BY : Rebecca Mather Bleep/Contact No : NOT KNOWN Examination: Pelvis x-ray. Comparison: Images compared to the examination dated 30/7/25. Findings: The bones are osteopenic. There is bilateral coxa valga. There are advanced OA changes affecting the right hip with circumferential joint space narrowing, periarticular sclerosis, osteophytic lipping and cortical buttressing the femoral neck. There are more moderate OA changes affecting the left hip. The sacroiliac joints are patent. There are marked spondyloitic changes in the limited views of the lower lumbar spine. There is degeneration of the pubic symphysis. There is no overt aggressive osseous lesion. Vascular calcification. Overall, no significant interval change when compared to the previous x-rays. Connor Gallagher. Reporting Radiographer, Medica Reporting Ltd HCPC: RA70690 If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical.medica@medicagroup.co.uk: **Abnormal, but expected**

26-Mar-2026 BARNES, Holly AMG Upper Building, Surgery

Comment History hip pain, has seen physio and has XR booked for tomo. pain an issue. feeling v down, on UC - feels unable to work due to multiple symptoms. Mood low, feels v depressed all the time. 1 more session on bereavement counselling try naproxen with PPI. codeine would be next step- PRN only.

26-Mar-2026 BARNES, Holly Surgery

Attachment Attachment
 Read Code eConsultation via online application
 Read Code Health education - smoking
 Read Code Light cigarette smoker (1-9 cigs/day)
 Comment **Comment** Hip problem eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 26/03/2026, 11:26 eConsult reference ID: 215df19e-4386-41a2-b3fc-f97d42b3ff3c Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: I had an appointment with Rebecca the MSN today , I have arranged a xray tomorrow, I also recieved a txt message saying an appointment with pharmacist on the 9th April to discuss painkillers, I need the painkillers now as I am in alot of pain can someone please phone me to discuss this ASAP Q2: Have you tried anything for this? A2: Yes Q3: Please tell us what you have tried. A3: Paracetamol Ibuprofen Q4: Is there any particular help you would like? A4: Yes Q5: Please tell us what help you would like. A5: Painkillers Q6: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A6: No
 Read Code Current non-drinker

26-Mar-2026 MILLIGAN, Sara Lee-Anne Surgery

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient Dear Miss Robertson, Appointment confirmation - A telephone appointment has been made for you with Duncan our Pharmacist to discuss pain relief. Date: 8th April at around 14.15 Many Thanks Patient Support Team Alnwick Medical Group Sent on 26/03/2026 at 10:50

26-Mar-2026 MATHER, Rebecca AMG Upper Building, Surgery

Read Code No history of malignancy
 Read Code Seen by first contact physiotherapist
 Read Code Consultation
 Read Code Appointment made at reception
 Read Code Musculoskeletal system OA hip vs referred from degn Lx.
 Read Code Verbal consent for examination
 Read Code Initial patient assessment
 Read Code Smoker
 Read Code O/E - musculoskeletal Lx movement generally stiff. mild capsular restrictions right hip. gd 5 LL myotomes, 2 + LL reflexes, down going plantars.
 Read Code Shared decision making
 Read Code Advice about exercise
 Read Code Refer for X-ray
 Read Code Clinical management plan agreed xray right hip then rv. would like GP to rv pain relief- will send reception a task.
 Read Code Patient identity verified
 Read Code Musculoskeletal system right hip pain for years, owrse last few weeks sharp pain in groin, using ploe to walk, feels limiting walking. no falls/ trauma. Lx always painful no worse. sleep- disturbed by hip. no wt loss, smoker, no ca, no BB changes, no SA. paracetamol and ibuprofen. not working, walks dog ICE- feels struggling more and more with it. also right hand some swelling over MCPs few weeks ago, no trauma, now settled, not had prev, ***** unsure re FH RA, no lasting am stiffness, no other issues hand/ feet, no pain on MCP squeeze today, no swelling

19-Mar-2026 JOHNSON, Jonatan Surgery

Comment **Comment** Online questionnaire not completed by patient
 Link expired on: 02/03/2026 at 18:55

13-Mar-2026 BROWN, Katie AMG Upper Building, Surgery**13-Mar-2026 WOOD, Karen Surgery**

Read Code Has authorisation for medication under PSD Age 2y or over: I authorise 0.5ml of PNEUMOVAX 23 solution for injection to be administered ONCE by IM injection. This is valid until the next vaccination appointment unless cancelled.

05-Mar-2026 CALVERT, Sophie Surgery

Read Code Light cigarette smoker (1-9 cigs/day)
 Read Code Health education - smoking
 Comment **Comment** Hand problem eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 05/03/2026, 09:44 eConsult reference ID: 6da99578-b135-40c1-837d-5bd427080de3, Triage Outcome: Physio, 2 weeks, Face-to-face Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: I am experiencing alot of pain in my hips and thigh and having trouble walking Also my right hand having alot of pain where it looks like my hand is cramped and can become very swollen and painful Q2: Have you tried anything for this? A2: Yes Q3: Please tell us what you have tried. A3: Painkillers not strong enough Q4: Is there any particular help you would like? A4: No Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No
 Read Code Current non-drinker
 Attachment Attachment
 Read Code eConsultation via online application

05-Mar-2026 CALVERT, Sophie Surgery

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your eConsult. The doctor has triaged your eConsult and asks if you can please make an appointment with the musculoskeletal practitioner. Please follow the link below to book in or call 01665 656000. To book: <https://accurx.nhs.uk/c/p-fp8d22u3dy> (Expires in 7 days) Reception - Patient Support Team Alnwick Medical Group Sent on 05/03/2026 at 10:30

23-Feb-2026 HOOKER, Emma Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Reminder - I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire:
<https://accurx.nhs.uk/c/p-727g3555be> Regards, Patient Support Administrator Alnwick Medical Group Sent on 23/02/2026 at 18:31

Read Code Patient telephone number +447543170362

17-Feb-2026 SPOURS, Jacqui Surgery

Read Code Patient telephone number +447543170362

Read Code Short message service text message sent to patient Dear Miss Robertson, Self help information: <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/>
<https://selfhelp.cntw.nhs.uk/self-help-guides/bereavement> For additional mental health support available in Northumberland, please check out the link below:
https://healthwatchnorthumberland.co.uk/your_health/mental-health/ You are welcome to rebook with me via reception or, if you need more urgent support: Text SHOUT 85258 Samaritans Tel 116 123 NHS Mental Health support Tel 111, option 2 Kind regards Jacqui Spours PMHOT Alnwick Medical Group Sent on 17/02/2026 at 15:32

17-Feb-2026 SPOURS, Jacqui Surgery

Read Code Short message service text message sent to patient Dear Miss Robertson, As discussed today you may wish to consider the following: You can access on the day, online support 2-10pm daily here:<https://www.everyturn.org/crisis-support/safe-havens/> Tel 01670 336139 Counselling: <https://www.mhm.org.uk/talking-therapies-northumberland> You can register for free wellbeing sessions: <https://northumberlandrecoverycollege.co.uk/> You can request referral back to to the Health and Wellbeing coach via reception More info to follow... Thanks, Jacqui Spours PMHOT Alnwick Medical Group Sent on 17/02/2026 at 15:31

Read Code Patient telephone number +447543170362

17-Feb-2026 SPOURS, Jacqui Surgery

Read Code Assessment of needs Main problem: Bereavement, Anxiety, confidence, loneliness Universal credit are telling me I am fit to work, Im struggling, I dont have the head space When did it start ? (Specific triggers or what worsens the problem ?) A year ago on Friday my ***** died- we were together 42 years Lost my ***** and ***** and pet dog Clinical features: Anxiety symptoms - If I have to go somewhere I get shaky, sweaty, feel queasy. I might put off going shopping till the next day Mood - 5/10, if Im around others Im absolutely fine, it takes my mind off things; its being alone in the house and feeling lonely, lacking purpose Sleep - Sleep is rubbish, I am tired and exhausted, I sleep for 2- 3 hours and wake. Ill go to my bed during the day and I can then sleep for hours Self care- thats not a problem, I'm on Wygovy jab - 9 weeks, had a bad episode of diarrhoea last week Concentration Enjoyment / pleasure - No real hobbies, my life is walking the dogs or looking after my ***** I do ***** and do a puzzle, Scrabble everyday to keep my mind active Hopes and expectations- help to get my confidence back, things I want to try but dont have the confidence to do - e.g. go swimming , I'm stuck in a big rut. I just help others

Read Code Seen by primary care mental health team

Read Code Ability to communicate

Read Code Clinic note MSE limited due to T/C not formally assessed today. Engaged spontaneously in a warm and cooperative manner Speech was normal in all modalities and conversation flowed logically, Thoughts were relevant and goal directed,, congruent with patients mood Mood subjectively struggling with recent bereavement of long term ***** (anniversary this week), anxiety, loss of confidence, living alone and loneliness Objectively mood sounded slightly flat but largely euthymic; expressing feelings of grief, anxiety, loss of confidence, loneliness and loss of purpose in life No evidence of cognitive or perceptual abnormality today. Appeared oriented in time, place and person, no altered perception evident or reported No expression or evidence of ***** or homicidal ideation today-Clear forward planning was evident. Insight and judgement appeared appropriate to discussion and decisions made today

Read Code Clinic note Text SHOUT 85258 Samaritans Tel 116 123 Safe Havens Tel 01670 336139 2-10pm daily Crisis Team - Tel 111 option 2 for mental health

Read Code Clinic note Not discussed today

Read Code Anxious cognitions

Read Code Clinic note Fluoxetine 20mg- concordant, I feel its numbing my grief Type 2 diabetes Weight management

Read Code Signposting to service Discussed signposting options: Further counselling - NTT, Hospice Care North/land bereavement drop in Northumberland Recovery College for wellbeing workshops Interim support Safe Havens Tel 01670 336 139 Self help resources shared Crisis contacts and Healthwatch N/land resources shared for information Katrina is aware that she can request to speak with PMHP again via reception if further support or advice is needed

Read Code Seen by mental health triage nurse

Read Code Clinic note Nil for mental health previously Currently engaging with Hospice care N/land counselling - one session left

Read Code Shared decision making

Read Code Symptoms of depression

Read Code Clinic note Lives alone - Carbon Homes- may consider moving in future Lost long term ***** ***** in Feb 2025- had been his ***** 3 ***** and ***** ***** Northumberland, help care for ***** but it still feels lonely; I dont like being by myself I feel I have no purpose Pet dog, I needed the company. I take him for a walk Gave up work when we moved back here, I was my ***** ***** I was a ***** with LD patients, last worked 18/12 - feel I need to do something different

Read Code Clinic note I have really good ***** I stay with them sometimes Signed off till end of February- UC say afitnote won make any difference I drive a car

Read Code Clinic note No evidence of ***** ideation today, no history of ***** behaviours or self-harming behaviours. Presented today as future orientated and insightful, mediating factors include supportive family and ***** network, help seeking behaviours and functioning well at ADL's. No evidence of risks towards others and no history of harm caused to others

Read Code Referred by GP

11-Feb-2026 JOHNSON, Jonatan Surgery

Comment Comment Online questionnaire not completed by patient
Link expired on: 09/02/2026 at 14:51

10-Feb-2026 SPOURS, Jacqui Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, Just to inform that your initial appointment with me on 17/02/2026 at 15:30hrs will be by telephone. You may be invited into surgery at a later date if further assessment is required. If not convenient, please contact reception to rearrange ASAP Self help:
<https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/> If you need more urgent support: Text SHOUT to 85258 Samaritans Tel 116123 NHS Mental health support Tel 111, choose option 2 Kind regards
Jacqui Spours PMH-OT Alnwick Medical Group Sent on 10/02/2026 at 15:24

Read Code Patient telephone number +447543170362

09-Feb-2026 ALLEN, Kathryn North Northumberland Hospice and Care Services North Northumberland Hospice and Care Services

Activity Activity Administration - Administration with Patient
Record (10 minutes)

06-Feb-2026 CALVERT, Sophie Surgery

Read Code eConsultation via online application
 Attachment Attachment
 Comment Comment eConsult lite eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 06/02/2026, 14:46 eConsult reference ID: aad2c3af-4b63-459f-89da-996cbb502a28, Triage Outcome: Mental Health Nurse, 2 weeks, Face-to-face Ideas, concerns & expectations Q1: Describe the problem, what are the symptoms? A1: Struggling with depression and anxiety, affecting day to day activities has no interest in anything, also extension of sick note would like apt next week please not doing well Q2: What help would you like? (optional) A2: either f2f or tel no preference Q3: Preferred clinician (optional) A3: Dr Barnes - if not available happy to see another clinician

06-Feb-2026 CALVERT, Sophie Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your eConsult. The doctor has triaged your eConsult and asks if you can please attend on Tuesday 17th February at 3:30pm in the lower building with Jacqui one of our mental health practitioners, this is our next available appointment. The GP will issue you a sick note today and the NHS mental health crisis teams provide 24/7 urgent support for severe distress, accessible by calling NHS 111 and selecting option 2. Reception - Patient Support Team Alnwick Medical Group Sent on 06/02/2026 at 15:29
 Read Code Patient telephone number +447543170362

06-Feb-2026 BENNETTS, Jennifer AMG Upper Building, Surgery

Read Code eMED3 (2010) new statement issued, not fit for work
 Attachment Attachment

06-Feb-2026 JONES, Sarah Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Your HbA1c (diabetes) result is now 48. It was 62 back in November, so this is a great reduction. We will see you again at your next review in 6 months. Please contact the surgery if you would like to discuss this further. Best Wishes, Sarah Jones Nursing Associate Alnwick Medical Group Sent on 06/02/2026 at 09:49
 Read Code Patient telephone number +447543170362

06-Feb-2026 JONES, Sarah AMG Upper Building, Surgery

Read Code Diabetic on oral treatment
 Read Code Specific advice for diabetics HbA1c is now 48. Review in 6m.
 Read Code Diabetic - good control

05-Feb-2026 STRAUGHAN, Lara AMG Upper Building, Surgery**02-Feb-2026 HOOKER, Emma Surgery**

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire:
<https://accurx.nhs.uk/c/p-k7pbrswwbq> Regards, Patient Support Administrator Alnwick Medical Group Sent on 02/02/2026 at 14:33

02-Feb-2026 Auto-filed Surgery

Read Code Serum urea level 5.7 mmol/L
 Read Code Serum potassium level 4.2 mmol/L
 Read Code Serum sodium level 141.0 mmol/L
 Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 56.0 mL/min
 CKD stage 3A. Moderate decrease in eGFR. eGFR is not an accurate measure of true GFR in: Acute injury, acute illness, pregnancy.
 Read Code Serum creatinine level Above high reference limit 96.0 umol/L
 03-Feb-2026 **UREA AND ELECTROLYTES (FOR GP AND OUREA AND ELECTROLYTES (FOR GP AND O** Clinical Information: Order Clinical Details: Itc: **Satisfactory**

02-Feb-2026 Auto-filed Surgery

Read Code Haemoglobin A1c level - IFCC standardised Above high 48.0 mmol/mol
 reference limit
Haemoglobin A1c level - IFCC standardised has fu, Clinical Information: Order Clinical Details: Itc:
Borderline

02-Feb-2026 Auto-filed Surgery

Read Code Serum LDL cholesterol level LDL cholesterol calculated 1.9 mmol/L
 using Sampson NIH equation from the 9th of December
 2025

Read Code Serum HDL cholesterol level 1.2 mmol/L

Read Code Serum cholesterol level 3.6 mmol/L

Read Code Serum non high density lipoprotein cholesterol level 2.4 mmol/L

Refer to NEELI regional lipid guidelines to aid
 interpretation of lipid results.

Read Code Serum triglyceride levels 1.1 mmol/L

Read Code Serum cholesterol/HDL ratio 3.0 mmol/mmol

03-Feb-2026

NON-FASTING LIPIDSNON-FASTING LIPIDS Clinical Information: Order Clinical Details: Itc:
Satisfactory

02-Feb-2026 Auto-filed Surgery

Read Code Serum globulin level 25.0 g/L

Read Code Serum total protein level 66.0 g/L

Read Code Serum alanine aminotransferase level 35.0 iu/L

Read Code Liver function tests

Read Code Serum total bilirubin level 7.0 umol/L

Read Code Serum alkaline phosphatase level 90.0 iu/L

Read Code Serum albumin level 41.0 g/L

03-Feb-2026

Liver function testsClinical Information: Order Clinical Details: Itc: **Normal**

02-Feb-2026 HOOKER, Emma AMG Upper Building, Surgery

Read Code	No FH: Ischaemic heart disease	
Read Code	Depressed mood On meds - speaking to HB about it	
Read Code	Light cigarette smoker (1-9 cigs/day)	
Read Code	No Ischaemic pain	
Read Code	Advice given about weight management	
Read Code	Overview Notes Blood taken from left arm Needle used - black Blood taken on 1st attempt Sample(s) labelled using printed labels	
Read Code	Current non-drinker	
Read Code	O/E - Diastolic BP reading	101.0 mmHg
Read Code	Result awaited	
Read Code	O/E - Left diabetic foot at low risk	
Read Code	O/E - Systolic BP reading	181.0 mmHg
Read Code	Use of aseptic technique	
Read Code	Diabetic annual review	
Read Code	None	
Read Code	Pulse regular	
Read Code	Average home systolic blood pressure	133.0 mmHg
Read Code	Blood test requested Itc	
Read Code	Chronic disease management annual review completed	
Read Code	Average home diastolic blood pressure	82.0 mmHg
Read Code	O/E - Right diabetic foot at low risk	
Read Code	Lifestyle advice regarding diet	
Read Code	O/E - height	1.59 m
Read Code	Informed consent given	
Read Code	Random sample	
Read Code	O/E - Diastolic BP reading	99.0 mmHg
Read Code	Chest pain: none	
Read Code	Nicotine-filled electronic cigarette user	
Read Code	O/E - Diastolic BP reading	102.0 mmHg
Read Code	No breathlessness	
Read Code	Patient given exercise advice	
Read Code	Chronic disease initial assessment	
Read Code	O/E - Systolic BP reading	179.0 mmHg
Read Code	Seen by practice phlebotomist	
Read Code	No family history diabetes	
Read Code	Smoking cessation advice	
Read Code	O/E - oedema not present	
Read Code	O/E - L.dorsalis pedis present	
Read Code	O/E - weight	96.75 Kg
Read Code	O/E - L.post.tib.pulse present	
Read Code	Body mass index - observation	38.269844 Kg/m ²
Read Code	Blood sample taken	
Read Code	Capillary refill right	1.0 seconds
Read Code	Lifestyle counselling	
Read Code	Cardiovascular disease high risk review	
Read Code	Referral to practice phlebotomist	
Read Code	Infectious disease : prevention/control	
Read Code	Physically active	
Read Code	O/E - R.post.tib.pulse present	
Read Code	Hypertension annual review	
Read Code	No safeguarding issues identified	
Read Code	Diabetic foot examination	
Read Code	Memory function normal	
Read Code	Feeling calm	
Read Code	O/E - Left diabetic foot at low risk	
Read Code	O/E - Right diabetic foot at low risk	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	GPPAQ physical activity index: inactive	
Read Code	Diet average On wegovy - mainly home cooked meals - lots of fruit and veg	
Read Code	O/E - Systolic BP reading Will do HMBP	173.0 mmHg
Read Code	O/E - R.dorsalis pedis present	
Read Code	Pulse rate	73.0 bpm
Read Code	Enjoys light exercise	

30-Jan-2026 SMITH, Christine North Northumberland Hospice and Care Services North Northumberland Hospice and Care Services

Referral	Referral . Recipient: Mental Health Recovery and Rehabilitation Service; Sender: General Medical Practitioner; Reason: Bereavement support (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted
Activity	Activity Administration - Administration with Patient Record (10 minutes)

09-Jan-2026 STRAUGHAN, Lara AMG Upper Building, Surgery**30-Dec-2025 WOOD, Karen Surgery**

Read Code	Has authorisation for medication under PSD I authorise PNEUMOCOCCAL POLYSACCHARIDE VACCINATION 0.5ml by IM injection to be administered to this patient ONCE. This is valid for ONE year from today.
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23-Dec-2025 JOHNSON, Molly AMG Upper Building, Surgery**22-Dec-2025 SYERS, Graham AMG Upper Building, Surgery**

Comment **Comment** Notes reviewed by clinical supervisor Dr G Syers

22-Dec-2025 JOHNSON, Molly AMG Upper Building, Surgery

Comment **History** Lots going on with time of year, lost long term ***** of 42 yrs in February due to fibrosis. Unfortunately it was his birthday yesterday and with xmas coming up katrina is upset and overwhelmed. This has caused her psoriasis to flare which affects her scalp and ears. Very itchy. Would like more betacap and some otomize for ears. No ear discharge, no pain, just itching and dry skin

Comment **Examination** Looks well. Large patch of psoriasis to the back of her scalp/nape of neck. Dry scaly and inflamed. Ears, alot of dry skin externally just entering into canal. No erythema, no swelling, no discharge

Comment **Plan** Looks like psoriasis flare. Treat with betcap for scalp. Discussed betnovate for the external ear. Happy to try this for 1-2 weeks and rv again if needs be

22-Dec-2025 MAYHEW, Siena Surgery

Read Code **Current non-drinker**

Read Code **Health education - smoking**

Attachment **Attachment**

Read Code **eConsultation via online application**

Comment **Comment** Ear problem eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 22/12/2025, 09:00 eConsult reference ID: c06101df-bf26-490f-861f-4b59ade96a45, Triage Outcome: Physician's Associate, 24 hours, Face-to-face Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: the inside of my ear is all inflamed due to exzema also the back of my head is all inflamed and sore Q2: Have you tried anything for this? A2: No Q3: Is there any particular help you would like? A3: Yes Q4: Please tell us what help you would like. A4: prescribed betnovate scalp lotion otomise ear spray Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No

Read Code **Light cigarette smoker (1-9 cigs/day)**

17-Dec-2025 BROWN, Katie AMG Upper Building, Surgery**16-Dec-2025 GRIFFIN, Fiona Surgery**

Read Code **Quality and Outcomes Framework diabetes mellitus quality indicator-related care invitation (procedure)**

16-Dec-2025 GRIFFIN, Fiona Surgery

Read Code **Quality and Outcomes Framework hypertension quality indicator-related care invitation (procedure)**

16-Dec-2025 HORSBURGH, Marion Surgery

Comment **Comment** Dear Katrina, You are due your Annual LTC review. Please call 01665656000 or follow the attached link. It is important to attend so we can ensure your condition is properly controlled Thanks, Patient Support To book: <https://accurx.nhs.uk/c/p-8npys8puca> (Expires in 7 days) Alnwick Medical Group NHS app message sent on 16/12/2025 10:22:48

Read Code **Long term condition care planning invitation**

15-Dec-2025 JOHNSON, Jonatan Surgery

Comment **Comment** Dear Katrina, You are now due an up to date blood pressure reading, you can do this by popping into our upper building without appointment and visiting the surgery pod, pop into one of our coastal site and use health station, or if you have a BP machine at home feel free to take your own reading and reply to this link with your reading to be added to your record. If you are already in the process of providing a 4 or 7-day reading, please disregard this request. Kind regards Please complete this questionnaire: <https://accurx.nhs.uk/c/p-kmbeyqrp9> Alnwick Medical Group NHS app message sent on 12/12/2025 16:25:02

12-Dec-2025 ROBSON, Kerry AMG Upper Building, Surgery

10-Dec-2025 BELL, Jacqueline Surgery

08-Dec-2025 BELL, Jacqueline Surgery

Comment Comment Recall added.

08-Dec-2025 RUTHERFORD, Kerry Community Pharmacy

Attachment Attachment
Pharmacy from Oviva Tier 3 Weight Management Programme -> Alnwick Medical Group

02-Dec-2025 BARNES, Holly Surgery

Attachment Attachment
Read Code eMED3 (2010) new statement issued, not fit for work
Comment History feels fluoxetine not working, still low, hates going home to empty house. cries a lot. has family and new dog but feels lonely. coming up to xmas now which will be hurdle and then 1 year anniversary. keeping going for her children and *****. found meeting with me and her ***** helpful when we discussed Calums death etc. Increase fluoxetine, review in new year, fit note extended- was workig with patients with LD feels unable to do this. has also recently broken her toe- reviewed this and still looks v swollen.

02-Dec-2025 STRAUGHAN, Lara AMG Upper Building, Surgery

26-Nov-2025 WOOD, Karen Surgery

Read Code Has authorisation for medication under PSD I authorise PNEUMOCOCCAL POLYSACCHARIDE VACCINATION 0.5ml by IM injection to be administered to this patient ONCE. This is valid for ONE year from today.

24-Nov-2025 ROBSON, Kerry AMG Upper Building, Surgery

23-Nov-2025 HARDY, Bethany Surgery

Read Code O/E - weight 99.0 Kg
Read Code Drug side effects checked
Read Code Self reported systolic blood pressure 138.0 mmHg
Read Code Patient understands why taking all medication
Read Code Body mass index - observation 39.2 Kg/m²
Read Code Health education - smoking
Read Code Self reported diastolic blood pressure 87.0 mmHg
Read Code O/E - height 1.59 m
Read Code Light cigarette smoker (1-9 cigs/day)
Read Code Smoker
Read Code Drug compliance checked
Comment Comment Online questionnaire completed by patient
Questionnaire: Medication Review Questionnaire Is the method of administration understood: Yes Are the medications easy to administer: Yes Are medications doses missed: No Manages own medications: Yes Can you provide a blood pressure: Yes Do you know your weight?: Yes Do you know your height?: Yes Other concerns: No Received on: 13/10/2025 at 17:48
Read Code Tobacco smoking behaviour

11-Nov-2025 WOOD, Karen Surgery

Read Code Has authorisation for medication under PSD I authorise PNEUMOCOCCAL POLYSACCHARIDE VACCINATION 0.5ml by IM injection to be administered to this patient ONCE. This is valid for ONE year from today.

10-Nov-2025 JOHNSON, Duncan Surgery

Read Code Current non-drinker
 Read Code Health education - smoking
 Read Code eConsultation via online application
 Attachment Attachment
 Read Code Light cigarette smoker (1-9 cigs/day)
 Comment Comment Foot problem eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 10/11/2025, 12:45 eConsult reference ID: 044fcbbe-2ec9-44b9-880b-52b39e074908 Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: I broke my wee toe on Thursday, my wee toe feels floppy and my toes are all bruised and swollen , can you look at xray Q2: Have you tried anything for this? A2: No Q3: Is there any particular help you would like? A3: Yes Q4: Please tell us what help you would like. A4: Someone to look at xray to see what I have done Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No

10-Nov-2025 JOHNSON, Duncan Surgery

Read Code Patient telephone number +447543170362
 Read Code Short message service text message sent to patient Dear Miss Robertson, the x-ray report shows a fracture at the end of the last bone in the left little toe. Bone healing can take from 3 - 6 weeks to complete .The management as a and e advised is to buddy strap for a period of time usually up to 2-3 weeks. Hope that helps Regards, Dr Duncan Johnson Alnwick Medical Group Sent on 10/11/2025 at 13:47

07-Nov-2025 O'NEILL, Zoe Northumbria UTCNorthumbria UTC

Attachment Attachment
Transfer of Care from Alnwick Infirmary MIU -> Dr A Alnwick Medical Group, Alnwick Medical Group

06-Nov-2025 THORNTON, Marie Northumbria UTCNorthumbria UTC

Comment Comment Triage category set to: 4 Standard

06-Nov-2025 THORNTON, Marie Northumbria UTCNorthumbria UTC

Read Code Diagnosis # proximal phalanx of little toe
 Read Code Clinical examination Mobilised independently into unit-normal gait Closed injury Bruising over little toe No tenderness to navicular/ cuboid/ cunneiforms/ Metatarsals 1-4/ MTPJ's 1-4/ all phalanges and IP joints to all toes with the exception of the little toe Tender over Distal aspect of 5th Metatarsal, 5th MTPJ and little toe. Foot is warm and well perfused Good pedal pulse palpated No NV deficit.
 Read Code Treatment Buddy strapped to next toe
 Read Code History and observations Stubbed left little toe on bed frame this morning. Pain in left foot and left little toe.
 Read Code No safeguarding issues identified
 Read Code Investigations Xray left foot
 Read Code Patient given advice Advised re: rest, ice, elevation, analgesia, gentle mobilisation.

06-Nov-2025 O'NEILL, Zoe Northumbria UTCNorthumbria UTC

Read Code United Kingdom of Great Britain and Northern Ireland

06-Nov-2025 O'NEILL, Zoe Northumbria UTCNorthumbria UTC

Referral Referral . *Referral Status: Discharged From Care; Outcome: Accepted*

06-Nov-2025 EDMINSON, Chloe AMG Upper Building, GP Surgery

Comment Comment Tried to contact patient to arrange f2f with HB as per task - Slot available 04/12

06-Nov-2025 BARNES, Holly Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, It was good to see you today. I have looked into the Ambulance complaint system for you- the complaint must go to NEAS directly. I have copied a link for you, with all the information you need. I will ask reception to contact you to arrange an appointment to come back to see me in 4 weeks or so.
<https://www.neas.nhs.uk/your-service/patient-feedback/complaints-compliments-and-comments> Many thanks, Dr Holly Barnes GP Alnwick Medical Group Sent on 06/11/2025 at 12:01

Read Code Patient telephone number +447543170362

06-Nov-2025 BARNES, Holly Surgery

Comment History consultation with Katrina and her 3 ***** relating to the death of her ***** Windust. Family feel they and he were let down by services: he moved form borders to be near family, was concerned about leavig his prev GP and healthcare. Was seen by resp, then tel call from GP adding to pall care list. No DNAR. Deteriorated over next 4 months, no help. They didnt call once call/GP but expected he would/should be seen and given more input than he was. He then became v unwell at night, was seen by OOH GP and then had a cardiac arrest 2 days later- NEAS in attendance and were there when he collapsed. Family upset the paramedic was asking him to walk etc- feel let down. Wish he had a DNAR. was not seen F2F by a GP from the practice. Felt lack of support. one ***** is ***** at AMG. Supportive 50 min chat with family, we discussed final months, tgheor concerns. offered apology and sympathy that they feel let down. Discussed things we could have done differently. Will see Katrina in 1m, and will let her know NEAS complaint process

06-Nov-2025 MODRAL-WALKER, Gayle A&E

Attachment Attachment
A&E from Northumbria Urgent Treatment Centre, Alnwick Minor Injuries Unit, Alnwick Infirmary -> Alnwick Medical Group

03-Nov-2025 Auto-filed Surgery

Read Code Serum potassium level 4.2 mmol/L
Read Code Serum creatinine level 87.0 umol/L
Read Code Serum urea level 5.3 mmol/L
Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 63.0 mL/min
Slight decrease in eGFR eGFR is not an accurate measure of true GFR in: Acute injury,acute illness,pregnancy.

Read Code Serum sodium level 140.0 mmol/L
UREA AND ELECTROLYTES (FOR GP AND OClinical Information: Order Clinical Details: + U &E? reducing after starting meds. **UREA AND ELECTROLYTES (FOR GP AND O: Satisfactory**

03-Nov-2025 Auto-filed Surgery

Read Code Haemoglobin A1c level - IFCC standardised Above high 62.0 mmol/mol
reference limit
Haemoglobin A1c level - IFCC standardiseneeds 20 min yoc appt please, Clinical Information: Order Clinical Details: + U &E? reducing after starting meds.: **Abnormal, but expected**

03-Nov-2025 SWORDY, Samantha AMG Upper Building, Surgery

Read Code Referral to practice phlebotomist
Read Code Infectious disease : prevention/control
Read Code Informed consent given
Read Code Overview Notes Blood taken from left arm Needle used - black Blood taken on 1st attempt Sample(s) labelled using printed labels
Read Code Blood sample taken
Read Code Use of aseptic technique
Read Code Random sample
Read Code Blood test requested as per recall

03-Nov-2025 STRAUGHAN, Lara AMG Upper Building, Surgery

29-Oct-2025 IRONSIDE, Emily AMG Upper Building, Surgery

- Read Code Medication review done Appropriate for the patient's needs / effective / monitoring done and UTD. Cost-effective choice. I have considered- interactions, Cl's, SE's. Compliance checked/ unused meds removed. I have checked indications, assigned diagnosis, and reauthorised medication.
- Comment History medication review, no issues with meds. bp at home - 150/80mmhg - on wegovy. so taking daily we agreed to inc ramipril to 5mg a keep an eye on bp in for bloods next week anyway.

24-Oct-2025 BENNETTS, Jennifer AMG Upper Building, Surgery

- Comment History stepped out of bath at midday today and felt sudden sharp pain in the back of her L knee. no trauma as such. since then had pain in the knee down to her ankle. pain on flexing or extending the knee.
- Comment Examination effusion on L knee and soft fluid filled swelling behind knee - inkeeping with bakers cyst. very slight swelling of L calf also. no red or not. pain on flexion of L knee ++/
- Comment Diagnosis likely ruptured bakers cyst
- Comment Plan otc paracetamol and ibuprofen. seek review if no settling or urgent review if leg swelling increases or calf /red /hot/ tender/ swollen

24-Oct-2025 ROWNTREE, Lisa Surgery

- Read Code Current non-drinker
- Attachment Attachment
- Comment **Comment** Leg problem eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 24/10/2025, 15:14 eConsult reference ID: 5273732e-0f6e-4046-9d51-67d79ec4d2e2, Triage Outcome: GP, 24 hours, Face-to-face Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: Somehow I have hurt my knee and down the side of it, I can hardly walk and it feels swollen I am even getting pains in my ankle Q2: Have you tried anything for this? A2: No Q3: Is there any particular help you would like? A3: Yes Q4: Please tell us what help you would like. A4: Painkillers and advice Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No
- Read Code Health education - smoking
- Read Code Light cigarette smoker (1-9 cigs/day)
- Read Code eConsultation via online application

13-Oct-2025 HARDY, Bethany Surgery

- Read Code Patient telephone number +447543170362
- Read Code Short message service text message sent to patient Dear Miss Robertson, A review of your current medication is due. To help us complete this, we need some up-to-date medical information. Please complete this questionnaire: <https://accrux.nhs.uk/c/p-fnax4pdx5p> Thanks, Beth Hardy Practice Pharmacist Alnwick Medical Group Sent on 13/10/2025 at 12:17

07-Oct-2025 ROWNTREE, Lisa Surgery

- Read Code Patient telephone number +447543170362
- Read Code Short message service text message sent to patient Dear Miss Robertson, A 30 minute appointment has been made for you on Thursday 6th November at 09.30am with Dr Barnes to discuss access your late ***** medical records. Please let us know if this is suitable. TO RESPOND, please follow this link: <https://accrux.nhs.uk/c/p-7vace5v4qn> Reception- Patient support team Alnwick Medical Group Sent on 07/10/2025 at 08:58

06-Oct-2025 JOHNSON, Jonatan Surgery

- Comment **Comment** Dear Katrina, Your records indicate you are due a blood pressure check. If you have a BP machine at home, please do your reading and answer the question on this link with your reading. If not, please call into our upper building in Alnwick or one of our coastal sites to use our health stations to take your reading. Kind regards, Please complete this questionnaire: <https://accrux.nhs.uk/c/p-a5tep77vu6> Alnwick Medical Group NHS app message sent on 06/10/2025 10:56:04

02-Oct-2025 BARNES, Holly Surgery

Comment History further chat re bereavement - supportive. counselling is going well. she has seen physio- has OA- pcm not helping, pain worse when stiff in morning and when walking- advised re topical ibuprofen with pcm. She has applied for UC- has lots of forms to fill in- states depression, mental health and OA as reasons she feels unfit to work. would like access to her ***** medical records as feels he was let down by palliative care. She still doesn't understand about the circumstances of his death. i suspect he was masking for her, and possible denial from what she has described. He has ?ILD. will check re gaining records but I think this will be tricky as will be deducted, and ?explicit consent.

01-Oct-2025 BROWN, Katie AMG Upper Building, Surgery**30-Sept-2025 FENWICK, Holly Surgery**

Comment **Comment** Online questionnaire not completed by patient
Link expired on: 25/09/2025 at 09:30

27-Sept-2025 GRIFFIN, Fiona Surgery

Read Code Patient telephone number
Read Code Short message service text message sent to patient
Dear Miss Robertson, We note from your records that you are due a Hba1c blood test. Please contact the appointment line on 01665 656000 to organise an appointment with a Health Care Assistant. To book: <https://accurx.nhs.uk/c/p-kgxuft6e54> (Expires in 7 days)
Fiona (Patient Support Administrator) Alnwick Medical Group Scheduled to send on 29/09/2025 08:00:00

27-Sept-2025 GRIFFIN, Fiona AMG Upper Building, GP Surgery**19-Sept-2025 CALLUM, Miles AMG Upper Building, Surgery**

Read Code Musculoskeletal system Pt consent Comes to discuss Xray result Still well and no red flags We check from last and appears R Lateral and Inguinal Hip Pain most restrictive Stiff back self limits esp 1st thing. Xray moderate OA R hip
Read Code Osteoarthritis of hip
Read Code Consultation
Read Code Clinical management plan Discussed options Feels will self manage. open door.
Read Code Review appointment
Read Code Musculoskeletal system Likely OA R hip
Read Code Seen by first contact physiotherapist
Read Code Patient identity verified
Read Code Advice about exercise
Read Code O/E - musculoskeletal P sat Hip Into Std no change Lx AROM feels Lx into Flexion and Ext Hip PROM = mildly more stiff R to L P inguinal Resisted Abd NAD Palp Trochanters NAD
Read Code Verbal consent for examination
Read Code Shared decision making

18-Sept-2025 BRENNAN, Victoria AMG Upper Building, Surgery

Read Code eMED3 (2010) new statement issued, not fit for work
Attachment Attachment
Comment History rang re req for sick note as was asking for until feb next yr. Low mood and stress. See above with HB, has f/u with her,
Comment Plan explained max can issue sick note for is 3m, keep appt with HB, see sooner if any deterioration

09-Sept-2025 WOOD, Karen Surgery

Read Code Has authorisation for medication under PSD Age 50y or over: I authorise ONE dose (0.5ml) of SEQIRUS (aTIV) suspension for injection to be administered ONCE by IM injection. This is valid between 01/09/2025 - 31/03/2026.

