

NHS Confidential: Personal data about a patient

355 2031

Form GP IC. (Scotland) (Rev)

INTIMATION TO HEALTH BOARD OF CHANGE OF PATIENT'S NAME AND/OR ADDRESS		Patient on list of Dr	
PARTICULARS SHOWN ON MEDICAL CARD	SURNAME (Block Letters) McAish / Ward	Mr Mrs Miss	National Health Service No.
	CHRISTIAN NAMES (Block Letters) WENDY	Date of Birth Day Month Year 25 5 87	
	ADDRESS (Block Letters) 126 LIBERTON ST G33 2HJ		
NEW NAME (Block Letters)			
NEW ADDRESS (Block Letters)			
Enter "D" here if supplying Drugs		Enter Distance here if claiming Mileage	For Office Use

McLeish Wendy

CHI: 2505876061

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 01/11/2019

Consultant: Dr Phil Anderson

AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear AL McGinley

Re: **McLeish Wendy**
126 LIBERTON ST
Glasgow G33 2HJ

DOB: **25/05/1987**

CHI: **2505876061**

Attended on: **01/11/2019 at 09:31 hrs.**

Departed on: **01/11/2019 at 13:30 hrs.**

Discharge Type: **02 - Admitted**

Destination: **Admission to this Hospital**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
assault

Nursing Assessment:
**assaulted this am. haematoma evident to (R) sided of ear. also (R) ear bitten. has been taking valium.
BM 3.8 with sas - given glucagon. NEWS 3**

Investigations in ED:

**1. Needlestick/ blood
exposure recipient - Storage
ONLY**

McLeish Wendy

CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Superficial injury of scalp		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

GP TO BE AWARE Assaulted by partner - hit on head with bottle and bitten on right ear. GCS 15 with no focal neurology. Ear wound closed by plastics in the dept. Follow up arranged 7/7 & oral co-amox & top chloramphenicol. Admitted to ward 46 for neuro obs post head injury. 2 year old daughter in house at time. Police ran checks on aunt and child currently with Aunt - Sharon Ward. Social work contacted and notification of concern completed. Police also informed SW. Police plan to arrest Wendy when medically fit for discharge and social work will follow up plans with daughter Khara Wood 24/2/17.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Caitlin Irvine
Doctor

Copies to:

1. AL McGinley (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5819568	Receive Date:	15-Sep-2019 10:58
Patient's Name:	Wendy Mcleish		
Date of birth:	25-May-1987 (32 years)	Gender:	F
Address:	6 Carntyne Grove Glasgow G32 6LZ	Current Address:	6 Carntyne Grove Glasgow G32 6LZ
Return Contact No:			
Tel No:	07938 803174		07938 803174
Mobile No:			
Priority:	Pr No Action Reqd	Call Origin:	No Action Required By Co-op
Received:	15-Sep-2019 10:58	Calltype:	
Advised:	11:02	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Anne McGinley
CHI Number: 2505876061			

NHSD details:

Receptionist:
WORSENING: PAIN - RIGHT INDEX FINGER - TODAY
NOA8 Pt advised to contact practice within 36 Hrs - Info Only
Clinical summary created by: Patricia Sheils (Usc Call Taker) () [15/09/2019 11:02:15] Reason for call: **WORSENING: PAIN - RIGHT INDEX FINGER - TODAY BROKE UP A FIGHT 8 DAYS AGO & SOMEONE BIT FINGER. MIDDLE OF FINGER - RED, SWOLLEN & LOOKS CRUSTY. APPLYING SUDOCREAM - NIL EFFECT. HAD PARACETAMOL 1HR AGO** Confirmed Symptom(s): **Injury over 48 hours ago Injury to finger 15:09:2019 11:01:23 SHEILSP.. D/W GORDON EDWARDS, SCN - CONTACT PRACTICE NURSE TOMORROW AT GP SURGERY - CLOSE CALL AS CONTACT GP WITHIN 36HRS.. WORSENING GIVEN.. Outcome: Pt advised to contact practice within 36 Hrs - Info Only**

Followups:

None

McLeish Wendy

CHI: 2505876061

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 02/09/2019

Consultant: Dr Richard Stevenson

AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear AL McGinley

Re: **McLeish Wendy**
6 CARNTYNE GROVE
Glasgow G32 6LZ

DOB: **25/05/1987**

CHI: **2505876061**

Attended on: **16/08/2019 at 11:09 hrs.**

Departed on: **16/08/2019 at 15:03 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
appears to be intoxicated

Nursing Assessment:

BIBA, NEWS 3. Domestic incident this morning with partner. Partner locked pt and 2 year old daughter and friend in the house and left with the keys. Pt states she fell out of ground floor window when climbing out. Friend advised the child was passed out of the window and was then passed back inside the house. Pt climbed back into the house using a cot side as a ladder. Pt is intoxicated with alcohol and is drowsy with slurred speech. SAS state there were knives and joints lying around the house and the home was unsuitable for a child. Friend left and the pt contacted her sister in law Sharon Ward to collect the child, who collected keys before collecting pts daughter. Pt sustained left arm injury and has bruising to right hand and forearm. Denies any other injury. Low risk CPE

Investigations in ED: **None**

McLeish Wendy

CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Acute Alcohol intoxication		
Alcohol Dependence		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Presented intoxicated no other concerns; due to concerns for child under care of Wendy police were contacted and social work referral made.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Richard Stevenson
Consultant

Copies to:

1. AL McGinley (GP)

School Address:

GP Links Microbiology Report	
Patient Details	
Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Address	6 Carnlyne Grove Carnlyne Glasgow G32 6LZ
Specimen Details	
Specimen Number	M,19.1051142.P
Specimen Type	Mid Stream Urine
Date/Time Collected	20.06.19 / 15:34
Date/Time Received	20.06.19 / 18:35
Requested By	Dr Kathryn Roberts
GP Practice	46471
Date/Time Reported	21.06.19 / 13:07
Results	

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Kathryn Roberts Order No:IS10505385
LOCATION: Lochend Surg P4 Easterhse

RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 21.06.2019 13:04
** END OF REPORT **

Dr. Anne McGinley MBChB, MRCGP, MSc Sports Med
Dr. Emma Sheppard MBBS, MRCGP, DRCOG, DFFP
Dr. Kathryn Roberts MBChB, MRCGP

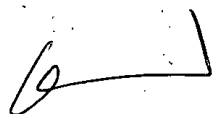
LOCHEND SURGERY,
Easterhouse Health Centre
9 Auchinlea Road
Glasgow, G34 9HQ
☎ 0141-531 8150
fax: 0141 531 8158

to Wendy McLeish

Dear Wendy

Please make an appointment to review your medication soon

Dr E Sheppard



NHS Confidential: Personal data about a patient

File Status	Not Filed.	Tasks	No Tasks.
Assigned User	Dr Anne McGinley	Filed By User	Not Filed
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2505876061
Name	MCLEISH, WENDY
Date Of Birth	25/ 05/ 1987
GMC Code of Registered GP	3341180
Practice Code	G46471

Smear Taker	Alison King
Reporting Location	NHSGGC

SCCRS ID	1473861826
Laboratory ID	18G4055857
Smear Taken Date	17/ 07/ 2018 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 3 years
Recall Date	17/ 07/ 2021

NHS Confidential: Personal data about a patient

✓ 355 2031

Form GP 1C. (Scotland) (Rev)

INTIMATION TO HEALTH BOARD OF CHANGE OF PATIENT'S NAME AND/OR ADDRESS		Patient on list of	
PARTICULARS SHOWN ON MEDICAL CARD	SURNAME (Block Letters)	Mr Mrs Miss	National Health Service No.
	CHRISTIAN NAMES (Block Letters)	Day	Date of Birth Month Year
	ADDRESS (Block Letters)		
	NEW NAME (Block Letters)		
	NEW ADDRESS (Block Letters)		
Enter "D" here if supplying Drugs		Enter Distance here if claiming Mileage	For Office Use

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T.O.

Glasgow City
HSOP

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Leverdale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhs.gov.uk

Perinatal Mental Health Service
0141 211 6504

Our ref: RC/HK/
Your ref:

Date dictated: 10 May 2017
Date typed: 13 May 2017

Dr Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34

Dear Dr Wilson

Re: Wendy McLeish – Chi: 2505876061
Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ

I reviewed Wendy when she attended accompanied by her new baby daughter Khara (born 24 February 2017) at our Easterhouse Clinic on 5 May 2017. Overall she reports a stabilisation in her mood and her anxiety symptoms and says that these are less troubling since her daughter has been born. She continues on mirtazepine 45mgs at night and propranolol 10mgs up to once daily. Her main complaint today was of continuing tremor. This was evident when she held her hands out and I understand has previously been diagnosed as benign essential tremor. She was asking for other medication as she feels that propranolol in higher doses has not helped in the past.

In other respects there was evidence of reactivity of mood and her baby was alert and well cared for, and she interacted well with her.

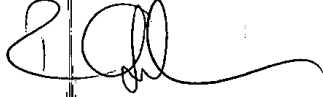
From the point of view from her anxiety and low mood I felt that things were relatively stable at present. I advised her that she should continue on her mirtazepine 45mgs at night for a period of probably a year to 18 months, given the recurrent nature of her difficulties, and she could consider a reduction and discontinuation under your supervision at that stage. I did not feel there was a need to bring her back to our clinic.

She remains very keen to get additional help for her tremor and I suggested that she have a further discussion with you regarding whether there might be other specific treatments or neurological advice that could be sought.

NHS
Greater Glasgow
and Clyde



Yours sincerely



Dr Roch Cantwell
Consultant Psychiatrist

Cc: Health Visitor
Lorraine Docherty, CPN, PMHS

If phoning, please call advice line between 9.30am and 12.30pm (Mon, Tues, Thurs, Fri).

Telephone 0141 211 6500 Fax 0141 2116523

Email: perinatalmentalhealth.servicereferrals@ggc.scot.nhs.uk

GP Links Microbiology Report	
Patient Details	
Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Address	0/1 51 COXTON PLACE GARTHAMLOCK GLASGOW LANARKSH G33 5EJ
Specimen Details	
Specimen Number	M,17.1507631.R
Specimen Type	Wound Swab
Date/Time Collected	24.03.17 / 13:46
Date/Time Received	24.03.17 / 18:36
Requested By	Dr Emma Sheppard
GP Practice	46471
Date/Time Reported	29.03.17 / 16:38
Results	

Report issued by Microbiology, Glasgow North Sector
* FINAL REPORT *

Specimen: Wound Swab
Abdomen

Culture yields :

a) Staphylococcus aureus	Growth
b)	Heavy
c)	
d)	
e)	
f)	

Antibiotics	a)	b)	c)	d)	e)	f)
Clarithromycin		S				
Flucloxacillin		S				

Tests included in UKAS Accreditation (8078) Scope.

McLeish Wendy

CHI: 2505876061

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. AL McGinley
Dr McGinley & Dr Sheppard
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Princess Royal Maternity
16 Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 5400
Date of Completion: 26/02/2017

Dear Dr AL McGinley,

Name	CHI	DoB	Address
Wendy McLeish	2505876061	25/05/1987	0/1 51 COXTON PLACE Glasgow G33 5EJ

Admitted	Type	Discharged	Destination
24/02/2017 07:24	In Patient	26/02/2017	

Specialty	Consultant	Ward	Telephone
Obstetrics	Dr Elizabeth Ellis	PRM (MAT) Ward 72 - Obstetrics	

Reason for Admission and Presenting Complaints	Admission Category
	Pregnant but not in Labour (includes threatened abortion)

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
Ms McLeish delivered by EILUSCS on 24/02/17.
EBL 400ml
Hb 126
Weight 78.5kg
VTE risk moderate - 7 days of clexane
NKDA
Note: Mrs McLeish was previously on propranolol 80mg daily. This was reduced to 10mg daily during pregnancy. Since she is now post-partum I have titrated her dose up to 20mg at time of discharge. I would appreciate if you would be able to review this in due course and perhaps titrate up again towards 80mg daily.
Kind regards

Emma Donoghue
FY2 OBGYN #12037

McLeish Wendy

CHI: 2505876061

IDL 26/02/2017 v1

Treatments: None recorded.**Follow-up arranged:** postnatal**Planned Outpatient Investigations:** nil**Final Discharge letter to follow:** y**Medication Info:****Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Diclofenac Sodium E/C Tablets	Oral	50	mg	THREE Times a Day	No duration defined	
Enoxaparin Syringe Injection	Injected	40	mg	ONCE a Day	7 Days	s/c inj. add 1 sharps box
Ferrous Sulphate Tablets	Oral	200	mg	THREE Times a Day	No duration defined	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	

Medication Comment: scrn JG**Discontinued Medication:**

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Emma Donoghue
Doctor

Prescription Review

Medications Reviewed by Pharmacist: Erin Flynn, Pharmacist
Dispensed Medications Checked by Pharmacy: Lorna Rankine, Pharmacist
Nurse discharging patient: Laura McKean, Midwife



Immediate Discharge Letter

Page 1 of 1

Immediate Discharge Letter The Princess Royal Maternity Unit

Dr Anne Mcginley
 Dr Mcginley & Dr Sheppard
 Easterhouse Health Centre
 9 Auchinlea Road
 Glasgow
 G34 9HQ



The Maternity Unit,
 The Princess Royal Maternity Unit
 16 Alexandra Parade
 Glasgow
 G31 2ER
 26/02/2017

Dear Dr Mcginley

Re :

Mcleish, Wendy
 0/1 51 Coxton Pl, Glasgow, G33 5EJ
 25/05/1987

CHI: 2505876061

This para 0+0 delivered on 24/02/2017 at 15:50. This baby was born at The Princess Royal Maternity Unit.

