

✓	ACTION REQUIRED	✓	Initial
DF	PRESCRIPTION BOX		
ADJ	PIGEON HOLE OF		
HFF			
AJH	REPORT BOX		
LJM	25 FEB 2007		
RT			
SLW	CONTACT PATIENT		
SG	COMPUTER INPUT		
	NORMAL		
	FILE		
	MAKE APPOINTMENT		

NHS Grampian

Pregnancy Counselling Service

Ward 42
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN



Tel: 01224 554844
Fax: 01224 559280
Email: louisejenkins@nhs.net

LMC/LJ/0929924

Nurse Amada Mackie
Square 13
Centre for Reproductive Health
(Family Planning)
13 Golden Square
Aberdeen
AB10 1RH

CRN: 0929924J

CHI: 0710902042

Date Dictated: 08/02/2008 Date Typed: 11/02/2008

Dear Nurse Mackie,

Miss Cherie Cameron (07/10/1990) 13 Slessor Road, Aberdeen, Aberdeenshire, AB12 5LR

Thank you for referring this lady to the Pregnancy Advisory Service. She presents with an unplanned pregnancy at 7+4 weeks gestation confirmed by ultrasound scan.

She was using condoms for contraception but had unprotected sex once on Hogmanay.

She had been with her [REDACTED] for five months. She is in supported accommodated and has no family here. She feels emotionally and financially unable to cope with continuing with the pregnancy.

Arrangements are in place for a surgical termination of pregnancy on 20.02.08.

Future contraception has been discussed and she already has the Evra patch to start straight after the termination.

She opted for a full STI screen.

Yours sincerely,

PCase

PC **Dr Lesley M Craig**
Associate Specialist

Cc Dr R Taylor ✓
Kincorth Medical Centre
26 Abbotswell Crescent
Aberdeen
AB12 5JW

✓	ACTING REQUIRED	✓	Index
DE	F. S. T. 2008		
ADJ	PIGEON HOLE OF		
HV			
ALH	REPORT BOX		
LIM	1 FEB 2008		
RT			
SLV	CONTACT PATIENT		
SG	DEPUTY INPUT		
	FILE		
	MAKE APPOINTMENT		

[Handwritten signature]

QUEENS MEDICAL CENTRE - PATIENT DISCHARGE/TRANSFER INFORMATION

GP COPY

GENERAL INFORMATION		PATIENT INFORMATION		FOLLOW UP CARE REQUIRED								
Title/Patient Name <u>cheie cameron</u> D.O.B. <u>07.10.1990</u> <u>512549F</u> <u>73 Jersey Gardens</u> PLACE STICKER HERE ON EACH COPY <u>ON HOLIDAY FROM</u> <u>SCOTLAND</u> Hospital No: Telephone Number: Date of Admission: <u>25.7.11</u> Ward: <u>D57</u> Ext: <u>11</u> Date of Discharge/Transfer: <u>25.7.11</u> To: <u>11</u> Consultant: <u>11</u> Code: Letter to GP/Dr: Discharge Address/Contact No. (if different):		(TO BE COMPLETED BY A DOCTOR - Please PRINT clearly) PRIMARY DIAGNOSIS/OPERATIVE PROCEDURES: <u>Viral illness</u> PROBLEMS / COMMENTS: YES ☒ NO ☒ CARERS STRATEGY INFO Delete as appropriate 918A/918F CONFIDENTIAL GP SPECIFIC INFORMATION <u>Will NOT appear on patient's copy</u>		District/Practice Nurse Information: Please Tick as Appropriate An Outpatient Appointment: ☒ Is not required ☐ Will be posted to you ☐ Has been made Date..... Time.....Clinic..... ☐ Your Transport to the Clinic Has Been Arranged The following services have been asked to visit you: ☐ District Nursing Service ☐ Social Services ☐ Community Psychiatric Nursing Services ☐ Other (Please Specify)								
Name of Medication (Print clearly)	Dose to be Taken	Special Instructions	When to take/use Medication					Number of days supplied	Obtain more from GP before supply runs out	Stop when supply runs out	Reason for Medication	Pharmacy Use Prod. Check Date/Sig
			8am	10am	1pm	6pm	10pm					
<u>Paracetamol</u>	<u>1g</u>		☒		☒	☒	☒	<u>10</u>				<u>ALD 25/11</u>

NAME NURSE/KEYWORKER (PRINT):.....