08-Sept-2025 STRAUGHAN, Lara AMG Upper Building, Surgery

02-Sept-2025 BARNES, Holly Surgery

Comment History still struggling with grief reaction - has started counselling, cried the whole appt. still not sleeping well. rries a lot. trying to keep busy- had ***** over holidays, gardening, her puppy. feels angry at the situation. ***** supporting her. She is worried about money- UC allows her £200 a month and relying on help from her *****. has appt with JC this month and thinks may need a sick note. Will check in 4 weeks.

28-Aug-2025 STRAUGHAN, Lara AMG Upper Building, Surgery**27-Aug-2025 TARIQ, Zahra-Tul-Ain Surgery**

Read Code Short message service text message sent to patient
Dear Miss Robertson, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire:
<https://accrux.nhs.uk/c/p-6cmvhx59hk> Thanks, Zahra Tariq (Pharmacist) Alnwick Medical Group Scheduled to send on 18/09/2025 09:00:00

Read Code Patient telephone number

27-Aug-2025 TARIQ, Zahra-Tul-Ain Surgery

Read Code Patient identity verified

Read Code Telephone call to a patient

Read Code Hypertension clinical management plan Increase lercanidipine to 20mg/day, rpt BP in 1m Pt safety netted if any issues/ further q to get in touch

Read Code Requires blood pressure measurement

Read Code Clinical history and observations Ave HBPM 165/83mmhg- target <135/85mmhg Current medication: Lercanidipine 10mg OD, Ramipril 2.5mg OD - did used to be on max dose ramipril but seems to have stopped this a little while ago and then re-started at a lower dose due to dip in kidney function Pt well when did these readings, taking medication as prescribed Discussed 2 possible routes we could take: 1. Can up-titrate lercanidipine to 20mg, repeat HBPM in approx 4 weeks 2. Can up-titrate ramipril, will need rpt blood tests in 2 weeks and then HBPM in approx 4 weeks Katrina would like to up-titrate lercanidipine, will double up on 10mg for now and put in request for 20mg when needing Aware with dose increase may take a few days for body to settle s/e wise if experiences any s/e + if persist then to seek review No red flag sx - aware to seek medical attention immediately if presents with chest pain, SOB, palpitations + headaches

Read Code Shared decision making

Read Code Average home diastolic blood pressure 83.0 mmHg

Read Code Average home systolic blood pressure 165.0 mmHg

Read Code Seen by clinical pharmacist

Read Code Advice about investigation results

Comment History Telephone call to a patient

Read Code Moderate hypertension control

Read Code Telephone consultation

Read Code Advice about drug treatment

Read Code Drug compliance checked

23-Aug-2025 FENWICK, Holly Surgery

Read Code Patient telephone number

Read Code Short message service text message sent to patient
Dear Miss Robertson, The GP would like you to book an appointment with one of our Muscular Skeletal Practitioner. Please use the booking link below. To book:
<https://accrux.nhs.uk/c/p-4rn4bjc9n8> (Expires in 7 days)
Thanks, Patient Support Team Alnwick Medical Group
Scheduled to send on 26/08/2025 07:00:00

19-Aug-2025 WOOD, Karen Surgery

Read Code Has authorisation for medication under PSD Has authorisation for medication under PSD (XaZ08) - I authorise PNEUMOCOCCAL POLYSACCHARIDE VACCINATION 0.5ml by IM injection to be administered to this patient ONCE. This is valid for ONE year from today.

19-Aug-2025 HINDHAUGH, Helen Surgery

Read Code Seen by health and wellbeing coach
 Read Code Seen by health and wellbeing coach
 Read Code Telephone encounter
 Read Code Plan Pt to continue with dietary changes and engaging with oviva
 Read Code Review appointment
 Read Code Overview Notes Telephone call with pt today who reports continues with dietary changes has had initial e-mails from oviva will be following up with then to see wher they are on the waiting list now as keen to get started
 Read Code Lifestyle
 Read Code Dietary advice for weight loss

15-Aug-2025 GREEN, Diane AMG Upper Building, Surgery**15-Aug-2025 FENWICK, Holly Surgery**

Read Code Average home diastolic blood pressure 83.0 mmHg
 Read Code Average home systolic blood pressure 165.0 mmHg
 Read Code Blood pressure recorded by patient at home
 Comment Comment Online questionnaire completed by patient
 Questionnaire: Blood Pressure Questionnaire - 7d Home
 Monitoring Date: 01/08/2025 11:09:40 Systolic Reading (mmHg): 173 Diastolic Reading (mmHg): 103 Date: 01/08/2025 18:41:30 Systolic Reading (mmHg): 191 Diastolic Reading (mmHg): 101 Date: 02/08/2025 12:09:25 Systolic Reading (mmHg): 168 Diastolic Reading (mmHg): 88 Date: 02/08/2025 18:29:00 Systolic Reading (mmHg): 142 Diastolic Reading (mmHg): 82 Date: 03/08/2025 13:00:26 Systolic Reading (mmHg): 160 Diastolic Reading (mmHg): 73 Date: 03/08/2025 18:55:54 Systolic Reading (mmHg): 158 Diastolic Reading (mmHg): 70 Date: 04/08/2025 10:49:18 Systolic Reading (mmHg): 158 Diastolic Reading (mmHg): 83 Date: 04/08/2025 19:45:10 Systolic Reading (mmHg): 169 Diastolic Reading (mmHg): 83 Date: 05/08/2025 10:10:29 Systolic Reading (mmHg): 178 Diastolic Reading (mmHg): 90 Date: 05/08/2025 18:04:05 Systolic Reading (mmHg): 180 Diastolic Reading (mmHg): 93 Date: 06/08/2025 11:10:03 Systolic Reading (mmHg): 168 Diastolic Reading (mmHg): 86 Date: 07/08/2025 10:06:10 Systolic Reading (mmHg): 172 Diastolic Reading (mmHg): 85 Received on: 08/08/2025 at 04:26

11-Aug-2025 ROBSON, Kerry AMG Upper Building, Surgery**11-Aug-2025 CARRACEDO, Sophie Hospital**

Attachment Attachment
 Results from North of Tyne and Gateshead DESP, Alnwick Medical Group -> Alnwick Medical Group

11-Aug-2025 CARRACEDO, Sophie Surgery

Read Code O/E - right eye background diabetic retinopathy
 Read Code O/E - visual acuity L-eye =6/9
 Read Code O/E - left eye background diabetic retinopathy
 Read Code Under care of retinal screener
 Read Code Diabetic retinopathy screening
 Read Code O/E - visual acuity R-eye =6/9

08-Aug-2025 SAUNDERS, Amy AMG Upper Building, Surgery

Read Code Smoking cessation advice
 Read Code Dispensing review of use of medicines
 Read Code Smoker
 Read Code Able to manage medication
 Read Code Drug side effects checked
 Read Code Patient understands why taking all medication
 Read Code Drug compliance checked
 Read Code Medicine list reviewed for inefficient use/unwanted medicines

05-Aug-2025 BARNES, Holly Surgery

Comment History good days and bad days, struggling on. teary a lot of the time. has counselling starting this week. has new dog which keeps her busy, trying to be out of house as much as possible as she is worse when she is home alone. Feels unable to return to work- no concentration, tired and weepy. may need fit note in 4 weeks time. Will call to rev 4 weeks

04-Aug-2025 HOOKER, Emma GP Surgery

01-Aug-2025 HARDY, Bethany AMG Upper Building, Surgery

Comment **Comment** acute med query - see below _ "Patient requested acute medication: Metformin 500mg tablets 56 tablet nothing issued since started back in may? querying if this can go onto repeats so she can order when needed" _ ? compliance issues - x2 issues added to repeats + issued - review with updated bloods which are due this month

01-Aug-2025 JOHNSON, Jonatan Surgery

Read Code Short message service text message sent to patient
Dear Katrina, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire: <https://accurx.nhs.uk/c/p-dvhj84mrf3>
Thanks Alnwick Medical Group Sent on 01/08/2025 at 10:52

Read Code Patient telephone number +447543170362

01-Aug-2025 JOHNSON, Jonatan Surgery

Comment **Comment** Online questionnaire not completed by patient
Link expired on: 31/07/2025 at 08:58

30-July-2025 Auto-filed Surgery

13-Aug-2025 **XR PELVIS AND HIP RIGHT** Hip Pain also referring back. Xray to guide options. Moderate rated OA in r hip to L. have texted Pt to make follow up., XR PELVIS AND HIP RIGHT: Clinical History : Right Hip Pain no trauma or red flags. Known OA on Xray 2018. Deteriorating now with large impact mobility. Pain on exam into all movements. Would appreciate Xray to determine any deterioration in OA change to guide options and potential guided injection. REQUESTED BY : Miles Callum Bleep/Contact No : NOT KNOWN Pelvis Right hip Bilateral OA confirmed with reduced joint space height on the right No fracture or acute finding Dr R Davies Medica Reporting GMC 3588040 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:
Abnormal, but expected

29-July-2025 CHAMPION, Helen Surgery

Read Code Patient telephone number +447543170362
Read Code Short message service text message sent to patient
Dear Miss Robertson, The recent urine sample showed no growth. Just to make you aware. Thanks, helen champion
Alnwick Medical Group Sent on 29/07/2025 at 17:27

29-July-2025 STRAUGHAN, Lara AMG Upper Building, Surgery

28-July-2025 HOOKER, Emma Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, Due to unforeseen circumstances your appointment on has had to be changed to 16.10pm on Monday 4th of August. If this new appointment is not convenient please contact the appointment line on 01665 656000 to rearrange. We apologise for any inconvenience caused. Regards, Patient Support
Administrator Alnwick Medical Group Sent on 28/07/2025 at 14:24

Read Code Patient telephone number +447543170362

24-July-2025 WOOD, Karen Surgery

Read Code Patient telephone number +447543170362
Read Code Short message service text message sent to patient
Dear Miss Robertson, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire:
<https://accurx.nhs.uk/c/p-rnmp4knvsa> Karen Wood
Advanced Nurse Practitioner Alnwick Medical Group Sent on 24/07/2025 at 08:40

23-July-2025 JACKSON, Charlotte Surgery

Comment History f2f - stomach pains since saturday, woke up overnight sat night with pain, felt like a colicky pain, pain quite intense on sunday - normal bowel movement, felt nauseated, second bowel movement more paste, felt very unwell/lethargic, seen on monday - given nitrofurantoin for ?UTI left sided abdominal pains continue - coming and go - when gets, gets a wave of intense cramping pain - feels some bowel urgency - nil appetite - bowels opened today: slight slime to it, slightly darker slight temp on monday Type 2 DM, nil known bowel issues

Comment Examination temp 37.1 looks well abdomen soft, LIF tenderness, BS + PR with consent - nil malaena/blood

Comment Diagnosis diverticulitis

Comment Plan antibx, analgesia, fluids, plain diet discussed red flag symptoms - worsening pain, bleeding, fever, BNO - to attend ED

23-July-2025 ANDERSON, Kim Surgery

Read Code Current non-drinker

Read Code Health education - smoking

Read Code Light cigarette smoker (1-9 cigs/day)

Comment Abdominal (tummy) pain eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 23/07/2025, 12:32 eConsult reference ID: 790a3ce4-3446-4542-b80a-37b19d5976c5, Triage Outcome: GP, 24 hours, Face-to-face Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: I have been experiencing lower tummy pain since Saturday past , I'm still having pain , I think it's my bowel just looking for advice I have a lot of pain on my lower left side , I can't walk far without experiencing pain and I'm sweating alot too Q2: Have you tried anything for this? A2: Yes Q3: Please tell us what you have tried, A3: Fibre in my diet but I'm not really hungry , drinking fluids Was going to try dulco ease tonight Q4: Is there any particular help you would like? A4: Yes Q5: Please tell us what help you would like. A5: With the pain I am taking paracetamol Q6: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A6: No

Read Code eConsultation via online application

Attachment Attachment

22-July-2025 Auto-filed Surgery

24-July-2025 Read Code Urine culture

Urine cultureCULTURE: No Growth Clinical Information: Order Clinical Details: ?uti: **Normal**

22-July-2025 SWORDY, Samantha AMG Upper Building, Surgery

Read Code Collection of urine specimen

Read Code MSU sent to lab.

Read Code Mid-stream urine sample

22-July-2025 HINDHAUGH, Helen Surgery

Read Code Plan Pt to continue with dietary changes HWBC to send out further recipe ideas - follow up tel call booked

Read Code Lifestyle

Read Code Seen by health and wellbeing coach

Read Code Telephone encounter

Read Code Seen by health and wellbeing coach

Read Code Overview Notes Telephone call with pt today who reports having initial e-mails from oviva with info of waiting lists etc., pt has made dietary changes feeling very positive about making further changes

Read Code Dietary advice for weight loss

Read Code Review appointment

21-July-2025 CHAMPION, Helen AMG Upper Building, GP Surgery

Read Code Examination of abdomen walking freely mild fever 37.8 also has some urgency frequency and pain passing urine darker than normal urine for now has had an acute onset of pain on saturday followed by vomiting and diarrhoea ? gastric presentation 3 x c sections plus previous hysterectomy 30 years ago consent for abdominal examination climbed up on bed freely bowel sounds heard abdomen soft tender bladder area and no guarding painful around the general abdomen on palpation able to blow out and suck abdo in safety net advise given non specific abdominal pain

Read Code Plan likely UTI gain a urine sample and start nitro x 3 days also advised as previous abdo surgery could be adhesion pain red flags for abdominal pain explained and if worsens to attend nsec for review and examination in case of surgical cause aware of this heavily safety netted allergies checked given urine sample pot will send in for culture as per uti process script requested to well to collect

Read Code Gastrointestinal symptoms lower abdominal pain severe in nature over the weekend describes as colicky at present comes and goes in waves

21-July-2025 CHAMPION, Helen AMG Upper Building, GP Surgery**21-July-2025 Auto-filed Surgery**

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 59.0 mL/min
CKD stage 3A. Moderate decrease in eGFR. eGFR is not an accurate measure of true GFR in: Acute injury, acute illness, pregnancy.

Read Code Serum potassium level 3.9 mmol/L

Read Code Serum sodium level 139.0 mmol/L

Read Code Serum urea level 4.6 mmol/L

Read Code Serum creatinine level Above high reference limit 92.0 umol/L

UREA AND ELECTROLYTES (FOR GP AND O has HB fu, UREA AND ELECTROLYTES (FOR GP AND O Clinical Information: Order Clinical Details: as per HB task: **Satisfactory**

21-July-2025 JONES, Sarah AMG Upper Building, Surgery

Read Code Blood sample taken

Read Code Overview Notes Blood taken from left arm Needle used - black Blood taken on 1st attempt Sample(s) labelled using printed labels

21-July-2025 ROBSON, Kerry AMG Upper Building, Surgery**21-July-2025 JAMIESON, Nichola Surgery**

Read Code eConsultation via online application

Attachment Attachment

Comment **Comment** eConsult lite eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 21/07/2025, 08:48 eConsult reference ID: 3a9bc0c5-9641-4f81-9ea3-bc590e4856c1, Triage Outcome: HCP - ANP, 24 hours, Face-to-face Ideas, concerns & expectations Q1: Describe the problem, what are the symptoms? A1: Lower stomach pain, can't sleep and not hungry. Q2: What help would you like? (optional) A2: Not answered Q3: Preferred clinician (optional) A3: Not answered

18-July-2025 CALLUM, Miles AMG Upper Building, Surgery

Read Code Musculoskeletal system suspect Lx Spondylosis driven
LBP Also Hip OA with element GTPS R Hip

Read Code Appointment made at reception

Read Code Patient identity verified

Read Code Verbal consent for examination

Read Code Advice about exercise

Read Code Smoker

Read Code Seen by first contact physiotherapist

Read Code Shared decision making

Read Code Hip pain

Read Code Musculoskeletal system Pt consent PMh rv and noted
Well No red flags on asking LT LBP and Hip Pains Hips
esp with walking becoming worse R worst out of the 2.
Lateral R Hip Pain esp Also LBP and Inguinal. Xray 2018
mild OA Hips To credit is working HWBC weight. No overt
agenda Recent behevvements New dog needs to walk
Sleep intermittently affected has to toss and turn.

Read Code Clinical management plan We discuss options and agree
Xray interval changes then discuss options including USGI
Hips.

Read Code No history of malignancy

Read Code Initial patient assessment

Read Code O/E - musculoskeletal No P sat Into std feels Lx not Hips
Lx AROM P into flexion and Ext Hips PROM mild capsular
patterns P bilat notable R lateral P into Aduction Palp
Trochanter R more tender L Resisted NAD

Read Code Consultation

Read Code Weight steady

Read Code Refer for X-ray

14-July-2025 GREEN, Diane AMG Upper Building, Surgery**11-July-2025 REED, Amanda AMG Upper Building, Surgery**

Read Code Urine ketone test negative

Read Code Urine protein test negative

Read Code Urine nitrite negative

Read Code Urine urobilinogen negative

Read Code Urine dipstick test

Read Code Mid-stream urine sample

Read Code Urinalysis = no abnormality

Read Code Urine: looks clear

Read Code Urine blood test = negative

Read Code Collection of urine specimen

Read Code Urine leucocyte test = negative

Read Code Urine glucose test negative

11-July-2025 CALVERT, Sophie Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, The doctor would like a follow up
appointment with you. A telephone consultation has been
arranged for Tuesday 5th August around 9:30am with Dr
Barnes. If this is not suitable for you please contact the
surgery on 01665 656000 to rearrange. Reception -
Patient Support Team Alnwick Medical Group Sent on
11/07/2025 at 08:38

Read Code Patient telephone number +447543170362

10-July-2025 CALVERT, Sophie Surgery

Read Code eConsultation via online application

Attachment Attachment

Read Code Current non-drinker

Comment Comment Hip problem eConsult online consultation for
KATRINA ROBERTSON, DOB 22-02-1966 submitted on
08/07/2025, 09:39 eConsult reference ID: d0ce135e-
b510-40ce-ab5e-0c86ac9fa005, Triage Outcome: Physio,
2 weeks, Face-to-face Ideas, concerns & expectations Q1:
Please tell us in a few words how we can help. A1: i have
arthritis in my lower back and hips my gp asked me to
make an appointment Q2: Have you tried anything for
this? A2: Yes Q3: Please tell us what you have tried. A3:
co codamol 30/500 regular exercise Q4: Is there any
particular help you would like? A4: Yes Q5: Please tell us
what help you would like. A5: physiotherapy Q6: Would
you like help from a particular person at the surgery? If
the person that you requested is not available, another
member of the team at the practice will contact you. A6:
No

08-July-2025 CALVERT, Sophie Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, Thank you for your eConsult. The doctor has triaged your eConsult and asks if you can please make an appointment with the musculoskeletal practitioner. Please follow the link below to book in or call 01665 656000. To book: <https://accurx.nhs.uk/c/p-69puazqd64> (Expires in 7 days) Reception - Patient Support Team Alnwick Medical Group Sent on 08/07/2025 at 11:10

Read Code Patient telephone number +447543170362

08-July-2025 BARNES, Holly Surgery

Comment History catch up re recent bereavement, still struggling. she has not heard back from hospice re counselling, she will chase. she is looking after her ***** dogs atm and getting her own new dog at end of the months. She still teary a lot. Feels not able to return to work- was previously working but feels unable to do this. she is on UC atm. Struggling with hip pain, knows has OA, 30/500s not helping. will do econsult for physio appt. Note recent A&E letter - abdo pain, no episode since, needs rep urine dip to make sure haematuria has resolved. No scan atm as no sympoms. requests FU 4 weeks

04-July-2025 Auto-filed Surgery

Read Code Urine microalbumin level 24.0 mg/L
Read Code Urine creatinine level 15.0 mmol/L
Read Code Urine albumin/creatinine ratio Neither microalbuminuria nor proteinuria present (ACR<3mg/mmol creatinine) 1.6 mg/mmol
Read Code Urine albumin/creatinine ratio
Urine albumin/creatinine ratioClinical Information: Order Clinical Details: Raised bp: **Normal**

03-July-2025 WOOD, Karen Surgery

Read Code Patient telephone number +447543170362
Read Code Short message service text message sent to patient
Dear Miss Robertson, Please book bloods 7-10days time We'd like you to book an appointment To book: <https://accurx.nhs.uk/c/p-kq783727dq> (Expires in 7 days) Karen Wood Advanced Nurse Practitioner Alnwick Medical Group Sent on 03/07/2025 at 14:09

03-July-2025 WOOD, Karen AMG Upper Building, GP Surgery

Read Code Average home systolic blood pressure 177.0 mmHg
Read Code Average home diastolic blood pressure 108.0 mmHg
Read Code Renal function tests borderline
Read Code Telephone triage encounter
Comment History HBPM elevated, hadnt been taking ramipril only lercanidipine. EGFR dipped slightly, therefore restart ramipril smaller dose 2.5mg and review bloods. bloods 7-10days and repeat BP 4weeks

02-July-2025 GREEN, Diane AMG Upper Building, Surgery**27-Jun-2025 MATTHEWS, Kay AMG Upper Building, Surgery****24-Jun-2025 HINDHAUGH, Helen Surgery**

Read Code Review appointment
Read Code Plan HwBC has completed Oviva referral form today - follow up tel call booked for 22.07 @ 9.45
Read Code Seen by health and wellbeing coach
Read Code Dietary advice for weight loss
Read Code Seen by health and wellbeing coach
Read Code Lifestyle
Attachment Attachment
Referral from Alnwick Medical Group
Read Code Telephone encounter
Read Code Overview Notes Telephone cll with pt today who reports continues with dietary changes feels they have lost weight, they have increased activity levels and are walking more feeling positive about referral to Oviva weight loss programme and engaging with this

24-Jun-2025 EVANS, Stephanie Surgery

Read Code Referral to weight management service

20-Jun-2025 RUTHERFORD, Kerry Surgery

Read Code Diabetes structured education programme declined
EMPOWER

20-Jun-2025 RUTHERFORD, Kerry Surgery

Attachment Attachment
E-mail from EMPOWER Diabetes Education -> Alnwick Medical Group

18-Jun-2025 HOOKER, Emma GP Surgery

Comment Comment Called pt and will bring in sample

18-Jun-2025 MATHER, Christine Hospital

Attachment Attachment
A&E from Emergency Dept Discharge Notification, Emergency Department, Northumbria Specialist
Emergency Care Hospital -> Alnwick Medical Group

17-Jun-2025 LAVERICK, Gillian Out of Hours Centre

Attachment Attachment
NHS 111 Service from St Mary's Urgent Care Centre -> Alnwick Medical Group

12-Jun-2025 JOHNSON, Jonatan Surgery

Comment Comment Dear Katrina, It's time for a quick blood pressure check to help you maintain your health. You can visit our Upper Building in Alnwick without an appointment, as the surgery pod is available Monday to Friday. Alternatively, you can use a health station at one of our coastal sites or check at home to check your blood pressure. If you choose to measure it at home, please reply to this message with your readings. If a clinician has recently asked you to provide 4 or 7 days of readings, please ignore this message. Please complete this questionnaire: <https://accurx.nhs.uk/c/p-9z3a5qvgp6>
Alnwick Medical Group NHS app message sent on 11/06/2025 17:46:01

10-Jun-2025 BARNES, Holly Surgery

Comment History doing ok, still struggling. trying to support her middle daughter- going to register for some counselling. lots of admin still, settling debts. constant reminder. considering new dog next month. has some otitis externa- for abx.

05-Jun-2025 HOOKER, Emma GP Surgery**04-Jun-2025 Auto-filed Surgery**

Read Code Serum TSH level
Read Code Serum TSH level 1.3 miu/L
05-Jun-2025 Serum TSH level Clinical Information: Order Clinical Details: oviva ref: **Normal**

04-Jun-2025 Auto-filed Surgery

Read Code Serum sodium level 138.0 mmol/L
Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 51.0 mL/min
CKD stage 3A. Moderate decrease in eGFR. eGFR is not an accurate measure of true GFR in: Acute injury, acute illness, pregnancy.
Read Code Serum urea level 5.4 mmol/L
Read Code Serum potassium level 3.7 mmol/L
Read Code Serum creatinine level Above high reference limit 103.0 umol/L
UREA AND ELECTROLYTES (FOR GP AND Ockd?, Clinical Information: Order Clinical Details: oviva ref UREA AND ELECTROLYTES (FOR GP AND O: **Borderline**

04-Jun-2025 BUSTIN, Lucy AMG Upper Building, GP Surgery

Read Code Body mass index - observation 42.32804 Kg/m²
Read Code O/E - height 1.575 m
Read Code O/E - weight 105.0 Kg
Read Code Pulse regular
Read Code O/E - Diastolic BP reading 94.0 mmHg
Read Code Pulse rate 75.0 bpm
Read Code Overview Notes L arm
Read Code Blood sample taken
Read Code Random sample
Read Code Informed consent given
Read Code O/E - Systolic BP reading 162.0 mmHg
Read Code Enhanced services administration
Read Code Diagnostic blood tests

03-Jun-2025 HINDHAUGH, Helen Surgery

Read Code Telephone encounter
 Read Code Seen by health and wellbeing coach
 Read Code Initial presentation
 Read Code Seen by health and wellbeing coach
 Read Code Dietary advice for weight loss
 Read Code Lifestyle
 Read Code Plan HWBC to request bloods needed with follow up booked for 24.06
 Read Code Overview Notes Telephone call with pt today wanting to discuss weight loss injections Pt meet criteria for referral to Oviva programme - explained what this is and that some more bloods needed - Pt requesting to go to Embleton for this - Pt happy to be referred to Oviva programme to support weight loss

03-Jun-2025 ROBSON, Kerry AMG Upper Building, Surgery**02-Jun-2025 PUNTON, Lynsey Embleton Surgery, Surgery**

Read Code Has shown no side effects from medication
 Read Code Compliance issues discussed with patient
 Read Code Patient understands why taking all medication
 Read Code Able to manage medication
 Read Code Medicine list reviewed for inefficient use/unwanted medicines
 Read Code Dispensing review of use of medicines
 Read Code Smoker

29-May-2025 HENDERSON, Thomas Surgery

Read Code Overview Notes Pt response to intro text HWBC appt booked: 03/06 14:15 *TELEPHONE*

22-May-2025 HENDERSON, Thomas Surgery

Read Code Referred by GP
 Read Code Overview Notes HWBC intro text sent

22-May-2025 STEINBECK, Chantelle AMG Upper Building, GP Surgery

Read Code Telephone consultation phone call to discuss commencing Metformin had been diet controlled but recent has diabetes review identified HBA1C of 70. Issued written information including sick day rules and questions answered at the time. She has had time to process the information and happy to commence on Metformin. Side effects discussed renal function satisfactory Understands we start at OD for 2 weeks and if tolerating increase to BD after 2 weeks. If she gets any side effects she must contact the surgery and a review can be arranged, happy with this plan to go to Embleton

22-May-2025 MOODY, Duncan Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient Dear Miss Robertson, Regarding your request for an Otomize ear spray, unfortunately your ear would need assessed by a clinician to make sure this is the most appropriate treatment. Please complete an e-consult or contact the surgery to arrange an appointment with a clinician. Thanks, Duncan Moody Alnwick Medical Group

22-May-2025 MOODY, Duncan AMG Upper Building, Surgery

Read Code Medication requested
 Read Code Plan Request Otomize- Ear needs assessed to check most appropriate treatment- Rejected, pt text to book appointment.
 Read Code Administration note
 Read Code Seen by clinical pharmacist

20-May-2025 SKELTON, Victoria AMG Upper Building, Surgery

Read Code	Information given re sick day rules	
Read Code	Diabetes Year of Care annual review	
Read Code	Lifestyle counselling	
Read Code	Diabetic - poor control	
Read Code	Diabetic on diet only	
Read Code	Specific advice for diabetics Hba1c up to 70 diet only. Really difficult time lately - grieving ****. Not currently appropriate to discuss D & L but happy to start metformin and review in 3 months . Sick day rules discussed and advice given on what to do. Printed information also given. Task to pharmacy to request.	
Read Code	HbA1c target level - IFCC standardised	55.0 mmol/mol

13-May-2025 BARBER, Charlotte Surgery

Comment	Comment Online questionnaire completed by patient Received on: 13/05/2025 at 11:20 Dear Miss Robertson, I have arranged a follow up appointment for the practice nurse to discuss your bloods you have had done today. It is at Embleton surgery on Tuesday 20th May at 11.30 - is this suitable for you or is a different day/time better? Thanks, Charlotte Barber, Health Care Assistant Alnwick Medical Group Response: I will be there
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13-May-2025 BARBER, Charlotte Surgery

Read Code	Patient telephone number 07543 170362
Read Code	Short message service text message sent to patient Dear Miss Robertson, I have arranged a follow up appointment for the practice nurse to discuss your bloods you have had done today. It is at Embleton surgery on Tuesday 20th May at 11.30 - is this suitable for you or is a different day/time better? Thanks, TO RESPOND, please follow this link: (link will autogenerate here) Charlotte Barber, Health Care Assistant Alnwick Medical Group

13-May-2025 Auto-filed Surgery

Read Code	Serum cholesterol level	4.8 mmol/L
Read Code	Serum non high density lipoprotein cholesterol level	3.4 mmol/L
	Refer to NEELI regional lipid guidelines to aid interpretation of lipid results.	
Read Code	Serum triglyceride levels Above high reference limit	2.6 mmol/L
Read Code	Serum HDL cholesterol level	1.4 mmol/L
Read Code	Serum cholesterol/HDL ratio	3.4 mmol/mmol
	NON-FASTING LIPIDS Clinical Information: Order Clinical Details: recall NON-FASTING LIPIDS: Normal	

13-May-2025 Auto-filed Surgery

Read Code	Serum total bilirubin level	10.0 umol/L
Read Code	Serum alkaline phosphatase level	117.0 iu/L
Read Code	Serum alanine aminotransferase level	32.0 iu/L
Read Code	Serum globulin level	23.0 g/L
Read Code	Liver function tests	
Read Code	Serum total protein level	65.0 g/L
Read Code	Serum albumin level	42.0 g/L
	Liver function tests Clinical Information: Order Clinical Details: recall: Normal	

13-May-2025 Auto-filed Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	70.0 mmol/mol
	Haemoglobin A1c level - IFCC standardised pt has follow up, Clinical Information: Order Clinical Details: recall: Abnormal, but expected	

13-May-2025 BARBER, Charlotte AMG Upper Building, Surgery

Read Code	Result awaited
Read Code	Seen by practice phlebotomist
Read Code	Random sample
Read Code	Use of aseptic technique
Read Code	Overview Notes Blood taken from left arm Blood taken on 1st attempt Needle used - black Sample(s) labelled using printed labels
Read Code	Referral to practice phlebotomist
Read Code	Infectious disease : prevention/control
Read Code	Blood sample taken
Read Code	Blood test requested recall
Read Code	Informed consent given

13-May-2025 BARNES, Holly Surgery

Read Code	Body mass index - observation	40.89 Kg/m ²
Read Code	O/E - weight	106.0 Kg
Read Code	Bereavement	
Read Code	O/E - height	1.61 m
Read Code	O/E - weight	
Comment	History discussed loss of her *****. been nearly 3 months. struggling. spends more time in bed, crying a lot. never felt as lonely. Has support from 3 ***** and *****. not sleeping- up at night a lot to PU- note HbA1c and not on meds. Wants weight loss injections. going to self refer bereavement counselling at hospice- ***** has started and helps. She is trying to support her *****. would like to come back 4 weeks.	
Comment	Examination O/E - weight 106kg	

06-May-2025 STRAUGHAN, Lara AMG Upper Building, Surgery**22-Apr-2025 HORSBURGH, Marion Surgery**

Read Code	Patient telephone number +447543170362
Read Code	Short message service text message sent to patient Dear Miss Robertson, We note from your records that you are due a blood test. Please contact the appointment line on 01665 656000 to organise an appointment with a Healthcare Assistant or you can book via the link below. To book: (link will autogenerate here) (Expires in 7 days) Thanks, Marion Patient Support Alnwick Medical Group

22-Apr-2025 HORSBURGH, Marion Surgery**15-Apr-2025 BARNES, Holly Surgery**

Read Code	Patient telephone number 07543 170362
Read Code	Short message service text message sent to patient Dear Miss Robertson, Here are the links for both bereavement services: https://www.cruse.org.uk/ https://www.hospicecare-nn.org.uk/ Dr Holly Barnes GP Alnwick Medical Group

15-Apr-2025 BARNES, Holly Surgery

Comment	History struggling to come to terms with loss of her ***** of 43 years- she isnt sleeping well, tearful. fluoxetine not helping. dog died and now lonely good support from her children. enjoyed looking after ger *****. missing her *****. Signposted bereavement counselling and would like to come in in 4 weeks.
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11-Apr-2025 BARRETT, Lisa Surgery

Read Code	Notes summary on computer
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08-Apr-2025 FENWICK, Holly Surgery

Read Code	Short message service text message sent to patient Dear Miss Robertson, The GP would like to have a follow up telephone call, this has been pre-booked for Tuesday 15th April at around 3:15pm with Dr Barnes. Thanks, Patient Support Team - Reception Alnwick Medical Group
Read Code	Patient telephone number 07543 170362

07-Apr-2025 MATHER, Christine GP Surgery

Read Code	O/E - right eye diabetic maculopathy
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07-Apr-2025 MATHER, Christine NHS Premises

Attachment	Attachment <i>Clinical Letter from North of Tyne and Gateshead DESP -> Alnwick Medical Group</i>
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07-Apr-2025 MATHER, Christine GP Surgery

Read Code	O/E - visual acuity R-eye =6/9
Read Code	O/E - visual acuity L-eye =6/9
Read Code	Diabetic retinopathy screening
Read Code	O/E - left eye background diabetic retinopathy
Read Code	O/E - retinal inspection
Read Code	O/E - right eye background diabetic retinopathy

02-Apr-2025 BARKER, Joanne Surgery

02-Apr-2025 BARKER, Joanne Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, I have issued your request for fluoxetine to the dispensary. I will arrange a follow up call with Dr Barnes Thanks, Dr Joanne Barker Alnwick Medical Group

Read Code Patient telephone number 07543 170362

02-Apr-2025 ARKLE, Claire AMG Upper Building, Surgery**20-Mar-2025 HORSBURGH, Marion Surgery****13-Mar-2025 LAVERICK, Gillian Surgery**

Read Code Advice given about bowel cancer screening programme
Attachment Attachment
Advice only letter from Alnwick Medical Group -> Miss K Robertson,

13-Mar-2025 Auto-filed Surgery

Read Code Bowel cancer screening programme: faecal occult blood result FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit

Read Code No response to bowel cancer screening programme invitation
Bowel cancer screening programme: faecal occult blood result: Not responded to invitation

07-Mar-2025 ARMSTRONG, Karen Surgery

Read Code Is no longer a carer

28-Feb-2025 GREEN, Diane AMG Upper Building, Surgery**21-Feb-2025 BARNES, Holly Surgery**

Comment History spoke to Katryna- her ***** died quite suddenly yesterday- he had pulm fibrosis and was worsenig but acute deteriorateion yesterday, called the ambulance and he arrested at home. Very traumatic, ***** was there too. She wants fluoxetine, and something to help her sleep as was up last night with nightmares. good support from *****. I will review 4 weeks.

