Subject Access Request

Patient	Mrs Yvette Harris
Date of birth	23-Aug-1979 (age 46)
Gender	F
NHS number	6336754146
Patient's address	31 King William Street Tunstall Stoke-On-Trent Staffordshire ST6 6EG
Date range selected	Full record
Organisation	MMA Legal
Reference	DSAR-20260731-DD74C3

Problems

Active

24-July-2024 *****
Ankylosing spondylitis

06-Jun-2024 *****
Low back pain

27-Feb-2019
Adenomyosis

30-Oct-2018 *****
Dermoid cyst of ovary
(R)

10-Jun-2013 *****
ESA113 Employment and Support Allowance form completed

24-Mar-2008 *****
DLA 370 Disability living allowance completed

20-July-2004 *****
Ovarian cyst NOS
(R) cyst-21x22x23mm - PV bleed in early pregnancy.

Significant Past

10-Nov-2022 *****
Single live birth
girl

14-Apr-2021 *****
Evacuation of retained product of conception
Histology; ragged grey haemorrhagic tissue, no fetal parts. No evidence of abnormal trophoblastic proliferation

28-Apr-2020 *****
Missed miscarriage

20-Sept-2006
Depressed
due to relationship problems

Minor Past

15-May-2026 *****
Leg swelling symptom (Bilateral)

13-May-2026 *****
Wants to lose weight

01-Feb-2026 *****
Wants to lose weight

30-Jan-2026 *****
Had a chat to patient

10-Dec-2025 *****
Wants to lose weight

08-Sept-2025 *****
Wants to lose weight

12-Jun-2024 *****
Urinary symptoms

22-May-2024 *****
Telephone encounter

16-May-2024 *****
Backache

19-Jan-2023 *****
Insertion of Nexplanon (Left)

19-Jan-2023 *****
Insertion of subcutaneous contraceptive

06-Jan-2023 *****
Maternal postnatal 6 week examination

06-Jan-2023 *****
Did not attend - no reason
NPC

28-Oct-2019
Motor vehicle traffic accidents (MVTA)

16-Oct-2019 *****
Vaginal bleeding

10-Aug-2019 *****
Suction termination of pregnancy

19-Jan-2019 *****
Removal of subcutaneous contraceptive

17-Dec-2018 *****
Suspected UTI

25-Oct-2018 *****
Abdominal pain

18-May-2016 *****
Shoulder pain
Rt

29-Dec-2015 *****
[D]Vertigo NOS

23-Sept-2013 *****
Dental symptoms

24-Nov-2010
Dental abscess

07-Oct-2010 *****
Insertion of subcutaneous contraceptive

05-Oct-2010 *****
Contraception

30-Jun-2010 *****
Emergency contraception

30-Jun-2010 *****
Low mood

07-May-2010 *****
Toothache

16-Jan-2010 *****
Surgical procedures
STOP

25-Nov-2009 *****
Viral infection NOS

15-Oct-2009 *****
Postnatal exam. - maternal

21-July-2009 *****
C/O: a rash

07-July-2009
Anaemia unspecified

25-Jun-2009 *****
Did not attend - no reason

06-Jan-2009 *****
Morning sickness

16-Dec-2008 *****
Patient pregnant

12-Feb-2008 *****
Pain in leg

11-May-2007 *****
Body mass index 30+ - obesity

01-Dec-2006 *****
Oral contraceptive repeat

26-Jun-2006 *****
Oral contraceptive repeat

14-Apr-2006 *****
Disability living allowance
form completed

13-Jan-2006 *****
Depressed

13-Sept-2005 *****
Oral contraceptive repeat

28-July-2005
Medication requested

19-May-2005 *****
Depressed

18-Feb-2005 *****
Emergency contraception

29-Jan-2005 *****
Surgical procedures
TOP

26-Aug-2004 *****
Low back pain

20-July-2004
C/O p.v. bleeding
in early pregnancy

14-Jan-2004 *****
Did not attend - no reason

30-Dec-2003 *****
Low back pain

11-Dec-2003
Postnatal visits

27-Nov-2003 *****
Low back pain

01-Nov-2002
Low back pain

Consultations

03-Jun-2026 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Clinical Letter Pharmacy*	

27-May-2026 *** Packmoor BranchGP Surgery**

Comment	NHS Health Check completed	
Comment	Comment completed now bloods back	
Comment	Comment qrisk completed	
Result	Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	31 mmol/mol
Result	Serum total cholesterol level	4.1 mmol/L
Result	Serum high density lipoprotein cholesterol level	1.71 mmol/L
Result	Cholesterol/HDL ratio	2.4
Result	Serum low density lipoprotein cholesterol level	2.1 mmol/L
Additional	QRISK3 cardiovascular disease 10 year risk calculator score	1.7 %
Additional	Template entry - EHR composition type NHS Health Check v19.7 by Ardens	
Assessment	NHS Health Check completed	

27-May-2026 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, We have tried to contact you with regards to doing a repeat blood test in 8 weeks. Please collect the blood form from the practice before booking an appointment. You will need to book an appointment to have your bloods taken. Please call 01782 674242 to book an appointment or alternatively please use the following website to book your appointment https://patientconnect.uhnm.nhs.uk Thanks, Tunstall Primary Care Sent on 27/05/2026 at 10:29

Additional	Body mass index (calculation based on height entry 22-May-2026, NB prior to age 70 average height loss is 1cm per 10 years).	21.64 kg/m2
Additional	Weight monitoring Current weight 52kg (8st 3lb). -7% loss from (01-Feb-2026). Based on NICE guidance (NG246) and height entry (22-May-2026) a healthy weight is likely to be 44 - 60kg (6st 13lb - 9st 6lb). For higher risk populations (South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean) the upper weight limit is lower 44 - 55kg (6st 13lb - 8st 9lb).	
Comment	NHS Health Check commenced	
Comment	Comment ID checked	
Comment	Comment Attended for NHS health check	
Comment	Comment Does intense yoga three times a week - walks a lot - has to be careful how much exercise she does due to spinal conditions but keeps active	
Comment	Comment current smoker currently in contact with stop smoking service	
History	No family history diabetes	
History	No FH: Cardiovascular disease	
History	Diet good	
Social	Smoker	15 /day
Social	Smoking cessation advice	
Assessment	Teetotaller	
Assessment	GPPAQ not in employment	
Assessment	GPPAQ hrs last wk spent physical exercise-1hr but less than 3hrs	
Assessment	GPPAQ hrs in last wk spent in physical exercise - 3hrs or more	
Assessment	GPPAQ hours in last week spent cycling - none	
Assessment	GPPAQ hours in last week spent walking - 3 hours or more	
Assessment	GPPAQ hrs in last wk spent on house work/child care-3hrs or more	
Assessment	GPPAQ hours in last week spent gardening/DIY - none	
Assessment	GPPAQ usual level of walking pace - steady	
Examination	Pulse rate	66 beats/min
Examination	O/E - pulse rhythm regular	
Examination	Standing height	155 cm
Examination	Body weight	52 kg
Examination	Body mass index	21.6 kg/m2
Procedure	Blood sample taken	
Procedure	Point of care testing	
Procedure	Gloves worn + haemostasis ensured	
Procedure	Disposal of sharps	
Additional	Informed how/when to expect results	
Additional	Template entry - EHR composition type NHS Health Check v19.7 by Ardens	
Comment	Phlebotomy	
Comment	Comment Blood test completed	
Comment	Comment No compications	
Additional	Consent given for blood test	
Additional	Treatment room services enhanced services administration Phlebotomy	
Additional	Blood sample taken	
Additional	Left Arm	
Additional	Gloves Worn.	
Additional	Haemostasis Ensured.	
Additional	Sharp(s) Disposed Safely.	
Additional	Sample(s) labelled appropriately and prepared for transport.	
Additional	Patient informed of when and how to expect/collect results.	
Additional	Other complications during procedure. 1st attempt - left arm - unsuccessful 2nd attempt left arm successful	

22-May-2026 *** Awaiting clinical code migration to EMIS Web**

Lab Results	Full blood count - FBC CLINICAL DETAILS: NHS health check.		
	Full blood count - FBC(JAG3206) - satisfactory:		
	Haemoglobin estimation	125 g/L	(Range: 115 - 165)
	Total white cell count	5.51 10*9/L	(Range: 4 - 11)
	Platelet count	223 10*9/L	(Range: 150 - 450)
	Red blood cell (RBC) count	3.84 10*12/L	(Range: 3.8 - 5.8)
	Haematocrit	0.374 L/L	(Range: 0.36 - 0.47)
	Mean corpuscular volume (MCV)	97.5 fL	(Range: 80 - 100)
	Mean corpusc. haemoglobin(MCH)	**32.7 pg**	**(Range: 27 - 32)**
	Neutrophil count	2.81 10*9/L	(Range: 2 - 7.5)
	Lymphocyte count	1.92 10*9/L	(Range: 1 - 4)
	Monocyte count	0.64 10*9/L	(Range: 0.2 - 1.2)
	Eosinophil count, 0.10 10*9/L	0.1 10*9/L	(Range: 0.04 - 0.4)
	Basophil count	0.01 10*9/L	(No range available)
	LARGE IMMATURE CELLS	0.02 10*9/L	(No range available)
	FULL BLOOD COUNT COMMENT 05.12.2025: Please note updated reference rangefor Monocytes.Please note this assay is not currently UKASaccredited, pending assessment.		(No range available)

22-May-2026 *** Awaiting clinical code migration to EMIS Web**

Lab Results	Bone profile CLINICAL DETAILS: NHS health check.		
	Bone profile(JAG3206) - satisfactory:		
	Serum albumin	38 g/L	(Range: 35 - 50)
	Serum alkaline phosphatase	70 IU/L	(Range: 30 - 130)
	Serum calcium	**2.19 mmol/L**	**(Range: 2.2 - 2.6)**
	Calcium adjusted level, 2.30 mmol/L	2.3 mmol/L	(Range: 2.2 - 2.6)
	Serum inorganic phosphate, 1.30 mmol/L	1.3 mmol/L	(Range: 0.8 - 1.5)
	Liver function test(JAG3206) - rpt 2 months:		
	Serum total bilirubin level	5 umol/L	(No range available)
	Serum ALT level	**70 IU/L**	**(No range available)**
	NON-FASTING LIPIDS(JAG3206) - Normal - No Action:		
	Serum cholesterol	4.1 mmol/L	(No range available)
	Serum HDL cholesterol level	1.71 mmol/L	(Range: 1.2 - 2.1)
	Serum triglycerides	0.7 mmol/L	(No range available)
	Serum cholesterol/HDL ratio	2.4	(No range available)
	Se non HDL cholesterol level	2.4 mmol/L	(No range available)
	Serum LDL cholesterol level	2.1 mmol/L	(No range available)
	UREA, CREAT + ELECTROLYTES(JAG3206) - Normal - No Action:		
	Serum sodium	144 mmol/L	(Range: 133 - 146)
	Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
	Serum urea level	5.6 mmol/L	(Range: 2.5 - 7.8)
	Serum creatinine	51 umol/L	(Range: 45 - 84)
	GFR calculated abbreviatd MDRD eGFR calculation is not valid in pregnancy. eGFR calculated using CKD-EPI equation (v.2009)	90 mL/min/1.73m*2	(No range available)

22-May-2026 *** Awaiting clinical code migration to EMIS Web**

Lab Results	HbA1c levl - IFCC standardised CLINICAL DETAILS: NHS health check.	
	HbA1c levl - IFCC standardised(JAG3206) - Normal - No Action:	

15-May-2026 *** TunstallGP Surgery**

Problem	Leg swelling symptom (Bilateral)	
History	History History of bilateral leg swelling started 6 days ago	
History	History Swelling Has gone down now	
History	History No cp/sob/orthopnea/palpitations/ effort intolerance	
History	History No calf pain	
History	History No bowel symptoms	
History	History No previous clots/ prolonged immobilisation/ long haul travel/ recent contraceptive use	
Examination	Temperature	367 degrees C
Examination	Heart rate	97 beats/min
Examination	Peripheral oxygen saturation	98 %
Examination	Examination No obvious swelling on legs b/l	
Examination	Examination Both ankle very minimal pitting	
Examination	Examination calf- snt b/l	
Comment	Comment Advised no indication for further assessment	
Comment	Comment Bloods as requested	
Comment	Comment If she developd cp/sob/ calf pain/swelling ring 111/GP	
Comment	Comment D/W dR bOYAPATTI- No Changes to plan	

13-May-2026 *** Awaiting clinical code migration to EMIS Web**

03-July-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*
	Additional	Attachment *Eucalyptus Prescription Notice Fill Function UK Limited Juniper*
	Additional	Letter encounter
	Problem	Wants to lose weight

12-May-2026 *** Awaiting clinical code migration to EMIS Web**

	Comment	Comment Online questionnaire completed by patient
	Comment	Comment Questionnaire: NHS health check (accrux invites)
	Comment	Comment Would you like an NHS health check : Yes : yes Decline : no
	Comment	Comment Received on: 11/05/2026 at 12:49

12-May-2026 *** TunstallAdministration note**

Comment	NHS Health Check telephone invitation
Test Request	Unknown specimen

11-May-2026 *** Awaiting clinical code migration to EMIS Web**

	Comment	eConsultation via online application (procedure) Patient request: Medical - Health problem
	Comment	Comment Describe the problem: I've regained over a stone in weight in less that 5 weeks since being forced to stop mounjaro they said due to bmi being stable I'm now suffering from the weight gain and more concerned with what seems to be pitting edima and wondering if diuretics may be needed to help me manage the extra fluid it's quite uncomfortable and slightly painful when bending down one ankle more swollen than the other
	Comment	Comment Attach a photo: 1 file attached
	Comment	Comment How long has it been going on for? Is it getting better or worse?: Over a week getting worse
	Comment	Comment Have you tried anything to help?: Elevating leg and reduction of salt intake and drinking more water
	Comment	Comment Is there anything you're particularly worried about?: My ability to walk properly without being uncomfortable I already suffer from back problems
	Comment	Comment Expectations: I just want the swelling and the extra fluid gone so it's not uncomfortable or it's just gone
	Comment	Comment When are the best times to contact you: Befor pm or after 3:35 pm
	Comment	Comment Contact method preference: Text message
	Comment	Comment Preferred clinician to contact them: No
	Comment	Comment Name: Harris , Yvette
	Comment	Comment DOB: 23-08-1979
	Comment	Comment Postcode: ST66eg
	Comment	Comment Patient phone number: *****
	Comment	Comment Received on: 11/05/2026 at 12:19
	Additional	Additional https://web.accurx.com/api/conversation/patientupload/1725/rpf9avk35d

11-May-2026 *** Awaiting clinical code migration to EMIS Web**

Comment	NHS Health Check invitation short message service text message (procedure)
Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, You are due your NHS Health Check. You can find more information about the Health Check at: https://www.nhs.uk/conditions/nhs-health-check/ If you would like to attend for this, we will contact you with an appointment. Thanks Please complete this questionnaire: https://accurx.nhs.uk/c/p-dpp3qru7tt Tunstall Primary Care SMS sent on 11/05/2026 12:31:00

25-Mar-2026 *** Awaiting clinical code migration to EMIS Web**

Comment	Cervical smear screening invitation short message service text (procedure)
Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, We've noticed that you haven't yet booked your cervical smear test, please use the link to book this. Thanks To book: https://accurx.nhs.uk/c/p-5pfhqmpfbv (Expires in 7 days) Tunstall Primary Care SMS sent on 25/03/2026 11:03:42

28-Feb-2026 *** Awaiting clinical code migration to EMIS Web**

14-Apr-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss Consultation*	
	Additional	Letter encounter	
	Comment	Comment Prescribed & issued by MedExpress - NOT to be issued by the practice	
	Examination	Self reported body weight	55 kg
	Examination	Self reported body height	155 cm
	Examination	Body mass index	22.91 kg/m2

25-Feb-2026 *** Awaiting clinical code migration to EMIS Web**

	Comment	NHS Health Check invitation short message service text message (procedure)
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Mrs Harris, You are due your NHS Health Check. You can find more information about the Health Check at: https://www.nhs.uk/conditions/nhs-health-check/ Please complete the questionnaire to accept or decline. If you would like to attend for this, we will contact you with an appointment. Thanks, ***** Blease Please complete this questionnaire: https://accurx.nhs.uk/c/p-2gbusqfv9w Tunstall Primary Care SMS sent on 25/02/2026 14:32:00

01-Feb-2026 *** Awaiting clinical code migration to EMIS Web**

27-Feb-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss Consultation*	
	Additional	Letter encounter	
	Problem	Wants to lose weight	
	History	Standing height	155 cm
	History	Body weight	56 kg
	History	Body mass index	23.31 kg/m2

30-Jan-2026 *** TunstallGP Surgery**

	Problem	Had a chat to patient
	History	History wants implant to be removed
	History	History had implant in 19 Jan 2023 following unexpected pregnancy.
	History	History left arm - still able to feel and see it
	History	History has no plan to continue with contraception as not been in relationship in the last 2 yrs
	History	History states also wants to remove implant as always has spotting while on it
	Comment	Comment task to reception for patient to be in minor op list
	Comment	Comment also signposted to sexual health - if not able to remove - patient will wait for minor op

23-Jan-2026 *** Awaiting clinical code migration to EMIS Web**

	Additional	Short message service text message sent to patient (procedure) Type: Prebooked appointment Status: Delivered Message: Confirmation of your face to face appointment at 11:00 on Fri, 30 of January. Please contact the surgery on if you are asked to isolate or test positive for COVID-19 before your appointment. Please text CANCEL if you can't attend

03-Jan-2026 *** Awaiting clinical code migration to EMIS Web**

16-Feb-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*
	Additional	Attachment *Clinical Letter MedExpress Weight Loss Consultation*
	Additional	Letter encounter

02-Jan-2026 *** Awaiting clinical code migration to EMIS Web**

	Comment	NHS Health Check invitation short message service text message (procedure)
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Mrs Harris, You are due your NHS Health Check. You can find more information about the Health Check at: https://www.nhs.uk/conditions/nhs-health-check/ If you would like to attend for this, we will contact you with an appointment. Thanks Please complete this questionnaire: https://accurx.nhs.uk/c/p-pkvpyfd78x Tunstall Primary Care SMS sent on 02/01/2026 10:55:00

10-Dec-2025 *** Awaiting clinical code migration to EMIS Web**

12-Jan-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss*	
	Additional	Letter encounter	
	Problem	Wants to lose weight	
	History	Body weight	56.6 kg
	History	Standing height	155 cm
	History	Body mass index	23.56 kg/m2

28-Nov-2025 *** Awaiting clinical code migration to EMIS Web**

08-Jan-2026	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss*	
	Additional	Letter encounter	
	Examination	Body weight	57 kg
	Examination	Standing height	155 cm
	Examination	Body mass index	23.73 kg/m2
	Comment	Comment private supply of GLP-1 not for issue on the NHS	

07-Oct-2025 *** Awaiting clinical code migration to EMIS Web**

30-Oct-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss*	
	Additional	Letter encounter	
	Comment	Comment Private supply of mounjaro from medexpress for records only	
	Comment	Body weight	55.8 kg
	Comment	Standing height	155 cm
	Comment	Body mass index	23.23 kg/m2

23-Sept-2025 *** Awaiting clinical code migration to EMIS Web**

16-Oct-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress*	
	Comment	Comment Prescribed & issued by MedExpress - NOT to be issued by the practice	
	Examination	Self reported body weight	55 kg
	Examination	Self reported body height	155 cm
	Examination	Body mass index	22.91 kg/m2

08-Sept-2025 *** Awaiting clinical code migration to EMIS Web**

21-Oct-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight loss consultation*	
	Additional	Letter encounter	
	Problem	Wants to lose weight	
	History	Body weight	56 kg
	History	Standing height	155 cm
	History	Body mass index	23.31 kg/m2

07-Aug-2025 *** Awaiting clinical code migration to EMIS Web**

24-Sept-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss*	
	Additional	Letter encounter	
	Comment	Comment Prescribed & issued by MedExpress - NOT to be issued by the practice	
	Examination	Self reported body weight	56.7 kg
	Examination	Self reported body height	155 cm
	Examination	Body mass index	23.62 kg/m2

20-Jun-2025 *** Awaiting clinical code migration to EMIS Web**

02-July-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress*	

30-May-2025 *** Awaiting clinical code migration to EMIS Web**

16-Jun-2025	Document	To whom it may concern letter written *Weight Management Services – Letter*	
	Additional	Attachment *Clinical Letter MedExpress Weight Loss*	
	Additional	Letter encounter	
	Comment	Comment record for notes	

04-May-2025 *** Awaiting clinical code migration to EMIS Web**

	Additional	Attachment *Clinical Letter MedExpress*	
	Additional	Letter encounter	
	Comment	Body weight, 67.0 kg	67 kg
	Comment	Standing height	155 cm
	Comment	Body mass index	27.89 kg/m2

10-Feb-2025 *** Awaiting clinical code migration to EMIS Web**

Comment	Cervical cancer screening offered	
Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, You are eligible for cervical screening. The test should take about 5 minutes and is usually done by a female nurse. Please click on the link to book a suitable appointment: To book: https://accurx.nhs.uk/c/p-fm7vev6qps (Expires in 7 days) Tunstall Primary Care SMS sent on 10/02/2025 09:38:00	

10-Feb-2025 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, Please ignore the last message sent regarding your smear appointment if you have already had a smear done in the last 3 years. The message has been sent in error. Apologies for any inconvenience Kind regards Tunstall Primary Care Tunstall Primary Care SMS sent on 10/02/2025 10:00:40	

07-Feb-2025 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, It's important that we have the correct contact details for you. You can amend or add missing information to your contact details, by logging into your NHS account or by using the NHS App. If you are unable to update your details this way, please get in touch with us and we will update your NHS record for you. Tunstall Primary Care SMS sent on 07/02/2025 13:53:01	

25-Nov-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Cervical smear screening invitation first SMS message text	
Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, You are due for your routine cervical smear test. To book: https://accurx.nhs.uk/c/p-vq9g4sn9a9 (Expires in 7 days) Tunstall Primary Care SMS sent on 25/11/2024 14:22:01	

05-Nov-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Clinical Letter University Hospital of North Staffordshire NHS Trust Gynaecology*	
Additional	DNA (did not attend) letter	

14-Oct-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *DNA Letter Haywood Hospital Rheumatology*	
Additional	DNA (did not attend) letter	

20-Sept-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Clinical Letter Haywood Hospital Rheumatology*	
Additional	DNA (did not attend) letter	

22-Aug-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, A prescription for cocodamol has been sent to Boots pharmacy. Thanks, Tunstall Primary Care	

21-Aug-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Smoking cessation advice
Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, Smoking can lead to strokes, cancer, heart and lung disease. We strongly advise quitting. The best way to stop is with a combination of medication and specialist support. You can try the NHS Quit Smoking app, or for more information visit: www.nhs.uk/smokefree Tunstall Primary Care SMS sent on 21/08/2024 14:53:03

18-Aug-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Clinical Letter West Midlands Ambulance Service DEPARTMENT*
Additional	Seen by ambulance crew

08-Aug-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Short message service text message sent to patient (procedure) Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 12:10 on Friday 09 of August at Packmoor Branch. Please text CANCEL if you can't attend. PLEASE NOTE any other response or message will not be seen by the surgery..

24-July-2024 *** TunstallGP Surgery**

History	History f2f, id confirmed	
History	History bg of scoliosis, which she was diagnosed at the age of 18	
History	History when she gave birth to her first ***** at age 23, the anaesthest at the time had phoned her GP and informed them that her back scoliosis was severe and she needed to be reviewed- For many years (around 10 years) she was on gabapentin and was treated by her GP (never referred to rheumatology). this seemed to help her back pain.	
History	History She then was switched to cocodamol for a short while. Afterwards, her back pains had completely subsided and she was painfree for 7 years	
History	History when she gave birth to her second child 2 years ago, her back backs gradually started coming back	
History	History then 3 months ago, she started having more severe lower back pain	
History	History She was recently seen in SAU for her pelvic pains (with gynae) and had a CT scan which showed features of ankylosing spondylitis in the SI joints.	
History	History the lower back pain radiates to the b/l hips and legs	
History	History no bowel/ bladder incontinence, no foot drops and no altered sensation in lower legs	
History	History ibuprofen doesn't help the pain	
History	History She was given in hospital 60mg codeine and 500mg paracetamol in hospital- she now has had cocodamol issued	
History	History finds the cocodamol is helping ease the pain	
History	History describes the pain as a pulsating type of pain and is constant	
History	History no other joint pains/ swellings	
History	History experiences daily morning stiffness lasting around 2 hours	
History	History wears glasses - short sighted- gets eyes tested regularly	
History	History has fam hx of AS- *****	
History	History BO well/PU well	
Examination	Blood oxygen saturation	97 %
Examination	Pulse rate	72 beats/min
Examination	Respiratory rate	16 /minute
Examination	Examination visible kyphosis of the spine	
Examination	Examination has tenderness in the thoracic spine around T10-L5	
Examination	Examination very limited ROM on forward flexion, and limited lateral extension	
Comment	Comment refer to rheum as urgent	
Comment	Comment write to gynae to chase her appt?- SACU discharge from 14/6/24 states she will be reviewed by Gynae for further investigations. She has tried calling the secretaries who were unaware of any appts	
Comment	Comment bloods including ESR and HLAB27 as per nice cks	
Comment	Comment continue with cocodamol prn	
Comment	Comment advised any worsening symptoms, gen unwell, bowel changes, vision changes, to seek further medical advice	
Comment	Comment rv sos	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Problem	Ankylosing spondylitis	
Document	Referral letter *RF141 Generic General Referral Form V1*	
Document	Referral letter *RF141 Generic General Referral Form V1*	

24-July-2024 *** TunstallGP Surgery**

Additional	Refer to hospital OPD Referral Team aware of recent referral.	

24-July-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, We have sent your referral to the hospital as requested by the GP. If you change your address or phone number before your hospital appointment please do let us know so we can update the system and your appointment won't be missed. Many thanks Tunstall Primary Care

21-July-2024 *** Awaiting clinical code migration to EMIS Web**

22-July-2024 Comment Comment Co-codamol 30mg/500mg tablets (Alliance Healthcare (Distribution) Ltd) 24 tablet (3 days) Emergency supply
19-July-2024 Document Issue of standby emergency medication
Emergency Supply of Medicines (19-Jul-2024)

19-July-2024 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter Derbyshire Health United NHS 111
Additional Out of hours report

19-July-2024 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter NHS 111
Additional Out of hours report

19-July-2024 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter Pharmacy pharmacy minor ailments scheme
Additional Community pharmacy
Comment Supply of medication under patient group direction

16-July-2024 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Mrs Harris, In response to your query about prescriptions you can order them in the following ways: * Online using the NHS App or Patient Access * Email to Tunstall.primarycare@nhs.net * Paper request placed in the prescription boxes at both sites * Via your pharmacy, please speak to them for more details. Thanks, Tunstall Primary Care

25-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Mrs Harris, 35BBA9-M83650-A280FQ Thanks ***** Tunstall Primary Care

14-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Discharge letter City General Hospital SACU

12-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Document Extended hours access enhanced services administration
Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf (12-Jun-2024)
Problem Urinary symptoms

12-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Document Extended hours access enhanced services administration
Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf (12-Jun-2024)

07-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Mrs Harris, You have been referred to NIMS. Please wait 10 working days after you have seen your GP/Healthcare Professional to ring 0300 124 5024 Option 1 or email NIMSAdmin@mpft.nhs.uk to book your first appointment. For more info about NIMS please click here: https://sway.office.com/TRhrmVNwJMt00aw3?ref=Link NB: If you do not contact the relevant department within the specified timeframe your referral maybe cancelled. Thanks, Tunstall Primary Care

06-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

07-Jun-2024	Additional	Protocol entry Alert displayed - C Difficile risk (v18.2) (Ardens)
07-Jun-2024	Additional	Protocol entry Alert displayed - C Difficile risk (v18.2) (Ardens)
07-Jun-2024	Comment	Comment refer to physio
	Document	Administrative procedure *Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1924 06-Jun-2024.rtf (06-Jun-2024)*
	Problem	Low back pain

06-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Document	Administration note *Inbound document: Physiotherapy assessment required HARRIS, Yvette (Mrs) 1922 06-Jun-2024.rtf (07-Jun-2024)*

02-Jun-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Short message service text message sent to patient (procedure) Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 14:15 on Mon, 03 of June at Tunstall Primary Care. Please text CANCEL if you can't attend.

27-May-2024 *** Awaiting clinical code migration to EMIS Web**

Additional	Short message service text message sent to patient (procedure) Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your face to face appointment at 14:15 on Mon, 03 of June. Please contact the surgery on if you are asked to isolate or test positive for COVID-19 before your appointment. Please text CANCEL if you can't attend.

22-May-2024 *** Packmoor BranchTelephone consultation**

Problem	Telephone encounter
History	History Spoke to pt says back pain about same at present
History	History taking analgesia as issued
History	History says no new issues but not settling as yet
Comment	Comment As ongoing suggest review with Dr pt says only able to attend Mon and Tue due to other commitments will look at if can book in that time but suggest call if anything gets worse
Comment	Comment pt happy with plan.

16-May-2024 *** Packmoor BranchGP Surgery**

Problem	Backache
History	History Pt seen says she has suffered with back pain on and off for several years does have a mild scoliosis says stared with pain 2-3 months ago but gradually got worse in last 2-3 weeks
History	History Does have a 16 month old so constant lifting
Examination	Examination T36.3
Examination	Examination P60
Examination	Examination says no issues with bowels or bladder
Examination	Examination says contraceptive implant occassional bleeding but non at present
Examination	Examination pain to mid-lower right side back
Examination	Examination no pain in kidney area
Examination	Examination some pain into buttock right side and top right leg
Examination	Examination no swelling or discoloration to limb
Examination	Examination walking altered gait able to walk unaided
Examination	Examination taekn OTC co codamol and brufen with little effect.
Comment	Comment Plan use meds as issued
Comment	Comment WFC next week see if meds helping
Comment	Comment Review if any new issues or concerns
Comment	Comment Pt happy with plan.

03-May-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, Cardiovascular disease if found early is very treatable. Come and join a free event on Wednesday 8th May at The Tommy Cheadle Lounge, Port Vale for your free heart MOT with Pumping Marvellous the UK's Heart Failure Charity, supported by the NHS. Together we can BEAT heart failure. This is a great opportunity for patients to come and get advice/ screening for Heart Failure. There is no need to book or contact the practice simply turn up on the day. It is advised to arrive between 10-11 To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-5bt5wnb4sy Tunstall Primary Care SMS sent on 03/05/2024 11:06:10

25-Apr-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, Did you know through NHS app you can view prescription information, order repeat prescriptions, and view, nominate, or change the pharmacy you want to collect prescriptions from, view your GP health record, manage hospital referrals and appointments and access NHS 111 online and find NHS services near-by. Please download NHS app. Link below gives you more information: https://digital.nhs.uk/services/nhs-app/toolkit/walk-through-videos Regards Tunstall Primary Care SMS sent on 25/04/2024 12:12:21

22-Feb-2024 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, Cardiovascular disease if found early is very treatable. Come and join us on Thursday 29th February at The Tommy Cheadle Lounge, Port Vale for your free heart MOT with Pumping Marvellous the UK's Heart Failure Charity, supported by the NHS. Together we can BEAT heart failure. There is no need to book or contact the practice simply turn up on the day. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-9q5hzdrdse Tunstall Primary Care SMS sent on 22/02/2024 14:05:42

08-Dec-2023 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, EXCITING NEWS ?? Your views are important and matter. Tunstall Primary Care is setting up a Patient Participation Group. If want to learn more about PPG, attached is the flyer Please get in touch by emailing tunstall.primarycare@nhs.net if you are interested in being involved. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-6r2fas4xrz Tunstall Primary Care SMS sent on 08/12/2023 13:24:03

18-Jun-2023 *** Awaiting clinical code migration to EMIS Web**

Additional	Short message service text message sent to patient (procedure) Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 16:00 on Mon, 19 of June at Tunstall Primary Care. Please text CANCEL if you can't attend.

16-Jun-2023 *** Awaiting clinical code migration to EMIS Web**

Additional	Short message service text message sent to patient (procedure) Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your face to face appointment at 16:00 on Mon, 19 of June. Please contact the surgery on if you are asked to isolate or test positive for COVID-19 before your appointment. Please text CANCEL if you can't attend.

19-Jan-2023 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *clinic Tunstall Primary Care Centre Admin consent form*
Additional	Letter encounter

19-Jan-2023 *** TunstallGP Surgery**

Problem	Insertion of Nexplanon (Left)	
Examination	Examination under aseptic technique, after instilling 2% xylocaine with adrenaline, nexplanon inserted 8cm proximal to medial epicondyle 3cm below the median sulcus	
Comment	Comment aftercare advice given	
Comment	Comment pill precautions x 7 days	
History	History here for nexplanon insertion	
History	Informed consent for procedure obtained	
History	History procedure done by Dr Keay under my supervision	
Problem	Insertion of subcutaneous contraceptive	

18-Jan-2023 *** Awaiting clinical code migration to EMIS Web**

Additional	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 12:10 on Thu, 19 of January at Tunstall Primary Care. Please text CANCEL if you can't attend.	

06-Jan-2023 *** TunstallGP Surgery**

Problem	Did not attend - no reason NPC	

06-Jan-2023 *** Awaiting clinical code migration to EMIS Web**

Comment	Did not attend	
Comment	Patient mobile telephone number *****	
Comment	SMS text message sent to patient Dear Mrs Harris, We're sorry that you missed your appointment. In future, please notify the practice so we can offer it to someone else. Thanks, ***** ***** Tunstall Primary Care	

06-Jan-2023 *** TunstallGP Surgery**

Additional	Body mass index (calculation based on height entry 06-Jan-2023, NB prior to age 70 average height loss is 1cm per 10 years).	27.98 kg/m2
Additional	Weight monitoring Current weight 69.85 kg equates to 10 st, 14 lb. A 4% gain from the previous reading (67kg, 06-May-2022). Based on the height entry (06-Jan-2023) a healthy weight is likely to be 46 - 62kg (7 st, 3 lb - 9 st, 11 lb)	
Problem	New patient screening	
History	History previous surgery Mansion House Surgery in Stone	
History	History Spinal problems	
Examination	Body weight	69.85 kg
Examination	Standing height	158 cm
Examination	Body mass index	28 kg/m2
Examination	Teetotaller	
Additional	Template entry - EHR composition type New patient template v16.7 by Ardens-Q Ltd.	
Additional	Patient identity verified	
Additional	New patient registration process	
Additional	New patient screen offered	
Additional	Patient allocated named accountable general practitioner	
Additional	Informing patient of named accountable general practitioner	
Additional	White British - ethnic category 2001 census	
Additional	Main spoken language English	
Social	Unemployed	
Social	Current smoker	15 /day
Social	Smoking cessation advice	
Social	Alcohol consumption	0 U/week
Social	Education about alcohol consumption	
Assessment	Avoids even trivial exercise	
Assessment	Patient advised about exercise	
Allergy	No known allergy	
Comment	Comment telephone consultation due to pt dna f2f eralier today	
Comment	Comment new born little girl pt has appointment with gp today with her ***** for 6 week check	
Comment	Comment advised to ask gp to completed bp and record in records	

06-Jan-2023 *** TunstallGP Surgery**

History	Cigarette smoker	12 /day
History	Alcoholic beverage intake	0 U/week
History	History ***** ***** and Yvette - 8 wks old	
History	Feeding intention - bottle	
History	Depression screening using questions 'fine'	
History	Last menstrual period -1st day 21st of December 2022	
History	Resumed sexual activity after childbirth - no problems	
History	Barrier contraception method ,no accidents, prefers nexplanon	
Examination	Pulse rate	93 beats/min
Examination	Body weight	62 kg
Examination	Standing height	150.3 cm
Examination	Body mass index	27.45 kg/m2
Comment	Contraception care education done	
Comment	Cervical smear due -reminded- agreed to book with nurse	
Comment	Comment to be booked in nexplanon clinic	
Comment	Advice about long acting reversible contraception	
Problem	Maternal postnatal 6 week examination	

05-Jan-2023 *** Awaiting clinical code migration to EMIS Web**

Additional	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 08:20 on Friday 06 of January at Tunstall Primary Care . Please text CANCEL if you can't attend.

19-Dec-2022 *** Awaiting clinical code migration to EMIS Web**

Additional	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Please contact the surgery on 01782 358802 if you are asked to isolate or test positive for COVID-19 before your appointment at 15:40 on Tuesday 20 of December at Tunstall Primary Care . Please text CANCEL if you can't attend.

13-Dec-2022 *** Awaiting clinical code migration to EMIS Web**

Additional	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your appointment at 15:40 on Tue, 20 of Dec at Tunstall Primary Care. If you are unable to attend please text CANCEL. Before your appointment please refer to the latest on coronavirus at https://www.nhs.uk/conditions/coronavirus-covid-19/.