NAME NURSE DISCHARGING PATIENT (PRINT):.....

SIG. NURSE DISCHARGING PATIENT:.....

SIGNATURE OF DOCTOR:.....

NAME OF DOCTOR (PRINT):.....

DATE:.....

DATE:.....

FINAL CHECK SIG
DATE:.....

for hospital

file

copy

1/8/07

SG

23/02/07

X 2

SCARBOROUGH & NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST
CONSULTANT - MR AP VOLANS
ACCIDENT & EMERGENCY

DATE: 20/02/2007
TIME: 16:57

SURNAME: CAMERON FORENAME: CHERIE DOB: 09/10/90 AGE: 16 y OCCUPATION: MACKIE ACADE

NHS NUMBER: U/R NUMBER: 1138676 SOURCE: SELF PRESENTING PLACE OF INCIDENT:

ADDRESS: 29 BERNHAM AVENUE STONEHAVEN KINCARDINESHIRE TEMPORARY ADDRESS: 19 BANKSIDE EASTFIELD SCARBOROUGH NEXT OF KIN ADDRESS: 29 BERNHAM AVENUE STONEHAVEN

AB39 2WD TEL: 01569767567 TEL: SCHOOL: ALLAN LOGAN FOSTERDAD INFORMED? Y/N

REGISTERED GP: AH MORGAN ROBERT STREET STONEHAVEN AB392EL TEL: 01569762945 INITIALLY SEEN : 16.57 MAJ/MIN HANDOVER : ENP/DOCTOR SEEN TREAT COMPLETE : DECISION TO ADMIT: TIME LEFT A&E : 1820 DISPOSAL: 1 HOME, DISCHARGE TO GP 2 HOME, REVIEW IN A&E 3 HOME, REVIEW IN OP/#CLI 4 ADMIT TO WARD: CONS: 5 TRANSFER TO OTHER HOSP 6 DIED IN A&E OR DOA 7 TOOK OWN DISCHARGE 8 OTHER EG. POLICE CUST

PULSE: BP: RESP: TEMP: SaO2: % (AIR/02) BM mmol

ALLERGIES: GLASGOW COMA SCALE: VISUAL ACUITY PAIN SCORE: PUPIL REACTION : R 6/ L 6/ WATERLOW SCORE:

ENP/NURSE'S NAME: DOCTOR'S NAME: PRIMARY ASSESSMENT:

Fall in lake - swallowed water.

Patient seemed not to wait.

Emer

02 ECG
01 XRAY
09 C.T
10 U/S
11 MRI
03 HAEM
04 XMATCH
05 BIO
06 URINE
07 BACT
99 OTHER
NONE

WORKING DIAGNOSIS:

DRUGS GIVEN IN A&E	DOSE	ROUTE	DOCTOR	NURSE	TIME	TETANUS IMMUNISATION
1						TET IMMUNE : _____
2						TET VAC BOOST : _____
3						TET VAC COURSE : _____
4						HATIG : _____

Your Ref:

Our Ref: JRB/EMB/071090.2042

Enquiries to: Mr J R Buckley

Secretary: Direct line: 01356 665037/ext. 65037 (9.00 am - 2.30 pm)



TAYSIDE
University Hospitals
NHS Trust

DEPARTMENT OF ORTHOPAEDICS

Mr J E Scullion
Mr J R Buckley
Mr N W Valentine
Mr P K Rickhuss
(Mr A Jain - on call only)

Stracathro Hospital
Brechin

Angus DD9 7QA
Telephone: 01356 647291

Fax: 01356 665101

STRACATHRO FRACTURE CLINIC

6th September 2000

Clinic: 4 9 00

Dr Wilson
Medical Centre
INVERBERVIE
DD10 0RU

Dear Dr Wilson.