Labour & Delivery			
Labour onset		Type Of Delivery	4) Elective CS
Induction		Augmentation	
Length 1st Stage (hrs,mins)		Delivery Complications	
Length 2nd Stage (hrs,mins)		Placenta	Complete
Length 3rd Stage (hrs,mins)		Membranes	Complete
3rd stage comments		Tears	No
Pain Relief	Cord traction	Episiotomy	No
Blood Loss (mls)	Spinal	Skin Closure	
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.		CHI Number	2402170484
Outcome	Livebirth	OFC (cm)	33.1
Sex	Girl	Crown Heel (cm)	
Gestation	39+0	Cord	On
Apgars	10(at 5 Mins)	Hips	Normal(Left) Normal(Right)
Birth Weight (grams)	2805	Max Bilirubin	No
Subsequent Weight (grams)		Phototherapy	No
Vitamin K	Intra Muscular on 24/02/2017	Hearing (L, R)	Pass Pass on 25/02/2017
Baby Discharge Comments		Blood Spot PKU	Not done
		Blood Spot CH	Not done
		Blood Spot CF	Not done
		Blood Spot Repeat	
		Feeding on Discharge	Formula only

Post Natal			
Blood Group	A Negative	Discharge date	26/02/2017
Anti D	Given	Discharge Address	0/1 51 coxton place g335ej 07454750438
Date Given	25/02/2017	Drugs on Discharge	analgesia and clexane and iron
Rubella Vaccine	Not Required	Follow Up Appt.	for routine 6/52 p/n check with gp
Date Given		Discharge Comments	
Postnatal Hb Result	Obtained		
Treatment	Oral Iron		
Last Smear		Contraception	Other Obtained From : GP referral

Signature

Date

26/2/17

Consultant Letter Required? Y / N

BABY EXAMINATION - ROUTINE

Baby Mcleish (24/02/2017 15:50) CHI. 2402170484

Birthweight (grams) 2805 Gestation (wks) 39 OFC (cm) 33.1 Age (hrs) 19 Gender Female

MEDICAL

Date 25/02/2017

Head	Normal
Facies	Normal
Eyes	Normal
Ears	Normal
Nose	Normal
Mouth	Normal
Palate	Normal
Neck	Normal
Skin	Normal
Umbilicus	Normal
Heart Sounds	Normal
Murmurs	Normal
Chest Auscultation	Normal
Abdomen	Normal
Spleen	Normal
Liver	Normal
Kidneys	Normal
Anus	Normal

Genitalia	Normal
Spine	Normal
Arms	Normal
Hands	Normal
Legs	Normal
Feet	Normal
Posture & Movement	Normal
Muscle Tone	Normal
Grasp	Normal
Moro	Normal
Cry	Normal

	Left	Right
Red Reflex	Normal	Normal
Femoral Pulses	Normal	Normal
Hips	Normal	Normal

Other Comments and Observations

bottle fed baby pu-bo no concerns

Family history / Risk Factors

Hip : No

Hearing Loss in Childhood : No

Cardiac Disease : No

Follow-up arranged

Dr Anne McGinley

Performed by C Mcara

Designation

Signature



Immediate Discharge Letter

Page 1 of 1

Immediate Discharge Letter The Princess Royal Maternity Unit

Dr Anne McGinley
 Dr McGinley & Dr Sheppard
 Easterhouse Health Centre
 9 Auchinlea Road
 Glasgow
 G34 9HQ



The Maternity Unit,
 The Princess Royal Maternity Unit
 16 Alexandra Parade
 Glasgow
 G31 2ER
 26/02/2017

Dear Dr McGinley

Re:

Mcleish, Wendy
 0/1 51 Coxtan Pl, Glasgow, G33 5EJ
 25/05/1987

CHI: 2505876061

This para 0+0 delivered on 24/02/2017 at 15:50. This baby was born at The Princess Royal Maternity Unit.

Labour & Delivery			
Labour onset		Type Of Delivery	4) Elective CS
Induction		Augmentation	
Length 1st Stage (hrs,mins)		Delivery Complications	
Length 2nd Stage (hrs,mins)		Placenta	Complete
Length 3rd Stage (hrs,mins)		Membranes	Complete
3rd stage comments	Cord traction	Tears	No
Pain Relief	Spinal	Episiotomy	No
Blood Loss (mls)		Skin Closure	
Reasons for Instrumental Delivery			

Infant			
Baby H.P.I.		CHI Number	2402170484
Outcome	Livebirth	OFC (cm)	33.1
Sex	Girl	Crown Heel (cm)	
Gestation	39+0	Cord	On
Apgars	10(at 5 Mins)	Hips	Normal(Left) Normal(Right)
Birth Weight (grams)	2805	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	No
Vitamin K	Intra Muscular on 24/02/2017	Hearing (L, R)	Pass Pass on 25/02/2017
Baby Discharge Comments		Blood Spot PKU	Not done
		Blood Spot CH	Not done
		Blood Spot CF	Not done
		Blood Spot Repeat	
		Feeding on Discharge	Formula only

Post Natal			
Blood Group	A Negative	Discharge date	26/02/2017
Anti D	Given	Discharge Address	0/1 51 coxtan place g335ej 07454750438
Date Given	25/02/2017	Drugs on Discharge	analgesia and clexane and iron
Rubella Vaccine	Not Required	Follow Up Appt.	for routine 6/52 p/n check with gp
Date Given		Discharge Comments	
Postnatal Hb Result	Obtained		
Treatment	Oral Iron		
Last Smear		Contraception	Other Obtained From : GP referral

Signature

Date

26/2/17

Consultant Letter Required? Y / N

BABY EXAMINATION - ROUTINE

Baby Mcleish (24/02/2017 15:50) CHI. 2402170484

Birthweight (grams) 2805 Gestation (wks) 39 OFC (cm) 33.1 Age (hrs) 19 Gender Female

MEDICAL

Date 25/02/2017

Head	Normal
Facies	Normal
Eyes	Normal
Ears	Normal
Nose	Normal
Mouth	Normal
Palate	Normal
Neck	Normal
Skin	Normal
Umbilicus	Normal
Heart Sounds	Normal
Murmurs	Normal
Chest Auscultation	Normal
Abdomen	Normal
Spleen	Normal
Liver	Normal
Kidneys	Normal
Anus	Normal

Genitalia	Normal
Spine	Normal
Arms	Normal
Hands	Normal
Legs	Normal
Feet	Normal
Posture & Movement	Normal
Muscle Tone	Normal
Grasp	Normal
Moro	Normal
Cry	Normal

	Left	Right
Red Reflex	Normal	Normal
Femoral Pulses	Normal	Normal
Hips	Normal	Normal

Other Comments and Observations

bottle fed baby pu bo no concerns

Family history / Risk Factors

Hip : No

Hearing Loss in Childhood : No

Cardiac Disease : No

Follow-up arranged

Dr Anne McGinley

Performed by C Mcara

Designation

Signature

Dr. Marie Wilson MBChB MRCOG MRCGP
Dr Anne McGinley MBChB MRCGP MsC Sports Medicine
Dr Emma Sheppard MMBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9HQ
0141-531-8150

Wendy. Mcleish

0/1 51 Coxtan Place
GARTHAMLOCK
Glasgow

G33 5EJ

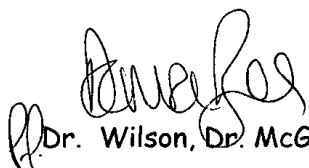
Date 21-3-17

Dear Wendy

Your post-natal examination is now due. Please make an appointment with my receptionist to have this done. The telephone number is Easterhouse 531 8150.

It is important that this examination is carried out.

Yours sincerely,


Dr. Wilson, Dr. McGinley & Dr Sheppard

Glasgow City
HSCP

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Leverdale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhsggc.org.uk

Perinatal Mental Health Service
0141 211 6504

Our ref: RC/HK/1368337
Your ref:

22 December 2016

Dr Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34

Dear Dr Wilson

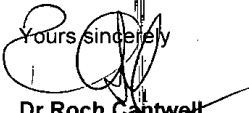
Re: **Wendy McLeish – Chi: 2505876061**
Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ

I reviewed this woman who had originally been seen by my CPN colleague, at our Easterhouse Clinic on 16 December 2016. She is currently approximately 29 weeks pregnant with an EDD of 3 March 2017. She told me that she has managed to reduce her propranolol significantly such that she is now just taking 10mgs on three or four days of the week. She is also taking mirtazepine 45mgs daily. She feels the combination has helped both with her mood and anxiety, but her main complaint today, was continuing tremor. She describes being quite distressed and self conscious about this.

At interview I did find her a little subdued though with some reactivity of mood. I suggested to her that it would not be possible to make further changes to her medication for the remainder of the pregnancy but that we could look to other strategies for managing her tremor in the postnatal period. I understand that she has been thoroughly reviewed by neurology who have not found any other causes for the tremor.

She and I completed a late pregnancy and early postnatal care plan which I enclose and I would be most grateful if the maternity team could let us know when she delivers so that we can arrange a postnatal review.

Yours sincerely


Dr Roch Cantwell
Consultant Psychiatrist

Cc: Health Visitor

NHS

Greater Glasgow
and Clyde



Dr Ellis, Consultant Obstetrician, PRM
Community Midwives, PRM
Lorraine Docherty, CPN, PMHS

If phoning, please call advice line between 9.30am and 12.30pm (Mon, Tues, Thurs, Fri).

Telephone 0141 211 6500 **Fax** 0141 2116523

Email: perinatalmentalhealth.servicereferrals@ggc.scot.nhs.uk

**PERINATAL MENTAL HEALTH SERVICE
Pregnancy & Early Postnatal Care Plan (PEPP)**

Name:	Wendy McLeish	DOB: 25.05.87
-------	---------------	---------------

EDD:	31/3/17	Date plan agreed:	16/4/16
------	---------	-------------------	---------

	Name & contact details	Next contact / Frequency of contact
CPN	Lorraine Docherty, Perinatal Mental Health Service, Tel: 0141 211 6500	
Psychiatrist	Dr R Cantwell, Perinatal Mental Health Service, Tel: 0141 211 6504	
Midwife	Princess Royal Maternity Hospital	
Obstetrician	Dr Ellis, Princess Royal Maternity Hospital	
Health Visitor	Dr Wilson's Practice, Easterhouse Health Centre	
GP	Dr Wilson, Easterhouse Health Centre	
Social Worker		
Other professional		
Family member/named person		

Urgent/out of hours mental health contacts:	NHS24: 111
	Crisis team:

<i>Risk of illness:</i> Raised risk of anxiety
--

<i>Early warning signs:</i>
1. Worsening tremor
2.
3.

<i>Current management:</i>
1. Mirtazepine 45mgs at night
2. Propranolol 10mgs up to once daily
3.
4.

<i>Planned antenatal changes:</i>
1. No change in medication
2.
3.

<i>Immediate postnatal plan:</i>	<i>Intention to breastfeed?</i>	No
1. Inform PMHS (2116500) of delivery to arrange community follow-up		
2. Continue medication unchanged		
3.		
4.		

<i>Advance statement completed?</i>	☐ Yes	☒ No
-------------------------------------	------------------------------	--

Sign / print name (PMHS worker):	Dr R Cantwell	Date: 16.12.16
----------------------------------	---------------	----------------

Sign / print name (Patient):	Wendy McLeish	Date: 16.12.16
------------------------------	---------------	----------------



Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Leverdale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhsggc.org.uk

Perinatal Mental Health Service
0141 211 6504

Our ref: RC/HK/1368337

Your ref:

22 December 2016

Dr Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34

Dear Dr Wilson

Re: Wendy McLeish – Chi: 2505876061
Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ

I reviewed this woman who had originally been seen by my CPN colleague, at our Easterhouse Clinic on 16 December 2016. She is currently approximately 29 weeks pregnant with an EDD of 3 March 2017. She told me that she has managed to reduce her propranolol significantly such that she is now just taking 10mgs on three or four days of the week. She is also taking mirtazepine 45mgs daily. She feels the combination has helped both with her mood and anxiety, but her main complaint today, was continuing tremor. She describes being quite distressed and self conscious about this.

At interview, I did find her a little subdued though with some reactivity of mood. I suggested to her that it would not be possible to make further changes to her medication for the remainder of the pregnancy but that we could look to other strategies for managing her tremor in the postnatal period. I understand that she has been thoroughly reviewed by neurology who have not found any other causes for the tremor.

She and I completed a late pregnancy and early postnatal care plan which I enclose and I would be most grateful if the maternity team could let us know when she delivers so that we can arrange a postnatal review.

Yours sincerely

Dr Roch Cantwell
Consultant Psychiatrist

Cc: Health Visitor

NHS
Greater Glasgow
and Clyde



**PERINATAL MENTAL HEALTH SERVICE
Pregnancy & Early Postnatal Care Plan (PEPP)**

Name:	Wendy McLeish	DOB: 25.05.87
-------	---------------	---------------

EDD:	31/3/17	Date plan agreed:	16/12/16
------	---------	-------------------	----------

	Name & contact details	Next contact / Frequency of contact
CPN	Lorraine Docherty, Perinatal Mental Health Service, Tel: 0141 211 6500	
Psychiatrist	Dr R Cantwell, Perinatal Mental Health Service, Tel: 0141 211 6504	
Midwife	Princess Royal Maternity Hospital	
Obstetrician	Dr Ellis, Princess Royal Maternity Hospital	
Health Visitor	Dr Wilson's Practice, Easterhouse Health Centre	
GP	Dr Wilson, Easterhouse Health Centre	
Social Worker		
Other professional		
Family member/named person		

Urgent/out of hours mental health contacts:	NHS24: 111
	Crisis team:

<i>Risk of illness:</i> Raised risk of anxiety
--

<i>Early warning signs:</i>
1. Worsening tremor
2.
3.

<i>Current management:</i>
1. Mirtazepine 45mgs at night
2. Propranolol 10mgs up to once daily
3.
4.

<i>Planned antenatal changes:</i>
1. No change in medication
2.
3.

<i>Immediate postnatal plan:</i>	<i>Intention to breastfeed?</i> No
1. Inform PMHS (2116500) of delivery to arrange community follow-up	
2. Continue medication unchanged	
3.	
4.	

<i>Advance statement completed?</i>	☐ Yes	☒ No
-------------------------------------	------------------------------	--

Sign / print name (PMHS worker):	Dr R Cantwell	Date: 16.12.16
----------------------------------	---------------	----------------

Sign / print name (Patient):	Wendy McLeish	Date: 16.12.16
------------------------------	---------------	----------------

McLeish Wendy

CHI: 2505876061

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. AL McGinley
 Dr Wilson dr mcginley & dr sheppar
 Easterhouse Health Centre
 9 Auchinlea Road
 Glasgow
 G34 9HQ

Princess Royal Maternity
 16 Alexandra Parade
 Glasgow
 G31 2ER
 Main Switchboard: 0141 211 5400
 Date of Completion: 07/12/2016

Dear Dr AL McGinley,

Name	CHI	DoB	Address
Wendy McLeish	2505876061	25/05/1987	0/1 51 COXTON PLACE Glasgow G33 5EJ

Admitted	Type	Discharged	Destination
05/12/2016 23:24	In Patient	07/12/2016	

Specialty	Consultant	Ward	Telephone
Obstetrics	Dr Elizabeth Ellis	PRM (MAT) Ward 73 - Obstetrics	0141 211 5213

Reason for Admission and Presenting Complaints	Admission Category
	Pregnant but not in Labour (includes threatened abortion)

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Ms Mcleish was admitted to ward 73 on 5/12/16 due to right sided pleuritic chest pain and SOB. She also had one episode of haemoptysis. It was noted she has a history of a previous pneumonia and can experience pain related to this however the pain felt worse. She had some right sided crackles on examination. She had been commenced on a course of 5 days of amoxicillin prior to her admission which she will complete. CXR was normal, as were her bloods. A VQ scan did not show any evidence of PE. She was therefore discharged home.
 Yours sincerely
 Amanda Rodger
 GPST2

Treatments: None recorded.