08-Dec-2022 *** TunstallAwaiting clinical code migration to EMIS Web**

Document	Clinical document *GP2GP Degraded Events*

07-Dec-2022 *** TunstallGP Surgery**

Comment	Failed encounter - message left on answer machine needs NPC

07-Dec-2022 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Mrs Harris, Please contact the surgery to book in for a new Patient Check with the nurse so we can complete your registration. Thanks, Sindy Tunstall Primary Care

01-Dec-2022 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Admin Letter Tunstall Primary Care Centre New Patient Questionnaire*

11-Nov-2022 *** Scanned document**

15-Nov-2022	Comment	Letter received
	Additional	Attachment *Unscheduled Care NHS 111 Report OOH 21:28*
	Additional	Scanned document
	Comment	Patient given telephone advice out of hours
	Comment	Mail administration procedure
	Comment	111 contact disposition

10-Nov-2022 *** Scanned document**

11-Nov-2022	Comment	Letter received
	Additional	Attachment
		Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
	Comment	Hospital discharge letter received
	Comment	Mail administration procedure
	Comment	Non-urgent hospital admission
	Comment	Discharged from hospital
	Comment	Discharge to home

10-Nov-2022 *** Scanned document**

15-Nov-2022	Document	Letter sent to patient
		Register new baby
	Additional	Attachment
		Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
	Additional	Scanned document
	Comment	Hospital discharge letter received
	Comment	Letter received
	Comment	Mail administration procedure
	Comment	Non-urgent hospital admission
	Comment	Discharged from hospital
	Comment	Discharge to home
	Comment	Gravida 5
	Comment	Para 3
	Comment	Gestational age 40 Weeks 4 days
	Comment	Induction of labour
	Comment	Delivery normal vaginal
	Comment	Breastfeeding started
	Problem	Single live birth girl

08-Nov-2022 *** Scanned document**

09-Nov-2022	Comment	Letter received
	Additional	Attachment
		Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
	Comment	Hospital discharge letter received
	Comment	Mail administration procedure
	Comment	Non-urgent hospital admission
	Comment	Discharged from hospital
	Comment	Discharge to home

05-Nov-2022 *** Scanned document**

07-Nov-2022	Comment	Letter received
	Additional	Attachment
		Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
	Comment	Hospital discharge letter received
	Comment	Mail administration procedure
	Comment	Non-urgent hospital admission
	Comment	Discharged from hospital
	Comment	Discharge to home

02-Nov-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Influenza vaccination invitation SMS text message sent
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, The practice is following up on patients who have not yet had the flu vaccine. If you don't want one or have already received it elsewhere please let us know using the link below. This is important as it lets us update our records. If you still want the flu vaccine, please book this using our usual methods. Please complete this questionnaire: https://florey.accurx.com/weny9dr8bu Mansion House Surgery

05-Oct-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Influenza vaccination invitation second SMS text message sent
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, This is a reminder that a free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. To book, please follow this link within 48 hours: accurx.nhs.uk/b/a56wcq7qfd

28-Sept-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Influenza vaccination invitation first SMS text message sent
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, A free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. To book, please follow this link within 48 hours: accurx.nhs.uk/b/ew9gp7fwev

21-Sept-2022 *** Awaiting clinical code migration to EMIS Web**

Lab results HbA1c levl - IFCC standardised PREGNANT GDM RISK ETHICITY

20-Sept-2022 *** MANSION HOUSEGP Surgery**

Comment Antenatal 32 week examination
Comment Comment Antenatally well, no Signs of OC or PET. C02 reading 23 today, Smoking approx 0-1 per day. Referral to smoking cessation made. 28 week bloods and Hba1c and RBS taken with consent. Advised to book in with practice nurse for flu and pertussis vaccinations. Plan TBS at 36 weeks.

20-Sept-2022 *** Awaiting clinical code migration to EMIS Web**

Lab results Plasma glucose level PREGNANT GDM RISK ETHICITY

15-July-2022 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, There has been a heat alert for Monday 18th and Tuesday 19th. Please be aware of any neighbours who may be struggling. Try to stay cool indoors close curtains on sunny rooms , drink plenty of fluids, never leave anyone in a closed, parked vehicle, try to keep out of the sun between 11am to 3pm, apply sunscreen, take water with you if you are travelling. We have sent this advice to all our registered patients, stay safe and cool

01-July-2022 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, because of staff sickness we are facing significant pressures and we would ask that patients only contact the surgery with urgent requests. We anticipate pressure to ease at the beginning of next week and if you can wait until then to contact us we would be very grateful. We have sent this to all registered patients to keep you updated and we appreciate your help at this time.

10-Jun-2022 *** MANSION HOUSEAdministration note**

Problem Pregnant

31-May-2022 *** MANSION HOUSEGP Surgery**

Comment Comment 16/40 Yvette well Aware of signs of PET and OC Fm's discussed, aware to contact MAU with any concerns. Signpsoted to kicks counts Raised C02 reading - ex smoker but ***** Encourged to encourge ***** to stop smoking. Aware of risks of smoking in pregnancy. Requires Serial growth USS. Aware to have whooping cough and covid vaccinations Repeat group and antibody test taken with consent as failed at booking Aware of 24 hour numbers if any concerns Follow up at 28/40

26-May-2022 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, because of the lengthened Jubilee holiday we are facing significant pressures and we would ask that patients only contact the surgery with urgent requests. We anticipate pressure to ease at the end of the Jubilee weekend and if you can wait until then to contact us we would be very grateful. We have sent this to all registered patients to keep you updated and we appreciate your efforts at this time.

16-May-2022 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, PLEASE RESPOND TO THIS MESSAGE PROMPTLY in order to be booked into this appointment time . The appointment will be cancelled if we receive no response within 2 days due to non-attendance and wasted appointments. A face to face appt has been made for you at the surgery - this will take place on Tuesday the 31st of May at 13:50pm with Miss ***** ***** TO RESPOND, please follow this link: (link will autogenerate here) Thanks, ***** podmore Mansion House Surgery

06-May-2022 *** Scanned document**

11-May-2022	Comment	Letter received	
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Maternity*	
	Additional	Scanned document	
	Comment	Other report Antenatal screening	
	Comment	Mail administration procedure	
	Examination	Body weight	67 kg

13-Apr-2022 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Miss Harris, in line with current significant pressures faced in the NHS we would ask that patients only contact the surgery with emergency requests. We anticipate pressure to ease at the end of next week if you can wait until then to contact us we would be very grateful. We have sent this to all registered patients to keep you updated and we appreciate your efforts at this time.

28-Mar-2022 *** Scanned document**

31-Mar-2022	Comment	Letter received
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Gynaecology MR 12878014*
	Additional	Scanned document
	Comment	Seen in early pregnancy assessment unit
	Comment	Mail administration procedure
	Comment	Discharged from outpatients
	Examination	Dating obstetric ultrasound scan viable iup 7+5/40
	Problem	Pregnant

24-Mar-2022 *** Awaiting clinical code migration to EMIS Web**

Comment	Patient mobile telephone number *****
Comment	SMS text message sent to patient Dear Miss Harris, Ladies with new pregnancies need to register at www.mypregnancynotes.com. This will be picked up electronically by the midwife. Thanks, Coral Gratton Mansion House Surgery

24-Mar-2022 *** Awaiting clinical code migration to EMIS Web**

Comment	eConsultation via online application Patient request: Medical - Medical Request
Comment	Comment Name: Harris, Yvette
Comment	Comment DOB: 23-08-1979
Comment	Comment Gender: Female
Comment	Comment Postcode: st15 8pl
Comment	Comment Phone number: *****
Comment	Comment Medical problem: urgetn for today pt is 7 weeks pregnant mild pain on left side of the abdomen also burning sensation when urinating some spotting dull orange/pink not everyday but when wiping. Completed by Coral
Comment	Comment Duration of symptoms and whether improving: Started last Wednesday but cleared up but has returned today
Comment	Comment Expectations: Would like advice
Comment	Comment Contact method preference: Phone call
Comment	Comment Preferred clinician to contact them: Anyone

24-Mar-2022 *** MANSION HOUSEGP Surgery**

Problem	Patient review
History	History LMP{ 2/2/22 was a bit ighter than usual 5-7/28-30 and preg test +ve 17/3/22 on the previous day had dysuria <24hrs
History	History took preganancy test yesterday and +ve still. 3 miscarriages back to back.
History	History today offensive urine, dysurai and frequency. occ urgency . NO abdo or back pain bar slight twinge lt hypochondrium
History	History spots of blood on wiping/urine
Examination	Examination well non toxic
Examination	Examination abdo renal angles NAD
Examination	Examination did feel firmer suprapubic but tympanic note resonant - ? furtehr along than dates esp with LMP lighter
Examination	Examination urine - protein + and blood +
Comment	Comment called scanning unit -wil lsee monday - discussed red flags for ectopic
Comment	Comment rx as UTI
Comment	Comment patinet not been referred for 3rd consecutive miscarrige. for her to consider (how this preganancy goes)

22-Mar-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, just to let you know, the practice has currently 11 members of staff including Drs off sick with Covid and any remaining staff able to come into work are working hard to keep the practice operating safely. Please be patient and kind to all our staff who as always are here to help you in these difficult times.

12-Feb-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Comment Online questionnaire not completed by patient

05-Feb-2022 *** Awaiting clinical code migration to EMIS Web**

	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, Please could you take 30 seconds to answer a few short questions about your ethnicity? Your answers are really important and help us to provide equal access to care to people from all backgrounds. Please complete this questionnaire: florey.accurx.com/p38a5x7rkj Mansion House Surgery

06-Dec-2021 *** Awaiting clinical code migration to EMIS Web**

	Comment	Comment Online questionnaire not completed by patient

29-Nov-2021 *** Awaiting clinical code migration to EMIS Web**

	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, We need up-to-date ethnicity details from our patients to help us manage our COVID-19 response. This information will also be helpful in managing your health in the future. The following questions ask about this. Please complete this questionnaire: florey.accurx.com/kzrrpctryu Mansion House Surgery

02-Nov-2021 *** Awaiting clinical code migration to EMIS Web**

	Comment	Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, we are no longer able to book Covid vaccinations at the surgery. We have been instructed to advise patients to book their appointment (1st, 2nd or booster) via the National Booking Line either by calling 119 or via their website https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/. Please note the qualifying time for each vaccine which may be subject to change.

10-July-2021 *** Awaiting clinical code migration to EMIS Web**

	Comment	Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, our records show you have not yet had your 1st Covid vaccination. You can book your vaccination by contacting 119 or https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/. For details of walk in clinics https://www.twbstaffsandstoke.org.uk/coronavirus/covid-19-vaccination/where-can-i-get-my-vaccination-from/community-vaccination-sites/walk-in-vaccination-clinics.

09-Jun-2021 *** Scanned document**

11-Jun-2021	Comment	Letter received
	Additional	Attachment *Clinical Letter Universty Hospital of North Staffordshire NHS Trust Department of Gynaecology*
	Additional	Scanned document
	Comment	Letter from specialist Gynaecology
	Comment	Mail administration procedure

13-May-2021 *** Awaiting clinical code migration to EMIS Web**

	Comment	Patient mobile telephone number *****
	Comment	SMS text message sent to patient Dear Miss Harris, We are now booking vaccinations for those patients who are now due their first covid vaccination. This will be at the County Showground again. Please call us on our dedicated line to arrange your vaccination on 07552 167929 (manned Mon- Fri 9am til 4pm) Thanks, Covid Appt Booking Mansion House Surgery

14-Apr-2021 *** Scanned document**

17-Jun-2021	Comment	Letter received
	Additional	Attachment *Result University Hospital of North Midlands Histopathology*
	Comment	Histopathology report received
	Comment	Mail administration procedure
	Problem	Evacuation of retained product of conception Histology; ragged grey haemorrhagic tissue, no fetal parts. No evidence of abnormal trophoblastic proliferation

09-Apr-2021 *** Scanned document**

26-Apr-2021	Comment	Letter received
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Gynaecology MR: 11544003*
	Additional	Scanned document
	Comment	Seen in early pregnancy assessment unit
	Comment	Mail administration procedure
	Comment	Follow-up arranged

12-Mar-2021 *** Scanned document**

16-Mar-2021	Comment	Letter received
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Gynaecology Medisec ref: 11446505*
	Comment	Seen in early pregnancy assessment unit
	Comment	Mail administration procedure
	Comment	Follow-up 1 week
	Examination	Ultrasonography - inconclusive

02-Mar-2021 *** Scanned document**

03-Mar-2021	Comment	Letter received
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Gynaecology Medisec ref: 11409654*
	Additional	Scanned document
	Comment	Seen in early pregnancy assessment unit
	Comment	Mail administration procedure
	Comment	Follow-up 1 week
	Examination	Ultrasonography - inconclusive

06-July-2020 *** Scanned document**

07-July-2020	Comment	Letter received
	Additional	Attachment *Clinical Letter Universty Hospital of North Staffordshire NHS Trust Department of Gynaecology*
	Additional	Scanned document
	Comment	Seen in gynaecology clinic
	Comment	Mail administration procedure
	Comment	Discharged from outpatients

28-Apr-2020 *** Scanned document**

30-Apr-2020	Comment	Letter received
	Additional	Attachment *Clinical Letter .Royal Stoke University Hospital Gynaecology*
	Additional	Scanned document
	Comment	Seen in gynaecology clinic
	Comment	Incoming mail: forwarded to GP (no action required)
	Comment	Follow-up 1 week
	Problem	Missed miscarriage

24-Apr-2020 *** MANSION HOUSEGP Surgery**

	History	History Discussed with early pregnancy unit , O positive from 2004 , early pregnancy unit request another over the counter pregnancy test

24-Apr-2020 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, I contacted the early pregnancy unit , the early pregnancy unit has asked you to repeat the over the counter pregnancy test , please repeat the test and arrange a telephone appointment with me at Mansion House Surgery. Thanks, Dr Chakraborty Mansion House Surgery

24-Apr-2020 *** MANSION HOUSETelephone consultation**

History History Phonecall from patient , otc pregnancy test positive , then discussed with early pregnancy unit , early pregnancy scan tuesday 28th April 11.00am
Comment Comment SMS sent twice , not recording in the notes , receipt of SMS confirmed by telephoning patient

24-Apr-2020 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, I have arranged your early pregnancy scan , please attend early pregnancy unit Royal Stoke Tuesday 28th April 11.00am Thanks, Dr Chakraborty Mansion House Surgery

24-Apr-2020 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, I have arranged your early pregnancy scan , please attend Royal Stoke University hospital early pregnancy unit Tuesday 28th April 11.00 am. Thanks, Dr Chakraborty Mansion House Surgery

23-Apr-2020 *** MANSION HOUSETelephone consultation**

Problem Pregnant
History History 12 weeks 5 days pregnant , pv spotting - small amount light brown colour , mild abdominal cramping , no urinary symptoms except for increased frequency related to pregnancy
History History Gravida 8:para 2 , 3 miscarriages , 2 TOP
History History Found out 2 weeks ago regarding pregnancy , no midwife , taking folic acid
Comment Comment Refer early pregnancy scan , available anytime except from 9.30 am to 10.30 am , send SMS
Document Referral to midwife
Pregnancy Notification Form

16-Apr-2020 *** MANSION HOUSEGP Surgery**

Comment Comment Pt failed to book gynaecology appt via e-referral system - (referral sent 13.12.19) - Pt has had 2 reminder letters from e-referral service with regard to this. e-referral booking cancelled.

13-Dec-2019 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Referral Gynaecological referral *NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient*
Document e-RS Letter (13-Dec-2019)
NHS e-Referral UBRN 000341044444 for Gynaecological referral, NHS e-RS UBRN 000341044444 for Gynaecological referral

13-Dec-2019 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Referral Gynaecological referral *NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient*
Document Referral Letter (13-Dec-2019)
for Gynaecological referral

12-Dec-2019 *** MANSION HOUSEGP Surgery**

History History discussed USS result- right sided haemorrhagic cyst and suspected right sided dermoid cyst. Uterus demonstrates sspectd adenomyosis
History History for gynae referral/rev
Comment Comment Letter to the Gynaecology Team. I would appreciate a review of patient with recent pelvic scan showing features of adenomyosis, right sided dermoid cyst and a haemorrhgic cyst. Scan was request in view of complains to recurrent pelvic cramps and spotting. SHe had termination of pregnancy August 2019 and seems to have been become symptomatic since then. thanks

03-Dec-2019 *** Awaiting clinical code migration to EMIS Web**

Comment Patient mobile telephone number *****
Comment SMS text message sent to patient Dear Miss Harris, The Doctor has reviewed your scan results. Please can you book a routine appointment with one of the doctors to discuss these. Thanks, Mrs ***** ***** Mansion House Surgery

14-Nov-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results U-S pelvic scan
Comment Comment another gynae referral recommended - possible adenomyosis
U-S pelvic scan Clinical History : Is there a clinical question you need an answer to? : cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts Does the patient represent an infection risk? : No Is the patient diabetic? : No Does the patient have any history of malignancy? : No cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts TA & TV Scan - Verbal consent obtained from the patient - Chaperone MH Latex free probe cover used - Probes cleaned in line with departmental protocol prior to ultrasound examination. Tristel No: 025990844 Probe No: 99B 1066 568 LMP:Today Bulky anteverted uterus measuring 100mm x 40mm x 57mm, which appears normal in outline and texture. Endometrial midline echo appears ill-defined but thin, measuring approximately 4mm. At the myometrial endometrial border there are several small cysts, suggestive of adenomyosis. The left ovary appears normal. The right ovary contains a haemorrhagic cyst measuring 27mm x 22mm x 21mm. Arising from the right ovary there is hyperechoic area measuring 30mm x 26mm x 28mm, apperances are suggestive of a dermoid cyst, which was suggested in 2018. No pelvic free fluid seen. Conclusion: No evidence of retained products. Right sided haemorrhagic cyst and probable right sided dermoid cyst. Uterus demonstrates features of adenomyosis. Gynae referral advised Examination performed and reported by ***** *****, Student Sonographer. Reviewed by ***** ***** Advanced Practitioner Ultrasound. . Reported by: ***** ***** E / BLANK CLINICIAN(JPB399) - book routine face to face appt with GP to review:

14-Nov-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Transvaginal ultrasound scan
Transvaginal ultrasound scan Clinical History : Is there a clinical question you need an answer to? : cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts Does the patient represent an infection risk? : No Is the patient diabetic? : No Does the patient have any history of malignancy? : No cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts TA & TV Scan - Verbal consent obtained from the patient - Chaperone MH Latex free probe cover used - Probes cleaned in line with departmental protocol prior to ultrasound examination. Tristel No: 025990844 Probe No: 99B 1066 568 LMP:Today Bulky anteverted uterus measuring 100mm x 40mm x 57mm, which appears normal in outline and texture. Endometrial midline echo appears ill-defined but thin, measuring approximately 4mm. At the myometrial endometrial border there are several small cysts, suggestive of adenomyosis. The left ovary appears normal. The right ovary contains a haemorrhagic cyst measuring 27mm x 22mm x 21mm. Arising from the right ovary there is hyperechoic area measuring 30mm x 26mm x 28mm, apperances are suggestive of a dermoid cyst, which was suggested in 2018. No pelvic free fluid seen. Conclusion: No evidence of retained products. Right sided haemorrhagic cyst and probable right sided dermoid cyst. Uterus demonstrates features of adenomyosis. Gynae referral advised Examination performed and reported by *****, Student Sonographer. Reviewed by ***** ***** Advanced Practitioner Ultrasound. . Reported by: ***** ***** E / BLANK CLINICIAN(JPB399) - duplicate copy:

31-Oct-2019 *** Scanned document**

12-Nov-2019 Comment Letter received
Additional Attachment
Clinical Letter Universty Hospital of North Staffordshire NHS Trust Gynaecology
Comment Seen in fast track suspected gynaecological cancer clinic
Comment Mail administration procedure
Comment Discharged from outpatients
Examination Genital swab - normal

28-Oct-2019 *** MANSION HOUSEGP Surgery**

Problem Motor vehicle traffic accidents (MVTA)
History History hit in back of car. was stationary in driver seat 00.10 am 27/10/19. neck feels stiff. R shoulder pain. no h/o vomiting or vertigo. rest, NSAId, massage. rev prn.

25-Oct-2019 *** MANSION HOUSEGP Surgery**

Comment Comment First OPD appt for fast track referral booked for 31.10.19

23-Oct-2019 *** MANSION HOUSEGP Surgery**

23-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Liver function test, Urea and electrolytes, GFR calculated abbreviatd MDRD 2ww gynae

Liver function test(ID399) - Normal - No Action:

Serum albumin	37 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	76 U/L	(Range: 30 - 130)
Serum ALT level	19 IU/L	(No range available)
Serum total bilirubin level	6 umol/L	(No range available)

Urea and electrolytes(ID399) - Normal - No Action:

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	61 umol/L	(Range: 45 - 84)

23-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Full blood count - FBC 2ww gynae

Full blood count - FBC(ID399) - No action - within acceptable limits:

Haemoglobin estimation	146 g/L	(Range: 115 - 165)
Total white cell count	**11.1 10*9/L**	**(Range: 4 - 11)**
Platelet count	319 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.81 10*12/L	(Range: 3.8 - 5.5)
Haematocrit	0.443	(Range: 0.37 - 0.48)
Mean corpuscular volume (MCV)	92.2 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	30.4 pg	(Range: 26.5 - 31.5)
Neutrophil count	7.1 10*9/L	(Range: 2 - 7.5)
Lymphocyte count	2.8 10*9/L	(Range: 1.5 - 4)
Monocyte count	0.8 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.2 10*9/L	(Range: 0.04 - 0.4)
Basophil count	0.1 10*9/L	(No range available)
Large unstained cells	0.2 10*9/L	(No range available)

23-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Gonadotrophin levels 2ww gynae

21-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Trichomonas screening test, Gram stain microscopy, Genital MC&S post top, spotting and unusual discharge

Trichomonas screening test Trichomonas vaginalis NOT seen(ID399) - Normal - No Action:

Gram stain microscopy Bacterial vaginosis NOT indicated(ID399) - Normal - No Action:

Genital MC&S Candida species NOT isolated N.gonorrhoeae NOT isolated(ID399) - Normal - No Action:

21-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results Chlamydia DNA detection post top, spotting and unusual discharge

Chlamydia DNA detection Negative This test is validated, pending accreditation.(ID399) - Normal - No Action:

18-Oct-2019 *** MANSION HOUSEAdministration note**

Comment Comment telephoned the patient, straight to voice mail - left msg to phone back.

18-Oct-2019 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Comment Comment BhCG normal, still spotting day 8, brown/dark discharge, had termination at 18 weeks in end of August, surgical, says lost some weight recently, still some crumps and back pain (no red flags), bloated.

Comment Comment ? reason for spotting, ? any product retention post termination,Booked for today with Dr F. Thanks Izzy

18-Oct-2019 *** MANSION HOUSEGP Surgery**

History	History period this month was late by 6 days then started spotting 10/10/19 and has been intemittant brown stringy/ pink and red, no pus. took a pregnancy test and thought faintly positive but wasn't sure so waited 2 days and took another which was negative	
History	History lmp 9/9/19- normal period	
History	History had top 10/8.19	
History	History no fever	
History	History intermittant mild cramping lower abdominal pain	
History	Cervical smear overdue	
History	History has pcos periods regulated after childbirth in 2003 no imb no new sexual *****	
History	History no shoulder tioip pain	
Examination	O/E - tympanic temperature	36.3 degrees C
Examination	Examination Explained the need for an intimate examination and what it would involve.	
Examination	Examination Given the opportunity to ask questions about the examination; consent obtained.	
Examination	Examination Chaperone offered but declined by patient.	
Examination	Examination cervical os open, 2x lumps noted on the cervix	
Comment	Comment pt non tender and looks well, retained products from top unlikely however os is open so for urgent US as OP, advised pt if bleeding become smore severe vomiting fever unwell dizzy etc- go to a and e. it is possible this is a miscariage from a very early pregnancy and separate to recent top. plan is to repeat bhcg for trend	
Comment	Comment for 2ww as abnormal cervix	
Comment	Comment swabs taken	
Comment	Comment Plan: 2ww eReferral to exclude cancer: - intended speciality = gynae	
Document	Fast track referral for suspected gynaecological cancer *RF013 UHNM 2WW Referral Gynaecology 050719*	

18-Oct-2019 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Referral	Fast track referral for suspected gynaecological cancer *Referral Type: Outpatient*	*NHS e-Referral Service, Purpose: Unknown.*
Document	e-RS Letter (18-Oct-2019) *NHS e-Referral UBRN 000337679420 for Fast track referral for suspected gynaecological cancer,* *NHS e-RS UBRN 000337679420 for Fast track referral for suspected gynaecological cancer*	

17-Oct-2019 *** MANSION HOUSEGP Surgery**

Social	Social Bloods taken as requested	

17-Oct-2019 *** Awaiting clinical code migration to EMIS Web**

Lab results	Gonadotrophin levels, Serum TSH level	vaginal bleeding

16-Oct-2019 *** MANSION HOUSEGP Surgery**

Problem	Vaginal bleeding	
History	History last period on the 9/9/19 for 5 days, was late on the 6/10 so took pregnancy test - showed very mild possitivity, wasn't sure so repeated tests on the 8/10 - was negative. Now bleeding since 10/10/19 - mildly, not like proper period, started with brown spotting, then bright red, stopped for 1 day and now spotting is back again	
History	History not on any contraception, will consider everythings is fine with bleeding	
History	History P2G7 - 1 abortion, 3miscarrages	
History	History Aug'19 - 18 weeks termination of pregnancy, surgical	
History	History feeling well in herself, mild abdominal cramps, no pains; no discharge between last and latest bleeding; no spotting previously between periods, last smear tests overdue	
Examination	O/E - pulse rate	87 beats/min
Examination	O/E - tympanic temperature	37.1 degrees C
Examination	Urine pregnancy test negative	
Comment	Comment d/w Dr Domville, thanks you - to request blood tests BHCG and thyroid; if tests negative and still symptomatic - will need USS abdomen re retain product?	
Comment	Comment safety netted re infection	
Comment	Comment overdue smear test - will book it	

10-Aug-2019 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Clinical Letter bpas*	
Additional	Scanned document	

02-July-2019 *** MANSION HOUSEGP Surgery**

Comment Comment x 2 booking appt dna at county hospital. unable to speak to lady. have left a message re rebooking appt ? pregnant on 13/6/19 and today 2/7/19

06-Jun-2019 *** MANSION HOUSEGP Surgery**

Comment Comment Angela - midwife spoken to pt last night

05-Jun-2019 *** MANSION HOUSETelephone consultation**

Problem Patient pregnant
History History has now decided her bleed in April may not have been a proper period and that LMP was actually 11th March
History History in which case she is now 12/40
History History not heard from midwife yet- has tried to ring her but just gets voicemail and they haven't called back
Comment Comment we will try to chase midwife.
Comment Comment if not heard by Fri will let us know

31-May-2019 *** MANSION HOUSETelephone consultation**

Comment Failed encounter - message left on answer machine of mobile- (07982) 641446 that attempted to return call and will retry later

31-May-2019 *** MANSION HOUSETelephone consultation**

Problem Patient pregnant
11-Apr-2019 History Last menstrual period -1st day

31-May-2019 *** MANSION HOUSEAdministration note**

Document Refer to mid-wife
Pregnancy Notification Form

07-Mar-2019 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter .Royal Stoke University Hospital Gynaecology
Additional Scanned document

29-Jan-2019 *** Scanned document**

12-Feb-2019 Comment Letter received
Additional Attachment
Clinical Letter UHNS Gynaecology Dept Gynaecology
Additional Scanned document
Comment Seen in gynaecology clinic
Comment Mail administration procedure
Comment Follow-up arranged

23-Jan-2019 *** MANSION HOUSEGP Surgery**

Comment Telephone encounter - confirmed with gynaecology (EPU) that pt attended 7.11.18 but failed any further f/u. Letter received with regard to this. Has an appointment booked for gynaecology 29.1.19 for review of ovarian cyst

21-Jan-2019 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Fax sent to:
Fax Header Sheet Mansion House Surgery
Comment Comment fax sent EPU chasing any outstanding letters.

19-Jan-2019 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Consent Form Mansion House Surgery Contraceptive Implant Consent
Additional Scanned document

19-Jan-2019 *** MANSION HOUSEGP Surgery**

Problem Removal of subcutaneous contraceptive
History History well overdue .reports periods reg & had msicarrige & not having SI as been told has ovarian cyst & due for gyame op end Jan , wishes removed -aware re scarring /bleeding /bruising
Examination Examination implant felt uppper L arm ,.skin cleaned ,asceptic technique ,lidocaine bn803503 exo 01.21 , quite thick capsule -not surprising due to how long it has been in , implant removed in tact &shown to pt ,steristrips & dry dressing

19-Jan-2019 *** MANSION HOUSEGP Surgery**

Comment Comment assisted Dr Eames with removal of contraceptive implant - dressed as directed

16-Jan-2019 *** MANSION HOUSEGP Surgery**

Comment Comment spoke to patient who has confirmed she is attending the family planning clinic this saturday

21-Dec-2018 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Letter sent to patient
Family Planning Invite

17-Dec-2018 *** MANSION HOUSETelephone consultation**

Problem Suspected UTI
History History think she may have a UTI - freq++ and smelly urine. Sometimes burns when pu'ing but not always. No pain elsewhere and no fever or vomiting. Thinks she needs some antibiotics
Comment Comment advised she get back in touch if sxs don't resolve with these

19-Nov-2018 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter .UHNS Gynaecology
Additional Scanned document

19-Nov-2018 *** MANSION HOUSEGP Surgery**

Comment Comment Telpehone encoutwr with ***** ***** from the early prenancy unit. They have concerns as the patient dna her b/t appointment at Mansion House. Patient had promised them she would be coming for b/t. ***** ***** says they will be passing the patient back to the care of the surgery. Patient has a pregnancy of unknown whereabouts and they have concerns for her but she keeps dna appointments. Message sent to DD Dr Ceresa at 17:04

19-Nov-2018 *** MANSION HOUSEAdministration note**

History History tried to call patient. rang once then cut out/call rejected. no a/p

05-Nov-2018 *** Scanned document**

08-Nov-2018 Comment Letter received
Additional Attachment
Clinical Letter UHNS Gynaecology Nurse Gynaecology
Additional Seen in gynaecology clinic
Comment Seen in gynaecology clinic
Comment Mail administration procedure
Comment Follow-up 1 day

02-Nov-2018 *** MANSION HOUSEGP Surgery**

Comment Comment Left a/p message on pt phone to call me to discuss booking tel consult on Monday 5.11.18

02-Nov-2018 *** MANSION HOUSEGP Surgery**

Comment Telephone encounter - pt phoned - did not attend hospital 31.10.18 as family situation. Booked tel consult for 2.11.18 with JE at JE reuqest

02-Nov-2018 *** MANSION HOUSETelephone consultation**

Problem Abdominal pain
History History explained the reason why rpt USS had been arranged ,explained her beta HCG has falen - but in the borderline gp -whihc meanes ectopic still posible .explained ectopics lifethreatening with internal haemorrhage & mat death .in fact the abdo pain has completely gone & urine preg tests are positive .
Comment Comment pt advises she will go for USS on MOn .explained that in meantime if abdo pain recurs ,or faint /light headed or shoulder pain then must go to cas or ring 999 & explained how ectopics cause bleeding int concern ,she sasy she understands that & will go for the USS

01-Nov-2018 *** MANSION HOUSEGP Surgery**

Comment Telephone encounter - checked with EPU as to whether pt attended for app 31.10.18. They confirmed pt was to have attended 31.10.18 for repeat bloods as last to BetaHCG were static and needed further one. Patient did not attend. Urgent task sent to JE with rgard to this.

31-Oct-2018 *** MANSION HOUSEAdministration note**

History History can see pt had USS -on ICE ,which failed to exlc ectopic .so task to sec to contact EPAU to find out hwat happened after that & if nil in hand ,then suggest pt to have call from DD - beta HCG -whiihc I did as pt would not attend for USS in a timely manner has fallen .I tried to ring pt at 9.10 but no answer

30-Oct-2018 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Result .UHNS Ultrasounds Obstetric 1st trimester
Additional Result

30-Oct-2018 *** Scanned document**

01-Nov-2018 Comment Letter received
Additional Attachment
Clinical Letter UHNS Gynaecology Nurse Gynaecology
Additional Seen in gynaecology clinic
Comment Seen in gynaecology clinic
Comment Mail administration procedure
Comment Follow-up 2-3 days
Examination Ultrasound in obstetric diagn. - inconclusive- await Bhcg

29-Oct-2018 *** MANSION HOUSEGP Surgery**

Comment Failed encounter - message left on answer machine pt needs to come in today for rpt blood test re urgent emis task

29-Oct-2018 *** Awaiting clinical code migration to EMIS Web**

Lab results Urine microscopy, Urine culture Not on Abx ? UTI
Urine microscopy(AMF399) - Abnormal - No Action:

Urine microscopy: pus cells	20.1 /uL	(No range available)
Urine microscopy: red cells	23 /uL	(No range available)
Urine microscopy - casts	**4 /uL**	**(No range available)**
Epithelial cell count	48 /uL	(No range available)

Urine culture No significant growth (10*3-10*4 orgs/mL)(AMF399) - Normal - No Action:

29-Oct-2018 MANSION HOUSEGP Surgery

29-Oct-2018 *** Awaiting clinical code migration to EMIS Web**

Lab results Gonadotrophin levels repeat

26-Oct-2018 *** MANSION HOUSETelephone consultation**

History History spoke to EPAU --htey are not able to scan her today but booked her in for 9am sat am. spoke to pt who says absolutely cannot go tomorrow as ***** works & no one to look after ***** ***** .pain started tues & was bad but now eased & was better yesterday & better today .no bleeds
Comment Comment explained AF wished to r/o ectopic as that is life threatening with internal bleed -tho unlikely if pain easing ,pt still declines appt tomorrw -does agree blood test today & ask sec to liasie with EPAU/pt re alt swcan date

26-Oct-2018 *** MANSION HOUSEGP Surgery**

Comment Telephone encounter : contacted EPU and changed scan appointment to 30.10.18 at 10.30 a.m. They stressed this is against medical advice and informed them that JE had stressed this also. Left a/p message on pt mobile to phone me with regard to this appointment.

26-Oct-2018 *** MANSION HOUSEGP Surgery**

Social Social Bloods taken as requested by JE
Social Social Advised secs have tried to get in touch with pt re scan appt - PT will go there now to find out info

26-Oct-2018 *** Awaiting clinical code migration to EMIS Web**

Lab results Gonadotrophin levels pregnant with abdo pain

25-Oct-2018 *** MANSION HOUSEGP Surgery**

Problem Abdominal pain
History History unexpectedly preganant at currently 6+5 based upon robust dates. LMP 8/9/18 based on reg 3-5/28 cycle pin intially RLQ -> acrross to LLQ. no d/c no PV loss. BO last on monday and passing pebbles
Examination Examination well non toxic p=78 reg rr=14 abdo soft mildly tender more suprapubic than anywhere else. no LUTS
Comment Comment MSU
Comment Comment lactulose
Comment Comment for scan mane as enetring ectopic range + has had miscarriages
Comment Comment red flgas for ectopic discussed

28-Mar-2018 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Letter sent to patient
headed lt to pt - re non-attendence FP clinic

29-Jan-2018 *** MANSION HOUSEGP Surgery**

Problem Did not attend - no reason
History History pt not in the waiting room

19-Oct-2017 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Letter sent to patient
Family Planning Appointment Letter

17-Oct-2017 *** MANSION HOUSETelephone consultation**

History History wishes implant removal & replaced - been in since 2010 .periods reg & normal .uses condom. when first put in had some irrge bleeds but no other probs
Comment Comment discussed must cont with the condom,adv re can affect bleeds ,mood ,skin bloating -also scarring /bruise -wishes to proceed.will ask MM to arrange

08-Jun-2017 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Letter sent to patient
Cervical Smear 3rd Invite Letter

22-Aug-2016 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Letter sent to patient
dna lt pt uss app

28-July-2016 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
DNA Letter .County Hospital Radiology
Additional DNA hospital appointment

30-Jun-2016 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Clinical Letter Appointment Booking Centre MICATS
Additional Scanned document

19-May-2016 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document Cervical smear screening first letter
Cervical Smear Invite - Recall for Clinic Letter

19-May-2016 *** MANSION HOUSEGP Surgery**

Comment Referral letter sent - uss request sent Royal Stoke University Hospital
Comment Referral letter sent by email - micats orthop ref sent

18-May-2016 *** Awaiting clinical code migration to EMIS Web**

Referral MICATS - MSK Assessment *Purpose: Investigation. Referral Type: Investigation*
Document Attachment
MICATS - MSK Assessment

18-May-2016 *** Awaiting clinical code migration to EMIS Web**

Referral	UHNM Ultrasound (Ultrasonic) request form *Purpose: Investigation. Referral Type: Investigation*	
Document	Referral Letter *UHNM Ultrasound (Ultrasonic) request form*	

18-May-2016 *** MANSION HOUSEGP Surgery**

Problem	Shoulder pain Rt	
History	History 1w ago shoulder hurt in normal tussle with *****	
History	History pain and restricted movement	
Examination	Examination restricted rotation and extension and flexion	
Examination	Examination no swelling or bruising	
Examination	Examination has scoliosis so Rt shoulder lower than Lt, scalpula ok, no dislocan	
Comment	Comment analgesia	
Comment	Comment ref to physio urgent	
Comment	Comment USS	

30-Dec-2015 *** MANSION HOUSEGP Surgery**

Comment	Referral letter sent by email - micats physio form sent	

29-Dec-2015 *** Awaiting clinical code migration to EMIS Web**

Referral	MICATS Referral - Physio *Purpose: Investigation. Referral Type: Investigation*	
Document	Attachment *MICATS - Physio*	

29-Dec-2015 *** Awaiting clinical code migration to EMIS Web**

PAERS Kiosk Data	I currently smoke	

29-Dec-2015 *** MANSION HOUSEGP Surgery**

Problem	[D]Vertigo NOS	
Assessment	Alcohol consumption	0 U/week
History	History dizzy episodes, 2 wks ago whilst driving and turning head to the R, had to pull over and let it pass, hearin gis okay, no tinnitus, no nausea or vomiting, had blurred vision with it only once, sees optician and due again in a month or so	
History	History no URTI, no head trauma	
History	Cigarette smoker	20 /day
History	Trying to give up smoking	
Comment	Smoking cessation advice	
Comment	Referral to smoking cessation service declined	
Comment	Comment try betahistine, check BMI and bloods	
Examination	O/E - pulse rate	66 beats/min
Examination	O/E - pulse rhythm regular	
Examination	Examination ears, nose and throat okay, gait, cranials normal, tandem gait normal	
Examination	Dix-Hallpike manoeuvre -ve	
Problem	Low back pain	
History	History long history, has pain killers but getting worse, radiates to calves but no numbness or paraesthesia, no sphincter problems	
Comment	Comment continue analgesics, refer for physio again, helped in the past	

11-Jun-2015 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Unscheduled Care Report NDUC (OWL) Out Of Hours Service*	
Additional	Scanned document	

04-Jun-2015 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document	Letter sent to patient *Cervical Smear 3rd Invite Letter*	

30-Sept-2013 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document	Letter sent to patient *Lt to pt implant*	

23-Sept-2013 *** Awaiting clinical code migration to EMIS Web**

PAERS Kiosk Data	I currently smoke	

23-Sept-2013 *** MANSION HOUSEGP Surgery**

Problem	Dental symptoms
History	History has had pain in left upper gum for 4-5 days. associated swelling
History	History has not been able to see dentist as no appts
History	History asking for some analgesia as co-cod 8/500 and brufen not sufficnt
Comment	Comment discuss.ed advised reg paracet and brufen with food(hand written instructions issued) advised top up codiene as needed
Comment	Comment will try to see dentist

17-Jun-2013 *** MANSION HOUSEGP Surgery**

Comment	Comment PHQ9 questionnaire has not been returned completed by pt - therefore EWISS referral HAS NOT BEEN SENT and shredded.