Cherie CAMERON 7 10 90
8 David Street, Inverbervie, Montrose, DD10 0RR

Date of injury: 7 8 2000.
Diagnosis: Fracture metatarsals.
Treatment: Conservative.
Date of next review: Discharged.

Inverbervie Medical Practice		CI	✓	SM	✓
Doctors	PW	✓	CI	✓	SM
Computer					
- 8 SEP 2000					
FHS	Full Normal				
Notes	Make Appr				
File	Nurse				

I reviewed this young girl whose fracture is clinically united. She is mobilising comfortably and I have discharged her back to your care.

Yours sincerely,

Mr J R Buckley MB BS FRCS Ed
Consultant Orthopaedic Surgeon

Your Ref:

Our Ref: WM/ST/07.10.90 2042

Enquiries to: Mr P K Rickhuss
Secretary: Direct line: 01356 665068/ext. 65068



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Stracathra Hospital
Brechin
Angus DD9 7QA
Telephone: 01356 647291

Fax: 01356 665101

18 August 2000
clinic: 14.08.00

Dr Wilson
Medical Centre
INVERBERVIE
DD10 0RU

Dear Dr Wilson.

Cherie Cameron, 8 David Street, Inverbervie

I saw Cherie for review in the clinic today. She is comfortable in her cast and the swelling has settled a little. She continues to elevate her foot but may gradually increase the amount of weight she is taking over the next two weeks. We will see her for review in three week's time with cast off on arrival.

Yours sincerely


Mr W MacLeod
Specialist Registrar

Inverbervie Medical Practice					
Doctors	PW	CI	DY	SM	
Computer					
25 AUG 2000					
F-15	Journal				
Notes	Appx				
File	29/8/00	Nurse			

Grampian Health Board

NURSING LIAISON DATA SHEET (ADULT WARDS)

HOSPITAL STRACATHRO		SURNAME Cameron	2042 UNIT No.	
CONSULTANT MR BUCKLEY		FIRST NAMES Cherie		
WARD 10		ADDRESS 8 David St Inverberie Monhose	SEX F	MARITAL STATUS
AGE 94RS	POST CODE DD10 0RR	DATE OF BIRTH 07.10.90		
TELEPHONE No. 01561-362477		PLACE LABEL WITHIN BRACKETS		

NEXT OF KIN		GENERAL PRACTITIONER	
Name	[REDACTED]	Name	Dr pm Wilson
Relationship	[REDACTED]	Address	Church St Inverberie
Address	S/A		
Telephone No.	01561-362477	Telephone No.	

Date of Admission **07/08/00** Date of Discharge **10/08/00**
 Diagnosis on Admission **# Metatarsals (R) foot**

Please ✓ any of the following criteria which apply:

- | | |
|---|---|
| Age: 75 and over ☐ | Diabetic ☐ |
| Lives alone ☐ | Mental Handicap or Illness ☐ |
| Spouse or family requiring help while patient is in hospital ☐ | Personal problem ☐ |
| Known or predicted physical disability ☐ | Special problems e.g. Infective hepatitis, T.B., Pediculosis, etc. ☐ |
| Aftercare/Rehabilitation ☒ | In receipt of community services ☐ |

All patients who fall into one or more of the categories should be referred, with this sheet, to the Liaison Officer.

Liaison Officer's Remarks and Action:

**Attends Inverberie Primary
School nurse for information**

Inverberie Primary School	
Diets	by SA
Com	
14 AUG 2000	
File	24/8/00

Signature of Nurse Liaison Officer **C**

Form S955 (Apr. 1988)

Top (white) copy - } To Nurse Liaison Officer
 Second (yellow) copy }
 Third (pink) copy file in SECTION D of case notes.