21-Feb-2025 BARNES, Holly Surgery

Read Code eConsultation via online application
Attachment Attachment
Comment ~~Comment~~ eConsult lite eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 21/02/2025, 10:25 eConsult reference ID: d1a1c8c2-d82a-4134-bc30-321104e969c6 Ideas, concerns & expectations Q1: What has been tried for this already? A1: na Q2: What help would you like? A2: speak to a gp regards medication ***** passed away Q3: Preferred clinician A3: na

20-Feb-2025 CALVERT, Sophie Surgery

Read Code Patient telephone number 07543 170362
Read Code Short message service text message sent to patient
Dear Miss Robertson, I have cancelled your appointment today however we are unable to request a supply of the fluoxetine as there is no record of it being prescribed by ourselves. Please get in touch when you feel up to it and we can rearrange the appointment for you. Kind regards, The Reception Team Alnwick Medical Group

14-Feb-2025 THORNTON, Andrew Surgery

Read Code Patient telephone number 07543 170362
Read Code Short message service text message sent to patient
Dear Miss Robertson, You are now due some up to date BP readings. Please aim to complete 7 days worth of readings and hand into the practice at your convenience. Please ignore this message if you're already in the process of completing this. Thanks, Andrew Thornton Alnwick Medical Group

14-Feb-2025 THORNTON, Andrew AMG Upper Building, Surgery

Read Code Seen by pharmacy technician
 Read Code Hypertension monitoring admin.
 Read Code Advice about investigation results
 Read Code Administrative reason for encounter
 Read Code Short message service text message sent to patient

13-Feb-2025 MOOR, Helen Surgery

Read Code Short message service text message sent to patient
 Dear Miss Robertson, Your skin lesion looks like a blood blister. I would wait a couple of weeks and see if it settles (it may have been caught on something). Any worries please submit further photos ? Thanks, Dr Helen Moor
 Alnwick Medical Group
 Read Code Patient telephone number 07543 170362

13-Feb-2025 MOOR, Helen Surgery

Comment **Comment** Online questionnaire completed by patient
 Dear Miss Robertson, Our Clinician would like to review a photograph of your condition please use the link provided below to submit up to 5 photos. Thanks, Dr Helen Moor
 Alnwick Medical Group Response: Patient attached photo or document Patient uploaded 2 attachments Received on: 13/02/2025 at 11:22

13-Feb-2025 MOOR, Helen Surgery

Attachment Attachment
 Read Code eConsultation via online application
 Read Code Current non-drinker
 Comment **Comment** Skin mole(s) or lesions eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 13/02/2025, 10:52 eConsult reference ID: e0558078-c4c6-4ba8-a67c-a2edc6417c51, Triage Outcome: GP, 24 hours, Text message Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: i have had a small mark on my stomach for a couple of months , i have noticed in the last couple of weeks it appears to be black and itchy Q2: Have you tried anything for this? A2: No Q3: Is there any particular help you would like? A3: Yes Q4: Please tell us what help you would like. A4: i would like sonebody tolook at it Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No
 Read Code Light cigarette smoker (1-9 cigs/day)
 Read Code Health education - smoking

13-Feb-2025 MOOR, Helen Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Our Clinician would like to review a photograph of your condition please use the link provided below to submit up to 5 photos. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Dr Helen Moor Alnwick Medical Group

12-Feb-2025 CALVERT, Sophie Surgery

Read Code Health education - smoking
 Read Code Current non-drinker
 Read Code Light cigarette smoker (1-9 cigs/day)
 Read Code eConsultation via online application
 Attachment Attachment
 Comment **Comment** General advice eConsult online consultation for KATRINA ROBERTSON, DOB 22-02-1966 submitted on 11/02/2025, 09:03 eConsult reference ID: 5a98bdd9-b99a-4e71-9133-22fd73e53d42, Triage Outcome: GP, 2 weeks, Phone Ideas, concerns & expectations Q1: Tell us how we can help you A1: I think I may need treatment Q2: Please provide us with details of your problem A2: I have been taking Fluoxetine for depression since October 2024 , I would like a repeat prescription for medication as i still feel the same . Q3: Have you tried anything to treat yourself? A3: No Q4: Is there any particular treatment you would like to request? A4: Yes Q5: What treatment would you like to request? A5: Fluoxetine Q6: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A6: No

11-Feb-2025 TOON, Natalie Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your eConsult. The doctor has triaged your eConsult and asks if you are available to take a telephone consultation on Thur 20 Feb at 1515. Please respond via the link to let us know if you can make it or need an alternative appointment. TO RESPOND, please follow this link: (link will autogenerate here) Reception Team Alnwick Medical Group

11-Feb-2025 GREEN, Diane Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Thank you for your online request. You have requested fluoxetine of which we have not issued for quite some time. Please could you complete an e-consult to discuss this. Many Thanks Alnwick Medical Group

11-Feb-2025 GREEN, Diane AMG Upper Building, Surgery**07-Feb-2025 WEATHERILL, Sharon Surgery**

Comment Comment Online questionnaire not completed by patient
 Link expired on: 07/02/2025 at 08:01

28-Jan-2025 BAILIE, Christine Surgery

Read Code Short message service text message sent to patient Dear Miss Robertson, To view your attachment, please follow this link: (link will autogenerate here) Thanks, Christine Bailie Alnwick Medical Group Attachments:
 Type_2_diabetes_and_lifestyle_changes.pdf
 Read Code Patient telephone number 07543 170362

28-Jan-2025 BAILIE, Christine AMG Upper Building, Surgery

Read Code Dietary advice for type II diabetes
 Comment History Phonecall. T2DM recently diagnosed. HbA1c 61mmol/mol. BMI 41. Discussed insulin resistance and benefits of weight loss and physical activity. Discussed types of CHO and effect on BG levels. Keen to reduce HbA1c prior to considering medication. Has stopped biscuits, cakes, puddings, chocolate. Reduced crisps. Also stopped bread. Having regular meals. Enc with changes made, mentioned she has a lot of stress currently caring for terminally ill *****. Keen for support, booked in with DAP, Nyoami Willcox, for support going forward. Will send departmental leaflet 'T2DM diet and lifestyle changes'
 Read Code Has seen dietitian - diabetes

23-Jan-2025 Auto-filed Surgery

Read Code Urine creatinine level 4.0 mmol/L
 Read Code Urine microalbumin level 9.0 mg/L
 Read Code Urine albumin/creatinine ratio Neither microalbuminuria nor proteinuria present (ACR<3mg/mmol creatinine) 2.3 mg/mmol
 Read Code Urine albumin/creatinine ratio
Urine albumin/creatinine ratioClinical Information: diabetic: **Normal**

23-Jan-2025 ENSER, Zina AMG Upper Building, GP Surgery

Read Code Diabetic retinopathy screening offered
 Read Code Type II diabetes mellitus
 Read Code 10g monofilament sensation R foot normal
 Read Code Education about diabetic neuropathy
 Read Code Normal mood
 Read Code None
 Read Code Type II diabetes mellitus
 Read Code Chest pain: none
 Read Code Memory function normal
 Read Code Diabetic foot examination
 Read Code Follow up
 Attachment Attachment
A Referral Letter from Mrs Z Enser, Alnwick Medical Group
 Read Code O/E - Right diabetic foot at low risk
 Read Code Diet average needs to reduce carbs and cut out snacks
 Read Code No breathlessness
 Read Code O/E - R.post.tib.pulse present
 Read Code O/E - Left diabetic foot at low risk
 Read Code O/E - oedema not present
 Read Code Referral to diabetes structured education programme
 Read Code O/E - L.post.tib.pulse present
 Read Code Diagnostic assessment
 Read Code Advice to exercise
 Read Code O/E - L.dorsalis pedis present
 Read Code O/E - R.dorsalis pedis present
 Read Code Teetotaller
 Read Code Diabetic annual review new type 2 discussed diagnosis
 not suprised. Lots going on currently but aware needs to
 address this referred to Empower dietician appt made
 discussed diet and lifestyle not keen on stopping smoking
 presently-***** poorly will look at slimming world not
 wanting meds yet to see what she can achieve with
 lifestyle measure review hba1c 3m
 Read Code Diabetic foot care education
 Read Code Physically active
 Read Code 10g monofilament sensation L foot normal
 Read Code Shared decision making with patient decision aid
 Read Code Lifestyle counselling
 Read Code No Ischaemic pain

10-Jan-2025 PUNTON, Lynsey Embleton Surgery, Surgery**06-Jan-2025 LAVERICK, Gillian Surgery**

Read Code Mammography normal

06-Jan-2025 LAVERICK, Gillian Hospital

Attachment Attachment
Results from NHS Breast Screening Programme -> Alnwick Medical Group

03-Jan-2025 THORNTON, Andrew Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, I'd like you to monitor your blood
 pressure at home. The link below will allow you to submit
 blood pressure readings. Please do this every morning
 (around 9am) and every evening (around 6pm) for 7
 days. Please use this same link for all your readings.
 Please complete this questionnaire: (link will autogenerate
 here) Thanks, Andrew Thornton Alnwick Medical Group
 Scheduled to send on 8:00AM on 31/01/2025

03-Jan-2025 THORNTON, Andrew AMG Upper Building, Surgery

03-Jan-2025 THORNTON, Andrew AMG Upper Building, Surgery

Read Code Non-HDL cholesterol 4.6
 Read Code Advice about drug treatment
 Read Code Hypertension monitoring admin.
 Read Code Clinical history and observations QRISK and cholesterol raised
 Read Code Moderate hypertension control
 Read Code Requires blood pressure measurement
 Read Code Seen by pharmacy technician
 Read Code Primary prevention
 Read Code New medication added
 Read Code Primary prevention of cardiovascular disease
 Read Code Clinical examination Spoke with Katrina about BP today, did complete some home readings but has misplaced the sheet. We're still raised in the 160/100 range. Happy to add in 2nd medication to try and bring BP down
 Read Code Clinical examination Spoke about cholesterol and how it was slightly raised. Discussed QRISK and what that meant for cardiovascular risk etc. Happy to commence a statin if it will help reduce risk. Advised we'd be aiming for a 40% reduction in bad cholesterol Reducing BP will also reduce the risk
 Read Code Telephone consultation
 Read Code Advice about investigation results
 Read Code Patient identity verified
 Read Code Shared decision making with decision support
 Read Code High risk of cardiovascular disease
 Read Code Hypertension treatm. started
 Read Code Plan Add Atorvastatin 20mg to repeat and issue Recall for 3m to check lipids/lft Come back sooner if any SE etc
 Read Code Target serum non high density lipoprotein cholesterol level 2.8 mmol/l
 Read Code Repeat prescription card checked/updated
 Read Code Hypertension clinical management plan Add Lercanidipine 10mg to repeat and issue - wants sent to Embleton. Recheck BP in 4w and FU
 Read Code Clinical history and observations Has HTN On Ramipril 10mg Clinic reading raised
 Read Code Offer of statin therapy
 Read Code Informing patient

28-Dec-2024 Auto-filed Surgery

Read Code Haemoglobin A1c level - IFCC standardised Above high 61.0 mmol/mol reference limit; Result in range consistent with diabetes (repeat to confirm within 2 weeks if initial sample and asymptomatic.)

30-Dec-2024

Haemoglobin A1c level - IFCC standardisedpt needs a 40 min appt as new diabetic, Clinical Information: Order Clinical Details: ? new type 2 diabetes: **Abnormal**

28-Dec-2024 JONES, Sarah AMG Upper Building, Surgery

Read Code Blood sample taken
 Read Code Overview Notes Blood taken from left arm Needle used - black Blood taken on 1st attempt Sample(s) labelled using printed labels
 Read Code Diagnostic blood tests

26-Dec-2024 SHERRARD, Emily Northumbria UTCNorthumbria UTC

Attachment Attachment
 Attachment Attachment

Transfer of Care from Alnwick Infirmary MIU -> Dr A Alnwick Medical Group, Alnwick Medical Group

26-Dec-2024 ARKLE, Sonia Northumbria UTCNorthumbria UTC

Read Code History and observations Puncture wound to sole of Right foot x 2 Patient describes being at her ***** house this morning on a farm in her Crocks when she stood on a nail by accident twice and pulled it out from the sole of her foot. No Active bleeding and patient says it felt soft tissue only.

Read Code Treatment Cleaned and dressed x 2 puncture wounds - Clean wounds, with Allevyn dressing Revaxis booster Co-Amoxiclav 500/125mg

Read Code Diagnosis Cleaned and dressed x 2 puncture wounds - Clean wounds, with Allevyn dressing Revaxis booster Co-Amoxiclav 500/125mg

Read Code Investigations Cleaned and dressed x 2 puncture wounds - Clean wounds, with Allevyn dressing Revaxis booster Co-Amoxiclav 500/125mg No Bony tenderness

Read Code Presenting complaint Puncture wound to sole of Right foot x 2

Read Code Patient given advice Wound advice Any concerns 111 Signs of sepsis explained

Read Code Clinical examination Patient walked into MIU at ease and can walk more than 5 steps. X2 puncture wounds seen to the sole of her foot. Superficial. No active bleeding in MIU. No bony tenderness checked knee, tib, fib, med and lat mal, navicular, and base of 5th MT and all MT's. No NV deficit and pulse ok and full sensation. No other injuries or concerns.

26-Dec-2024 ARKLE, Sonia Northumbria UTCNorthumbria UTC

Comment Comment Triage category set to: 4 Standard

26-Dec-2024 SHERRARD, Emily Northumbria UTCNorthumbria UTC

Read Code United Kingdom of Great Britain and Northern Ireland

26-Dec-2024 SHERRARD, Emily Northumbria UTCNorthumbria UTC

Referral Referral . Referral Status: Discharged From Care; Outcome: Accepted

26-Dec-2024 SHERRARD, Emily Northumbria UTCNorthumbria UTC

Read Code Patient religion unknown

Read Code White British - ethnic category 2001 census

Read Code Single person

Read Code Employment Status Not Disclosed

26-Dec-2024 HEAD, Judith A&E

Attachment Attachment
A&E from Alnwick Minor Injuries Unit, Alnwick Infirmary -> Alnwick Medical Group

13-Dec-2024 ANDERSON, Karen AMG Upper Building, GP Surgery

Read Code Plan for otomize spray to canals and timodine to pinna Keep dry. Review if not settling

Read Code Consultation

Read Code Clinical examination both ears canal red and skin flaky Slightly swollen TMs clear and intact. Pinna to right ear also red and scabby, entrance to left canal red and excoriated

Read Code Clinical history and observations see e-consult regarding ears

Read Code Otitis externa

13-Dec-2024 ANDERSON, Karen AMG Upper Building, GP Surgery**13-Dec-2024 ANDERSON, Karen AMG Upper Building, GP Surgery****11-Dec-2024 RUTHERFORD, Edna Surgery**

Attachment Attachment

Comment Comment eConsult lite eConsult online consultation for Katrina Robertson, DOB 22-02-1966 submitted on 11/12/2024, 13:16 eConsult reference ID: 0e573502-5dae-48cf-b6f6-55023e05ffaf Ideas, concerns & expectations Q1: What has been tried for this already? A1: hydrocortisone cream Q2: What help would you like? A2: ears to be looked at Q3: Preferred clinician A3: eConsultation via online application

Read Code eConsultation via online application

11-Dec-2024 LAMBERT, Joanne Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, We have tried to call you. Thank you for your econsult, please can you call the practice to arrange a face to face appointment with ANP nurse within 48 hours. Thanks AMG Alnwick Medical Group

10-Dec-2024 GRIFFIN, Fiona Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, The Nurse has requested that you book a repeat blood test after Monday 23 December 24. Please call the appointments line on 01665 656000 to book a 10 minute appointment with a HCA Fiona, Nurse Admin Alnwick Medical Group

10-Dec-2024 HORNSBY, Lucinda Surgery

Read Code Short message service text message sent to patient Dear Miss Robertson, Your recent cholesterol blood test and QRISK score (14.1%) show that you may benefit from a medication called a 'statin'. Please see the attached information on statins and QRISK to see if this is something you wish to consider. If you'd like to discuss the information further please use the booking link provided.
<https://www.nice.org.uk/guidance/ng238/resources/patient-decision-aid-on-should-i-take-a-statin-pdf-243780159> To book: (link will autogenerate here) (Expires in 7 days) Thanks, Ms Lucinda Hornsby Alnwick Medical Group
 Read Code Patient telephone number +447543170362

10-Dec-2024 HORNSBY, Lucinda Surgery

Read Code Follow up
 Read Code High risk of cardiovascular disease
 Read Code Short message service text message sent to patient
 Read Code Administrative reason for encounter
 Read Code Offer of statin therapy
 Read Code Advice about investigation results
 Read Code QRISK3 cardiovascular disease 10 year risk calculator 14.1 %
 score

06-Dec-2024 Auto-filed Surgery

Read Code Serum potassium level 3.7 mmol/L
 Read Code Serum urea level 5.2 mmol/L
 Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 66.0 mL/min
 Slight decrease in eGFR eGFR is not an accurate measure of true GFR in: Acute injury, acute illness, pregnancy.
 Read Code Serum sodium level 137.0 mmol/L
 Read Code Serum creatinine level 84.0 umol/L
UREA AND ELECTROLYTES (FOR GP AND O routine pharmacist re qrisk, UREA AND ELECTROLYTES (FOR GP AND O Clinical Information: Order Clinical Details: LTC: **Borderline**

06-Dec-2024 Auto-filed Surgery

Read Code Serum cholesterol level 5.9 mmol/L
 Read Code Serum HDL cholesterol level 1.3 mmol/L
 Read Code Serum triglyceride levels Above high reference limit 3.4 mmol/L
 Read Code Serum non high density lipoprotein cholesterol level 4.6 mmol/L
 Refer to NEELI regional lipid guidelines to aid interpretation of lipid results.
 Read Code Serum cholesterol/HDL ratio 4.5 mmol/mmol
NON-FASTING LIPIDS routine pharmacist re qrisk, NON-FASTING LIPIDS Clinical Information: Order Clinical Details: LTC: **Borderline**

06-Dec-2024 Auto-filed Surgery

Read Code Haemoglobin A1c level - IFCC standardised Above high reference limit 65.0 mmol/mol

09-Dec-2024 **Haemoglobin A1c level - IFCC standardised** repeat Hba1c in 2 weeks pleas ? new DM, Clinical Information: Order Clinical Details: LTC: **Abnormal**

06-Dec-2024 MALLORIE-LEWIS, Alison AMG Upper Building, Surgery

Read Code Moderate cigarette smoker (10-19 cigs/day)
 Read Code Cares for a *****
 Read Code Memory function normal
 Read Code Lifestyle counselling
 Read Code Smoking cessation programme declined
 Read Code Chronic disease monitoring
 Read Code O/E - Systolic BP reading Best of three 188.0 mmHg
 Read Code Pulse rate 82.0 bpm
 Read Code Depressed mood On Fluoxetine currently, various family issues, ***** ill and lost ***** back in Jan.
 Read Code Patient advised to bring sample to surgery
 Read Code Pulse regular
 Read Code O/E - height 1.61 m
 Read Code Random sample
 Read Code Body mass index - observation 41.202114 Kg/m²
 Read Code O/E - Diastolic BP reading 108.0 mmHg
 Read Code O/E - weight 106.8 Kg
 Read Code Current non-drinker
 Read Code Blood pressure monitoring
 Read Code Blood sample taken
 Read Code Informed consent given
 Read Code Chronic disease initial assessment
 Read Code Body mass index 40+ - severely obese Aware of weigh in and health and well being coaches to give support if needed
 Read Code Consultation
 Read Code Use of aseptic technique
 Read Code Diet average Likes bread. Varied diet and balanced.
 Read Code Enjoys light exercise Walks everyday with dogs x 2 daily.
 Read Code Chronic disease initial assessment
 Read Code Feeling anxious Caring for ***** and can feel down when ***** does
 Attachment Attachment
Diary Sheet from A Mallorie-Lewis, Alnwick Medical Group -> Miss K Robertson,
 Read Code Alcohol units per week 0.0 Units/Week

04-Dec-2024 BROWN, Fiona Surgery

Read Code Smoking cessation advice Added in bulk

29-Oct-2024 ROBSON, Kerry AMG Upper Building, Surgery**28-Oct-2024 BROWELL, Jacqueline Surgery**

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Telephone numbers are as follows:-
 for general enquiries 01665 656000 / Repeat Prescription
 line 01665 510666 / Admin line (referrals, DNACPR,
 private paperwork) 01665 605600 Jacqueline Browell,
 Summarising Team Alnwick Medical Group

28-Oct-2024 BROWELL, Jacqueline Surgery

Read Code Patient telephone number 07543 170362
 Read Code Short message service text message sent to patient
 Dear Miss Robertson, Welcome to Alnwick Medical Group
 - we operate a Total Triage system for GP and ANP
 Appointments. To make an appointment, please complete
 an eConsult online using the Alnwick Medical Group
 website www.alnwickmedicalgroup.co.uk (no log in details
 required) or telephone on 01665 656000, this will then be
 triaged by a GP and you will be contacted with an
 appropriate appointment or directed to the correct
 service. Further SMS to follow:- Jacqueline Browell,
 Summarising Team Alnwick Medical Group

28-Oct-2024 BROWELL, Jacqueline Surgery

Read Code Consent given for communication by SMS text messaging
 Read Code Alcohol use disorder identificatn test consumptn
 questionre
 Read Code Patient identity verified
 Read Code Smoker
 Read Code Patient contact details verified
 Read Code Alcohol screen - AUDIT C completed
 Attachment Attachment
 Read Code White:Eng/Welsh/Scot/Nl/Brit - England and Wales 2011
 census

10-July-2023 Unknown Staff Member Surgery, elsewhere

Read Code Eczema NOS

06-Dec-2022 Unknown Staff Member Surgery, elsewhere

Vaccination Influenza Vaccine Batch: 440161a~, Dose: 0.5ml

21-Dec-2021 Unknown Staff Member Surgery, elsewhere

Vaccination COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
Batch: fn5254~, Dose: 0.3ml

11-Mar-2021 Unknown Staff Member Surgery, elsewhere

Vaccination COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
Batch: er1741~, Dose: 0.3ml

12-Jan-2021 Unknown Staff Member Surgery, elsewhere

Vaccination COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
Batch: el0141~, Dose: 0.3ml

12-Aug-2020 THRESH, Sharon Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

08-July-2020 PAXTON, Victoria Surgery

Read Code Short message service text message sent to patient
Dear Miss Robertson, Your medication is ready to collect
from our Embleton Dispensary. Please take a look at
<https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/> Thanks, Vicky Paxton Alnwick Medical Group

Read Code Patient telephone number 07543 170362

16-Jun-2020 ROBSON, Kerry Embleton Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

19-May-2020 GREEN, Diane Embleton Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

27-Apr-2020 HOWSON, Jane Surgery

Read Code Provision of advice, assessment or treatment limited due
to coronavirus disease 19 caused by severe acute
respiratory syndrome coronavirus 2 pandemic (situation)

Read Code Clinical history and observations 2/52 h/o sore and
swollen left ankle, no h/o trauma, not hot or red, rest of
leg okay and other ankle not swollen, can wt bear fine.
Advised prob OA, simple advice, should settle, to ring
back if needed, happy with plan

Read Code Telephone consultation

07-Apr-2020 PAXTON, Victoria Embleton Surgery, Surgery**30-Mar-2020 JONES, Sarah Embleton Surgery, Surgery**

Read Code Did not attend

Comment Comment Did not attend for HCA appointment with Mrs
Sarah Jones.

23-Mar-2020 MACKIE, Paula Surgery

Read Code Telephone consultation has dry skin in ear canal, and
feels sore. has had OE in past, needed otomize- sounds
similar. adv earcalm OTC but says this doesnt work. also
has vulval soreness and irritation. itchy and skin red. has
tried OTC canestan hc. not workinbg. will px otomize and
timodine but must f/up if either doesnt settle or worsening
sx

Read Code Telephone consultation

Read Code Telephone triage encounter

18-Mar-2020 SMAILES, Anne Surgery

Attachment Attachment

Results from Alnwick Medical Group -> Miss K Robertson,

Read Code Pre-diabetes

18-Mar-2020 SMAILES, Anne Surgery

Read Code Haemoglobin A1c level - IFCC standardised Non-diabetic 42.0 mmol/mol
 HbA1c-IFCC reference range <42 mmol/mol Interpretation will depend on whether patient is known diabetic and indication for test.
Haemoglobin A1c level - IFCC standardised letter sent, Clinical Information: Previous abnormal:
Abnormal

18-Mar-2020 DAWSON, Freya AMG Upper Building, Surgery

Read Code Result awaited
 Read Code Blood sample taken L arm 1st attempt no problems
 Read Code Informed consent given rpt hba1c as requested by AS

18-Mar-2020 DAWSON, Freya Surgery

Read Code Failed encounter Rang to ask coronavirus screening questions prior to appointment today- number ringing out.

12-Mar-2020 KULAR, Anraaj Surgery**10-Mar-2020 SMAILES, Anne Surgery**

Attachment Attachment
Results from Alnwick Medical Group -> Miss K Robertson,
 Attachment Attachment
Results from Alnwick Medical Group -> Miss K Robertson,
 Read Code QRISK2 cardiovascular disease 10 year risk score 13.89 %

09-Mar-2020 SMAILES, Anne Surgery

Read Code Serum non high density lipoprotein cholesterol level 4.5 mmol/L
 Read Code Serum HDL cholesterol level 1.3 mmol/L
 Read Code Serum cholesterol level 5.8 mmol/L
 Read Code Serum triglyceride levels 1.8 mmol/L
 Read Code Serum cholesterol/HDL ratio 4.5 mmol/mmol
LIPIDS INC HDL IPIDS INC HDL: See FATS7 guideline for interpretation of lipids Clinical Information:
 hyp a/r: **Abnormal**

09-Mar-2020 SMAILES, Anne Surgery

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 66.0 mL/min
 Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.
eGFR using creatinine (CKD-EPI) per 1.73 square metres Clinical Information: hyp a/r: **Normal**

09-Mar-2020 SMAILES, Anne Surgery

Read Code Serum potassium level 4.8 mmol/L
 Read Code Urea and electrolytes
 Read Code Serum sodium level 141.0 mmol/L
 Read Code Serum urea level 5.7 mmol/L
 Read Code Serum creatinine level 86.0 umol/L
Urea and electrolytes Clinical Information: hyp a/r: **Normal**

09-Mar-2020 SMAILES, Anne Surgery

Read Code Haemoglobin A1c level - IFCC standardised Non-diabetic 44.0 mmol/mol
 HbA1c-IFCC reference range <42 mmol/mol Interpretation will depend on whether patient is known diabetic and indication for test.
Haemoglobin A1c level - IFCC standardised shows pre diabetes, Clinical Information: hyp a/r:
Abnormal

09-Mar-2020 DAWSON, Freya Embleton Surgery, GP Surgery

Read Code Diet average Patient states she would like to lose weight, willing to make diet improvements. Patient aware she has gained weight, aims to get back to slimming world.

Read Code Smoker

Read Code Blood pressure monitoring Best of 3 readings taken today- ?raised due to being in pain, appt given to repeat.

Read Code Alcohol units per week 0.0 Units/Week

Read Code O/E - weight 102.0 Kg

Read Code Hypertension annual review

Read Code Body mass index - observation 39.350334 Kg/m²

Read Code Chronic disease management annual review completed

Read Code Moderate cigarette smoker (10-19 cigs/day)

Read Code Blood sample taken L arm 1st attempt no problems

Read Code O/E - Diastolic BP reading 91.0 mmHg

Read Code O/E - Systolic BP reading 159.0 mmHg

Read Code Lower risk ***** Very occasional - around 4 drinks a year at the most, 0 units throughout an average week

Comment Plan Patient to hand in emu for ACR.

Read Code Pulse regular Manually checked

Read Code Informed consent given

Read Code Pulse rate 75,76 74.0 bpm

Read Code Enjoys light exercise Dog walking 3 times a day, is struggling at the moment due to painful hip

Read Code Cigarette consumption 10.0 Cigs/day

04-Mar-2020 HEAD, Judith Surgery

Read Code Short message service text message sent to patient

04-Mar-2020 HEAD, Judith Surgery

Read Code Long term condition care planning invitation second letter

28-Feb-2020 BROWN, Fiona Surgery

Read Code Smoking cessation advice patient informed via text

20-Feb-2020 IRONSIDE, Emily Clinic

Comment History swab not in specimen bottle for some reason - spoke to patient, sx much improved. no need for further sample. explained all results normal. to contact surgery if any further concerns. patient happy with plan .

18-Feb-2020 IRONSIDE, Emily Surgery

Read Code Urine culture Clinical details inc freq and burning Intended therapy: NONE Antibiotic allergy Y/N?: None stated -----
 ----- - FINAL REPORT Urine Culture: No Significant Growth Reported 19.02.20 13:36 by Bethany Long (micro)
 19-Feb-2020 **Urine culture**Clinical Information: inc freq and burning: **Normal**

17-Feb-2020 PAXTON, Victoria Surgery

Attachment Attachment
Clinic Letter from Mrs V Paxton, -> Miss K Robertson,

13-Feb-2020 IRONSIDE, Emily Surgery

16-Feb-2020 **SAMPLE REJECTED**tel appt tomorrow, **SAMPLE REJECTED**: Clinical details itching and discharge Test requested: Genital swab culture/sensitivity Specimen container empty - please repeat. No swab in specimen container. Reported by Annie Ward Overlong lines have been split into multiple lines after 70 chars. Clinical Information: itching and discharge: **Unknown**

13-Feb-2020 IRONSIDE, Emily Surgery

Read Code Chlamydia trachomatis nucleic acid detection assay Clinical details itching and discharge -----
 ----- -- Specimen: Cervical swab FINAL REPORT Neisseria gonorrhoeae NOT detected by PCR Chlamydia trachomatis NOT detected by PCR Reported 17.02.20 16:09 by Kayte Perry (micro)
 17-Feb-2020 **Chlamydia trachomatis nucleic acid detection assay**Clinical Information: itching and discharge: **Normal**

13-Feb-2020 IRONSIDE, Emily Clinic

Read Code Candidiasis
 Read Code Microscopy, culture and sensitivities
 Comment History suffers with itching and burning around the groin area - intermittent, has been going on along time. itching has sig worse over the last couple of days. noticed a smell and some discharge. no bleeding. had a hysterectomy when 30yo as heavy bleeding. left ovaries in. not currently sexually active. increased freq of pu - feels like incomplete emptying. no dysuria. cough and sneeze - leaks a little. bowels are normal. no sig weight loss, appetite ok, not sleeping at night - insomnia. works as a carer.
 Comment Examination chaperone offered - declined. redness around the mons. white discharge in vagina seen, no other pathology seen. speculum normal - no os.
 Comment Diagnosis Candidiasis possible secondary uti
 Comment Plan rx for thrush send swabs urine sample - Microscopy, culture and sensitivities call next week - if symptoms still present consider vagifem and physio referral.

11-Feb-2020 PAXTON, Victoria Embleton Surgery, Surgery**02-Jan-2020 HEAD, Judith Surgery**

Read Code Long term condition care planning invitation first letter

02-Jan-2020 HEAD, Judith Surgery

Attachment Attachment
Administration from Mrs J Head, Alnwick Medical Group -> Miss K Robertson,

17-Dec-2019 ROBSON, Kerry Embleton Surgery, Surgery**19-Nov-2019 ROBSON, Kerry Embleton Surgery, Surgery****15-Nov-2019 ISAAC, Adrian Northumberland JMPSNorthumberland JMPS**

Read Code Administration NOS Processing Completed.
 Attachment Attachment
Discharge Letter from Northumberland JMPS -> Miss K Robertson,
 Attachment Attachment
NHSmial from A Isaac,
 Read Code Patient "recall" admin.
 Activity Activity Administration - Other with Patient Record (2 minutes)

15-Nov-2019 ROBINSON, Kim NHS Premises

Attachment Attachment
Clinic Letter from Northumberland Joint Musculoskeletal and Pain Service -> Alnwick Medical Group

14-Nov-2019 DAWSON, Freya Surgery

Attachment Attachment
Administration from Alnwick Medical Group -> Miss K Robertson,
 Read Code Failed encounter Number ringing out- rang re: BP home monitoring, if patient returns call please make aware there is a BP home monitor and paperwork ready for her to collect from Embleton surgery- Letter sent.

01-Nov-2019 CATLING, Shannon Embleton Surgery, Surgery**22-Oct-2019 AHMAD, Omar Surgery**

Read Code Medication review done

22-Oct-2019 KULAR, Anraaj Surgery**22-Oct-2019 ROBSON, Kerry Embleton Surgery, Surgery**

Attachment Attachment
A&E from Alnwick Medical Group -> Miss K Robertson,

17-Oct-2019 ARKLE, Claire AMG Upper Building, Surgery**17-Oct-2019 BROWN, Deborah Northumberland SSSNorthumberland SSS**

Activity Activity Administration - Administration with Patient Record (5 minutes)

15-Oct-2019 DINSDALE, Nicky Northumberland JMPSNorthumberland JMPS

Read Code Objective still small lump over mid biceps Rx - US as before continue c eccentric biceps loading
 Read Code Shoulder pain
 Read Code Advice about aerobic exercise
 Read Code Patient given advice
 Read Code Subjective feels improvement
 Read Code Muscle strength exercise
 Read Code Patient asked to make an appointment
 Read Code Verbal consent for examination
 Read Code Electrotherapy
 Read Code Physiotherapist
 Read Code Diagnosis not made
 Read Code Stretching exercises
 Read Code Treatment plan given r/v @ 2/52 (possible D/C)

11-Oct-2019 BURGESS, Clair Northumberland SSSNorthumberland SSS

Activity *Activity* Letter - Administration with Patient Record (2 minutes)
 Attachment Attachment
Referral Letter from Northumberland SSS -> Miss K Robertson,
 Activity *Activity* Administration - Administration with Patient Record (5 minutes)

10-Oct-2019 MCMAHON, Niamh Clinic

Comment Plan I note plan for home BP monitoring. Review with results.

09-Oct-2019 GUNN, Ruby Northumberland JMPSNorthumberland JMPS

Read Code Patient admin. data NOS
 Read Code Communication from:
 Activity *Activity* Administration - Other with Patient Record (2 minutes)
 Read Code In-house physiotherapy first appointment
 Read Code Complete
 Read Code Patient
 Read Code Initial booking of patient
 Read Code Telephone encounter
 Comment *Comment* Contact Method: Telephone Contact Source: Patient Contact Task: Attempt to book Appointment

08-Oct-2019 BROWN, Deborah Northumberland SSSNorthumberland SSS

Read Code Telephone call to a patient
 Activity *Activity* Telephone - Telephone Contact with Patient (5 minutes)
 Read Code Actions Letter sent to patient to call us if appt required
 Read Code Telephone encounter tel call to patient
 Read Code Discussion tel cal to book 1st appt, no reply

08-Oct-2019 BROWN, Deborah Northumberland SSSNorthumberland SSS

Referral *Referral* . Recipient: Northumberland Stop Smoking Service; Sender: GP (National code: 3); Reason: Smoking Cessation (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted

08-Oct-2019 DINSDALE, Nicky Northumberland JMPSNorthumberland JMPS

Read Code Patient asked to make an appointment
 Read Code Diagnosis not made
 Read Code Verbal consent for examination
 Read Code Treatment plan given r/v @ 1/52
 Read Code Subjective couple of good days post Rx then flaired again, feels much the same has ibuprofen gel
 Read Code Muscle strength exercise
 Read Code Objective lump over biceps seems slightly smaller FROM elbow and shoulder, pain over biceps on resisted elbow flexion Rx eccentric biceps loading US as above 0.5wcm3
 Read Code Physiotherapist
 Read Code Patient given advice
 Read Code Shoulder pain

07-Oct-2019 JOHNSON, Duncan Surgery

Comment *Comment* req smoking cessation clinic referral

07-Oct-2019 DAWSON, Freya Embleton Surgery, GP Surgery

Read Code	O/E - Diastolic BP reading	88.0 mmHg
Read Code	Pulse regular	
Read Code	O/E - Systolic BP reading	160.0 mmHg
Read Code	O/E - Systolic BP reading	157.0 mmHg
Read Code	O/E - Diastolic BP reading	88.0 mmHg
Read Code	Pulse rate 67	67.0 bpm
Read Code	O/E - Diastolic BP reading	89.0 mmHg
Read Code	O/E - Systolic BP reading	156.0 mmHg
Read Code	Blood pressure monitoring BP check today as per Niamh - results still above target therefore BP home monitoring arranged - patient added to waiting list for monitor, she will let us know in the mean time if she manages to buy one of her own. (Paperwork given.)	