10-Jun-2013 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Admin Letter Benefits Agency*
Additional	Administration

10-Jun-2013 *** MANSION HOUSEAdministration note**

Problem	ESA113 Employment and Support Allowance form completed

29-May-2013 *** MANSION HOUSEAwaiting clinical code migration to EMIS Web**

Document	Letter sent to patient *Lt to pt enc PHQ9 for ewiss ref to be sent*

29-May-2013 *** MANSION HOUSEGP Surgery**

Comment	Comment to date PHQ9 questionnaire has not been completed by pt and returned so EWISS referral as requested by AJS 2.5.13 has NOT been sent. Further lt enclosing new questionnaire sent to pt.

21-May-2013 *** MANSION HOUSETelephone consultation**

History	History phoned and no reply and message left on answer phone

21-May-2013 *** MANSION HOUSETelephone consultation**

History	History feels having nervous breakdown and to be seen

21-May-2013 *** MANSION HOUSEGP Surgery**

History	History weepy and down and ***** not sleep for days at a time and still in bed with them and struggling at present and thought better off dead yesterday but no suicidal plans and not suicidal today. Husb works and she has to manage *****. Eating and drinking ok but limited time to self
Problem	Depressed
Comment	Comment for citalopram and see in 2-3 weeks but message to h/v for support

02-May-2013 *** Telephone consultation**

History	History wishes to be seen today with ***** and appnt given

02-May-2013 *** MANSION HOUSEGP Surgery**

Problem	Low back pain	
History	History years of low back pain and has been taking friends co codamol but now not effective and discussed and wishes to try alternative and discussed concerns re drowsiness and addiction and try tramadol and to see or speak again before rept as co codamol was giving some headaches	
Problem	Depressed	
History	History long term problems and no better. Sleep very poor but mainly due to ***** who does not sleep at night. No suicidal thoughts and discussed and not wish meds and wishes referral to EWISS and agree and to complete phq 9 and gad 7	
Comment	Comment EWISS form completed	
History	Cigarette smoker	20 /day
History	History discussed smoking and going to think about stopping and will discuss further with nurses and will also make appnt with nurse for smear	
Comment	Smoking cessation advice	

26-Oct-2011 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Admin Letter DWP Benefits Agency DBD370 form*
Additional	Administration

26-Oct-2011 *** Awaiting clinical code migration to EMIS Web**

Problem	Depressed
Comment	DLA 370 Disability living allowance completed

08-Jun-2011 *** Awaiting clinical code migration to EMIS Web**

Additional	Cervical smear - 3rd call *Smear 3rd Recall*

25-Jan-2011 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Medication	Medication Nicotine Transdermal patches 21 mg/24 hrs 14 patch AS DIRECTED
Medication	Medication Nicotine Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge 6 cartridge AS DIRECTED

25-Jan-2011 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment	Seen by smoking cessation advisor smokes between 25-40 daily. Co reading today 15. wishing to quit for health reasons for herslf and 2 young children. ***** *****decided to try patch and inhalator. to see again in 2/52.

24-Nov-2010 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Dental abscess
History	History Rt upper gum swell and painful after 1w course of Amox, also cervical lump
Examination	Examination gum swollen and red and painful Rt upper, cervical adenitis, mouth nil
Comment	Comment adv to see emerg dentist and change antib add nsaid to DHC
Medication	Medication Co-Amoxiclav 250/125 Tablets 21 tablet 1 TABLET THREE TIMES DAILY
Medication	Medication Ibuprofen Tablets 400 mg 84 tablet ONE TABLET THREE TIMES DAILY AFTER FOOD AS REQUIRED

17-Nov-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *DNA Letter Emotional Wellbeing Mental Health*
Additional	DNA hospital appointment

07-Oct-2010 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Insertion of subcutaneous contraceptive
History	History R handed so inserted L upper arm, skin cleaned ,asceptic technique ,lidocaine 2% 2ml , Implanon inserted and felt in position ,dry dressing. Pt says has seen someone at Stafford re sterilisation cannot remember who & told would be at least a yr poss 2y wait -so wants this in meantime (I cannot see any record of ref) ,also says that was told had endometriosis in past but definitely not causing her any probs now
Comment	Comment Implanon bn 677092/773216 exp 03/2015 lidocainebn001504 exp 01/2013
Medication	Medication Lidocaine Injection 2 %, 40 mg/2 ml ampoule 1 ampoule AS DIRECTED

05-Oct-2010 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Medication	Medication Implanon Subdermal implant 68 mg 1 device AS DIRECTED
Problem	Contraception
History	History LMP 4/10 /10 wishes implant ,forgets ocp & depo ,probs with ocp.not keen on IUD /S . Does not want any more children ,has considered sterilization but aware should wait till younges child older.Periods reg with no IMB
Comment	Comment discussed implant including insertion/removal technique /bruising/diff removal /also side effects -irreg or prolonged bleeds or amenorrhoea -still keen to have implant so arrange for Thurs

22-Sept-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Cervical smear defaulter *c/s fnl non respond 13/09/10*

30-Jun-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Referral Letter Mansion House Surgery Emotional Wellbeing*
Additional	Referral for further care

30-Jun-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *PHQ 9 + GAD 7 Mansion House Surgery*
Additional	Scanned document

30-Jun-2010 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 ONCE DAILY
Medication	Medication Dihydrocodeine Tablets 30 mg 100 TABLET 1 OR 2 FOUR TIMES DAILY AS REQUIRED
Medication	Medication Levonelle One Step Tablets 1.5 mg 1 tablet STAT
History	History burst condom 2 nights ago and day 19 of cycle and no prev accidents.
Comment	Comment for levonelle and knows not 100% effective and if period late for preg test
History	History low mood and sleep ok except for ***** and no suicide. Feels exacly as felt before and for citalopram and referal form for emotional wellbeing completed and will comp questionnares and give to sec. See 1 month
Problem	Emergency contraception
Additional	Medication review with patient
Comment	Emergency contraception advice
Comment	Advice about long acting reversible contraception
Comment	Long acting reversible contraception leaflet given
Additional	Prescribed post-coital OCP
Additional	Fpa General Contraception Leaflet Issued
Problem	Low mood

04-Jun-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *c/s frst non respond 18/05/10*

01-Jun-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Cervical smear - 3rd call *smear 3rd recall ltr 01 june 2010*

10-May-2010 *** Awaiting clinical code migration to EMIS Web**

History	History ***** has had a call from pt requesting another 7 day supply of antibiotics -Pen V 250mg 2qds as she cannot get a dental appt for 1/52 .
Comment	Comment I rang the detal practice (818037) -they say pt was seen 3/6/09-was due for Rx -2 x 20min appts booked -she cancelled ,then DNA'd 3 appts ,then booked for Hypnoval -DNAd. 18/2/10 had Rx for Penicillin from them -she still owes them for the penicillin & the Hypnoval -she still needs appt to see them .I suggest I will ask her to recontact the dentist-they say they would never ask pt to attend GP for dental problem-so no Rx as this is a dental problem for which she needs to see dentist

07-May-2010 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Toothache
History	History says asked dentist- Mr Lehane for appt for tooth removal as he had Rx antibiotics for 10/7 for abscess , paineased ,then recurred ,says he told her that he had no appts & that she should ask GP for more abx for 3/7 as he had not appts,
Examination	Examination R upper molar has temp filling ,tender when pressed ,
Medication	Medication Penicillin V Tablets 250 mg 28 tablet TWO TO BE TAKEN FOUR TIMES A DAY
History	History says has stopped the citalopram

16-Jan-2010 *** Awaiting clinical code migration to EMIS Web**

Additional	Scanned document *Clinical Letter Cannock Chase Hospital bpas*

12-Jan-2010 *** Awaiting clinical code migration to EMIS Web**

Comment	Did not attend - no reason

30-Dec-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *C+B booking lt*

30-Dec-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Referral letter - Gynaecological referral, Outpatient (NHS) (), Routine c&b JPB*

29-Dec-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History further pregnancy. last child 4 months old. 2 children . lmp 26.9.09 so 13+ weeks.
Comment	Comment requests referal for sterilisation. after termination . BPAS referal made.

02-Dec-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Depressed	
History	History had been taking them for nearly two years. child is 4/12 old now. No DSH. poor sleep pattern.	
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 ONCE DAILY	
Social	Cigarette smoker	25 Cigarettes/day
Medication	Medication Citalopram Hydrobromide Tablets 10 mg 1*28 tablet 1 TABLET A DAY	

25-Nov-2009 *** Telephone consultation**

Problem	Viral infection NOS
History	History visit triage as concerned about swine flu - over 1 week of lethargy, tiredness, snuffly nose, cough, nausea and sorethroat but no fever, T 36.5C, she is 4 months post partum
Comment	Comment advised does not meet criteria for swine flu as no fever, sounds like another viral illness and regular fluids and paracetamol suggested

11-Nov-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	Influenza vaccination telephone invite *Swine Flu Invite Letter*

11-Nov-2009 *** Telephone consultation**

History	History has restarted antidepressant tabs after ***** and run out and no more left and to see dr today please

15-Oct-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Postnatal exam. - maternal	
History	History pregnancy fine, 2nd *****. NVD and no issues. no sutures. bottle-fed and doing well. mum has no concerns. no breast problems. no continence problems. had 1 period and OK. doing PFE she says. smear is due and had letter through as due soon and will book in for that. no abnormal PV discharge. resumed sex and no issues. EPDS 2 and overall no worries at all. ***** ***** doing well	
Examination	Examination abdo - soft, not tender, no masses, no rebound/guarding and BS normal	
Comment	Comment continue and see again as needed	
Examination	O/E - pulse rate	60 beats/minute

08-Oct-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Did not attend - no reason

02-Sept-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *chs app*

25-Aug-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *dclt new ***** boy 08/08/09*

11-Aug-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Problem Delivered

29-July-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Problem 37/40 pregnant forgot notes
History	History bp 120/60 urine nad
Examination	Examination fhhr fmf fundus 35cm

28-July-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ltr 14/07/09 perinatal psych*

27-July-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *Lt to patient dna jda*

21-July-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	C/O: a rash
History	History itchy rash on the limbs for a few weeks and getting worse, increasing on the thighs
History	History she is 36 weeks pregnant
Examination	Examination papular lesions with excoriation marks and leaving scars
Comment	Comment ?eczema related to pregnancy
Comment	Comment review in 2 weeks and consider dermatology referral if not better and has not delivered
Medication	Medication Dermol Cream 500 gram bottle 2 bottle APPLY FOUR TIMES DAILY
Medication	Medication Hydrocortisone Cream 1 % 50 gram APPLY TWIC EDAILY

07-July-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Anaemia unspecified
History	History came as asked by midwife. low Hb probable iron deficiency but no iron result available.
Medication	Medication Ferrous Sulphate Tablets 200 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
Comment	Comment for bloods and start meds.

25-Jun-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Did not attend - no reason

23-Jun-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Examination	Diastolic blood pressure	60 mm Hg	
Examination	Systolic blood pressure	100 mm Hg	
Examination	O/E - fundus 28-32 week size		
Examination	O/E - fetal movements felt		
Examination	O/E - fetal heart 120-160		
Comment	Comment rash on arms and body to see gp. fbc result to see gp		
Lab results	Urine protein test negative		
Lab results	Urine glucose test negative		

12-Jun-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *nat-blood service a/n 03/06/09*

03-Jun-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Examination	Diastolic blood pressure	60 mm Hg
Examination	Systolic blood pressure	100 mm Hg
Examination	O/E - presenting part free-5/5	
Examination	O/E - fundus 28-32 week size	
Examination	O/E - fetal movements felt	
Examination	O/E - fetal heart 120-160	
Examination	O/E - vertex presentation	
Comment	Comment fbc and ab taken	
Lab results	Urine protein test = trace	
Lab results	Urine glucose test negative	

03-Jun-2009 *** Awaiting clinical code migration to EMIS Web**

04-Jun-2009	Lab results	Full blood count - FBC 29/40		
04-Jun-2009		**Full blood count - FBC**hb 11.0:		
		Total white cell count	**11.9 10*9/L**	**(Range: 4 - 11)**
		Red blood cell (RBC) count	3.94 10*12/L	(Range: 3.8 - 5.8)
		Haemoglobin estimation	**11 g/dL**	**(Range: 11.5 - 16.5)**
		Packed cell volume	**0.329 l/l**	**(Range: 0.37 - 0.47)**
		Mean corpuscular volume (MCV)	83.6 fL	(Range: 76 - 96)
		Mean corpusc. haemoglobin(MCH)	27.9 pg	(Range: 27 - 32)
		Mean corpusc. Hb. conc. (MCHC)	33.4 g/dL	(Range: 30 - 35)
		Platelet count	353 10*9/L	(Range: 150 - 400)
		Neutrophil count	**8.59 10*9/L**	**(Range: 2 - 7.5)**
		Lymphocyte count	2.36 10*9/L	(Range: 1.5 - 4)
		Monocyte count	0.68 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.1 10*9/L	(Range: 0.04 - 0.4)
		Percentage basophils	0.05 10*9/L	(No range available)
		Large unstained cells	0.13 10*9/L	(No range available)

26-May-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Problem dna tried to contact by mobile unable to leave message, may have left practice

13-May-2009 *** Awaiting clinical code migration to EMIS Web**

15-May-2009	Lab results	Urinary microscopy, culture and sensitivities	
15-May-2009		**Urinary microscopy, culture and sensitivities**Normal - No Action:	
		Urine microscopy: pus cells	(No range available)
		Urine microscopy: red cells	(No range available)
		Epithelial cell count	(No range available)
		Urine culture Heavy Mixed Growth	(No range available)

13-May-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	Gravida 3	
History	Para 1	
Examination	Diastolic blood pressure	60 mm Hg
Examination	Systolic blood pressure	110 mm Hg
Examination	O/E - fundus 24-28 week size	
Examination	O/E - fetal movements felt	
Examination	O/E - fetal heart 120-160	
Comment	Comment urine sent for culture. feels more positive	
Lab results	Urine protein test = +	
Lab results	Urine glucose test negative	
Additional	Consultant unit booking	

25-Mar-2009 *** Telephone consultation**

Problem	Depressed
History	History feeling sl better but taking 20mg not 10mg of citalopram and keen to cont and presc issued and to see psychiatrist

17-Mar-2009 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	Gravida 2	
History	Para 1	
Examination	Diastolic blood pressure	74 mm Hg
Examination	Systolic blood pressure	126 mm Hg
Examination	O/E - fetal movements felt	
Examination	O/E - fetal heart 120-160	
Comment	Comment now on 10mgs citrorplan....not requiring pscy referral at the moment	

17-Mar-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *opa 4 3 09 gynae*

12-Mar-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Referral letter - Psychiatric referral, Outpatient (NHS) St George's Hospit... Dr Hofberg JDA*

11-Mar-2009 *** Awaiting clinical code migration to EMIS Web**

History	History she says felt needed home visit as illness means she cannot leave the house now. says very tearful and fed up feeling this way. still trying to E&D (is vomiting but because of pregnancy not mental state she says) and drinking and PUing well still. gaining weight. no thoughts of harm to self or others. felt much better on citalopram and although 17/40 she wishes to restart it on small dose. xpld that is potentially dangerous to fetus and she is aware - xpld to her what BNF states in that only to be used if risks outweight benefits and sig risk of neonatal withdrawl meaning baby likely will need to go to SCBU for assessment +/- Px and that some animal studies have suggested toxicity and she strongly feels she is in that situation now and understands all this but feels cannot go on without it.
Examination	Examination house untidy, air filled with tobacco smoke. she is clean but rather unkempt. good eye contact & rapport. tearful at times but laughing & smiling at others. rational and insight retained
Comment	Comment agreed then to restart on 10mg citalopram and she has agreed to see Dr Hoffberg team for soon appt. see sos in meantime
Medication	Medication Citalopram Hydrobromide Tablets 10 mg 1*28 tablet 1 TABLET A DAY
Problem	Depressed

10-Mar-2009 *** Telephone consultation**

History	History feeling very depressed and wants to restart antidepressants. Advised needs to be seen and says to unwell To come to surgery due to preg probs and for visit tomorrow

24-Feb-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	Cervical smear - 1st call *Cervical Smear Invite Letter*

11-Feb-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *nat-blood service a/n 04/02/09*

06-Feb-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *dclt ssu 18/01/09*

04-Feb-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *dna-obs& gynae 21/01/09*

20-Jan-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ltr no date obstet & gynae*

20-Jan-2009 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *appt dr re ltr no date obstet & gynae*

16-Jan-2009 *** Telephone consultation**

History History phoned back and rolling arround in abdo pain and ***** has phoned for an ambulance to take to a/e

14-Jan-2009 *** Awaiting clinical code migration to EMIS Web**

Additional EMIS attachment reference code
dclt 6 1 09 GAC

06-Jan-2009 *** Telephone consultation**

Problem Morning sickness
History History seen at hosp today and urine clear and 7 weeks single preg and very sick all time and hosp asked her to contact us for some anti sickness tablets. Discussed and explained that we try and avoid all tabs where pos in preg and we do use buccastem for morning sickness and keen to take them to help. No sickness at all last preg. Risk with any meds and accepts this
Comment Comment issued and will collect from surgery tomorrow

02-Jan-2009 *** Telephone consultation**

History History recently noticed she is pregnant and scan booked for a few days time, noticed clear fluid come away from her vagina earlier today, not continuing to happen, no vaginal discharge, redness or irritation
Comment Comment no further action suggested, await scan

31-Dec-2008 *** Awaiting clinical code migration to EMIS Web**

Additional EMIS attachment reference code
*Lt Miss ***** obstetrician for urg pain control advice faxed AJS*

31-Dec-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment Comment left message with midwives - had checked with hospital which consultant midwife referred her to following JDA conversation withthem 16.12.08 - no ref been done and no app - left message regarding this. *****

30-Dec-2008 *** Telephone consultation**

History History asking for a fentanyl patch for pain control. Im not keen to give this but will write to obstetric dept for advice

30-Dec-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History History asked to phone back but mobile number switched off and home number unobtainable. Also alt number given to reception not correct

16-Dec-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History History found out pregnant on friday and needs to be seen today as on gabapentin and citalopram and dhc and need to look at stopping and hosp advice. Unexpected pregnancy

16-Dec-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History History since birth of previous child few years ago always had very irreg periods and lucky if gets 1 every 3/12 or so. thinks LMP about 11/9/08 but could be wrong. breasts felt tender as in last pregnancy so propmpted her to do test and +ve. worried as on gabapentin, DHC and citalopram. feels well. came off all meds other than kapake in last pregnancy. hasn't taken any meds since found out was pregnant last week. wants to stop all other than 10mg citalopram for few weeks and then will try & stop that also. will try to cope without analgesia.
Comment Comment referred to midwives and she will need ASAP appt and sent screen message to ***** ***** as doing clinic here at moment informing her of her presence and needs as I feel will need Obs referral. usual preg counselling given and she was receptive and did it all in last pregnancy although hard and seems well motivated. see sos in meanitme
Problem Patient pregnant
Social Cigarette smoker 25 Cigarettes/day
Comment Smoking cessation advice
Lab results Urine pregnancy test positive

03-Oct-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History Taking all medications,for back pain and depression,usually sees Dr Stafford.Has come today for medication review.
Medication	Medication Citalopram Hydrobromide Tablets 10 mg 28 tablet OD
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet OD
Medication	Medication Dihydrocodeine Tablets 30 mg 200 tablet 1 OR 2 FOUR TIMES DAILY AS REQUIRED
Medication	Medication Gabapentin Capsules 300 mg 168 CAPSULE 2 THREE TIMES DAILY
Additional	Medication review with patient

26-Aug-2008 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *final n/r smear 16 6 08*

17-Apr-2008 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *csnr 25/02/08*

09-Apr-2008 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *Out of area letter*

24-Mar-2008 *** Awaiting clinical code migration to EMIS Web**

Problem	DLA 370 Disability living allowance completed

29-Feb-2008 *** Awaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History dhc causing drowsiness and still probs with urine and needs to be seen

12-Feb-2008 *** Telephone consultation**

History	History Pain worse and both feet swollen since w/e and needs to be seen for review

12-Feb-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Pain in leg
History	History pain in the legs for 2 days with intermittent swelling, was on the sofa all day yesterday and managed to get up today but pain in the legs and back limiting her mobility, normally walks with 2 sticks but has managed with 1 stick today, says she has fibromyalgia
History	History says L little finger and ulnar half of the L ring finger feel dead
Examination	Examination R calf 10cm from tibial tuberosity 48cm, L calf 10cm from tibial tuberosity 49cm, no redness or bruising, tender in variable areas of th lower legs upper front part of the R lower leg and lower posterior part of the R lower leg, tender mainly in the back of the L leg, nopitting oedema, just general puffiness of the legs and feet
Examination	Examination no sensation to sharp object in the L little finger
Comment	Comment I cannot think of anything more to add to her current cocktail of analgesics, she is not keen to escalate her opiates to morphine or oxycodone because of risk of drowsiness which she already has to some extent with dihydrocodeine
Comment	Comment it is reassuring that swelling is intermittent, suggest see how it goes, she asked about diuretics but I think this may cause more harm than good

08-Feb-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History going to apply for dla and to contact s/s

07-Feb-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History flare of back pain for past 2 weeks and only mobile for a few steps with stick. Not sleeping due to pain. Pain in both legs to knee and not made toilet at times due to poor mobility
Examination	Examination nil spinal movement and marked musc spasm slr 10 deg rt 20 deg lt normal sens feet and normal s sens
Comment	Comment for try dihydrocodeine in place of co codamol and if not settle may need oxycodone. Family history of ank spond and if not settle rpt bloods and x ray
Medication	Medication Dihydrocodeine Tablets 30 mg 200 tablet 1 OR 2 FOUR TIMES DAILY AS REQUIRED

15-Jan-2008 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Depressed
History	History isq and feels managing at present. Suggest reducing dose of citalopram but not feel upto this at present and wishes to try in spring and see in 3 months
Additional	Medication review with patient
Problem	Low back pain
History	History pain control not as good and wakening from sleep
Comment	Comment for increase gabapentin to 600mg tds slowly over 3 weeks and see if not controlled

14-Jan-2008 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *d/c ltr psych-no pt contact 7 1 08*

03-Jan-2008 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *smear non-responder 23 3 05*

31-Dec-2007 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *smear non-responder 23 3 05*

18-Dec-2007 *** Telephone consultation**

History	History needs rpt meds and see dr for review

30-Oct-2007 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History long standing low back pain, felt sl better with gabapentin initially , feels pain is getting worse now . wishes to try alt med .no trauma.
Examination	Examination well . movements rstricted lower back , no swelling / local tenderness .
Comment	Comment try adding co codamol & see if it helps . see sos .
Medication	Medication Gabapentin Capsules 300 mg 84 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

04-Oct-2007 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History Would like repeat COCP and has lost medcations for citalopram and gabapentin.
Examination	O/E - pulse rate 72 beats/minute
Medication	Medication Microgynon 30 Tablets 126 tablet(s) AS DIRECTED
Medication	Medication Citalopram Hydrobromide Tablets 10 mg 28 tablet OD
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet OD
Medication	Medication Gabapentin Capsules 300 mg 84 capsule ONE TO BE TAKEN THREE TIMES A DAY

17-Aug-2007 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ltr 9 8 07 comm ment health*

24-May-2007 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *opa 4 5 07 psych*

16-May-2007 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Comment	Blood sample taken TSH		

16-May-2007 *** Awaiting clinical code migration to EMIS Web**

17-May-2007	Lab results	Thyroid function test		
17-May-2007		**Thyroid function test**Normal - No Action:		
		Serum TSH level	0.73 mu/L	(No range available)

11-May-2007 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Problem	Body mass index 30+ - obesity	
	History	Wants to lose weight	
	History	Target weight	71 kg
	Examination	Baseline weight	75 kg
	Comment	Patient advised to lose weight	
	Comment	Target weight discussed aim 5% loss	
	Comment	Comment for orlistat and reg with map and nurse 1 month	
	Medication	Medication Gabapentin Capsules 300 mg 84 capsule ONE TO BE TAKEN THREE TIMES A DAY	
	Medication	Medication Orlistat Capsules 120 mg 84 capsule(s) ONE TO BE TAKEN THREE TIMES A DAY	
	Additional	Medication review with patient	
	Problem	Oral contraceptive repeat	
	History	History well no probs	
	Examination	O/E - weight	75 Kg
	Examination	O/E - height	158.115 cm
	Examination	Body Mass Index	30
	Comment	Comment advise re risk of thromboembolism and cva and microgynon 30	
	History	History brighter in self and pain better controlled and cont and check tft	

04-Apr-2007 *** Telephone consultation**

	History	History runs out of meds today and wishes rpt and too late for appnt today and rpt for 1 month and see after holls

01-Mar-2007 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr chartley centre 23 2 07*

27-Feb-2007 *** Telephone consultation**

	History	History not made appnt for review and issue rpt and diazepam and asking if can increase gabapentin and will discuss when see in surgery

01-Feb-2007 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr-psych 29/01/07*

26-Jan-2007 *** **********

	Free Text	*****

23-Jan-2007 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *appt chartley centre 16 1 07*

29-Dec-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Medication	Medication Gabapentin Capsules 300 mg 84 capsule ONE TO BE TAKEN THREE TIMES A DAY
	Medication	Medication Citalopram Hydrobromide Tablets 10 mg 28 tablet OD
	Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet OD
	Medication	Medication Diazepam Tablets 5 mg 56 tablet(s) 2 ON
	Problem	Depressed
	History	History sl better and good and bad days. Less anxiety. Feels cipramil making drowsy in day. Due to see psychiatrist in 1 month. No suicide. Sleep better at present
	Comment	Comment discussed and increase cipramil to 30mg od and take at night. Red diazepam to 5mg on and change pregabalin to gabapentin 300mg slowly over next 3 weeks. See 1 month

07-Dec-2006 *** Telephone consultation**

	History	History cant make appnt tomorrow and needs cipramil and wishes to cont diazepam and aware addictive and wishes to cont and will make further appnt
	Additional	Medication review with patient

01-Dec-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	Oral contraception -no problem No elective surgery planned within next 3 months. No missed periods nor abnormal bleeding.
	Comment	template text: Smear due reminded to arrange
	Problem	Oral contraceptive repeat
22-Nov-2006	History	Last menstrual period -1st day

27-Nov-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *opa psych 23 10 06*

09-Nov-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *Change to appt*

07-Nov-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History no great improvement and sleep poor and anxiety and panic and try increasing cirpamil to 20mg od and wishes to cont diazepam at present. Back sl better on gabapentin and cont
	Comment	Comment see 1 month
	Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet OD

12-Oct-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *opa psych 20 9 06*

11-Oct-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr-psych 25/09/06*

06-Oct-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History Taking cipamil for 3 days and no s/e but no change. Eating ok but sleep poor. Taking pregabalin 2 on 1 om not bd.
	Comment	Comment cont and see 1 month and if not better increase cipramil

05-Oct-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr 28 9 06 chartley centre*

26-Sept-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *fax rx req psych from opa 20 9 06*

11-Sept-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr pain management prog 9 8 06*

06-Sept-2006 *** Telephone consultation**

	History	History continues with diazepam 10mg on and wishes to cont as helps sleep and helps muscle spasm and pregabalin helps pain and wishes to cont and see next month

10-Aug-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	Attachment *Referral letter - Refer to community mental health team, Outpatient (NHS) St Georg...AJS*

09-Aug-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History spoke to Dr ***** consultant pain management psychologist and feels main problem is anxiety and agaraphobia and panic attacks. Has put pain management off til next year and req referal to cmht and spoke to yvette and agrees to this and taking diazepam and pregabalin on alt nights and wishes to cont and aware addictive	

26-Jun-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	Oral contraception -no problem No elective surgery planned within next 3 months. No missed periods nor abnormal bleeding.	
	Social	Cigarette smoker	10 Cigarettes/day
	Social	Current smoker	
	Comment	Smoking cessation advice	
	Problem	Oral contraceptive repeat	
24-Jun-2006	History	Last menstrual period -1st day	

26-May-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History seen ortho re back pain and going to psychol and wishes to try pre gabalin and has some pins and needles in lt little finger at night and achy shoulders	
	Examination	Examination normal sens and pulses and some discomfort in all directions of shoulder movement	
	Comment	Comment try pregabalin and see and for shoulder exercises	
	Medication	Medication Pregabalin Capsules 75 mg 56 capsule(s) TAKE ONE TWICE DAILY	

23-May-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History phoned but no reply	

22-May-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *opa ortho 9 5 06*	

20-Apr-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *Out of area letter*	

14-Apr-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Problem	Disability living allowance form completed	

04-Apr-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History wishes further diazepam as helping and aware addictive and will run out at w/e and to collect friday	

04-Apr-2006 *** Awaiting clinical code migration to EMIS Web**

	Additional	EMIS attachment reference code *ltr-no pt contact comm mental health 14 3 06*	

23-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	History	History not controlling pain and increase to 10mcg patch and see 1 month or sos	
	Medication	Medication Buprenorphine Transdermal patches 10 micrograms/hour (10 mg per patch) 4 patch(es) ONCE WEEKLY	
	History	History fell few days ago and injured coccyx and today and injured lt shoulder and cant lift arm	
	Examination	Examination tender lat 1/3 of clavicle and no swelling or bruising and very painful abduction	
	Comment	Comment to go to a/e stat and has transport	

21-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Comment	Telephone encounter message from orthop triage - pt was sent app for pain management at ***** Springs, Rugeley but DNA on 31.10.05, was therefore discharged.	

16-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

	Comment	Telephone encounter community mental health nurse informed sent info letter and letter for pt to send back to accept app to pt and she has to send this back before app can be offered. Informed pt on new mobile no.	

16-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment Telephone encounter re-sent orthop ref letter of 16.1.06 as hospital no record of it nor orthop. triage. send direct to hospital.

14-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History History back pain no better and try butrans patch and await ortho
Medication Medication Diazepam Tablets 5 mg 56 tablet(s) 2 ON
Medication Medication Buprenorphine Transdermal patches 5 micrograms/hour (5 mg per patch) 4 patch(es) ONE PATCH EVERY 7 DAYS
History History Sleep very poor and gen low and weepy
Comment Comment wishes to start diazepam 10mg on and see 1 month and sec to chase community mental health nurse . Aware addictive

10-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment Comment Message from Ron ***** - they have tried to phone pt on 25,26,27.1.06 no reply, mobile no. given was not hers, and sent opt in letter 9.2.06 and pt not replied.