FOR PHARMACY USE: Checked by <u>Bo</u> Clinical Pharmacist Patient Counsellor (In 45)	DISCHARGE NOTIFICATION AND PRESCRIPTION FORM	Ward/Clinic <u>10</u> Hosp. <u>STACATHRO</u> Cons. <u>Mr Buckley</u> C.H.I. No. <u>071109102042</u> Surname <u>CAMERON</u> First Name <u>CHARIE</u> M. State Address Sex G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL																																																																																																																																																																																																																																					
To Dr. <u>WILSON</u> <u>THE MEDICAL CENTRE</u> <u>CHURCH ST.</u> <u>INVERBEEVIE</u>																																																																																																																																																																																																																																							
THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor). Date Placed on Waiting List (if appropriate) Date of Admission: <u>10/8/00</u> *Delete as appropriate																																																																																																																																																																																																																																							
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FOR FURTHER INFORMATION CONTACT 1. <u>MR. BUCKLEY</u> Consultant 2. Sen. Registrar/Registrar 3. Ward/Unit Secretary Telephone Ext.																																																																																																																																																																																																																																							
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Signature <u>Boileill</u> Status <u>JHO</u> for <u>Mr Buckley</u> Consultant Date <u>10/8/00</u> Dispensed By <u>W. Buckley</u> Checked By <u>Bo</u> Date <u>10/8/00</u>																																																																																																																																																																																																																																							

Final Distribution

WHITE - G.P.

PINK - General Office

Medical Records

YELLOW - Case Records

BLUE - Pharmacy

Your Ref:

Our Ref: WM/ST/07.10.90 2042

Enquiries to: Mr J R Buckley
Secretary: Direct line: 01356 665037/ext. 65037



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Telephone: 01356 647291
Fax: 01356 665101

11 August 2000

Dr Wilson
Medical Centre
INVERBERVIE
DD10 0RU

Dear Dr Wilson.

Cherie Cameron, 8 David Street, Inverbervie

Date of admission: 07.08.00
Date of discharge: 10.08.00
Diagnosis: Fracture proximal segment 1st and 3rd metatarsals and distal segments 2nd and 4th metatarsals
Operation: None
Complications: Nil
Follow up: One week

Cherie was admitted for elevation and icing of her right foot following the above injury. The swelling settled during her admission. She was discharged home in a walking cast and she will be seen for review as above.

Yours sincerely

Mr W MacLeod
Specialist Registrar

Inverbervie Medical Practice					
Doctors	PW	CI	DY	SW	
Computer					
15 AUG 2000					
FHS	For review				
Date	18/8/00				
File	18/8/00				

NHS Confidential: Personal data about a patient



Grampian Healthcare NHS Trust, Community Health Services Division, Minor Injuries Unit.

Date 5/8/00			
Time Arrived 19.35	Time Assessed 19.35	Time Seen 19.35	Time Departure
Accident at: Home Work School Sport Other - PLAYGROUND		RTA NO	
Mr Mrs Miss Child	Male Female	Religion	
Telephone No.	Occupation	Accident Register No	
GP DR. WILSON	Telephone No.		
GP Address INVERBEEVIE HEALTH CENTRE CHURCH ST. INVERBEEVIE			
Next of Kin MR. WILSON	Notified	Telephone No	
Address MILLAN DAVID ST. INVERBEEVIE			
SUMMARY OF INJURY/TREATMENT:			
Injured (R) foot on running roundabout tender hot & red swelling. Cross swelling dorsum of foot ↓ Ran tender swollen on MT base Inj 2 # MII. Shall return. A.G. Phoned just to clear referral			

NAME	ADDRESS	DOB
CHIEF CINERON	MILLAN DAVID ST. INVERBEEVIE	1/10/90

MR. LOGAN - (Gareth) Guardian.