McLeish Wendy

CHI: 2505876061

IDL 07/12/2016 v1

Follow-up arranged: nil**Planned Outpatient Investigations:** nil**Final Discharge letter to follow:** yes**Medication Info:****Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amoxicillin Capsules	Oral	500	mg	THREE Times a Day	2 Days	POS
Mirtazapine Tablets	Oral	45	mg	ONCE a Day	No duration defined	POS
Propranolol Hydrochloride Tablets	Oral	10	mg	As Required	No duration defined	POS

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Amanda Rodger
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Susan Melly, Midwife

Lab Report ID : B,16.6440939.G Coding Status : Part Read Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

Report Text :

-L pleuritic type pain, po...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Coagulation Screen					
Prothrombin Time		12	s	(9-13 U)	NK
R PT Ratio		1.1			NK
APTT		28	s	(27-38 U)	NK
APTT Ratio		0.9		(0.8-1.2 U)	NK
R Thrombin time		11	s	(11-15 U)	NK
R TCT ratio		0.9			NK

Sample Collected Date : 05/12/2016 11:56:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2016 13:58:00
Received Date : 05/12/2016 15:00:55
Requestor : RECEVEAUX, PIERRE
Requestor GMC Code :

Lab Report ID : B,16.6441019.B Coding Status : Part Read Coded
 Filed By User : File Status : Not Filed
 Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
 ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

**** ABNORMAL ****

Report Text :
 -L pleuritic type pain, po...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		10.5	x10 ⁹ /l	(4.0-11.0 U)	NK
Red Cell Count		4.04	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin		124	g/l	(115-165 U)	NK
Haematocrit	-	0.355	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		87.9	fl	(80.0-100.0 U)	NK
MCH		30.7	pg	(27.0-32.0 U)	NK
Platelet Count		270	x10 ⁹ /l	(150-400 U)	NK
Neutrophils	+	7.7	x10 ⁹ /l	(2.0-7.5 U)	NK
Lymphocytes		2.0	x10 ⁹ /l	(1.5-4.0 U)	NK
Monocytes		0.7	x10 ⁹ /l	(0.2-0.8 U)	NK
Eosinophils		0.06	x10 ⁹ /l	(0.00-0.40 U)	NK
Basophils		0	x10 ⁹ /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 ⁹ /l		NK

Sample Collected Date : 05/12/2016 11:56:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 05/12/2016 14:13:00
 Received Date : 05/12/2016 15:00:26
 Requestor : RECEVEAUX, PIERRE
 Requestor GMC Code :

Lab Report ID : B,16.6440939.G Coding Status : Part Read Coded
 Filed By User : File Status : Not Filed
 Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
 ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

**** ABNORMAL ****

Report Text :

-L pleuritic type pain, po...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Coagulation Screen					
Prothrombin Time		12	s	(9-13 U)	NK
R PT Ratio		1.1			NK
APTT		28	s	(27-38 U)	NK
APTT Ratio		0.9		(0.8-1.2 U)	NK
R Thrombin time		11	s	(11-15 U)	NK
R TCT ratio		0.9			NK
R D-Dimer (IL DDHS)	Y				
-The above reference range applies to patients with suspected VTE.					
-In other populations the reference range is 0-243 ng/mL.					
D-Dimer	+	459	ng/ml	(0-230 U)	NK

Sample Collected Date : 05/12/2016 11:56:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 05/12/2016 13:58:00
 Received Date : 05/12/2016 19:00:06
 Requestor : RECEVEAUX, PIERRE
 Requestor GMC Code :

Lab Report ID : B,16.5033556.K Coding Status : Part Read Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

Report Text :
-L pleuritic type pain, po...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R C-reactive Protein					
C Reactive Protein		8	mg/L	(0-10 U)	NK

Sample Collected Date : 05/12/2016 11:56:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2016 14:03:00
Received Date : 05/12/2016 19:00:14
Requestor : RECEVEAUX, PIERRE
Requestor GMC Code :



Pertussis vaccination of pregnant women

Patient details

Name: CHI: 2505876061 25/05/1987 F
 CHI: [] [] [] [] M0115H Wendy
 Address: 07151 Coxton, G33 5EJ
 Address: 07454750438 Post Code [] [] [] [] [] []
 GP Name: Dr M. Wilson; 2551656
 Surgery Address: Dr M. Wilson & Dr A. G349HQ
 Midwife: 02/11/2016 16.57 Practice: 46471

Pregnancy Status

LMP: may
 Gestational Age 22 weeks
 Expected date of delivery 03.03.2017
 Number of previous pregnancies (ending in live/stillbirth) 0!

Vaccination Status

Date of last pertussis containing vaccine: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] None ☐ N/K ☐

Contraindications or Refusal

Contraindications:

A confirmed anaphylactic reaction to a previous dose of diphtheria, tetanus, pertussis or poliomyelitis containing vaccine ☐
 A confirmed anaphylactic reaction to any component of the vaccine ☐

Refusal: Date refused [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Vaccine Given

Name: BOOSTRIX IV
 Vaccine: BOOSTRIX IV exp 05/18
 Batch: ACY9B086BA Date of vaccine [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 Site: Arm ☐ Right ☐ Left ☒ 02.11.2016

Vaccinator

Name: Branda Gilman
 Title: Practice Nurse
 Professional Registration Number:
 Claim Fee: Yes ☐ No ☐

Practice Stamp

X W. McLeish

© Ann 2.11.16 17⁰⁰
 RG

McLeish Wendy

CHI: 2505876061

Clinical letter - GP:



Princess Royal Maternity
16 Alexandra Parade
Glasgow
G31 2ER
0141 211 5400

Dr. AL McGinley
Dr Wilson dr mcginley & dr sheppar
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel: 0141 211 5236
Enquiries to: Jackie McGeoch - Obstetrics
Letter Date: 28/10/2016
Reference: ERO'C/JM/23123532
Dictated 04/10/2016
Date:
Transcribed 17/10/2016
Date:

Dear Dr McGinley,

**Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1 51 COXTON PLACE, Glasgow, Lanarkshire, G33 5EJ**

I saw Wendy for booking today at Dr Mathers antenatal clinic. She is a para 0+1 having had a previous early miscarriage. She has got an agreed EDD of 1st March 2017 and a BMI of 31.4.

Wendy has a significant past medical history of having had previous Pneumonia which was complicated by ARDS and she had ecmo and a prolonged ICU admission for this. She has since been discharged from the Respiratory clinic however I will request an anaesthetic review regarding this.

Wendy also has a history of anxiety and depression for which she is medicated with Mirtazapine and Propranolol. She had tried to reduce the dose of Mirtazapine however on discussion with her CPN via the perinatal Mental Health Team, she has gone back to her original dose of 45mg. She also takes Propranolol prn. In view of this I will arrange growth scans at 30 and 36 weeks.

Wendy also has a history of benign essential tremor for which she is seeing the Neurologist.

Wendy will be seen by our SNiP's Team on Thursday and follow-up can be arranged via them.

Kind regards

McLeish Wendy

CHI: 2505876061

GCL 04/10/2016 v1

Yours sincerely

Dr Eimear O'Connor

ST2 O&G

Electronically Signed: Dr Eimear OConnor, Doctor

cc.

Dr. Marie Wilson MBChB, MRCOG, MRCGP
Dr. Anne McGinley MBChB, MRCGP, MsC Sports medicine
Dr. Emma Sheppard MBBS, MRCGP, DRCOG, DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9HQ
☎ 0141-531 8150
fax: 0141 531 8158

Thursday, 15 September 2016

Miss Wendy Mcleish
0/1 51 Coxton Place
GARTHAMLOCK
Glasgow
UK
G33 5EJ

Dear Miss Mcleish

Questions:

Are you feeling well enough to receive this vaccine?

YES / NO

Have you ever had a severe reaction to eggs?

YES / NO

Are you allergic to latex?

YES / NO

Are you taking warfarin tablets?

YES / NO

Have you had this vaccine before?

YES / NO

If yes, was there any reaction?

YES / NO

If yes, please detail.

PATIENT CONSENT

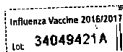
Name Wendy Mcleish D.O.B.

I have received and understand the advice given to me and consent to the administration of the influenza and/or Pneumococcal vaccine(s).

N.B. Influenza vaccine contains inactivated virus and cannot cause influenza.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

Drs Wilson McGinley & Sheppard



left arm 11.56 Dr Peirce

2016-09-14 15:10

M&B

01412116523 >>

01415318167 P 1/1

STRICTLY CONFIDENTIAL

Perinatal Mental Health Service
Leverndale Hospital
Site A
510 Crookston Road
Glasgow
G63 7TU

NHS
Greater Glasgow
and Clyde

Date 14/9/2016
Your Ref
Our Ref RCHK
Direct Line 0141 211 6504
Extension
Fax
Email

Dear Dr WILSON

CHI: 2505876061

Re: Patient's Name: Metelsh Wendy
0/1, 51 Coxton Place,

Address: GLASGOW,
Lanarkshire

D.O.B. G33 5HJ
T/1368337/1 Female

The above patient was seen by the perinatal mental health service on 9/9/16.
I would be grateful if you would make the following changes to her medication.

PLEASE WITHDRAW MICTAZEPINE
TO 45mg.
.....
.....

A more detailed letter will follow shortly.

Yours sincerely



Dr Roch Cantwell
Consultant Psychiatrist

Delivering better health

www.nhs.uk

Women & Children's Directorate
GP/Health Visitor – Notification Letter



2505876061
MCLEISH F
Wendy 25/05/1987
0/1 51 COXTON PLACE
Glasgow, Lanarkshire G33 5EJ

Dr. AL McGinley
Dr Wilson dr mcginley & dr
sheppard
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Date 15/8/16

Dear Doctor / Health Visitor, *Wendy*

The above named woman has booked for care at *Prum* maternity unit.

Following history taking, she has presented as:

- Low risk and suitable for midwife led care
High risk requiring maternity team care
High risk requiring special needs in pregnancy service (SNIPS)

☒
☐
☐

The woman's named midwife/obstetrician is *Dr. Marnie / Graham*

She is approximately *11* weeks advanced in her pregnancy; her EDD is *16/17* / will be confirmed following ultrasound examination on *21/9/16*

I have arranged a follow-up appointment as per national guidelines for antenatal care. If you have any further medical or social information which helps inform her care please contact me on the number below.

For SNIPS please tick appropriate box/boxes:

Substance abuse e.g. drugs/alcohol	
Mental illness	
Gender Based Violence	
Young, Vulnerable <16 years	
Complex Teenage Pregnancy	
BBV	
Learning Difficulties	
Complex Asylum Seeker/Refugee	
Homeless	
Complex Social Issues	
Shared Referral Form (social work/CP/VPL)	

Yours sincerely,

Graham
Thomson

Midwife
1 copy to GP + 1 to HV + 1 to case-notes

Contact Tel. No. *2115245*



Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhs.gov.uk

Wendy McLeish
Flat 0/1
51 Coxtan Place
Glasgow
G33 5EJ

Our ref: JA/PMHS

Your ref: WMcL/1368337

26 July 2016

Dear Ms McLeish (Chi: 2505876061)

You have been referred by Jim Parker, CPN for an assessment by the Perinatal Mental Health Service. To arrange an appointment please telephone **0141 211 6500, between 9.00am – 5.00pm, Monday to Friday** within 14 days of receiving this letter.

We have a choice of venue for clinics, please advise which location is preferable for you when arranging your appointment:

- **Easterhouse Health Centre** (11 Auchinlea Road, Glasgow, G34 9HQ)
- **Inverclyde Royal Hospital**, (Community Maternity Unit, F North, Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN)
- **Leverndale Hospital** (Mother and Baby Unit, Site A, Leverndale Hospital, 510 Crookston Road, Glasgow, G53 7TU)
- **Royal Alexandra Hospital** (Maternity Building, Antenatal Clinic, Ground Floor, Royal Alexandra Hospital, Corsebar Road, Paisley, PA2 9PN)
- **West Maternity Care Centre** (Fraser of Allander Centre, Yorkhill Hospital, Dalnair Street, Glasgow, G3 8SJ).

Yours sincerely,

Jennifer Anderson
Team Secretary

Cc: Jim Parker, CPN, Anvil Centre
Dr Wilson, Easterhouse Health Centre

NHS
Greater Glasgow
and Clyde





Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
North East Primary Care Mental Health Team
Anvil Centre
81 Salamanca Street
Glasgow
G3 1 5ES

www.glasgow.gov.uk
www.nhsggc.org.uk

Date: 19/07/2016
Ref: JP/LK/2505876061

Dr Wilson
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Wilson

Re: **Wendy McLeish,** CHI: 2505876061
0/1, Coxton Place, Glasgow G33 5EJ

Following Ms McLeish self referring to our service I carried out an assessment with her over the phone. She appears to have a long history of mental health difficulties with suicide attempts in the past. She currently experiences these thoughts and her partner is so concerned that he keeps her tablets and administers them as prescribed. She is experiencing severe anxiety at present which further impacts her mood and her ability to get out on her own. She feels a lot of her difficulties arise from past experiences but she refused to elaborate on this.

She advised me she has recently discovered she is pregnant and is awaiting her first scan. I discussed this with the Perinatal service and have been advised that they will discuss her at their allocations meeting then follow her up as a non-urgent referral which means, I was told, is that, she will be seen in two weeks. I have therefore discharged her from our service and the Perinatal service will update you on her progress.

Yours sincerely

Jim Parker
Mental Health Practitioner

If phoning or visiting
Telephone 0141 211 8450

McLeish Wendy

CHI: 2505876061

Clinical letter - GP:

Dr. AL McGinley
Dr Wilson dr mcginley & dr sheppar
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Gynaecology
0141 355 1828
Jacqueline Cooper
22/10/2015
SW/EJ
19/10/2015
20/10/2015

Dear Dr McGinley,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1 51 COXTON PLACE, Glasgow, Lanarkshire, G33 5EJ

I have now received the histology report for this patient dated 14th September and it confirmed the presence of products of conception.

Yours sincerely

Dr Wong

Consultant Gynaecologist

Electronically Signed: Dr Sandra Wong, Consultant

cc.

Wendy Mcleish

Ex Sm

FAST ALCOHOL SCREENING TEST (FAST) FOR THE DETECTION OF PROBABLE HAZARDOUS DRINKING

10 JUL 2015

For the following questions please circle the answer which best applies.

1 drink = 1 unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits

1. MEN: How often do you have EIGHT or more drinks on one occasion?
WOMEN: How often do you have SIX or more drinks on one occasion?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

Only ask Questions 2, 3 & 4 if the response to Question 1 is "Less than monthly" or "Monthly"

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

3. How often during the last year have you failed to do what was normally expected of you because of drink?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never 0	Yes, on one occasion 2	Yes, on more than one occasion 4	SCORE
------------	---------------------------	-------------------------------------	-------

+ Int.