10-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment Telephone encounter chased community mental health nurse app - with Stone area -left message to send soon please

10-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Comment Comment Sec tried to contact pt - no reply on phone

03-Mar-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History History Not heard re community mental health nurse or ortho and sec to chase

17-Feb-2006 *** Awaiting clinical code migration to EMIS Web**

Additional EMIS attachment reference code
smear non-responder 23 3 04

02-Feb-2006 *** Awaiting clinical code migration to EMIS Web**

Additional EMIS attachment reference code
comm physio 17 1 06

25-Jan-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem Depressed
History History no change and low and weepy and not sleeping and no suicide.
Comment Comment discussed and start fluoxetine and see 1 month
Medication Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule(s) OD
Problem Low back pain
History History pain better but not sleeping on temgesic and try and take earlier in evening

17-Jan-2006 *** Awaiting clinical code migration to EMIS Web**

Additional EMIS attachment reference code
pcct 17 1 06

16-Jan-2006 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Referral letter - CPN referral, Outpatient (NHS) St George's Hospit...AJS

16-Jan-2006 *** Awaiting clinical code migration to EMIS Web**

Additional Attachment
Referral letter - Orthopaedic referral,Mr Kathuria Outpatient (NHS) Mid Staffordshire ...AJS

13-Jan-2006 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History still not sleeping due to pain and diazepam and analgesia not helping
Comment	Comment discussed and try temgesic and refer ortho again
Medication	Medication Buprenorphine Tablets 200 micrograms 100 tablet(s) 1 OR 2 TDS PRN
Problem	Depressed
History	History 2 years low mood weepy and not sleeping and now feels would be better off dead. Not actively suicidal and no psychotic thoughts
Comment	Comment feels bonding with ***** and ***** keeps her going. declines antidepressants and wishes community mental health nurse and agree and see 2 weeks and discuss ssri again

06-Jan-2006 *** Awaiting clinical code migration to EMIS Web**

History	History run out of diazepam and taking 2 tabs at night and needs more. Needs to see Dr next week for review and look for alternative

04-Jan-2006 *** Telephone consultation**

History	History rang to say was supposed to speak to AJS re Rx -checked with AJS , not expecting call -says needs more diazepam
Comment	Comment was explaining should not be due when call cut off

29-Dec-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *pcct 26 12 05*

20-Dec-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History lost presc and rpt amitrip
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet(s) ONE AT NIGHT

13-Dec-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History still not sleeping and pain despite remedene and tens. Wishes to cont diazepam and aware addictive and try ibuprofen and amitrip no d/t or asthma and see again

08-Nov-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Examination	O/E - pulse rate	56 beats/minute

07-Nov-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ltr 31 10 05 occ therapist*

03-Nov-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *Lt pt re DNA Pain Programme Clinic AJS*

02-Nov-2005 *** Telephone consultation**

History	History not sleeping and wants to try diazepam 5mg on prn and advised may be addictive, 28 tabs given and apppnt made to review in surgery

12-Oct-2005 *** Telephone consultation**

History	History had nitrazepam for 2 months and started with halln at night and wants to stop. Try stopping dead but if withdrawl try 1/2 tab at night for a week and then stop try herbal sleeping tabs

07-Oct-2005 *** Telephone consultation**

History	History req more remedeine for LBP
Medication	Medication Remedeine Forte tablets 112 tablet(s) 2 QDS

06-Oct-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ortho triage report 13 9 05*

30-Sept-2005 *** Telephone consultation**

History	History unable To come to surgery today as husb out of hosp opn and run out of nitrazepam and wishes to cont and aware addictive and says will make further appnt	

13-Sept-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Medication	Medication Microgynon 30 Tablets 126 tablet(s) AS DIRECTED	
Problem	Low back pain	
History	History meptid ineffective	
Medication	Medication Remedeine Forte tablets 112 tablet(s) 2 QDS	
History	Oral contraception -no problem No elective surgery planned within next 3 months. No missed periods nor abnormal bleeding.	
History	template text: Cervical smear upto date.	
Social	Cigarette smoker	10 Cigarettes/day
Social	Current smoker	
Comment	Smoking cessation advice	
Problem	Oral contraceptive repeat	

06-Sept-2005 *** Telephone consultation**

History	History still not sleeping and back pain no better
Comment	Comment req cont meptid and nitrazepam and aware addictive and has appnt in 3 weeks for review

26-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History going on holls for 2 weeks for Nitazepam and discusse hangover etc

17-Aug-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	Attachment *Referral letter - Orthopaedic referral, Outpatient (NHS) Mid Staffordshire AJS*

17-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History physio form completed

16-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History Says has severe back pain still and not sleeping due to pain and having paracet and ibuprofen and tramadol not helping and co prox not helping Taking 40mg temazepam at night.
Examination	Examination pain lower thoracic spine and lower back no sphincter involvement
Comment	Comment for ref ortho and try meptid and red temazepam to 20mg nocte and then stop and cont meptid and paracet
Medication	Medication Meptazinol Tablets 200 mg 112 tablet(s) 1 TABLET 4 HOURLY PRN
Medication	Medication Temazepam Tablets 20 mg 14 tablet(s) ON PRN

15-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History rang req more aleeping tabs -says forgot to ask IAT on Fri says has not started the amitryptilene
Comment	Comment not prescribed as had 28 tabs end July -says AJS aware uses more than 1/night -to d/w AJS tomorrow

12-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History Req referral but was seen last year and did not have physio or attend for follow up and says did not receive appts
Comment	Comment ref for physio and adv no more temazepam and try amitriptyline
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 tablet(s) 1N

09-Aug-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History co prox and tramadol not controlling pain and wants alternative and referal to back clinic. To see in surgery to review and refer

28-July-2005 *** Telephone consultation**

Problem	Medication requested
History	History Unable to attend surgery for appt. tonight-has run out of medication.
Medication	Medication Temazepam Tablets 20 mg 28 tablet(s) ONE AT NIGHT
Medication	Medication Co-Proxamol Tablets 100 tablet(s) TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

23-Jun-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *RIAE 17 6 05*

21-Jun-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History itchy rash since last week and no better and overnight mcp joint to rt middle finger painful and swollen
Examination	Examination urticaria and red throat and no pus glands neck only 36.7 C swelling and erythema no hot of mcp joint to middle finger
Comment	Comment ? due to strep throat For pen V 500mg qds for 1 week and ibuprofen 400mg tds and piriton 4mg tds and see next week if not settle. Condom cover

17-Jun-2005 *** Telephone consultation**

History	History irritating rash over body for 1 day has taken antihistamine.Tel from friends house in Meir and has no transport.
Comment	Comment as she cannot come to surg and is out of our area adv emerg prim care centre

14-Jun-2005 *** Telephone consultation**

History	History run out of tabs and req rpt before can get appnt. Feels brighter in self and sleep very poor despite 30mg temazepam.
Comment	Comment cont fluoxetine and req 40mg of temazepam and explained addictive but still keen to continue. To see in surgery in next few weeks to review

19-May-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Depressed
History	History past few months low and weepy. No suicide and sleep poor. Eating ok and no obvious cause. Temazepam help sleep but remains low
Comment	Comment try fluoxetine and cont tem 20mg on and aware addictive and see 3 weeks. Not to get preg on meds
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule(s) OD
Medication	Medication Temazepam Tablets 10 mg 56 tablet(s) 2 ON

10-May-2005 *** Telephone consultation**

History	History not sleeping still and zopiclone caused nausea and would like to try temazepam again. Agree to further 14 days

29-Apr-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History period now settled. Nitrazepam not suit. Wishes try zopiclone and aware addictive . Not able to settle to sleep at all.
Medication	Medication Zopiclone Tablets 7.5 mg 14 tablet(s) ON PRN

21-Apr-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Medication	Medication Microgynon 30 Tablets 126 tablet(s) AS DIRECTED	
Medication	Medication Nitrazepam Tablets 5 mg 14 tablet(s) ON PRN	
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 capsule(s) 1 OR 2 QDS PRN	
History	History not sleeping and tried one of friends nirazepam and helps and wishes to try for few days. Aware addictive and advise use for as short a period of time as pos	
History	History brown discharge for 3 weeks after last period, No sex ? due to ecp.	
Comment	Comment if not settle over next week to attend again for pv and swabs	
History	History wishes ocp No ci and no s/e previously Aware of risk of thromboembolism and cva	
Social	Cigarette smoker	15 Cigarettes/day
Social	Current smoker	
Comment	Smoking cessation advice	
Comment	Comment for microgynon 30 and leaflet given	

07-Mar-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History vulval lump few days -sore & itchy
Examination	Examination seb cyst R lab maj , & red introitus -no obv vulval rash or inflamm , no blisters -introitus looks like thrush
Comment	Comment see again if not cleared or worse
Medication	Medication Clotrimazole Vaginal cream 10 % 5 gram(s) AS DIRECTED

01-Mar-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Emergency contraception
History	History unprotected sex 2 days ago and just finished period 2 days prior to that. For levonell and aware not 100% effective and may effect period
Comment	Comment for preg test if period late

24-Feb-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History co dydramol not controlling pain and not sleeping and stiff in am and weepy due to pain. No sciatica and having physio and no help and ortho review due soon
Examination	Examination v limited spinal movement and sl tender
Comment	Comment try tramadol and see ortho for review
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 capsule(s) 1 OR 2 QDS PRN

18-Feb-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History UPSI 48hrs ago -no bleed since TOP ,has appt at fam Plan for implant so declines IUD
Comment	Comment adv re s.e.
Medication	Medication Levonelle One Step Tablets 1.5 mg 1 tablet(s) AS DIRECTED
Medication	Medication Nefopam Hydrochloride Tablets 30 mg 90 tablet(s) 1-2 TDS
Problem	Low back pain
History	History co-co 30/500 no help , co-dyramol nausea , NSAI nausea
Comment	Comment try nefopam
Problem	Emergency contraception

10-Feb-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History change from co-proxamol
Medication	Medication Co-Dydramol 10/500 Tablets 100 tablet(s) 1-2 QDS PRN

03-Feb-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *ltr 29 1 05 bpas*

24-Jan-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
History	History feels co-prox better than co codamol for back painand having TOP this week [was 11+ weeks preg]See JE re contraception ? mirena
Medication	Medication Co-Proxamol Tablets 100 tablet(s) TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

17-Jan-2005 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	Termination of pregnancy NEC pt says she was waiting for an appt re LMP 10/9 and now 19 weeks has made no other contact with us
Examination	Examination ut feels poss 16wks
Comment	Comment ref BPAS but may be reluctant

11-Jan-2005 *** Awaiting clinical code migration to EMIS Web**

Additional	EMIS attachment reference code *smear non-responder 23 3 03*

14-Dec-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History LMP ? 10 /9/04 ,+ve preg test 1/7-did it as sore breasts 1/52. Vx2 last wk
Examination	Examination abdo soft -not tender
Comment	Comment req ref EPAU in view prev misc -scan form done & arrange & ring 1/7 pt & see pt after to book-clin prob 6/40 -infreq bleeds as PCOS

21-Oct-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History One week after last visit had a period,then no period this month.Back pain better with diclofenac but since then having ectopic beats at night.
Comment	Comment Check FSH/LH/OESTRADIOL/PROGESTERONE/THYROID/PROLACTIN.
Lab results	Lab results Stop diclofenac.
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet(s) AS DIRECTED

03-Sept-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

History	History Had a miscarriage and then missed three periods.Otherwise well
Comment	Comment Observe.Wants treatment for headlice,including *****.If misses three more periods then to see doctor.
Medication	Medication Malathion Aqueous Lotion 0.5 % 400 ml(s) APPLY TO DRY HAIR & ALLOW TO DRY. LEAVE OVERNIGHT & REMOVE BY WASHING

26-Aug-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Low back pain
Comment	Comment Med5 from 22.8.04-26.8.04:Med3 from 26.8.04 for eight weeks.
Medication	Medication Diclofenac Sodium E/c tablets 50 mg 84 tablet(s) ONE TO BE TAKEN THREE TIMES A DAY

05-July-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

Problem	Problem discomfort R breast
Problem	Problem discomfort R breast
History	History nad

01-July-2004 *** Mansion House SurgeryAwaiting clinical code migration to EMIS Web**

28-Jun-2004 *** Awaiting clinical code migration to EMIS Web**

Medication	Medication Kapake Tablets 100 tablet(s) TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

06-May-2004 *** Awaiting clinical code migration to EMIS Web**

Medication	Medication Co-Codamol 30/500 Tablets

22-Mar-2004 *** Awaiting clinical code migration to EMIS Web**

Problem	Problem back pain
Comment	Comment cert 8/52

05-Feb-2004 *** Awaiting clinical code migration to EMIS Web**

Additional	Smokes 10 /day	10 /day
Additional	Smoking cessation advice	

26-Jan-2004 *** Awaiting clinical code migration to EMIS Web**

14-Jan-2004 *** Awaiting clinical code migration to EMIS Web**

Problem	Did not attend - no reason

14-Jan-2004 *** Awaiting clinical code migration to EMIS Web**

07-Jan-2004 *** Awaiting clinical code migration to EMIS Web**

Additional	Additional	low back pain req further analgesia.WARNED RE
Additional	Additional	OVERUSING CO-CODAMOL.Add diclofenac.Long PH of
Additional	Additional	bachache DNA'd last referral to OPD
Examination	Examination	SLR almost full reflexes nad
Medication	Medication	Diclofenac Sodium E/C Tablets 50 mg
Comment	Comment	ref ortho SDH

30-Dec-2003 *** Telephone consultation**

Problem		Low back pain
Additional	Additional	Still a problem & has run out of analgesia. Due to
Additional	Additional	come for appt but up all night with *****.
Comment	Comment	For repeat rx - to collect. R/V sos

11-Dec-2003 *** Awaiting clinical code migration to EMIS Web**

Problem	Problem	Postnatal visiting
Additional	Additional	SVD 1/7 ago. Cramping abdo pains, lochia pink &
Additional	Additional	reducing. Bottle feeding - babe mucusey, no other
Additional	Additional	concerns. COntraception discussed - scoliosis
Additional	Additional	diagnosed on epidural & advised that further
Additional	Additional	children may cause problems, is considering
Additional	Additional	sterilisation. No problems.
Comment	Comment	Advised to consider alternative long term
Comment	Comment	contraception (IUD, IUS, implanon) rather than
Comment	Comment	sterilisation & will attend to discuss. To use
Comment	Comment	condoms at present.
Additional		FP1001 signed

05-Dec-2003 Awaiting clinical code migration to EMIS Web

27-Nov-2003 *** Telephone consultation**

Problem		Low back pain
Additional	Additional	Pain worse as pregnancy progresses. Due next week.
Comment	Comment	MED3 given - low back pain

15-Oct-2003 *** Awaiting clinical code migration to EMIS Web**

16-Oct-2003 Investigation Full blood count - FBC
16-Oct-2003 **Full blood count - FBC**:

Total white cell count	17 10*9/L	(Range: >4)
Red blood cell (RBC) count	3.97 10*12/L	(Range: >3.8)
Haemoglobin estimation	**11.2 g/dL**	**(Range: >11.5)**
Packed cell volume	**0.328 l/l**	**(Range: >0.37)**
Mean corpuscular volume (MCV)	82.6 fL	(Range: 76 - 96)
Mean corpusc. haemoglobin(MCH)	28.1 pg	(Range: >27)
Mean corpusc. Hb. conc. (MCHC)	34 g/dL	(Range: >30)
Platelet count	353 10*9/L	(Range: 150 - 400)
Neutrophil count	12.68 10*9/L	(Range: >2)
Lymphocyte count	3.16 10*9/L	(Range: >1.5)
Monocyte count	0.77 10*9/L	(Range: >0.2)
Eosinophil count	0.14 10*9/L	(Range: >0.04)
Percentage basophils	**0.07 10*9/L**	**(Range: >0.1)**
Large unstained cells	**0.2 10*9/L**	**(Range: >0.4)**
Percentage neutrophils	74.6 %	(No range available)
Percentage lymphocytes	18.6 %	(No range available)
Percentage monocytes	4.5 %	(No range available)
Percentage eosinophils	0.8 %	(No range available)
Percentage basophils	0.4 %	(No range available)
Large unstained cells	1.2 %	(No range available)

14-Oct-2003 *** Awaiting clinical code migration to EMIS Web**

09-Oct-2003 *** Awaiting clinical code migration to EMIS Web**

Examination	Examination	? insect bites
Medication	Medication	Hydrocortisone And Miconazole Cream 1 % + 2 %

14-Aug-2003 *** Awaiting clinical code migration to EMIS Web**

	Investigation	Full blood count - FBC		
		Full blood count - FBC:		
		Total white cell count	14.6 10*9/L	(Range: >4)
		Red blood cell (RBC) count	3.99 10*12/L	(Range: >3.8)
		Haemoglobin estimation	**11.2 g/dL**	**(Range: >11.5)**
		Packed cell volume	**0.34 l/l**	**(Range: >0.37)**
		Mean corpuscular volume (MCV)	85.3 fL	(Range: 76 - 96)
		Mean corpusc. haemoglobin(MCH)	28.1 pg	(Range: >27)
		Mean corpusc. Hb. conc. (MCHC)	32.9 g/dL	(Range: >30)
		Platelet count	**407 10*9/L**	**(Range: 150 - 400)**
		Neutrophil count	11.01 10*9/L	(Range: >2)
		Lymphocyte count	2.58 10*9/L	(Range: >1.5)
		Monocyte count	0.72 10*9/L	(Range: >0.2)
		Eosinophil count	0.1 10*9/L	(Range: >0.04)
		Basophil count	**0.04 10*9/L**	**(Range: >0.1)**
		Large unstained cells	**0.13 10*9/L**	**(Range: >0.4)**
		Percentage neutrophils	75.4 %	(No range available)
		Percentage lymphocytes	17.7 %	(No range available)
		Percentage monocytes	4.9 %	(No range available)
		Percentage eosinophils	0.7 %	(No range available)
		Percentage basophils	0.3 %	(No range available)
		Large unstained cells	0.9 %	(No range available)

13-Aug-2003 *** Awaiting clinical code migration to EMIS Web**

18-Jun-2003 *** Awaiting clinical code migration to EMIS Web**

23-Jun-2003	Investigation	Full blood count - FBC		
23-Jun-2003		**Full blood count - FBC**:		
		Total white cell count	14.7 10*9/L	(Range: >4)
		Red blood cell (RBC) count	4.19 10*12/L	(Range: >3.8)
		Haemoglobin estimation	12.3 g/dL	(Range: >11.5)
		Packed cell volume	**0.363 l/l**	**(Range: >0.37)**
		Mean corpuscular volume (MCV)	86.7 fL	(Range: 76 - 96)
		Mean corpusc. haemoglobin(MCH)	29.4 pg	(Range: >27)
		Mean corpusc. Hb. conc. (MCHC)	33.9 g/dL	(Range: >30)
		Platelet count	359 10*9/L	(Range: 150 - 400)
		Neutrophil count	9.75 10*9/L	(Range: >2)
		Lymphocyte count	4.12 10*9/L	(Range: >1.5)
		Monocyte count	0.56 10*9/L	(Range: >0.2)
		Eosinophil count	0.12 10*9/L	(Range: >0.04)
		Basophil count	**0.06 10*9/L**	**(Range: >0.1)**
		Large unstained cells	**0.1 10*9/L**	**(Range: >0.4)**
		Percentage neutrophils	66.3 %	(No range available)
		Percentage lymphocytes	28 %	(No range available)
		Percentage monocytes	3.8 %	(No range available)
		Percentage eosinophils	0.8 %	(No range available)
		Percentage basophils	0.4 %	(No range available)
		Large unstained cells	0.7 %	(No range available)

18-Jun-2003 *** Awaiting clinical code migration to EMIS Web**

12-May-2003 *** Awaiting clinical code migration to EMIS Web**

12-May-2003 *** Awaiting clinical code migration to EMIS Web**

Medication	Medication	Co-Codamol 30/500 Tablets

07-Apr-2003 *** Awaiting clinical code migration to EMIS Web**

01-Nov-2002 *** Awaiting clinical code migration to EMIS Web**

Problem	Low back pain	
Medication	Medication	Co-Proxamol Tablets

25-Jan-2002 *** Awaiting clinical code migration to EMIS Web**

29-Jan-2002	Investigation	Blood chemistry		
29-Jan-2002		**Blood chemistry**UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *:		
		Serum progesterone UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	66.4 nmol/L	(No range available)
		Serum oestradiol level UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	642 pmol/L	(No range available)
		Serum testosterone UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	3.7 nmol/L	(Range: >2.6)

25-Jan-2002 *** Awaiting clinical code migration to EMIS Web**

29-Jan-2002	Investigation	Blood chemistry		
29-Jan-2002		**Blood chemistry**UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *:		
		Serum sodium UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	137 mmol/L	(Range: 130 - 145)
		Serum potassium, 0		(No range available)
		Serum urea level	4.4 mmol/L	(Range: >2.5)
		Serum creatinine	77 umol/L	(Range: 60 - 120)
		Serum albumin	42 g/L	(Range: 35 - 50)
		Total bilirubin	**9 umol/L**	**(Range: >20)**
		AST - aspartate transam.(SGOT)	**18 u/L**	**(Range: >42)**
		Serum alkaline phosphatase	**96 u/L**	**(Range: >110)**
		Follicle stim. hormone - F.S.H	2 u/L	(No range available)
		Luteinising hormone - L.H.	2 u/L	(No range available)
		Prolactin level	**431 mu/L**	**(Range: >700)**

24-Jan-2002 *** Awaiting clinical code migration to EMIS Web**

24-Jan-2002 *** Awaiting clinical code migration to EMIS Web**

25-Jan-2002	Investigation	Full blood count - FBC		
25-Jan-2002		**Full blood count - FBC**:		
		Total white cell count	13.8 10*9/L	(Range: >4)
		Red blood cell (RBC) count	4.75 10*12/L	(Range: >4.2)
		Haemoglobin estimation	14.3 g/dL	(Range: 12 - 16)
		Haematocrit - PCV	0.412 l/l	(Range: >0.345)
		Mean corpuscular volume (MCV)	86.9 fL	(Range: 80 - 100)
		Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 33)
		Mean corpusc. Hb. conc. (MCHC)	34.6 g/dL	(Range: 30 - 37)
		Platelet count	373 10*9/L	(Range: 130 - 450)
		Neutrophil count	8.21 10*9/L	(Range: >1.9)
		Percentage neutrophils	59.5 %	(No range available)
		Lymphocyte count	3.78 10*9/L	(Range: >0.9)
		Percentage lymphocytes	27.4 %	(No range available)
		Monocyte count	1.01 10*9/L	(Range: >0.16)
		Percentage monocytes	7.3 %	(No range available)
		Eosinophil count	**0.62 10*9/L**	**(Range: >0.8)**
		Percentage eosinophils	4.5 %	(No range available)
		Basophil count	**0.08 10*9/L**	**(Range: >0.2)**
		Percentage basophils	0.6 %	(No range available)
		Large unstained cells	**0.1 10*9/L**	**(Range: >0.4)**
		*****%	0.7 %	(No range available)

23-Jan-2002 *** Awaiting clinical code migration to EMIS Web**

19-July-2001 *** Awaiting clinical code migration to EMIS Web**

	Investigation	Microbiology...		
		Microbiology...:		
		Microbiology, 0		(No range available)

18-July-2001 *** Awaiting clinical code migration to EMIS Web**

08-Feb-2001 *** Awaiting clinical code migration to EMIS Web**

	Investigation	Microbiology...		
		Microbiology...:		
		Microbiology, 0		(No range available)

08-Feb-2001 *** Awaiting clinical code migration to EMIS Web**

17-Mar-2000 *** Awaiting clinical code migration to EMIS Web**

	Investigation	Microbiology...		
		Microbiology...:		
		Microbiology, 0		(No range available)

17-Mar-2000 *** Awaiting clinical code migration to EMIS Web**

Medications (inc. issues)

Acute

Repeat

Past

16-Jun-2026 Amoxicillin 500mg capsules Acute Medication (Past)
0 capsule - Take One Capsule Three Times A Day

16-Jun-2026 Amoxicillin 500mg capsules Acute Medication (Past)
0 capsule - Take One Capsule Three Times A Day

13-May-2026 Tirzepatide 5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

13-May-2026 Tirzepatide 5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

28-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

28-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

01-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

01-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

01-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

01-Feb-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

03-Jan-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

03-Jan-2026 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

10-Dec-2025 Mounjaro KwikPen 7.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

10-Dec-2025 Mounjaro KwikPen 7.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

28-Nov-2025 Mounjaro KwikPen 5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

28-Nov-2025 Mounjaro KwikPen 5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

07-Oct-2025 Mounjaro KwikPen 15mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

07-Oct-2025 Mounjaro KwikPen 15mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

23-Sept-2025 Mounjaro KwikPen 12.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

23-Sept-2025 Mounjaro KwikPen 12.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

08-Sept-2025 Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

08-Sept-2025 Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

07-Aug-2025 Mounjaro KwikPen 12.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

07-Aug-2025 Mounjaro KwikPen 12.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

20-Jun-2025 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

20-Jun-2025 Mounjaro KwikPen 10mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

30-May-2025 Mounjaro KwikPen 7.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

30-May-2025 Mounjaro KwikPen 7.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

17-May-2025 Mounjaro KwikPen 5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

17-May-2025 Mounjaro KwikPen 5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
0 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

22-Aug-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

22-Aug-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

23-July-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

19-July-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
0 tablet - As Directed

19-July-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
0 tablet - As Directed

18-July-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

25-Jun-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

25-Jun-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

06-Jun-2024 Ibuprofen 10% gel Acute Medication (Past)
0 gram - Apply Up To Three Times A Day

06-Jun-2024 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
0 tablet - One To Be Taken Three Times A Day

06-Jun-2024 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
0 tablet - One To Be Taken Three Times A Day

06-Jun-2024 Ibuprofen 10% gel Acute Medication (Past)
0 gram - Apply Up To Three Times A Day

16-May-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

16-May-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day whilst taking Naproxen

16-May-2024 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day

16-May-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day whilst taking Naproxen

16-May-2024 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day

16-May-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

06-Jan-2023 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - to be inserted by GP

06-Jan-2023 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - to be inserted by GP

24-Mar-2022 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

24-Mar-2022 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

19-Jan-2019 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - ad

19-Jan-2019 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - ad

17-Dec-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
6 capsule - One To Be Taken Twice A Day

17-Dec-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
6 capsule - One To Be Taken Twice A Day

25-Oct-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

25-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
300 ml - 10- 20mls bd

25-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
300 ml - 10- 20mls bd

25-Oct-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

18-May-2016 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day After Food

18-May-2016 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

18-May-2016 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

18-May-2016 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day After Food

29-Dec-2015 Betahistine 16mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day

29-Dec-2015 Betahistine 16mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day

23-Sept-2013 Codeine 30mg tablets Acute Medication (Past)
30 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 Tablets in 24 Hours

23-Sept-2013 Codeine 30mg tablets Acute Medication (Past)
30 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 Tablets in 24 Hours

21-May-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

21-May-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

02-May-2013 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 Tablets in 24 Hours

02-May-2013 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 Tablets in 24 Hours

25-Jan-2011 Nicotine 21mg/24hours transdermal patches Acute Medication (Past)
14 patch - AS DIRECTED

25-Jan-2011 Nicotine 21mg/24hours transdermal patches Acute Medication (Past)
14 patch - AS DIRECTED

25-Jan-2011 Nicotine Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge Acute Medication (Past)
6 cartridge - AS DIRECTED

25-Jan-2011 Nicotine Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge Acute Medication (Past)
6 cartridge - AS DIRECTED

24-Nov-2010 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet - 1 TABLET THREE TIMES DAILY

24-Nov-2010 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - ONE TABLET THREE TIMES DAILY AFTER FOOD AS REQUIRED

24-Nov-2010 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - ONE TABLET THREE TIMES DAILY AFTER FOOD AS REQUIRED

24-Nov-2010 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet - 1 TABLET THREE TIMES DAILY

07-Oct-2010 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - AS DIRECTED

07-Oct-2010 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - AS DIRECTED

05-Oct-2010 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 device - AS DIRECTED

05-Oct-2010 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 device - AS DIRECTED

05-Aug-2010 Dihydrocodeine 30mg tablets Repeat Medication (Past)
100 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

30-Jun-2010 Levonelle One Step 1.5mg tablets (Bayer Plc) Acute Medication (Past)
1 tablet - STAT

30-Jun-2010 Dihydrocodeine 30mg tablets Repeat Medication (Past)
100 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

30-Jun-2010 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

30-Jun-2010 Levonelle One Step 1.5mg tablets (Bayer Plc) Acute Medication (Past)
1 tablet - STAT

30-Jun-2010 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

10-May-2010 Dihydrocodeine 30mg tablets Repeat Medication (Past)
100 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

07-May-2010 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

07-May-2010 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

18-Feb-2010 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

02-Dec-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

02-Dec-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

02-Dec-2009 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - 1 TABLET A DAY

02-Dec-2009 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - 1 TABLET A DAY

02-Dec-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
100 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

02-Dec-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

21-July-2009 Dermol Cream 500 gram bottle Acute Medication (Past)
2 bottle - APPLY FOUR TIMES DAILY

21-July-2009 Dermol Cream 500 gram bottle Acute Medication (Past)
2 bottle - APPLY FOUR TIMES DAILY

21-July-2009 Hydrocortisone 1%cream Acute Medication (Past)
50 gram - APPLY TWIC EDAILY

21-July-2009 Hydrocortisone 1%cream Acute Medication (Past)
50 gram - APPLY TWIC EDAILY

07-July-2009 Ferrous sulfate 200mg tablets Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN THREE TIMES A DAY

07-July-2009 Ferrous sulfate 200mg tablets Repeat Medication (Past)
60 tablet - ONE TO BE TAKEN THREE TIMES A DAY

18-Jun-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

18-Jun-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

13-May-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

13-May-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

24-Apr-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

08-Apr-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

25-Mar-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

25-Mar-2009 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - 1 ONCE DAILY

11-Mar-2009 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - 1 TABLET A DAY

11-Mar-2009 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - 1 TABLET A DAY

17-Feb-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

07-Jan-2009 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

06-Jan-2009 Prochlorperazine 3mg buccal tablets Acute Medication (Past)
84 tablet - 1 THREE TIMES DAILY AS REQUIRED

06-Jan-2009 Prochlorperazine 3mg buccal tablets Acute Medication (Past)
84 tablet - 1 THREE TIMES DAILY AS REQUIRED

23-Dec-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

23-Dec-2008 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

23-Dec-2008 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

23-Dec-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Dec-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

04-Dec-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

04-Dec-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Dec-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

03-Nov-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

03-Nov-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

03-Nov-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

03-Oct-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

03-Oct-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

03-Oct-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

03-Oct-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

08-Sept-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

08-Sept-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

08-Sept-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

08-Sept-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

07-Aug-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

07-Aug-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

07-Aug-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

09-July-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

09-July-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

09-July-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

09-Jun-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

09-Jun-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

09-Jun-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

09-Jun-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

02-May-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

02-May-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

02-May-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

02-May-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

10-Apr-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

10-Apr-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

10-Apr-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

07-Mar-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

07-Mar-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

07-Mar-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

07-Mar-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

12-Feb-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

12-Feb-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

07-Feb-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

07-Feb-2008 Dihydrocodeine 30mg tablets Repeat Medication (Past)
200 tablet - 1 OR 2 FOUR TIMES DAILY AS REQUIRED

31-Jan-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

16-Jan-2008 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

16-Jan-2008 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

11-Jan-2008 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

11-Jan-2008 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

11-Jan-2008 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

18-Dec-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

18-Dec-2007 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

18-Dec-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

18-Dec-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Dec-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Dec-2007 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

04-Dec-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

04-Dec-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

04-Dec-2007 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

19-Nov-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

19-Nov-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

30-Oct-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

30-Oct-2007 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

30-Oct-2007 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

04-Oct-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

04-Oct-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Oct-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

04-Oct-2007 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

04-Oct-2007 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

25-Sept-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

25-Sept-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

25-Sept-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

23-Aug-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

23-Aug-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

23-Aug-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

18-July-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

18-July-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

18-July-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

29-Jun-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

29-Jun-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

29-Jun-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

31-May-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

31-May-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

31-May-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

11-May-2007 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

11-May-2007 Orlistat 120mg capsules Acute Medication (Past)
84 capsule(s) - ONE TO BE TAKEN THREE TIMES A DAY

11-May-2007 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

11-May-2007 Orlistat 120mg capsules Acute Medication (Past)
84 capsule(s) - ONE TO BE TAKEN THREE TIMES A DAY

11-May-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

02-May-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

02-May-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Apr-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

04-Apr-2007 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

04-Apr-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

04-Apr-2007 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

04-Apr-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

28-Feb-2007 Gabapentin 100mg capsules Acute Medication (Past)
252 capsule - 3 TDS

28-Feb-2007 Gabapentin 100mg capsules Acute Medication (Past)
252 capsule - 3 TDS

27-Feb-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

27-Feb-2007 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

27-Feb-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

27-Feb-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

27-Feb-2007 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

26-Jan-2007 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

26-Jan-2007 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

26-Jan-2007 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

26-Jan-2007 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

29-Dec-2006 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

29-Dec-2006 Gabapentin 300mg capsules Repeat Medication (Past)
168 capsule - 2 THREE TIMES DAILY

29-Dec-2006 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

29-Dec-2006 Gabapentin 300mg capsules Repeat Medication (Past)
84 capsule - ONE TO BE TAKEN THREE TIMES A DAY

29-Dec-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

29-Dec-2006 Pregabalin 75mg capsules Acute Medication (Past)
21 capsule(s) - AS DIRECTED

29-Dec-2006 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

29-Dec-2006 Pregabalin 75mg capsules Acute Medication (Past)
21 capsule(s) - AS DIRECTED

07-Dec-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

07-Dec-2006 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

07-Dec-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

01-Dec-2006 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

01-Dec-2006 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

30-Nov-2006 Pregabalin 75mg capsules Acute Medication (Past)
84 capsule(s) - 2 OM AND 1 ON

07-Nov-2006 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

07-Nov-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

07-Nov-2006 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - OD

07-Nov-2006 Pregabalin 75mg capsules Acute Medication (Past)
84 capsule(s) - 2 OM AND 1 ON

07-Nov-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

07-Nov-2006 Pregabalin 75mg capsules Acute Medication (Past)
84 capsule(s) - 2 OM AND 1 ON

02-Nov-2006 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

06-Oct-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

06-Oct-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

06-Oct-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

06-Oct-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

27-Sept-2006 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

26-Sept-2006 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - OD

06-Sept-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

06-Sept-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

09-Aug-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

09-Aug-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

09-Aug-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

09-Aug-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

26-Jun-2006 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

26-Jun-2006 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

26-May-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

26-May-2006 Pregabalin 75mg capsules Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE DAILY

04-Apr-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

23-Mar-2006 Buprenorphine 10micrograms/hour transdermal patches Acute Medication (Past)
4 patch(es) - ONCE WEEKLY

23-Mar-2006 Buprenorphine 10micrograms/hour transdermal patches Acute Medication (Past)
4 patch(es) - ONCE WEEKLY

14-Mar-2006 Buprenorphine 5micrograms/hour transdermal patches Acute Medication (Past)
4 patch(es) - ONE PATCH EVERY 7 DAYS

14-Mar-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

14-Mar-2006 Diazepam 5mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

14-Mar-2006 Buprenorphine 5micrograms/hour transdermal patches Acute Medication (Past)
4 patch(es) - ONE PATCH EVERY 7 DAYS

25-Jan-2006 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

25-Jan-2006 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

13-Jan-2006 Buprenorphine 200microgram sublingual tablets sugar free Acute Medication (Past)
100 tablet(s) - 1 OR 2 TDS PRN

13-Jan-2006 Buprenorphine 200microgram sublingual tablets sugar free Acute Medication (Past)
100 tablet(s) - 1 OR 2 TDS PRN

06-Jan-2006 Diazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

20-Dec-2005 Amitriptyline 10mg tablets Acute Medication (Past)
56 tablet(s) - ONE AT NIGHT

20-Dec-2005 Amitriptyline 10mg tablets Acute Medication (Past)
56 tablet(s) - ONE AT NIGHT

13-Dec-2005 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - THREE TIMES A DAY AS REQUIRED

13-Dec-2005 Diazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

13-Dec-2005 Diazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

13-Dec-2005 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - THREE TIMES A DAY AS REQUIRED

18-Nov-2005 Remedeine Forte tablets (Crescent Pharma Ltd) Acute Medication (Past)
112 tablet(s) - 2 QDS

08-Nov-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

08-Nov-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

02-Nov-2005 Diazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

02-Nov-2005 Diazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

21-Oct-2005 Remedeine Forte tablets (Crescent Pharma Ltd) Acute Medication (Past)
112 tablet(s) - 2 QDS

07-Oct-2005 Remedeine Forte tablets (Crescent Pharma Ltd) Acute Medication (Past)
112 tablet(s) - 2 QDS

30-Sept-2005 Nitrazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

13-Sept-2005 Remedeine Forte tablets (Crescent Pharma Ltd) Acute Medication (Past)
112 tablet(s) - 2 QDS

13-Sept-2005 Remedeine Forte tablets (Crescent Pharma Ltd) Acute Medication (Past)
112 tablet(s) - 2 QDS

13-Sept-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

13-Sept-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

06-Sept-2005 Nitrazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

06-Sept-2005 Meptazinol 200mg tablets Repeat Medication (Past)
112 tablet(s) - 1 TABLET 4 HOURLY PRN

26-Aug-2005 Nitrazepam 5mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

26-Aug-2005 Nitrazepam 5mg tablets Acute Medication (Past)
28 tablet(s) - ON PRN

16-Aug-2005 Temazepam 20mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

16-Aug-2005 Meptazinol 200mg tablets Repeat Medication (Past)
112 tablet(s) - 1 TABLET 4 HOURLY PRN

16-Aug-2005 Meptazinol 200mg tablets Repeat Medication (Past)
112 tablet(s) - 1 TABLET 4 HOURLY PRN

16-Aug-2005 Temazepam 20mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

12-Aug-2005 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet(s) - 1N

12-Aug-2005 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet(s) - 1N

09-Aug-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

09-Aug-2005 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

28-July-2005 Temazepam 20mg tablets Acute Medication (Past)
28 tablet(s) - ONE AT NIGHT

28-July-2005 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

28-July-2005 Temazepam 20mg tablets Acute Medication (Past)
28 tablet(s) - ONE AT NIGHT

28-July-2005 Temazepam 20mg tablets Acute Medication (Past)
28 tablet(s) - ONE AT NIGHT

14-Jun-2005 Temazepam 20mg tablets Acute Medication (Past)
56 tablet(s) - 1 OR 2 ON PRN

14-Jun-2005 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

14-Jun-2005 Temazepam 20mg tablets Acute Medication (Past)
56 tablet(s) - 1 OR 2 ON PRN

14-Jun-2005 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

19-May-2005 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

19-May-2005 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule(s) - OD

19-May-2005 Temazepam 10mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

19-May-2005 Temazepam 10mg tablets Acute Medication (Past)
56 tablet(s) - 2 ON

10-May-2005 Temazepam 10mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

10-May-2005 Temazepam 10mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

29-Apr-2005 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

29-Apr-2005 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

21-Apr-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

21-Apr-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

21-Apr-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - AS DIRECTED

21-Apr-2005 Nitrazepam 5mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

21-Apr-2005 Nitrazepam 5mg tablets Acute Medication (Past)
14 tablet(s) - ON PRN

31-Mar-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

09-Mar-2005 Permethrin 1%scalp application Acute Medication (Past)
59 ml(s) - AS DIRECTED

09-Mar-2005 Permethrin 1% scalp application Acute Medication (Past)
59 ml(s) - AS DIRECTED

07-Mar-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

07-Mar-2005 Clotrimazole 10% vaginal cream Acute Medication (Past)
5 gram(s) - AS DIRECTED

07-Mar-2005 Clotrimazole 10% vaginal cream Acute Medication (Past)
5 gram(s) - AS DIRECTED

01-Mar-2005 Levonelle One Step 1.5mg tablets (Bayer Plc) Acute Medication (Past)
1 tablet(s) - AS DIRECTED

24-Feb-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

24-Feb-2005 Tramadol 50mg capsules Repeat Medication (Past)
100 capsule(s) - 1 OR 2 QDS PRN

18-Feb-2005 Nefopam 30mg tablets Acute Medication (Past)
90 tablet(s) - 1-2 TDS

18-Feb-2005 Nefopam 30mg tablets Acute Medication (Past)
90 tablet(s) - 1-2 TDS

18-Feb-2005 Levonelle One Step 1.5mg tablets (Bayer Plc) Acute Medication (Past)
1 tablet(s) - AS DIRECTED

18-Feb-2005 Levonelle One Step 1.5mg tablets (Bayer Plc) Acute Medication (Past)
1 tablet(s) - AS DIRECTED

10-Feb-2005 Co-dydramol 10mg/500mg tablets Repeat Medication (Past)
100 tablet(s) - 1-2 QDS PRN

10-Feb-2005 Co-dydramol 10mg/500mg tablets Repeat Medication (Past)
100 tablet(s) - 1-2 QDS PRN

10-Feb-2005 Co-dydramol 10mg/500mg tablets Repeat Medication (Past)
100 tablet(s) - 1-2 QDS PRN

24-Jan-2005 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

23-Dec-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

21-Oct-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - AS DIRECTED

21-Oct-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - AS DIRECTED

13-Sept-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

03-Sept-2004 Malathion 0.5% aqueous liquid Acute Medication (Past)
400 ml(s) - APPLY TO DRY HAIR & ALLOW TO DRY. LEAVE OVERNIGHT & REMOVE BY WASHING

03-Sept-2004 Malathion 0.5% aqueous liquid Acute Medication (Past)
400 ml(s) - APPLY TO DRY HAIR & ALLOW TO DRY. LEAVE OVERNIGHT & REMOVE BY WASHING

26-Aug-2004 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - ONE TO BE TAKEN THREE TIMES A DAY

26-Aug-2004 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - ONE TO BE TAKEN THREE TIMES A DAY

09-Aug-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

02-Aug-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

19-July-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

28-Jun-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

28-Jun-2004 Kapake 30mg/500mg tablets (Galen Ltd) Repeat Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

06-May-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

08-Apr-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

07-Apr-2004 Malathion 0.5% aqueous liquid Acute Medication (Past)
50 ml(s) - AD

18-Mar-2004 Kapake 30mg/500mg tablets (Galen Ltd) Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

18-Mar-2004 Kapake 30mg/500mg tablets (Galen Ltd) Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

03-Mar-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

17-Feb-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

12-Feb-2004 Malathion 1%cream shampoo Acute Medication (Past)
80 gram(s) - AD

12-Feb-2004 Malathion 1%cream shampoo Acute Medication (Past)
80 gram(s) - AD

11-Feb-2004 Malathion 0.5%aqueous liquid Acute Medication (Past)
50 ml(s) - AD1OP

11-Feb-2004 Malathion 0.5%aqueous liquid Acute Medication (Past)
50 ml(s) - AD

03-Feb-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

26-Jan-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

16-Jan-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

07-Jan-2004 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - TDS

07-Jan-2004 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

30-Dec-2003 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

22-Dec-2003 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

09-Oct-2003 Hydrocortisone 1%/ Miconazole 2%cream Acute Medication (Past)
30 gram(s) - TDS

09-Oct-2003 Hydrocortisone 1%/ Miconazole 2%cream Acute Medication (Past)
30 gram(s) - APPLY THREE TIMES A DAY

13-Aug-2003 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

10-Jun-2003 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

12-May-2003 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

14-Nov-2002 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 QDS PRN

01-Nov-2002 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

01-Nov-2002 Co-proxamol 32.5mg/325mg tablets Acute Medication (Past)
100 tablet(s) - 2 TDS

29-July-2002 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - BD

29-July-2002 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - ONE TO BE TAKEN TWICE A DAY

29-July-2002 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 30 ML N

29-July-2002 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 30ML AT NIGHT

14-Jan-2002 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 inhaler(s) - AS DIRECTED

14-Jan-2002 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 inhaler(s) - AD

22-Nov-2001 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - QDS

22-Nov-2001 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - ONE TO BE TAKEN FOUR TIMES A DAY

08-Oct-2001 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - ONE TO BE TAKEN THREE TIMES A DAY

08-Oct-2001 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
40 tablet(s) - TDS

06-Feb-2001 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet(s) - ONE TO BE TAKEN DAILY

06-Feb-2001 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet(s) - OD

19-Sept-2000 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
56 tablet(s) - 2 QDS

19-Sept-2000 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
56 tablet(s) - TWO TO BE TAKEN FOUR TIMES DAILY

06-Sept-2000 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED

06-Sept-2000 Co-codamol 30mg/500mg tablets Acute Medication (Past)
40 tablet(s) - 2 QDS

15-Mar-2000 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - TDS

15-Mar-2000 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - ONE TO BE TAKEN THREE TIMES A DAY

Allergies

06-Jan-2023 *****
No known allergy
Unknown
Episodicity - None

Vaccinations

02-Nov-2022 *****
Influenza vaccination invitation SMS text message sent
Comment

05-Oct-2022 *****
Influenza vaccination invitation second SMS text message sent
Comment

28-Sept-2022 *****
Influenza vaccination invitation first SMS text message sent
Comment

02-Nov-2021 *****
Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
Comment

10-July-2021 *****
Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
Comment

13-May-2021 *****
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination invitation SMS (short messa
Covid Appointment Invitation SMS

03-May-2021 *****
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination invitation SMS (short messa

14-Apr-2021 *****
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination invitation SMS (short messa

28-Feb-1995 *****
Measles/Rubella Vaccination

18-May-1994 *****
Booster tetanus + polio vacc.
J0135

13-Sept-1993 *****
Booster tetanus + polio vacc.