07-Oct-2019 BURGESS, Clair Northumberland SSSNorthumberland SSS

Attachment	Attachment
	<i>Referral Form from Alnwick MG -> Northumberland Stop Smoking Service</i>

02-Oct-2019 KEATING, Laura Northumberland JMPSNorthumberland JMPS

Read Code	Communication from:
Read Code	Initial booking of patient
Read Code	Patient admin. data NOS
Read Code	Patient
Read Code	Complete
Read Code	Telephone encounter
Comment	Comment Contact Method: Telephone Contact Source: Patient Contact Task: Attempt to book Appointment
Activity	Activity Administration - Other with Patient Record (2 minutes)

01-Oct-2019 DINSDALE, Nicky Northumberland JMPSNorthumberland JMPS

Read Code	Physiotherapist
Read Code	Treatment plan given r/v @ 1/52
Read Code	Stretching exercises
Read Code	Muscle strength exercise
Read Code	Patient asked to make an appointment
Read Code	Verbal consent for examination
Read Code	Shoulder pain
Read Code	Subjective early sept - trauma - knocking 2 fingers and pain in biceps nerve pain down arm ? improving right handed DH - paracetamol/naproxen
Read Code	Objective Neck - tight upper traps, right discomfort right shoulder Full elevation, abduction small lump over biceps Discomfort on resisted biceps (grade 4) speeds positive Rx - sholder extension, isoetric biceps US (no Cl) over lump - 3mHz, 0.4wcm3, 4min, 20%
Read Code	Electrotherapy
Read Code	Patient given advice
Read Code	Analysis ? biceps tear
Read Code	Long head of biceps rupture

01-Oct-2019 JENKINS, Abi Northumberland JMPSNorthumberland JMPS

Read Code	In-house physiotherapy first appointment
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30-Sept-2019 BROWN, Staci Northumberland JMPSNorthumberland JMPS

Read Code	Patient encounter admin. data
Activity	Activity Administration - Other with Patient Record (2 minutes)
Read Code	Complete
Read Code	Patient admin. data NOS
Read Code	Administration NOS Processing Completed.
Attachment	Attachment
	<i>NHSmial from S Brown,</i>

30-Sept-2019 MCMAHON, Niamh Surgery

Read Code	Seen in hypertension clinic
Comment	Plan Seen in hypertension clinic BP improved. On increased ramipril for just over 1 wek at point of check. Recheck next week given improvement, and review BP if needed at this point. Booked in for next week, managing fine with increased dose and U+E checked and ok.

27-Sept-2019 JENKINS, Abi Northumberland JMAPS Northumberland JMAPS

Read Code EuroQol five dimension five level pain discomfort score 3.0
 Read Code Telephone triage encounter
 Read Code Aim/goal reduce arm pain and improve strength
 Read Code Verbal consent for examination
 Activity *Activity* Telephone - Counselling, Advice, Support with Patient (20 minutes)
 Read Code Symptom occurs at night disturbances
 Read Code Previous treatments none
 Read Code Refer to community physiotherapist
 Read Code Telephone triage encounter
 Read Code EuroQol five dimension five level mobility score 1.0
 Read Code Symptom aggravating factors using arm
 Activity *Activity* Telephone - Counselling, Advice, Support with Patient (20 minutes)
 Attachment Attachment
Care Plan from A Jenkins, Northumberland JMAPS -> Miss K Robertson,
 Read Code Investigations none
 Read Code Patient given advice
 Read Code Shoulder joint pain
 Read Code EuroQol five dimension five level self-care score 1.0
 Read Code Treatment plan given F2F for guidance with exercises pain mx advice
 Read Code Discussion about signs and symptoms
 Read Code EuroQol five dimension five level usual activities score 2.0
 Read Code EuroQol five dimension five level anxiety depression score 1.0

 Read Code Clinical history and observations 4/52 Hx right arm pain. PT hit fingers on bed and felt shooting pain into arm. sharp pain, pt has lump on biceps. Went to GP 3 weeks ago and given naproxen and paracetamol, no improvements so went back to GP - increased pain relief. pain aching, int. no numbness, no tingling, no P&Ns. cold feeling down arm into hands. weight steady, no CE Rf's, no disturbances. no problems left arm. no prev injury/trauma. pain at worst 8/10 pain now 2/10
 Read Code Presenting complaint right bicep pain
 Read Code Symptom pattern AM - sore PM - act dep
 Read Code Past medical history hypertension
 Read Code Shoulder pain
 Read Code Job details *****
 Read Code Drug history ramopril
 Read Code Hobbies and interests dog walking swimming

27-Sept-2019 SMITH, Natalie Northumberland JMAPS Northumberland JMAPS

Read Code Telephone encounter
 Read Code Complete
 Read Code Patient admin. data NOS
 Read Code Patient
 Read Code Communication from:
 Read Code Consent status
 Comment *Comment* Contact Method: Telephone Contact Source: Patient Contact Task: Attempt to book Appointment
 Read Code First outpatient appointment date
 Activity *Activity* Administration - Other with Patient Record (2 minutes)
 Read Code Initial booking of patient

27-Sept-2019 SMITH, Natalie Northumberland JMAPS Northumberland JMAPS

Referral *Referral* . Recipient: PhysioLine; Sender: Self-Referral; Reason: General (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted

27-Sept-2019 EVANS, Jeremy Surgery

Comment *Comment* Spoken today and given her JMAPS number to call

27-Sept-2019 MATHER, Christine NHS Premises

Attachment Attachment
Clinical Letter from Northumberland Joint Musculoskeletal and Pain Service -> Alnwick Medical Group

26-Sept-2019 EVANS, Jeremy Surgery

Read Code Informing patient

23-Sept-2019 MCMAHON, Niamh Surgery

Read Code	Urea and electrolytes	
Read Code	Serum sodium level	142.0 mmol/L
Read Code	Serum urea level	6.3 mmol/L
Read Code	Serum potassium level	4.1 mmol/L
Read Code	Serum creatinine level	87.0 umol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	66.0 mL/min

Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.

Urea and electrolytes;eGFR using creatinine (CKD-EPI) per 1.73 square metres/u plan in place - bloods stable, Clinical Information: increased ramipril: Normal

23-Sept-2019 GORDON, Elizabeth Embleton Surgery, GP Surgery

Read Code	Random sample	
Read Code	Blood test requested u/e as per clin pharmacist	
Read Code	Informed consent given	
Read Code	O/E - Systolic BP reading	148.0 mmHg
Read Code	O/E - Diastolic BP reading	84.0 mmHg
Read Code	Pulse regular	
Read Code	Pulse rate	64.0 bpm
Read Code	Blood sample taken	
Comment	Plan added to pt tele call with clinical pharmacist as requested	
Read Code	O/E - Systolic BP reading	148.0 mmHg
Read Code	O/E - Diastolic BP reading	85.0 mmHg

20-Sept-2019 MAILGATEWAY, A Surgery

Read Code	Short message service text message sent to patient
	Type: Appointment Reminder Status: Message Delivered
	Message: Don't forget your appointment at 09:40 on Monday 23 of September at Embleton Surgery, if you cannot attend text CANCEL or call 01665 656000.

19-Sept-2019 EVANS, Jeremy Surgery

Read Code	Pain in right arm
Comment	History Right arm , injured arm 3/52 ago. Keeps her awake. Occup care assitant keeps her awake. Using naproxen. Paracetamol 8 a day Worse with lifting
Comment	Examination Biceps issue with movement and ? some tennis elbow No neck issues
Comment	Plan No abdo pains with naproxen. Ct with paracetamol. Increase naproxen to tds warned re stomach

16-Sept-2019 RIDLEY, Joanna AMG Upper Building, Surgery

Attachment	Attachment
	<i>Medicines Management from Alnwick Medical Group -> Miss K Robertson,</i>

16-Sept-2019 MAILGATEWAY, A Surgery

Read Code	Short message service text message sent to patient
	Type: Appointment Reminder Status: Message Delivered
	Message: Confirmation of your appointment at 09:40 on Mon, 23 of Sep at Embleton Surgery. If unable to attend text CANCEL or call Reception.

13-Sept-2019 ROBINSON, Kim Hospital

Attachment	Attachment
	<i>Clinical Letter from Ophthalmology, R V I -> Alnwick Medical Group</i>

12-Sept-2019 WATSON, Helen Surgery

Read Code	O/E - Systolic BP reading	179.0 mmHg
Read Code	Seen in hypertension clinic	
Read Code	O/E - Diastolic BP reading	93.0 mmHg
Comment	Plan Seen in hypertension clinic Bloods fine since increasing ramipril. BP not recorded from appt with HCA but patient tells me was taken and no better -179 / 93mmHg Happy to increase ramipril again to 10mg. Will double up with 5mg tabs from tomorrow and I will add 10mg tabs to repeat for katrina to order when runs out. Booked in for repeat U&Es and BP in 2/52 and for pharmacist review again after that. If still no improvement in BP ?try home readings in case white coat hypertension	

10-Sept-2019 HOWSON, Jane Surgery

Comment History pain right upper arm for past week or so, no sig trauma, power and sensation normal

Comment Examination no wasting, NBT clavicle, a-c joint or shoulder joint, sizeable swelling over biceps, is non tender and she says there for years, unchanged, likely lipoma, FROM shoulders elbows and wrists

Comment Plan nil acute to find, for analgesia as px and rv INB, happy with plan

10-Sept-2019 WATSON, Helen Surgery

Read Code Urea and electrolytes

Read Code Serum urea level 6.1 mmol/L

Read Code Serum sodium level 141.0 mmol/L

Read Code Serum potassium level 4.1 mmol/L

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 70.0 mL/min

Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.

Read Code Serum creatinine level 83.0 umol/L

Urea and electrolytes;eGFR using creatinine (CKD-EPI) per 1.73 square metres Clinical Information: increase in ramipril dose: **Normal**

10-Sept-2019 JONES, Sarah Embleton Surgery, Surgery

Read Code Actions Pharmacist to review.

Read Code Blood sample taken Left arm. No problems.

Read Code Informed consent given

Read Code Blood test requested U&E's requested by Pharmacist.

Read Code Chronic disease management annual review completed

28-Aug-2019 HEAD, Judith Surgery

Read Code Long term condition care planning invitation third letter

28-Aug-2019 HEAD, Judith Surgery

Attachment Attachment
Administration from Mrs J Head, Alnwick Medical Group -> Miss K Robertson,

28-Aug-2019 BUDDLE, Lynne Surgery

Attachment Attachment
Appointment Letter from Mrs L Buddle, Alnwick Medical Group -> Miss K Robertson,

23-Aug-2019 WATSON, Helen Surgery

Read Code Seen in hypertension clinic

Comment Plan Seen in hypertension clinic BP high on recent check with HCA. Katrina tells me she has been taking her ramipril as prescribed and reports no concerns/side effects. Is happy to try increased dose to 7.5mg and review in 3-4 weeks. Will need U&E check in 1-2 weeks, have informed pt of this and she wants to get them done at embleton - ?do we do bloods there - have tasked reception to call patient to arrange this in w/c 9th Sept. Script sent to chemist for 2.5mg caps to make up dose, patient to collect next week. I will review once U&Es back.

19-Aug-2019 ROBSON, Kerry Embleton Surgery, Surgery**19-Aug-2019 JONES, Sarah Embleton Surgery, Surgery**

Read Code O/E - Systolic BP reading 176.0 mmHg

Read Code Pulse rate 64.0 bpm

Read Code O/E - Diastolic BP reading 93.0 mmHg

Read Code Blood pressure monitoring Best of 3 readings recorded. Tel. appt. given with Pharmacist to review.

16-Aug-2019 MAILGATEWAY, A Surgery

Read Code Short message service text message sent to patient
Type: Appointment Reminder Status: Message Delivered
Message: Don't forget your appointment at 08:40 on Monday 19 of August at Embleton Surgery, if you cannot attend text CANCEL to 07422128601 or call 01665 656000.

14-Aug-2019 BARKER, Joanne Surgery

Comment History Saw JH recent with scalp problem - requesting betnovate - also flare in ears.
 Comment Plan Aware if not settling must be seen

12-Aug-2019 SCOTT, Leah Surgery

Read Code Short message service text message sent to patient
 Type: Appointment Reminder Status: Message Delivered
 Message: Confirmation of your appointment at 08:40 on Mon, 19 of Aug at Embleton Surgery. If unable to attend text CANCEL to 07422128601 or call Reception.

08-Aug-2019 ENSER, Zina Surgery

Read Code Urine creatinine level 11.9 mmol/L
 Read Code Urine albumin/creatinine ratio Neither microalbuminuria nor proteinuria present (ACR < 3 mg/mmol)
 Read Code Urine albumin/creatinine ratio 0.9 mg/mmol
 Read Code Urine microalbumin level 10.9 mg/L
Urine albumin/creatinine ratioClinical Information: hyp a/r: **Normal**

08-Aug-2019 WINGFIELD, Julie Surgery

Read Code Collection of urine specimen
 Read Code Mid-stream urine sample
 Read Code Urine: looks clear
 Read Code Urine protein test negative
 Read Code Urine sample sent to Lab
 Read Code Urine leucocyte test = negative
 Read Code Urine glucose test negative
 Read Code Urinalysis = no abnormality
 Read Code Urine nitrite negative
 Read Code Urine blood test = negative
 Read Code Urine ketone test negative
 Read Code Urine urobilinogen negative

30-July-2019 SMAILES, Anne Surgery

Read Code QRISK2 cardiovascular disease 10 year risk score 13.15 %
 Attachment Attachment
Results from Alnwick Medical Group -> Miss K Robertson,

29-July-2019 HEAD, Judith Surgery

Read Code Long term condition care planning invitation second letter

29-July-2019 HEAD, Judith Surgery

Attachment Attachment
Administration from Mrs J Head, Alnwick Medical Group -> Miss K Robertson,

29-July-2019 SMAILES, Anne Surgery

Read Code Haemoglobin A1c level - IFCC standardised Non-diabetic 41.0 mmol/mol
 HbA1c-IFCC reference range <42 mmol/mol Interpretation will depend on whether patient is known diabetic and indication for test.
Haemoglobin A1c level - IFCC standardisedClinical Information: hyp a/r: **Normal**

29-July-2019 SMAILES, Anne Surgery

Read Code Serum non high density lipoprotein cholesterol level 5.0 mmol/L
 Read Code Serum cholesterol/HDL ratio 5.2 mmol/mmol
 Read Code Serum HDL cholesterol level 1.2 mmol/L
 Read Code Serum cholesterol level 6.2 mmol/L
CHOL/HDL RATIOCHOL/HDL RATIO: Clinical Information: hyp a/r: **Abnormal**

29-July-2019 SMAILES, Anne Surgery

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 65.0 mL/min
 Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.
eGFR using creatinine (CKD-EPI) per 1.73 square metresClinical Information: hyp a/r: **Normal**

29-July-2019 SMAILES, Anne Surgery

Read Code	Serum potassium level	3.9 mmol/L
Read Code	Serum sodium level	141.0 mmol/L
Read Code	Serum urea level	6.4 mmol/L
Read Code	Serum creatinine level	88.0 umol/L
Read Code	Urea and electrolytes	

Urea and electrolytes Clinical Information: hyp a/r: **Normal**

29-July-2019 DAWSON, Freya Embleton Surgery, GP Surgery

Read Code	Body mass index - observation	36.804134 Kg/m ²
Read Code	Chronic disease management annual review completed	
Read Code	O/E - Diastolic BP reading	93.0 mmHg
Read Code	Cigarette consumption	10.0 Cigs/day
Read Code	O/E - Diastolic BP reading	101.0 mmHg
Read Code	O/E - Diastolic BP reading	99.0 mmHg
Read Code	Pulse rate 70	69.0 bpm
Read Code	Blood pressure monitoring BP high today- patient hasnt yet taken her BP medication. Advised to make appt for recheck in 2w time. Aware to take her meds prior to this.	
Read Code	Smoker	
Read Code	Lower risk ***** Very rare alcohol intake	
Read Code	Pulse regular	
Read Code	O/E - Systolic BP reading	154.0 mmHg
Read Code	Diet average Aims to get back to Slimming World	
Read Code	O/E - Systolic BP reading	169.0 mmHg
Read Code	Smoker 10 a day	
Read Code	Blood sample taken R arm 1st attempt no problems	
Read Code	Informed consent given	
Read Code	Enjoys light exercise Enjoys dog walking, occasional swimming	
Read Code	Hypertension annual review Patient will hand in emu for ACR.	
Read Code	O/E - weight	95.4 Kg
Read Code	O/E - Systolic BP reading	148.0 mmHg

29-July-2019 HEAD, Judith Surgery

Read Code	Chronic disease management annual review completed
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29-July-2019 HEAD, Judith Surgery

Read Code	Chronic disease management annual review completed completed 29.07.19
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26-July-2019 HOWSON, Jane Surgery

Comment	History note recent admission to RVI with left corneal ulcer, feels is improving but needs more predsol drops
Comment	Examination clear ulceration seen left eye centrally
Comment	Plan continue as above, advised if sxs recurr to go to eye cas, also asking for rx for dry flakey scalp, as px

01-July-2019 HEAD, Judith Surgery

Read Code	Long term condition care planning invitation first letter
Attachment	Attachment <i>Letter to Patients from Alnwick Medical Group -> Miss K Robertson,</i>

25-Jun-2019 BUTROID, Laura Surgery

Read Code	Letter with patient Added in bulk 2nd repeat dispensing letter
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19-Jun-2019 STEPHENSON, Eve Hospital

Attachment	Attachment <i>Hospital Discharge Letter from Newcastle Upon Tyne Hospitals Discharge Letters -> Alnwick Medical Group</i>
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14-Jun-2019 STEPHENSON, Eve Surgery

Read Code	Corneal ulcer left eye
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14-Jun-2019 HOOKER, Emma Hospital

Attachment	Attachment <i>Clinical Letter from Newcastle Eye Centre, RVI -> Alnwick Medical Group</i>
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13-Jun-2019 LAPSLEY, Marie GP Surgery

Read Code Plan Advised given hx presented needs review at eye infirmary ideally today but patient states will go tomorrow morning on bus, aware in meantime any worsening pain, headache vomiting changing visual disturbance must attend eye infirmary as soon as possible, happy with plan. has requested further repeat px for ramipril dispensed.

Read Code Differential diagnosis Eye pain ? cause hypertensive

Read Code Examination of eye Bright alert chatty O/E; left eye: No photophobia PEARL L+R 5mm No nystagmus diplopia Visual acuity 3/6 R Visual acuity 3/9 No swelling mild erythema to eye lids reports tenderness on palpation over eye ball on closing eye No entropion ectropion, no cysts seen, no FB No discharge to eye/lids Conjunctiva pink and moist Sclera partial injected Nil pain to occipital bones or zygoma

Read Code Proptosis

Read Code Pulse regularly irregular

Read Code Eye symptoms No photophobia flashing lights or haze to left eye Reports no FB, but pain to eye ball, eye doesn't feel gritty, hasn't tried bathing eye NO vomiting No trauma sustained to eye Reports blurring of vision Watering of eye +++

13-Jun-2019 LAPSLEY, Marie GP Surgery

Read Code O/E - Diastolic BP reading 104.0 mmHg

Comment History Left eye problem Sunday night eye lid stuck to eye and pain to eye for an hour

Read Code O/E - Systolic BP reading 174.0 mmHg

13-Jun-2019 PAXTON, Victoria Hospital

Attachment Attachment
Clinic Letter from Wansbeck Urgent Care Centre, Wansbeck General Hospital -> Alnwick Medical Group

25-Mar-2019 BROWN, Katie AMG Upper Building, Surgery**13-Feb-2019 BROWN, Katie Surgery**

Read Code Mammography normal

21-Jan-2019 BROWN, Katie Hospital

Attachment Attachment
Screening from NHS Breast Screening Programme -> Alnwick Medical Group

10-Jan-2019 HENDERSON, Charlotte AMG Upper Building, Surgery**06-Jan-2019 HEAD, Judith A&E**

Attachment Attachment
A&E from Alnwick Minor Injuries Unit, Alnwick Infirmary -> Alnwick Medical Group

30-Nov-2018 HOOKER, Emma Hospital

Attachment Attachment
Clinical Letter from Physiotherapy, Alnwick Infirmary -> Alnwick Medical Group

09-Nov-2018 SWATTON, Matthew Surgery

Read Code Osteoarthritis NOS, of hip

Comment History Ongoing Right hip pain - severe last 3 m, affecting sleep, walking and work - health carer, XR early OA in Sept 18, using p.mol and NSAID without help, no Physio to date, localises pain to groin and radiates anterior thigh to knee. No LBP. Remains active as able.

Comment Examination Right hip: groin pain, no trochanteric tenderness, flexion pain limited to 100deg, IR 50%, ER% limited by pain, Left NAD and full ROM. No neuro deficit, Lx spine non tender and ROM preserved.

Comment Diagnosis Osteoarthritis NOS, of hip

Comment Plan Advised symptoms disproportional to XR findings - could be that these have under-estimated degree of OA, explained need to increase analgesia - wishes to sort herself via Pharmacist, start Physio, if no better 6-8w, ? IMAT vs Ortho.

30-Oct-2018 RODGER, Jane GP Surgery

Read Code O/E - wax in auditory canal
 Read Code Otitis externa NOS
 Comment History thinsk has ear infection, feels ear swollen inside and pain to lateral ear, left lateral, started 5 days, taken paracetamol and ibuprofen at 8am,
 Comment Examination T36.5C, P78, O2 98%, left ear - pink and inflamed in eac, TM visile and clear, minimal O/E - wax in auditory canal right ear has eczema to lobe area, nil to eac, no CLN swelling, throat is clear, apyrexial
 Comment Diagnosis Otitis externa NOS
 Comment Plan use local spray, warm compress, analgesia, if not improving, may need swab,

03-Oct-2018 SCOTT, Leah Hospital

Attachment Attachment
Clinic Letter from Physiotherapy, Alnwick Infirmary -> Alnwick Medical Group

01-Oct-2018 BARKER, Joanne Surgery

Read Code Osteoarthritis NOS, of hip
 Comment History Discussed results from Dr PArkin - early OA changes seen
 Comment Diagnosis Osteoarthritis NOS, of hip
 Comment Plan Directed to analgesia and exercise from ARC website. Review if pain not controlled/ affecting function

01-Oct-2018 BARKER, Joanne Surgery

Read Code Failed encounter
 Comment History Not possible to connect call on mobile
 Comment Diagnosis Failed encounter
 Comment Plan Will try later

20-Sept-2018 PARKIN, Robert Surgery

24-Sept-2018 **XR PELVIS**mild oa and lumbar spondylosis, XR PELVIS: XR Pelvis Clinical History : 1w hx of right hip pain, no hx of trauma antalgic gait, not tender on compressing pelvis or on palpating greater trochanter, limited and painful flexion, int and ext rotation, slr 70 deg right, 90 deg left ?oa ?severity REQUESTED BY : Dr Robert Parkin Bleep/Contact No : NOT KNOWN XR Pelvis: Mild degenerative changes noted in the right hip joint with subarticular sclerosis and a little marginal osteophytosis present. Spondylosis is seen in the visualised lower lumbar spine. There is mildly increased sclerosis around the symphysis pubis. Ruth Kettlewell Advanced Practitioner Reporting Radiographer HPC Registration No: RA37647 Reported by : Ruth KETTLEWELL, Reporting Radiographer / RARKE 1w hx of right hip pain, no hx of trauma antalgic gait, not tender on compressing pelvis or on palpating greater trochanter, limited and painful flexion, int and ext rotation, slr 70 deg right, 90 deg left ?oa ? severity REQUESTED BY : Dr Robert Parkin Bleep/Contact No : NOT KNOWN: **Abnormal, but expected**

20-Sept-2018 PARKIN, Robert Surgery**20-Sept-2018 PARKIN, Robert Surgery**

Read Code Hip pain
 Comment History 1w hx of right hip pain, no hx of trauma
 Comment Examination antalgic gait, not tender on compressing pelvis or on palpating greater trochanter, limited and painful flexion, int and ext rotation, slr 70 deg right, 90 deg left
 Comment Diagnosis Hip pain (New Episode)
 Comment Plan analgesia advice, for pelvic xr and r/v with res

28-Aug-2018 SYERS, Graham Surgery**28-Aug-2018 BREMNER, Donna AMG Upper Building, Surgery**

Comment Comment ramipril - max issues to go to ALL

01-Aug-2018 MASCALL, Jacqueline Surgery

Read Code Medication review done
 Comment History BP almost to target and prefers not to take 2 tablets (suggest titrate to 7.5mg) U+Es fine
 Comment Plan Recheck BP in 3m

30-July-2018 PARKIN, Robert Surgery

Read Code	Urea and electrolytes	
Read Code	Serum sodium level	138.0 mmol/L
Read Code	Serum urea level	5.4 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	71.0 mL/min
	Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.	
Read Code	Serum creatinine level	82.0 umol/L
Read Code	Serum potassium level	4.1 mmol/L
31-July-2018	Urea and electrolytes;eGFR using creatinine (CKD-EPI) per 1.73 square metres Clinical Information: U&ES for titration of BP meds: Satisfactory	

30-July-2018 ALLEN, Kathryn Surgery

Read Code	O/E - Systolic BP reading pt will contact for GP callback re ? any need to titrate meds - no problems to report - BP almost at target	137.0 mmHg
Read Code	Pulse rate	66.0 bpm
Read Code	Actions Bloods R arm no problems	
Read Code	Patient advised to telephone for test result	
Read Code	Blood test requested U&ES as per Dr Parkin	
Read Code	Blood sample taken	
Read Code	O/E - Diastolic BP reading	87.0 mmHg
Read Code	Consent obtained	

27-July-2018 PHILLIPS, Clare Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 13:30 on Monday 30 of July at Alnwick Medical Group, if you cannot attend text CANCEL to 07422128601 or call 01665 656000.	
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26-July-2018 BIRNIE, Heather Surgery

Attachment	Attachment <i>Appointment from Miss H Birnie, -> Miss K Robertson,</i>	
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26-July-2018 PARKIN, Robert Surgery

Read Code	eMED3 (2010) new statement issued, not fit for work	
Read Code	Hypertension	
Read Code	O/E - Systolic BP reading	158.0 mmHg
Attachment	Attachment	
Read Code	O/E - pulse rate	
Comment	History wanting bp checked and further med3 needs u+e repeating after starting ramipril prior to titration	
Comment	Examination 158 / 84mmHg O/E - pulse rate 64	
Comment	Diagnosis Major: Hypertension (New Episode)	
Comment	Plan for u+e and bp, titrate until <140/80	
Read Code	O/E - Diastolic BP reading	84.0 mmHg

25-July-2018 STEPHENSON, Eve Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 17:10 on Thursday 26 of July at Alnwick Medical Group, if you cannot attend text CANCEL to 07422128601 or call 01665 656000.	
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19-July-2018 PHILLIPS, Clare Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your appointment at 17:10 on Thu, 26 of Jul at Alnwick Medical Group. If unable to attend text CANCEL to 07422128601 or call Reception.	
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13-July-2018 KHOKHAR, Asma Surgery

Read Code	eMED3 (2010) duplicate issued, not fit for work	
Read Code	Pulse rate	70.0 bpm
Read Code	O/E - Systolic BP reading	158.0 mmHg
Read Code	Stress at home	
Read Code	O/E - Diastolic BP reading	80.0 mmHg
Comment	History ***** Elderly ***** based in Scottish borders lots of travelling back and forth. feels exhausted. Mood up and down. Sleep poor. E+D fine. No dark thoughts. *****. Occasional smoker- 6/day. No alcohol intake. wanting Med3 for 2 weeks as struggling to cope.	
Comment	Examination Looks well. Good rapport and eye contact. No formal thought disorder. No risk issues.	
Comment	Plan Supportive chat. Med3 for 2 weeks review then too, sooner if problems	
Comment	History See above. Come in for BP review- re-started Ramipril 1/52 ago. Stopped taking it last year as felt well-discussed that this medication is lifelong and shouldnt stop in future unless advised by us.	
Comment	Examination Looks well. Overweight. Cholesterol 6+ advised weight loss and diet, if high at next review consider statin given BMI Ears- mild eczema both ears. Otherwise NAD, has otomize at home advised to start Plan Only been on Bp medication a week continue and repeat BP as planned with the nurse in 2 weeks time.	
Read Code	eMED3 (2010) new statement issued, not fit for work	
Attachment	Attachment	
Attachment	Attachment	

10-July-2018 CAIRNS, Natalie Surgery

Read Code	O/E - Diastolic BP reading	83.0 mmHg
Read Code	O/E - Diastolic BP reading	91.0 mmHg
Read Code	O/E - Systolic BP reading	168.0 mmHg
Read Code	O/E - Systolic BP reading	157.0 mmHg
Read Code	Blood pressure monitoring bp has come down, only started on ramipril friday appt made in 2 weeks to re-check	
Read Code	O/E - Systolic BP reading	162.0 mmHg
Read Code	O/E - Diastolic BP reading	82.0 mmHg

09-July-2018 PHILLIPS, Clare Surgery

Read Code	Failed encounter - SMS text message delivery failure Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 10:10 on Friday 06 of July at Embleton Surgery, if you cannot attend text CANCEL to 07422128601 or call 01665 656000.	
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09-July-2018 PHILLIPS, Clare Surgery

Read Code	Failed encounter - SMS text message delivery failure Type: Appointment Reminder Status: Message Delivery Failed Message: Confirmation of your appointment at 10:10 on Fri, 06 of Jul at Embleton Surgery. If unable to attend text CANCEL to 07422128601 or call Reception.	
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09-July-2018 PHILLIPS, Clare Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your appointment at 13:00 on Tue, 10 of Jul at Alnwick Medical Group. If unable to attend text CANCEL to 07422128601 or call Reception.	
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09-July-2018 PHILLIPS, Clare Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 13:00 on Tuesday 10 of July at Alnwick Medical Group, if you cannot attend text CANCEL to 07422128601 or call 01665 656000.	
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06-July-2018 ANDERSON, Karen Surgery

Read Code	QRISK2 cardiovascular disease 10 year risk score	13.71 %
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06-July-2018 PENTLETON, Kate Surgery

Attachment	Attachment <i>Appointment from K Pentleton, -> Miss K Robertson,</i>	
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06-July-2018 JOHNSON, Duncan Surgery

Comment History blood pressure up, under a lot of stress with elderly *****. Recently came off the ramipril therefore reinstitute but lower dose. Suggest checking in one week with nurse

06-July-2018 ANDERSON, Karen Surgery

Read Code Haemoglobin A1c level - IFCC standardised Non-diabetic 39.0 mmol/mol
HbA1c-IFCC reference range 20-42 mmol/mol See locally agreed guidelines for individual targets
Haemoglobin A1c level - IFCC standardisedClinical Information: hypertension: **Normal**

06-July-2018 ANDERSON, Karen Surgery

Read Code Serum HDL cholesterol level 1.3 mmol/L
Read Code Serum non high density lipoprotein cholesterol level 4.8 mmol/L
Read Code Serum cholesterol level 6.1 mmol/L
Read Code Serum cholesterol/HDL ratio 4.7 mmol/mmol
Read Code Serum triglyceride levels 2.6 mmol/L
LIPIDS INC HDLLIPIDS INC HDL: See FATS7 guideline for interpretation of lipids Clinical Information: hypertension: **Borderline**

06-July-2018 ANDERSON, Karen Surgery

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 77.0 mL/min
Slight decrease in eGFR. For Afro-Caribbean subjects multiply the reported eGFR by 1.159 eGFR calculation by CKD-EPI equation from 6/11/2017 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy.
eGFR using creatinine (CKD-EPI) per 1.73 square metresClinical Information: hypertension: **Normal**

06-July-2018 ANDERSON, Karen Surgery

Read Code Serum globulin level 26.0 g/L
Read Code Serum total protein level 67.0 g/L
Read Code Serum alkaline phosphatase level 92.0 iu/L
Read Code Serum albumin level 41.0 g/L
Read Code Serum alanine aminotransferase level 23.0 iu/L
Read Code Liver function tests
Read Code Serum total bilirubin level 7.0 umol/L
Liver function testsClinical Information: hypertension: **Normal**

06-July-2018 ANDERSON, Karen Surgery

Read Code Serum creatinine level 77.0 umol/L
Read Code Serum potassium level 3.8 mmol/L
Read Code Urea and electrolytes
Read Code Serum sodium level 138.0 mmol/L
Read Code Serum urea level 5.3 mmol/L
Urea and electrolytesClinical Information: hypertension: **Normal**

06-July-2018 ANDERSON, Karen Surgery

Read Code Mean cell haemoglobin concentration 34.9 g/dL
Read Code Neutrophil count 2.9 10⁹/L
Read Code Haematocrit 0.408
Read Code Basophil count 0.1 10⁹/L
Read Code Monocyte count - observation 0.3 10⁹/L
Read Code Lymphocyte count 1.9 10⁹/L
Read Code Full blood count
Read Code Haemoglobin concentration 143.0 g/L
Read Code Red blood cell distribution width 13.1 %
Read Code Eosinophil count - observation 0.2 10⁹/L
Read Code Mean cell volume 91.7 fL
Read Code Mean cell haemoglobin level 32.0 pg
Read Code Platelet count - observation 180.0 10⁹/L
Read Code Red blood cell count 4.45 10¹²/L
Read Code Nucleated red blood cell count 0.0 10⁹/L
Read Code Total white blood count 5.3 10⁹/L
Full blood countClinical Information: hypertension: **Normal**

06-July-2018 ANDERSON, Karen Embleton Surgery, Surgery

Read Code	O/E - weight	96.0 Kg
Read Code	Hypertension annual review	
Read Code	Smoking cessation advice	
Read Code	Enjoys light exercise	
Read Code	Clinical history and observations	Previously on Ramapril but stopped taking it last year as felt fine.
Read Code	Consent obtained	
Read Code	Lifestyle advice regarding hypertension	
Read Code	User of electronic cigarette	
Read Code	O/E - Diastolic BP reading	102.0 mmHg
Read Code	Diet average	
Read Code	Clinical examination	BP high today and patient complaining of awful headaches over the past week.
Read Code	Body mass index - observation	37.035606 Kg/m ²
Read Code	Blood sample taken	left arm.
Read Code	Hypertension clinical management plan	Speak to GP today to restart BP meds.
Read Code	Lower risk ****	
Read Code	Medication review done	
Read Code	O/E - Systolic BP reading	171.0 mmHg
Read Code	Use of aseptic technique	
Read Code	Employed	
Read Code	Random sample	
Read Code	Smoker	
Read Code	Body mass index 30+ - obesity	

13-Jun-2018 HEAD, Judith AMG Upper Building, Surgery

Attachment Attachment
Letter to Patients from Alnwick Medical Group -> Miss K Robertson,

18-Apr-2018 TURNBULL, Carolyn AMG Upper Building, Surgery

Attachment Attachment
General Letter from Alnwick Medical Group -> Miss K Robertson,

15-Apr-2018 BUTROID, Laura Surgery

Attachment Attachment
Patient Contact from Mrs L Butroid, Alnwick Medical Group -> Miss K Robertson,

15-Apr-2018 BUTROID, Laura Surgery

Read Code Repeat dispensing service offered Added in bulk

09-Apr-2018 CHILD, Stuart Surgery

Read Code MED3 (2010) issued by hand, not fit for work
 Read Code Sinusitis
 Attachment Attachment
 Comment History Sinus congestion green catarrh
 Comment Examination sinus tenderness
 Comment Diagnosis Sinusitis
 Read Code Sinus congestion

05-Apr-2018 CONNOR, Gena GP Surgery

Read Code O/E - temperature normal
 Read Code O/E - tympanic membrane normal
 Comment History sore ears has eczema in her ears, uses Betnovate but ears are sore.
 Comment Examination Both ear canals red and inflamed. Dry cracked skin in canals. O/E - tympanic membrane normal (2D91.) O/E - temperature normal (2E31.) Ears feel full all the time. Slight headache.
 Comment Diagnosis Eczematous otitis externa
 Comment Plan Use spray as directed. Keep ears clean and dry. Can use betnovate on outer ear. Worsening symptoms to return. happy with plan.
 Read Code Eczematous otitis externa

17-Jan-2018 CURTIS, Rebecca Surgery

Read Code Referral to NHS stop smoking service Text sent to patient

17-Jan-2018 CURTIS, Rebecca Surgery

Read Code Stop smoking invitation first SMS text message Text sent with Stop Smoking Service number.

15-Nov-2017 MATHER, Christine Surgery

Read Code Shoulder pain right subacromial

15-Nov-2017 MATHER, Christine Hospital

Attachment Attachment
Clinical Letter from Physiotherapy, Wansbeck General Hospital -> The Bondgate Practice

11-Sept-2017 CHILD, Stuart Surgery

Read Code Exercises
 Comment History painful neck and r shoulder
 Comment Examination capsulitis and cervical spondylosis
 Comment Diagnosis same
 Comment Plan to take ibuprofen and Exercises

11-Sept-2017 HENRY, Adam Surgery

Comment History Has a sore R shoulder - pain from neck into shoulder. 2/52 ago tripped over a client, but not sore at the time? linked. Is having to hold arm when pain come on. Pain comes and goes - not present all the time. has been taking paracetamol and ibuprofen. Would like seen. Has a fatty lump under arm too.
 Comment Plan To see Dr Child at 11am

14-Aug-2017 BIRD, Valerie Hospital

Attachment Attachment
Clinical Letter from R Mather, ALNWICK INFIRMARY (Physiotherapy) -> The Bondgate Practice

28-Jun-2017 BIRD, Valerie Surgery

Read Code Hip pain -likely OA.

28-Jun-2017 BIRD, Valerie Hospital

Attachment Attachment
Clinical Letter from Physiotherapy -> Alnwick Medical Group

24-May-2017 PARKER, Jennifer GP Surgery

Read Code Hip sprain
 Comment History 3-4 months pt having R side hip pain, pain worse at night or on certain movements such as crouching. Does a lot of walking. Over the past few months pt has lost a lot of weight has increased exercise. states pain sometimes feels like a band across back and front to L hip. Denies urinary symptoms. No saddle parasthesia.
 Comment Examination Walking well, no bruising, redness, swelling or obv deformity to either hip. No boney tenderness to hips, pelvis, femurs or spine. Full sensation throughout. FROM noted to both hips but more tender on abduction of R hip.
 Comment Diagnosis Hip sprain ?
 Comment Plan Adv sounds muscular, adv to rest, ice and elevate, for physio, declined the need for more analgesia, adv to avoid aggravating activity. Pt happy with plan.