KINCARDINE COMMUNITY HOSPITAL

10 AUG 2000

CONFIDENTIAL

Grampian Healthcare National Health Service Trust
SPEECH AND LANGUAGE THERAPY SERVICE

Name Cherie CAMERON

Date Typed 2.7.97

Date of Birth 7.10.90

Address c/o Mr and Mrs Beattie, 2 Balmoral Avenue, Ellon

Referred by

Date of Referral

Hospital Unit No.

F.O.M

DISCHARGE REPORT

This little girl was transferred to Ellon from Aberdeen when she came to live with her [REDACTED].

At a review appointment on 30.6.97 it was felt that Cherie's speech had matured considerably and she was now using the sounds sh, ch, j and th which she previously found difficult.

She has been discharged from speech and language therapy.

Fiona McIntosh

FIONA MCINTOSH
Speech and Language Therapist

c.c. Teacher, Braeside Primary School
✓ Dr. Knight, Northfield Health Centre
Dr. Campbell, C.M.O.
File

To: Reception	
From: [REDACTED]	
NAME	
ADDRESS	
PHONE NO.	
MARK APPR	
EXT	

26 JUL 1997

No part of this report may be reproduced without the consent of the signatory.

L R DAWSON

CONFIDENTIAL

Grampian Healthcare National Health Service Trust
SPEECH AND LANGUAGE THERAPY SERVICE

Name Cherie CAMERON Date Typed
Date of Birth 7/10/90
Address 13 Deansloch Place, Aberdeen.
Referred by
Date of Referral
Hospital Unit No.

LEFT PRACTICE

Speech and Language Therapy Report

Cherie is a cheerful little girl who likes to get her own way. She has received speech and language therapy intermittently since May 1994, most recently at Northfield Clinic.

Progress has been fairly slow, as attendance has been irregular, due to her [REDACTED] health and frequent trips to stay elsewhere. However, progress has been made, and Cherie's speech is gradually becoming more intelligible. Her greatest difficulty has been the production of "k" and "g" (substituted with [t] and [d]), but this was showing signs of achievement at the beginning of the summer holiday.

In February 1994, Cherie's language (expressive and receptive) showed a slight delay of 6 - 8 months. However, it was felt that this was in line with her general development, and her next assessment may well show an improvement.

I am leaving Aberdeen at the end of the month, so my successor (as yet unnamed) will recommence Cherie's therapy in August or September.

(2)

JULIET PATON
Speech and Language Therapist

cc. Headteacher, Kingswood School.
Dr. McLeod, 526 King Street.

DWA		ARM	
TWS		IRA	
JMC		RJS	
TNN			
FUND PASSED			
11 AUG 95			
NOTES TO DR.		PROBLEM	
APPOINTMENT		COMPUTER	
PRESCRIPTION		FILE	
CONTACT PATIENT			

*
help
but...

→ a148

7



GRAMPIAN HEALTHCARE

NATIONAL HEALTH SERVICE TRUST

Community Health Services Division

Audiology Department
Woolmanhill Hospital
Aberdeen AB9 1GS
Tel (0224) 404451

22 February 1995

2ND TIER AUDIOLOGY CLINIC REPORT

Name: Cherie Cameron (07/10/90)
Address: 13 Deansloch Place
Northfield
Aberdeen
GP: Dr T Macleod
Age: 4 yrs 4 mths
School:

Referred by:

Appt date: 13 February 1995

Clinic: 2nd Tier Audiology Clinic, Foresterhill
Health Centre, Westburn Road, Aberdeen

Appt type: Initial assessment Appt: 1 Testers: MF

RESULTS OF HEARING ASSESSMENT:

Method	Low	Mid	High	dB	Severity	Type of HL
R Audiom	5	5	5	dBHL	'Normal'	
L Audiom	13	10	5	dBHL	'Normal'	
R Tympanometry	Normal					
L Tympanometry	Normal					

OUTCOME: Normal - Discharge

Review date: None arranged

Signed:

Miss Mary French
Audiological Scientist

sn: 727



GRAMPIAN HEALTHCARE

NATIONAL HEALTH SERVICE TRUST

Community Health Services Division

DEPARTMENT OF COMMUNITY CHILD HEALTH
3 QUEENS GATE
ABERDEEN

TELEPHONE (0224) 663131 EXT 73146

13 FEBRUARY 1995

Miss Juliet Paton
Speech and Language Therapist
Northfield Clinic
Aberdeen

Dear Miss Paton

Re: Cherie Cameron 7/10/90 13 Deansloch Place Aberdeen

Normal Hearing:

Cherie attended 2nd Tier Audiology today with her mother.