OK

TOTAL 8

If the person scores 3 or above, ask two consumption questions to record levels of alcohol use:

1. On average how many days of the week do you drink?
2. On average how many units of alcohol do you consume?

FAST POSITIVE
(Score of 3 or more)

YES	NO
-----	----

Lab Report ID : B,15.6322683.S Coding Status : Part Read Coded
 Filed By User : File Status : Not Filed
 Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F

ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

Report Text :

-RUQ pain ?liver/gallbladd...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		8.6	x10 ⁹ /l	(4.0-11.0 U)	NK
Red Cell Count		4.35	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin		133	g/l	(115-165 U)	NK
Haematocrit		0.385	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		88.5	fl	(80.0-100.0 U)	NK
MCH		30.6	pg	(27.0-32.0 U)	NK
Platelet Count		322	x10 ⁹ /l	(150-400 U)	NK
Neutrophils		4.5	x10 ⁹ /l	(2.0-7.5 U)	NK
Lymphocytes		3.3	x10 ⁹ /l	(1.5-4.0 U)	NK
Monocytes		0.6	x10 ⁹ /l	(0.2-0.8 U)	NK
Eosinophils		0.2	x10 ⁹ /l	(0.0-0.4 U)	NK
Basophils		0	x10 ⁹ /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 ⁹ /l		NK

Sample Collected Date : 30/09/2015 16:23:00

Collection Start Date :

Collection End Date :

Received by Lab Date : 30/09/2015 18:13:00

Received Date : 30/09/2015 19:01:00

Requestor : MCGINLEY, ANNE

Requestor GMC Code :

Lab Report ID : B,15.5125633.W Coding Status : Part Read Coded
 Filed By User : File Status : Not Filed
 Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
 ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

**** ABNORMAL ****

Report Text :

-RUQ pain ?liver/gallbladd...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile	Y				
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Calcium		2.31	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.36	mmol/L	(2.20-2.60 U)	NK
Phosphate	-	0.78	mmol/L	(0.80-1.50 U)	NK
Albumin		36	g/L	(35-50 U)	NK
Alkaline Phosphatase		99	U/L	(30-130 U)	NK
R Urea & Electrolytes					
Sodium		136	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride		106	mmol/L	(95-108 U)	NK
Urea		5.6	mmol/L	(2.5-7.8 U)	NK
Creatinine		61	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		13	umol/L	(<<20 U)	NK
ALT		25	U/L	(<<50 U)	NK
AST		17	U/L	(<<40 U)	NK
Alkaline Phosphatase		99	U/L	(30-130 U)	NK
Albumin		36	g/L	(35-50 U)	NK

Sample Collected Date : 30/09/2015 16:23:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 30/09/2015 18:58:00
 Received Date : 01/10/2015 07:00:41
 Requestor : MCGINLEY, ANNE
 Requestor GMC Code :

Dr Marie Wilson MBChb MRCOG MTCGP

Dr Anne McGinley MBChb MRCGP mscC Sports Medicine

Dr Emma Sheppard MBBS MRcgp DRCOG DFP

Easterhouse Health Centre

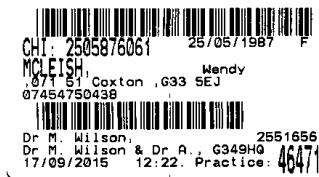
9 Auchinlea Road

Easterhouse

Glasgow G34 9HQ

0141 531 8150

17th Sept 2015



Dear Wendy,

We were very sorry to hear about your miscarriage. Enclosed is a two week prescription for mirtazapine and propranolol. Please would you make an appointment with the doctor for review before your next prescription.

Dr Kate Magee

GP Registrar

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC Obstetrics (Glasgow, vR13.0)

REFERRAL TO	
Obstetrics GGC Obstetrics	—— Consultant / receiving practitioner and/or specialty clinic
The Princess Royal Maternity Unit 16 Alexandra Parade Glasgow G31 2ER	—— Hospital and hospital address Hospital location code. G108H Email address -
Urgency of referral Routine	
Date of referral 14-Jul-2016	Date sent 14-Jul-2016

PATIENT DETAILS		Patient's address
Surname	Mcleish	0/1 51 Coxton Place GARTHAMLOCK Glasgow G33 5EJ Contact number(s) Voice: 07454750438
Forename(s)	Wendy	
Title	Miss	
Sex	Female	
Date of birth	25-May-1987	
CHI no.	2505876061	
Area of Residence	-	

101011771902N	Unique Care Pathway Number: 101011771902N
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Anne McGinley	9 Auchinlea Road Easterhouse Glasgow Contact number(s) Voice: 0141 531 8150 Facsimile: 0141 531 8158
GMC code	3341180 GP code 07307	
Practice name	Easterhouse Health Centre (13448)	
Practice code	46471	

REFERRING GP DETAILS		Practice address
Name	Dr Marie Wilson	9 Auchinlea Road Easterhouse Glasgow Contact number(s) Voice: 0141 531 8150 Facsimile: 0141 531 8158
GMC code	2551656 GP code 01376	
Practice name	Easterhouse Health Centre (13448)	
Practice code	46471	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Pregnant

Comment: Pregnant. LMP - Thinks end of May but not sure. Para 0+1 Miscarriage last September. On Mirtazapine. Limited information on safety in pregnancy. Discussed trying to reduce - not sure - will think about this. Has stopped alcohol. No other drugs. Feeling well.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Miscarriage	surgical ERPC	03-Sep-2015	03-Sep-2015
Alcohol problem drinking	-	06-Jun-2012	06-Jun-2012
Pneumonia due to unspecified organism (Bilateral)	-	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Folic Acid Tablets 400 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Sep-2014	14-Jul-2016

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Propranolol Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED	-	18-May-2016	08-Jun-2016
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	18-May-2016	18-May-2016
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-May-2016	18-May-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	29-Apr-2016	29-Apr-2016
Volumatic Spacer device	1	1 device	TO BE USED AS DIRECTED	-	29-Apr-2016	29-Apr-2016
Propranolol Hydrochloride Tablets 10 mg	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	29-Apr-2016	03-May-2016
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	29-Apr-2016	08-Jun-2016
Amoxicillin Capsules 500 mg	15	15	ONE TO BE TAKEN THREE	-	29-Apr-	03-May-

		CAPSULE	TIMES A DAY		2016	2016
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Apr-2016	01-Apr-2016
Hydrocortisone And Miconazole Cream 1 % + 2 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	15-Mar-2016	15-Mar-2016
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	15-Mar-2016	15-Mar-2016
Ibuprofen Tablets 400 mg	42	42 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	15-Mar-2016	15-Mar-2016
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	15-Mar-2016	01-Apr-2016
Mirtazapine Tablets 30 mg	28	28 tablet	1 Tab At night	-	06-Jan-2016	01-Feb-2016
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	06-Jan-2016	18-Feb-2016

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
09-Jul-2015	123	90
08-Aug-2013	116	77
14-Jan-2013	118	86
11-Jan-2013	118	77
21-Aug-2012	103	67

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
29-Apr-2014	-	74	-
28-Jun-2013	158	74	29.5
31-Jan-2011	158	57	22.83

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		14-Jul-2016
Ex smoker (Stopped 2005):		09-Jul-2015
Never smoked tobacco:		29-Apr-2014
Never smoked tobacco :	Sore across back. Not breathless. Chest clear. Temperature nomral. PO2 99 Pulse 90 pASIN COMING AND GOING. Has also had diarrhoea today. Has been to toliet 4-5 times. No blood in diarrhoe- TRUNCATED	08-Aug-2013
Non-smoker :	,	28-Jun-2013
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake\$.clm - Repeat after an Interval	21-Jan-2010

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Chosen place for Delivery:	Maternity Unit	-
Risk Assessment on booking identified in this pregnancy:	High Risk	-
LMP (last menstrual period) :	2016-05-31	-
EDD (expected date of delivery) estimated:	2016-02-07	-

High risk factors:	Previous miscarriage - anxious for early scan because of this and unsure about dates. On Mirtazapine for depression. PH Alcohol problems - has stopped drinking now.	
Are you aware of any Vulnerability or Child Protection issues in relation to this pregnancy?:	Yes	-
Vulnerability Details:	PH Alcohol problems. Depression.	-

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to propranolol	possible wheeze with this	29-Apr-2016

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

McLeish Wendy

CHI: 2505876061

Clinical letter - GP: GP LETTER



Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
GYNAECOLOGY
0141 355 1828
Jacqui Cooper
15/09/2015
SW/AMMCS
14/09/2015
14/09/2015

Dr. AL McGinley
Dr Wilson dr mcginley & dr sheppar
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. McGinlay,,

**Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1 51 COXTON PLACE, Glasgow, Lanarkshire, G33 5EJ**

This patient was admitted to Stobhill Surgical Day Unit for surgical evacuation of retained products of conception. The procedure was completed under general anaesthetic without any complication.

She will be discharged home later on today when well and no further follow up has been arranged.

Yours sincerely

Electronically Signed: Dr Sandra Wong, Consultant

cc.

Early Pregnancy Assessment Service
Level 2 Princess Royal Maternity
16 Alexandra Parade
Glasgow
G3 7ER

0141 211 5317

Date 3/9/15

Dear Doctor McInley

RE



2505876001
MCLEISH
Wendy 25/05/1987 F
01/ 51 COXTON PLACE
Glasgow, Lanarkshire
G33 5EJ

Your patient was seen today at the Early Pregnancy Unit. Sadly ultrasound findings confirmed a non continuing pregnancy

non-continuing pregnancy 5+

Management options were discussed as below. A decision was reached and arrangements have been made to facilitate this choice.

Expectant

Medical

Surgical

Undecided - Considering
management options

Yours Sincerely

Early Pregnancy Midwife Sonographer/Associate Specialist Doctor

Ref. Source : Dr Marie Wilson, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ
Examinations : US Abdomen

On examination Ms Bannachan reports of right pain and her recent blood tests are reassuringly normal. She lives alone and is independent in the house although is essentially housebound with assistance from her family.

On examination Ms Bannachan is walking with the aid of a stick and denies any significant pain at rest. She had significant abdominal soft tissue and moderate restriction of all spinal movements especially extension which gave rise to some localised discomfort. her lower limbs were within normal limits neurologically. No x-ray was deemed necessary.

Ms Bannachan appears to have an acute flare of mechanical low back pain. Giving that this is almost settled and in the absence of any radicular signs and the reassurance of her recent bloods I did not feel further investigation and intervention was indicated at this time. Ms Bannachan is in agreement with this and I have given her some general exercises and have discharged her back to your care.

Yours Sincerely

John O'Toole
Extended Scope Physiotherapy Practitioner (Orthopaedics)

Early Pregnancy Assessment Service
Level 2 Princess Royal Maternity
16 Alexandra Parade
Glasgow
G31 2ER

0141 211 5317

Date 3/9/15

Dear Doctor McGinley

RE



2505876061
MCLEISH F
Wendy 25/05/1987
0/1 51 COXTON PLACE
Glasgow, Lanarkshire
G33 5EJ

Your patient was seen today at the Early Pregnancy Unit. Sadly ultrasound findings confirmed a non continuing pregnancy

non-Continuing pregnancy 5+

Management options were discussed as below. A decision was reached and arrangements have been made to facilitate this choice.

Expectant

Medical

Surgical

undecided - Considering
management options

Yours Sincerely

Early Pregnancy Midwife Sonographer/Associate Specialist Doctor

McLeish Wendy

CHI: 2505876061

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 07/09/2015

Consultant: Dr Scott Taylor

AL McGinley
Dr Wilson dr mcginley & dr sheppar
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear AL McGinley

Re: **McLeish Wendy**
0/1 51 COXTON PLACE
Glasgow G33 5EJ

DOB: **25/05/1987**

CHI: **2505876061**

Attended on: **29/08/2015 at 20:34 hrs.**
Discharge Type: **01c - Discharge with referral**
Previous ED Attendance in last 12 months: **0**

Departed on: **29/08/2015 at 22:58 hrs.**
Destination: **Private residence**

Presenting complaint
9WKS PREF PVB

Nursing Assessment:
8/40 gest c/o PVB and abdo cramps. Seen at EPAS during the week and scanned to go back next week but advused to attend A&E if bleeding gets worse

Investigations in ED: **None**

McLeish Wendy

CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Haemorrhage in early pregnancy - Threatened abortion		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

9 weeks gestation - further episode of PV bleeding with lower abdo cramping - settled by arrival to dept - clots passed but no ongoing bleed. Haemodynamically stable. Abdo SNT. Known to EPAS - confirmed intrauterine sac on recent scan. Pt clinically well - avised to contact EPAS Monday am for follow up. Worsening advice re further bleeding /pain given. HCG pos in dept.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Douglas Maxwell
Doctor

Copies to:

1. AL McGinley (GP)

School Address:

STRICTLY CONFIDENTIAL

Linda Fellows
Community Midwife
Princess Royal Maternity Hospital
16 Alexandra Parade
Glasgow
G31 2ER

Perinatal Mental Health Service
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Date 08 August 2015
Your Ref
Our Ref CH/JA
Direct Line 0141 211 6500
Extension
Fax 0141 211 6523

Dear Midwife Fellows

Re: **Wendy McLeish Chi: 2505876061**

Address: **0/1 51 Coxton Place, Glasgow, G33 5EJ**

Many thanks for letting us know about this woman who is currently pregnant/postnatal with an

EDD: **25/02/2016** / D.O.B of Baby:

You have identified:

- Current depression / anxiety of mild to moderate severity with no prior psychiatric contact

--

We wished to bring this to your attention, but have not arranged to see her at the present time. If you have any concerns about current significant mental illness or high risk of early postpartum major mental illness, or if there is a significant change in her presentation, please get back in touch and we can make arrangements to see her.

The Perinatal Mental Health Service prioritises women who currently experience mental illness of a moderate to severe nature or women who are at high risk of early postpartum significant mental illness. **Further referral guidance is provided overleaf.** Any referral can be discussed by telephone on 0141 211 6500.

Yours sincerely

Clare Haughey
for Perinatal Mental Health Service

Cc: **Dr. McGinley, Easterhouse Health Centre**
Health Visitor, Easterhouse Health Centre
Dr Mathers, Consultant Obstetrician PRMH

Dr Marie Wilson MBChb MRCOG MTCGP

Easterhouse Health Centre

Dr Anne McGinley MBChb MRCGP mscC Sports Medicine

9 Auchinlea Road

Dr Emma Sheppard MBBS MRcgp DRCOG DFP

Easterhouse

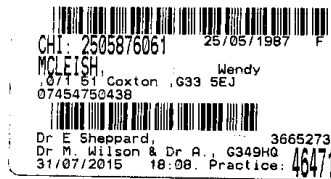
Glasgow G34 9HQ

0141 531 8150

30/7/15

Dear Obstetric team

Princess Royal Maternity Hospital



I understand you see Wendy for booking of her first ever pregnancy soon. I write with an update that she had not taken on board advice about stopping mirtazepine and propranolol so had stayed on these. She will stop them now. She knows I am writing to let you know that she may need extra support off mirtazepine. She took this for stress and insomnia as she was orphaned and had a difficult time in teens/early twenties so that Barnadoes stayed supporting her beyond their usual remit of 21 yrs. They no longer support but things have improved with her new apparently supportive partner despite her only next of kin being a brother that I believe is in prison. Chaotic drug misuse has stopped some years ago. However he does report that she still has a tendency to use alcohol and possibly cannabis for stress, whilst she has not been seen intoxicated for years alcohol may well be ongoing. I hope this can be taken into consideration

Dr E Sheppard

Women & Children's Directorate
GP/Health Visitor – Notification Letter



2505876061
MCLEISH
Wendy
0/1 51 COXTON PLACE
Glasgow, Lanarkshire
G33 5EJ
25/05/1987
raph

Date.....3/8/15.....