04-Mar-1993 *****
Tuberculosis (BCG) vaccination
E25668

31-Aug-1990 *****
Rubella vaccination
RA161713B

Referrals

13-Dec-2019 *****
Gynaecological referral
NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient

13-Dec-2019 *****
Gynaecological referral
NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient

18-Oct-2019 *****
Fast track referral for suspected gynaecological cancer
NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient

18-May-2016 *****
MICATS - MSK Assessment
Purpose: Investigation. Referral Type: Investigation

18-May-2016 *****
UHNM Ultrasound (Ultrasonic) request form
Purpose: Investigation. Referral Type: Investigation

29-Dec-2015 *****
MICATS Referral - Physio
Purpose: Investigation. Referral Type: Investigation

30-Jun-2010 *****
Refer to mental health worker
Purpose: Outpatient, Emotional wellbeing ref form sent. Referral Type: Outpatient

30-Dec-2009 *****
Gynaecological referral
Purpose: Outpatient. Referral Type: Outpatient

12-Mar-2009 *****
Psychiatric referral
St George's Hospital, Purpose: Outpatient. Referral Type: Outpatient

10-Aug-2006 *****
Psychiatric referral
St George's Hospital, Purpose: Outpatient. Referral Type: Outpatient

16-Jan-2006 *****
Orthopaedic referral
KATHURIA, V (Mr), Mid Staffordshire General Hospitals Nhs Trust, Purpose: Outpatient. Referral Type: Outpatient

16-Jan-2006 *****
Psychiatric referral
St George's Hospital, Purpose: Outpatient. Referral Type: Outpatient

17-Aug-2005 *****
Orthopaedic referral
KATHURIA, V (Mr), Mid Staffordshire General Hospitals Nhs Trust, Purpose: Outpatient. Referral Type: Outpatient

Test Requests

This section is empty.

Test Results

22-May-2026 *****

Result: Full blood count - FBC*(JAG3206) - satisfactory*

Haemoglobin estimation	125 g/L	(Range: 115 - 165)
Total white cell count	5.51 10*9/L	(Range: 4 - 11)
Platelet count	223 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	3.84 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.374 L/L	(Range: 0.36 - 0.47)
Mean corpuscular volume (MCV)	97.5 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	**32.7 pg**	**(Range: 27 - 32)**
Neutrophil count	2.81 10*9/L	(Range: 2 - 7.5)
Lymphocyte count	1.92 10*9/L	(Range: 1 - 4)
Monocyte count	0.64 10*9/L	(Range: 0.2 - 1.2)
Eosinophil count, 0.10 10*9/L	0.1 10*9/L	(Range: 0.04 - 0.4)
Basophil count	0.01 10*9/L	(No range available)
LARGE IMMATURE CELLS	0.02 10*9/L	(No range available)
FULL BLOOD COUNT COMMENT 05.12.2025: Please note updated reference rangefor Monocytes.Please note this assay is not currently UKASaccredited, pending assessment.		(No range available)

22-May-2026 *****

Result: Bone profile*(JAG3206) - satisfactory*

Serum albumin	38 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	70 IU/L	(Range: 30 - 130)
Serum calcium	**2.19 mmol/L**	**(Range: 2.2 - 2.6)**
Calcium adjusted level, 2.30 mmol/L	2.3 mmol/L	(Range: 2.2 - 2.6)
Serum inorganic phosphate, 1.30 mmol/L	1.3 mmol/L	(Range: 0.8 - 1.5)

22-May-2026 *****

Result: Liver function test*(JAG3206) - rpt 2 months*

Serum total bilirubin level	5 umol/L	(No range available)
Serum ALT level	**70 IU/L**	**(No range available)**

22-May-2026 *****

Result: NON-FASTING LIPIDS*(JAG3206) - Normal - No Action*

Serum cholesterol	4.1 mmol/L	(No range available)
Serum HDL cholesterol level	1.71 mmol/L	(Range: 1.2 - 2.1)
Serum triglycerides	0.7 mmol/L	(No range available)
Serum cholesterol/HDL ratio	2.4	(No range available)
Se non HDL cholesterol level	2.4 mmol/L	(No range available)
Serum LDL cholesterol level	2.1 mmol/L	(No range available)

22-May-2026 *****
Result: UREA, CREAT + ELECTROLYTES*(JAG3206) - Normal - No Action*

Serum sodium	144 mmol/L	(Range: 133 - 146)
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	5.6 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	51 umol/L	(Range: 45 - 84)
GFR calculated abbreviatd MDRD eGFR calculation is not valid in pregnancy. eGFR calculated using CKD-EPI equation (v.2009)	90 mL/min/1.73m*2	(No range available)

22-May-2026 *****
Result: HbA1c levl - IFCC standardised*(JAG3206) - Normal - No Action*

14-Nov-2019 *****
Result: U-S pelvic scan*Clinical History : Is there a clinical question you need an answer to? : cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts Does the patient represent an infection risk? : No Is the patient diabetic? : No Does the patient have any history of malignancy? : No cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts TA & TV Scan - Verbal consent obtained from the patient - Chaperone MH Latex free probe cover used - Probes cleaned in line with departmental protocol prior to ultrasound examination. Tristel No: 025990844 Probe No: 99B 1066 568 LMP:Today Bulky anteverted uterus measuring 100mm x 40mm x 57mm, which appears normal in outline and texture. Endometrial midline echo appears ill-defined but thin, measuring approximately 4mm. At the myometrial endometrial border there are several small cysts, suggestive of adenomyosis. The left ovary appears normal. The right ovary contains a haemorrhagic cyst measuring 27mm x 22mm x 21mm. Arising from the right ovary there is hyperechoic area measuring 30mm x 26mm x 28mm, apperances are suggestive of a dermoid cyst, which was suggested in 2018. No pelvic free fluid seen. Conclusion: No evidence of retained products. Right sided haemorrhagic cyst and probable right sided dermoid cyst. Uterus demonstrates features of adenomyosis. Gynae referral advised Examination performed and reported by ***** *****, Student Sonographer. Reviewed by ***** ***** Advanced Practitioner Ultrasound. . Reported by: ***** ***** E / BLANK CLINICIAN(JPB399) - book routine face to face appt with GP to review*

14-Nov-2019 *****
Result: Transvaginal ultrasound scan*Clinical History : Is there a clinical question you need an answer to? : cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts Does the patient represent an infection risk? : No Is the patient diabetic? : No Does the patient have any history of malignancy? : No cramping and pv spotting, home preg test weakly positive repeated and negative bhcg negative but cervical os is open surgical top in qaugust but had normal period since then ? retained produ cts TA & TV Scan - Verbal consent obtained from the patient - Chaperone MH Latex free probe cover used - Probes cleaned in line with departmental protocol prior to ultrasound examination. Tristel No: 025990844 Probe No: 99B 1066 568 LMP:Today Bulky anteverted uterus measuring 100mm x 40mm x 57mm, which appears normal in outline and texture. Endometrial midline echo appears ill-defined but thin, measuring approximately 4mm. At the myometrial endometrial border there are several small cysts, suggestive of adenomyosis. The left ovary appears normal. The right ovary contains a haemorrhagic cyst measuring 27mm x 22mm x 21mm. Arising from the right ovary there is hyperechoic area measuring 30mm x 26mm x 28mm, apperances are suggestive of a dermoid cyst, which was suggested in 2018. No pelvic free fluid seen. Conclusion: No evidence of retained products. Right sided haemorrhagic cyst and probable right sided dermoid cyst. Uterus demonstrates features of adenomyosis. Gynae referral advised Examination performed and reported by *****, Student Sonographer. Reviewed by ***** ***** Advanced Practitioner Ultrasound. . Reported by: ***** ***** E / BLANK CLINICIAN(JPB399) - duplicate copy*

23-Oct-2019 *****
Result: Liver function test*(ID399) - Normal - No Action*

Serum albumin	37 g/L	(Range: 35 - 50)
Serum alkaline phosphatase	76 U/L	(Range: 30 - 130)
Serum ALT level	19 IU/L	(No range available)
Serum total bilirubin level	6 umol/L	(No range available)

23-Oct-2019 *****
Result: Urea and electrolytes*(ID399) - Normal - No Action*

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	61 umol/L	(Range: 45 - 84)

23-Oct-2019 *****
Result: Full blood count - FBC*(ID399) - No action - within acceptable limits*

Haemoglobin estimation	146 g/L	(Range: 115 - 165)
Total white cell count	**11.1 10*9/L**	**(Range: 4 - 11)**
Platelet count	319 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.81 10*12/L	(Range: 3.8 - 5.5)
Haematocrit	0.443	(Range: 0.37 - 0.48)
Mean corpuscular volume (MCV)	92.2 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	30.4 pg	(Range: 26.5 - 31.5)
Neutrophil count	7.1 10*9/L	(Range: 2 - 7.5)
Lymphocyte count	2.8 10*9/L	(Range: 1.5 - 4)
Monocyte count	0.8 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.2 10*9/L	(Range: 0.04 - 0.4)
Basophil count	0.1 10*9/L	(No range available)
Large unstained cells	0.2 10*9/L	(No range available)

21-Oct-2019 *****
Result: Trichomonas screening test*Trichomonas vaginalis NOT seen(ID399) - Normal - No Action*

21-Oct-2019 *****
Result: Gram stain microscopy*Bacterial vaginosis NOT indicated(ID399) - Normal - No Action*

21-Oct-2019 *****
Result: Genital MC&S*Candida species NOT isolated N.gonorrhoeae NOT isolated(ID399) - Normal - No Action*

21-Oct-2019 *****
Result: Chlamydia DNA detection*Negative This test is validated, pending accreditation.(ID399) - Normal - No Action*

29-Oct-2018 *****

Result: Urine microscopy*(AMF399) - Abnormal - No Action*

Urine microscopy: pus cells	20.1 /uL	(No range available)
Urine microscopy: red cells	23 /uL	(No range available)
Urine microscopy - casts	**4 /uL**	**(No range available)**
Epithelial cell count	48 /uL	(No range available)

29-Oct-2018 *****

Result: Urine culture*No significant growth (10*3-10*4 orgs/mL)(AMF399) - Normal - No Action*

04-Jun-2009 *****

Result: Full blood count - FBC*hb 11.0*

Total white cell count	**11.9 10*9/L**	**(Range: 4 - 11)**
Red blood cell (RBC) count	3.94 10*12/L	(Range: 3.8 - 5.8)
Haemoglobin estimation	**11 g/dL**	**(Range: 11.5 - 16.5)**
Packed cell volume	**0.329 l/l**	**(Range: 0.37 - 0.47)**
Mean corpuscular volume (MCV)	83.6 fL	(Range: 76 - 96)
Mean corpusc. haemoglobin(MCH)	27.9 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	33.4 g/dL	(Range: 30 - 35)
Platelet count	353 10*9/L	(Range: 150 - 400)
Neutrophil count	**8.59 10*9/L**	**(Range: 2 - 7.5)**
Lymphocyte count	2.36 10*9/L	(Range: 1.5 - 4)
Monocyte count	0.68 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(Range: 0.04 - 0.4)
Percentage basophils	0.05 10*9/L	(No range available)
Large unstained cells	0.13 10*9/L	(No range available)

15-May-2009 *****

Result: Urinary microscopy, culture and sensitivities*Normal - No Action*

Urine microscopy: pus cells		(No range available)
Urine microscopy: red cells		(No range available)
Epithelial cell count		(No range available)
Urine culture Heavy Mixed Growth		(No range available)

17-May-2007 *****

Result: Thyroid function test*Normal - No Action*

Serum TSH level	0.73 mu/L	(No range available)

16-Oct-2003 *****

Result: Full blood count - FBC

Total white cell count	17 10*9/L	(Range: >4)
Red blood cell (RBC) count	3.97 10*12/L	(Range: >3.8)
Haemoglobin estimation	**11.2 g/dL**	**(Range: >11.5)**
Packed cell volume	**0.328 l/l**	**(Range: >0.37)**
Mean corpuscular volume (MCV)	82.6 fL	(Range: 76 - 96)
Mean corpusc. haemoglobin(MCH)	28.1 pg	(Range: >27)
Mean corpusc. Hb. conc. (MCHC)	34 g/dL	(Range: >30)
Platelet count	353 10*9/L	(Range: 150 - 400)
Neutrophil count	12.68 10*9/L	(Range: >2)
Lymphocyte count	3.16 10*9/L	(Range: >1.5)
Monocyte count	0.77 10*9/L	(Range: >0.2)
Eosinophil count	0.14 10*9/L	(Range: >0.04)
Percentage basophils	**0.07 10*9/L**	**(Range: >0.1)**
Large unstained cells	**0.2 10*9/L**	**(Range: >0.4)**
Percentage neutrophils	74.6 %	(No range available)
Percentage lymphocytes	18.6 %	(No range available)
Percentage monocytes	4.5 %	(No range available)
Percentage eosinophils	0.8 %	(No range available)
Percentage basophils	0.4 %	(No range available)
Large unstained cells	1.2 %	(No range available)

14-Aug-2003 *****

Result: Full blood count - FBC

Total white cell count	14.6 10*9/L	(Range: >4)
Red blood cell (RBC) count	3.99 10*12/L	(Range: >3.8)
Haemoglobin estimation	**11.2 g/dL**	**(Range: >11.5)**
Packed cell volume	**0.34 l/l**	**(Range: >0.37)**
Mean corpuscular volume (MCV)	85.3 fL	(Range: 76 - 96)
Mean corpusc. haemoglobin(MCH)	28.1 pg	(Range: >27)
Mean corpusc. Hb. conc. (MCHC)	32.9 g/dL	(Range: >30)
Platelet count	**407 10*9/L**	**(Range: 150 - 400)**
Neutrophil count	11.01 10*9/L	(Range: >2)
Lymphocyte count	2.58 10*9/L	(Range: >1.5)
Monocyte count	0.72 10*9/L	(Range: >0.2)
Eosinophil count	0.1 10*9/L	(Range: >0.04)
Basophil count	**0.04 10*9/L**	**(Range: >0.1)**
Large unstained cells	**0.13 10*9/L**	**(Range: >0.4)**
Percentage neutrophils	75.4 %	(No range available)
Percentage lymphocytes	17.7 %	(No range available)
Percentage monocytes	4.9 %	(No range available)
Percentage eosinophils	0.7 %	(No range available)
Percentage basophils	0.3 %	(No range available)
Large unstained cells	0.9 %	(No range available)

23-Jun-2003 *****

Result: Full blood count - FBC

Total white cell count	14.7 10*9/L	(Range: >4)
Red blood cell (RBC) count	4.19 10*12/L	(Range: >3.8)
Haemoglobin estimation	12.3 g/dL	(Range: >11.5)
Packed cell volume	**0.363 l/l**	**(Range: >0.37)**
Mean corpuscular volume (MCV)	86.7 fL	(Range: 76 - 96)
Mean corpusc. haemoglobin(MCH)	29.4 pg	(Range: >27)
Mean corpusc. Hb. conc. (MCHC)	33.9 g/dL	(Range: >30)
Platelet count	359 10*9/L	(Range: 150 - 400)
Neutrophil count	9.75 10*9/L	(Range: >2)
Lymphocyte count	4.12 10*9/L	(Range: >1.5)
Monocyte count	0.56 10*9/L	(Range: >0.2)
Eosinophil count	0.12 10*9/L	(Range: >0.04)
Basophil count	**0.06 10*9/L**	**(Range: >0.1)**
Large unstained cells	**0.1 10*9/L**	**(Range: >0.4)**
Percentage neutrophils	66.3 %	(No range available)
Percentage lymphocytes	28 %	(No range available)
Percentage monocytes	3.8 %	(No range available)
Percentage eosinophils	0.8 %	(No range available)
Percentage basophils	0.4 %	(No range available)
Large unstained cells	0.7 %	(No range available)

29-Jan-2002 *****

Result: Blood chemistry *UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN **

Serum progesterone UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	66.4 nmol/L	(No range available)
Serum oestradiol level UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	642 pmol/L	(No range available)
Serum testosterone UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	3.7 nmol/L	(Range: >2.6)

29-Jan-2002 *****

Result: Blood chemistry *UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN **

Serum sodium UREA & ELECTROLYTES/LIVER FUNCTION TESTS/LH/FSH/PROLACTIN *	137 mmol/L	(Range: 130 - 145)
Serum potassium, 0		(No range available)
Serum urea level	4.4 mmol/L	(Range: >2.5)
Serum creatinine	77 umol/L	(Range: 60 - 120)
Serum albumin	42 g/L	(Range: 35 - 50)
Total bilirubin	**9 umol/L**	**(Range: >20)**
AST - aspartate transam.(SGOT)	**18 u/L**	**(Range: >42)**
Serum alkaline phosphatase	**96 u/L**	**(Range: >110)**
Follicle stim. hormone - F.S.H	2 u/L	(No range available)
Luteinising hormone - L.H.	2 u/L	(No range available)
Prolactin level	**431 mu/L**	**(Range: >700)**

25-Jan-2002 *****
Result: Full blood count - FBC

Total white cell count	13.8 10*9/L	(Range: >4)
Red blood cell (RBC) count	4.75 10*12/L	(Range: >4.2)
Haemoglobin estimation	14.3 g/dL	(Range: 12 - 16)
Haematocrit - PCV	0.412 l/l	(Range: >0.345)
Mean corpuscular volume (MCV)	86.9 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 33)
Mean corpusc. Hb. conc. (MCHC)	34.6 g/dL	(Range: 30 - 37)
Platelet count	373 10*9/L	(Range: 130 - 450)
Neutrophil count	8.21 10*9/L	(Range: >1.9)
Percentage neutrophils	59.5 %	(No range available)
Lymphocyte count	3.78 10*9/L	(Range: >0.9)
Percentage lymphocytes	27.4 %	(No range available)
Monocyte count	1.01 10*9/L	(Range: >0.16)
Percentage monocytes	7.3 %	(No range available)
Eosinophil count	**0.62 10*9/L**	**(Range: >0.8)**
Percentage eosinophils	4.5 %	(No range available)
Basophil count	**0.08 10*9/L**	**(Range: >0.2)**
Percentage basophils	0.6 %	(No range available)
Large unstained cells	**0.1 10*9/L**	**(Range: >0.4)**
*****%	0.7 %	(No range available)

19-July-2001 *****
Result: Microbiology...
Microbiology, 0 (No range available)

08-Feb-2001 *****
Result: Microbiology...
Microbiology, 0 (No range available)

17-Mar-2000 *****
Result: Microbiology...
Microbiology, 0 (No range available)

Other Items

01-Jun-2110	Recall	Primary Care Group *Admin Tag (DO NOT REMOVE)*
22-May-2026	Read Code	HbA1c levl - IFCC standardised (JAG3206) - Normal - No Action 31 mmol/mol
22-May-2026	Read Code	Systolic arterial pressure 111 mmHg
22-May-2026	Read Code	Diastolic arterial pressure 73 mmHg
15-May-2026	Read Code	Systolic arterial pressure 106 mmHg
15-May-2026	Read Code	Diastolic arterial pressure 72 mmHg
12-May-2026	Read Code	Test Request : Bone (Ca,CCa Alb, Phos, ALP)
12-May-2026	Read Code	Test Request : Blood Picture (Includes FBC and Diff)
12-May-2026	Read Code	Test Request : HbA1c levl - IFCC standardised
12-May-2026	Read Code	Test Request : Liver (ALT, T Bil, Alb, ALP)
12-May-2026	Read Code	Test Request : Full Lipid Profile (Non-Fasting)
12-May-2026	Read Code	Test Request : Serum U&E (Na, K, Urea, Creatinine)
04-Mar-2026	Read Code	Did not attend - no reason
23-Aug-2024	Recall	O/E - blood pressure reading
24-July-2024	Read Code	Admin. reminder Task sent to admin team about referral
24-July-2024	Read Code	Test Request : Blood Picture (Includes FBC and Diff)
24-July-2024	Read Code	Test Request : eGFR (Creatinine only)
24-July-2024	Read Code	Test Request : Erythrocyte Sedimentation Rate

24-July-2024	Read Code	Test Request : Serum U&E (Na, K, Urea, Creatinine)
24-July-2024	Read Code	Test Request : HLA B27
24-July-2024	Read Code	Systolic arterial pressure 108 mmHg
24-July-2024	Read Code	Diastolic arterial pressure 74 mmHg
03-Jun-2024	Read Code	Did not attend - no reason
16-May-2024	Read Code	Protocol entry Alert displayed - NSAID new prescription (v13.8) by Ardens-Q Ltd.
16-May-2024	Read Code	Systolic arterial pressure 107 mmHg
16-May-2024	Read Code	Diastolic arterial pressure 79 mmHg
19-Jun-2023	Read Code	Did not attend - no reason
22-Mar-2023	Read Code	Electronic record notes summary verified
06-Jan-2023	Read Code	Systolic arterial pressure 122 mmHg
06-Jan-2023	Read Code	Diastolic arterial pressure 82 mmHg
23-Dec-2022	Read Code	Did not attend - no reason
07-Dec-2022	Read Code	Consent given for communication by text messaging
07-Dec-2022	Read Code	Consent given for communication by email
07-Dec-2022	Read Code	Preferred method of contact: unknown
25-Nov-2022	Read Code	Smoking cessation education Patient received correspondence with smoking details attached
09-Nov-2022	Read Code	Smoker 10 /day
11-Oct-2022	Read Code	Did not attend - no reason
21-Sept-2022	Read Code	HbA1c levl - IFCC standardised (JPB399) - Normal - No Action 35 mmol/mol
20-Sept-2022	Read Code	Plasma glucose level (JPB399) - Normal - No Action 4.2 mmol/L
20-Sept-2022	Read Code	Systolic arterial pressure 90 mmHg
20-Sept-2022	Read Code	Diastolic arterial pressure 60 mmHg
23-Aug-2022	Read Code	Did not attend - no reason
30-Mar-2022	Read Code	Excepted from cervical screening quality indicators - no response to three invitations
24-Mar-2022	Read Code	Systolic arterial pressure 120 mmHg
24-Mar-2022	Read Code	Diastolic arterial pressure 77 mmHg
03-Mar-2020	Read Code	Smoking cessation education
11-Dec-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Yvette, please remember your appointment at 14:40 on Thursday 12 of December at Mansion House Surgery. Please text CANCEL if you ...
10-Dec-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Dr G Ugamah is booked - 2:40PM - 12-Dec-2019 at MANSION HOUSE.
10-Dec-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Dr G Ugamah is booked - 2:40PM - 12-Dec-2019 at MANSION HOUSE.

05-Dec-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Yvette, this is confirmation of your appointment at 14:40 on Thu, 12 of Dec at Mansion House Surgery. If unable to attend please ...
03-Dec-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Dr G Ugamah is booked - 2:40PM - 12-Dec-2019 at MANSION HOUSE.
28-Oct-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Dr S Zaidi is booked - 3:24PM - 28-Oct-2019 at MANSION HOUSE.
28-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Dr S Zaidi is booked - 3:24PM - 28-Oct-2019 at MANSION HOUSE.
28-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Dr S Zaidi is booked - 3:24PM - 28-Oct-2019 at MANSION HOUSE.
23-Oct-2019	Read Code	Gonadotrophin levels (ID399) - Normal - No Action 2 IU/l
23-Oct-2019	Read Code	GFR calculated abbreviatd MDRD (ID399) - Normal - No Action 90 mL/min/1.73m*2
22-Oct-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Yvette, please remember your appointment at 10:30 on Wednesday 23 of October at Mansion House Surgery. Please text CANCEL if you ...
21-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Mrs L ***** is booked - 10:30AM - 23-Oct-2019 at MANSION HOUSE.
21-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Mrs L ***** is booked - 10:30AM - 23-Oct-2019 at MANSION HOUSE.
18-Oct-2019	Read Code	Systolic blood pressure 111 mmHg
18-Oct-2019	Read Code	Diastolic blood pressure 84 mmHg
18-Oct-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Yvette, this is confirmation of your appointment at 10:30 on Wed, 23 of Oct at Mansion House Surgery. If unable to attend please ...
18-Oct-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Dr E ***** is booked - 3:30PM - 18-Oct-2019 at MANSION HOUSE.
18-Oct-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Mrs L ***** is booked - 10:30AM - 23-Oct-2019 at MANSION HOUSE.
17-Oct-2019	Read Code	Gonadotrophin levels (AHAL399) - Normal - needs f/u re abnormal PV bleeding 2 IU/l
17-Oct-2019	Read Code	Serum TSH level (AHAL399) - Normal - No Action 0.54 mU/L
17-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Miss E ***** is booked - 2:34PM - 17-Oct-2019 at MANSION HOUSE.
17-Oct-2019	Read Code	SMS text message sent to patient Appointment reminder - Reminder - Your appointment with Miss E ***** is booked - 2:34PM - 17-Oct-2019 at MANSION HOUSE.
16-Oct-2019	Read Code	Systolic blood pressure 117 mmHg
16-Oct-2019	Read Code	Diastolic blood pressure 85 mmHg
16-Oct-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Yvette, please remember your appointment at 14:34 on Thursday 17 of October at Mansion House Surgery. Please text CANCEL if you c...
16-Oct-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Dr A Halliday is booked - 10:20AM - 16-Oct-2019 at MANSION HOUSE.
16-Oct-2019	Read Code	SMS text message sent to patient Appointment notification - Your appointment with Miss E ***** is booked - 2:34PM - 17-Oct-2019 at MANSION HOUSE.
27-Aug-2019	Read Code	Ultrasound scan of abdomen and pelvis ultrasound appearances of the uterus today suggest adenomyosis. The septated ovarian cyst on the right has resolved and a small functional simple cyst remains. A dominant follicle/small simple functional cyst is present in the left ovary

10-Aug-2019	Read Code	Suction termination of pregnancy
27-Feb-2019	Read Code	Adenomyosis
16-Nov-2018	Read Code	Did not attend - no reason
15-Nov-2018	Read Code	SMS message sent to patient Appointment reminder - Reminder - Your appointment with ***** V ***** is booked - 2:50PM - 16-Nov-2018 at MANSION HOUSE.
15-Nov-2018	Read Code	SMS message sent to patient Appointment reminder - Reminder - Your appointment with ***** V ***** is booked - 2:50PM - 16-Nov-2018 at MANSION HOUSE.
14-Nov-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with ***** V ***** is booked - 2:50PM - 16-Nov-2018 at MANSION HOUSE.
02-Nov-2018	Read Code	Informing patient of named accountable general practitioner Had script with named GP
02-Nov-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with Dr S Chakraborty is booked - 5:36PM - 02-Nov-2018 at MANSION HOUSE.
02-Nov-2018	Read Code	SMS message sent to patient Appointment session change notification - Your appointment at MANSION HOUSE on 05-Nov-2018 8:30AM has been changed or cancelled.
30-Oct-2018	Read Code	Transvaginal ultrasound scan A/V uterus. Endometrium ill-defined, where measured endometrial thickness of 7 mm towards fundus. No evidence of intrauterine pregnancy. Endometirum appears to demonstarte a couple of small sub cm cystic spaces ? nature. (R) ovary: 70x40 mm cyst, cntains a single thin septation wihtin. Also R ovary appears to contain 29x27mm hyperechoic lesion, evidence of peripheral vascularity seen. No internal vascularity. USS appearances suggestive of dermoid cyst. L ovary normal. Trace free fluid seen in POD. Unable to exclude early, failing or ectopic pregnancy from this scan.
30-Oct-2018	Read Code	Dermoid cyst of ovary (R)
29-Oct-2018	Read Code	Gonadotrophin levels (JE399) - Already actioned 128 IU/l
29-Oct-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with ***** G ***** is booked - 4:40PM - 29-Oct-2018 at MANSION HOUSE.
26-Oct-2018	Read Code	Gonadotrophin levels (JE399) - Abnormal - Contact Patient rpt on Monday 143 IU/l
26-Oct-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with Miss E ***** is booked - 10:50AM - 26-Oct-2018 at MANSION HOUSE.
25-Oct-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with Dr A ***** is booked - 5:10PM - 25-Oct-2018 at MANSION HOUSE.
03-Mar-2018	Read Code	Did not attend - no reason
29-Jan-2018	Read Code	Did not attend - no reason
27-Jan-2018	Read Code	SMS message sent to patient Appointment reminder - Reminder - Your appointment with Dr S Milicic is booked - 10:10AM - 29-Jan-2018 at MANSION HOUSE.
27-Jan-2018	Read Code	SMS message sent to patient Appointment reminder - Reminder - Your appointment with Dr S Milicic is booked - 10:10AM - 29-Jan-2018 at MANSION HOUSE.
27-Jan-2018	Read Code	SMS message sent to patient Appointment reminder - Reminder - Your appointment with Dr S Milicic is booked - 10:10AM - 29-Jan-2018 at MANSION HOUSE.
15-Jan-2018	Read Code	SMS message sent to patient Appointment notification - Your appointment with Dr S Milicic is booked - 10:10AM - 29-Jan-2018 at MANSION HOUSE.
16-Dec-2017	Read Code	Did not attend - no reason
17-Oct-2017	Read Code	ReadCode Changes in Bleeding Pattern - Yes
17-Oct-2017	Read Code	ReadCode Acne - Yes
02-Oct-2017	Read Code	Preferred method of contact: unknown
08-Jun-2017	Read Code	Cervical smear defaulter Non-responder

25-Jun-2016	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.7; Ethnicity: British;) 4.01 %
19-May-2016	Read Code	Cervical smear defaulter Non-responder
12-May-2016	Read Code	Did not attend - no reason
10-May-2016	Read Code	SMS message sent to patient Appointment reminder sent. Message body was: 'REMINDER - Your appointment with Dr E ***** is booked - 11:20am - 12-May-2016 - at MANSION HOUSE'
28-Apr-2016	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr E ***** is booked - 11:20am - 12-May-2016 - at MANSION HOUSE'
21-Mar-2016	Read Code	Patient allocated named accountable general practitioner
29-Feb-2016	Read Code	Patient allocated named accountable general practitioner
06-Feb-2016	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.7; Ethnicity: British;) 3.4 %
29-Dec-2015	Read Code	Systolic blood pressure 114 mmHg
29-Dec-2015	Read Code	Diastolic blood pressure 75 mmHg
29-Dec-2015	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr O Adeyemo is booked - 5:24pm - 29-Dec-2015 - at MANSION HOUSE'
17-Dec-2015	Read Code	SMS message sent to patient Appointment reminder sent. Message body was: 'REMINDER - Your appointment with Dr J Ballinger is booked - 4:24pm - 18-Dec-2015 - at MANSION HOUSE'
16-Dec-2015	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr J Ballinger is booked - 4:24pm - 18-Dec-2015 - at MANSION HOUSE'
10-Oct-2015	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.7; Ethnicity: British;) 2.9 %
15-Jun-2015	Read Code	Patient allocated named accountable general practitioner
13-Jun-2015	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.7; Ethnicity: British;) 2.9 %
04-Jun-2015	Read Code	Cervical smear defaulter Final non responder
17-Jan-2015	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.7; Ethnicity: British;) 2.9 %
30-Jun-2014	Read Code	QAdmissions risk emergency hospital admission next 12 months Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 25.6; Ethnicity: British;) 2.9 %
05-Jun-2014	Read Code	Implied consent for core Summary Care Record dataset upload Added by SCR consent migration process
21-May-2014	Read Code	Cervical smear defaulter Final non responder
23-Sept-2013	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr S Ceresa is booked - 10:40am - 23-Sep-2013 - at MANSION HOUSE'
17-July-2013	Read Code	Cervical smear defaulter final non responder
11-Jun-2013	Read Code	ESA113 form sent completed and returned
06-Jun-2013	Read Code	ESA113 form received report and notes to ajs to be completed
21-May-2013	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr A Stafford is booked - 5:20pm - 21-May-2013 - at MANSION HOUSE'
02-May-2013	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr A Stafford is booked - 10:50am - 02-May-2013 - at MANSION HOUSE'