24-May-2017 EMBLETON-BLACK, Caroline Surgery

Read Code Telephone encounter
 Comment History c/o hip pain and stiffness no hx injury particularly stiff at night and when bending= appt given tci to examine

23-May-2017 BROWN, Fiona Surgery

Read Code Quarter 2 1996 IGNITION previous IDMG patient

16-May-2017 BIRD, Valerie Patient's Home

Attachment Attachment
Consent Form from Miss K Robertson, -> Infirmary Drive Medical Group

27-Apr-2017 THRESH, Sharon Surgery**13-Apr-2017 ANDERSON, Karen Surgery**

Read Code Urine microalbumin level 6.1 mg/L
 Read Code Urine albumin/creatinine ratio Neither microalbuminuria nor proteinuria present (ACR < 3 mg/mmol)

18-Apr-2017 Read Code Urine albumin/creatinine ratio 1.1 mg/mmol
Urine albumin/creatinine ratio URINE CREATININE: 5.7 mmol/L Clinical Information: Annual Hypertension/CKD3: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code GFR calculated abbreviated MDRD Slight decrease 62.0 mL/min/1.73m*2
in eGFR (not corrected for ethnicity)
GFR calculated abbreviated MDRDClinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Serum cholesterol level See FATS7 guideline for 5.5 mmol/L
interpretation of lipids
Serum cholesterol levelClinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Serum albumin level 43.0 g/L
Read Code Serum total bilirubin level 7.0 umol/L
Read Code Serum alkaline phosphatase level 80.0 iu/L
Read Code Serum globulin level 24.0 g/L
Read Code Serum total protein level 67.0 g/L
Read Code Serum alanine aminotransferase level 23.0 iu/L
Read Code Liver function tests
Liver function testsClinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Serum creatinine level Above high reference limit 96.0 umol/L
Read Code Urea and electrolytes
Read Code Serum chloride level 104.0 mmol/L
Read Code Serum bicarbonate level 27.0 mmol/L
Read Code Serum urea level 4.6 mmol/L
Read Code Serum potassium level 3.8 mmol/L
Read Code Serum sodium level 140.0 mmol/L
Urea and electrolytesClinical Information: annual bp: **Abnormal**

04-Apr-2017 SMAILES, Anne Surgery

CUN1CUN1: No urine specimen received for ACR Clinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Neutrophil count 3.0 10⁹/L
Read Code Mean cell haemoglobin level 32.0 pg
Read Code Mean cell volume 93.6 fL
Read Code Basophil count 0.0 10⁹/L
Read Code Haematocrit 0.434
Read Code Haemoglobin concentration 148.0 g/L
Read Code Platelet count - observation 157.0 10⁹/L
Read Code Full blood count
Read Code Monocyte count - observation 0.3 10⁹/L
Read Code Nucleated red blood cell count 0.0 10⁹/L
Read Code Lymphocyte count 1.8 10⁹/L
Read Code Mean cell haemoglobin concentration 34.2 g/dL
Read Code Total white blood count 5.2 10⁹/L
Read Code Red blood cell distribution width 13.0 %
Read Code Eosinophil count - observation 0.1 10⁹/L
Read Code Red blood cell count 4.64 10¹²/L
Full blood countClinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Serum TSH level Euthyroid picture (including satisfactory 1.4 mIU/L
thyroxine replacement)
Serum TSH levelClinical Information: annual bp: **Normal**

04-Apr-2017 SMAILES, Anne Surgery

Read Code Haemoglobin A1c level - IFCC standardised Non-diabetic 39.0 mmol/mol
HbA1c-IFCC reference range 20-42 mmol/mol See locally
agreed guidelines for individual targets
Haemoglobin A1c level - IFCC standardisedClinical Information: annual bp: **Normal**

04-Apr-2017 MCKEE, Lisa Surgery

Read Code Body mass index - observation 36.64982 Kg/m²
Read Code Smoker
Read Code O/E - Diastolic BP reading 95.0 mmHg
Read Code Alcohol intake 4.0 Units/Week
Read Code GPPAQ physical activity index: active
Read Code Diet good
Read Code O/E - Systolic BP reading pt has not taken medication for 173.0 mmHg
3 days as ran out. Explained the importance of taken
medication.
Read Code Cigarette consumption 10.0 Cigs/day
Read Code O/E - height 1.61 m
Read Code Current drinker
Read Code Blood sampling

04-Apr-2017 THRESH, Sharon Surgery**17-Mar-2017 TURNBULL, Carolyn Surgery**

Attachment Attachment
Letter to Patients from Mrs C Turnbull, Infirmary Drive Medical Group -> Miss K Robertson,

16-Mar-2017 GILBERTSON, Gemma GP Surgery

Read Code Otitis externa NOS
 Comment History Attended today c/o discomfort to left ear since yesterday, no dscharge, feels swollen, previous otitis externa left ear, reduced hearing. had loose stool yesterday, no nausea or vomiting, denies fever, eating and ***** no abdominal pain, no loose stool today.
 Comment Examination o/e alert, EARS: right ear- no pain to tragus, pinna or mastoid process, no inflammation to canal, tm appears intact- no discolouration or bulging. left- tender to tragus, no mastoid tenderness, canal inflamed, red, unable to see tm due to narrowing of canal, some debris to floor of canal.
 Comment Diagnosis Otitis externa NOS
 Comment Plan keep ears clean and dry, regular otc analgesia. commence otomize, increase fluids, return or seek medical review if worsening symptoms or no improvement. blood pressure 162/104- advised to make appt to see pharmacist for hypertension review.

15-Mar-2017 BRENNAN, Victoria Surgery

Comment History feels has L ear infection. Is sore and feels like has a 'hot lump inside'. No discharge. Gets trouble with that ear reg. Had loose stool this am, nausea but no vomiting and is managing to eat and drink and pu. Not sure if had a temp or not,
 Comment Plan offered appt today-says unable tci but will come in tomorrow am.

01-Mar-2017 ROBINSON, Kim Surgery**19-Jan-2017 BIRNIE, Heather Surgery****20-Dec-2016 THRESH, Sharon Surgery****10-Nov-2016 HENDERSON, Heather Surgery****20-Oct-2016 PARKER, Jennifer GP Surgery**

Read Code O/E - Diastolic BP reading 96.0 mmHg
 Read Code O/E - Systolic BP reading 137.0 mmHg
 Comment History Feeling generally 'under the weather' over the past 10/7. C/o cough productive of cloudy phlegm, feeling hot and cold, tired and nausea. E+D well. Looks well. No vomit/diarrhoea.
 Comment Examination No sob/cp. No wheeze. Talking in full sentences. No AP. T36.5, HR 77, RR 17, 137 / 96mmHg SpO2 p8%. Chest clear, equal a/e, no added sounds.
 Comment Diagnosis Viral infection NOS
 Comment Plan Adv to increase fluid intake and rest. If develops fevers/becomes more unwell TCB. Pt happy with plan.
 Read Code Viral infection NOS

06-Oct-2016 HARDING, Gillian Surgery**01-Sept-2016 CALDER, George Surgery**

Comment History discussed BP raised since stopping amlodipine.
 Comment Plan suggest she restarts this and has rpt BP with nurse in 4-6w.

01-Sept-2016 ENSER, Zina Surgery

Read Code O/E - Diastolic BP reading 91.0 mmHg
 Read Code Raised blood pressure bp up again,needs to check with gp to see if ok to restart amlodipine
 Read Code "Blocked ear" came for syringing but no wax seen,tm's intact and healthy,redness in outer ear rt side but this is ongoing
 Read Code O/E - Systolic BP reading 162.0 mmHg

28-July-2016 ARMSTRONG, Karen Surgery

18-July-2016 WILSON, Christopher Surgery

Comment	History	pt states had not taken amlodipine for 1 w when had normal BP at last check - keen to stay off this.
Comment	Plan	stay off amlodipine and check bp with PN in few weeks- if has risen will need to resume amlodipine
Comment	History	past 24h left ear has been itchy and then canal swollen and painful. no redness or swelling of helix/pinna. no fever or systemic sx, no rash es on neck/side of face. has had this before and top rx helped.
Comment	Plan	keep dry, top rx and review 24h if not settling or unwell/redness/swelling
Read Code		Otitis externa NOS

11-July-2016 CALDER, George Surgery

Comment	History	**** was diagnosed with scarlet fever this morning. She last saw her yesterday morning - she was symptomatic at this point. Pt has no Sx and is well in herself, but works with people with disabilities at the pottergate centre, and wonders if she can go to work.
Comment	Plan	no guidance on CKS website stating any need for treatment or exclusion of contacts, so suggest she can continue as normal and RV if any sore throat/temps/rash.

23-Jun-2016 UPTON, Harriet Surgery

Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	O/E - Systolic BP reading	130.0 mmHg
Read Code	QRISK2 cardiovascular disease 10 year risk score	8.3 %
Comment	History	Came to r/v BP as last reading with nurse elevated. On amlodipine and ramipril. Has been eating healthier and losing weight
Comment	Examination	130 / 78mmHg
Comment	Plan	Cont on current rx

23-May-2016 ENSER, Zina Surgery

Read Code	Haemoglobin A1c level - IFCC standardised	Non-diabetic 41.0 mmol/mol
	HbA1c-IFCC reference range	20-42 mmol/mol See locally agreed guidelines for individual targets
	Haemoglobin A1c level - IFCC standardised	Clinical Information: prev raised: Normal

23-May-2016 ENSER, Zina Surgery

Read Code	Blood sample taken
Read Code	[D]Raised blood pressure reading 165/86 still too high ,will see gp for review

17-May-2016 CALDER, George Surgery

Read Code	Medication review done
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22-Apr-2016 TURNBULL, Carolyn Surgery

Attachment	Attachment <i>Letter to Patients from Mrs C Turnbull, Infirmary Drive Medical Group -> Miss K Robertson,</i>
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20-Apr-2016 ENSER, Zina Surgery

Read Code	Urine albumin/creatinine ratio	0.8 mg/mmol
Read Code	Urine microalbumin level	5.0 mg/L
Read Code	Urine albumin/creatinine ratio	Neither microalbuminuria nor proteinuria present (ACR < 3 mg/mmol)
	Urine albumin/creatinine ratio	URINE CREATININE: 6.4 mmol/L Clinical Information: hypertension: Normal

20-Apr-2016 ANDERSON, Karen Surgery

Read Code	Urine Nitrite test negative
Read Code	Urine protein test negative
Read Code	Urine blood test = negative
Read Code	Urine glucose test negative
Read Code	Urine ketone test negative
Read Code	Urine leucocyte test = negative

19-Apr-2016 ENSER, Zina Surgery

Read Code	Serum TSH level	Euthyroid picture (including satisfactory 1.3 miu/L thyroxine replacement)
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20-Apr-2016 **Serum TSH level** Clinical Information: hypertension review: **Normal**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Mean cell volume	95.0 fL
Read Code	Haematocrit	0.415
Read Code	Total white blood count	7.2 10 ⁹ /L
Read Code	Mean cell haemoglobin level	Above high reference limit 32.2 pg
Read Code	Eosinophil count - observation	0.2 10 ⁹ /L
Read Code	Monocyte count - observation	0.5 10 ⁹ /L
Read Code	Platelet count - observation	210.0 10 ⁹ /L
Read Code	Haemoglobin concentration	141.0 g/L
Read Code	Basophil count	0.1 10 ⁹ /L
Read Code	Red blood cell distribution width	13.1 %
Read Code	Nucleated red blood cell count	0.0 10 ⁹ /L
Read Code	Neutrophil count	3.8 10 ⁹ /L
Read Code	Lymphocyte count	2.7 10 ⁹ /L
Read Code	Red blood cell count	4.37 10 ¹² /L
Read Code	Mean cell haemoglobin concentration	33.9 g/dL
Read Code	Full blood count	

20-Apr-2016 **Full blood count**Clinical Information: hypertension review: **Abnormal, but expected**

19-Apr-2016 ENSER, Zina Surgery

Read Code	GFR calculated abbreviated MDRD	CKD stage 3A. 58.0 mL/min/1.73m ²
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20-Apr-2016 **Moderate decrease in eGFR (no ethnicity correction)**
GFR calculated abbreviated MDRDu+e 1m, Clinical Information: hypertension review: **Abnormal**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Serum cholesterol level	5.7 mmol/L
Read Code	Serum cholesterol/HDL ratio	5.7 mmol/mmol
Read Code	Serum HDL cholesterol level	Below low reference limit 1.0 mmol/L
Read Code	Non high density lipoprotein cholesterol level	4.7 mmol/L

20-Apr-2016 **CHOL/HDL RATIO**CHOL/HDL RATIO: See FATS7 guideline for interpretation of lipids Clinical Information: hypertension review: **Abnormal, but expected**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Serum total protein level	68.0 g/L
Read Code	Serum alanine aminotransferase level	35.0 iu/L
Read Code	Liver function tests	
Read Code	Serum albumin level	44.0 g/L
Read Code	Serum globulin level	24.0 g/L
Read Code	Serum alkaline phosphatase level	79.0 iu/L
Read Code	Serum total bilirubin level	7.0 umol/L

20-Apr-2016 **Liver function tests**Clinical Information: hypertension review: **Normal**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Urea and electrolytes	
Read Code	Serum creatinine level	Above high reference limit 102.0 umol/L
Read Code	Serum sodium level	137.0 mmol/L
Read Code	Serum potassium level	4.1 mmol/L
Read Code	Serum urea level	6.7 mmol/L

20-Apr-2016 **Urea and electrolytes**Clinical Information: hypertension review: **Abnormal, but expected**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Haemoglobin A1c level - IFCC standardised	Non-diabetic 44.0 mmol/mol
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20-Apr-2016 **HbA1c-IFCC reference range 20-42 mmol/mol** See locally agreed guidelines for individual targets
Haemoglobin A1c level - IFCC standardisedhba1c, Clinical Information: hypertension review: **Abnormal**

19-Apr-2016 ENSER, Zina Surgery

Read Code	Alcohol intake	0.0 Units/Week
Read Code	Diet average	
Read Code	Blood sample taken	
Read Code	Cigarette consumption	8.0 Cigs/day
Read Code	[D]Raised blood pressure reading	159/91 rpt 1m
Read Code	Smoking cessation advice	
Read Code	Teetotaller	
Read Code	Smoker	
Read Code	Dietary advice	has jsut started slimming world

14-Apr-2016 THRESH, Sharon Surgery**06-Apr-2016 TURNBULL, Carolyn Surgery**

Attachment	Attachment
Read Code	Letter to Patients from Mrs C Turnbull, Infirmary Drive Medical Group -> Miss K Robertson, Hypertension monitoring first letter

11-Mar-2016 BROWN, Fiona Surgery

07-Mar-2016 RIDLEY, Joanna Surgery**29-Feb-2016 LAVERICK, Gillian Hospital**

Attachment Attachment
Mammogram from Breast Screening, R V I -> Infirmary Drive Medical Group

09-Feb-2016 LAVERICK, Gillian Surgery

Read Code Mammography normal

14-Jan-2016 BROWN, Fiona Surgery

Read Code Informing patient of named accountable general practitioner

22-Dec-2015 CALDER, George Surgery**22-Dec-2015 RUTHERFORD, Edna Surgery****29-Oct-2015 CALDER, George GP Surgery**

Comment History BP up today 166/87 and last BPs have all recently been high.
 Comment Plan start amlod and RV in 6w
 Comment History knee pain left knee last 2w. No injury. Works as carer for special needs children - lots of bending etc. Pain above knee on walking, but sometimes eased with this. Stairs bad. Note prev arthroscopy
 Comment Examination Left knee mild effusion, FROM, slr normal, ligs intact, no tenderenss
 Comment Diagnosis Oa left knee
 Comment Plan discussed options, prefers to W+W currently, declines increase in analgesia, if not better/worsens call back ?physio

27-Oct-2015 HALL, Kim Surgery**19-Aug-2015 ARMSTRONG, Karen Surgery****30-Jun-2015 BROWN, Fiona Surgery**

Read Code Patient allocated named accountable general practitioner
This is the patients usual GP. You will find this info on the administrative tab and GP registration details

17-Jun-2015 CALDER, George Repeat Issue**15-Jun-2015 WILSON, Chris**

Comment Comment BLOOD - Action: Normal Complete: Y Added:
15/06/2015 Set By: Dr Chris Wilson Completed:
15/06/2015 Action By: Dr Chris Wilson

12-Jun-2015 WILSON, Chris

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystemOne.: **Unknown**

12-Jun-2015 CALDER, George Results recording

Read Code Serum creatinine level 91.00 55.000 - 95.000 91.0 umol/L
 Read Code Serum potassium level 3.70 3.500 - 5.300 3.7 mmol/L
 Read Code Serum urea level 5.10 2.500 - 7.800 Converted from 5.1 5.1 mmol/L
 Read Code Urea and electrolytes <None>
 Read Code GFR calculated abbreviated MDRD 68.00. Slight 68.0 mL/min/1.73m*2
 decrease in eGFR (not corrected for ethnicity)Original
 Result: 68 ml/min/1.73m*2 () Converted from 68
 mL/min
 Read Code Serum sodium level 140.00 133.000 - 146.000 140.0 mmol/L

29-May-2015 CALDER, George Surgery

Read Code Patient reviewed BP remains up, no problems with ramipril. Increase to 10mg and bloods 1w, RV 6w.

20-May-2015 ENSER, Zina Clinic

Read Code QRISK2 cardiovascular disease 10 year risk score
Original reading: 11.97 Score: 11.970 Method: QRISK2
for:
Read Code [D]Raised blood pressure reading 150/92 improved but
still not to target-gp review advised
Read Code O/E - pulse rate 78 beats/min 78.0 bpm
Read Code Smoking cessation advice Advice

11-May-2015 MASCALL, Jacqui Surgery

Read Code Administration Req for ramipril- script issued note Bp not
to target. Has PN appt this week- if not to target needs inc
in meds

14-Apr-2015 ANDERSON, Karen

Comment Comment URINE - Action: Normal Complete: Y Added:
14/04/2015 Set By: Mrs Zina Enser Completed:
14/04/2015 Action By: Mrs Zina Enser

10-Apr-2015 ANDERSON, Karen

URINThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne.: **Unknown**

10-Apr-2015 ANDERSON, Karen Results recording

Read Code Urine microalbumin level 10.90 10.9 mg/L
Read Code Urine albumin/creatinine ratio 1.00 - 3.000. Original 1.0 mg/mmol
Result: 1.0 mg/mmol creat (< 3.0) Converted from 1
mg/mmol(creat)
Read Code Urine albumin/creatinine ratio <None>. Neither
microalbuminuria nor proteinuria present (ACR < 3
mg/mmol)
Read Code Urine creatine level 10.40. Original Result: "URINE 10.4 mmol/l
CREATININE"

07-Apr-2015 ANDERSON, Karen

Comment Comment BLOOD - Action: Normal Complete: Y Added:
07/04/2015 Set By: Mrs Zina Enser Completed:
07/04/2015 Action By: Mrs Zina Enser

07-Apr-2015 EMBLETON-BLACK, Caroline Other

Attachment Attachment

03-Apr-2015 ANDERSON, Karen

Comment Comment BLOOD - Action: Normal Complete: Y Added:
07/04/2015 Set By: Mrs Zina Enser Completed:
07/04/2015 Action By: Mrs Zina Enser

03-Apr-2015 ANDERSON, Karen

Comment Comment BLOOD - Action: Abnormal No Action Required
Complete: Y Added: 07/04/2015 Set By: Mrs Zina Enser
Completed: 07/04/2015 Action By: Mrs Zina Enser

03-Apr-2015 ANDERSON, Karen

Comment Comment URINE - Action: Repeat acr please Complete:
Y Added: 07/04/2015 Set By: Mrs Zina Enser Completed:
07/04/2015 Action By: Ms Carolyn Wilson

02-Apr-2015 ANDERSON, Karen

Comment Comment BLOOD - Action: Abnormal No Action Required
Complete: Y Added: 02/04/2015 Set By: Mrs Paula Mackie
Completed: 02/04/2015 Action By: Mrs Paula Mackie

01-Apr-2015 ANDERSON, Karen

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne.: **Unknown**
URINThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of
import to SystmOne., Haemoglobin A1c level - IFCC standardised: Non-diabetic HbA1c-IFCC
reference range 20-42 mmol/mol See locally agreed guidelines for individual targets: **Unknown**

01-Apr-2015 ANDERSON, Karen Clinic

Read Code	Exercise grading	Moderate	
Read Code	O/E - weight		95.0 Kg
Read Code	Body mass index - observation	Converted from 36.6 kg/m2	36.6 Kg/m ²
Read Code	[D]Raised blood pressure reading	171/90, best of 3 readings, recheck in 1/12, see GP if no better.	
Read Code	Teetotaller	Teetotaller	
Read Code	Cigarette smoker	Smoker	Cigarettes: 10
Read Code	Patient-initiated diet	Eating habits: Moderate	

01-Apr-2015 ANDERSON, Karen Results recording

Read Code	Nucleated red blood cell count	0.00 Converted from 0 10 ⁹ /L	0.0 10 ⁹ /L
Read Code	Serum total bilirubin level	4.00 - 21.000	4.0 umol/L
Read Code	Urine microalbumin level	52.50	52.5 mg/L
Read Code	Urine albumin/creatinine ratio	4.50 High - 3.000. Original Result: 4.5 mg/mmol creat (< 3.0) Converted from 4.5 mg/mmol(creat)	4.5 mg/mmol
Read Code	Red blood cell distribution width	13.40 12.000 - 15.000	13.4 %
Read Code	Serum cholesterol level	6.10	6.1 mmol/L
Read Code	Serum alkaline phosphatase level	85.00 30.000 - 130.000. Original Result: 85 u/L (30 - 130) Converted from 85 U/L	85.0 iu/L
Read Code	Platelet count - observation	185.00 140.000 - 400.000	185.0 10 ⁹ /L
		Converted from 185 10 ⁹ /L	
Read Code	Mean cell haemoglobin concentration	352.00 320.000 - 360.000	35.2 g/dL
		Converted from 352 g/L	
Read Code	Haemoglobin concentration	143.00 115.000 - 165.000	143.0 g/L
		Converted from 143 g/L	
Read Code	Lymphocyte count	3.00 1.500 - 4.000	3.0 10 ⁹ /L
		Converted from 3 10 ⁹ /L	
Read Code	Eosinophil count - observation	0.20 0.000 - 0.400	0.2 10 ⁹ /L
		Converted from 0.2 10 ⁹ /L	
Read Code	Liver function tests	<None>	
Read Code	Serum urea level	5.00 2.500 - 7.800	5.0 mmol/L
		Converted from 5 mmol/L	
Read Code	Serum creatinine level	94.00 55.000 - 95.000	94.0 umol/L
Read Code	Serum sodium level	137.00 133.000 - 146.000	137.0 mmol/L
Read Code	Full blood count	<None>	
Read Code	Haemoglobin A1c level - IFCC standardised	41.00 See "BLOOD" pathology report on 01 Apr 2015 for full free text.	41.0 mmol/mol
Read Code	Serum albumin level	45.00 35.000 - 50.000	45.0 g/L
Read Code	Serum chloride level	104.00 95.000 - 108.000	104.0 mmol/L
Read Code	Basophil count	0.10 0.000 - 0.100	0.1 10 ⁹ /L
		Converted from 0.1 10 ⁹ /L	
Read Code	Total cholesterol:HDL ratio	<None>. See FATS7 guideline for interpretation of lipidsOriginal Result: "CHOL/HDL RATIO"	
Read Code	Red blood cell count	4.26 3.800 - 5.800	4.26 10 ¹² /L
		Converted from 4.26 10 ¹² /L	
Read Code	Mean cell volume	95.40 82.000 - 100.000	95.4 fL
Read Code	Serum potassium level	3.90 3.500 - 5.300	3.9 mmol/L
Read Code	Urine albumin/creatinine ratio	<None>. Microalbuminuria present (ACR 3 - 30 mg/mmol creatinine)	
Read Code	Urea and electrolytes	<None>	
Read Code	Serum TSH level	1.300 0.300 - 4.500. Euthyroid picture (including satisfactory thyroxine replacement)	1.3 miu/L
Read Code	Non high density lipoprotein cholesterol level	5.10	5.1 mmol/L
Read Code	Urine creatine level	11.60. Original Result: "URINE CREATININE"	11.6 mmol/l
Read Code	Neutrophil count	3.60 2.000 - 7.500	3.6 10 ⁹ /L
		Converted from 3.6 10 ⁹ /L	
Read Code	GFR calculated abbreviated MDRD	65.00. Slight decrease in eGFR (not corrected for ethnicity)Original Result: 65 ml/min/1.73m ² () Converted from 65 mL/min	65.0 mL/min/1.73m ²
Read Code	Serum bicarbonate level	27.00 22.000 - 29.000	27.0 mmol/L
Read Code	Serum alanine aminotransferase level	35.0 - 40.000. Original Result: 35 u/L (< 40) Converted from 35 U/L	35.0 iu/L
Read Code	Monocyte count - observation	0.40 0.200 - 0.800	0.4 10 ⁹ /L
		Converted from 0.4 10 ⁹ /L	
Read Code	Total white blood count	7.30 4.000 - 11.000	7.3 10 ⁹ /L
		Converted from 7.3 10 ⁹ /L	
Read Code	Haematocrit	0.406 0.370 - 0.470. Original Result: 0.406 l/l (0.370 - 0.470) Converted from 0.406 L/L	0.406
Read Code	Serum globulin level	25.00 20.000 - 35.000	25.0 g/L
Read Code	Mean cell haemoglobin level	33.60 High 27.000 - 32.000	33.6 pg
Read Code	Serum HDL cholesterol level	1.00 Low 1.200 -	1.0 mmol/L
Read Code	Serum cholesterol:HDL ratio	Original reading: 6.1 - 6.10 <None>	
Read Code	Serum total protein level	70.00 60.000 - 80.000	70.0 g/L

16-Mar-2015 MOORE, Vicky Surgery

20-Feb-2015 EMBLETON-BLACK, Caroline Other

Attachment Attachment
Read Code Hypertension monitoring first letter

05-Feb-2015 BROWN, Fiona Mail to patient

Attachment Attachment

05-Feb-2015 BROWN, Fiona Administration

Read Code Smoking cessation advice letter sent to patient telling them about our stop smoking clinics

29-Jan-2015 CALDER, George

Comment Comment BLOOD - Action: Normal Complete: Y Added: 29/01/2015 Set By: Dr George Calder Completed: 29/01/2015 Action By: Dr George Calder

27-Jan-2015 ENSER, Zina Clinic

Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard 150.0 mmHg
Read Code O/E - Diastolic BP reading 71.0 mmHg

27-Jan-2015 CALDER, George Results recording

Read Code Serum creatinine level 99.00 High 55.000 - 95.000 99.0 umol/L
Read Code Serum urea level 5.20 2.500 - 7.800 Converted from 5.2 5.2 mmol/L mmol/L
Read Code Serum potassium level 4.40 3.500 - 5.300 4.4 mmol/L
Read Code Serum sodium level 141.00 133.000 - 146.000 141.0 mmol/L
Read Code Urea and electrolytes <None>
Read Code GFR calculated abbreviated MDRD 60.00. Slight 60.0 mL/min/1.73m*2 decrease in eGFR (not corrected for ethnicity)Original Result: 60 mL/min/1.73m*2 () Converted from 60 mL/min

27-Jan-2015 CALDER, George

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

27-Jan-2015 ENSER, Zina Clinic

Read Code Blood sampling

16-Jan-2015 CALDER, George Surgery

Read Code C/O - "tired all the time" excessively sleepy in afternoons. Snores at night. Wakes at 2am. Feels need to nap in PM. Works as *****, walks dog daily. To ask about any apnoeas and fill in epworth and RV
Read Code Patient reviewed no problems with ramipril. BP today remains up at 175/86, so increase to 5mg, U+E 1w and RV 6-8w

15-Jan-2015 SMAILES, Anne Administration**15-Jan-2015 SMAILES, Anne Administration**

Read Code Hypertensive disease

08-Jan-2015 EMBLETON-BLACK, Caroline

Comment Comment BLOOD - Action: Normal Complete: Y Added: 08/01/2015 Set By: Dr Caroline Embleton-Black Completed: 08/01/2015 Action By: Dr Caroline Embleton-Black

06-Jan-2015 EMBLETON-BLACK, Caroline Results recording

Read Code GFR calculated abbreviated MDRD 62.00. Slight 62.0 mL/min/1.73m*2 decrease in eGFR (not corrected for ethnicity)Original Result: 62 mL/min/1.73m*2 () Converted from 62 mL/min
Read Code Serum sodium level 137.00 133.000 - 146.000 137.0 mmol/L
Read Code Serum urea level 6.20 2.500 - 7.800 Converted from 6.2 6.2 mmol/L mmol/L
Read Code Serum potassium level 3.90 3.500 - 5.300 3.9 mmol/L
Read Code Serum creatinine level 97.00 High 55.000 - 95.000 97.0 umol/L
Read Code Urea and electrolytes <None>

06-Jan-2015 EMBLETON-BLACK, Caroline

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

06-Jan-2015 ENSER, Zina Clinic

Read Code [D]Raised blood pressure reading 161/75 to see gp for review gp
Read Code Blood sampling

16-Dec-2014 MACRAE, Andrew Surgery

16-Dec-2014 MACRAE, Andrew Surgery

Read Code Hypertensive disease See home BP readings - these have remained above targets, and average is 164/89. Discussed these with pt, and advised on basis of results, should aim to start BP tablets. Urinalysis today clear, no proteinuria. ECG nad. BP 175/98 today. Discussed starting ramipril - aim to have U+Es and rpt BP checked in 1-2 wks time, if BP not controlled then for uptitration of tabs. Keen to start slimming world in january - encouraged to do this, regular exercise and improved appetite will aim to control BP further, lower cholestrol and reduce weight. Any probs for soon review. Await U+Es and rpt BP in 1-2 wks.
Read Code Hypertensive disease Placed on register: 16 Dec 2014

11-Dec-2014 MCKEE, Lisa

Comment Comment BLOOD - Action: Normal Complete: Y Added: 11/12/2014 Set By: Mrs Paula Mackie Completed: 11/12/2014 Action By: Mrs Paula Mackie

11-Dec-2014 MACKIE, Paula Clinic

Read Code QRISK2 cardiovascular disease 10 year risk score
Original reading: 6.12 Score: 6.120 Method: QRISK2 for:

10-Dec-2014 MCKEE, Lisa

Comment Comment BLOOD - Action: Normal Complete: Y Added: 10/12/2014 Set By: Sister Anne Smailes Completed: 10/12/2014 Action By: Sister Anne Smailes

10-Dec-2014 SMAILES, Anne Administration

Read Code QRISK2 cardiovascular disease 10 year risk score
Original reading: 6.12 Score: 6.120 Method: QRISK2 for:

09-Dec-2014 MCKEE, Lisa

Comment Comment BLOOD - Action: Abnormal No Action Required Complete: Y Added: 11/12/2014 Set By: Mrs Paula Mackie Completed: 11/12/2014 Action By: Mrs Paula Mackie

09-Dec-2014 MCKEE, Lisa

Comment Comment BLOOD - Action: Normal Complete: Y Added: 10/12/2014 Set By: Sister Anne Smailes Completed: 10/12/2014 Action By: Sister Anne Smailes

09-Dec-2014 MCKEE, Lisa

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Haemoglobin A1c level - IFCC standardised: Non-diabetic HbA1c-IFCC reference range 20-42 mmol/mol See locally agreed guidelines for individual targets HbA1c-IFCC 42 48 53 59 64 75 86 mmol/mol HbA1c-DCCT 6.0 6.5 7.0 7.5 8.0 9.0 10.0 %: **Unknown**

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

09-Dec-2014 MCKEE, Lisa Results recording

Read Code	Serum TSH level	1.500	0.300 - 4.500	Euthyroid picture	1.5	miu/L
				(including satisfactory thyroxine replacement)		
Read Code	Platelet count - observation	178.00	140.000 - 400.000		178.0	10 ⁹ /L
				Converted from 178		10 ⁹ /L
Read Code	GFR calculated abbreviated MDRD	67.00	Slight		67.0	mL/min/1.73m ²
				decrease in eGFR (not corrected for ethnicity)Original Result: 67 ml/min/1.73m ² ()		Converted from 67 mL/min
Read Code	Neutrophil count	3.70	2.000 - 7.500	Converted from 3.7	3.7	10 ⁹ /L
						10 ⁹ /L
Read Code	Serum alanine aminotransferase level	33.0	35.000 - 40.000		33.0	iu/L
				Original Result: 33 u/L (< 40) Converted from 33 U/L		
Read Code	Mean cell volume	93.80	82.000 - 100.000		93.8	fL
Read Code	Full blood count	<None>				
Read Code	Liver function tests	<None>				
Read Code	Serum cholesterol level	5.40			5.4	mmol/L
Read Code	Serum albumin level	44.00	35.000 - 50.000		44.0	g/L
Read Code	Serum bicarbonate level	29.00	22.000 - 29.000		29.0	mmol/L
Read Code	Serum urea level	4.20	2.500 - 7.800	Converted from 4.2	4.2	mmol/L
						mmol/L
Read Code	Haemoglobin concentration	142.00	115.000 - 165.000		142.0	g/L
				Converted from 142 g/L		
Read Code	Serum alkaline phosphatase level	96.00	30.000 - 130.000	Original Result: 96 u/L (30 - 130) Converted from 96 U/L	96.0	iu/L
Read Code	Nucleated red blood cell count	0.00	Converted from 0		0.0	10 ⁹ /L
						10 ⁹ /L
Read Code	Serum total bilirubin level	6.00	21.000		6.0	umol/L
Read Code	Serum potassium level	3.90	3.500 - 5.300		3.9	mmol/L
Read Code	Monocyte count - observation	0.40	0.200 - 0.800	Converted from 0.4	0.4	10 ⁹ /L
						10 ⁹ /L
Read Code	Haemoglobin A1c level - IFCC standardised	41.00	See		41.0	mmol/mol
				"BLOOD" pathology report on 09 Dec 2014 for full free text.		
Read Code	Urea and electrolytes	<None>				
Read Code	Lymphocyte count	2.90	1.500 - 4.000	Converted from 2.9	2.9	10 ⁹ /L
						10 ⁹ /L
Read Code	Total white blood count	7.20	4.000 - 11.000	Converted from 7.2	7.2	10 ⁹ /L
						10 ⁹ /L
Read Code	Serum chloride level	105.00	95.000 - 108.000		105.0	mmol/L
Read Code	Serum HDL cholesterol level	1.00	Low 1.200 -		1.0	mmol/L
Read Code	Mean cell haemoglobin concentration	338.00	320.000 - 360.000	Converted from 338 g/L	33.8	g/dL
Read Code	Haematocrit	0.421	0.370 - 0.470	Original Result: 0.421	0.421	
				l/l (0.370 - 0.470) Converted from 0.421 L/L		
Read Code	Basophil count	0.00	0.000 - 0.100	Converted from 0	0.0	10 ⁹ /L
						10 ⁹ /L
Read Code	Mean cell haemoglobin level	31.70	27.000 - 32.000		31.7	pg
Read Code	Red blood cell distribution width	12.60	12.000 - 15.000		12.6	%
Read Code	Non high density lipoprotein cholesterol level	4.40			4.4	mmol/L
Read Code	Total cholesterol:HDL ratio	<None>	See FATS6 guidelines for interpretation of lipids	Original Result: "CHOL/HDL RATIO"		
Read Code	Eosinophil count - observation	0.10	0.000 - 0.400	Converted from 0.1	0.1	10 ⁹ /L
						10 ⁹ /L
Read Code	Red blood cell count	4.48	3.800 - 5.800	Converted from 4.48	4.48	10 ¹² /L
						10 ¹² /L
Read Code	Serum creatinine level	92.00	55.000 - 95.000		92.0	umol/L
Read Code	Serum cholesterol/HDL ratio	Original reading: 5.4	5.40			
				<None>		
Read Code	Serum sodium level	140.00	133.000 - 146.000		140.0	mmol/L
Read Code	Serum total protein level	68.00	60.000 - 80.000		68.0	g/L
Read Code	Serum globulin level	24.00	20.000 - 35.000		24.0	g/L

09-Dec-2014 Unknown Staff Member Infirmary Drive Medical Group/Infirmary Drive Medical Group

Attachment Attachment
Administration

09-Dec-2014 BIRD, Valerie Third Party Consultation

Read Code Result Home Blood Pressure Readings Patient Patient

09-Dec-2014 BIRD, Valerie

Comment Comment Docman Attachment

09-Dec-2014 MCKEE, Lisa Clinic

Attachment	Attachment	
Read Code	O/E - weight	95.254 Kg
Read Code	O/E - height 1.610 metres	1.61 m
Read Code	Exercise grading Moderate. walks	
Read Code	Urine test due EMU/ACR pt will bring in to f/up with gp.	
Read Code	Cigarette smoker Smoker Cigarettes: 10	
Read Code	Body mass index - observation Converted from 36.7 kg/m ²	36.7 Kg/m ²
Read Code	Patient-initiated diet Eating habits: Moderate	
Read Code	Teetotaller Teetotaller	

08-Dec-2014 JOHN, Sophia Administration

Read Code Nursing care average home bp reading 164/89

20-Nov-2014 MACKIE, Paula Clinic

Read Code	O/E - Diastolic BP reading	92.0 mmHg
Read Code	O/E - Systolic BP reading taken Sitting Cuff: Standard	166.0 mmHg

20-Nov-2014 MACKIE, Paula Clinic

Read Code Target diastolic blood pressure Target BP:
Read Code O/E - blood pressure reading raised- will record at home bd for 1 week and rev with results

11-Nov-2014 MACRAE, Andrew Surgery

Read Code Had a chat to patient Notes too long for this entry. See Communication.