Dear Doctor/ Health Visitor, MCCINNEY

The above named woman has booked for care atPCM.....
maternity unit.

Following history taking, she has presented as:

- Low risk and suitable for midwife led care
High risk requiring maternity team care
High risk requiring special needs in pregnancy service (SNIPS)

✓
?

The woman's named midwife/obstetrician isLINDA FELOWES / DEMATHEVES.....

She is approximately10.....weeks advanced in her pregnancy, her EDD is / will be
confirmed following ultrasound examination on.....20/8/15.....

I have arranged a follow-up appointment as per national guidelines for antenatal care. If you have any further medical or social information which helps inform her care please contact me on the number below.

For SNIPS please tick appropriate box/boxes:

Substance abuse e.g. drugs/alcohol	
Mental Illness	
Gender Based Violence	
Young, Vulnerable <16 years	
Complex Teenage Pregnancy	
BBV	
Learning Difficulties	
Complex Asylum Seeker/Refugee	
Homeless	
Complex Social Issues	
Shared Referral Form (social work/CP/VPL)	

Yours sincerely,

Linda Fellows

Midwife
1 copy to GP - 1 to HV +1 to case-notes

Contact Tel. No.....2115245.....

Dr Marie Wilson MBChb MRCOG MTCGP

Easterhouse Health Centre

Dr Anne McGinley MBChb MRCGP mscC Sports Medicine

9 Auchinlea Road

Dr Emma Sheppard MBBS MRcgp DRCOG DFP

Easterhouse

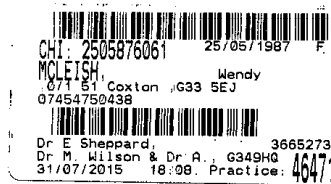
Glasgow G34 9HQ

0141 531 8150

30/7/15

Dear Obstetric team

Princess Royal Maternity Hospital



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Dr E Sheppard



Glasgow Royal Infirmary
MCLEISH, Wendy

0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: Dr Marie Wilson - GP PRACTICE

Diagnostic Imaging Report

DoB: **25/05/1987**
Chi No: **2505876061**
CRIS No: **5226123**
Curr Ward: **GP**

VERIFIED Verified By: Dr Giles Roditi 18/02/15 0952.

Clinical History : 4 weeks cough and right chest wall pain. Clinically well.

XR Chest :

The heart is not enlarged and mediastinal contours are normal. Lungs clear, no evidence of new pathology when compared to 09/08/2013.



Wendy McLeish

FAST ALCOHOL SCREENING TEST (FAST) FOR THE DETECTION OF PROBABLE HAZARDOUS DRINKING

For the following questions please circle the answer which best applies.

1 drink = 1 unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits

30 MAR 2014

1. MEN: How often do you have EIGHT or more units on one occasion?

WOMEN: How often do you have SIX or more units on one occasion?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

Only ask Questions 2, 3 & 4 if the response to Question 1 is "Less than monthly" or "Monthly"

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

3. How often during the last year have you failed to do what was normally expected of you because of drink?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never 0	Yes, on one occasion 2	Yes, on more than one occasion 4	SCORE
------------	---------------------------	-------------------------------------	-------

Lifestyle

7/11/14

TOTAL 7

If the person scores 3 or above, ask two consumption Questions to record levels of alcohol use:

1. On average how many days of the week do you drink?
2. On average how many units of alcohol do you consume?

FAST POSITIVE
(Score of 3 or more)

YES ✓	NO
----------	----

Lizzo

(C) (K)

Message sent to Dr Sheppard re-Score

DRS WILSON, MCGINLEY & SHEPPARD

HEALTH NEEDS ASSESSMENT

DATE: 29/4/14

NAME Wendy McLeish

DATE OF BIRTH 25/5/87

ADDRESS 51 D/I Corkon Place

CURRENT CONTACT TEL: 07454750438

DO YOU CURRENTLY SMOKE? YES

NO

HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

DO YOU WISH SMOKING CESSATION ADVICE? YES

NO

WOULD YOU LIKE SOME INFORMATION ON THE LOCAL
NHS STOP SMOKING SERVICE?

YES

NO

SIGNED W. McLeish

DATE 29/4/14

IF YOU WISH SMOKING CESSATION ADVICE THERE IS A DROP-
IN CLINIC IN EASTERHOUSE HEALTH CENTRE, EVERY
MONDAY FROM 2.00PM - 4.30PM. ALTERNATIVELY YOU CAN
MAKE AN APPOINTMENT WITH OUR PRACTICE NURSE.

Phone number updated

Wiz

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC Obstetrics (Glasgow, vR13.0)

REFERRAL TO	
Obstetrics GGC Obstetrics	— Consultant / receiving practitioner and/or specialty clinic
The Princess Royal Maternity Unit 16 Alexandra Parade Glasgow G31 2ER	— Hospital and hospital address Hospital location code. G108H Email address -
Urgency of referral ROUTINE	
Date of referral 09-Jul-2015	Date sent 09-Jul-2015

PATIENT DETAILS		Patient's address
Surname	Mcleish	0/1 51 Coxton Place GARTHAMLOCK Glasgow G33 5EJ Contact number(s) Voice: 07454750438
Forename(s)	Wendy	
Title	Miss	
Sex	Female	
Date of birth	25-May-1987	
CHI no.	2505876061	
Area of Residence	-	

101009577469U	Unique Care Pathway Number: 101009577469U
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Anne McGinley	9 Auchinlea Road Easterhouse Glasgow Contact number(s) Voice: 0141 531 8150 Facsimile: 0141 531 8158
GMC code	3341180 GP code 07307	
Practice name	Easterhouse Health Centre (13448)	
Practice code	46471	

REFERRING GP DETAILS		Practice address
Name	Dr. Martin Connolly	Easterhouse Health Centre 9 Auchinlea Road Glasgow Contact number(s) Voice: 0141 531 8150
GMC code	7036867 GP code 99999	
Practice name	Dr Wilson, Dr McGinley & Dr Sheppard (46471)	
Practice code	46471	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Pregnant

Comment: Many thanks for arranging antenatal care of this primagravida. LMP 22/05/15. No known obstetric issues. BP 123/79 today. Ex smoker. Started on folic acid and given dietary advice. On mirtazapine, advised will aim to reduce/stop during pregnancy.

Kind regards,

Dr Martin Connolly

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Alcohol problem drinking	-	06-Jun-2012	06-Jun-2012
Pneumonia due to unspecified organism (Bilateral)	-	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Patient pregnant	09-Jul-2015	09-Jul-2015

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Folic Acid Tablets 400 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Sep-2014	09-Jul-2015
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY CAN BE ISSUED AS HALF 80MG TABLET TRHEE TIMES A DAY	-	13-Feb-2014	14-May-2015

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Mirtazapine Tablets 15 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	14-May-2015	14-May-2015
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Apr-2015	08-Apr-2015
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	08-Apr-2015	08-Apr-2015
Mirtazapine Tablets 15 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	26-Mar-2015	26-Mar-2015
Piroxicam Gel 0.5 %	60	60 GRAM	Rub into the affected site three to four times	-	06-Feb-	06-Feb-

daily		2015	2015
Lifestyle Risks and Alerts / Examinations and Investigations			
<u>Description/Question</u>	<u>Result/Comment</u>		<u>Date</u>
Ex smoker (Stopped 2005):			09-Jul-2015
Never smoked tobacco:			29-Apr-2014
Never smoked tobacco :	Sore across back. Not breathless. Chest clear. Temperature nomral. PO2 99 Pulse 90 pASIN COMING AND GOING. Has also had diarrhoea today. Has been to toliet 4-5 times. No blood in diarrhoe- TRUNCATED		08-Aug-2013
Non-smoker :	,		28-Jun-2013
Non-smoker :	systemically better but still clear productive cough after RTI 26 12 12, cocnern re risk ards recurrnace. , denies inh subs misuse		11-Jan-2013
Alcohol consumption, 3 units/week:			17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake\$.clm - Repeat after an Interval		21-Jan-2010
Investigations			
<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>	
Chosen place for Delivery:	Maternity Unit	-	
LMP (last menstrual period) :	2015-05-22	-	
EDD (expected date of delivery) estimated:	2016-02-22	-	
Are you aware of any Vulnerability or Child Protection issues in relation to this pregnancy?:	Not Known	-	
Clinical warnings			
Additional relevant information			
Administrative information			
OK to send correspondence to home address?:Yes			
Patient will accept any site:Yes			
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes			
Patient has disability or requires wheelchair access:No			
Referred By:Referring GP			
Electronic Attachment Present:No			

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO	
East Glasgow Podiatry GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
GGC Podiatry NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G025G
	Email address -
Urgency of referral ROUTINE	
Date of referral 09-Apr-2015	Date sent 09-Apr-2015

PATIENT DETAILS		Patient's address
Surname	Mcleish	0/1 51 Coxton Place GARTHAMLOCK Glasgow G33 5EJ
Forename(s)	Wendy	
Title	Miss	
Sex	Female	
Date of birth	25-May-1987	
CHI no.	2505876061	Contact number(s)
Area of Residence	-	Voice: 07454750438

101009031853I	Unique Care Pathway Number: 101009031853I
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Anne McGinley	9 Auchinlea Road Easterhouse Glasgow G34 9HQ
GMC code	3341180	
GP code	07307	
Practice name	Easterhouse Health Centre (13448)	
Practice code	46471	Contact number(s)
		Voice: 0141 531 8150 Facsimile: 0141 531 8158

REFERRING GP DETAILS		Practice address
Name	Dr. Martin Connolly	Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ
GMC code	7036867	
GP code	99999	
Practice name	Dr Wilson, Dr McGinley & Dr Sheppard (46471)	
Practice code	46471	Contact number(s)
		Voice: 0141 531 8150

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Ingrown toenail

Comment: I would be grateful for any input you could offer with Wendy. She has a several month history of ingrown toenail on the right great toe. There is no evidence of infection, but it is causing problems particularly with certain shoes and local pressure. On examination it appears to be ingrown along the entire length of the medial side and I think she would struggle to get much improvement with the self management we discussed at her appointment.

The nail itself looks healthy and she is fit and well so I suspect with some additional input we can improve things.

Many thanks,

Dr Martin Connolly
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Ingrowing great toe nail (Right)	-	08-Apr-2015	08-Apr-2015
Alcohol problem drinking	-	06-Jun-2012	06-Jun-2012
Pneumonia due to unspecified organism (Bilateral)	-	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Folic Acid Tablets 400 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Sep-2014	05-Sep-2014
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY CAN BE ISSUED AS HALF 80MG TABLET TRHEE TIMES A DAY	-	13-Feb-2014	26-Mar-2015

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Apr-2015	08-Apr-2015
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	08-Apr-2015	08-Apr-2015
Mirtazapine Tablets 15 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	26-Mar-2015	26-Mar-2015
Rub into the affected						

Piroxicam Gel 0.5 %	60	60 GRAM	site three to four times daily	-	06-Feb-2015	06-Feb-2015
Mirtazapine Tablets 15 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	20-Jan-2015	20-Jan-2015
Mirtazapine Tablets 15 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	14-Oct-2014	24-Nov-2014

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		29-Apr-2014
Never smoked tobacco :	Sore across back. Not breathless. Chest clear. Temperature nomral. PO2 99 Pulse 90 pASIN COMING AND GOING. Has also had diarrhoea today. Has been to toliet 4-5 times. No blood in diarrhoe- TRUNCATED	08-Aug-2013
Non-smoker :	,	28-Jun-2013
Non-smoker :	systemically better but still clear productive cough after RTI 26 12 12, cocnern re risk ards recurrnace. , denies inh subs misuse	11-Jan-2013
Never smoked tobacco:		17-Apr-2012
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake\$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

Lab Report ID : N,14.8241028.R Coding Status : Coded
 Filed By User : File Status : Not Filed
 Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
 ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Liver function test	Y				
Total Bilirubin		17	umol/L	(<<20 U)	NK
Aspartate Transamina		35	U/L	(<<40 U)	NK
Alanine Transaminase	+	85	U/L	(<<50 U)	NK
Alkaline Phosphatase	+	134	U/L	(30-130 U)	NK
Albumin	-	34	g/L	(35-50 U)	NK
R Thyroid function test					
-Euthyroid TFT results					
TSH		1.9	mu/L	(0.35-5.00 U)	NK
Free T4		13	pmol/L	(9-21 U)	NK

Sample Collected Date : 18/03/2014 16:30:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 18/03/2014 17:35:00
 Received Date : 19/03/2014 07:00:27
 Requestor : WILSON, MARIE
 Requestor GMC Code :

NHS Confidential: Personal data about a patient

WEST OF SCOTLAND SPECIALIST VIROLOGY CENTRE

LEVEL 5, NEW LISTER BUILDING, GLASGOW ROYAL INFIRMARY, 10-16 ALEXANDRA PARADE, GLASGOW, G31 2ER

Tel: 0141 201 8722

Fax: 0141 201 8723

CPA: 0406

SURNAME	FORENAME	UNIT NO.	SEX DOB
MCLEISH	WENDY	23123532V	F 25.05.87
SOURCE	CONSULTANT	CHI NO.	
Easterhouse HC/223		CHI:2505876061	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
SER	V, 14 0617983 F	Final	

Hepatitis C antibody:Negative

Hep B surface antigen:Negative

Please see our new website: www.nhsggc.org.uk/virology
for information on samples, delivery and Viral PCR Solution.