19-Dec-2012	Read Code	Cervical smear defaulter final non responder
03-Oct-2012	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr S Chakraborty is booked - 4:10pm - 03-Oct-2012 - at MANSION HOUSE'
27-Sept-2012	Read Code	SMS message sent to patient Appointment sent. Message body was: 'Your appointment with Dr S Chakraborty is booked - 4:30pm - 27-Sep-2012 - at MANSION HOUSE'
28-Oct-2011	Read Code	Report to benefits agency completed form returned
19-Oct-2011	Read Code	Report requested by benefits agency report and notes to oa to be completed
23-Sept-2011	Read Code	Cervical smear defaulter Fnl non respond
30-Jun-2010	Read Code	Systolic blood pressure 90 mm Hg
30-Jun-2010	Read Code	Diastolic blood pressure 60 mm Hg
30-Jun-2010	Read Code	Patient health questionnaire (PHQ-9) score 18 /27
30-Jun-2010	Read Code	Generalised anxiety disorder 7 item score 16 /21
16-Jan-2010	Read Code	Suction termination of pregnancy
16-Jan-2010	Read Code	Surgical procedures STOP
30-Dec-2009	Read Code	Choose and Book electronic referral letter sent 000202800456:4477590
15-Oct-2009	Read Code	Systolic blood pressure 110 mm Hg
15-Oct-2009	Read Code	Diastolic blood pressure 74 mm Hg
08-Aug-2009	Read Code	Single live birth FTND male
14-July-2009	Read Code	DNA hospital appointment perinatal psychiatry team
03-Jun-2009	Read Code	Blood group O
03-Jun-2009	Read Code	Rhesus positive
04-Feb-2009	Read Code	Blood group O
04-Feb-2009	Read Code	Rhesus positive
04-Feb-2009	Read Code	Syphilis titre test negative
04-Feb-2009	Read Code	Rubella antib. present -immune
04-Feb-2009	Read Code	HIV negative
21-Jan-2009	Read Code	DNA hospital appointment antenatal
16-Jan-2009	Read Code	Lower abdominal pain admitted
06-Jan-2009	Read Code	Antenatal ultrasound scan viaIUP 6+4 weeks
23-Dec-2008	Read Code	Refer for ultrasound investign antenatal dating SDGH form sent
16-Dec-2008	Read Code	Systolic blood pressure 111 mm Hg
16-Dec-2008	Read Code	Diastolic blood pressure 76 mm Hg
14-Mar-2008	Read Code	Report requested by benefits agency DWP report - given to AJS
04-Oct-2007	Read Code	Systolic blood pressure 93 mm Hg
04-Oct-2007	Read Code	Diastolic blood pressure 71 mm Hg

11-May-2007	Read Code	Systolic blood pressure 100 mm Hg
11-May-2007	Read Code	Diastolic blood pressure 60 mm Hg
01-Dec-2006	Read Code	Systolic blood pressure 109 mm Hg
01-Dec-2006	Read Code	Diastolic blood pressure 65 mm Hg
20-Sept-2006	Read Code	Depressed due to relationship problems
26-Jun-2006	Read Code	Systolic blood pressure 110 mm Hg
26-Jun-2006	Read Code	Diastolic blood pressure 74 mm Hg
20-Apr-2006	Read Code	Report to benefits agency disability form sent AJS
29-Mar-2006	Read Code	Report requested by benefits agency DLA report requested - given to AS
08-Nov-2005	Read Code	Systolic blood pressure 95 mm Hg
08-Nov-2005	Read Code	Diastolic blood pressure 67 mm Hg
13-Sept-2005	Read Code	Systolic blood pressure 91 mm Hg
13-Sept-2005	Read Code	Diastolic blood pressure 63 mm Hg
17-Aug-2005	Read Code	Refer to physiotherapist form sent to Trentside clinic
21-Apr-2005	Read Code	Systolic blood pressure 100 mm Hg
21-Apr-2005	Read Code	Diastolic blood pressure 60 mm Hg
18-Feb-2005	Read Code	Systolic blood pressure 98 mm Hg
18-Feb-2005	Read Code	Diastolic blood pressure 60 mm Hg
29-Jan-2005	Read Code	Suction termination of pregnancy
29-Jan-2005	Read Code	Surgical procedures TOP
15-Dec-2004	Read Code	Telephone encounter Informed pt scan booked for 29.12.05 in EPU n/s. to take form with her.
20-July-2004	Read Code	C/O p.v. bleeding in early pregnancy
20-July-2004	Read Code	Ovarian cyst NOS (R) cyst-21x22x23mm - PV bleed in early pregnancy.
20-July-2004	Read Code	U-S obstetric scan abnormal (R) ovarian cyst 21 x 22 x 23mm.
19-July-2004	Read Code	Medication review with patient
18-May-2004	Recall	Booster tetanus vaccination
26-Feb-2004	Read Code	Maternity services claim NOS
05-Feb-2004	Read Code	BP 109 mm Hg 109 mm Hg
05-Feb-2004	Read Code	/ 80 mm Hg 80 mm Hg
05-Feb-2004	Read Code	FP1001 signed
11-Dec-2003	Read Code	Postnatal visits
11-Dec-2003	Read Code	FP1001 up to date
10-Dec-2003	Read Code	Single live birth FTND
03-May-2003	Read Code	Abdominal pain

22-Apr-2003	Read Code	FP24 signed by patient
01-Aug-2002	Read Code	Night visit unsp.- claimable
25-Jun-2002	Read Code	Female infertility primary subfertility
23-Mar-2002	Recall	Cervical neoplasia screen
23-Jan-2002	Read Code	Cervical neoplasia screen
23-Jan-2002	Read Code	Cervical smear taken
23-Jan-2002	Read Code	Cx Smear Action Needed : Repeat 2 Months
23-Jan-2002	Read Code	Cervical smear result
23-Jan-2002	Read Code	Cervical smear:inadequate spec
23-Jan-2002	Read Code	Cervical smear - action needed
15-Jan-2002	Recall	Single meningitis C vaccination
26-Apr-2000	Read Code	Notes summary on computer
28-Aug-1997	Read Code	Cervical neoplasia screen
28-Aug-1997	Read Code	Cervical smear taken
28-Aug-1997	Read Code	Cervical smear result
28-Aug-1997	Read Code	Cervical smear: negative
28-Aug-1997	Read Code	Cervical smear:atrophic change
28-Aug-1997	Read Code	Cervical smear - inflam.change
28-Aug-1997	Read Code	Cervical smear-no inflammation
28-Aug-1997	Read Code	Cytology Report Normal
28-Aug-1997	Read Code	Cervical Smear Adequacy
28-Aug-1997	Read Code	Cervical Smear Adequate
26-Mar-1997	Read Code	Anxiety state
09-Nov-1995	Read Code	Anxiety state panic attacks
08-July-1986	Read Code	Crush injury (L) middle finger
26-Sept-1979	Read Code	Oesophagitis

Attachments

To whom it may concern letter written
03-July-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1026 03-Jul-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

3 July 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
03-Jun-2026 *****
Additional: Attachment
Clinical Letter Pharmacy
Filename: D10_M83650_2011201_a6fdb800-2665-4dda-9ab9-073ce4fb7778.TIF.XX2
Extension:.tif
Pages:

TPCAdmin

From: e-Surgery <noreply@order.evaro.com>
Sent: 03 June 2026 08:48
To: Tunstall primarycare
Subject: ***EXTERNAL*** Patient Treatment Notification

Notification of treatment issued

Dear doctor

Date. 03/06/2026, 04:23:18

TUNSTALL PRIMARY CARE CENTRE
TUNSTALL PCC,ALEXANDRA PK
SCOTIA ROAD, TUNSTALL
STOKE ON TRENT
STAFFORDSHIRE
ST6 6BE
Patient Success @ Evaro

Treatment Summary

This letter is to inform you of treatment provided to your patient by e-Surgery. It is a request for specific information from their medical record.

Patient: Yvette Harris

DOB: 1979-08-23

Condition treated: dental infection, infections

Dear General Practitioner,

Yvette Harris undertook an online consultation with Evaro regarding dental infection infections. They undertook a structured clinical questionnaire covering their symptom pattern, contraindications, red flags and medication history. It was Independent Prescribing Pharmacist, with further clarification sought where required.

They were prescribed:

Amoxicillin 500mg Capsules for Dental Infection (First-Line Treatment) - 15 Capsules , 500mg , 15

Consultation date: 02/06/2026

Condition treated: dental infection, infections
Prescriber: Hammad Khalid (GPHC 2226107), Independent Prescribing Pharmacist

The prescribing decision was based on:

- The patient's consultation responses, which we accepted as accurate at the time of prescribing.
- Information available from the patient's Summary Care Record, where the patient consented to us consulting the record.
- Relevant national clinical guidance (e.g. NICE, BNF, Digital Clinical Excellence).
- Evaro's internal Standard Operating Procedures.

Prescribing decisions rely on the accuracy of information supplied by the patient. Should you be aware of any discrepancies or omissions, we would be grateful if you could let us know, so we can review this with the patient directly.

The clinical responsibility for this treatment remains with our prescribing team.

We also emphasised to Yvette Harris the importance of continuing to engage with your GP practice for routine reviews and monitoring, in line with long-term condition management and QoF requirements. Patients are encouraged to remain up to date with all recommended reviews and checks.

Contact:

For any questions about your order, delivery, or account, our admin team are available Monday to Friday, 9am to 5pm — reach them on 01603 361313 or email us at hello@evaro.com.

Clinical enquiries: For clinical correspondence regarding this prescription or treatment, please contact our prescribing team at enquiries@tamd.co.uk. Please note that this email is for clinical matters only — to ensure the fastest response, any order or account queries are best directed to hello@evaro.com.

Yours sincerely, Evaro Clinical Team

Patient assessments and prescribing is performed for Evaro under Total Access Medical Diagnosis Limited, an online doctor service registered with the Care Quality Commission (1-16457331818).

Medication dispensing is performed for Evaro by one of our partner pharmacies, which includes Total Access Health Limited, a Pharmacy registered with the General Pharmaceutical Council (9012167). Please consult the dispensed medication with the dispensing pharmacy.

Any Questions? We're here to help

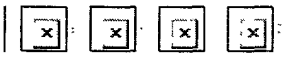
Contact Us

Always here to help

Our admin team are available

Emailhello@e-surgery.com**Phone**+441603931600

Don't be a stranger!



Follow us on social media for the latest e-Surgery news!

Terms & conditionsPrivacy policy

Attachment
13-May-2026 *****
Additional: Attachment
Eucalyptus Prescription Notice Fill Function UK Limited Juniper
Filename: D10_M83650_2011201_26f9efa3-235c-40cb-a7ef-e032534de912.TIF.XX2
Extension:.tif
Pages:

Juniper

c/o Fill Function UK Limited
Unit 17 Urban Express Park
Union Way
BIRMINGHAM
B6 7FH

13/05/2026

Re: Notification of prescription issued for weight management

Name: Yvette Harris
Date of birth: 23/08/1979
Postcode: ST16 1PS

Dear colleague

Your patient is being treated in our digital weight management service. They have identified you as their primary care provider.

They have been prescribed by our CQC-regulated service and have been supplied with the following medication for weight management, on a self-funded private basis:

Tirzepatide 5mg subcutaneous injections*
*This is typically adjusted every 4 weeks initially, depending on response.

In the interests of patient safety, we kindly ask that you update the patient's record to reflect this prescription.

If the patient has type 2 diabetes or other co-morbidities: Please consider reviewing their therapy, as significant weight loss and/or GLP-1 treatment is likely to affect dosing requirements over time. Any DPP-4 inhibitor taken should be reviewed in light of NICE guideline NG28 (updated 18 February 2026).

If you have concerns regarding the suitability of this treatment for your patient: Please contact us directly at **hello@myjuniper.co.uk** and we will review the case promptly. Patient safety is our priority, and we welcome any clinical concerns you may wish to raise.

Kind regards

Juanne Shamoon
Juniper UK
Email: hello@myjuniper.co.uk

To whom it may concern letter written
14-Apr-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1538 14-Apr-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

14 April 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
28-Feb-2026 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss Consultation
Filename: D10_M83650_2011201_a4fc8f89-2ee5-4b8f-a149-428168f15ede.TIF.XX2
Extension:.tif
Pages:

MedExpress

28-Feb-2026

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0026006

347 A/00119

Dear Dr Chitrapu Venkata,

Re: Yvette Harris – 23-Aug-1979 – 129 Second Avenue, Stafford, ST16 1PS — Repeat Order for Mounjaro® Injection 10mg

The above patient has completed a weight loss consultation with MedExpress, which has been reviewed by our team of clinicians. Based on this, they have been prescribed **1 x Mounjaro® Injection 10mg (Step up dose)** on **28-Feb-2026**.

The patient has consented to informing you of their prescription, and consents to you sharing relevant information with us if needed. The patient has given permission for us to request medical information from yourselves if necessary. We do not prescribe for anyone who does not consent to this.

The patient has confirmed they have no contraindications to treatment, including but not limited to: Pancreatitis, active Gallstones, Type 1 Diabetes, Medullary Thyroid Cancer, Multiple Endocrine Neoplasia 2, or an Eating Disorder. Additionally, they have confirmed they are not taking any Narrow Therapeutic Index (NTI) drugs or insulin.

If the patient has an NHS Summary Care Record (SCR), we have reviewed it to check for any contraindications. We do not prescribe for patients who do not give us permission to check their SCR.

The patient has provided weight verification evidence to support their eligibility for treatment. According to our records, this patient's (current) **BMI is 22.91 (height 155cm, weight 55.0kg)**.

They have been informed how to administer the medication, of potential common and serious side effects (including potential mood changes), and how to manage these. We have a dedicated side effects service staffed by skilled clinicians. If relevant, we advise patients on the need for additional contraceptive precautions.

They have been encouraged to contact us with any queries or concerns regarding their treatment. We appreciate you taking the time to read this letter. Please do not hesitate to contact us if you would like any further information.

Yours sincerely,
MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
27-Feb-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1655 27-Feb-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

27 February 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

To whom it may concern letter written
16-Feb-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1557 16-Feb-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

16 February 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
01-Feb-2026 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss Consultation

MedExpress

01-Feb-2026

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0206527

347 Av00052

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 10mg (Step up dose).

They have provided us with the following measurement for BMI: 23.33 (height: 155 cm; weight: 56.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions.

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
12-Jan-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1527 12-Jan-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

12 January 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzeptatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

To whom it may concern letter written
08-Jan-2026 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1158 08-Jan-2026.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

8 January 2026

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
03-Jan-2026 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss Consultation
Filename: D10_M83650_2011201_7cc957cd-5b79-4331-bffc-5da921c9838c.TIF.XX2
Extension:.tif
Pages:

MedExpress

03-Jan-2026

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

347 A/00216

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 10mg (Step up dose).

They have provided us with the following measurement for BMI: 23.24 (height: 155 cm; weight: 55.8 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit 5, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

Attachment
10-Dec-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss
Filename: D10_M83650_2011201_ec07082a-18d8-4d49-b2b4-61b4d2b7b985.TIF.XX2
Extension:.tif
Pages:

MedExpress

10-Dec-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

6027630

347 A/00129

W28803/0102/6027630

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® injection 7.5mg (Step up dose).

They have provided us with the following measurement for BMI: 23.58 (height: 155 cm; weight: 56.6 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

Attachment
28-Nov-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss
Filename: D10_M83650_2011201_1b34633a-fa3e-4762-8006-d732a6f7eda2.TIF.XX2
Extension:.tif
Pages:

MedExpress

28-Nov-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0029801

347 A/00138

t622579i0102i0029801

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 5mg (Step up dose).

They have provided us with the following measurement for BMI: 23.74 (height: 155 cm; weight: 57.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
30-Oct-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1432 30-Oct-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

30 October 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

To whom it may concern letter written
21-Oct-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1119 21-Oct-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

21 October 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

To whom it may concern letter written
16-Oct-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1031 16-Oct-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

16 October 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

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Yours sincerely,

Dr JJ Boyapati

Attachment
07-Oct-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss
Filename: D10_M83650_2011201_defb8106-0551-47e8-9c91-d45299adac9a.TIF.XX2
Extension:.tif
Pages:

MedExpress

07-Oct-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0036134

347 A/00171

1600514/0102/0036134

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 15mg (Maintenance dose).

They have provided us with the following measurement for BMI: 23.24 (height: 155 cm; weight: 55.8 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. Ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
24-Sept-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 0941 24-Sep-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

24 September 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

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Yours sincerely,

Dr JJ Boyapati

Attachment
23-Sept-2025 *****
Additional: Attachment
Clinical Letter MedExpress
Filename: D10_M83650_2011201_5ef62b44-2349-4992-8ed4-2342f7994b84.TIF.XX2
Extension:.tif
Pages:

MedExpress

23-Sep-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0013813

347 A/00077

1599556 / 0102 / 0013813

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 12.5mg (Step up dose).

They have provided us with the following measurement for BMI: 22.91 (height: 155 cm; weight: 55.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

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We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

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0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

Attachment
08-Sept-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight loss consultation
Filename: D10_M83650_2011201_6a92d7b8-0688-41cb-b020-adc07aed7b85.TIF.XX2
Extension:.tif
Pages:

MedExpress

08-Sep-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0019762

347 A/00097

1590845/0102/0019762

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® injection 2.5mg (Starter dose).

They have provided us with the following measurement for BMI: 23.33 (height: 155 cm; weight: 56.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

Attachment
07-Aug-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss
Filename: D10_M83650_2011201_6179c2bb-2693-4744-a1c1-6506e6bb520b.TIF.XX2
Extension:.tif
Pages:

MedExpress

07-Aug-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

347 A/00134

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-06-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 12.5mg (Step up dose).

They have provided us with the following measurement for BMI: 23.62 (height: 155 cm; weight: 56.7 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0506 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
02-July-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 1421 02-Jul-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

2 July 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzepatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
20-Jun-2025 *****
Additional: Attachment
Clinical Letter MedExpress
Filename: D10_M83650_2011201_3b2a91b8-d421-4555-b32d-57c05f56493f.TIF.XX2
Extension:.tif
Pages:

MedExpress

20-Jun-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0023965

347 A/00115

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 10mg (Step up dose).

They have provided us with the following measurement for BMI: 24.87 (height: 155 cm; weight: 59.7 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

To whom it may concern letter written
16-Jun-2025 *****
Additional: To whom it may concern letter written
Weight Management Services – Letter
Filename: To whom it may concern letter written HARRIS, Yvette (Mrs) 0944 16-Jun-2025.rtf
Extension:.tif
Pages:

Tunstall Primary Care
Dr A K Sonnathi, Dr A Veerappan & Dr Boyapati
Alexandra Park
Scotia Road
Tunstall
Stoke-on-Trent
ST6 6BE
Tel: 01782 358802
Email: tunstall.primarycare@nhs.net

16 June 2025

Dear Provider,

RE: Mrs Y Harris, 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG
DOB: 23-Aug-1979, NHS No: 633 675 4146

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzeptatide (Mounjaro). As you are aware, GMC good medical practice indicates responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient's NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. It is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

Alternatively, on receipt of signed patient consent, we are happy to share a computer-generated patient clinical summary report without charge. Providing any information in a patient summary does not mean that a clinician has checked whether it is safe for you to prescribe the weight loss medication you are proposing and the responsibility for prescribing remains entirely with you.

Yours sincerely,

Dr JJ Boyapati

Attachment
30-May-2025 *****
Additional: Attachment
Clinical Letter MedExpress Weight Loss
Filename: D10_M83650_2011201_efbbe89b-cc34-4c3f-a2d3-1280297d93a3.TIF.XX2
Extension:.tif
Pages:

MedExpress

30-May-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

1558527 / D162 / 0035559

0035559

347 A/00173

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 7.5mg (Step up dose).

They have provided us with the following measurement for BMI: 25.49 (height: 155 cm; weight: 61.2 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

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www.medexpress.co.uk

Attachment
04-May-2025 *****
Additional: Attachment
Clinical Letter MedExpress
Filename: D10_M83650_2011201_f7c2e9a9-4491-42be-94ba-f905c75d23ea.TIF.XX2
Extension:.tif
Pages:

MedExpress

04-May-2025

Dr Chitrapu Venkata
Dr C V S Bose
Tunstall Primary Care Centre
ST6 6BE

0024670

347 A/00130

E548538/0102/D624670

Dear Dr Chitrapu Venkata,

Your patient Yvette Harris (DOB: 1979-08-23) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 5mg (Step up dose).

They have provided us with the following measurement for BMI: 27.91 (height: 155 cm; weight: 67.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

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We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

Unit H, Ashbourne Drive, Leamington Spa, England, CV31 3SS
0208 123 0508 hello@medexpress.co.uk
www.medexpress.co.uk

Attachment
05-Nov-2024 *****
Additional: Attachment
Clinical Letter University Hospital of North Staffordshire NHS Trust Gynaecology
Filename: D10_M83650_2011201_96930cc5-ba2b-4f35-84e6-35ea5700a9c1.TIF.XX2
Extension:.tif
Pages:

Our Ref: VM/lc/N97039

University Hospitals of North Midlands NHS
NHS Trust

Date of Clinic: 05/11/2024
Date Typed: 16/12/2024

Royal Stoke University Hospital
Newcastle Road
Stoke On Trent
ST4 6QG
Tel:

Secretary: 01782 672378

Department of Gynaecology

Dr CVS Bose
Tunstall Pcc,Alexandra Pk
Scotia Road, Tunstall
Stoke on Trent
Staffordshire
ST6 6BE

Dear Dr Bose

Yvette HARRIS
31 King William Street
Tunstall, Stoke-on-Trent ST6 6EG

D.O.B. 23/08/1979
Hospital No. N97039
NHS No. 633 675 4146

The above-named patient failed to attend an appointment in my Clinic today (Tuesday 5th November 2024). No further appointments will be sent, and she has been discharged back to your care.

Please re-refer her back to us via Choose and Book should the need arise.

Yours sincerely

Mr Vijay Menon MD, FRCOG
Consultant Gynaecologist

Copy to:

Private and Confidential
Mrs Yvette Harris
31 King William Street
Tunstall
Stoke-on-Trent
Staffordshire
ST6 6EG

Attachment
14-Oct-2024 *****
Additional: Attachment
DNA Letter Haywood Hospital Rheumatology
Filename: D10_M83650_2011201_6af0675d-3ec1-4475-92c4-e6772ec21dda.TIF.XX2
Extension:.tif
Pages:

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Rheumatology Department
Haywood Hospital
High Lane
Burslem
Stoke-on-Trent
ST6 7AG
Fax: 01782 673912

Rheumatology Advice Line: 01782 673687

Mrs Yvette Harris
31 King William Street
Tunstall
Stoke-On-Trent
Staffordshire
ST6 6EG

Enquiries To: 01782673873

Reference: DS1086/JJ452/N97039

Consultant: Dr B Khan

NHS Number: 6336754146

Unit Number: N97039

Date: 14 October 2024

Dear Mrs Harris

I am writing to you as you did not attend your rheumatology clinic appointment on 21st August 2024. I shall arrange for a further appointment to be sent out to you in due course. If you have already let us know that you could not attend your appointment then please disregard this letter.

Yours sincerely
Dr Devishri Shetty
Rheumatology International Fellow Doctor
(Electronically signed)

Copies To:

Dr. Cvss Bose
Tunstall Pcc Alexandra Pk
Scotia Road Tunstall
Stoke On Trent
Staffordshire
ST6 6BE

Attachment
20-Sept-2024 *****
Additional: Attachment
Clinical Letter Haywood Hospital Rheumatology
Filename: D10_M83650_2011201_c82bd05c-3b33-4cef-b381-f4c09c3caea8.TIF.XX2
Extension:.tif
Pages:

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Rheumatology Department
Haywood Hospital
High Lane
Burslem
Stoke-on-Trent
ST6 7AG
Fax: 01782 673912

Rheumatology Advice Line: 01782 673687

Dr. Cvss Bose
Tunstall Pcc,Alexandra Pk
Scotia Road, Tunstall
Stoke On Trent
Staffordshire
ST6 6BE

Enquiries To: 01782 673711

Reference: BK1050/VH457/N97039

Consultant: Dr B Khan

NHS Number: 6336754146

Unit Number: N97039

Date: 20 September 2024

Dear Dr. Bose

RE: Mrs Yvette Harris, 31 King William Street, Tunstall, STOKE-ON-TRENT, Staffordshire, ST6 6EG. DOB:23/08/1979

This is a quick note to let you know that Yvette has dna'd her 2nd appointment. Given the CT finding of possible sacroiliitis we shall offer her one further review. However subsequent dna would leave us with no other choice other than discharging her back to your kind care. If Yvette would not like to be seen in our services then I will be grateful if she can let us know.

Yours sincerely
Dr B Khan
Locum Consultant in Rheumatology
(Electronically signed)

Copies To:

Mrs Yvette Harris
31 King William Street
Tunstall
Stoke-On-Trent
Staffordshire
ST6 6EG

Attachment
18-Aug-2024 *****
Additional: Attachment
Clinical Letter West Midlands Ambulance Service DEPARTMENT
Filename: D10_M83650_2011201_1ce62449-53bb-4722-a7e7-39abf8979b91.TIF.XX2
Extension:.tif
Pages:

West Midlands Ambulance Service
University NHS Foundation Trust

ePCR Full Case Summary

Included In Case Data

Incident ✓	**Patient** ✓	Event History ✗	Consent and Capacity ✗	Primary Survey ✗	**Observations** ✓
Secondary Survey ✗	Impressions ✗	Interventions ✗	Drugs Administered ✗	Clinical Outcome Indicators ✗	**Disposition/Outcome** ✓

Incident

Crew

	Clinician 1	Clinician 2	Clinician 3	Clinician 4
ID	31043750	28592275	-	-
Role	Student Paramedic	Paramedic	-	-

Incident Details

Case Label	M001J1U83230 (3230) Female/44 YEARS	Vehicle ID	4997	Location	129
Case Reference	M001J1U83230	CAD Call Sign	TG4997	Road	Second Avenue
CAD Daily ID	3230	Alerts	-	District	Trinity Fields
CAD ID	37401136	Post-Dispatch Instructions	-	Town	Stafford
Handover PIN	0191	Priority	C2	Postcode	ST16 1PS
Type	-	Reported Condition	home alone with young children - left side abdomen pain	Scene Contact Number	[REDACTED]

Incident Timings

Case Start	21:49:38 18-AUGUST-2024	Mobile	21:41:42 18-AUGUST-2024	Leave Scene	-	Hospital Handover	-
Incident Time	-	At Scene	21:48:06 18-AUGUST-2024	At Destination	-	Clear	-
Call Time	21:15:56 18-AUGUST-2024	At Patient	-	End Treatment	-	Case End	22:06:37 18-AUGUST-2024
Assigned	21:41:33 18-AUGUST-2024	Start Treatment	-	Verbal Handover	-		

Patient Details

Patient Details

Title	-	Gender Identity	Female	Location	129
Forename	Yvette	Telephone Number	-	Road	Second Avenue
Surname	Harris	Date of Birth	23-AUGUST-1979	District	Trinity Fields
Preferred Name	-	Age	44 YEARS	Town	Stafford
NHS Number	633 675 4146	Weight	-	Postcode	ST16 1PS

West Midlands Ambulance Service
University NHS Foundation Trust

GP Surgery

Surgery Name	TUNSTALL PRIMARY CARE CENTRE	Address Line 1	TUNSTALL PCC,ALEXANDRA PK
Registered GP		Address Line 2	SCOTIA ROAD, TUNSTALL
Telephone Number	03007900230	Address Line 3	-
National ID	M83650	Address Line 4	STOKE ON TRENT
		Address Line 5	STAFFORDSHIRE
		Post code	ST6 6BE

Persons With Patient

Title	Forename	Surname	Relationship	Building	Road	District	Town	Postcode	Phone	Language	Interpreter
-	[REDACTED]	[REDACTED]	Self	-	-	-	-	-	[REDACTED]	-	-

Observations

Observation Notes

Declined obs taken

Care Plan

Care Plan

As crew arrived pt states she called to cancel the ambulance as the pain has now gone.
Crew offered to assess pt, however pt declined and states she will call back if pain returns.

Disposition

Non-Conveyed

Reason

On arrival at the location, no Patient was found, or the Patient has refused any form of Patient assessment.

Details: Assessment Refused / No Patient Found

Building	Road	District	Town	Postcode	Reason
-	-	-	-	-	Patient Refused Assessment / Treatment

West Midlands Ambulance Service
University NHS Foundation Trust

Clinician Sign Off

Clinician	Signature	Clinician	Signature
31043750 - Student Paramedic		28592275 - Paramedic	

ePCR Full Case Summary | Page 3 of 3 | Patient: Yvette Harris DOB: 23-AUGUST-1979

Referral letter
24-July-2024 *****
Additional: Referral letter
RF141 Generic General Referral Form V1
Filename: Referral letter HARRIS, Yvette (Mrs) 1639 24-Jul-2024.rtf
Extension: .tif
Pages:

GENERAL REFERRAL LETTER

Consultant:		**Referral Date:** 24-Jul-2024
***Specialty:**	**Rheumatology**	

Patient Details		**GP Details**	
Forename:	Yvette	**Referring GP:**	
Surname:	Harris	**Registered GP:**	Dr AK Sonnathi
Previous surname:		**Practice Name:**	Tunstall Primary Care
Date of Birth:	23-Aug-1979	**Practice:**	Tunstall Primary Care Centre Alexandra Park Scotia Road Stoke-On-Trent Staffordshire ST6 6BE
NHS No:	633 675 4146		
Gender:	Female		
Ethnicity:			
Hosp No (if known):			
Address:	31 King William Street Tunstall Stoke-On-Trent Staffordshire ST6 6EG	**Telephone:**	01782 358802
		Fax:	01782 401078
		Practice code:	M83650
		Website:	
		National code:	

Home Tel No:
Work Tel No:
Mobile Tel No: 07982641446

Special requirements:

Referral letters not addressed to a named consultant will, where appropriate, be pooled within the relevant speciality

***Priority**	☑ Urgent	☐ Routine

***Any special needs?**	☐ Yes	☑ No	**If yes, please specify:**
***Interpreter required?**	☐ Yes	☑ No	**If yes, please state which language:**

***REASON FOR REFERRAL:**
44 year old female, with longstanding back issues. Recently was seen in SAU for pelvic pains, and had a CT scan- CT scan showed features of ankylosing spondylitis in the SI joints. She has persistent severe lower back pain radiating to her hips, affecting her quality of life. Morning stiffness for >2 hours. Family history of AS in brother. She has a background of scoliosis that significantly worsened after pregnancy. She needs help at home at all times with her kids due to the reduced ROM in her back. Taking cocodamol for the pain that slightly eases the pain.
Bloods including ESR and HLAB27 have been requested.
Could you please kindly review this lady?
Many thanks

Please ensure that this form is fully completed – this referral will be sent back to you if any of the above information is missing. This in turn will delay the patient.

Name: Yvette Harris DOB: 23-Aug-1979

ADDITIONAL INFORMATION

Height: 150.3 cm
Weight: 62 kg
BMI: 27.45 kg/m2
BP: 107/79 mmHg

Smoking Status:

Date	Description	Value	Units
06-Jan-2023	Cigarette smoker	12	/day

Alcohol Status:

Date	Description	Value	Units
06-Jan-2023	Alcoholic beverage intake	0	U/week

Known allergies:

Date	Description	Associated Text
06-Jan-2023	No known allergy	

Current medication:

Acute

Drug	Dosage	Quantity	Last Issued On
Co-codamol 30mg/500mg tablets	One Or Two To Be Taken Four Times A Day When Required	100 tablet	23-Jul-2024
Co-codamol 30mg/500mg tablets	As Directed	0 tablet	19-Jul-2024

Relevant medical history:

Active

Date	Problem	Associated Text	Date Ended
06-Jun-2024	Low back pain		
27-Feb-2019	Adenomyosis		
30-Oct-2018	Dermoid cyst of ovary	(R)	
20-Jul-2004	Ovarian cyst NOS	(R) cyst-21x22x23mm - PV bleed in early pregnancy.	

Significant Past

Date	Problem	Associated Text	Date Ended
10-Nov-2022	Single live birth	girl	
14-Apr-2021	Evacuation of retained product of conception	Histology; ragged grey haemorrhagic tissue, no fetal parts. No evidence of abnormal trophoblastic proliferation	14-Apr-2021
28-Apr-2020	Missed miscarriage		21-Jul-2020
20-Sep-2006	Depressed	due to relationship problems	

Name: Yvette Harris DOB: 23-Aug-1979

Referral letter
24-July-2024 *****
Additional: Referral letter
RF141 Generic General Referral Form V1
Filename: Referral letter HARRIS, Yvette (Mrs) 1715 24-Jul-2024.rtf
Extension:.tif
Pages:

GENERAL REFERRAL LETTER

Consultant:		**Referral Date:** 24-Jul-2024
***Specialty:**	**Gynaecology UHNM**	

Patient Details		**GP Details**	
Forename:	Yvette	**Referring GP:**	
Surname:	Harris	**Registered GP:**	Dr AK Sonnathi
Previous surname:		**Practice Name:**	Tunstall Primary Care
Date of Birth:	23-Aug-1979	**Practice:**	Tunstall Primary Care Centre Alexandra Park Scotia Road Stoke-On-Trent Staffordshire ST6 6BE
NHS No:	633 675 4146		
Gender:	Female		
Ethnicity:			
Hosp No (if known):			
Address:	31 King William Street Tunstall Stoke-On-Trent Staffordshire ST6 6EG	**Telephone:**	01782 358802
		Fax:	01782 401078
		Practice code:	M83650
		Website:	
		National code:	

Home Tel No:
Work Tel No:
Mobile Tel No: 07982641446

Special requirements:

Referral letters not addressed to a named consultant will, where appropriate, be pooled within the relevant speciality

***Priority**	☑ Urgent	☐ Routine

***Any special needs?**	☐ Yes	☑ No	**If yes, please specify:**
***Interpreter required?**	☐ Yes	☑ No	**If yes, please state which language:**

***REASON FOR REFERRAL:**

Dear colleague, this 44-year-old female was seen in June in SACU due to loin to groin pain. She had a CT scan which showed a right ovarian dermoid cyst and she was advised she would receive further investigations. Unfortunately, she has not heard anything thus far. Could you kindly please contact her to ensure she is aware of any appointments
Kind regards

Please ensure that this form is fully completed – this referral will be sent back to you if any of the above information is missing. This in turn will delay the patient.

Name: Yvette Harris DOB: 23-Aug-1979

ADDITIONAL INFORMATION

Height: 150.3 cm
Weight: 62 kg
BMI: 27.45 kg/m2
BP: 108/74 mmHg

Smoking Status:

Date	Description	Value	Units
06-Jan-2023	Cigarette smoker	12	/day

Alcohol Status:

Date	Description	Value	Units
06-Jan-2023	Alcoholic beverage intake	0	U/week

Known allergies:

Date	Description	Associated Text
06-Jan-2023	No known allergy	

Current medication:

Acute

Drug	Dosage	Quantity	Last Issued On
Co-codamol 30mg/500mg tablets	One Or Two To Be Taken Four Times A Day When Required	100 tablet	23-Jul-2024
Co-codamol 30mg/500mg tablets	As Directed	0 tablet	19-Jul-2024

Relevant medical history:

Active

Date	Problem	Associated Text	Date Ended
24-Jul-2024	Ankylosing spondylitis		
06-Jun-2024	Low back pain		
27-Feb-2019	Adenomyosis		
30-Oct-2018	Dermoid cyst of ovary	(R)	
20-Jul-2004	Ovarian cyst NOS	(R) cyst-21x22x23mm - PV bleed in early pregnancy.	

Significant Past

Date	Problem	Associated Text	Date Ended
10-Nov-2022	Single live birth	girl	
14-Apr-2021	Evacuation of retained product of conception	Histology; ragged grey haemorrhagic tissue, no fetal parts. No evidence of abnormal trophoblastic proliferation	14-Apr-2021
28-Apr-2020	Missed miscarriage		21-Jul-2020
20-Sep-2006	Depressed	due to relationship problems	

Name: Yvette Harris DOB: 23-Aug-1979

Name: Yvette Harris DOB: 23-Aug-1979

Attachment
19-July-2024 *****
Additional: Attachment
Clinical Letter Derbyshire Health United NHS 111
Filename: D10_M83650_2011201_17fdfa5d-a507-4abd-a6a8-1a204bfc25f1.TIF.XX2
Extension:.tif
Pages:

Derbyshire Health United

1 Patient Contacts for Tunstall Primary Care Centre - Tunstall (OOH VOC)

NHS Confidential: Personal data about a patient

Harris, Yvette	Born	**23-Aug-1979**	Gender **Female**	Local Patient ID	**c17da1b2-45cc-43fb-a1de-52cd0e639c13**

Document Created **19-Jul-2024**
Document Owner **Derbyshire Health United**

Authored By **Ella Ward (HA) - DHU - Birchfield House - Oldbury (Derbyshire Health United) on Jul 19 2024 4:36PM**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**Jul 19 2024 4:33PM to Jul 19 2024 4:33PM**
Care Setting Location	**Incident Location**
Care Setting Type	
Responsible Party	

Reason for call menu - continued to next list.

A prescription request was the main reason for the contact.
The main reason for the contact was not a new or worsening illness.
The individual did not have enough medication to last until the surgery next opened.

The medication was unsuitable for repeat prescribing and further consultation was required.
The next dose was due within 2 hours.