12-Sept-2014 EMBLETON-BLACK, Caroline Surgery

Read Code Seborrhoeic dermatitis of scalp

22-July-2014 BIRD, Valerie

Comment Comment Docman Attachment

22-July-2014 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment
Physiotherapy

22-July-2014 BIRD, Valerie Third Party Consultation

Read Code Seen in physiotherapy department Clinical Letter Alnwick
Infirmary Physiotherapy

17-July-2014 INFIRMARY DRIVE, A Administration

Read Code Knee pain -right.

30-Jun-2014 MASCALL, Jacqui Surgery, Administration

Attachment Attachment
Referral Referral Referral Type: Out Patient Free Text: physio referral, not on c&b Action date: 22 Jul 2014
Source: GP Referral. Referral Type: Other; Sender: MASCALL, Jacqui (Dr); Reason: Knee pain;
Referral Status: Care/Input Completed; Outcome: Other

30-Jun-2014 MASCALL, Jacqui Surgery

Read Code Knee pain Long hx of bilateral knee pain (seen ortho 12y ago-> patello femoral OA). Worse in right knee over weekend. Feels like it might pop out. No trauma O/E reduced flexion and extnesion no instability/swelling Imp: flare of OA Plan: analgesia and refer physio

Attachment Attachment

06-May-2014 EMBLETON-BLACK, Caroline Surgery

Read Code Sprain of ligament of sacroiliac joint I sided radiating to gron was lifting ***** 2 days ago started yesterday no dysuria but slightvfreq - full urinaysis nad - sounds mechanical advised re activities and simple analgesia

10-Apr-2014 LOCUM, A Surgery

Read Code H/O: eczema Back of scalp, left ear and pubic bone - dry, itchy, red inflamed patches. Longstanding. Has cut nails now. Prev used betnovate, washes with soaps. Never diagnosed as psoriasis. Unable to stop scratching. O/E - occiput - lichenified inflamed dry plaque, no scale; right external ear dry +++ and excoriated, small dry plaque pubic bone. More eczema than psoriasis. PLAN: 1. Pt keen to avoid rx costs so opted for steroid oint for hair and pubic area, otomize for ear and otc emollient. See inb 3-4 weeks.

03-Feb-2014 MATHER, Christine Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Alnwick Infirmary Accident Emergency

03-Feb-2014 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment A&E

03-Feb-2014 MATHER, Christine

Comment Comment Docman Attachment

31-Jan-2014 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code eMED3 (2010) new statement issued, not fit for work Until: 10 Feb 2014. Diagnosis: Ankle sprain. Reason: Ankle sprain

31-Jan-2014 DAVISON, David Telephone

Read Code Telephone encounter still pain and swelling from ankle. taking paracetamol and ibuprofen. works at the adult training centre in pottergate. wondering about going back to work. to stay off work 1/52. med3 issued

31-Jan-2014 DAVISON, David Surgery

Read Code Telephone encounter says her foot is sore in the side and the front of the foot. able to weight bear but has swelling there. advised that these sxs are compatible with her diagnosis, but if she thinks they are worsening then she should reattend miu for reassessment, in case needs the foot x-rayed

27-Jan-2014 MATHER, Christine Third Party Consultation

Read Code Seen in accident and emergency department Casualty Sheet Alnwick Infirmary Accident Emergency

27-Jan-2014 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment A&E

27-Jan-2014 MATHER, Christine

Comment Comment Docman Attachment

04-Nov-2013 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code eMED3 (2010) new statement issued, not fit for work Until: 11 Nov 2013. Diagnosis: Chest infection. Reason: Chest infection

04-Nov-2013 STEVENSON, Christopher Surgery

Read Code Chest infection NOS still with rt ul signs. cxr if no better and review.

30-Oct-2013 STEVENSON, Christopher Surgery

Read Code Cigarette smoker Smoker Cigarettes: 10
Read Code Acute bronchitis 5d. wheeze and scat. ronchii. see sos.
Read Code Smoking cessation advice for Smoking

01-Aug-2013 MATHER, Christine Third Party Consultation

Read Code Incoming mail NOS Clinical Letter North East Ambulance Service Trust 111 Report

01-Aug-2013 Unknown Staff Member Infirmary Drive Medical Group

Attachment Attachment
Unscheduled Care

01-Aug-2013 MATHER, Christine

Comment Comment Docman Attachment

11-Jun-2013 SUTTON, Jonathan Surgery

Read Code C/O: a pain throat and neck and feeling achey after choking on a drink 6/7 ago. o/e Well, apyrexial, p normal, throat and neck normal, no surgical emphysema, chest clear. ?Bruising from coughing/coughing against closed glottis. W&W and see INB 1 week or sos if worse.
 Read Code Urine dipstick test - NAD. No symptoms, just wanted to check re blood.

23-Apr-2013 Unknown Staff Member Infirmary Drive Medical Group

Attachment Attachment
Urology

23-Apr-2013 BIRD, Valerie

Comment Comment Docman Attachment

23-Apr-2013 BIRD, Valerie Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Wansbeck Hospital
 Urology

28-Mar-2013 MATHER, Christine Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Wansbeck Hospital
 Discharge letter

28-Mar-2013 Unknown Staff Member Infirmary Drive Medical Group

Attachment Attachment
Urology

28-Mar-2013 MATHER, Christine

Comment Comment Docman Attachment

25-Mar-2013 STEVENSON, Christopher Surgery

Read Code [D]Abdominal colic cystoscopy normal awaiting ct scan in 2W. trial of rx.

18-Mar-2013 HOSPITAL DOCTOR, Mr Administration

Read Code C/O - loin pain right
 Read Code Diagnostic cystoscopy flexible - no intravesical abnormalities
 Read Code Haematuria microscopic

28-Feb-2013 Unknown Staff Member Infirmary Drive Medical Group

Attachment Attachment

28-Feb-2013 MATHER, Christine

Comment Comment Docman Attachment

28-Feb-2013 MATHER, Christine Third Party Consultation

Read Code Incoming mail Breast Screening Programme Royal *****
 Infirmary Screening

24-Feb-2013 STEVENSON, Christopher

Comment Comment BLOOD - Action: Normal Complete: Y Added: 26/02/2013 Set By: Dr Christopher Stevenson Completed: 26/02/2013 Action By: Dr Christopher Stevenson

24-Feb-2013 STEVENSON, Christopher

Comment Comment BLOOD - Action: Normal Complete: Y Added: 26/02/2013 Set By: Dr Christopher Stevenson Completed: 26/02/2013 Action By: Dr Christopher Stevenson

22-Feb-2013 STEVENSON, Christopher

Comment Comment BLOOD - Action: Abnormal No Action Required
Complete: Y Added: 26/02/2013 Set By: Dr Christopher
Stevenson Completed: 26/02/2013 Action By: Dr
Christopher Stevenson

22-Feb-2013 STEVENSON, Christopher

Comment Comment BLOOD - Action: Abnormal No Action Required
Complete: Y Added: 26/02/2013 Set By: Dr Christopher
Stevenson Completed: 26/02/2013 Action By: Dr
Christopher Stevenson

22-Feb-2013 STEVENSON, Christopher

Comment Comment BLOOD - Action: Normal Complete: Y Added:
26/02/2013 Set By: Dr Christopher Stevenson Completed:
26/02/2013 Action By: Dr Christopher Stevenson

22-Feb-2013 STEVENSON, Christopher Results recording

Read Code Total white blood count 6.50 4.000 - 11.000 Converted 6.5 10⁹/L
from 6.5 10⁹/L

Read Code Red blood cell distribution width 13.00 12.000 - 15.000 13.0 %

Read Code Serum TSH level 1.100 0.350 - 3.500. Euthyroid picture 1.1 miu/L
(including satisfactory thyroxine replacement)

Read Code Serum total bilirubin level 5.00 - 21.000 5.0 umol/L

Read Code Serum creatinine level 92.00 55.000 - 95.000 92.0 umol/L

Read Code Red blood cell count 4.36 3.800 - 5.800 Converted from 4.36 10¹²/L
4.36 10¹²/L

Read Code Urea and electrolytes <None>. Please note new
reference ranges/units as of 5-2-2013

Read Code Serum triglyceride levels 4.60 4.6 mmol/L

Read Code Serum albumin level 41.00 35.000 - 50.000 41.0 g/L

Read Code Nucleated red blood cell count 0.00 Converted from 0 0.0 10⁹/L
10⁹/L

Read Code Serum urea level 5.60 2.500 - 7.800 Converted from 5.6 5.6 mmol/L
mmol/L

Read Code Serum globulin level 28.00 20.000 - 35.000 28.0 g/L

Read Code Serum HDL cholesterol level 1.00 Low 1.100 - 1.0 mmol/L

Read Code Non high density lipoprotein cholesterol level 4.70 4.7 mmol/L

Read Code Plasma glucose level 5.70. Non-fasting glucose 5.7 mmol/L

Read Code Full blood count <None>

Read Code Serum sodium level 142.00 133.000 - 146.000 142.0 mmol/L

Read Code Haemoglobin concentration 14.50 11.500 - 16.500 145.0 g/L

Read Code Serum lipid levels <None>. See FATS5 guidelines for
interpretation of lipids Original Result: "LIPIDS INCL HDL"

Read Code Mean cell haemoglobin concentration 35.90 High 31.000 35.9 g/dL
- 34.000

Read Code Lymphocyte count 2.50 1.500 - 4.000 Converted from 2.5 10⁹/L
2.5 10⁹/L

Read Code Serum alanine aminotransferase level 42.0 High - 42.0 iu/L
40.000. Original Result: 42u/L (< 40) Converted from 42
U/L

Read Code Serum potassium level 4.10 3.500 - 5.300 4.1 mmol/L

Read Code Neutrophil count 3.40 2.000 - 7.500 Converted from 3.4 3.4 10⁹/L
10⁹/L

Read Code Serum total protein level 69.00 60.000 - 80.000 69.0 g/L

Read Code Serum alkaline phosphatase level 99.00 30.000 - 99.0 iu/L
130.000. Original Result: 99u/L (30 - 130) Converted from
99 U/L

Read Code Mean cell haemoglobin level 33.10 High 27.000 - 32.000 33.1 pg

Read Code Liver function tests <None>. Please note new reference
ranges/units as of 5-2-2013

Read Code Serum cholesterol level 5.70 5.7 mmol/L

Read Code Monocyte count - observation 0.40 0.200 - 0.800 0.4 10⁹/L
Converted from 0.4 10⁹/L

Read Code GFR calculated abbreviated MDRD 67.00. Slight 67.0 mL/min/1.73m²
decrease in eGFR (not corrected for ethnicity) Original
Result: 67ml/min/1.73m² () Converted from 67 mL/min

Read Code Serum gamma-glutamyl transferase level 56.0 High - 56.0 iu/L
45.000. Original Result: 56u/L (< 45) Converted from 56
U/L

Read Code Total cholesterol:HDL ratio Original reading: 5.7 - 5.70 5.7
<None>

Read Code Platelet count - observation 162.00 140.000 - 400.000 162.0 10⁹/L
Converted from 162 10⁹/L

Read Code Basophil count 0.10 0.000 - 0.100 Converted from 0.1 0.1 10⁹/L
10⁹/L

Read Code Eosinophil count - observation 0.10 0.000 - 0.400 0.1 10⁹/L
Converted from 0.1 10⁹/L

Read Code Mean cell volume 92.40 82.000 - 100.000 92.4 fL

Read Code Haematocrit 0.403 0.370 - 0.470. Original Result: 0.403/10.403
(0.370 - 0.470) Converted from 0.403 L/L

Read Code Serum ferritin level 86.00 12.000 - 250.000 Converted 86.0 ng/ml
from 86 ug/L

22-Feb-2013 STEVENSON, Christopher

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**
BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

22-Feb-2013 ANDERSON, Karen Clinic

Read Code Blood sampling as requested

15-Feb-2013 HOSPITAL DOCTOR, Mr Administration

Read Code Mammography normal Normal

11-Feb-2013 STEVENSON, Christopher Surgery

Attachment Attachment
 Referral Referral Referral Type: Out Patient Free Text: Urology referral not on CAB - UBRN made in error
 Action date: 04 Mar 2013 Source: GP Referral UBRN: 000237545915. Referral Type: Other; Sender: STEVENSON, Christopher (Dr); Reason: Colicky abdominal pain; Referral Status: Care/Input Completed; Outcome: Other

11-Feb-2013 STEVENSON, Christopher Administration

Attachment Attachment
 Attachment Attachment

11-Feb-2013 STEVENSON, Christopher Surgery

Read Code [D]Abdominal colic 6+wks rt back pain. uss fatty liver /spleen but renal normal.
 Read Code Referred to urologist ? cause of colicky pain and micro haem findings. see sos. check lft also see with results.
 Read Code Urine exam. - general Normal

10-Feb-2013 NORTHERN DOCTORS, Urgent Night visit, Local rota

Read Code Seen in out of hours centre several weeks hx of r loin pain under ix from own GP, known microscopic haematuria, recent U+E and USAB, results not yet known. Worsening pain overnight and today, constant, no radiation, not colicky, no dysuria/freq, not helped by paracetamol, no vomiting/ diarrhoea, no macroscopic haematuria. No change from prev presentation other than more severe overnight, now settled somewhat Examination not currently in severe pain, apyrexial. P72 reg HS normal, chest clear, abdo soft, tender RUQ and mildly in R loin/ renal angle, kidney not ballotable, bs normal. MSU blood 3+ only Diagnosis R renal angle pain, microscopic haematuria, under ix from own GP Treatment add codeine to paracetamol for pain, GP rv with results and further urine sample, red flag and deteriorating advice Clinical Code(s) R090. [D]Abdominal pain N145. Backache, unspecified Prescriptions codeine phosphate tablets 30mg 1-2 tablets up to four times a day for pain 28.00

07-Feb-2013 EMBLETON-BLACK, Caroline

Comment Comment Type Unspecified - Action: Xray - Transition Period Sa To Deal With Complete: Y Added: 07/02/2013 Set By: Mrs Sandra Armstrong Completed: 07/02/2013 Action By: Mrs Sandra Armstrong

07-Feb-2013 BIRD, Valerie

Comment Comment Docman Attachment

07-Feb-2013 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment
 X-Ray

07-Feb-2013 EMBLETON-BLACK, Caroline Results recording

Read Code Renal ultrasound See "Type Unspecified" pathology report on 07 Feb 2013 for full free text.

07-Feb-2013 BIRD, Valerie Third Party Consultation

Read Code Result Clinical Letter Alnwick Infirmary xray

07-Feb-2013 EMBLETON-BLACK, Caroline

Type UnspecifiedThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., U-S kidneys: US Kidney Both . E-4525250 E RENAL ULTRASOUND.ADVANCED PRACTITIONER REPORT. Normal sonar appearance of both kidneys. No ultrasound evidence of scarring or hydronephrosis. No significant renal mass or calculi identified. Normal bladder outline. Hysterectomy noted. No adnexal mass seen. Normal sonar appearance of the pancreas and gallbladder. No intra or extra hepatic biliary dilatation. The liver is globally attenuating to ultrasound, indicating diffuse fatty infiltration. The parenchyma has a coarse appearance. Bulky spleen. Impression:- Fatty liver. Bulky spleen. No renal tract abnormality seen. Reported by : HESLOP Ros / FSRHSOriginal Result: "US KIDNEY BOTH": **Unknown**

05-Feb-2013 JOHN, Sophia

Comment Comment BLOOD - Action: Normal Complete: Y Added: 05/02/2013 Set By: Dr Jacqui Mascall Completed: 05/02/2013 Action By: Dr Jacqui Mascall BLOOD - Action: Action? Complete: Y Added: 05/02/2013 Set By: Sister Sophia John Completed: 05/02/2013 Action By: Dr Jacqui Mascall

04-Feb-2013 JOHN, Sophia

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

04-Feb-2013 JOHN, Sophia Results recording

Read Code	Serum chloride level	103.00 95.000 - 108.000	103.0 mmol/L
Read Code	GFR calculated abbreviated MDRD	62.00. Slight decrease in eGFR (not corrected for ethnicity)Original Result: 62ml/min/1.73m ² () Converted from 62 mL/min	62.0 mL/min/1.73m ²
Read Code	Serum urea level	4.60 2.500 - 6.400 Converted from 4.6	4.6 mmol/L
Read Code	Serum sodium level	139.00 133.000 - 146.000	139.0 mmol/L
Read Code	Serum potassium level	4.20 3.500 - 5.300	4.2 mmol/L
Read Code	Serum bicarbonate level	28.00 22.000 - 29.000	28.0 mmol/L
Read Code	Urea and electrolytes	<None>	
Read Code	Serum creatinine level	98.00 High 55.000 - 95.000	98.0 umol/L

04-Feb-2013 JOHN, Sophia Clinic

Read Code Blood sampling

29-Jan-2013 LOCUM, A Surgery

Read Code Microscopic haematuria Urinalysis repeated: Blood + again, otherwise NAD. Does not meet urgent referral criteria in view of age <50yrs . . . P- check U+Es and arrange renal USS and review

Attachment Attachment

28-Jan-2013 DAVISON, David

Comment Comment SPEC.TYPE: MID-STREAM URINE - Action: Normal Complete: Y Added: 30/01/2013 Set By: Dr David Davison Completed: 30/01/2013 Action By: Dr David Davison

24-Jan-2013 LOCUM, A Surgery

Read Code C/O - low back pain Aching discomfort to lower back last 1/52, comes and goes, no specific trigger. No red flag symptoms. o/e obese, mild tenderness over Rt SI joints, normal flexion, but extension uncomfortable. Urinalysis - Blood ++ only (not on period- hysterectomy yrs ago). IMP-mechanical low back pain, discussed weight and symptomatic advice, review if not settling. Advised to bring in further urine spec to check ? persisting microscopic haematuria

24-Jan-2013 DAVISON, David

SPEC.TYPE: MID-STREAM URINEThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : blood ++ on urinalysis : : : Antibiotic therapy Microscopy: WBCs < 40 per ul . . . Urine Culture: No Significant Growth . FINAL REPORT Reported 28.01.13 by Anne-Marie Thomas(mi: **Unknown**

24-Jan-2013 DAVISON, David Results recording

Read Code Urine microscopy <None> See "SPEC.TYPE: MID-STREAM URINE" pathology report on 24 Jan 2013 for full free text.

07-Jan-2013 MATHER, Christine Third Party Consultation

Read Code Seen in radiology department xray result Northumbria
Healthcare NHS Foundation Trust Radiology

07-Jan-2013 MATHER, Christine

Comment [Comment](#) Docman Attachment

07-Jan-2013 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Radiology

04-Jan-2013 WILSON, Chris

Comment [Comment](#) Type Unspecified - Action: Xray - Transition
Period Sa To Deal With Complete: Y Added: 04/01/2013
Set By: Mrs Sandra Armstrong Completed: 04/01/2013
Action By: Mrs Sandra Armstrong

02-Jan-2013 WILSON, Chris

Type UnspecifiedThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystemOne., Standard chest X-ray: XR Chest E-4492372 XR Chest : Normal heart size. There is a small calcified opacity in the right lower zone consistent with a granuloma. This is unchanged. These don't require follow up. Lungs are otherwise clear. Reported by : DR M WILKINSON, RADIOLOGIST / JOBSLO
Original Result: "XR CHEST": **Unknown**

02-Jan-2013 WILSON, Chris Results recording

Read Code Standard chest X-ray See "Type Unspecified" pathology
report on 02 Jan 2013 for full free text.

28-Nov-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
General Document

28-Nov-2012 MATHER, Christine Third Party Consultation

Read Code Referral for further care referral form IDMG xray

28-Nov-2012 MATHER, Christine

Comment [Comment](#) Docman Attachment

26-Nov-2012 LOCUM, A Surgery

Read Code Had a chat to patient Discussed CXR - small area of
calcification Rt lower zone - cough improving, no sputum/
SOB/ chest pain. However over last 2-3 days has
developed runny nose again (**** had similar last wk). o/e
sounds congested, good AE bilat, chest clear. Smooth,
enlarged LN palpable just posterior to sternocleidomastoid
- present for last 2/7. IMP- Viral URTI on background of
improving chest infection. P- repeat CXR in 6/52 to
reassess area of calcification, review if chest symptoms
worsening

23-Nov-2012 SUTTON, Jonathan Surgery

Read Code Telephone encounter Informed of CXR result, is
improving, has appt with DCD on Monday for follow up.

21-Nov-2012 DAVISON, David

Comment [Comment](#) Type Unspecified - Action: Appointment with
gp if doesn't already have one Complete: Y Added:
21/11/2012 Set By: Dr David Davison Completed:
22/11/2012 Action By: Reception Type Unspecified -
Action: DCD ?action as also same xray result came
through on docman as no action she needs to be seen
just to inform her of the findings lb, has made tel app for
23/11 and app with hw 26/11 Complete: Y Added:
22/11/2012 Set By: Ms 8 Reception8 Completed:
22/11/2012 Action By: Reception

21-Nov-2012 MATHER, Christine Third Party Consultation

Read Code Seen in radiology department xray result Northumbria
Healthcare NHS Foundation Trust Radiology

21-Nov-2012 MATHER, Christine

Comment [Comment](#) Docman Attachment

21-Nov-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Radiology

15-Nov-2012 DAVISON, David

Type UnspecifiedThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Standard chest X-ray: XR Chest Clinical History : smoker. Suspected right chest infection. XR Chest : The heart is not enlarged. The lung fields are clear. Normal mediastinal contour. 5 mm well circumscribed focal area of calcification consistent with that of a granuloma identified projected over the right lower zone. Reported by Dr Sean Kelly, Medica Radiologist Reported by : KELLY Sean Dr (nighthawk) / MEDSKEOriginal Result: "XR CHEST":
Unknown

15-Nov-2012 DAVISON, David Results recording

Read Code Standard chest X-ray See "Type Unspecified" pathology report on 15 Nov 2012 for full free text.

13-Nov-2012 DAVISON, David Surgery

Attachment Attachment
Read Code Smoking cessation advice Advice given on Smoking
Read Code Chest infection NOS for 5/7. smoker 10/day.
haemoptysis this morning and some l lower chest pain o/e
temp 37.3. creps r upper zone for ab's and cxr
Read Code Cigarette smoker Smoker Cigarettes: 10

14-Sept-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Read Code Implied consent for core Summary Care Record dataset upload Initial SCR consent is 9Ndl.

03-Aug-2012 BIRD, Valerie

Comment Comment Docman Attachment

03-Aug-2012 BIRD, Valerie Third Party Consultation

Read Code Seen in orthopaedic clinic Clinical Letter Alnwick
Infirmiry Orthopaedics

03-Aug-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Orthopaedics

13-July-2012 NEVILLE, Rowena Surgery

Read Code Infective otitis externa left ear, v sore past day.
throbbing. well in self. o/e- temp 36.5. right ear NAD left
ear- canal red, inflamed. otomize, paracetamol, come
back if not settling.

28-Jun-2012 EMBLETON-BLACK, Caroline Telephone

Read Code Telephone encounter ***** has chickenpox she has had
wonders if she can pass onto her ***** - advised cannot as
does not have and should be immune as has had in the
past

20-Jun-2012 BIRD, Valerie Third Party Consultation

Read Code Seen in orthopaedic clinic Clinical Letter Alnwick
Infirmiry Orthopaedics

20-Jun-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Orthopaedics

20-Jun-2012 BIRD, Valerie

Comment Comment Docman Attachment

04-May-2012 WILSON, Carolyn Administration

Read Code NHS Health Check invitation first letter This letter may be
sent later in the year

04-May-2012 WILSON, Carolyn Mail to patient

17-Apr-2012 LOCUM, A Surgery

Read Code H/O: eczema patch of scalp psoriasis. Treated in past with betnovate scalp application. Also has some eczema in ear canals

14-Feb-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment

14-Feb-2012 BIRD, Valerie

Comment [Comment](#) Docman Attachment

14-Feb-2012 BIRD, Valerie Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Bondgate Surgery IMATS

13-Jan-2012 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Orthopaedics

13-Jan-2012 BIRD, Valerie Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Bondgate Surgery IMATS

13-Jan-2012 BIRD, Valerie

Comment [Comment](#) Docman Attachment

05-Jan-2012 EMBLETON-BLACK, Caroline Administration

Read Code Injection into joint NEC left wrist-10mg Depo-Medrone.
Read Code Synovitis and tenosynovitis -De Quervain's-left wrist.

02-Dec-2011 WILSON, Chris Surgery

Attachment Attachment
Referral [Referral](#) *Referral Type: Out Patient Free Text: IMATS referral not on CAB Action date: 23 Dec 2011 Source: GP Referral. Referral Type: Other; Sender: WILSON, Chris (Dr); Reason: Arthralgia of wrist; Referral Status: Care/Input Completed; Outcome: Other*

02-Dec-2011 WILSON, Chris Surgery

Attachment Attachment
Read Code Wrist joint pain fell onto left (nondom) wrist in april 2011. xrayed at the time- nbi. since then pain (esp when workign as carer) over distal radial area. not helped by futura splint so advised not to us it. re-xrayed last month: no abnormality. o/e 3mm firm mobile swelling over radial styloid ?incidental. tender soft swelling over radial styloid/wrist ?ganglion. full rom wrist and no tendon discomfort (neg test for de quervains). ask imats to look at it ?ortho

25-Nov-2011 EMBLETON-BLACK, Caroline Administration

Attachment Attachment

14-Nov-2011 Unknown Staff Member Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Attachment Attachment
Radiology

14-Nov-2011 BIRD, Valerie Third Party Consultation

Read Code Seen in radiology department xray result Alnwick Infirmiry Radiology

14-Nov-2011 BIRD, Valerie

Comment [Comment](#) Docman Attachment

07-Nov-2011 EMBLETON-BLACK, Caroline Administration

Read Code Wrist X-ray -Left-No abnormality demonstrated.

07-Nov-2011 LAMB, Katy Surgery

Attachment Attachment
Read Code Joint pain left wrist, fell on to it in april this year, xray at time ok, since then intermittent pain/swelling and has ? bony nodule radial aspect. Arrange xray and review

18-Aug-2011 DODD, Michael Surgery

Read Code Tooth symptoms refer to dentist - ??dental abcess

21-Apr-2011 BIRD, Valerie

Comment Comment Docman Attachment

21-Apr-2011 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment
A&E

21-Apr-2011 BIRD, Valerie Third Party Consultation

Read Code Seen in accident and emergency department Casualty
Sheet Alnwick Infirmary Accident Emergency

04-Apr-2011 MASCALL, Jacqui Surgery

Read Code Upper respiratory infection NOS Sore throat and swollen
glands. Cough with sputum. Chest clear throat red few
cervical LN afebrile Sx advice see SOS.

01-Dec-2010 SUTTON, Jonathan Surgery

Read Code Upper respiratory infection NOS Current cold. Wants
chest checked whilst here - chest clear, reassured.
Read Code C/O: a pain - left shoulder/arm. Fell onto elbows 4 weeks
ago. Last 1 week int pain left shoulder down arm and
some pins and needles in hand, no dermatomal. No neck
problems. o/e Neck normal, tender L trapezius. Normal
power in arm/hand, some reduced sensation to light touch
throughout hand. Reflex normal. Plan for analgesia -
NSAID and p'mol, stretching exercises for shouldse and
review if persists in 2 weeks or sos if worsening. Likely
nerve entrapment at neck/shoulder.

09-Nov-2010 HOSPITAL DOCTOR, Mr Administration

Read Code Magnetic resonance imaging Brain hasn't revealed
anything abnormal

09-Nov-2010 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Attachment Attachment
ENT

09-Nov-2010 MATHER, Christine

Comment Comment Docman Attachment

09-Nov-2010 MATHER, Christine Third Party Consultation

Read Code Incoming mail NOS Clinical Letter Alnwick Infirmary
Otolaryngology

21-Oct-2010 EMBLETON-BLACK, Caroline Surgery

Read Code Medication review without patient Due: 21/10/2011
Complete: 21/10/2010 by: Dr Caroline Embleton-Black
Next review: 21/10/2011

21-Oct-2010 EMBLETON-BLACK, Caroline Surgery**26-Aug-2010 EMBLETON-BLACK, Caroline Surgery**

Read Code Patient offered choice of provider
Read Code Tinnitus symptom NOS I ear did not recieve appt last
sept re refer

26-Aug-2010 EMBLETON-BLACK, Caroline Administration

Read Code Outgoing mail processing CEB/ABB 26 August 2010 Mr. A. R. Welch, Consultant E.N.T. Surgeon, Freeman Hospital, NEWCASTLE UPON TYNE NE7 7DN Dear Mr Welch, Miss Katrina ROBERTSON, 3 Dovecot Close, Embleton, Alnwick NE66 3DB Date of Birth: 22.2.66. N.H.S. Record No: 635 241 0103 G.P. Practice Code: A84021 Thank you for sending this lady a further appointment. Unfortunately she did not receive her follow-up appointment in September last year. Problem: Ongoing tinnitus Miss Robertson is now really very incapacitated by her tinnitus and would be glad of your opinion regarding any further intervention. Yours sincerely, DR. CAROLLINE C. EMBLETON-BLACK Enc

Read Code Choice and booking enhanced services administration

05-Aug-2010 BROWN, Fiona Administration

Read Code Framingham [(CVDand/orCHD)(and/or score)(and/or calculator)] Original reading: 19.672 Score: 19.672 Method: CALCULATION% for: Warning: Last BP Record > 3 months old. Warning: Last Smoking Status Record > 12 months old. No Total Cholesterol value available. Default value of 6.00 used for calculation. No HDL Cholesterol value available. Default value of 1.40 used for calculation.

Read Code Framingham coronary heart disease 10 year risk score Original reading: 9.626 Score: 9.626 Method: CALCULATION% for: Warning: Last BP Record > 3 months old. Warning: Last Smoking Status Record > 12 months old. No Total Cholesterol value available. Default value of 6.00 used for calculation. No HDL Cholesterol value available. Default value of 1.40 used for calculation.

25-Jun-2010 EMBLETON-BLACK, Caroline Repeat Issue**04-Feb-2010 HOSPITAL DOCTOR, Mr Administration**

Attachment Attachment

29-Oct-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment
Read Code Smoking cessation advice

29-Oct-2009 EMBLETON-BLACK, Caroline Repeat Issue**29-Oct-2009 EMBLETON-BLACK, Caroline Repeat Issue****22-Oct-2009 EMBLETON-BLACK, Caroline Administration**

Read Code Insurance form - completed for lloyds tsb

05-Oct-2009 DODD, Michael Surgery

Read Code MED3 - doctor's statement final certificate to 12/10/09 - to return to work - foot injury

05-Oct-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment
Attachment Attachment

30-Sept-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment
Attachment Attachment

30-Sept-2009 HOSPITAL DOCTOR, Mr Administration

Read Code Other foot injury left mid

29-Sept-2009 WOODCOCK, Ruth Surgery

Read Code Other foot injury see xray result -probable 5th metatarsal fracture left foot. original injury 13.8.9. is improving and was thinking about going back to work. still getting pain and swelling lateral aspect left foot. d/w MIU -prob needs referral to trauma clinic. they will kindly arrange.

29-Sept-2009 Unknown Staff Member Infirmiry Drive Medical Group Infirmiry Drive Medical Group

Read Code MED3 - doctor's statement Until: 06 Oct 2009. Diagnosis: Other foot injury. Reason: Other foot injury

21-Sept-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

21-Sept-2009 WILSON, Chris Surgery

Read Code Sprain of ankle joint improving but through compensating with gait has muscle pain inner upper thigh. reassured. keep mobile.

21-Sept-2009 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code MED3 - doctor's statement and groin. Until: 28 Sep 2009.
Diagnosis: Ankle sprain. Reason: Ankle sprain

14-Sept-2009 HOSPITAL DOCTOR, Mr Administration

Read Code Foot X-ray Abnormal. L see attachment 21.9.2009
Read Code Ankle X-ray Normal. L see attachment 21.9.2009

14-Sept-2009 LAMB, Katy Surgery

Read Code Other ankle injury ongoing probs with foot and anke, imp soft tissue injury, would like rpt xray as not improving, ok, if nad then consider physio, occ health getting involved
Attachment Attachment

14-Sept-2009 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code MED3 - doctor's statement Until: 21 Sep 2009.
Diagnosis: Other ankle injury. Reason: Other ankle injury

04-Sept-2009 EMBLETON-BLACK, Caroline Surgery

Read Code MED3 - doctor's statement until 14.9- ankle injury- improving but feels needs another week

24-Aug-2009 DODD, Michael Surgery

Read Code MED3 - doctor's statement 2 weeks - ankle sprain

17-Aug-2009 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code MED3 - doctor's statement foot injury. Until: 24 Aug 2009. Diagnosis: Other ankle injury. Reason: Other ankle injury

17-Aug-2009 LUNN, James Surgery

Read Code Other ankle injury see prev documentation. sore midfoot. no focal tenderness NVI from no boney tenderness. imp STI - try elevate and OTC topical NSAID. likely take 4-6w to return to normal but should be able to get back to work well before then

13-Aug-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

13-Aug-2009 WILSON, Chris Telephone

Read Code Had a chat to patient sprained ankle - seen in miu. has pain despite ibuprofen and paracetmaol. has diclofenac at home so to try this with cocodamol instead

23-July-2009 LAMB, Katy Surgery

Read Code Feels unwell has sore right axillae, has for 3-4/7, no better, mildly unwell with viral urti as well, o/e some swelling right armpit, no abscess or palp nodes, likely infection, if no better tomorrow then will start co amox

17-July-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

13-July-2009 HOSPITAL DOCTOR, Mr Administration

Read Code Magnetic resonance study Normal. brain no significant abnormality see attachment 17.7.2009

20-May-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

12-May-2009 DODD, Michael Surgery

Read Code [X]Infections of the skin and subcutaneous tissue right ring finger excoriatio with superficial infection - PIP jt - start Abx and review if no improvement

03-Mar-2009 BROWN, Fiona Infirmiry Drive Medical GroupInfirmiry Drive Medical Group

Read Code Main spoken language English English Language Spoken: English Preferred: No

16-Feb-2009 WILSON, Chris Surgery

Read Code Infective otitis externa several days. has been poking and rubbing e45 around eam. o/e swollen canal and eam. some debris and fissuring. tragal tenderness. keep dry. top rx. ab if not settling

07-Jan-2009 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

23-Dec-2008 MACKIE, Paula Surgery

Read Code O/E - Diastolic BP reading 98.0 mmHg
Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard. 180.0 mmHg
rpt 1 wk

23-Dec-2008 MACKIE, Paula Surgery

Read Code Cigarette smoker Smoker Cigarettes: 5
Read Code Syringing ear to remove wax rt e/s- wax still too haed. cont with OO and rev 1 wk
Read Code Health education - smoking for Smoking

19-Dec-2008 DAVISON, David Administration

Read Code Outgoing mail processing Notes too long for this entry. See Communication.

18-Dec-2008 DAVISON, David Surgery

Read Code H/O: depression

18-Dec-2008 DAVISON, David Surgery

Read Code Tinnitus symptom NOS l ear and deaf r ear. r sided headaches as well. depressed by the sxs o/e wax in r ear.to use olive oil and get ear syringed start antidepressants. phq given letter to dr white see new year
Read Code Patient health questionnaire (PHQ-9) score Score: Method: for:
Attachment Attachment

11-Dec-2008 WOLTHUIS, Janneke Surgery

Read Code Medication review with patient Due: 11/12/2009 Complete: 11/12/2008 by: Dr Janneke Wolthuis Next review: 11/12/2009

11-Dec-2008 WOLTHUIS, Janneke Surgery

Read Code Telephone encounter has more tinnitus, wonders what she can do. adviced distraction/headphones etc
Read Code White British

25-Nov-2008 EMBLETON-BLACK, Caroline Results recording

Read Code Urine microscopy See "SPEC.TYPE: URINE" pathology report on 24 Nov 2008 for full free text.