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
Final Results	18.03.14	20.03.14	25.03.14 14:16 P	Maxwell
Report to: ICNET GP LINK		Copy for: Easterhouse HC/223		

NHS Confidential: Personal data about a patient

Lab Report ID : N,14.8190714.N Coding Status : Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (4917) Wendy Mcleish DOB : 25/05/1987 CHI : 2505876061 SEX : F
ADR : 0/1 51 Coxton Place GARTHAMLOCK Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Liver function test	Y				
Total Bilirubin		12	umol/L	(<<20 U)	NK
Aspartate Transamina	+	47	U/L	(<<40 U)	NK
Alanine Transaminase	+	134	U/L	(<<50 U)	NK
Alkaline Phosphatase		114	U/L	(30-130 U)	NK
Albumin		35	g/L	(35-50 U)	NK

Sample Collected Date : 04/03/2014 15:53:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2014 17:46:00
Received Date : 05/03/2014 07:00:08
Requestor : Wilson, Marie
Requestor GMC Code :

Actions

This report has history

Patient						
Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
WENDY MCLEISH	2505876061	25/05/1987	26	MCGINLEY, ANNE	DR WILSON, DR MCGINLEY & DR SHEPPAR	
Name Changed						

Report					
Bone Profile					
Authorised By	Auto Validated				
Authorised Date	09/08/2013 18:50:00				
Description	Value	Range	Unit	Normalcy Notes	
Alkaline Phosphatase	86	40 - 150	U/L		
Albumin	32	32 - 45	g/L		
Calcium	2.36		mmol/L		
Calcium (adjusted)	2.55	2.10 - 2.60	mmol/L		
Phosphate	1.00	0.70 - 1.40	mmol/L		

C-reactive Protein					
Authorised By	Auto Validated				
Authorised Date	09/08/2013 18:50:00				
Description	Value	Range	Unit	Normalcy Notes	
C-reactive Protein	129	<10.0	mg/L	+	

Urea & Electrolytes					
Authorised By	Auto Validated				
Authorised Date	09/08/2013 18:50:00				
Description	Value	Range	Unit	Normalcy Notes	
Sodium	135	135 - 145	mmol/L		
Potassium	3.7	3.5 - 5.0	mmol/L		
Chloride	106	98 - 108	mmol/L		
Urea	3.8	2.5 - 7.5	mmol/L		
Creatinine	54	40 - 130	umol/L		
Estimated GFR	>60	>60	ml/min		

Liver Function Tests					
Authorised By	Auto Validated				
Authorised Date	09/08/2013 18:50:00				
Description	Value	Range	Unit	Normalcy Notes	
Total Bilirubin	14	<20	umol/L		
Aspartate Transamina	15	<40	U/L		
Alanine Transaminase	21	<50	U/L		
Alkaline Phosphatase	86	40 - 150	U/L		
Albumin	32	32 - 45	g/L		

Troponin I					
Authorised By	Auto Validated				
Authorised Date	09/08/2013 18:58:00				
Description	Value	Range	Unit	Normalcy Notes	
Troponin I	<0.04	<0.04	ug/L		

Result Details

Page 2 of 2

Set Comments

No biochemical evidence of recent myocardial injury.

Requestor Comments

chest pain sob

SURNAME	MCLEISH		
FORENAME	WENDY		
Hosp No	2505876061		
CHI No	2505876061		
D.O.B	25.05.87	SEX	Female
ADDRESS	0/1 51 COXTON PLACE		
CONSULTANT/GP	DR MARIE WILSON		
HOSP/PRACTICE	WILSON,MCGINLEY,SHEPPARD		
WARD/TOWN	EASTERHOUSE H.C.		
Collected	Received	Report Issued	
20.08.13 @ 16:40	21.08.13 @ 13:46	21.08.13 @ 16:30	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
	Sodium	mmol/L	
	Potassium	mmol/L	
	Chloride	mmol/L	
	Bicarbonate	mmol/L	
	Urea	mmol/L	
	Creatinine	§ µmol/L	
	eGFR (estimated GFR)	mL/min	
	Plasma Glucose	mmol/L	
* 14	CRP	<10.0	mg/L
	Amylase	U/L	
	Urate	§ mmol/L	
	Troponin I	µg/L	
	CK	U/L	
	Bilirubin	µmol/L	
	AST	U/L	
	ALT	U/L	
	Gamma-GT	§ U/L	
	Alk.Phos.	§ U/L	
	Protein	g/L	
	Albumin	g/L	
	Globulins	g/L	
	Calcium	mmol/L	
	Adjusted Calcium	mmol/L	
	Phosphate	§ mmol/L	
	Magnesium	mmol/L	
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	mU/L	
	Free T4	pmol/L	
	T3	nmol/L	
	IgA	§ g/L	
	IgG	§ g/L	
	IgM	§ g/L	
NB Unless otherwise stated analyses carried out on serum			
Lab No. N120431486 Run No. 5			
§Significant sex/age differences			
Authorised by <i>Auto Check</i>		 Accredited Medical Laboratory Reference No:2335	
Date Reported 21.08.13			



Glasgow Royal Infirmary
MCLEISH, Wendy

0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: Dr Marie Wilson - GP PRACTICE

Diagnostic Imaging Report

DoB: **25/05/1987**

Chi No: **2505876061**

CRIS No: **5226123**

Hosp No: **23123532V**

VERIFIED Verified By: Dr Ross MacDuff 16/08/13 1104.

Clinical History :

Pneumonia. Feels similar symptoms. Chest clear.

XR Chest :

The heart is not enlarged, mediastinal contours are within normal limits. No focal active pulmonary disease is seen.

North Glasgow Hospitals

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Exams: XR Chest

Exam Date: 09/08/13 Event: E-27744775



Page 1 of 1

McLeish Wendy

CHI: 2505876061

Final Discharge Letter



Dr. AL McGinley
Dr Wilson dr mcginley & dr sheppar
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000

Date of Completion: 08/10/2013

Email Enquiries to: jean.cairney@ggc.scot.nhs.uk
Contact Tel Details: 0141 211 5719

Dictated: 27/09/2013
Transcribed: 27/09/2013

Dear Dr. AL McGinley,

Patient

Name: McLeish Wendy
CHI: 2505876061
DOB: 25/05/1987
Address: 0/1 51 COXTON PLACE

Glasgow
G33 5EJ

Admission

Admitted: 09/08/2013 17:49
Discharged: 09/08/2013 21:44
Admission Type: In Patient
Discharge to: Private Residence - no additional detail added
Consultant: Dr Allan Cameron
Specialty: General Medicine

Reason for Admission: Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Clinical Comments:

Diagnosis: Respiratory tract infection

This 26 year old lady attended the Assessment Unit with shortness of breath on exertion with central chest tightness.

On examination she appeared well. Observations were satisfactory and she had a tender chest wall around her lower ribs. She had a mildly tender epigastrium but the remainder of the examination was unremarkable. Urinalysis revealed +++leucocytes and +protein. Chest x-ray was normal and bloods

McLeish Wendy

CHI: 2505876061

FDL 09/08/2013 v1

showed a raised CRP at 129 and white cell count of 11.1. She was treated for a probable chest and urinary tract infection with oral Amoxycillin. She was discharged home.

Yours sincerely,

Dr Christine Aiken Consultant Physician Acute Medicine

Follow-up arranged: none

Electronically Signed: Dr Christine Aiken, Consultant

cc.

NHS Confidential: Personal data about a patient

		DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY CPA ACCREDITED LABORATORY				North Glasgow University Hospitals Division Glasgow Royal Infirmary ☎(0141)-211-5165	
Surname MCLEISH	Forename WENDY	Date of Birth 25.05.87	Sex F	Hospital Number 2505876061	CHI Number 2505876061		
Address 0/1 51 COXTON PLACE	Postcode G33 5EJ	Consultant / GP DR MARIE WILSON		Hospital ward / GP Practice			
	Hospital / GP G.R.I.	Ward / Clinic EASTERHOUSE H.C. - 46471					
Date and Time Received 30.07.13 18:00 HRS	Laboratory Number 5340806.	Clinical Information ?MALAERA					
30.07.13 16:23 Ferritin Assay 194.0 ng/ml (10.0-275.0)							
Reported On 31.07.13 11:28HRS		Authorised By <i>Auto Check</i>			Haematologist		

SURNAME	MCLEISH		
FORENAME	WENDY		
Hosp No	2505876061		
CHI No	2505876061		
D.O.B	25.05.87	SEX	Female
ADDRESS	0/1 51 COXTON PLACE		
CONSULTANT/GP	DR MARIE WILSON		
HOSP/PRACTICE	WILSON,MCGINLEY,SHEPPARD		
WARD/TOWN	EASTERHOUSE H.C.		
Collected	Received	Report Issued	
30.07.13 @ 16:23	30.07.13 @ 17:50	31.07.13 @ 08:00	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
	Sodium	mmol/L	
	Potassium	mmol/L	
	Chloride	mmol/L	
	Bicarbonate	mmol/L	
	Urea	mmol/L	
	Creatinine	§ µmol/L	
	eGFR (estimated GFR)	mL/min	
	Plasma Glucose	mmol/L	
	CRP	mg/L	
	Amylase	U/L	
	Urate	§ mmol/L	
	Troponin I	µg/L	
	CK	U/L	
17	Billirubin	<20	µmol/L
27	AST	<40	U/L
37	ALT	<50	U/L
	Gamma-GT	§ U/L	
90	Alk.Phos.	40-150	§ U/L
	Protein	g/L	
37	Albumin	32-45	g/L
	Globulins	g/L	
	Calcium	mmol/L	
	Adjusted Calcium	mmol/L	
	Phosphate	§ mmol/L	
	Magnesium	mmol/L	
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	mU/L	
	Free T4	pmol/L	
	T3	nmol/L	
	IgA	§ g/L	
	IgG	§ g/L	
	IgM	§ g/L	
NB Unless otherwise stated analyses carried out on serum			
L35 No. N.13.E277787 Run No. 859			
§Significant sex/age differences			
Authorised by <i>Auto Check</i> Date Reported 31.07.13		 Accredited Medical Laboratory Reference No:2335	

ESA113

Client Name:

Miss Wendy Mcleish

Client NINo:

JZ174505B

Client Date of Birth:

25.05.1987

Freepost Plus RSXG-JUKA-RGBU

Atos Healthcare
Corunna House
29 Cardogan Street
Glasgow
G2 7BR

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please
continue at Part 7.

1 When did your patient last see a GP?

28106 113

2 Current conditions affecting ability to work:

Please give us details of those conditions **which may have significant effect on the person's capacity to work**. Include:

- Relevant symptoms and signs, including side effects of medication, with dates: For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication: **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form.

and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
TREMOR/ MAJOR Stress	Benign Tremor since 2007	Exacerbated by life Episodes in 2011, ITU with ARDS. May 2012
Substance Misuse	alcohol/ Cocaine + Benzodiazepines	Second referral to the Community Addiction Teams May 2012



About your patient - continued

- 3 Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

Current conditions:
Please list any other relevant conditions that do not affect the ability to work.

- 4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

- Walking or moving
- Transferring between seats
- Reaching
- Picking up objects
- Manual dexterity
- Communicating with others
- Continence
- Learning simple tasks
- Awareness of hazards
- Initiating and completing personal actions
- Coping with changes or social engagement
- Appropriateness of behaviour
- Eating or drinking

due to Senevaller - AROS.

Plenou

haben unter Einfluss Substanz

Multiple Principal attempts
in response to Exos. + Descendants

5 Does the patient have a history of threatening or violent behaviour?

No ☐

Yes

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi?

No

Yes ☒

Please tell us why at **Part 7**

- 7 Additional information**
Please continue on a separate sheet if necessary.

Please continue on a separate sheet if necessary.

Difficult Social Circumstances,
Hampden County Melrose

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

R. Asherman

Name IN CAPITALS

Dr. A. BHUVANASIRIN

Date

317113

Practice stamp

Name..... Date.....

CHI: 2505876061 25/05/1987 F
MCLEISH Wendy
077181 Coxton, G33 5FJ
07733979634
2551656
Dr M. Wilson & Dr A. G34 9HG
Dr M. Wilson & Dr A. 16:35 Practice: 46471
28/06/2013

Clinicians are aware your clinician knows about these feelings she or he will be able to help you more. If your clinician knows about these feelings she or he will be able to help you more. This questionnaire is designed to help your clinician to know how you feel. Read each item and underline the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.



I feel tense or 'wound up': Most of the time 2 A lot of the time From time to time, occasionally Not at all I still enjoy the things I used to enjoy: Definitely as much Not quite so much Only a little 3 Hardly at all I get a sort of frightened feeling as if something awful is about to happen: Very definitely and quite badly 2 Yes, but not too badly A little, but it doesn't worry me Not at all I can laugh and see the funny side of things: As much as I always could Not quite so much now 2 Definitely not so much now Not at all Worrying thoughts go through my mind: A great deal of the time 2 A lot of the time From time to time but not too often Only occasionally I feel cheerful: Not at all 2 Not often Sometimes Most of the time I can sit at ease and feel relaxed: Definitely Usually 2 Not often Not at all	I feel as if I am slowed down: 3 Nearly all the time Very often Sometimes Not at all I get a sort of frightened feeling like 'butterflies' in the stomach: Not at all Occasionally 2 Quite often Very often I have lost interest in my appearance: Definitely 2 I don't take as much care as I should I may not take quite as much care I take just as much care as ever I feel restless as if I have to be on the move: Very much indeed 2 Quite a lot Not very much Not at all I look forward with enjoyment to things: As much as ever I did Rather less than I used to 2 Definitely less than I used to Hardly at all I get sudden feelings of panic: Very often indeed 2 Quite often Not very often Not at all I can enjoy a good book or radio or TV programme: Often Sometimes Not often 3 Very seldom
---	---

Now check that you have answered all the questions

(C)

A 14 D 17

Name..... Date.....

CHI: 2505876061 25/05/1987 F
MCLEISH Wendy
077 51 Coxton, G33 5EJ
07733979634
2551656
Dr M. Wilson, Dr A. G34 9HQ
Dr M. Wilson & Dr A. 16.35. Practice: 46471
28/06/2013

Clinicians are aware of your feelings. It is an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more. This questionnaire is designed to help your clinician to know how you feel. Read each item and underline the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.