Instructions given were: The individual needs to speak to a local service within 2 hours.
Directory of Services referral: Tunstall Primary Care Centre

GP Early Intervention **Consulted By:** **Cons. Begin:**
Examination Details: **Cons. Finished:**

Diagnosis:

Clinical Codes:

Report Statistics: Report produced by Adastra Version 3 - 19/07/2024 16:41:57

Attachment
19-July-2024 *****
Additional: Attachment
Clinical Letter NHS 111

NHS 111 Report

HARRIS, Yvette	*Born* **23-Aug-1979**	*Gender* **Female**	*NHS No.* **633 675 4146** *Local Patient ID* **C17DA1B2-45CC-43FB-A1DE-52CD0E639C13**

Home Address	*Visit Address*	*Home Phone*	*GP Practice*
31 King William Street Tunstall Stoke-On-Trent Staffordshire ST6 6EG	**129 SECOND AVENUE STAFFORD ST16 1PS**	**07866349028** *Emergency Phone* **07982641446**	**Tunstall Primary Care Centre - Tunstall (OOH VOC)** **TUNSTALL PRIMARY CARE CENTRE** **ALEXANDRA RETAIL CENTRE** **BEAUMONT ROAD** **STOKE-ON-TRENT** **ST6 6BE** *Phone* **01782358802**

Patient's Reported Condition

Not alone was supposed to get a repeat prescription from GP run out of medication repeat - controlled drug

Pathways Disposition

Speak to a local service within 2 hours (Dx12)

Selected service: Tunstall Primary Care Centre - Tunstall (Home GP)

Consultation Summary

Prescription request
Not enough medication until surgery opens
Further consultation required
Next dose due within next 2 hours

Pathways Assessment

Reason for call menu - continued to next list.
A prescription request was the main reason for the contact.
The main reason for the contact was not a new or worsening illness.
The individual did not have enough medication to last until the surgery next opened.
The medication was unsuitable for repeat prescribing and further consultation was required.
The next dose was due within 2 hours.
Instructions given were: The individual needs to speak to a local service within 2 hours.
Directory of Services referral: Tunstall Primary Care Centre

Advice Given

Before you go, I will just check whether I need to give you any further instructions or advice.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Document Created	**19-Jul-2024, 16:36**
Document Owner	**Derbyshire Health United**
Authored by	**Ella Ward - Assessed by, DHU - Birchfield House - Oldbury (Derbyshire Health United) on 19-Jul-2024, 16:36**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**

Encounter Time	**19-Jul-2024, 16:33 to 19-Jul-2024, 16:36**
Case Reference	**4AAFC76D-EDE8-4807-A268-9DBA1E8CFE4B**
Case ID	**9817531**
Encounter Disposition	**Speak to a local service within 2 hours**
Care Setting Location	**Incident Location**
	Visit Address
Care Setting Address	**129 SECOND AVENUE STAFFORD ST16 1PS**
Care Setting Type	
Responsible Party	**Aqib Bhatti - Medical Director, Derbyshire Health United**

Document ID	**0732CFCB-6BE9-4FF1-9F74-9695A00ECE61** *Version* **1**
Primary Recipient	**Tunstall Primary Care Centre**

Attachment
19-July-2024 *****
Additional: Attachment
Clinical Letter Pharmacy pharmacy minor ailments scheme
Filename: D10_M83650_2011201_58fc85ef-7375-40b0-9614-e695cd026f02.PDF.XX2
Extension:.tif
Pages:

NHS Community Pharmacist Consultation service - Notification of supply to a patients general practice

19th Jul 2024

Tesco Instore Pharmacy Stafford
Newport Road
Stafford
ST16 2HE
01785 791410

Pharmacy nhs.net email pharmacy.fwa24@nhs.net

GP Practice Tunstall Primary Care, Tunstall Primary Care Centre, Alexandra Park, Scotia Road, Tunstall ST6 6BE (M83650) M83650

The patient named below was provided with an emergency supply at this pharmacy on the above date

Patient information	
Client Name	Yvette Harris
Date of Birth	23-Aug-1979
Sex	Female
Address	31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire
Postcode	ST6 6EG
NHS Number	6336754146
Contact Details	Emergency 07982641446

Consultation details	
Consultation method	Face to face
Person collecting medicine	Patient
Details of medicines or appliances supplied:	
Medicine/Appliance	Co-codamol 30mg/500mg tablets (Alliance Healthcare (Distribution) Ltd) 30 tablet 3 x 10 tablets
Quantity	24
Number of days supplied	3 days
Dose directions	One Or Two To Be Taken Four Times A Day When Required
Additional instructions provided	N/A
Medicine/Appliance	
Quantity	
Number of days supplied	days
Dose directions	

Additional instructions provided	
Medicine/Appliance	
Quantity	
Number of days supplied	days
Dose directions	
Additional instructions provided	
Medicine/Appliance	
Quantity	
Number of days supplied	days
Dose directions	
Additional instructions provided	
Date of supply	19th Jul 2024
Request Reason	Patient was not able to collect the medicine(s) or appliance(s) (from their usual pharmacy)
Additional comments	patient requested co-codamol - prescription went to boots in stoke on trent however they are now closed - therefore cannot access the EPS prescription- on SCR, co-codamol was prescribed on the 18th July . Therefore decided to give a 3 day supply to cover for the weekend. IT systems down globally therefore struggling with 111 prescription.
No supply reasons if relevant	
No supply reason medicine 1	
No supply reason medicine 2	
No supply reason medicine 3	
No supply reason medicine 4	
Details of escalations and signposting if relevant	
Escalated urgent to	
Signposted non-urgent to	

ODS code of referred to organisation	
Reason for referral	
Advice to patient	
Information and advice to patient	How to best manage repeat medicines and the benefits of electronic repeat dispensing
Plan and requested actions	patient requested co-codamol - prescription went to boots in stoke on trent however they are now closed - therefore cannot access the EPS prescription- on SCR, co-codamol was prescribed on the 18th July . Therefore decided to give a 3 day supply to cover for the weekend. IT systems down globally therefore struggling with 111 prescription.
Adverse Reaction	
Type of reaction	
Causative agent	
Date reaction identified	
Description of reaction	
Reaction severity	
Date symptom first experienced	

Sumeet Badhan
GPhC: 2220378

Medication or appliances have been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

If this is not your patient, click this link.

Issue of standby emergency medication
19-July-2024 *****
Additional: Issue of standby emergency medication
Emergency Supply of Medicines (19-Jul-2024)
Filename: 4179a3e7-fadf-42b1-b604-9fb895c88c3c.html
Extension:.tif
Pages:

Emergency Supply of Medicines

Number of Attachments: 0

Patient demographics

Patient name	yvette elizabeth Harris
Date of birth	23 Aug 1979
Gender	female
NHS number	6336754146
Patient address	31 King William Street, Tunstall, STOKE-ON-TRENT, Staffordshire

Attendance details

Date of contact	19 Jul 2024
Reason for service	Patient was not able to collect the medicine(s) or appliance(s) (from their usual pharmacy)
Organisation name	Tesco Instore Pharmacy Stafford
Organisation address	Newport Road, Stafford
Telephone	01785 791410
Secure email	pharmacy.fwa24@nhs.net
Administered by	Sumeet Badhan
gphc identifier	2220378
Person Collecting	Patient

GP practice

GP ODS Code	M83650
GP Practice Name	Tunstall Primary Care
GP Practice Address	Tunstall Primary Care Centre, Alexandra Park, Scotia Road, Tunstall ST6 6BE

Consent

Consent for treatment record	Patient's consent for treatment has been attained
Consent for information sharing	Patient is happy for the supply details to be shared with their Registered GP practice

Allergies and adverse reactions

Causative agent	No known drug allergy

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Co-codamol 30mg/500mg tablets (Alliance Healthcare (Distribution) Ltd)	24 tablet (3 days)	**Emergency supply**

Information and advice given

Information and advice given	Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

Attachment
14-Jun-2024 *****
Additional: Attachment
Discharge letter City General Hospital SACU

Filename: D10_M83650_2011201_bdb05fd4-1bb0-4bee-b173-a0a95005b125.TIF.XX2
Extension:.tif
Pages:

University Hospitals of North Midlands NHS

NHS Trust

SACU (Surgical Ambulatory Care Unit)
EDISCHARGE AUTHORISED
Medisec ref: 16047730

Royal Stoke University Hospital
Newcastle Road
Stoke-On-Trent
ST4 6QG
Tel: 01782 715444

DR Eames
Mansion House Surgery
Abbey Street
Stone
Staffordshire
ST15 8YE

Discharge Consultant: Mark Kitchen
Admission Date: 12/06/2024
Discharge Date: 14/06/2024 20:00
Discharge Ward: SACU (Surgical Ambulatory Care Unit)

Letter Creation Date: 13/06/2024

Miss Yvette Harris DOB: 23/08/1979 ,
16 Wendover Grove Stoke-on-Trent ST2 0BD
Hospital / NHS No.: N97039 / 633 675 4146

Instructions for GP: CT scan showed features of ankylosing spondylitis of the S.I joints and visualised spine. Yvette noted she has never been diagnosed with ankylsing spondylitis but does have a strong family history of it. GP please consider referal to Rheumatology for further assessment and management of this finding.

Allergies / Alerts: NONE KNOWN

Medications Medications not checked by Pharmacy

Changes to Medications: <NO >

Name	Changes Made

Medications on Discharge: <NO >

Name	Route	Dose	Frequency	Duration	Prescriber notes

Reason for Admission: R loin to groin pain

Co-morbidities: Endometriosis/Adenomyosis:

Discharge Diagnosis: ?Ovarian dermoid cyst:
?Ankylosing Spondylitis:

Clinical Summary: Yvette presented to hospital with complaint of loin to groin pain on a backgroun of lower back pain potentially related to her scoliosis. She was seen and assessed by the urological team. Her blood test were unremarkable. She underwent a CTKUB which showed a tiny non-obstructive right kidney stone as described and no ureteric stones requiring no urological intervention. The scan also showed a right ovarian dermoid cyst and simple looking left ovarian cyst for which she was reviewed by the gynaecology tena who are going to continue investicating this to determine further management. Lastly the scan revealed features of ankylosing spondylitis of the S.I joints and visualised spine. Yvette noted she has never been diagnosed with ankylsing spondylitis but does have a strong family history of it.

Miss Yvette Harris
Unit No: N97039

Medisec ref: 16047730

GP please consider referal to rheumatology for further assessment and management of this finding.

Investigations & Results:

CTKUB - There is a tiny stone measuring 2 mm located in the upper calyceal group of the right kidney. No stones are noted along the ureters. No hydronephrosis. No left kidney stones. Normal looking appendix. 3.2 cm right adnexal lesion of fat density suggesting right ovarian dermoid cyst 4.3 cm left adnexal cystic lesion suggesting left ovarian cyst. Urinary bladder appears normal. No abdominal or pelvic collection. No significant abnormality noted elsewhere in the abdominal and pelvis on this unenhanced scan. Clear visualised lung bases. No bony destruction. Ankylosis of S.I joints noted along with ossification of the interspinous and supraspinous ligaments of the lumbar spine. Fused facet joints noted as well. Sclerosis of vertebral bodies corners anteriorly noted in the lower dorsal and upper lumbar spine (shiny corner sign).

Impression:
- Tiny non-obstructive right kidney stone as described. No ureteric stones.
- Right ovarian dermoid cyst and simple looking left ovarian cyst.
- Features of ankylosing spondylitis of the S.I joints and visualised spine.

Operations & Procedures:

NO PROCEDURES UNDERTAKEN

Follow Up Plans:

Ongoing gynaecology assessment
GP to refer to Rheumatology

Information for Patient/Carer:

Yours Sincerely

DR Jelani Lewis-Knights
Designation: CT1
Contact No: 301

Page 2 of 2

Extended hours access enhanced services administration
12-Jun-2024 *****
Additional: Extended hours access enhanced services administration
Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf (12-Jun-2024)
Filename: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf
Extension:.tif
Pages:

North Staffordshire GP Federation

Extended Access Hub

Discharge Summary

To:
Tunstall Primary Care
Tunstall Primary Care Centre
Alexandra Park
Scotia Road
Stoke-On-Trent
Staffordshire
ST6 6BE

Dear Colleague

Re: Mrs Yvette Harris, DOB: 23-Aug-1979
31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG

Mrs Harris was seen by our service.
The details of the consultation are as follows:

Consultations

Date	**Consultation Text**
12-Jun-2024 19:24	Extended hours consultation (Furlong Medical Centre F2F, ST65UD) AHMED ABDUL, Aleem (Dr)
Problem	**Urinary symptoms** (First)
History	confirmed ID accompanied with husband and daughter Patient since last 5 weeks started having unexplained pain in right flank region and radiating down the right hip and grion area followed with same pain getting worse since last 2 weeks seen doctor on 6th June 2024 - where she was started on co-amox as she was having increased passing of urine - smelly urine - no blood in urine - came to doctors who gave a plan - stating get sexual screen + abx for urine infection { patient and husband upset - that last doctor - said directly sexual screen - for given symptoms - did not even rule out DDs } now even with abx - no response and symptoms are worsened associated shivering - hot and cold feeling associated nausea no relevenat PMH

Examination	consent taken Blood oxygen saturation (calculated) 98 % • Pulse rate 72 beats/min • Tympanic temperature 36.7 degrees C Abdomen : pain in right flank region - grion- patient holding tummy bending down in pain urine test : smelly- dark - cloudy - no leucocytes no nitries - Blood ++
Comment	Immediate review at SAU - Urology - to get further assessed ?? renal function+ urine mcs +/- USS depending upon assessment

Please note: If a referral has been made at this consultation, it may take up to 2 working days before this is emailed to you.

If you have any concerns or queries please contact your own Doctors Surgery

Extended hours access enhanced services administration
12-Jun-2024 *****
Additional: Extended hours access enhanced services administration
Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf (12-Jun-2024)
Filename: Administrative procedure HARRIS, Yvette (Mrs) 1936 12-Jun-2024.rtf
Extension:.tif
Pages:

North Staffordshire GP Federation

Extended Access Hub

Discharge Summary

To:
Tunstall Primary Care
Tunstall Primary Care Centre
Alexandra Park
Scotia Road
Stoke-On-Trent
Staffordshire
ST6 6BE

Dear Colleague

Re: Mrs Yvette Harris, DOB: 23-Aug-1979
31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG

Mrs Harris was seen by our service.
The details of the consultation are as follows:

Consultations

Date	**Consultation Text**
12-Jun-2024 19:24	Extended hours consultation (Furlong Medical Centre F2F, ST65UD) AHMED ABDUL, Aleem (Dr)
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History	confirmed ID accompanied with husband and daughter Patient since last 5 weeks started having unexplained pain in right flank region and radiating down the right hip and grion area followed with same pain getting worse since last 2 weeks seen doctor on 6th June 2024 - where she was started on co-amox as she was having increased passing of urine - smelly urine - no blood in urine - came to doctors who gave a plan - stating get sexual screen + abx for urine infection { patient and husband upset - that last doctor - said directly sexual screen - for given symptoms - did not even rule out DDs } now even with abx - no response and symptoms are worsened associated shivering - hot and cold feeling associated nausea no relevenat PMH

Examination	consent taken Blood oxygen saturation (calculated) 98 % • Pulse rate 72 beats/min • Tympanic temperature 36.7 degrees C Abdomen : pain in right flank region - grion- patient holding tummy bending down in pain urine test : smelly- dark - cloudy - no leucocytes no nitries - Blood ++
Comment	Immediate review at SAU - Urology - to get further assessed ?? renal function+ urine mcs +/- USS depending upon assessment

Please note: If a referral has been made at this consultation, it may take up to 2 working days before this is emailed to you.

If you have any concerns or queries please contact your own Doctors Surgery

Administrative procedure
06-Jun-2024 *****
Additional: Administrative procedure
Inbound document: Administrative procedure HARRIS, Yvette (Mrs) 1924 06-Jun-2024.rtf (06-Jun-2024)
Filename: Administrative procedure HARRIS, Yvette (Mrs) 1924 06-Jun-2024.rtf
Extension:.tif
Pages:

North Staffordshire GP Federation

Extended Access Hub

Discharge Summary

To:
Tunstall Primary Care
Tunstall Primary Care Centre
Alexandra Park
Scotia Road
Stoke-On-Trent
Staffordshire
ST6 6BE

Dear Colleague

Re: Mrs Yvette Harris, DOB: 23-Aug-1979
31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG

Mrs Harris was seen by our service.
The details of the consultation are as follows:

Consultations

Date	**Consultation Text**
06-Jun-2024 19:10	Extended hours consultation (Cobridge Health Centre F2F) ERDEM, Kelvin (Dr)
Problem	**Low back pain** (First)
History	c/o dull pain in right side lower back for about 2.5months, worsened pain for about 2/52 was seen last month, was given analgesic no red flag bowel bladder symptoms sometimes pain radiating to right side lower back and right leg down to right knee level right side mild flank pain sometimes no saddle parasthesia no limb weakness or numbness got implant, denies pregnancy
Examination	Tympanic temperature 36.4 degrees C Back: no midline spinal or paraspinalt enderness c, T, L spine very mild right side paraspinal muscular tenderness lateral aspect at L5-S1 full ROM back normal muscle tone power and sensation four limbs Urine dip: Nit 3+, nil else, no blood

Document	Physiotherapy assessment required RF003 MPFT Integrated MSK Service (NIMS) Referral Form 290422
Medication	Co-amoxiclav 500mg/125mg tablets One To Be Taken Three Times A Day 21 tablet Ibuprofen 10% gel Apply Up To Three Times A Day 100 gram
Comment	?Mild pyelonephritis, Likely mild muscular lower back pain Plan: -Course of oral Abx -Analgesic.PRN -referral to physiotherapy If no improvement or any worsened symptoms, rigors, fever, haematuria or worsened lower back pain or red flag bowel bladder symptoms, or saddle parasthesia, advised to contact us urgently or to A&E

Please note: If a referral has been made at this consultation, it may take up to 2 working days before this is emailed to you.

If you have any concerns or queries please contact your own Doctors Surgery

Administration note
06-Jun-2024 *****
Additional: Administration note
Inbound document: Physiotherapy assessment required HARRIS, Yvette (Mrs) 1922 06-Jun-2024.rtf (07-Jun-2024)
Filename: Physiotherapy assessment required HARRIS, Yvette (Mrs) 1922 06-Jun-2024.rtf
Extension:.tif
Pages:

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Integrated MSK Referral Form (North Staffordshire and Stoke on Trent) Completion of all sections of this form will be a mandatory requirement	
Notes: (i) The information contained in this referral will be used to direct the patient to the most appropriate speciality (ii) If inadequate information is provided in the referral, it will be returned requesting additional information (iii) Please see pre referral guidance: Advice for Referrers Patients with 'red flags' are **NOT** seen in this service and should be referred directly to the appropriate secondary care specialists. Please see details in pre-referral guidance. Please tick this box to confirm that red flags are not present as per pre-referral guidance. (Mandatory field) Patients under 18 are generally **NOT** seen in this service – however currently patients aged > 16 years may be suitable and accepted for physiotherapy and children are accepted by MSK Podiatry. Please refer to details in pre-referral guidance.	
Date of Referral: 06-Jun-2024	NHS Number: 633 675 4146

Preferred method of consultation:	Virtual (telephone/video) **Face to Face**
Patient Details	GP Surgery/Referrer Details
Name: Yvette Harris	Referring Primary Care Practitioner:
Address: 31 King William Street, Tunstall, Stoke-On-Trent, Staffordshire, ST6 6EG	Address: Extended Access, 69-71 Stafford Street, Hanley, Stoke On Trent, Staffordshire, ST1 1LW
Gender: Female	Telephone Number: 01782 987585
Date of Birth: 23-Aug-1979	Practice Code: Y05540
Home Telephone Number:	Practice Email address:
Mobile Telephone Number: 07982641446	Referrer Email Address (if different):
Patient Email: yayax741@gmail.com	

Mandatory Section	
Appointment required **ROUTINE** **URGENT**	STarT Back score where applicable Not applicable
MSK Physiotherapy	
Domiciliary MSK Physiotherapy **(Must meet housebound criteria and be unable to attend clinic)**	
MSK Podiatry	
MSK Specialist Assessment (including possible referral to Orthopaedics within locally agreed guidelines) Spinal	

Name: Yvette Harris NHS No: 633 675 4146

Referral Proforma for Integrated Services FINAL

Peripheral	

44 Y/F, PMHx of scoliosis
c/o lower back pain for about 2months, no improvement with analgesic, pain in right side lower back, radiating to right leg down to right knee level
no h/o fall or injury

Mandatory Section
Reason for referral and working diagnosis. Please provide all relevant clinical information here. **I would be grateful if you could kindly consider physiotherapy. thanks**
Treatment to date for this condition.
Medical History **See below**
Drug History **See below**
Other specialists consulted for this condition? (within the last 12 months)
Investigations? – dates and results (within the last 12 months) Please insert here: **E.g. Blood tests, x-rays, MRI, EMG, Dexa Scan etc.**

Problems
Active

Problems
Active

Date	Problem	Associated Text	Date Ended
16-May-2024	Backache		
27-Feb-2019	Adenomyosis		
30-Oct-2018	Dermoid cyst of ovary	(R)	
20-Jul-2004	Ovarian cyst NOS	(R) cyst-21x22x23mm - PV bleed in early pregnancy.	

Significant

Problems
Significant Past

Date	Problem	Associated Text	Date Ended
10-Nov-2022	Single live birth	girl	
14-Apr-2021	Evacuation of retained product of conception	Histology; ragged grey haemorrhagic tissue, no fetal parts. No evidence of abnormal trophoblastic proliferation	14-Apr-2021
28-Apr-2020	Missed miscarriage		21-Jul-2020
20-Sep-2006	Depressed	due to relationship problems	

Allergies
Allergies

Date	Description	Associated Text
06-Jan-2023	No known allergy	

Medication
Acute

Medication
Acute

Drug	Dosage	Quantity	Last Issued On
Co-amoxiclav 500mg/125mg tablets	One To Be Taken Three Times A Day	21 tablet	06-Jun-2024
Ibuprofen 10% gel	Apply Up To Three Times A Day	100 gram	06-Jun-2024
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day whilst taking Naproxen	28 capsule	16-May-2024
Naproxen 500mg tablets	One To Be Taken Twice A Day	56 tablet	16-May-2024
Co-codamol 30mg/500mg tablets	One Or Two To Be Taken Four Times A Day When Required	100 tablet	16-May-2024

Repeat
Medication
No medication issued.

Off work due to this complaint?	**Yes**	**No**	**How long?**
Not Applicable (Retired/other)	**Yes**	**No**	

Sign Language	**Yes**	**No**	
Interpreter required	**Yes**	**No**	**Preferred Language:**
Social or Safety Alerts	**Yes**	**No**	**If yes please explain:**
Requires Carer support	**Yes**	**No**	**Please Provide Details:**

Please attach to UBRN on E-referral System.

Attachment
19-Jan-2023 *****
Additional: Attachment
clinic Tunstall Primary Care Centre Admin consent form
Filename: D10_M83650_2011201_c4f5705a-859d-4cfa-800c-251919c6f6b8.TIF.XX2
Extension:.tif
Pages:

Nexplanon® 68mg Implant for Subdermal Use
(etonogestrel)

For Patient file

PLGB: 16378/0588
ECMA: 3400935154439
BATCH: W004399 / 3
EXP: 10 - 2026

Name of patient: Yvette Harris.
Date of insertion: 19/1/2023
Date of removal: 19/1/2026.
Arm: Left ☑ Right ☐

NHS
TUNSTALL PRIMARY CARE
TUNSTALL PRIMARY CARE CENTRE
ALEXANDRA PARK
SCOTIA ROAD
STOKE-ON-TRENT
STAFFORDSHIRE
ST6 6BE
01782 358802

PATIENT AGREEMENT TO INSERTION OF A CONTRACEPTIVE IMPLANT

Patient Name: HARRIS, Yvette (Mrs)
Date of Birth: 23-Aug-1979
NHS Number: 633 675 4146
Special Requirements:

Statement of Health Professional

Procedure:	Insertion of contraceptive implant
The intended benefits:	Contraception, control of periods
Possible risks:	Bleeding, bruising, pain, infection and/or scar at insertion site, change in period pattern including irregular, prolonged and/or absent bleeding, contraception failure (less than 1 in 1,000 over 3 years), difficulty removing implant

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments, the follow-up care required and any particular concerns of those involved.

☐ The following leaflets have been provided: Information on contraceptive implants

Signed: _____ Date: 19-Jan-2023

Name: J.J. Boyapati Job title: G.P.

Statement of Interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed: _____ Date: 19-Jan-2023

Name: _____ Relationship:

Statement of Patient

I agree: To the procedure as described on this form.
I agree: To following the correct implant checking procedures afterwards
As far as I am aware: I am not pregnant and understand the risks of sexually transmitted infections.

Signed: _____ Date: 19-Jan-2023

Name: HARRIS, Yvette (Mrs)

Copy given to patient? ☐ **Yes** ☐ **No**

Page **1** of **2**

Clinical document
08-Dec-2022 *****
Additional: Clinical document
GP2GP Degraded Events
Filename: Events Degrade.txt
Extension: .tif
Pages:

Event degrade items
~~~~~~~~~~~~~~~~~~~

Fpa General Contraception Leaflet Issued
template text: - Smear due reminded to arrange
template text: - Cervical smear upto date.
Cx Smear Action Needed : Repeat 2 Months

Attachment
01-Dec-2022 *****
Additional: Attachment
Admin Letter Tunstall Primary Care Centre New Patient Questionnaire
Filename: D10_M83650_2011201_e5d6a1e5-ad4d-4e5f-a8c2-562cc83fb631.PDF.XX2
Extension: .tif
Pages:
~~~~~~~~~~~~~~~~~~~

TUNSTALL PRIMARY CARE

NEW PATIENT REGISTRATION INFORMATION

Email *

yayax741@gmail.com

ABOUT YOU

Title *

Mrs

Surname *

Yvette

Forename (s) *

Harris

Previous Surname (if Applicable)

Do you have a preferred name (eg Jennie vs Jennifer)?

Yvette

Gender *

- ○ Male
- ◉ Female
- ○ Prefer not to say
- ○ Other:

Date of Birth *

DD MM YYYY

23 / 08 / 1979

NHS Number

Previous GP Practice Address *

Mansion house surgery stone Staffordshire

CONTACT INFORMATION

Address *

31 king William street tunstall

Postcode *

St66eg

Mobile Number *

07982641446

Home Number

31

Email *

yayax741@gmail.com

RESIDENCY

Do you live in a residential/nursing home? *

- ○ Yes
- ◉ No

Do you have a door access key code you would like to be kept on record? If yes please provide the number below

Previous home address *

16wendover grove bucknall St20bd

If you are from abroad what date did you come to the UK?

DD MM YYYY

/ /

ETHNICITY

Having information about patients' ethnic groups would be helpful for the NHS so that it can plan ad provide culturally appropriate and better services to meet patients' needs. If you do not wish to provide this information you do not have to do so.

Please indicate your ethnic origin by ticking the box below:

- [ ] White British
- [ ] White Irish
- [ ] White Other
- [ ] Black Caribbean
- [ ] Black African
- [ ] Black Other
- [ ] Asian Indian
- [ ] Asia Pakistani
- [ ] Asian Chinese
- [ ] Asian Other
- [x] Mixed White/Black Carribbean
- [ ] Mixed White Black African
- [ ] Mixed White/Asian
- [ ] Other

If you have selected other above please specify:

RELIGIOUS AFFILIATION

Do you have a religious affiliation (please give details if so)?

PLACE OF BIRTH

In which City and Country were you born? *

Staffordshire/Britain

MAIN LANGUAGE

What is your main language? *

English

Do you require a translator? If yes please specify which language below:

No

ABOUT YOU CONTINUED

NEXT OF KIN (FOR EMERGENCY CONTCACT)

Full Name *

Mrs Anne harris

Relationship to you *

Mother

Mobile Number *

+44 7496 801722

Address *

St20bd 16 wendover grove

Can we discuss any aspect of your medical record with your next of kin? *

No

CARER STATUS

Are you yourself a carer? *

- (●) Yes
- ( ) No

Do you have a carer? *

- ( ) Yes
- (●) No

If yes please provide their Full Name and Contact Number:

Are they a patient at Tunstall Primary Care

- ○ Yes
- ◉ No

Can we discuss any aspect of your medical care with your carer?

- ○ Yes
- ◉ No

OCCUPATION

What is your occupation? *

Housepeerson

SERVICE FAMILIES AND MILITARY VETERANS

As a practice, we fully support the Armed Forces Covenant. We can only do this if we know our patients connections to the Armed Forces. Please tick the boxes below that apply to you

	Tick any that apply
I AM a Military Veteran	○
I AM currently serving in the Reserve Forces	○
IAM married/civil partnership to a serving member of the Regular/Reserved Armed Forces	○
I AM married/civil/partnership to a Military Veteran	○
I AM under 18 and my parent(s) are serving members(s) of the Armed Forces	○
I AM under 18 and my parent(s) are veteran(s) of the Armed Forces	○

Date of discharge (If applicable)

DD MM YYYY

/ /

STUDENTS

Are you studying in the UK on a student visa?

○ Yes

○ No

Have you moved address due to starting a higher education course?

- ○ Yes
- ◉ No

If yes to either of the above questions, please provide your course dates

CONSENT TO CONTACT

We will use your contact details to send reminders about appointments, review and other services which may be of benefit in your medical care

*

	YES	NO
Do you consent to the surgery sending text messages to your mobile?	☑	☐
Do you consent to the surgery sending messages to you by email?	☑	☐
Do you consent to the surgery leaving you messages on your phone? (We will not leave detailed messages on your phone, but may ask you to contact us or leave a simple message if we do not need to speak to you)	☑	☐

Please select your preferred choice of contact method *

Text

RECORD SHARING

Tunstall Primary Care would like to hold, process and share your personal and medical records manually and electronically as outlines below (for more information visit https://www.tunstallprimarycare.co.uk/practice-policies)

*

	Opt In	Opt Out
EMIS Sharing - Locally for the purposes of the Local Shared Electronic Record and the OOH Hub for my direct health care	☐	☑
Summary Care Record - Nationally for the purposes of National Shared Electronic Record for my direct health care	☐	☑
Research - Nationally for purposes of improving and planning the helath and care of current and future generations (indirect health care)	☐	☑

Signed (electronically) *

Mrs yvette harris

Dated *

DD MM YYYY

01 / 12 / 2022

Please note

We use partner software suppliers/businesses who may have access to specific parts of your data (e.g. to send letters/text reminders). We have gained approval from Stoke on Trent CCG to use these companies and we are confident your data is secure. If you would like to view who our software suppliers/businesses are and what information they can see please visit https://www.tunstallprimarycare.co.uk/privacy-policy

We do not share your data for the purposes of education, research, audit or administration without your express consent (i.e. we would ask you every time for permission before doing this). The only exception to this would be where the data was anonymised, i.e. not identifiable back to you.

About Your Health

RESUSCITATION WISHES AND POWER OF ATTORNEY

*

	Yes	No
Do you have a DNACPR (Do not attempt CPR) form in place?	☐	☑
Do you have a ReSPECT form in place?	☐	☑
Does anybody hold Lasting Power of Attorney for Health and Welfare for you?	☐	☑

If you answered yes to any of the above questions, please supply details of who holds this and where (we will also require a copy for your medical records)

DISABILITIES/ACCESSIBLE INFORMATION STANDARDS

As a practice we want to make sure that we give you information that is clear to you. For that reason we would like to know if you have any of the following communication needs

Do you have any special communication needs?

- ○ Yes
- ◉ No

If yes please state your needs:

Are you blind/partially sighted?

- ○ Blind
- ○ Partially sighted

Do you have significant problems with your hearing?

- ○ Deafness
- ○ Hearing Difficulty

Do you have significant mobility issues?

- ◯ Yes
- ◯ No

If yes, are you housebound (Definition of Housebound - A patient is unable to leave their home due to physical or psychological illness)?

- ◯ Yes
- ◯ No

SMOKING STATUS

*

	Yes	No
Do you smoke?	☑	☐
If no, have you smoked in the past?	☐	☑
Do you use electronic cigarettes/vape?	☐	☑
Would you like help to give up smoking?	☐	☑

If you answered yes to any of the above, how many cigarettes do (did) you smoke a day?

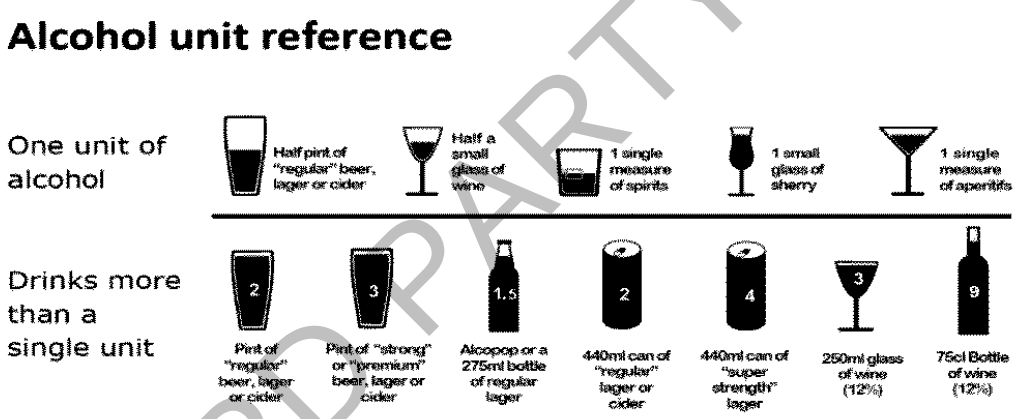
5

ALCOHOL INTAKE

How often do you have a drink containing alcohol? *

- (●) Never
- ( ) Monthly of less
- ( ) 2-4 times per month
- ( ) 2-3 times per week
- ( ) 4+ times per week

How many alcoholic drinks to you have on a typical day when you are drinking? *



- (●) 0 units
- ( ) 1-2 units
- ( ) 3-4 units
- ( ) 5-6 units
- ( ) 7-9 units
- ( ) 10 +

How often do you have 6 or more standard drinks on one occasions? *

- (●) Never
- ( ) Less than monthly
- ( ) Monthly
- ( ) Weekly
- ( ) Daly or almost daily

EXERCISE

Please indicate your exercise status by picking one option below *

- ( ) Exercise is physically impossible
- ( ) Avoids even trivial exercise
- (●) Enjoys light exercise
- ( ) Enjoys moderate exercise
- ( ) Enjoys heavy exercise
- ( ) Competitive athlete

BLOOD PRESSURE

If you have a home blood pressure monitor please provide an up to date reading below:

BP

Pulse

Date taken

DD MM YYYY

/ /

WEIGHT/HEIGHT

What is your weight? *

11stone

What is your height? *

5ft1

FAMILY HISTORY AND PAST MEDICAL HISTORY

Have any close relatives (parent, sibling or child only) ever suffered from any of the following? *

	Yes	No
Heart disease (heart attack/angina) under 60 years old	☐	☑
Heart disease (heart attack/angina) over 60 years old	☐	☑
Asthma	☑	☐
Hypertension (High Blood Pressure)	☐	☑
Diabetes Mellitus	☐	☑
Stroke	☑	☐
Rheumatiod Arthritis	☐	☑
Cancer	☐	☑
Epilepsy	☐	☑

Have you yourself ever suffered from any of the following? *

	Yes	No
Asthma	☐	☑
Anxiety	☑	☐
Bipolar Disorder	☐	☑
Cancer	☐	☑
COPD	☐	☑
Diabetes Mellitus	☐	☑
Depression	☑	☐
Epilepsy	☐	☑
Hypertension (High Blood Pressure)	☐	☑
Heart disease (heart attack/angina) under 60 years old	☐	☑
Heart disease (heart attack/angina) over 60 years old	☐	☑
Other mental health issues	☐	☑
Rheumatiod Arthritis	☐	☑
Stroke	☐	☑
Thyroid problems	☐	☑

Please list any other important medical illness, operation or admission to hospital:

MEDICATIONS

Please list any repeat medications that you take:

ALLERGIES

Please list and drug or food allergies that you have

FOR FEMALE PATIENTS ONLY

Have you had a cervical smear test? If yes when was this last done and what was the result?

Have you had a hysterectomy?

- ○ Yes
- ◉ No

Do you still have your ovaries?

- (●) Yes
- ( ) No

Are you currently pregnant? If yes please tell us your due date below

_____

This content is neither created nor endorsed by Google.

Google Forms

Letter sent to patient
15-Nov-2022 *****
Additional: Letter sent to patient
Register new baby
Filename: 6BCD01CB-B9A8-47E4-B969-2EB43EB2F26E_Letter sent to patient HARRIS, Yvette Elizabeth (Miss) 0743 15-Nov-2022.rtf
Extension:.tif
Pages:

Mansion House Surgery
Abbey Street, Stone, Staffordshire ST15 8YE
Telephone (01785) 815555
Email: mansion.house@nhs.net
Website: www.mansionhousesurgery.nhs.uk

15 November 2022 Our ref: JB/DJL

Miss Y Harris
3 Coppice Gardens
Stone
Staffs
ST15 8BL

Dear Miss Harris

We would like to congratulate you on the birth of your new baby.

We have received a discharge summary for them from the hospital.

Would you please, therefore, call into the surgery as soon as possible to register the baby, so that the paperwork can be scanned onto their notes.

Should you have any queries regarding this, please contact the surgery.

Yours sincerely

BALLINGER, Jonathan (Dr)

Dr Jonathan Ballinger MBBS MRCGP (partner)

Dr Souvik Chakraborty MBChB MRCP(UK) MRCGP (partner) Dr Simon Ceresa MBChB MRCGP DGM (partner)

Dr Dr Sarah Havelock MBChB (hons) MRCGP DCH

Please note that we no longer offer a stop smoking service here at the surgery. If you do smoke and are now ready to go smoke free, you could benefit from advice and guidance on healthy lifestyles visiting www.staffordshireconnects.info.