24-Nov-2008 ARMSTRONG, Sandra

SPEC.TYPE: URINEThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : ? Urinary tract infection : : : Antibiotic therapy WBC's 100 - 200 per ul RBC's < 40 per ul Urine Culture: Negative FINAL REPORT Reported 24.11.08 by ***** Wearmouth (micro Primary Care guidelines for the Management of Infection may be found a t North of Tyne Area Precribing Committee website (<http://www.northumbria.nhs.uk/menu.asp?id=288579>) Overlong lines have been split into multiple lines after 70 chars.: **Unknown**

21-Nov-2008 WILKINS, Karen Surgery

Read Code Urine test for glucose Nil
Attachment Attachment
Read Code Urine protein level +. Full urinalysis Blood + sample sent to lab/CEB

17-Nov-2008 EMBLETON-BLACK, Caroline Surgery

Read Code O/E - vaginal examination apparently ***** felt a lump on i/c at weekend o/e nad ? was it loaded bowel see if ongoing concerns
 Read Code Chaperone offered declined

05-Nov-2008 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

03-Nov-2008 MACKIE, Paula Surgery

Read Code Framingham coronary heart disease 10 year risk score
 Original reading: 6.56 Score: 6.560 Method: CALCULATION% for: Warning: Last Smoking Status Record > 12 months old. Warning: Last BP Record > 3 months old. No Total Cholesterol value available. Default value of 6.00 used for calculation. No HDL Cholesterol value available. Default value of 1.40 used for calculation.

27-Oct-2008 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

27-Oct-2008 HAMEED, Ashi Surgery

Read Code Muscle strain ongoing left loin pain since friday - told on friday this was uti and given abx (which katrina has taken) but msu negative and never had urinary sx. today pain alot better but taking analgesia regularly. pain cramp like and worse on moving and pressing area O/E no bony tenderness in back, FROM in spine, tender musculature in left loin area, no abdo tenderness Plan: adv continue analgesia till pain almost away then cut back, return if sx worse

27-Oct-2008 EMBLETON-BLACK, Caroline Results recording

Read Code Urine microscopy See "SPEC.TYPE: URINE" pathology report on 26 Oct 2008 for full free text.

26-Oct-2008 ARMSTRONG, Sandra

SPEC.TYPE: URINEThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : ? Urinary tract infection : Abnormal urinalysis : : Antibiotic therapy Trimethoprim WBC"s < 40 per ul RBC"s < 40 per ul Urine culture not performed as flow cytometry indicates no evidence of infection. If further advice is required, please contact the Microbiologist. FINAL REPORT Reported 25.10.08 by Ian Wearmouth (micro: **Unknown**)

24-Oct-2008 HOSPITAL DOCTOR, Mr Administration

Read Code Urine protein level +++ . see attachment 27.10.2008

03-Oct-2008 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

02-Oct-2008 WOLTHUIS, Janneke Medicine Management**17-Sept-2008 WOLTHUIS, Janneke Surgery**

Read Code Tinnitus symptom NOS only in left ear and worsening hearing loss in left ear. normal eardrum on exam but will refer

17-Sept-2008 DAVISON, David Administration

Read Code Choice and booking enhanced services administration

17-Sept-2008 WOLTHUIS, Janneke Administration

Read Code Outgoing mail processing JW/ABB 17 September 2008
 Mr A. R. Welch, Consultant E.N.T. Surgeon, Alnwick Infirmary, ALNWICK Dear Mr Welch, Miss Katrina ROBERTSON, 3 Dovecot Close, Embleton, Alnwick NE66 3DB Date of Birth: 22.2.66. N.H.S. Record No: 635 241 0103 G.P. Practice Code: A84021 I would be grateful if you could see this 42 year old lady who presented with tinnitus in her left ear. She says she has had it for about a year but it is worsening and becoming a constant noise in her left ear. She has also noticed that her hearing has definitely gone down over the last few months in her left ear. She has no pain, no vertigo and on examination she has a normal-looking eardrum but I would be grateful for your opinion on this. I enclose a copy of her past medical history with this letter. Thank you, Yours sincerely, DR. JANNEKE WOLTHUIS Enc

17-Sept-2008 Unknown Staff Member Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code MED3 - doctor's statement musculoskelatal probl. Until: 22 Sep 2008

10-Sept-2008 LAMBIE, Aileen Surgery

Read Code Neck pain pain in middle of back and down arm and into neck , pain down right arm, sore to turn neck to right, pain worse with moving arm or turning neck. ok with walking around, has had this problem befor e- trapped nerve. ***** residential care taking ibuprofen - some relief pain worse if lying on that side. no tingling or numbness. no alrtered sensation. tender right trapezius, reduced rom neck- reduced upwards gaze, reduced rotation to right ok forward flexion some tendernes sof muscles around right shoulder blade as well. - imp musculoskeletal problem - med3 issues for 2 weeks and review , analgesia and light exercise.

13-Aug-2008 WILSON, Chris Surgery**13-Aug-2008 MACKIE, Paula Surgery**

Read Code Smoking cessation advice Advice. wants to give up by cutting down with inhalator to help. has used in past and got on with it ok. envisaged quit date for 2/12 hence with gradual reduction until then. co2=11-20. rev 2 wks

04-Feb-2008 WOLTHUIS, Janneke Surgery

Read Code MED3 - doctor's statement 2 weeks personal circumstances given. ***** 21yr, 25weeks pregnant in rvi with pre-eclampsya. might have to deliver because so unwell.

10-Jan-2008 EMBLETON-BLACK, Caroline Other

Read Code Drug not taken NOS in over 1 year BETAMETHASONE VALERATE scalp application 0.1% Last issued: 11/12/2006 Issued: 1 maximum 4 allowed Supply: (100) mls 1 APPLICATION TWICE A DAY Dr Caroline Embleton-Black

21-Nov-2007 DAVISON, David Surgery

Read Code Tendinitis NOS r wrist. has had x-ray nbi o/e tender along extensor tendon of thumb. sl swelling but no crepitus splint and otc topical nsaid

02-Nov-2007 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

29-Oct-2007 JOSEN, Pauline Surgery

Read Code Patient requested X-ray
 Read Code Cigarette smoker Smoker Cigarettes: 10
 Read Code Hand pain right. knocked on table 2/52 ago. pain sometimes on moevemnt, goes up forearm. pain on lefting cup. o/e tender over anatomical snuff box. pain on resisted extension. need to rule out scaphoid frecture. ? tendinitis. advised ibuprofen and paracetamol
 Read Code Smoking cessation advice says has cut down. not keen on intevention

29-Oct-2007 HOSPITAL DOCTOR, Mr Administration

Read Code Scaphoid X-ray Normal. Right see attachment 2.11.2007

25-May-2007 WILSON, Chris Surgery

Read Code Reassurance given had choking episode yesterday. today has resolving petechiae in svc distribution.

22-May-2007 ELSTON, Ekta Surgery

Read Code C/O - cough for 1 week, green sputum, no SOB, also sore throat o/e alert, well, chest clear, throat - red p/advice re viral illness, return if persisting

10-May-2007 CLARK, Brenda Surgery

Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard. 160.0 mmHg
recheck 2/52
Read Code O/E - Diastolic BP reading 89.0 mmHg

10-May-2007 CLARK, Brenda Surgery

Read Code Cigarette smoker Smoker Cigarettes: 20
Read Code Teetotaller Teetotaller
Read Code Smoking cessation advice Advice. smokes roll ups keen to quit, discussed strategies gave booklet, co=7-10 bp elevated recheck next visit, r/v 1/52 with action plan and quit date

22-Dec-2006 LAMB, Katy Surgery

Read Code Viral infection NOS cough, some green phleg, tired, achy, o/e chest clear, advice, awaiting ENT, o/e canals clear, she will chase

11-Dec-2006 HALL, Kim Other**11-Dec-2006 EMBLETON-BLACK, Caroline Other****11-Dec-2006 HALL, Kim Other**

Read Code Medication review without patient Due: 11/12/2007
Complete: 11/12/2006 by: Miss Kim Hall Next review: 11/12/2007

11-Dec-2006 DAVISON, David Other

Read Code Medication given dandruff

05-Dec-2006 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

04-Dec-2006 WOLTHUIS, Janneke Repeat Issue**16-Nov-2006 HOSPITAL DOCTOR, Mr Administration**

Attachment Attachment

06-Nov-2006 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

27-Sept-2006 WOLTHUIS, Janneke Surgery

Read Code Backache, unspecified Back pain. unspecified some radiation into right leg/sciatic nerve. no injuries. o/e full ROM back, full leg raise, normal sensation and reflexes. rev prn
Read Code Body mass index - observation Converted from 36.2 36.2 Kg/m²
kg/m²
Read Code O/E - weight 94.0 Kg

21-Aug-2006 JONES, Simon Surgery

Read Code Patient reviewed re tinnitus in the left and ear discharge on the right. Sx of discharge improved with sofradex. O/e Still some discharge in the canal, but TM clearly seen and injected. Webers to the right still. P: Continue sofradex for a further week. Review if not settling. Refer to ENT as hearing down and tinnitus increasing.

21-Aug-2006 JONES, Simon Administration

Read Code Outgoing mail processing Notes too long for this entry.
See Communication.

15-Aug-2006 JONES, Simon Surgery

Read Code Tinnitus symptom NOS for over a year. Constant dull sound. Getting worse in left ear. Hearing down in the left. No other sx. O/e left tm normal. right tm red, some discharge, not a clear view. ac>bc both ears webbers to right. A: tinnitus needs ix P: . Sofradex. Review in One week - Will need referral

09-Aug-2006 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

08-Aug-2006 STEVENSON, Christopher Surgery

Read Code Marital problems ***** ?separating put down alot & relationship deterioration

08-Aug-2006 STEVENSON, Christopher Surgery

Read Code Referral to counsellor
Attachment Attachment

08-Aug-2006 STEVENSON, Christopher Administration

Read Code Patient offered choice of provider

15-Mar-2006 WOLTHUIS, Janneke Surgery

Read Code Examination of scalp patch of flaky skin, infected at present back of skull. ? psoriasis/dermatitis. also in right ear. not typical thickness of psoriasis. will restart scalp application, now fluclo. rev if not settling down in coming weeks, other wise ? dermatology opinion

13-Feb-2006 WOLTHUIS, Janneke Surgery

Read Code Patient informed - test result bone densitometry scan normal

13-Feb-2006 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment
Attachment Attachment
Attachment Attachment

23-Jan-2006 HOSPITAL DOCTOR, Mr Administration

Read Code Body mass index - observation Converted from 37.8 37.8 Kg/m²
kg/m²
Read Code O/E - weight see attachment 13.2.2006 98.0 Kg
Read Code O/E - height 1.610 metres. see attachment 13.2.2006 1.61 m

23-Dec-2005 ARMSTRONG, Sandra

SPEC.TYPE: TONGUE SWABThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystemOne., Microscopy, culture and sensitivities: Clinical details : ? : Oral thrush : : Antibiotic therapy Culture : No significant growth Candida Culture : Candida species not isolated Organisms: 1. 2. 3. 4. 5. 1. 2. 3. 4. 5. FINAL REPORT Reported 23.12.05 by Catherine Wilson: **Unknown**

23-Dec-2005 EMBLETON-BLACK, Caroline Results recording

Read Code Microscopy, culture and sensitivities See "SPEC.TYPE: TONGUE SWAB" pathology report on 23 Dec 2005 for full free text.

21-Dec-2005 LOCUM, A Surgery

Read Code Tongue symptoms Ongoing sore tongue. No improvement with Co-amoxiclav. Feels soreness along centre of tongue. Worried ++ about oral Ca. Otherwise well in herself. O/E no lesions visible on tongue / oral mucosa. No mass palpable within tongue. Swab taken from tongue thrush. Advised simple analgesia. Return or see dentist if no improvement within 2/52.

14-Dec-2005 STEVENSON, Christopher Surgery

Read Code Oral aphthous ulcer ? sec infection
Read Code Smoking cessation advice Advice given on Smoking

29-Nov-2005 LUNDEAN, Leila Surgery

Attachment Attachment

28-Nov-2005 LUNDEAN, Leila Surgery

Read Code	O/E - Systolic BP reading taken Sitting Cuff: Standard	139.0 mmHg
Read Code	O/E - Diastolic BP reading	75.0 mmHg

28-Nov-2005 LUNDEAN, Leila Surgery

Read Code	Hormone replacement therapy bloods discussed. keen to try hrt. hysterectomy age 30. hot flushes++ weight gain. mood swings. pros and cons discussed. health promotion. for premarin 625mcg od. see 3/12.
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21-Nov-2005 EMBLETON-BLACK, Caroline Results recording

Read Code	Lymphocyte count 2.30 1.500 - 4.000 Converted from 2.3 10 ⁹ /L	2.3 10 ⁹ /L
Read Code	Mean cell haemoglobin level 33.60 High 27.000 - 32.000	33.6 pg
Read Code	Red blood cell count 4.26 3.800 - 5.800 Converted from 4.26 10 ¹² /L	4.26 10 ¹² /L
Read Code	Monocyte count - observation 0.30 0.200 - 0.800	0.3 10 ⁹ /L
Read Code	Converted from 0.3 10 ⁹ /L	
Read Code	Serum TSH level 1.400 0.300 - 4.400. Euthyroid picture (including satisfactory thyroxine replacement) Converted from 1.4 mU/L	1.4 mIU/L
Read Code	Full blood count	
Read Code	Serum alkaline phosphatase level 88.00 35.000 - 120.000	88.0 iu/L
Read Code	Urea and electrolytes	
Read Code	Erythrocyte sedimentation rate 8.00 3.000 - 15.000	8.0 mm/hr
Read Code	Converted from 8 mm/h	
Read Code	Serum urea level 5.00 2.500 - 6.400 Converted from 5.00 mmol/L	5.0 mmol/L
Read Code	Serum potassium level 4.10 3.500 - 5.000	4.1 mmol/L
Read Code	Serum sodium level 137.00 134.000 - 147.000	137.0 mmol/L
Read Code	Serum globulin level 29.00 20.000 - 35.000	29.0 g/L
Read Code	Serum total protein level 71.00 60.000 - 80.000	71.0 g/L
Read Code	Haematocrit 0.399 0.370 - 0.470 Converted from 0.399 L/L	0.399
Read Code	Mean cell haemoglobin concentration 35.90 High 32.000 - 35.000	35.9 g/dL
Read Code	Mean cell volume 93.60 83.000 - 101.000	93.6 fL
Read Code	Neutrophil count 3.20 2.000 - 7.500 Converted from 3.2 10 ⁹ /L	3.2 10 ⁹ /L
Read Code	Red blood cell distribution width 11.000 - 14.000	11.1 %
Read Code	Gonadotrophin level See "BLOOD" pathology report on 21 Nov 2005 for full free text.	
Read Code	Haemoglobin concentration 14.30 11.500 - 16.500	143.0 g/L
Read Code	Serum LH level 36.00 Converted from 36 U/L	36.0 iu/L
Read Code	Plasma glucose level 5.20. Non-fasting glucose	5.2 mmol/L
Read Code	Eosinophil count - observation 0.20 0.000 - 0.400	0.2 10 ⁹ /L
Read Code	Converted from 0.2 10 ⁹ /L	
Read Code	Total white blood count 6.00 4.000 - 11.000 Converted from 6 10 ⁹ /L	6.0 10 ⁹ /L
Read Code	Serum albumin level 42.00 34.000 - 50.000	42.0 g/L
Read Code	Serum creatinine level 83.00 55.000 - 95.000	83.0 umol/L
Read Code	Serum follicle stimulating hormone level 101.00	101.0 iu/L
Read Code	Converted from 101 U/L	
Read Code	Platelet count - observation 216.00 150.000 - 400.000	216.0 10 ⁹ /L
Read Code	Converted from 216 10 ⁹ /L	
Read Code	Serum alanine aminotransferase level 58.0 High 40.000 -58.0 iu/L	
Read Code	Basophil count 0.00 0.000 - 0.100 Converted from 0 10 ⁹ /L	0.0 10 ⁹ /L
Read Code	Liver function tests	
Read Code	Serum total bilirubin level 5.00 17.000 -	5.0 umol/L

21-Nov-2005 ARMSTRONG, Sandra

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Gonadotrophin levels: Original result: "GONADOTROPHINS" Follicular Mid-cycle Luteal Postmenopause LH 2 - 10 10 - 96 2 - 11 >30 FSH 2 - 10 5 - 28 2 - 8 >30 Gonadotrophins consistent with menopause transition (FSH >30): **Unknown**

BLOODThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

18-Nov-2005 STANLEY, Sheila Clinic

Read Code	Blood sampling fbc/esr/tft/rbg/u&e/lft/lh/fsh seeing GP with result
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18-Nov-2005 LUNDEAN, Leila Other

Read Code Thyroid function tests abnormal
 Read Code Result, lab.- general Result. lab.- general abnormal see tests
 Read Code Full blood count normal

15-Nov-2005 LUNDEAN, Leila Surgery

Attachment Attachment
 Read Code Nosebleed/epistaxis symptom recent flu following flu jab. tired. mild epistaxos on blowing nose. o/e nose-nad. reassure. to observe.
 Read Code Flushes/goes red hysterectomy 9 yrs ago. hot flushes +++ mood swings. unable to lose weight. tired. feels low. discussion re:symptoms and possible causes. check bloods. see with results. advise re:herbal remedies. blood tests to be taken - fbc,esr,u+e,lft,tft,glucose,lh,fsh.

10-Oct-2005 WILSON, Chris Surgery

Read Code Backache, unspecified Back pain. unspecified for severla days, no radiation. right upper outer buttock and flank tender. good rom spine, no bony pain. hip nontender. reassure. to remain active, cont analgesia, self cert for 7d

06-Oct-2005 EMBLETON-BLACK, Caroline Administration

Read Code C/O - loin pain left sudden for about 36 hours prob when walking - no urinary symptoms - back spasm++++ and chest clear - codeine and diclof not much help - chest clear - prob musculoskeletal - see prn

11-Aug-2005 EMBLETON-BLACK, Caroline Administration

Read Code Body mass index 30+ - obesity

20-May-2005 WILSON, Lyndsey Surgery

Read Code Lateral epicondylitis 1w ho increasing right lat elbow pain. Worse on movement and lifting. New job at Alnbanks, using hoist and lifting+++ No injury. o/e tender over lat epicondyle, pain on resisted wrist extension and supination. Reluctant to take time off work, but will ring up if gets worse and needs a sick note. Advice re rest, NSAIDS. Return if no better.

11-Feb-2005 WILSON, Lyndsey Surgery

Read Code Grief reaction Had to have dog put down last week. Feeling very guilty and weepy. Sleep distrubed. Talked through expected grief reaction and reassured.
 Read Code Seborrhoeic dermatitis Small patch of seborrhoeic dermatitis over occipital region.

11-Feb-2005 ANDREW, Ruth Surgery**19-Oct-2004 ANDREW, Ruth Surgery**

Read Code Candidiasis Itch and discomfort perianal area. No bleeding, constipation, diarrhoea or pain when passing motions. Worried something wrong. Has been using canestan-didn't help. o/e no external haemorrhoids. Perianal area inflamed and excoriated. No discharge. PR nad. Try canestan HC for a week.
 Read Code Chest infection NOS
 Read Code H/O: anxiety state Flying to Amsterdam next monday has never flown before. Very anxious and would like something to calm her down. Small dose of diazepam.

13-Oct-2004 STEVENS, Clare Clinic

Read Code Other elbow injuries knocked Rt elbow on wardrobe last night, now concerned as feels sore and tingling from shoulder to finger tips on/off. O/e no weakness, no loss of sensation or numbnes (tested with sharp and soft) muscle tone and strength equal to Lt side. No obvious swelling, tender over olcranon process. FROM. reassured most likly bruising. see again if no improvement.

09-Sept-2004 BROWN, Fiona Administration

Read Code Notes summary on computer

06-Sept-2004 EMBLETON-BLACK, Caroline Results recording

Read Code Microscopy, culture and sensitivities - See "Faeces"
pathology report on 04 Sep 2004 for full free text.

04-Sept-2004 ARMSTRONG, Sandra

FaecesThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Microscopy, culture and sensitivities: Clinical details : Diarrhoea : : Macroscopic appearance : Semi formed stool Rotavirus antigen : Negative Adenovirus antigen : Negative Salmonella, Shigella and Campylobacter not isolated FINAL REPORT Reported 04.09.04 by Sharon Greenough: **Unknown**

01-Sept-2004 EMBLETON-BLACK, Caroline Surgery

Read Code Diarrhoea 1w mainly ams works albank wheresidents
have had gastroenteritis abdo nad adv will drop in stool sp
Attachment Attachment

01-July-2004 PARKIN, Sally Surgery

Read Code O/E - Diastolic BP reading 79.0 mmHg
Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard 133.0 mmHg

01-July-2004 PARKIN, Sally Surgery

Read Code Hormone replacement therapy hormone levels show
menopausal. discussed risks and benefits of HRT. happy
to try low dose oestrogen. start premarin 625. review 3/12

24-Jun-2004 ARMSTRONG, Sandra

BloodThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Gonadotrophin levels: Original result: "GONADOTROPHINS" Follicular Mid-cycle Luteal Postmenopause LH 2 - 10 10 - 96 2 - 11 >30 FSH 2 - 10 5 - 28 2 - 8 >30 Gonadotrophins consistent with menopause transition (FSH >30): **Unknown**

24-Jun-2004 EMBLETON-BLACK, Caroline Results recording

Read Code Mean cell volume 91.10 83.000 - 101.000 91.1 fL
Read Code Full blood count
Read Code Haematocrit 0.401 0.370 - 0.470 Converted from 0.401 0.401
L/L
Read Code Monocyte count - observation 0.30 0.200 - 0.800 0.3 10⁹/L
Converted from 0.3 10⁹/L
Read Code Basophil count 0.00 0.000 - 0.100 Converted from 0 0.0 10⁹/L
10⁹/L
Read Code Red blood cell distribution width 11.000 - 14.000 11.5 %
Read Code Red blood cell count 4.40 3.800 - 5.800 Converted from 4.4 10¹²/L
4.4 10¹²/L
Read Code Serum follicle stimulating hormone level 110.00 110.0 iu/L
Converted from 110 U/L
Read Code Neutrophil count 4.10 2.000 - 7.500 Converted from 4.1 4.1 10⁹/L
10⁹/L
Read Code Total white blood count 6.70 4.000 - 11.000 Converted 6.7 10⁹/L
from 6.7 10⁹/L
Read Code Haemoglobin concentration 14.00 11.500 - 16.500 140.0 g/L
Read Code Mean cell haemoglobin concentration 34.90 32.000 - 35.000 34.9 g/dL
Read Code Gonadotrophin level See "Blood" pathology report on 24
Jun 2004 for full free text.
Read Code Mean cell haemoglobin level 31.70 27.000 - 32.000 31.7 pg
Read Code Platelet count - observation 197.00 150.000 - 400.000 197.0 10⁹/L
Converted from 197 10⁹/L
Read Code Eosinophil count - observation 0.20 0.000 - 0.400 0.2 10⁹/L
Converted from 0.2 10⁹/L
Read Code Lymphocyte count 2.10 1.500 - 4.000 Converted from 2.1 10⁹/L
2.1 10⁹/L
Read Code Serum LH level 68.00 Converted from 68 U/L 68.0 iu/L

23-Jun-2004 ARMSTRONG, Sandra

BloodThe 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

23-Jun-2004 CLARK, Brenda Surgery

Read Code Blood sample taken as per JLW requested

23-Jun-2004 WELSH, Janet Other

Read Code Luteinising hormone level /FSH abnormal

10-Jun-2004 WELSH, Janet Surgery

Attachment Attachment
 Read Code Flushes/goes red irritable and sleep disturbed by flushes at night; wishes to try treatment; tearful sometimes; always had low patches lasting a few days recently more often
 Read Code Family problems

10-Jun-2004 WELSH, Janet Surgery**03-Jun-2004 CLARK, Brenda Surgery**

Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard 129.0 mmHg
 Read Code O/E - Diastolic BP reading 88.0 mmHg

20-May-2004 CLARK, Brenda Surgery

Read Code O/E - Diastolic BP reading 89.0 mmHg
 Read Code O/E - Systolic BP reading taken Sitting Cuff: Standard. 127.0 mmHg
 recheck 2/52

20-May-2004 CLARK, Brenda Surgery

Read Code Body mass index - observation Converted from 36.3 36.3 Kg/m²
 kg/m²
 Read Code Exercise grading Moderate. walks daily
 Read Code Health education - smoking for Smoking
 Read Code O/E - weight 90.718 Kg
 Read Code Patient-initiated diet Eating habits: Moderate. started lfd
 Read Code Teetotaller Teetotaller
 Read Code Cigarette smoker Smoker Cigarettes: 15

14-May-2004 WELSH, Janet Surgery

Read Code O/E - Systolic BP reading taken Sitting Cuff: Large 140.0 mmHg
 Read Code O/E - Diastolic BP reading 108.0 mmHg

14-May-2004 WELSH, Janet Surgery

Read Code Flushes/goes red awakening with flushes 2 wks, from forehead down face, eased by going outside, irritable; hysterectomy; worried about risks of HRT due to cancer risk
 Read Code [D]Raised blood pressure reading rpt by PN; walks daily 2-3 miles
 Read Code Had a chat to patient did track ***** down and has spoken on the 'phone but does not feel in a hurry to meet; her ***** has stood by her through thick and thin since age 6 wks

25-Feb-2004 DAVISON, David Telephone

Read Code Had a chat to patient she was ***** and trying to prove the identity of her natural *****. wondering if we do this advised to contact dept of genetics at rvi for further info on this

21-Jan-2004 FORTUNE, Locum Surgery

Read Code Infective otitis externa right after ear syringe - see in 2/52 if no better

14-Jan-2004 MACKIE, Paula Surgery

Read Code Syringing ear to remove wax bile/s.both clear tms intact.has been having noise in lt ear-if continues see gp
 Vaccination Hepatitis B Occupation, Type of immunisation: Hepatitis B, Due 14 Feb 2004, Batch: eng5413c6 1/06, Dose:

14-Jan-2004 EMBLETON-BLACK, Caroline Surgery**09-Jan-2004 STEVENSON, Christopher Surgery**

Read Code Occupations Occupation: ***** aln bank
 Read Code MED3 - doctor's statement 1w gastroc musc tear 1w

02-Jan-2004 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

29-Dec-2003 NORTHERN DOCTORS, Urgent Night visit, Local rota

Read Code Pain in calf right

22-Dec-2003 STEVENSON, Christopher Surgery

Read Code Smoking cessation advice
 Read Code Chest infection NOS 10d post flu
 Read Code Cigarette smoker Smoker Cigarettes: 15

21-Nov-2003 WOLTHUIS, Janneke Surgery

Read Code Seborrhoeic dermatitis on scalp. lotion not helping much anymore. given shampo while quite flaky and rev if needed

21-Nov-2003 WOLTHUIS, Janneke Surgery**15-Oct-2003 HOSPITAL DOCTOR, Mr Administration**

Attachment Attachment

30-Sept-2003 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

28-Sept-2003 NORTHERN DOCTORS, Urgent Night visit, Local rota

Read Code Patient given advice deaf in one ear, burning, meds given

08-Sept-2003 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

01-Aug-2003 MACKIE, Paula Surgery

Read Code Blocked ear bil ear wax.oil then e/s if needed

30-Jun-2003 CROFTS-BARNES, Anthony Surgery

Read Code C/O: a rash both arms skin very dry itchy++ advised try aqueous cream and piriton for itch see if not settling

16-Jun-2003 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

10-Jun-2003 LOCUM, A Surgery

Read Code MED3 - doctor's statement 5 weeks arthroscopy given, had scrapings of cartilage and knee still sore and swollen. seeing physio

09-Jun-2003 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment

05-Jun-2003 HOSPITAL DOCTOR, Mr Administration

Read Code Arthroscopy NEC left knee, patello - femoral assessment see attachment 9.6.03

22-Apr-2003 MORGAN, Georgina Surgery

Read Code Family problems depressed and stressed, fighting with *****, difficulties with *****, debts, wants to move back to borders, sleep and appetite poor. imp mild depression, discussed antid's, counselling few goals set. Plan - see next week to discuss further.

02-Apr-2003 DAVISON, David Surgery

Read Code H/O: eczema around r ear and wax in the ear. see pn for syringing

25-Nov-2002 DAVISON, David Surgery

Read Code Chest infection NOS creps l base

18-Oct-2002 LOCUM, A Surgery

Read Code Infective otitis externa

19-Sept-2002 HOSPITAL DOCTOR, Mr Administration

Attachment Attachment
 Attachment Attachment

04-July-2002 NORMAN, Justine Surgery

Read Code Candidiasis
 Read Code Knee joint pain still awaiting ortho review. in meantime- refer physio

20-Jun-2002 NORMAN, Justine Surgery

Read Code H/O: anxiety state about driving test-discussed- sweats profusely with palps- discussed.
 Read Code Scalp

16-Apr-2002 NORMAN, Justine Administration

Read Code Outgoing mail processing Notes too long for this entry. See Communication.

15-Apr-2002 NORMAN, Justine Surgery

Read Code Skin and subcut tissue infection NOS scratched by dogs claws- left upper arm- has become red, swollen and painful- dog had just attacked a dead animal- ?? what on claws. Discussed. for antibiotics- must return if not settling
 Read Code H/O: knee problem left knee worse than rt at present- problems in past seen at Borders general, o/e crepitus nil else, known bipartite patella bilat. Wishing referral to specialist for opinion as locking and pain is gettin her down

06-Feb-2002 DAVISON, David Surgery

Read Code Pityriasis rosea

16-Nov-2001 DAVISON, David Surgery

Read Code Knee joint pain I anterior knee pain

05-Jun-2001 EMBLETON-BLACK, Caroline Surgery

Read Code Wax in ear canal r na bicarb and syringe by pn

14-Dec-2000 JOHNSON, Sarah Repeat Issue

Read Code C/O: a rash

20-Oct-2000 JOHNSON, Sarah Acute visit

Read Code Torticollis -adv +++

19-Oct-2000 CHAMBERS, Claire Infirmary Drive Medical Group Infirmary Drive Medical Group**22-Jun-2000 DODD, Michael Other**

Read Code Past medical history recorded

22-Jun-2000 DODD, Michael Other

Read Code No FH: Hypertension of G2...00 Hypertensive disease
 Read Code No FH: Stroke/TIA of G6...00 Cerebrovascular disease
 Read Code No FH: Ischaemic heart disease of G3...00 Ischaemic heart disease

15-May-2000 BURDON, Justin Surgery

Read Code Skin and subcut tissue infection NOS boil in R ear. Also eczema in ear.

17-Feb-2000 JOHNSON, Sarah Repeat Issue

Read Code Boil NOS

17-Feb-2000 CLARK, Brenda Surgery

Read Code Urine protein level Nil
 Read Code Urine test for glucose

21-Sept-1999 HOWSON, Jane Infirmary Drive Medical Group Infirmary Drive Medical Group

Read Code Head louse infestation

07-Sept-1999 JOHNSON, Sarah Other

Read Code New patient screening Seen by: Mrs Kirstie Jagoe

07-Sept-1999 DODD, Michael Other

Read Code Health education offered for Overweight

07-Sept-1999 JAGOE, Kirstie Infirmiry Drive Medical Group Infirmiry Drive Medical Group

Read Code	O/E - Systolic BP reading	111.0 mmHg
Read Code	Urine protein level Nil	
Read Code	Exercise grading Moderate. walking	
Read Code	Patient-initiated diet Eating habits: Moderate	
Read Code	O/E - weight	84.0 Kg
Read Code	O/E - height 1.58 metres	1.58 m
Read Code	O/E - Diastolic BP reading	88.0 mmHg
Read Code	Body mass index - observation Converted from 33.6 kg/m ²	33.6 Kg/m ²
Read Code	Urine test for glucose Nil	

07-Sept-1999 JOHNSON, SarahRead Code New registration check done and claimable Invite date:
25 Aug 1999**25-Aug-1999 JOHNSON, Sarah Other**

Read Code Cigarette smoker Smoker Cigarettes: 15

25-Aug-1999 JOHNSON, Sarah Infirmiry Drive Medical Group Infirmiry Drive Medical Group

Allergy	No known allergies of 14L..00 H/O: drug allergy	
Read Code	O/E - height 1.60 metres	1.6 m
Read Code	No known allergies of 14L..00 H/O: drug allergy	
Read Code	New patient questionnaire completed	
Read Code	Body mass index - observation Converted from 33.4 kg/m ²	33.4 Kg/m ²
Read Code	Alcohol intake Teetotaler	
Read Code	O/E - weight	85.729 Kg

01-Jan-1996 DODD, Michael Other

Read Code Fibroadenoma of breast left

23-Nov-1995 WILSON, Carolyn OtherRead Code No smear - benign hysterectomy Out of Practice. TOTAL
Comment Excluded from cytology target report -
Hysterectomy**01-Jan-1995 DODD, Michael Other**Read Code Total abdominal hysterectomy NEC
Read Code H/O: menorrhagia**01-Jan-1995 DODD, Michael Other**

Read Code Dilation of cervix uteri and curettage of uterus NEC

01-Jan-1994 DODD, Michael Other

Read Code Joint pain knee anterior

16-Dec-1993 Unknown Staff Member Surgery, elsewhere

Read Code	Smear Under Other GMS
Read Code	Cervical smear - negative
Read Code	Liquid based cervical cytology screening
Read Code	Cervical smear
Read Code	Smear Slide Number cc081102/93
Read Code	Smear Reason: Routine Call

25-Jan-1992 BARRETT, Lisa Surgery

Read Code Blood group O Rh(D) positive

19-Jan-1992 DODD, Michael Other

Read Code Caesarean delivery NOS girl

25-Oct-1986 BARRETT, Lisa Surgery

Read Code ***** delivered female

10-May-1984 BARRETT, Lisa Surgery

Read Code ***** delivered female

10-Jun-1982 *****

Free Text *****

09-Jan-1979 Unknown Staff Member Surgery, elsewhere

Vaccination Rubella Batch: nk~, Dose: 0.5 ml

01-Jan-1979 DODD, Michael Other

22-Jun-1971 Unknown Staff Member Surgery, elsewhere

Vaccination Poliomyelitis Vaccine Batch: trd/192/1~, Dose: 0.5ml

13-Feb-1970 Unknown Staff Member Surgery, elsewhere

Read Code Tonsillectomy and adenoidectomy

01-Jan-1900 LAVERICK, Gillian Administration

Read Code Advice to ***** information

Medications (inc. issues)

Acute

Repeat

Past

14-May-2026 Metformin 500mg tablets Acute Medication (Past)
56 tablet - ONE to be taken TWICE daily with breakfast and evening meal

14-May-2026 Fluoxetine 20mg capsules Acute Medication (Past)
56 capsule - take 2 daily

14-May-2026 Lercanidipine 20mg tablets Acute Medication (Past)
28 tablet - take one daily to lower blood pressure

14-May-2026 Ramipril 5mg capsules Acute Medication (Past)
28 capsule - take one daily

14-May-2026 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

20-Apr-2026 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - take one twice daily

15-Apr-2026 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

15-Apr-2026 Ramipril 5mg capsules Acute Medication (Past)
28 capsule - take one daily

15-Apr-2026 Lercanidipine 20mg tablets Acute Medication (Past)
28 tablet - take one daily to lower blood pressure

08-Apr-2026 Codeine 15mg tablets Acute Medication (Past)
28 tablet - take one up to 4 times/day when required

26-Mar-2026 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - take one twice daily

26-Mar-2026 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - take one daily

13-Mar-2026 Fluoxetine 20mg capsules Acute Medication (Past)
56 capsule - take 2 daily

13-Mar-2026 Ramipril 5mg capsules Acute Medication (Past)
28 capsule - take one daily

13-Mar-2026 Lercanidipine 20mg tablets Acute Medication (Past)
28 tablet - take one daily to lower blood pressure

13-Mar-2026 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

05-Feb-2026 Fluoxetine 20mg capsules Acute Medication (Past)
56 capsule - take 2 daily

05-Feb-2026 Lercanidipine 20mg tablets Acute Medication (Past)
28 tablet - take one daily to lower blood pressure

05-Feb-2026 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

05-Feb-2026 Fluoxetine 20mg capsules Repeat Medication (Past)
56 capsule - take 2 daily

05-Feb-2026 Ramipril 5mg capsules Acute Medication (Past) 28 capsule - take one daily
05-Feb-2026 Metformin 500mg tablets Acute Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
09-Jan-2026 Metformin 500mg tablets Acute Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
09-Jan-2026 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
09-Jan-2026 Fluoxetine 20mg capsules Acute Medication (Past) 56 capsule - take 2 daily
09-Jan-2026 Ramipril 5mg capsules Acute Medication (Past) 28 capsule - take one daily
09-Jan-2026 Lercanidipine 20mg tablets Acute Medication (Past) 28 tablet - take one daily to lower blood pressure
23-Dec-2025 Betamethasone valerate 0.1% scalp application Acute Medication (Past) 100 ml - Apply thinly to dry hair in the morning and at night. As your symptoms improve, this can be reduced.
23-Dec-2025 Betamethasone valerate 0.1% ointment Acute Medication (Past) 30 gram - Apply thinly to the affected area(s) once or twice a day
17-Dec-2025 Fluoxetine 20mg capsules Acute Medication (Past) 56 capsule - take 2 daily
12-Dec-2025 WEGOVY FLEXTOUCH (form not specified) Acute Medication (Past) -
02-Dec-2025 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - take one daily to make total daily dose 40mg
02-Dec-2025 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
02-Dec-2025 Metformin 500mg tablets Acute Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
02-Dec-2025 Ramipril 5mg capsules Acute Medication (Past) 28 capsule - take one daily
02-Dec-2025 Lercanidipine 20mg tablets Acute Medication (Past) 28 tablet - take one daily to lower blood pressure
24-Nov-2025 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - take one daily
03-Nov-2025 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
03-Nov-2025 Ramipril 5mg capsules Acute Medication (Past) 28 capsule - take one daily
03-Nov-2025 Lercanidipine 20mg tablets Acute Medication (Past) 28 tablet - take one daily to lower blood pressure
03-Nov-2025 Metformin 500mg tablets Acute Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
29-Oct-2025 Ramipril 5mg capsules Repeat Medication (Past) 28 capsule - take one daily
29-Oct-2025 Atorvastatin 20mg tablets Repeat Medication (Past) 28 tablet - take one daily
29-Oct-2025 Fluoxetine 20mg capsules Repeat Medication (Past) 56 capsule - take 2 daily
29-Oct-2025 Metformin 500mg tablets Repeat Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
29-Oct-2025 Ramipril 5mg capsules Repeat Medication (Past) 28 capsule - take one daily
29-Oct-2025 Lercanidipine 20mg tablets Repeat Medication (Past) 28 tablet - take one daily to lower blood pressure
01-Oct-2025 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - take one daily
01-Oct-2025 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
01-Oct-2025 Ramipril 2.5mg capsules Acute Medication (Past) 28 capsule - Take ONE capsule ONCE daily
01-Oct-2025 Lercanidipine 20mg tablets Acute Medication (Past) 28 tablet - take one daily to lower blood pressure
08-Sept-2025 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - take one daily
28-Aug-2025 Metformin 500mg tablets Acute Medication (Past) 56 tablet - ONE to be taken TWICE daily with breakfast and evening meal
28-Aug-2025 Ramipril 2.5mg capsules Acute Medication (Past) 28 capsule - Take ONE capsule ONCE daily

28-Aug-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Aug-2025 Lercanidipine 20mg tablets Acute Medication (Past)
28 tablet - take one daily to lower blood pressure

27-Aug-2025 Lercanidipine 20mg tablets Repeat Medication (Past)
28 tablet - take one daily to lower blood pressure

15-Aug-2025 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - take one daily

15-Aug-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - take one daily

11-Aug-2025 Lercanidipine 10mg tablets Acute Medication (Past)
28 tablet - take one daily

11-Aug-2025 Lercanidipine 10mg tablets Repeat Medication (Past)
28 tablet - take one daily

01-Aug-2025 Metformin 500mg tablets Repeat Medication (Past)
56 tablet - ONE to be taken TWICE daily with breakfast and evening meal

01-Aug-2025 Metformin 500mg tablets Acute Medication (Past)
56 tablet - ONE to be taken TWICE daily with breakfast and evening meal

29-July-2025 Atorvastatin 20mg tablets Repeat Medication (Past)
28 tablet - take one daily

29-July-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

29-July-2025 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - Take ONE capsule ONCE daily

23-July-2025 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
15 tablet - Take ONE tablet THREE times a day for 5 days, to treat infection

21-July-2025 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
6 capsule - Take ONE capsule TWICE daily for 3 days, to treat infection

21-July-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - take one daily

14-July-2025 Lercanidipine 10mg tablets Acute Medication (Past)
28 tablet - take one daily

03-July-2025 Ramipril 2.5mg capsules Repeat Medication (Past)
28 capsule - Take ONE capsule ONCE daily

03-July-2025 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - take one daily

03-July-2025 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - Take ONE capsule ONCE daily

03-July-2025 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - Take ONE capsule ONCE daily

02-July-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

27-Jun-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - take one daily

10-Jun-2025 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - Spray once into the affected ear(s) three times a day. Do not use for more than 7 days.