I am pleased to say that her hearing is normal by pure tone audiometry and tympanometry today bilaterally and there is no history of recurrent ear infections or family history of note.

I checked Cherie developmentally for gross motor and fine motor activities and found her to be within normal limits for her age and have therefore not arranged any further developmental assessment.

Cherie appears quite sociable and chatty but although she was co-operative with me, [redacted] reports that she has great difficulty with her behaviour at home.

I did wonder whether this might be attention seeking behaviour and advised her to discuss this problem with the Health Visitor, Gillian Fleming whom I will contact.

Cherie has therefore been discharged from the hearing point of view.

Many thanks for referring her

Yours sincerely

// *M. B. [Signature]*
Dr Jackie McDonald
Clinical Medical Officer

cc: Dr Wearden Northfield Surgery
Gillian Fleming HV Mastrick Clinic

Handwritten notes and a stamp. The stamp is a grid with the following labels: 'RECEIVED', 'DATE', 'TIME', 'NOTES PLEASE', 'PRESCRIPTION', 'PHONE APPT.', 'VINT?', and 'Other:'. There are handwritten marks in the 'RECEIVED' and 'DATE' boxes, and a large handwritten 'D' or '2' in the 'NOTES PLEASE' box.

NHS Confidential: Personal data about a patient

Grampian Health Board

NOTIFICATION OF IMMUNISATION

...SEATOON... CLINIC Date 14/11/91

Dear Doctor, Mr Head.

Your patient, B. Lewis B. ...
of 82 ...
whose date of birth is 7/10/90 ... attended the Child Health
clinic today, and was given the following immunisation(s):

VACCINE	MAKER	BATCH NO.	DOSE
Imovax	W	A1965A	0.5cc
oral polio	W	APTF153/05	1 dose

Adverse reaction

Yours faithfully,

C. M. O.
C. M. O.

G.P.'s Name Dr. Mr. Head.

Address 526 ...

.....
.....

for

ROYAL ABERDEEN CHILDREN'S HOSPITAL

AO'H/JPA929924

Telephone 681818

Ext.

Cornhill Road,

Aberdeen, AB9 2ZG.

Clinic 16th September 1991

Typed 2nd October 1991

Dr. T. MacLeod,
526 King Street,
Aberdeen.

Dear Dr. MacLeod,

McPhu

CS

Cherie Cameron 7.10.90 82 Aulton Court, Aberdeen

I saw Cherie for her ten month Special Nursery Assessment on the 16th September as she had been a pre-term light for dates baby.

Apart from having chicken pox at the age of 5 months she seemed to have been a well child and there were no concerns about her at her 8 month assessment.

On examination she has no dysmorphic features and apart from some very fine pubic hair there was nothing abnormal to be made out. Her height and weight lie on the third centile with her head circumference just above the 10th. Developmentally I thought she was coming on appropriately and she had extremely quick responses to hearing testing.

I note that there are some social problems in this family but have not arranged to see Cherie again.

Yours sincerely,

A O'Hara

A. O'Hara
Clinical Medical Officer

c.c. Dr. P. Duffty, Consultant Paediatrician, Neonatal Unit, Aberdeen Maternity Hospital
CMS 3 Queen's Gate, Aberdeen

11 OCT 1991

1	D.M.A.		Notes to Dr.	
2	T.W.S.		Appt.	
3	J.M.C.		Contact Patient	
4	T.M.N.	☒	Prescription	
5	A.M.M.		Problem	
6	A.J.M.		Computer	
7	A.H.A.			