Dr Jonathan Ballinger MBBS MRCGP (partner)

Dr Souvik Chakraborty MBChB MRCP(UK) MRCGP (partner) Dr Simon Ceresa MBChB MRCGP DGM (partner)

Dr Dr Sarah Havelock MBChB (hons) MRCGP DCH

Letter sent to patient
15-Nov-2022 *****
Additional: Letter sent to patient
Register new *****
Filename: D9C01111-FAAB-4E27-85BD-7254CFBEACE4_Letter sent to patient HARRIS, Yvette Elizabeth (Miss) 0743 15-Nov-2022.rtf
Extension:.tif
Pages:

Mansion House Surgery
Abbey Street, Stone, Staffordshire ST15 8YE
Telephone (01785) 815555
Email: mansion.house@nhs.net
Website: www.mansionhousesurgery.nhs.uk

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Dr Dr Sarah Havelock MBChB (hons) MRCGP DCH

Attachment
11-Nov-2022
Additional: Attachment
Unscheduled Care NHS 111 Report OOH 21:28
Filename: 72C76930-0FE0-4B30-A083-28487BBB32A6_D10_M83069_18075_afda3e14-2149-4dc8-a086-cab6b76960f2.TIF
Extension:.TIF
Pages:

Patient name	*NHS number*
HARRIS, Yvette	*Verified* - 6336754146

Patient name	*Date of birth*	*Gender*	*NHS number*	*Other identifier*
HARRIS, Yvette	**23-Aug-1979**	**Female**	*Verified* - **6336754146**	*Local identifier* - **4E1F2E39-842F-4BFF-AAB5-0A61CC76E6D5**

Home Address
16 Wendover Grove, Stoke-On-Trent, Staffordshire, ST2 0BD

Home Phone **07866349028**
Emergency Phone
07982641446

GP Practice

Mansion House Surgery (SS)

Address
Mansion House Surgery, Mansion House, Abbey Street, Stone, Staffordshire, ST15 8YE

Phone
01785815555

GP Practice Code
M83069

Document Created	**12-Nov-2022, 08:36**
Document Owner	**Vocare South 111**
Document Type	**NHS 111 Report**
Authored by	**AmarjitKandola - Doctor, Vocare South 111 (Vocare South 111) on 11-Nov-2022, 21:28**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**11-Nov-2022, 21:15 to 11-Nov-2022, 21:28**
Case Reference	**54D5AD26-BF28-4EE8-9603-E30F865B834A**
Case ID	**2451529**
Encounter Disposition	**To contact a local service within 6 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **16 Wendover Grove, Stoke-On-Trent, Staffordshire, ST2 0BD**
Care Setting Type	
Responsible Party	**Dr JimHeptinstall - Medical Director, Vocare South 111**

Patient's Reported Condition

Case Summary

Disposition:
To contact a local service within 6 hours
Dx06

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem

Patient name	*NHS number*
HARRIS, Yvette	*Verified* - 6336754146

Pain started in the chest, upper back or upper abdomen in last 24 hours
New aching pain in the shoulder
Pleuritic pain with deep breathing
Clotting risk, childbirth or pregnancy in the last 6 weeks

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was blood loss.
Heavy bleeding had not occurred in the previous 2 hours.
User Comments: bleeding after delivery
An illness or health problem was the main problem.
User Comments: pain in shoulder going to neck , breathing is painful
The individual was not fighting for breath.
Chest/upper back pain was the main reason for the assessment.
There was no previous diagnosis of a heart disease.
There was pain at the time of the assessment.
There had been no previous diagnosis of aortic aneurysm.
There had been no previous diagnosis of Marfan's syndrome.
There had not been a previous diagnosis of a genetic disorder affecting major arteries.
The skin on the torso felt normal, warm or hot.
The pain started in the chest, upper back or upper abdomen in the last 24 hours.
There was no sudden onset pain.
There was new aching pain in the shoulder.
There was no pain spreading from the chest, upper back or upper abdomen.
There was no vomiting or nausea with the pain in the previous 24 hours.
The individual had not been clammy or sweaty with the pain in the previous 24 hours.
Drug or solvent misuse had not occurred in the previous 24 hours.
The individual was able to carry out most or all normal activities.
There was sharp/stabbing pain in the chest/upper back on deep breathing.
There was no possibility of pregnancy.
The individual has been pregnant or given birth within the previous 6 weeks.
The individual had not coughed up blood.
There was no new or worsening breathlessness.
There was no abdominal pain.
There were no palpitations at the time of the assessment.
There was no new shoulder tip pain.
The arm had not suddenly become cold, pale, blue or grey.
There was no new leg pain or swelling.
There was no sudden onset of pain and swelling of the entire arm.
There was no previous history of diabetes.
There was no new or worsening confusion.
There was no fever at the time of assessment or within the previous 12 hours.
Instructions given were: The individual needs to contact a local service within 6 hours.
Directory of Services referral: GP OOH - Vocare - North Staffordshire and Stoke

Advice given:
Before you go, I will just check whether I need to give you any further instructions or advice.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.

Adastra Assessment

History:IUC Tel triage- 07982 641446. NO answer. VM message left

History:spine checked / no alternative numbers available
failed contact good sam message sent
Questions:
Is the call relating to one of the following:: General Notes

Patient name	*NHS number*
HARRIS, Yvette	*Verified* - 6336754146

Is the call relating to one of the following:: General Notes

Patient's Reported Condition

pain in shoulder going to neck , painful to breathe.

called 0720-- CALLED –NO REPLY – GONE TO V/MAIL—ADVISED TO RECALL 111 OR SEE OWN GP IN THE MANE
Examination:called 0720-- CALLED –NO REPLY – GONE TO V/MAIL—ADVISED TO RECALL 111 OR SEE OWN GP IN THE MANE
Diagnosis:called 0720-- CALLED –NO REPLY – GONE TO V/MAIL—ADVISED TO RECALL 111 OR SEE OWN GP IN THE MANE
Treatment:called 0720-- CALLED –NO REPLY – GONE TO V/MAIL—ADVISED TO RECALL 111 OR SEE OWN GP IN THE MANE

Document ID	**5C35B30D-041F-4A85-8948-737F5D29E012**	*Version* **1**
Distribution list		
Primary Recipient	**Mansion House Surgery (SS)**	

Attachment
10-Nov-2022 *****
Additional: Attachment
Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
Filename: CB692CAA-27AC-4284-A12D-7FD0DD06DA65_D10_M83069_18075_08d8573c-1105-4eb0-87cc-052a4bfea607.TIF
Extension:.TIF
Pages:

University Hospitals of North Midlands NHS
NHS Trust

Dr. JK Eames
Mansion House Surgery
Abbey Street
Stone
Staffordshire
GB
ST15 8YE

Royal Stoke University Hospital
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG
Tel: 01782 715444

Date: 10/11/2022

Dear Dr. JK Eames

Notification of Inpatient Admission for Your Information

Name:	**Miss Yvette Elizabeth Harris**	Hospital No:	**N97039**
Date of Birth:	**23-Aug-1979**	NHS Number:	**633 675 4146**
Address:	**16 Wendover Grove Stoke-on-Trent ST2 0BD**	Telephone:	**07982641446**
EDD:	**05-Nov-2022**		

We are writing to inform you that the above patient was admitted to hospital at Delivered: 40 + 4 week's pregnancy.

Following her admission, she has commenced the following medication;

If you have any queries please do not hesitate to contact us.

Yours sincerely,

Royal Stoke University Hospital

University Hospitals of North Midlands NHS
NHS Trust

Admission Summary

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Admission Time	**09-Nov-2022 16:00**
Reason for Admission	**IOL**
Location of Admission	**Ward 206**

VTE	**Assessment Time: 10-Nov-2022 11:52** **Risk Status: Intermediate Risk** **Recommended Actions :**

Discharge Time	**10-Nov-2022 15:52**
Discharge Reason	**Well**
Discharge Comments	**1/7 NVD @19:53 P3** **350ml EBL** **Intact** **h/o scoliosis** **Baby F 2550g BF** **NIPE and hearing** **Hypo guidelines complete**

SBAR

Date and Time	Transfer From	Transfer To
09/11/2022 23:09:00	Delivery Suite	Ward 206

INP Reviews

Details	Assessment

VTE

Date/Time	Type	Risk Status	Bleeding Risk
10-Nov-2022 11:52 40 + 5	Postnatal	Intermediate Risk	Number of Contraindicating/Bleeding Risk Factors: 0
09-Nov-2022 22:00 40 + 4	Postnatal	Intermediate Risk	Number of Contraindicating/Bleeding Risk Factors: 0

Fetal Movement Conversations

Date / Time	Information	Movements	Comments
▷ 26-Sep-2022		Movements Discussed: Yes	KC aware

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Fetal Movement Conversations

Date / Time	Information	Movements	Comments
12:56 {34 + 2}		Movements Felt: Yes Recents Changes: : No	Regular pattern of FM
20-Sep-2022 14:22 {33 + 3}		Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No	Kicks count discussed
31-May-2022 14:00 {17 + 3}		Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No	
07-May-2022 18:19 {14 + 0}		Movements Discussed: No	

Attachment
10-Nov-2022 *****
Additional: Attachment
Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
Filename: 5444E291-224B-49CA-8205-891F32C2D1E1_D10_M83069_18075_18a23ef6-f52b-4a3b-8d65-4dfc1c36ff12.TIF
Extension:.TIF
Pages:

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Patient & GP Details			
Name:	**Miss Yvette Elizabeth Harris**	Date of Birth:	**23-Aug-1979**
NHS Number:	**633 675 4146**	Hospital Number:	**N97039**
		Registered GP:	**Dr. JK Eames**
Patient's Address:	**16 Wendover Grove Stoke-on-Trent ST2 0BD**	GP Address:	**Mansion House Surgery Mansion House Surgery Abbey Street Stone Staffordshire GB ST15 8YE**
Patient's Telephone	**07982641446**	Practice Code:	**M83069**
Assigned Midwife:	**LAUREN VAUGHAN**	Team booked under:	**County**

Discharge Details			
Date of Discharge:	**10 November 2022**	Discharge Address:	**16 Wendover Grove Stoke-on-Trent ST2 0BD**
Discharge Clinican/Midwife:	**LAURYN PETTS**		

Clinical Information			
Pregnancy Details			
Gravida (Includes this pregnancy):	**5**	Parity (Includes registerable births from this pregnancy):	**3**
Gestation:	**40 Weeks 4 Days**	EDD:	**05-Nov-2022**
Labour Details			
Labour Onset:	**Induction of Labour**	Induction Reason:	**Maternal Age**
Pain Relief:	**Simple Pain Relief on 09-Nov-2022 18:47 of Entonox**		
Rupture of Membranes Date/Time:	**Successful ARM at 09-Nov-2022 16:05**	Length of Labour (HH:MM):	**00:26**
Number of Babies:	**1**	Outcome:	**Live**
Delivery Date/Time:	**09-Nov-2022 19:53**	Mode of Delivery:	**Spontaneous Vaginal**
Place of Birth:	**Delivery Suite (Royal Stoke)**	Eclampsia:	**No**
Perineum Status:	**Perineum Tear - None**		
Episiotomy Performed:	**No**		
Placenta:	**Placenta Delivery Method: Controlled Cord Traction Placenta Status: Complete**		
Membranes:	**Membranes Status: Complete**		
Total EBL (ml):	**350 ml**		
Postnatal Discharge Details			
Lochia:	**Minimal**		
Perineum Status:	**No Trauma**	Abdominal Wound:	**None**
Urine Passed Within 6	**Yes**	Time of First Urine Void:	**09-Nov-2022 23:00**

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Hours:			
Method of Passing:	**Normal Micturition**	Volume of First Urine Void:	**200**
Micturition Problems:			
Bowels:			
Exercises Discussed:	**Yes**	Contraception Advice Given:	**Yes**
Breast Self-Awareness Discussed:	**Yes**	Smoking at Discharge:	**6 to 10 per Day**
Problems Prior to Discharge:	**None**		
PN Regional Complications:	**No Epidural / Spinal**		
Serology Results Checked:	**Yes**	Serology Results Discussed:	**Yes**
Date of Last Haemoglobin Measurement:	**20-Sep-2022**	Latest Haemoglobin Value (g/L):	**131 gm/l**
MRSA Swab Taken:	**No**	Cervical Smear Test Discussed:	**Yes**
Anti D			
Blood Group:	**O Rh +ve**	Anti D:	**Not Required**
MMR			
Rubella Status:		MMR Vaccination:	**N/A**
Other Information			
Previous VTE / Thrombophilia Risk:	**No Previous VTE**	VTE Risk Score:	**0**
Dalteparin:	**No**		
Hypertension Treatment:			
Pre-Eclampsia Treatment:			
Eclampsia Treatment:			
Blood Products:	**Not Offered**		
Pre-Pregnancy Diabetes:	**No**	Gestational Diabetes:	**No**
Birth Discussion:			
Emotional / Psychological State:	**Appears Normal**	Support at Home Discussed:	**Yes**
Feeding			
Breast Feed / Expressed Breast Milk Attempts:	**Within the First 48 Hours After Birth -**		
First Feeding Method:		Discharge Feeding Method:	
Any Feeding Problems:		Offered Further Support Within 6 Hours:	
Position and Attach Properly:		Shown How To Express:	
Documented for Feeding on Demand:		Informed of Breast Feeding Support:	
Given Breast Feeding Support Details:		Postnatal Feeding Checklist Completed:	

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Discharge Details by Medical Staff	
Other Information:	**1/7 NVD @19:53 P3** **350ml EBL** **Intact** **h/o scoliosis** **Baby F 2550g BF** **NIPE and hearing** **Hypo guidelines complete**

Discharge Medications (TTOs)	
Detail:	**Anticoagulants**

Discharge Follow Up			
Pattern of Postnatal Visits Explained:	**Yes**	Contact Numbers Given:	**Yes**
6-8 Week Postnatal Exam Discussed:	**Yes**		
Out-Patient Appointment Required:	**Yes**	Out-Patient Appointment Arranged:	**No**
Urology Referral Required:	**No**	Faecal Incontinence Referral Required:	**No**
Postnatal Appointments Required:	**Postnatal Check Up**		

Attachment
08-Nov-2022 *****
Additional: Attachment
Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
Filename: 749703E9-43B3-4A09-B47B-686CEE8F8937_D10_M83069_18075_6b4ddd18-3410-428f-b1fb-9d7d1043cbb8.TIF
Extension:.TIF
Pages:

University Hospitals of North Midlands NHS
NHS Trust

Dr. JK Eames
Mansion House Surgery
Abbey Street
Stone
Staffordshire
GB
ST15 8YE

Royal Stoke University Hospital
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG
Tel: 01782 715444

Date: 08/11/2022

Dear Dr. JK Eames

Notification of Inpatient Admission for Your Information

Name:	**Miss Yvette Elizabeth Harris**	Hospital No:	**N97039**
Date of Birth:	**23-Aug-1979**	NHS Number:	**633 675 4146**
Address:	**16 Wendover Grove Stoke-on-Trent ST2 0BD**	Telephone:	**07982641446**
EDD:	**05-Nov-2022**		

We are writing to inform you that the above patient was admitted to hospital at 40 + 3 week's pregnancy.

Following her admission, she has commenced the following medication;

If you have any queries please do not hesitate to contact us.

Yours sincerely,

Royal Stoke University Hospital

University Hospitals of North Midlands NHS
NHS Trust

Admission Summary

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Admission Time	**08-Nov-2022 12:50**
Reason for Admission	**Other**
Location of Admission	**MBC**
Admission Comments	**maternal age 43yrs**

Discharge Time	**08-Nov-2022 14:10**
Discharge Reason	**Well**
Discharge Comments	**Came into MBC for IOL for maternal age 43- Was 2cms dilated-Easily ARMABLE - Home to await CDS for ARM**

SBAR

Date and Time	Transfer From	Transfer To

INP Reviews

Details	Assessment

VTE

Date/Time	Type	Risk Status	Bleeding Risk

Fetal Movement Conversations

Date / Time	Information	Movements	Comme		
▷ 08-Nov-2022 13:19 {40 + 3} - Hospital Stay	Leaflet: No Online Resources: No Discussed: Yes	Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No			
▷ 26-Sep-2022 12:56 {34 + 2}		Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No	KC aware Regular pattern of		

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Fetal Movement Conversations

Date / Time	Information	Movements	Comme		
▷			FM		
▷ 20-Sep-2022 14:22 {33 + 3}		Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No	Kicks count discussed		
▷ 31-May-2022 14:00 {17 + 3}		Movements Discussed: Yes Movements Felt: Yes Recents Changes: : No			
▷ 07-May-2022 18:19 {14 + 0}		Movements Discussed: No			

Fetal Heart Rate

Date / Time	Fetal Heart Rate (bpm)		
▷ 08-Nov-2022 13:45 40 + 3	130		

Attachment
05-Nov-2022 *****
Additional: Attachment
Discharge Summary/Report .Royal Stoke University Hospital Obstetrics
Filename: 7C3CB755-B25A-4B0C-881B-C854550640C1_D10_M83069_18075_ae792ced-3dbf-418e-bc5a-fde50a320e35.TIF
Extension:.TIF
Pages:

University Hospitals of North Midlands NHS
NHS Trust

Dr. JK Eames
Mansion House Surgery
Abbey Street
Stone
Staffordshire
GB
ST15 8YE

Royal Stoke University Hospital
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG
Tel: 01782 715444

Date: 06/11/2022

Dear Dr. JK Eames

Notification of Inpatient Admission for Your Information

Name:	**Miss Yvette Elizabeth Harris**	Hospital No:	**N97039**
Date of Birth:	**23-Aug-1979**	NHS Number:	**633 675 4146**
Address:	**16 Wendover Grove Stoke-on-Trent ST2 0BD**	Telephone:	**07982641446**
EDD:	**05-Nov-2022**		

We are writing to inform you that the above patient was admitted to hospital at 40 + 0 week's pregnancy.

Following her admission, she has commenced the following medication;

If you have any queries please do not hesitate to contact us.

Yours sincerely,

Royal Stoke University Hospital

University Hospitals of North Midlands NHS
NHS Trust

Admission Summary

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Admission Time	**05-Nov-2022 15:02**
Reason for Admission	**Sweep**
Location of Admission	**MAU**

Discharge Time	**05-Nov-2022 15:35**
Discharge Reason	**Well**
Discharge Comments	**Discharged home** **Safety netting given** **Has contatc numbers if any concerns**

SBAR

Date and Time	Transfer From	Transfer To

INP Reviews

Details	Assessment

VTE

Date/Time	Type	Risk Status	Bleeding Risk

Fetal Movement Conversations

Date / Time	Information	Movements
▷ 05-Nov-2022 15:20 {40 + 0} - Hospital Stay	Leaflet: Already Given Online Resources: Already Provided Discussed: Already Discussed	Movements Discuss Movements Felt: Ye Recents Changes: : I
▷ 26-Sep-2022 12:56 {34 + 2}		Movements Discuss Movements Felt: Ye Recents Changes: : I
▷ 20-Sep-2022 14:22 {33 + 3}		Movements Discuss Movements Felt: Ye Recents Changes: : I
▷ 31-May-2022 14:00 {17 + 3}		Movements Discuss Movements Felt: Ye Recents Changes: : I
▷ 07-May-2022 18:19		Movements Discuss

University Hospitals of North Midlands NHS
NHS Trust

Yvette Harris N97039 633 675 4146 DOB: 23/08/1979

Fetal Movement Conversations

Date / Time	Information	Movements		
▷ (14 + 0)				

Fetal Heart Rate

Date / Time	Fetal Heart Rate (bpm)		
▷ 05-Nov-2022 15:20 40 + 0	136		

Cervical smear - 1st recall
13-May-2022 *****
Additional: Cervical smear - 1st recall
1st Recall Smear Invitation letter
Filename: 9379BF43-CE85-4F7A-86E5-5FFEEB3F7F41_1st Recall Smear Invitation letter.rtf
Extension:.tif
Pages:

MANSION HOUSE SURGERY
Abbey Street, Stone, Staffordshire, ST15 8YE
01785815555

Your NHS Number: 633 675 4146

13 May 2022
Miss Y Harris
3 Coppice Gardens
Stone
Staffs
ST15 8BL

Dear Miss Harris,

According to our records you are due to attend for a cervical smear.

It is important for you to have a smear as it checks that the cervix (neck of the womb) is healthy. It is simple and takes very little time but has proved reliable in detecting cell changes.

Please contact the surgery during normal hours to make an appointment with the practice nurse. Evening and Saturday appointments are also available for your convenience.

If you think that you should not have a smear, please contact us and let us know the reason for this, so that we can update our systems.

Thank you for your co-operation.

Yours sincerely

Print name:

MANSION HOUSE SURGERY

NHS

Cervical smear - 3rd recall
13-May-2022 *****
Additional: Cervical smear - 3rd recall
Imported item.

Mansion House Surgery
Abbey Street, Stone, Staffordshire ST15 8YE
Telephone (01785) 815555
Email: mansion.house@nhs.net

13 May 2022

Miss Yvette Harris
3 Coppice Gardens
Stone
Staffs
ST15 8BL

Dear Miss Harris

According to our records you have recently been contacted on two occasions by the Health Authority as you are overdue for your smear test. Please telephone the surgery to arrange an appointment with the Practice Nurse or Doctor at your earliest convenience in order that we may continue to assist with your further cervical cancer screening.

If you **do not wish** to be invited for any future cervical smears for which you are eligible as part of the NHS Cervical Screening Programme, please complete the attached form and return to us as soon as possible so that we can upload it to the CSAS website. This is now mandatory and without this you will continue to receive an invitation for screening. Women aged 24 ½ -64 are invited for cervical screening examinations every three to five years. Cervical cancer can be detected at an early stage.

If you would like more information please see https://www.gov.uk/government/publications/cervical-screening-description-in-brief and read the 'NHS Cervical Screening Helping you Decide' leaflet before making your decision. If you cannot access this please ask at the surgery for a copy.

We would be pleased to restore your name to the list at any time should you wish, and you may also be screened at any time on request by contacting us directly. We are contractually obliged to contact you again in five years' time.

Please note that we no longer offer a stop smoking service here at the surgery. If you do smoke and are now ready to go smoke free, you could benefit from advice and guidance on healthy lifestyles visiting www.nhs.uk/better-health/quit-smoking/

Thanking you in anticipation.

Dr Jonathan Ballinger MBBS MRCGP (partner)
Dr Souvik Chakraborty MBChB , MRCP(UK) , MRCGP (partner) **Dr Simon Ceresa** MBChB MRCGP DGM (partner)

Dr Janet Eames MBBS DRCOG DFSRH MRCGP
Dr Sarah Havelock MBChB (hons) MRCGP DCH **Dr Tom Leggett** MBChB MRCGP BSc

Mansion House Surgery
Abbey Street, Stone, Staffordshire ST15 8YE
Telephone (01785) 815555
Email: mansion.house@nhs.net

Yours sincerely,
Practice Nurse
Enc: **Informed consent for withdrawal from the Cervical Screening Programme Form**

Dr Jonathan Ballinger MBBS MRCGP (partner)
Dr Souvik Chakraborty MBChB , MRCP(UK) , MRCGP (partner) **Dr Simon Ceresa** MBChB MRCGP DGM (partner)

Dr Janet Eames MBBS DRCOG DFSRH MRCGP
Dr Sarah Havelock MBChB (hons) MRCGP DCH **Dr Tom Leggett** MBChB MRCGP BSc

Attachment
06-May-2022 *****
Additional: Attachment
Clinical Letter .Royal Stoke University Hospital Maternity
Filename: 822B6A7F-8085-49CD-B4A8-EF84F6AF52E7_D10_M83069_18075_a0f2b6a8-e364-4ded-b11d-00b126536b80.TIF
Extension:.TIF
Pages:

University Hospitals of North Midlands NHS

NHS Trust

Children's, Women's and diagnostics
Maternity Centre
Royal stoke university hospital
Newcastle Road
Stoke on Trent
ST4 6QG
Tel: 01782 672135

RECEIVED
10 MAY 2022
BY:

Re: Yvette Harris
16 Woodcote Grove
Stoke on Trent
ST2 0BD

Date 06 05 2022

Dear Dr Gomes

The above named patient has recently had antenatal screening and has been found to have an increased chance result. (See enclosed report)

The patient will be contacted by the antenatal screening department and offered an appointment to discuss the results and options available.

I enclose a copy of the results for your information only

Yours sincerely

Antenatal Screening Midwife

Ante-Natal Screening Laboratory

NHS Bolton NHS Foundation Trust

PATIENT REPORT

NHS Number:	6336754146	**Ethnicity:**	Other
CHI Number:		**Address:**	16 WENDOVER GROVE
Name:	HARRIS YVETTE		STOKE ON TRENT
DOB:	23/08/1979		
Hospital Number:	N97039	**Post Code:**	ST2 0BD

REQUESTOR

Address: **Screening midwives,Antenatal Clinic,**
Royal Stoke University,
Newcastle Road
Stoke-on-Trent
ST4 6QG

PREGNANCY DETAILS

Mat Age at EDD: 43 years 2 months

Smoking: None
Fetuses: 1
EDD: 05/11/2022

SPECIMEN DETAILS

Barcode: **22T113312P**
Sample Collected: 27/04/2022
Maternal Weight: 67 kg
Date Received: 29/04/2022
Gestational Age at Collection Date: 12 Weeks 4 Days
Gestation at Scan date: 12 Weeks 4 days
Scan Date: 27/04/2022
CRL: 60.9 mm
HC:

Specimen tests:

Test	Concentration	Unit	Median	MoM	Corr. MoM
hCGb	34.07	U/L	39.1	0.87	0.84
NT	1.3	mm			
PAPP-A	920.18	mU/L	2315.47	0.4	0.34

CHANCES

Down's syndrome

Chance rating: HIGHER
Age chance: 1 in 54
Down's chance at term: **1 in 110**
Cutoff: **1 in 150**

Combined Edwards' and Patau's

Chance rating: **LOWER**
Age chance: 1 in 370
T18/T13 chance at term: **1 in 560**
Cutoff: **1 in 150**

* For information only *

Tel (01204) 390424
Please note: This Interpretation assumes that patient and specimen details are accurate
UKAS Accredited

04/05/2022

Attachment
28-Mar-2022 *****
Additional: Attachment
Clinical Letter .Royal Stoke University Hospital Gynaecology MR 12878014
Filename: E18531A1-A831-4051-9125-601CEEFCC496_D10_M83069_18075_767ac0b8-af1d-41bf-a7cf-77252a450265.TIF
Extension:.TIF
Pages:

Our Ref: SLS/ss/N97039

Date of Clinic: 28/03/2022
Date Typed: 28/03/2022

University Hospitals of North Midlands NHS
NHS Trust

Royal Stoke University Hospital
Newcastle Road
Stoke-On-Trent
ST4 6QG
Tel: 01782 715444

Secretary: 01782 672110

Department of Gynaecology
Department of Gynaecology.
EPU

Dr JK Eames
Mansion House Surgery
Abbey Street
Stone
Staffordshire
ST15 8YE

Dear Dr Eames

Yvette HARRIS
3 Coppice Gardens
ST15 8BL

D.O.B. 23/08/1979
Hospital No. N97039
NHS No. 633 675 4146

This lady attended epu today for assessment. Uss today shows viable iup 7+5/40. Scan photo and report provided. Yvette has been provided with antenatal care advice and discharged from epu.

Yours sincerely

S.Sherratt
Staff Nurse

01 of 01_Lloyd_George_Record_yvette harris_6336754146_23-08-1979.pdf
28-Sept-2021
Additional:01 of 01_Lloyd_George_Record_yvette harris_6336754146_23-08-1979.pdf
01 of 01_Lloyd_George_Record_yvette harris_6336754146_23-08-1979.pdf

Filename: 58D62BD3-90B0-8293-BACD-F7909D9FC226_01 of 01_Lloyd_George_Record_yvette harris_6336754146_23-08-1979.pdf
Extension:.tif
Pages:

FEMALE

2/05

Surname 18075

Forenames

HARRIS

HARRIS
YVETTE E
DOB:23/08/1979 633 675 4146
26A Lichfield Street QEJ
Stone 02/02/2000
07939 954455
ST15 8NB RPP SEX (F)
P/ 2780 1A Taylor
GP: DR JP BALLINGER 3874

44 GREEN CLOSE
WALTON. STONE
Tel No. ST15 OJG

07779 6422375.
17 Redwell Road
Stone ST15 8B4
Tel No. 815878

3 Coppice Gardens
Stone.
Tel No. 07862136996

(Note changes and insert year of change)

Occupations	Ye

EHN01269627

FORENAMES SURNAME

Date of Death .... 19 ....
Cause of Death ....
Doctor's Signature ....

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

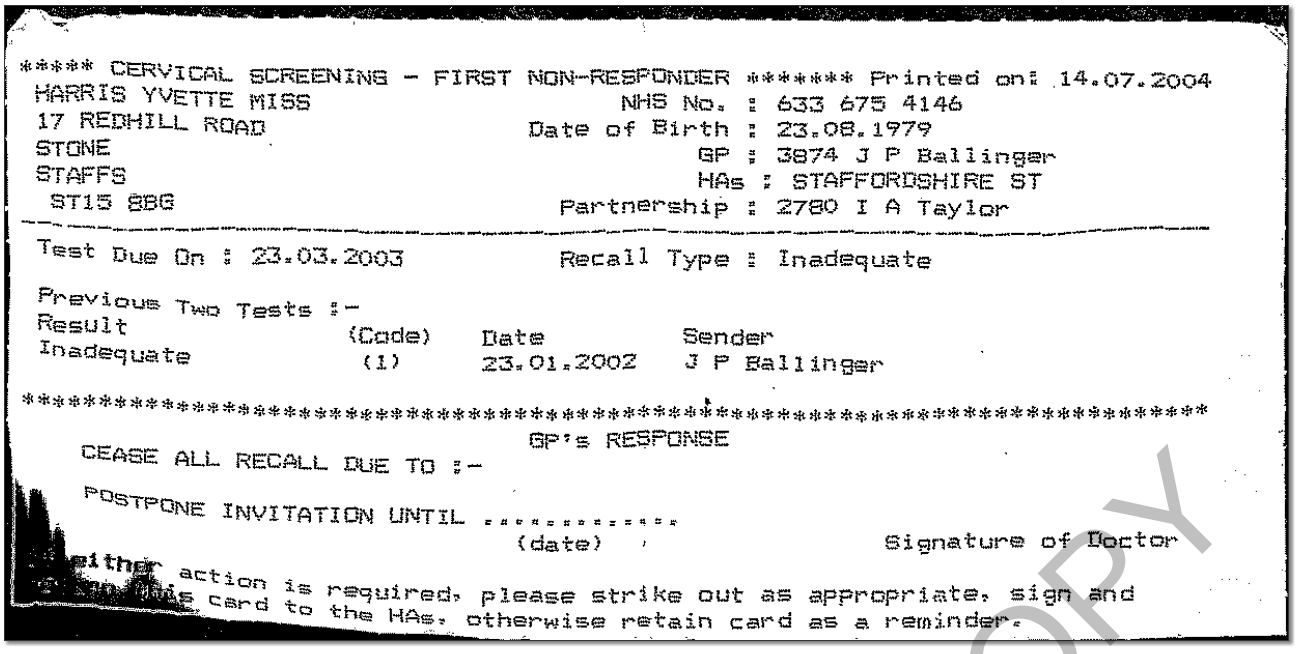
Date	*	CLINICAL NOTES
23.02		Smear GP.

FORENAMES

SURNAME

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

FORM FP6B
Dd:D0012197 C29220 12/98 47906



***** CERVICAL SCREENING - FIRST NON-RESPONDER ******* Printed on: 14.07.2004

HARRIS YVETTE MISS
17 REDHILL ROAD
STONE
STAFFS
ST15 8BG

NHS No. : 633 675 4146
Date of Birth : 23.08.1979
GP : 3874 J P Ballinger
HAs : STAFFORDSHIRE ST
Partnership : 2780 I A Taylor

Test Due On : 23.03.2003 Recall Type : Inadequate

Previous Two Tests :-

Result	(Code)	Date	Sender
Inadequate	(1)	23.01.2002	J P Ballinger

****

GP's RESPONSE

CEASE ALL RECALL DUE TO :-

POSTPONE INVITATION UNTIL .....
(date)

Signature of Doctor

Either action is required, please strike out as appropriate, sign and return this card to the HAs, otherwise retain card as a reminder.

FEMALE SUMMARY OF TREATMENT CARD

Surname	Forename(s)
HARRIS	Yvette

Address: 42 Kingsland Road, Alton Lodge Park, Stone ST15 8FB

N.H.S. Number	Date of Birth
	23.8.79

DATE	CLINICAL NOTES
26.9.79	Oesophageal reflux.
8.7.86	Crush injury (L) middle finger
9.11.95	Anxiety / Panic attacks
26.3.96	" " "
26.4.00	Notes Summary on computer
26.7.04	PV bleeding Ovarian cyst 21x22x23mm

Produced in UK by The Stationery Office Ltd, D0006563, 6/98, 36625

FP9B

DATE	CLINICAL NOTES

FEMALE Surname: Harris | Forenames: Yvette

Address

National Health Service Number | Date of Birth: 23/08/79

Date	☆	CLINICAL NOTES
28/6/04	A	(1) Still waiting for physio for back.
		Med 3 "low back pain" 8/52
		for backache [illegible] STT qds (100)
		(2) LMP 7/52 ago. X3 +ve preg
		tests. [illegible]
		Wants TOP.
		→ [illegible] will book c other Dr
		for referral. Happy to rebook
		rather than see same [illegible]
9/7/04	A	→ LMP. 7-8/40
		G2P1 — No TOP
		→ wants TOP. Form completed.
17.8.05		Mr Katturia SG - orthopaedic appt [illegible]
5.7.04	A	

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

Printed for The Astron Group J200099 01/04 FORM FP8

FEMALE	Surname	Forenames
	HARRIS	YVETTE.

Address

National Health Service Number

Date of Birth 23.8.79.

Date	★	CLINICAL NOTES
30.12.03	A	See comp entry [illegible]
7/1/04	A	Back pain still - [illegible] to (L) leg. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] SLR full [illegible] [illegible] [illegible] [illegible] [illegible] co-[illegible] 30/500
8.1.04		[illegible] Mr Kattaria Sch for orthopaedic appt 1/47
14.1.04	A	See comp entry [illegible]
14.1.04	A	Baby blues. No sleep. Difficulty coping. [illegible] → HV.
26/1/04	A	Med 3 Backpain 8 wks [illegible]
8/2/05	A	Wants reg [illegible] back pain seeing specialist Mid [illegible] hosp [illegible] [illegible] ATT 1/12

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

[illegible signature]

Printed for The Astron Group J193375 09/03

FORM FP8

Date	★	CLINICAL NOTES
		[illegible]
		→ G/P1
		→ [illegible] settled + [illegible].
		bottle fed.
		Condoms ? implanon.
		see J.S.
		BP = 109/80.
		smokes 10/ds going to smoking clinic
		next week.
		→ [illegible]
		→ [illegible] clinic in 1 month.
		→ 0.
		Rubella imm.
		[illegible] radise given.
16.3.04		DNA
22.3.04	A	[illegible]
		[illegible]
		[illegible]
[illegible]		[illegible]
6/5/04	T	Back no settle
		[illegible]
		[illegible] 5/5/04 [illegible]
		[illegible] Back pain [illegible]
17/5/04		[illegible] 5/5/04 [illegible]

★ This column has been provided for doctors to enter A.V. or Q at their discretion.

THIS RECORD IS THE PROPERTY OF THE NHS

FEMALE Surname Harris Forenames Yvette

Address 17 Radhill Rd

National Health Service Number Date of Birth

Date	★	CLINICAL NOTES
		Dr Kimber
3/5/03	V	c/o chest pain, difficulty breathing
		11/40 smokes 15/day
		Primip.
		? exclude PE
		→ MAU city.
		[signature]
8.5.03		Lt Miss Powell SDGH/antenatal app VRK
12/8/03	A	at of Hosp. [illegible]
		[illegible]
		[illegible]
		co-codamol [illegible]
		[illegible]
		[illegible]

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

10-6-03 [illegible] more Co-Codamol

Printed by THE ASTRON GROUP, 1/02, J0165728 FORM FP8

Date	★	CLINICAL NOTES
13/8/03	A	BP 104/61 P85
27/	40	Smoker – 5 CPD.
		Alcohol – nil.
		* Aware of potential SE on foetus c̄ Co-codamol.
		– Med 3 for 2/12
18/8/03		Hb 11·2 ↓
		WCC 14·6 ↑
		plts 407 ↑
16.9.03		DNA [illegible] checked
9.10.03	A	C 8/52 [illegible]
		Spots [illegible]
		Dahlacort cream.
14.10.03	32	[illegible]
		RBC + Antibodies
		See 4/52 [illegible]
28.10.03		DNA will arrange to see at home
27.11.03	A	See comp entry
5.12.03	C	Med 3 8/52 from 3.12.03
11.12.03	V	See comp entry
15.12.03		DNA

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

THIS RECORD IS THE PROPERTY OF THE HEALTH AUTHORITY