03-Jun-2025 Lercanidipine 10mg tablets Acute Medication (Past)
28 tablet - take one daily

03-Jun-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

22-May-2025 Metformin 500mg tablets Acute Medication (Past)
56 tablet - ONE to be taken ONCE daily with breakfast for 2 weeks, then ONE to be taken TWICE daily with breakfast and evening meal

06-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - take one daily

15-Apr-2025 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - take one daily

02-Apr-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - take one daily

02-Apr-2025 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - take one daily

02-Apr-2025 Lercanidipine 10mg tablets Acute Medication (Past)
28 tablet - take one daily

02-Apr-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Feb-2025 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Feb-2025 Lercanidipine 10mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Feb-2025 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
21-Feb-2025 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - take one daily
21-Feb-2025 Zopiclone 3.75mg tablets Acute Medication (Past) 7 tablet - take one at night
11-Feb-2025 Lercanidipine 10mg tablets Acute Medication (Past) 28 tablet - take one daily
11-Feb-2025 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
10-Jan-2025 Atorvastatin 20mg tablets Acute Medication (Past) 28 tablet - take one daily
10-Jan-2025 Lercanidipine 10mg tablets Acute Medication (Past) 28 tablet - take one daily
03-Jan-2025 Lercanidipine 10mg tablets Repeat Medication (Past) 28 tablet - take one daily
03-Jan-2025 Atorvastatin 20mg tablets Repeat Medication (Past) 28 tablet - take one daily
13-Dec-2024 Timodine cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past) 30 gram - Apply 3 times/day until the lesions have healed
13-Dec-2024 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past) 5 ml - Use ONE spray into the affected ear(s) THREE times daily for up to 7 days, to treat acute otitis externa. Continue for 2 days after symptoms have disappeared
13-Dec-2024 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past) 5 ml - Use ONE spray into the affected ear(s) THREE times daily for up to 7 days, to treat acute otitis externa. Continue for 2 days after symptoms have disappeared
13-Dec-2024 Timodine cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past) 30 gram - Apply 3 times/day until the lesions have healed
29-Oct-2024 Ramipril 10mg capsules Repeat Medication (Past) 28 capsule - take one daily
16-Jun-2020 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
19-May-2020 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
07-Apr-2020 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
23-Mar-2020 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past) 10 ml - Spray once into the affected ear(s) three times a day. Do not use for more than 7 days.
23-Mar-2020 Timodine cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past) 30 gram - Apply 3 times/day until the lesions have healed
12-Mar-2020 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
13-Feb-2020 Clotrimazole 500mg pessary and Clotrimazole 2% cream Acute Medication (Past) 1 pack - Insert one pessary into the vagina at night for 1 night, and Apply cream to the outer affected area 2 to 3 times a day for up to 7 days
11-Feb-2020 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
17-Dec-2019 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
19-Nov-2019 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
01-Nov-2019 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
22-Oct-2019 Carbomer '980' 0.2% eye drops 0.6ml unit dose preservative free Repeat Medication (Past) 30 unit dose - Apply to the LEFT eye 4 times a day to lubricate the eye
22-Oct-2019 Ramipril 10mg capsules Repeat Medication (Past) 28 capsule - take one daily
22-Oct-2019 Ramipril 10mg capsules Repeat Medication (Past) 28 capsule - take one daily
22-Oct-2019 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
17-Oct-2019 Carbomer '980' 0.2% eye drops 0.6ml unit dose preservative free Repeat Medication (Past) 30 unit dose - Apply to the LEFT eye 4 times a day to lubricate the eye
30-Sept-2019 Ramipril 10mg capsules Acute Medication (Past) 28 capsule - take one daily
19-Sept-2019 Prednisolone sodium phosphate 0.5% ear/eye drops Acute Medication (Past) 10 ml - one drop left eye 3 times daily
19-Sept-2019 Carbomer '980' 0.2% eye drops Acute Medication (Past) 10 gram - Apply to the affected eye(s) 3-4 times a day or when required to lubricate the eye(s).

19-Sept-2019 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - take one twice daily

12-Sept-2019 Ramipril 10mg capsules Repeat Medication (Past)
28 capsule - take one daily

10-Sept-2019 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - take one twice daily

23-Aug-2019 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - take one daily

23-Aug-2019 Ramipril 2.5mg capsules Repeat Medication (Past)
28 capsule - take one daily

19-Aug-2019 Ramipril 5mg tablets Acute Medication (Past)
56 tablet - take one daily

14-Aug-2019 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
10 ml - Spray once into the affected ear(s) three times a day. Do not use for more than 7 days.

14-Aug-2019 Betamethasone valerate 0.1% scalp application Acute Medication (Past)
100 ml - 1 APPLICATION DAILY

26-July-2019 Prednisolone sodium phosphate 0.5% ear/eye drops Acute Medication (Past)
10 ml - one drop left eye 3 times daily

26-July-2019 Sebco ointment (Derma UK Ltd) Acute Medication (Past)
40 gram - Apply to the scalp once a day for 3 to 7 days until symptoms improve. Then Apply once a week when required to remove scaling.

13-Jun-2019 Ramipril 5mg tablets Acute Medication (Past)
56 tablet - take one daily

25-Mar-2019 Ramipril 5mg tablets Acute Medication (Past)
56 tablet - take one daily

10-Jan-2019 Ramipril 5mg tablets Acute Medication (Past)
56 tablet - take one daily

30-Oct-2018 Ramipril 5mg tablets Acute Medication (Past)
56 tablet - take one daily

30-Oct-2018 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - Spray once into the affected ear(s) three times a day. Do not use for more than 7 days.

20-Sept-2018 Ramipril 5mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Aug-2018 Ramipril 5mg tablets Repeat Medication (Past)
56 tablet - take one daily

28-Aug-2018 Ramipril 5mg tablets Acute Medication (Past)
28 tablet - take one daily

01-Aug-2018 Ramipril 5mg tablets Acute Medication (Past)
28 tablet - take one daily

01-Aug-2018 Ramipril 5mg tablets Repeat Medication (Past)
28 tablet - take one daily

06-July-2018 Ramipril 5mg tablets Acute Medication (Past)
28 tablet - take one daily

09-Apr-2018 Doxycycline 100mg capsules Acute Medication (Past)
14 capsule - one twice a day

05-Apr-2018 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - Spray once into the affected ear(s) three times a day. Do not use for more than 7 days.

27-Apr-2017 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

04-Apr-2017 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

16-Mar-2017 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - Spray once into the affected ear(s) at least three times a day. Maximum of one spray every 2 to 3 hours. Do not use for more than 7 days.

01-Mar-2017 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

19-Jan-2017 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

20-Dec-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

10-Nov-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

10-Nov-2016 Amlodipine 5mg tablets Acute Medication (Past)
28 tablet - take one daily

06-Oct-2016 Amlodipine 5mg tablets Acute Medication (Past)
28 tablet - take one daily

06-Oct-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

01-Sept-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

28-July-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

18-July-2016 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - Spray once into the affected ear(s) at least three times a day. Maximum of one spray every 2 to 3 hours. Do not use for more than 7 days.

23-Jun-2016 Amlodipine 5mg tablets Repeat Medication (Past)
28 tablet - take one daily

23-Jun-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

23-Jun-2016 Amlodipine 5mg tablets Acute Medication (Past)
28 tablet - take one daily

17-May-2016 Ramipril 10mg capsules Repeat Medication (Past)
28 capsule - 1 EVERY DAY

17-May-2016 Ramipril 10mg capsules Repeat Medication (Past)
28 capsule - 1 EVERY DAY

17-May-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

14-Apr-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

07-Mar-2016 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - 1 EVERY DAY

22-Dec-2015 Amlodipine 5mg tablets Acute Medication (Past)
56 tablet - take one daily

22-Dec-2015 Ramipril 10mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

29-Oct-2015 Amlodipine 5mg tablets Acute Medication (Past)
56 tablet - take one daily

27-Oct-2015 Ramipril 10mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

19-Aug-2015 Ramipril 10mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

17-Jun-2015 Ramipril 10mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

29-May-2015 Ramipril 10mg capsules Repeat Medication (Past)
28 capsule - 1 EVERY DAY

11-May-2015 Ramipril 5mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

16-Mar-2015 Ramipril 5mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

16-Jan-2015 Ramipril 5mg capsules Acute Medication (Past)
56 capsule - 1 EVERY DAY

16-Dec-2014 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

12-Sept-2014 Betamethasone valerate 0.1% scalp application Acute Medication (Past)
100 ml - 1 APPLICATION DAILY

12-Sept-2014 Ketoconazole 2% shampoo Acute Medication (Past)
250 ml - USE ONE WEEKLY

30-Jun-2014 Codeine 15mg tablets Acute Medication (Past)
112 tablet - ONE OR TWO FOUR TIMES A DAY WHEN REQUIRED

10-Apr-2014 Betnovate 0.1% ointment (GlaxoSmithKline UK Ltd) Acute Medication (Past)
100 gram - TO AFFECTED AREA ONCE DAILY FOR TWO WEEKS THEN AS AND WHEN NO MORE THAN THREE TIMES A WEEK

10-Apr-2014 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY

04-Nov-2013 Doxycycline 100mg capsules Acute Medication (Past)
11 capsule - 2 IMMEDIATELY THEN 1 DAILY

30-Oct-2013 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES DAILY

25-Mar-2013 Hyoscine butylbromide 10mg tablets Acute Medication (Past)
40 tablet - 1 UP TO FOUR TIMES A DAY WITH THE ONSET OF FOR PAIN

13-Nov-2012 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES DAILY

13-July-2012 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 ml - ONE SPRAY THREE TIMES A DAY

17-Apr-2012 Hydrocortisone 1% cream Acute Medication (Past)
30 gram - APPLY THINLY ONCE DAILY

17-Apr-2012 Betamethasone valerate 0.1% scalp application Acute Medication (Past)
100 ml - 1 APPLICATION TWICE A DAY

18-Aug-2011 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES A DAY

25-Jun-2010 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

29-Oct-2009 Varenicline 1mg tablets and Varenicline 500microgram tablets Acute Medication (Past)
25 tablet starter pack (11 x 500mcg + 14 x 1mg) - AS DIRECTED

29-Oct-2009 Varenicline 1mg tablets and Varenicline 500microgram tablets Repeat Medication (Past)
25 tablet starter pack (11 x 500mcg + 14 x 1mg) - AS DIRECTED

23-July-2009 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet(s) - 1 THREE TIMES A DAY

12-May-2009 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - 1 FOUR TIMES A DAY

12-May-2009 Mupirocin 2%cream Acute Medication (Past)
15 gram(s) - THREE TIMES A DAY

16-Feb-2009 Gentisone HC ear drops (Advanz Pharma) Acute Medication (Past)
10 mls - APPLY THREE TIMES A DAY

18-Dec-2008 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - 1 EVERY DAY

02-Oct-2008 Betamethasone valerate 0.1%scalp application Repeat Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

13-Aug-2008 Nicotine 10mg inhalation cartridges with device Acute Medication (Past)
42 starter pack with mouthpiece - ASD

11-Dec-2006 Betamethasone valerate 0.1%scalp application Repeat Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

11-Dec-2006 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

04-Dec-2006 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

27-Sept-2006 Co-dydramol 10mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 2 FOUR TIMES A DAY WHEN REQUIRED FOR FOR FOR PAIN RELIEF

27-Sept-2006 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
30 tablet(s) - 1 THREE TIMES A DAY AFTER FOOD FOR FOR FOR PAIN RELIEF

15-Aug-2006 SOFRADEX ear drops [SANOFI/AVE] Acute Medication (Past)
10 mls - APPLY 3 TIMES/DAY

08-Aug-2006 Fluoxetine 20mg capsules Acute Medication (Past)
60 capsule(s) - TAKE ONE DAILY

15-Mar-2006 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - 1 FOUR TIMES A DAY

15-Mar-2006 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

14-Dec-2005 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet(s) - 1 THREE TIMES A DAY

06-Oct-2005 Co-dydramol 10mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 2 FOUR TIMES A DAY WHEN REQUIRED FOR FOR FOR PAIN RELIEF

20-May-2005 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - 1 THREE TIMES A DAY FOR PAIN RELIEF

11-Feb-2005 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 mls - 1 APPLICATION TWICE A DAY

11-Feb-2005 NEUTROGENA T-GEL shampoo 2% w/v [NEUTROGENA] Acute Medication (Past)
125 mls - 1 APPLICATION EVERY DAY

19-Oct-2004 Fluconazole 150mg capsules Acute Medication (Past)
1 capsule(s) -

19-Oct-2004 Diazepam 2mg tablets Acute Medication (Past)
2 tablet(s) - AS DIRECTED

19-Oct-2004 Hydrocortisone 1%/ Clotrimazole 1%cream Acute Medication (Past)
30 gram(s) - APPLY TWICE A DAY

19-Oct-2004 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule(s) - 1 THREE TIMES DAILY

01-July-2004 Premarin 0.625mg tablets (Pfizer Ltd) Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY

10-Jun-2004 Venlafaxine 37.5mg tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE TWICE DAILY

21-Jan-2004 OTOSPORIN ear drops [GLAXSK UK] Acute Medication (Past)
10 mls - APPLY 3 TIMES/DAY

14-Jan-2004 ENGERIX B vaccine 20micrograms/1ml [GLAXSK PHA] Acute Medication (Past)
1 - 1ml vial(s) -

22-Dec-2003 Amoxicillin 500mg capsules Acute Medication (Past)
30 capsule(s) - 1 THREE TIMES DAILY

21-Nov-2003 Coconut oil with coal tar and salicylic acid Acute Medication (Past)
250 mls - TWICE A WEEK IF NEEDED

21-Nov-2003 **Betamethasone valerate 0.1% scalp application Acute Medication (Past)**
100 mls - AS NEEDED

21-Nov-2003 **Betamethasone valerate 0.1% scalp application Repeat Medication (Past)**
100 mls - AS NEEDED

21-Nov-2003 **Coconut oil with coal tar and salicylic acid Repeat Medication (Past)**
250 mls - TWICE A WEEK IF NEEDED

02-Apr-2003 **Betamethasone valerate 0.1% cream Acute Medication (Past)**
30 gram(s) - TWICE A DAY

25-Nov-2002 **Erythromycin 250mg gastro-resistant tablets Acute Medication (Past)**
28 tablet(s) - 1 FOUR TIMES A DAY

18-Oct-2002 **Betnesol 0.10% Ear drops (UCB Pharma Ltd) Acute Medication (Past)**
10 mls - FOUR TIMES A DAY

18-Oct-2002 **Amoxicillin 250mg capsules Acute Medication (Past)**
21 capsule(s) - 1 THREE TIMES A DAY

04-July-2002 **Fluconazole 150mg capsules Acute Medication (Past)**
1 capsule(s) - 1 IMMEDIATELY

04-July-2002 **Tubigrip E elasticated tubular bandage 8.75cm x 1m [MOLNLYCKE] Acute Medication (Past)**
1 unit(s) - AS DIRECTED

20-Jun-2002 **Ibuprofen 400mg tablets Acute Medication (Past)**
48 tablet(s) - TAKE 1 THREE TIMES A DAY

20-Jun-2002 **Propranolol 40mg tablets Acute Medication (Past)**
28 tablet(s) - 1 EVERY DAY INC TO TWICE A DAY IF NECESSARY

20-Jun-2002 **Betamethasone valerate 0.1% scalp application Acute Medication (Past)**
100 mls - AS DIRECTED

15-Apr-2002 **Flucloxacillin 500mg capsules Acute Medication (Past)**
28 capsule(s) - 1 FOUR TIMES A DAY

15-Apr-2002 **Metronidazole 200mg tablets Acute Medication (Past)**
14 tablet(s) - 1 TWICE A DAY

15-Apr-2002 **Paracetamol 500mg tablets Acute Medication (Past)**
100 tablet(s) - 2 FOUR TIMES A DAY WHEN REQUIRED

15-Apr-2002 **Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)**
84 tablet(s) - 1 THREE TIMES A DAY AFTER FOOD

06-Feb-2002 **Aqueous cream Acute Medication (Past)**
1000 gram(s) - APPLY AS DIRECTED

16-Nov-2001 **Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)**
100 tablet(s) - 1 THREE TIMES A DAY AFTER FOOD

05-Jun-2001 **Sodium bicarbonate 5% ear drops Acute Medication (Past)**
10 mls - AS DIRECTED

14-Dec-2000 **Clotrimazole 1% cream Acute Medication (Past)**
100 gram(s) - APPLY 3 TIMES/DAY

20-Oct-2000 **Co-dydramol 10mg/500mg tablets Acute Medication (Past)**
40 tablet(s) - 2 FOUR TIMES A DAY WHEN REQUIRED

19-Oct-2000 **Ibuprofen 400mg tablets Acute Medication (Past)**
48 tablet(s) - TAKE 1 THREE TIMES A DAY

15-May-2000 **EPADERM ointment [MEDLOCK] Acute Medication (Past)**
125 gram(s) -

15-May-2000 **Derbac-M 0.5% liquid (G.R. Lane Health Products Ltd) Acute Medication (Past)**
200 mls - AS DIRECTED

15-May-2000 **Flucloxacillin 250mg capsules Acute Medication (Past)**
28 capsule(s) - 1 FOUR TIMES A DAY

17-Feb-2000 **Flucloxacillin 250mg capsules Acute Medication (Past)**
28 capsule(s) - 1 FOUR TIMES A DAY

21-Sept-1999 **Derbac-M 0.5% liquid (G.R. Lane Health Products Ltd) Acute Medication (Past)**
50 mls - AS DIRECTED

21-Sept-1999 **Derbac-M 0.5% liquid (G.R. Lane Health Products Ltd) Acute Medication (Past)**
200 mls - AS DIRECTED

Allergies

25-Aug-1999 **JOHNSON, Sarah**
No known allergies
of 14L..00 H/O: drug allergy
Episodicity -

Vaccinations

06-Dec-2022 Unknown Staff Member

Influenza Vaccine
 Batch: 440161a~, Dose: 0.5ml
 INFLUENZA

21-Dec-2021 Unknown Staff Member

COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
 Batch: fn5254~, Dose: 0.3ml
 SARS-2 Coronavirus

11-Mar-2021 Unknown Staff Member

COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
 Batch: er1741~, Dose: 0.3ml
 SARS-2 Coronavirus

12-Jan-2021 Unknown Staff Member

COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer)
 Batch: el0141~, Dose: 0.3ml
 SARS-2 Coronavirus

14-Jan-2004 MACKIE, Paula

Hepatitis B
 Occupation, Type of immunisation: Hepatitis B, Due 14 Feb 2004, Batch: eng5413c6 1/06, Dose:
 HEPATITIS B

09-Jan-1979 Unknown Staff Member

Rubella
 Batch: nk~, Dose: 0.5 ml
 RUBELLA

22-Jun-1971 Unknown Staff Member

Poliomyelitis Vaccine
 Batch: trd/192/1~, Dose: 0.5ml
 POLIO

Referrals

13-May-2026 EVANS, Stephanie

. Referral Type: Hospital; Sender: JACKSON, Charlotte (Dr); Referral Status: Waiting For Information

30-Jan-2026 SMITH, Christine

. Recipient: Mental Health Recovery and Rehabilitation Service; Sender: General Medical Practitioner; Reason: Bereavement support (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted

06-Nov-2025 O'NEILL, Zoe

. Referral Status: Discharged From Care; Outcome: Accepted

26-Dec-2024 SHERRARD, Emily

. Referral Status: Discharged From Care; Outcome: Accepted

08-Oct-2019 BROWN, Deborah

. Recipient: Northumberland Stop Smoking Service; Sender: GP (National code: 3); Reason: Smoking Cessation (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted

27-Sept-2019 SMITH, Natalie

. Recipient: PhysioLine; Sender: Self-Referral; Reason: General (Primary Reason); Referral Status: Discharged From Care; Outcome: Accepted

30-Jun-2014 MASCALL, Jacqui

Referral Type: Out Patient Free Text: physio referral, not on c&b Action date: 22 Jul 2014 Source: GP Referral. Referral Type: Other; Sender: MASCALL, Jacqui (Dr); Reason: Knee pain; Referral Status: Care/Input Completed; Outcome: Other

11-Feb-2013 STEVENSON, Christopher

Referral Type: Out Patient Free Text: Urology referral not on CAB - UBRN made in error Action date: 04 Mar 2013 Source: GP Referral UBRN: 000237545915. Referral Type: Other; Sender: STEVENSON, Christopher (Dr); Reason: Colicky abdominal pain; Referral Status: Care/Input Completed; Outcome: Other

02-Dec-2011 WILSON, Chris

Referral Type: Out Patient Free Text: IMATS referral not on CAB Action date: 23 Dec 2011 Source: GP Referral. Referral Type: Other; Sender: WILSON, Chris (Dr); Reason: Arthralgia of wrist; Referral Status: Care/Input Completed; Outcome: Other

Test Requests

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Test Results

07-Apr-2026 Auto-filed

Result: XR PELVIS AND HIP RIGHT XR PELVIS AND HIP RIGHT: Clinical History : ? worsening right OA hip ?? referred from Degn Lx. xray prior to consideration of onwards ortho ref. REQUESTED BY : Rebecca Mather Bleep/Contact No : NOT KNOWN Examination: Pelvis x-ray. Comparison: Images compared to the examination dated 30/7/25. Findings: The bones are osteopenic. There is bilateral coxa valga. There are advanced OA changes affecting the right hip with circumferential joint space narrowing, periarticular sclerosis, osteophytic lipping and cortical buttressing the femoral neck. There are more moderate OA changes affecting the left hip. The sacroiliac joints are patent. There are marked spondylotic changes in the limited views of the lower lumbar spine. There is degeneration of the pubic symphysis. There is no overt aggressive osseous lesion. Vascular calcification. Overall, no significant interval change when compared to the previous x-rays. Connor Gallagher. Reporting Radiographer, Medica Reporting Ltd HCPC: RA70690 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
Abnormal, but expected

03-Feb-2026 Auto-filed

Result: UREA AND ELECTROLYTES (FOR GP AND O) UREA AND ELECTROLYTES (FOR GP AND O Clinical Information: Order Clinical Details: Itc
Satisfactory

02-Feb-2026 Auto-filed

Result: Haemoglobin A1c level - IFCC standardised has fu, Clinical Information: Order Clinical Details: Itc
Borderline

03-Feb-2026 Auto-filed

Result: NON-FASTING LIPIDS NON-FASTING LIPIDS Clinical Information: Order Clinical Details: Itc
Satisfactory

03-Feb-2026 Auto-filed

Result: Liver function tests Clinical Information: Order Clinical Details: Itc
Normal

03-Nov-2025 Auto-filed

Result: UREA AND ELECTROLYTES (FOR GP AND O) Clinical Information: Order Clinical Details: + U & E? reducing after starting meds. UREA AND ELECTROLYTES (FOR GP AND O
Satisfactory

03-Nov-2025 Auto-filed

Result: Haemoglobin A1c level - IFCC standardised needs 20 min yoc appt please, Clinical Information: Order Clinical Details: + U & E? reducing after starting meds.
Abnormal, but expected

13-Aug-2025 Auto-filed

Result: XR PELVIS AND HIP RIGHT Hip Pain also referring back. Xray to guide options. Moderate rated OA in r hip to L. have texted Pt to make follow up., XR PELVIS AND HIP RIGHT: Clinical History : Right Hip Pain no trauma or red flags. Known OA on Xray 2018. Deteriorating now with large impact mobility. Pain on exam into all movements. Would appreciate Xray to determine any deterioration in OA change to guide options and potential guided injection. REQUESTED BY : Miles Callum Bleep/Contact No : NOT KNOWN Pelvis Right hip Bilateral OA confirmed with reduced joint space height on the right No fracture or acute finding Dr R Davies Medica Reporting GMC 3588040 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
Abnormal, but expected

24-July-2025 Auto-filed

Result: Urine culture CULTURE: No Growth Clinical Information: Order Clinical Details: ?uti
Normal

21-July-2025 Auto-filed

Result: UREA AND ELECTROLYTES (FOR GP AND O) has HB fu, UREA AND ELECTROLYTES (FOR GP AND O Clinical Information: Order Clinical Details: as per HB task
Satisfactory

04-July-2025 Auto-filed

Result: Urine albumin/creatinine ratio Clinical Information: Order Clinical Details: Raised bp
Normal

05-Jun-2025 Auto-filed

Result: Serum TSH level Clinical Information: Order Clinical Details: oviva ref
Normal

04-Jun-2025 Auto-filed

Result: UREA AND ELECTROLYTES (FOR GP AND O) Ockd?, Clinical Information: Order Clinical Details: oviva ref UREA AND ELECTROLYTES (FOR GP AND O
Borderline

13-May-2025 Auto-filed

Result: NON-FASTING LIPIDS Clinical Information: Order Clinical Details: recall NON-FASTING LIPIDS
Normal

13-May-2025 Auto-filed

Result: Liver function tests Clinical Information: Order Clinical Details: recall
Normal

13-May-2025 Auto-filed

Result: Haemoglobin A1c level - IFCC standardised pt has follow up, Clinical Information: Order Clinical Details: recall
Abnormal, but expected

13-Mar-2025 Auto-filed

Result: Bowel cancer screening programme: faecal occult blood result
Not responded to invitation

23-Jan-2025 Auto-filed

Result: Urine albumin/creatinine ratio Clinical Information: diabetic
Normal

30-Dec-2024 Auto-filed

Result: Haemoglobin A1c level - IFCC standardised *pt needs a 40 min appt as new diabetic, Clinical Information: Order Clinical Details: ? new type 2 diabetes*
Abnormal

06-Dec-2024 Auto-filed

Result: UREA AND ELECTROLYTES (FOR GP AND O) *routine pharmacist re qrisk, UREA AND ELECTROLYTES (FOR GP AND O Clinical Information: Order Clinical Details: LTC*
Borderline

06-Dec-2024 Auto-filed

Result: NON-FASTING LIPIDS *routine pharmacist re qrisk, NON-FASTING LIPIDS Clinical Information: Order Clinical Details: LTC*
Borderline

09-Dec-2024 Auto-filed

Result: Haemoglobin A1c level - IFCC standardised *repeat Hba1c in 2 weeks pleas ? new DM, Clinical Information: Order Clinical Details: LTC*
Abnormal

18-Mar-2020 SMAILES, Anne

Result: Haemoglobin A1c level - IFCC standardised *letter sent, Clinical Information: Previous abnormal*
Abnormal

09-Mar-2020 SMAILES, Anne

Result: LIPIDS INC HDL/LIPIDS INC HDL: *See FATS7 guideline for interpretation of lipids Clinical Information: hyp a/r*
Abnormal

09-Mar-2020 SMAILES, Anne

Result: eGFR using creatinine (CKD-EPI) per 1.73 square metres *Clinical Information: hyp a/r*
Normal

09-Mar-2020 SMAILES, Anne

Result: Urea and electrolytes *Clinical Information: hyp a/r*
Normal

09-Mar-2020 SMAILES, Anne

Result: Haemoglobin A1c level - IFCC standardised *shows pre diabetes, Clinical Information: hyp a/r*
Abnormal

19-Feb-2020 IRONSIDE, Emily

Result: Urine culture *Clinical Information: inc freq and burning*
Normal

16-Feb-2020 IRONSIDE, Emily

Result: SAMPLE REJECTED *tel appt tomorrow, SAMPLE REJECTED: Clinical details itching and discharge Test requested: Genital swab culture/sensitivity Specimen container empty - please repeat. No swab in specimen container. Reported by Annie Ward Overlong lines have been split into multiple lines after 70 chars. Clinical Information: itching and discharge*
Unknown

17-Feb-2020 IRONSIDE, Emily

Result: Chlamydia trachomatis nucleic acid detection assay *Clinical Information: itching and discharge*
Normal

23-Sept-2019 MCMAHON, Niamh

Result: Urea and electrolytes; eGFR using creatinine (CKD-EPI) per 1.73 square metres */u plan in place - bloods stable, Clinical Information: increased ramipril*
Normal

10-Sept-2019 WATSON, Helen

Result: Urea and electrolytes; eGFR using creatinine (CKD-EPI) per 1.73 square metres *Clinical Information: increase in ramipril dose*
Normal

08-Aug-2019 ENSER, Zina

Result: Urine albumin/creatinine ratio *Clinical Information: hyp a/r*
Normal

29-July-2019 SMAILES, Anne

Result: Haemoglobin A1c level - IFCC standardised *Clinical Information: hyp a/r*
Normal

29-July-2019 SMAILES, Anne

Result: CHOL/HDL RATIO *CHOL/HDL RATIO: Clinical Information: hyp a/r*
Abnormal

29-July-2019 SMAILES, Anne

Result: eGFR using creatinine (CKD-EPI) per 1.73 square metres *Clinical Information: hyp a/r*
Normal

29-July-2019 SMAILES, Anne

Result: Urea and electrolytes *Clinical Information: hyp a/r*
Normal

24-Sept-2018 PARKIN, Robert

Result: XR PELVIS *mild oa and lumbar spondylosis, XR PELVIS: XR Pelvis Clinical History : 1w hx of right hip pain, no hx of trauma antalgic gait, not tender on compressing pelvis or on palpating greater trochanter, limited and painful flexion, int and ext rotation, slr 70 deg right, 90 deg left ?oa ?severity REQUESTED BY : Dr Robert Parkin Bleep/Contact No : NOT KNOWN XR Pelvis: Mild degenerative changes noted in the right hip joint with subarticular sclerosis and a little marginal osteophytosis present. Spondylosis is seen in the visualised lower lumbar spine. There is mildly increased sclerosis around the symphysis pubis. Ruth Kettlewell Advanced Practitioner Reporting Radiographer HPC Registration No: RA37647 Reported by : Ruth KETTLEWELL, Reporting Radiographer / RARKE 1w hx of right hip pain, no hx of trauma antalgic gait, not tender on compressing pelvis or on palpating greater trochanter, limited and painful flexion, int and ext rotation, slr 70 deg right, 90 deg left ?oa ?severity REQUESTED BY : Dr Robert Parkin Bleep/Contact No : NOT KNOWN*
Abnormal, but expected

31-July-2018 **PARKIN, Robert**

Result: Urea and electrolytes; eGFR using creatinine (CKD-EPI) per 1.73 square metres *Clinical Information: U&ES for titration of BP meds*
Satisfactory

06-July-2018 **ANDERSON, Karen**

Result: Haemoglobin A1c level - IFCC standardised *Clinical Information: hypertension*
Normal

06-July-2018 **ANDERSON, Karen**

Result: LIPIDS INC HDL/LIPIDS INC HDL: See FATS7 guideline for interpretation of lipids *Clinical Information: hypertension*
Borderline

06-July-2018 **ANDERSON, Karen**

Result: eGFR using creatinine (CKD-EPI) per 1.73 square metres *Clinical Information: hypertension*
Normal

06-July-2018 **ANDERSON, Karen**

Result: Liver function tests *Clinical Information: hypertension*
Normal

06-July-2018 **ANDERSON, Karen**

Result: Urea and electrolytes *Clinical Information: hypertension*
Normal

06-July-2018 **ANDERSON, Karen**

Result: Full blood count *Clinical Information: hypertension*
Normal

18-Apr-2017 **ANDERSON, Karen**

Result: Urine albumin/creatinine ratio URINE CREATININE: 5.7 mmol/L *Clinical Information: Annual Hypertension/CKD3*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: GFR calculated abbreviated MDRD *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Serum cholesterol level *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Liver function tests *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Urea and electrolytes *Clinical Information: annual bp*
Abnormal

04-Apr-2017 **SMAILES, Anne**

Result: CUN1 CUN1: No urine specimen received for ACR *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Full blood count *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Serum TSH level *Clinical Information: annual bp*
Normal

04-Apr-2017 **SMAILES, Anne**

Result: Haemoglobin A1c level - IFCC standardised *Clinical Information: annual bp*
Normal

23-May-2016 **ENSER, Zina**

Result: Haemoglobin A1c level - IFCC standardised *Clinical Information: prev raised*
Normal

20-Apr-2016 **ENSER, Zina**

Result: Urine albumin/creatinine ratio URINE CREATININE: 6.4 mmol/L *Clinical Information: hypertension*
Normal

20-Apr-2016 **ENSER, Zina**

Result: Serum TSH level *Clinical Information: hypertension review*
Normal

20-Apr-2016 **ENSER, Zina**

Result: Full blood count *Clinical Information: hypertension review*
Abnormal, but expected

20-Apr-2016 **ENSER, Zina**

Result: GFR calculated abbreviated MDRDu+e 1m, *Clinical Information: hypertension review*
Abnormal

20-Apr-2016 **ENSER, Zina**

Result: CHOL/HDL RATIO CHOL/HDL RATIO: See FATS7 guideline for interpretation of lipids *Clinical Information: hypertension review*
Abnormal, but expected

20-Apr-2016 **ENSER, Zina**

Result: Liver function tests *Clinical Information: hypertension review*
Normal