I feel tense or 'wound up': Most of the time 2 A lot of the time From time to time, occasionally Not at all I still enjoy the things I used to enjoy: Definitely as much Not quite so much Only a little 3 Hardly at all I get a sort of frightened feeling as if something awful is about to happen: Very definitely and quite badly 2 Yes, but not too badly A little, but it doesn't worry me Not at all I can laugh and see the funny side of things: As much as I always could Not quite so much now 2 Definitely not so much now Not at all Worrying thoughts go through my mind: A great deal of the time 2 A lot of the time From time to time but not too often Only occasionally I feel cheerful: Not at all 2 Not often Sometimes Most of the time I can sit at ease and feel relaxed: Definitely Usually 2 Not often Not at all	I feel as if I am slowed down: 3 Nearly all the time Very often Sometimes Not at all I get a sort of frightened feeling like 'butterflies' in the stomach: Not at all Occasionally 2 Quite often Very often I have lost interest in my appearance: Definitely 2 I don't take as much care as I should I may not take quite as much care I take just as much care as ever I feel restless as if I have to be on the move: Very much indeed 2 Quite a lot Not very much Not at all I look forward with enjoyment to things: As much as ever I did Rather less than I used to 2 Definitely less than I used to Hardly at all I get sudden feelings of panic: Very often indeed 2 Quite often Not very often Not at all I can enjoy a good book or radio or TV programme: Often Sometimes Not often 3 Very seldom
---	---

Now check that you have answered all the questions

A 14 D 17

(C)

(R)

SGT TO DOCMAN

ESA113

jobcentreplus

Employment and Support Allowance

Atos Healthcare

Dr Sheppard
EASTERHOUSE HEALTH CENTRE
& PHARMACY
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ

40540

267 E 156
105

Our phone number is: 0141 249 3565

If you have a textphone,
you can call on: 18001 0141 249 3565

If you get in touch with us, tell us this
reference number: JZ174505B

Date: 17th June 2013

About your patient

Full Name

Miss Wendy Mcleish

NINo

JZ174505B

Date of birth

25th May 1987

Address

0/1 51 Coxton Pl, Garthamlock, Glasgow,
G33 5EJ

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note:

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance
- A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems
- Current medication with last prescribed date
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.
Yours sincerely,

Miss Amanda McMahon



Miss Wendy Mcleish

JZ174505B

25.05.1987

Atos Healthcare
Corunna House
29 Cardogan Street
Glasgow
G2 7BR

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

/ /

Please give us details of those conditions **which may have significant effect on the person's capacity to work**. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form,
and return the completed form in the supplied envelope - with the above address showing in the window.



About your patient - continued

3 Current conditions not affecting ability to work

Please **list** any other relevant conditions that do not affect the ability to work.

[illegible]

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

- Walking or moving
- Transferring between seats
- Reaching
- Picking up objects
- Manual dexterity
- Communicating with others
- Continence
- Learning simple tasks
- Awareness of hazards
- Initiating and completing personal actions
- Coping with changes or social engagement
- Appropriateness of behaviour
- Eating or drinking

[illegible]

5 Does the patient have a history of threatening or violent behaviour?

No ☐Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi?

No ☐Yes ☐

Please tell us why at **Part 7**

7 Additional information

Please continue on a separate sheet if necessary.

DATE	DESCRIPTION	AMOUNT
10/1/2010	10/1/2010	10/1/2010
10/2/2010	10/2/2010	10/2/2010
10/3/2010	10/3/2010	10/3/2010
10/4/2010	10/4/2010	10/4/2010
10/5/2010	10/5/2010	10/5/2010
10/6/2010	10/6/2010	10/6/2010
10/7/2010	10/7/2010	10/7/2010
10/8/2010	10/8/2010	10/8/2010
10/9/2010	10/9/2010	10/9/2010
10/10/2010	10/10/2010	10/10/2010
10/11/2010	10/11/2010	10/11/2010
10/12/2010	10/12/2010	10/12/2010
10/13/2010	10/13/2010	10/13/2010
10/14/2010	10/14/2010	10/14/2010
10/15/2010	10/15/2010	10/15/2010
10/16/2010	10/16/2010	10/16/2010
10/17/2010	10/17/2010	10/17/2010
10/18/2010	10/18/2010	10/18/2010
10/19/2010	10/19/2010	10/19/2010
10/20/2010	10/20/2010	10/20/2010
10/21/2010	10/21/2010	10/21/2010
10/22/2010	10/22/2010	10/22/2010
10/23/2010	10/23/2010	10/23/2010
10/24/2010	10/24/2010	10/24/2010
10/25/2010	10/25/2010	10/25/2010
10/26/2010	10/26/2010	10/26/2010
10/27/2010	10/27/2010	10/27/2010
10/28/2010	10/28/2010	10/28/2010
10/29/2010	10/29/2010	10/29/2010
10/30/2010	10/30/2010	10/30/2010
10/31/2010	10/31/2010	10/31/2010

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service

Your Signature

Signature

(continued)

Name IN CAPITALS

Dr

Dr. _____

Date _____

_____ / _____

Practice stamp

Practice stamp

Name..... **20 JUN 2013**

CHI: 2505876061 25/05/1987 F
 MOLEISH Wendy
 07151 Coxton G33 5EJ
 07733979634
 Dr M. Wilson, Dr M. Wilson & Dr A. G34 9HQ
 14/06/2013 17:44 Practice: 46471
 2551656

NHS
 Greater Glasgow

Clinicians are aware that emotions play an important role in your health. Your clinician knows about these feelings she or he will ask you about them.

This questionnaire is designed to help your clinician to know how you feel. Read each item and underline the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

A I feel tense or 'wound up': <u>2</u> Most of the time <u>2</u> A lot of the time From time to time, occasionally Not at all D I still enjoy the things I used to enjoy: <u>0</u> Definitely as much <u>0</u> Not quite so much Only a little Hardly at all A I get a sort of frightened feeling as if something awful is about to happen: <u>2</u> Very definitely and quite badly <u>2</u> Yes, but not too badly A little, but it doesn't worry me Not at all D I can laugh and see the funny side of things: As much as I always could <u>1</u> Not quite so much now <u>1</u> Definitely not so much now Not at all A Worrying thoughts go through my mind: A great deal of the time <u>2</u> A lot of the time From time to time but not too often Only occasionally D I feel cheerful: <u>2</u> Not at all <u>2</u> Not often Sometimes Most of the time A I can sit at ease and feel relaxed: Definitely <u>2</u> Usually Not often Not at all	D I feel as if I am slowed down: <u>3</u> Nearly all the time <u>3</u> Very often Sometimes Not at all A I get a sort of frightened feeling like 'butterflies' in the stomach: Not at all Occasionally Quite often <u>3</u> Very often D I have lost interest in my appearance: Definitely <u>2</u> I don't take as much care as I should I may not take quite as much care I take just as much care as ever A I feel restless as if I have to be on the move: Very much indeed <u>2</u> Quite a lot Not very much Not at all D I look forward with enjoyment to things: As much as ever I did Rather less than I used to <u>2</u> Definitely less than I used to Hardly at all A I get sudden feelings of panic: <u>2</u> Very often indeed <u>2</u> Quite often Not very often Not at all D I can enjoy a good book or radio or TV programme: Often Sometimes Not often <u>3</u> Very seldom
---	--

Now check that you have answered all the questions

A **15** D **13**

(K) (C)

Wendy McKeish

4.20

FAST ALCOHOL SCREENING TEST (FAST) FOR THE DETECTION OF PROBABLE HAZARDOUS DRINKING

24 MAY 2013

For the following questions please circle the answer which best applies.

1 drink = 1 unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits

1. MEN: How often do you have EIGHT or more units on one occasion?

WOMEN: How often do you have SIX or more units on one occasion?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

Only ask Questions 2, 3 & 4 if the response to Question 1 is "Less than monthly" or "Monthly"

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

3. How often during the last year have you failed to do what was normally expected of you because of drink?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE
------------	------------------------	--------------	-------------	----------------------------	-------

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never 0	Yes, on one occasion 2	Yes, on more than one occasion 4	SCORE
------------	---------------------------	-------------------------------------	-------

TOTAL 11

If the person scores 3 or above, ask **two consumption** Questions to record levels of alcohol use:

- On average how many days of the week do you drink?
- On average how many units of alcohol do you consume?

FAST POSITIVE
(Score of 3 or more)

YES 1	NO
----------	----

message sent to Dr Ashok

non smoker
non hyper

NHS Confidential: Personal data about a patient

CPA DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY												North Glasgow University Hospitals Division Glasgow Royal Infirmary ☎(0141)-211-5165	
CPA ACCREDITED LABORATORY													
Surname MCLEISH		Forename WENDY		Date of Birth 25.05.87		Sex F		Hospital Number 23123532V		CHI Number 2505876061			
Address 0/1 51 COXTON PLACE		Postcode G33 5EJ		Consultant / GP DR MARIE WILSON		Hospital ward / GP Practice							
		Hospital / GP G.R.I.		Ward / Clinic EASTERHOUSE H.C. - 46471									
Date and Time Received 14.01.13 18:23 HRS		Laboratory Number 5028408.		Clinical Information NONE GIVEN									
Date Withdrawn	WBC x10 ⁹ /L 40-110	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	Hb g/L M130-180 F115-165	RBC x10 ¹² /L M4.5-6.5 F3.8-5.8	Hct L/L M0.40-0.54 F0.37-0.47	MCV fl 78-90	MCH pg 27-32	RDW % 11.5-14.5	Retic x10 ⁹ /L 50-100	Plts x10 ⁹ /L 150-400	ESR mm/hr M<10 F<12	
21.12.11	9.6	5.2	2.6	101	3.32	0.300	90	30.4	14.4		202	47	
22.12.11	12.0	6.7	3.5	103	3.42	0.309	90	30.1	14.6		233		
26.12.11	9.3	5.5	2.7	100	3.38	0.306	91	29.6	14.0		334		
30.12.11	7.7	2.6	4.2	110	3.74	0.335	90	29.4	13.9		500		
19.03.12	6.1	2.5	3.2	128	4.03	0.380	94	31.8	14.1		271		
14.01.13	7.2	3.2	3.2	134	4.26	0.392	92	31.5	11.9		386		
Analyser Diff	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	MONO x10 ⁹ /L 02-08	EOS x10 ⁹ /L 0.04-0.4	BASO x10 ⁹ /L 0.01-0.1	MET	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN	
	3.2	3.2	0.6	0.08	0.04								
Comments													
FULL BLOOD COUNT Reported On 14.01.13 19:29HRS Authorised By <i>Auto Check</i> Haematologist													

SURNAME	MCLEISH		
FORENAME	WENDY		
Hosp No	23123532V		
CHI No	2505876061		
D.O.B	25.05.87	SEX	Female
ADDRESS	0/1 51 COXTON PLACE		
CONSULTANT/GP	DR MARIE WILSON		
HOSP/PRACTICE	WILSON, MCGINLEY, SHEPPARD		
WARD/TOWN	EASTERHOUSE H.C.		
Collected 14.01.13 @ 15:28	Received 14.01.13 @ 18:03	Report Issued 14.01.13 @ 19:30	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
137	Sodium	135-145	mmol/L
4.4	Potassium	3.5-5.0	mmol/L
108	Chloride	98-108	mmol/L
	Bicarbonate		mmol/L
6.4	Urea	2.5-7.5	mmol/L
57	Creatinine	40-130	µmol/L
>60	eGFR (estimated GFR)		mL/min
	Plasma Glucose		mmol/L
	CRP		mg/L
61	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I		µg/L
	CK		U/L
17	Bilirubin	<20	µmol/L
20	AST	<40	U/L
34	ALT	<50	U/L
	Gamma-GT		U/L
84	Alk Phos.	40-150	U/L
	Protein		g/L
34	Albumin	32-45	g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		mmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA		g/L
	IgG		g/L
	IgM		g/L
NB Unless otherwise stated analyses carried out on serum			
Lab No. N.13.8822540		Run No. 513	
§Significant sex/age differences			
Authorised by <i>Auto Check</i>	 Accredited Medical Laboratory Reference No:2335		
Date Reported 14.01.13			



**Executive Director
Social Care Services**
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Dr Sheppard/McGinley,
Easterhouse Health Centre,
9 Auchinlea Road,
Glasgow,
G34 7HQ

Our Ref DC Your Ref
Date: 11/01/2013

Dear Dr Sheppard/McGinley,
RE: Wendy McLeish, Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ.
CHI: 2505876061

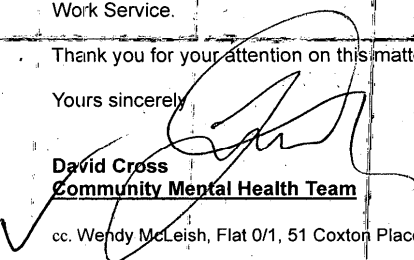
I recently informed you by letter that your patient Wendy McLeish was receiving weekly home visit supports from Glasgow Association Mental Health; however, over the past few months Wendy has not been engaging and has not been home for planned GAMH home visits. Furthermore, the Social Work Services are currently in the process of **Self Directed Support – Personalisation**, which will enable Wendy to receive a financial budget to purchase and receive the GAMH services.

I have also written to Wendy to request that she contact the Auchinlea House Social Work Services before **Friday 11th January 2013** to instruct me if she still wishes to continue with the Self Directed Support – Personalisation process and to also receive the GAMH service. However, we have not heard from Wendy to date and we now have to presume that Wendy does not wish or require the GAMH service or to continue the process of Self Directed Support – Personalisation, therefore, we have no choice but to close her case at Auchinlea House Social Work Services.

Nevertheless, if you believe there is a significant risk of Wendy not receiving the GAMH service and that you can discuss and convince her to fully engage with GAMH and to complete the Self Directed Support – Personalisation process then can you please write to me before **25/01/2013**. If we do not hear from yourself or Wendy before this date then her case will be closed off to the Auchinlea House, CMHT, Social Work Service.

Thank you for your attention on this matter.

Yours sincerely


David Cross
Community Mental Health Team

cc. Wendy McLeish, Flat 0/1, 51 Coxton Place, Glasgow, G33 5EJ.

If phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:

Glasgow – Proud Host City of the 2014 Commonwealth Games

S:\Auchinlea Social Work\Auchinlea Shared Files\LETTERS\DC-S1014429-W\McL- SDS - GP - opt in letter-3- 11-01-13.doc



Wendy McLeish
Flat 0/X
51 Coxtor Place
Glasgow
G33 5EJ

Executive Director
Social Care Services
David Crawford
BA(Hons) MS: CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G34 9HQ
0141 232 7200
www.glasgow.gov.uk

Copy into

Our Ref: DC Your Ref:
Date: 20/12/2012

Dear Wendy,
RE: Self Directed Support - Personalisation & GAMH Key Worker.
CHI: 2505876061

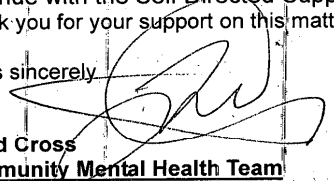
We visited you at home on **Thursday 20/12/2012 at 2pm**; however you were not home and you did not telephone to cancel or re-arrange our visit.

GAMH have visit you on numerous occasions and you have not been home for their agreed planned Home Visit; therefore I would now like you to contact me at the above address or telephone number to inform me if you wish to continue to receive these GAMH Home Visits. Furthermore, you are currently being processed through the Social Work Services **Self Directed Support - Personalisation**, which will enable you to receive a financial budget to enable you to purchase and receive the GAMH services.

It is important that you contact me before **Friday 11th January 2013** to instruct me if you wish to continue with the Self Directed Support - Personalisation process and to receive the GAMH service. If we do not hear from you before this date then I will presume you no longer wish to receive the GAMH service and that you do not wish to continue with the Self Directed Support - Personalisation process.

Thank you for your support on this matter.

Yours sincerely


David Cross
Community Mental Health Team

cc. Dr Sheppard/McGinley, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 7HQ,

If phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:



Wendy McLeish
Flat 0/1
51 Coxten Place
Glasgow
G3 5EJ

Executive Director
Social Care Services
David Crawford
BA(Hons) MSc CQSW

Social Work Services
Glasgow City Council
Auchinlea House
Easterhouse Community Health Centre
9 Auchinlea Road
Easterhouse
Glasgow
G3 4 9HQ
0141 232 7200
www.glasgow.gov.uk

COPY
INFO

Our Ref DC Your Ref
Date: 17/12/2012

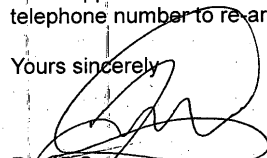
Dear Wendy,
RE: Self Directed Support - Personalisation & GAMH Key Worker.
CHI: 2505876061

I would like to visit you at home with your key worker **Nicola Jones from GAMH** to review and discuss the current services being provided by GAMH.

I would like to visit you at your on: **Thursday 20/12/2012 at 2pm.**

If this appointment is not suitable, please do not hesitate to contact me at the above address or telephone number to re-arrange a more suitable time and date.

Yours sincerely


David Cross
Community Mental Health Team

cc: Dr Sheppard/McGinley, Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G3 4 7HQ.

If phoning or visiting, please ask for David Cross
Direct Phone 0141 2327200 Fax 0141
Email:



Glasgow Royal Infirmary

MCLEISH, Wendy

0/1 51 Coxton Place, Glasgow, Lanarkshire, G33 5EJ

Referrer: Dr Emma Sheppard - GP PRACTICE

Diagnostic Imaging Report

DoB: **25/05/1987**

Chi No: **2505876061**

CRIS No: **5226123**

Hosp No: **23123532V**

VERIFIED Verified By: Mairi Devine (Sonographer) 21/09/12 1051.

Clinical History : ? Gallstones.

US Abdomen : Difficult examination due to high position of liver.

The gallbladder appears normal no stones demonstrated. Normal calibre common duct with no intrahepatic duct dilatation.

The liver appears normal in shape, size and echotexture, no focal lesion demonstrated. Portal vein appears patent with no reversal of flow. The spleen is not enlarged. No free fluid seen within the abdomen.

Normal ultrasound appearance of the head of pancreas, the body and tail obscured by overlying bowel gas.

Normal ultrasound appearance of both kidneys and aorta.

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Exams: US Abdomen

Exam Date: 21/09/12 Event: E-26912890



Page 1 of 2



Glasgow Royal Infirmary
MCLEISH, Wendy

0/1 51 Coxton Place, , Glasgow, Lanarkshire, G33 5EJ
Referrer: Dr Emma Sheppard - GP PRACTICE

Diagnostic Imaging Report

DoB: **25/05/1987**

Chi No: **2505876061**

CRIS No: **5226123**

Hosp No: **23123532V**

This examination has been reported by Mairi Devine, Sonographer.

North Glasgow Hospitals

Ref. Src: Easterhouse Health Centre, 9 Auchinlea Road, Glasgow, G34 9HQ

Exams: US Abdomen

Exam Date: 21/09/12 Event: E-26912890



Page 2 of 2

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MsC sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

6 9 12

Wendy. Mcleish

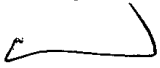
0/1 51 Coxton Place
GARTHAMLOCK
Glasgow

G33 5EJ

Dear Wendy,

Your liver test is higher, it should settle as your alcohol reduces. Please see us to repeat this in 2 months.

The neurology team suggests I did a referral for the gym, please sign ^{form} ~~there~~ and return to us if you want to go ahead.


Dr E Sheppard

LOW RISK HEALTH PROFILE

For patients without established heart disease.

- To be completed by referring health professional.
- Please refer to the inclusion/exclusion criteria and patient pathway for further information on appropriate referrals and processes.
- Please fully complete the form to ensure appropriate exercise prescription.



PATIENT DETAILS

Please give full postal address and telephone number or attach label in order for patients to be

Name CHI: 2505878061 Male/Female ☐ Male ☒ Female
 D.O.B (day) 07/01/1967
 Address 07733979634
 Tel No Dr E Sheppard, Dr M Wilson & Dr A. G34 9HQ
 Mobile 06/09/2012 15:13 Practice: 46471
 Hospital No. if known (GRIWUSHHSGH/VV)
 CHI No.

Does your patient require an interpreter/communication support? If 'yes' please describe. YES ☐ NO ☒

REASON FOR REFERRAL - PLEASE GIVE DETAILS BELOW

Weak after long illness pneumonia
in hospital over autumn 2011. No day
received gym style reconditioning

1. If your patient has established heart disease please DO NOT use this form. Please use Referral Form for Patients with Established Heart Disease.

2. Is your patient motivated to become more active? YES ☒ NO ☐
 If 'no' please DO NOT refer to the Live Active Exercise Referral Scheme.

3a. Most recent BP reading _____ / _____ mmHg
 Date _____

3b. Is your patient being monitored/treated for high BP? YES ☐ NO ☒

Please do not use the Live Active Exercise Referral Scheme if BP is consistently >160/90mmHg and is not being monitored/treated OR if BP is >180/110mmHg.

4. Does your patient have any physical limitations that would make physical activity difficult? YES ☐ NO ☒
 If 'yes' please give details using the options below

- ☐ Back Pain ☐ MS ☐ OA
☐ Amputation ☐ Osteoporosis ☐ RA
☐ Injury ☐ Chronic Fatigue ☐ Joint Replacement
☐ PVD ☐ Obesity ☐ Other Joint Pain
☐ Functional Post Stroke (please give details) ☐ Other (please give details)

GP DETAILS (or stamp)

Name _____
 Practice Address _____
DRS WILSON MOONLEY & SHEPPARD
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW G34 9HQ
 Tel No _____
 Fax No _____
 Practice Code _____

5. Does your patient have any mental health issues (e.g. anxiety, depression etc.)? Please give details. YES ☐ NO ☒
stress, occasional alcohol xs,
supported by Barnardo's
trauma bereavement

6. Does your patient have any learning difficulties or cognitive impairment? Please give details. YES ☐ NO ☒

Please note that patients must have the mental and physical ability to be able to participate in class based or individual based activity programmes. Patients with additional support needs must be accompanied by a carer (professional/voluntary). The Live Active Exercise Referral Scheme is unable to provide one-to-one exercise tuition.

7. Does your patient have any respiratory problems? Please give details. YES ☐ NO ☒
pneumonia fully resolved

8. Is your patient diabetic? IDDM YES ☐ NO ☒
 NIDDM YES ☐ NO ☒

9. Does your patient suffer from epilepsy? YES ☐ NO ☒
 If 'yes' how often do they have a seizure
☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

10. Is your patient taking any medication that will affect their exercise capacity? YES ☐ NO ☒
 If 'yes' please attach repeat prescription printout

Based on this health profile, and my knowledge of the patient, I know of no reason why this patient should not join the Live Active Exercise Referral Scheme. This scheme involves a one to one physical activity consultation and advice on appropriate exercise and self monitoring (as per NHSGG&C protocol). This information will be stored on a secure electronic database with additional paper copies stored securely as well.

Referrer's Signature _____ Date 6/9/12

Print name _____

Job title _____

Location & Tel (if different to GP) DRS WILSON MOONLEY & SHEPPARD

EASTERHOUSE HEALTH CENTRE

9 AUCHINLEA ROAD

GLASGOW G34 9HQ

TEL: 0141 531 8150

Please note all unsigned forms will be returned to the Referrer

I give permission for this information to be used by the Exercise Referral Staff

WHITE - SEND COPY TO PATIENT'S PREFERRED VENUE
 YELLOW - REFERRERS COPY PINK - PATIENT'S COPY

GLASGOW ROYAL INFIRMARY		RADIOLOGY REFERRAL	
Department of Radiology			
Name: MOLEISH, Wendy First CHI: 2505876061 Date of birth: 25/05/1987 Address: 07151 Coxtown, G33 5EJ Tel: 07733979634 Ref: Dr E Sheppard, 3665273 Dr M Wilson & Dr A. G34 9H0 Date: 04/09/2012 10:19 Practice: 46471 Postcode:	CHI: RIS: Hosp. no. Date of birth: Daytime telephone or mobile:	Consultant: Ward/Dept. Copy to:	☐ Should this patient be booked as 'at risk'? Details:
Investigation required: USS ABD O	URGENT: Same day ☐ Week ☐ Within ☐ Pregnancy note: Overdue ☐ 36d ☐ 72d ☐	Office use only: Date received:	
Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000): gall stones		Preparation: Fast: Full bladder: Laxative: Oral contrast: No prep: Urgency: Initial:	
If requesting barium, CT, IVU, angiography/intervention or MRI studies or your patient has diabetes/renal impairment, please complete details below. (Sections marked * see notes overleaf)		IR(ME)R justification: Initial: YES ☐ NO ☐ Delegation:	
Name: CONRAD	Designation: GP	Telephone/page:	Signature: <i>[Signature]</i> Date: 4/9/12
DIABETICS/RENAL IMPAIRMENT: For diabetics and those with renal impairment, contrast medium may be nephrotoxic. For IVU, CT and angiographic procedures, please record latest creatinine result: $\mu\text{mol/l}$ Date of result:	SAFETY QUESTIONNAIRE: Please complete for all contrast exams by circling (except MRI): Previous contrast reaction: Y N Known allergies: Y N Severe asthma: Y N Diabetics: Y N On Metformin: Y N Known renal disease: Y N Known vascular disease: Y N On Warfarin: Y N If 'Yes' to any of the above, give details:	MRI SAFETY QUESTIONNAIRE: Please complete by circling: Previous surgery to the heart: Y N Does patient have a pacemaker? Y N Previous surgery to the head: Y N Any history of metal in the eyes: Y N If 'Yes' to any of the above, give details and telephone MRI 2(11)0447 for advice:	
ANTICOAGULANTS/COAGULOPATHY: For invasive procedures it is important to ensure a normal coagulation. Anticoagulant drugs should be stopped beforehand and defects corrected. A coagulation screen must be performed if there is a history of coagulopathy, anticoagulant use or if the intervention involves the puncture of solid organs (eg liver, kidney, etc.). Please record the latest coagulation screen/INR result: Date of result:	CT/MRI PROTOCOL	Office use only: APPOINTMENTS: 1. 2. 3. 4.	
USEFUL TELEPHONE NUMBERS: Reception (Plain film, US, Barium): 25527 Report & Film Requests: 25120 A&E Radiology: 29218 CT enquiries: 25183 MRI enquiries: 20447 Angiography/intervention: 24783 Reports are only available online, via the RIS. To obtain a password, contact 25160.			

SURNAME	MCLEISH		
FORENAME	WENDY		
Hosp No	23123532V		
CHI No	2505876061		
D.O.B	25.05.87	SEX	Female
ADDRESS	0/1 51 COXTON PLACE		
CONSULTANT/GP	DR EMMA SHEPPARD		
HOSP/PRACTICE	WILSON, MCGINLEY, SHEPPARD		
WARD/TOWN	EASTERHOUSE H.C.		
Collected	Received	Report Issued	
04.09.12 @ 10:19	04.09.12 @ 17:59	05.09.12 @ 10:50	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
	Sodium		mmol/L
	Potassium		mmol/L
	Chloride		mmol/L
	Bicarbonate		mmol/L
	Urea		mmol/L
	Creatinine		§ µmol/L
	eGFR (estimated GFR)		mL/min
	Plasma Glucose		mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		§ mmol/L
	Troponin I		µg/L
	CK		U/L
15	Bilirubin	<20	µmol/L
	AST		U/L
28	ALT	<50	U/L
* 98	Gamma-GT	<40	§ U/L
64	Alk.Phos.	40-150	§ U/L
	Protein		g/L
34	Albumin	32-45	g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		§ mmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA		§ g/L
	IgG		§ g/L
	IgM		§ g/L
NB Unless otherwise stated analyses carried out on serum			
Lab No. N.12.8519054		Run No. 831	
§Significant sex/age differences Authorised by Auto Check Date Reported 05.09.12  Accredited Medical Laboratory Reference No:2335			

GREATER GLASGOW PRIMARY CARE NHS TRUST
PHYSIOTHERAPY REFERRAL



Date of Referral ☐☐☐☐☐☐

Practice Details

Code ☐☐☐☐☐☐

Patient Details

Surname



2505876061

First Name

HENDY MCLEISH
0/1 51 Coxton Place
GLASGOW

25/05/1987 F

D.O.B. ☐ ☐ ☐ ☐ ☐ ☐

G33 5EJ

4647

F ☐

ANNE MCGINLEY
DR WILSON, DR MCGINLEY & DR SHEPPAR

Address

Name

Address

Tel No.

Fax No.

Name of Referrer

Mr Marshall

Designation

Neurology

Base

GRI

Tel. No.

Post Code

Tel (Day)

OUTPATIENT

Routine ☐

Soon ☒

Urgent ☐

Appliance Only ☐

DOMICILIARY

Routine ☐

Soon ☐

Urgent ☐

Appliance Only ☐

Drug History

Oral Steroids ☐

Anti-Coagulants ☐

Clinical Warnings / Risk Factors ☐

Reason For Referral

Generalised weakness following prolonged ITU stay

Date of onset

☐☐☐☐☐☐

Relevant Past Medical History

X-Ray Reports / Scans
(please attach copies)

RhA

☐

Diabetes

☐

Osteoporosis

☐

Respiratory

☐

Cardiac

☐

Neurological

☐

Epilepsy

☐

Pacemaker

☐

Date Received

☐☐☐☐☐☐

First Appointment Offered

☐☐☐☐☐☐

Date of Assessment

☐☐☐☐☐☐

Pims

☐☐☐☐☐☐

Number Of Treatments

☐

Cancellations

☐

Failed to Attend

☐

Physiotherapy Diagnosis

Discharge Summary

Ms McLash has previously exercised in a gym. On discussion she is amenable to resuming that. I have prescribed some simple exercise for balance and strength but her needs would be better met by resuming gym programmes. I recommended that she return to GP exercise referral scheme through her GP.

Allen D. D.

22/5/17

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MSc sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

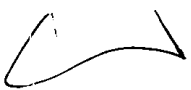
Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

22 8 12

Wendy. Mcleish
0/1 51 Coxtan Place
GARTHAMLOCK
Glasgow
G33 5EJ

Dear Wendy,

The specialist Dr Poon says that your chest XRAY is fine, sorry for any unnecessary concern



Dr Emma Sheppard

Dr Marie Wilson MBChB MRCOG MRCGP
Dr. Anne McGinley MBChB MRCGP MSc sports medicine
Dr Emma Sheppard MBBS MRCGP DRCOG DFFP

Easterhouse Health Centre
9 Auchinlea Road
Glasgow G34 9 HQ

17 8 12

Wendy. Mcleish
0/1 51 Coxtan Place
GARTHAMLOCK
Glasgow
G33 5EJ

Dear Wendy,

Please make at an appointment to see us for the result of the Chest Xray at your convenience

Dr Emma Sheppard

