Mr William Angus Ferguson
Patient Record

Mr William Angus Ferguson		**NHS Number: 498 247 1487**	
Date of Birth	28 Jun 1962 00:00 (64 y)	Gender	Male
Place of Birth	UNKNOWN		
Marital Status	Marital state unknown	Ethnic Origin	White British
Language		English Speaker	Unknown

Contact Details

Current Home Address	14 Skylarks Close Hampton Hargate Peterborough PE7 8HB	17 Aug 2022 -
Mobile Tel. (preferred)	07377447758	
Home Tel.	01933227796	
Previous Home Address	24 Valley Road Wellingborough Northants NN8 2PL	01 Nov 2001 - 17 Aug 2022
Email	will.ferguson@gmx.co.uk	

Registration Details

Registration Date	17 Aug 2022	Date of Removal	
	PDS Registered Practice	Hampton Medical Centre (NHS Central East Icb - 06h) (01733 556900)	
Registered GP	Dr At Hampton	Home GP	
Usual GP	Saima Khan	HA	Cambridgeshire
Registration Type	GMS	Medical Records	Records here
Dispensing	N	Pharmacy	

Attendance Record	**Last 12 Months (Total)**				
Appointments	3 (17)		Attendance	3 (17)	100% (100%)
Visits	0 (0)	0% (0%)	DNAs	0 (0)	0% (0%)

Journal

	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Previous Home Address: 6 Eskdale Close, Wellingborough NN8 3XJ
Home telephone number: WELL 674575

	: Dr M Maye (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Recall: Miscellaneous (24 May 1999) Did not attend - no reason

	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Records at GS
Recall: Immunisation (25 Nov 2005) Booster tetanus vaccination
Recall: BP Check (15 Jan 2009) Systolic blood pressure
Recall: Miscellaneous (28 Jun 2002) Ethnicity and other related nationality data

21 Sep 1994	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

New patient screening (68R..) - Eligible. (New Episode)

06 Oct 1994	Surgery: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 07 May 2013 12:14
06 Oct 1994	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Medical Records Status - Records here

28 Nov 1994	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Adverse reaction to penicillins (TJ00.) - (). Adverse reaction to Penicillins

29 Nov 1995	: Glynis Miles (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Tetanus Vaccine (Generic) Booster

03 Feb 1998	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Previous Home Address: 22 Grafton Close, Wellingborough NN8 5WA
Home telephone number: 01933 -22 7769

03 Feb 1998	: Dr J Williams (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Cimetidine 400mg tablets - 60 tablets - 400 mg - ONE TO BE TAKEN TWICE A DAY

07 Jul 1998	: Dr Vinodbhai Mistry Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Erythromycin 250mg gastro-resistant tablets - 28 tablets - 250 mg - ONE TO BE TAKEN FOUR TIMES A DAY

07 Jul 1998	Surgery, G.P.Surgery: Dr Vinodbhai Mistry Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

History: 3-4/7 cold earache and today discharge left ear
Examination: ENT-otitis media on both side perforation not seen
watery discharge left ear only
Medication: Erythromycin Tablets 250 mg 1 qds 28 tablets
Comment: see 2/52 review no swimming

15 Mar 1999	: Dr N Reed (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Erythromycin 250mg gastro-resistant tablets - 20 tablets - 250 mg - ONE TO BE TAKEN FOUR TIMES A DAY

15 Mar 1999	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00
15 Mar 1999	Surgery, G.P.Surgery: Dr N Reed (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Otitis media NOS (XE17D) (New Episode)

15 Mar 1999	Surgery, G.P.Surgery: Dr N Reed (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Otitis media NOS
History: L OTALGIA 2/7
Examination: LOM, R TM NAD.
Medication: Erythromycin Tablets 250 mg 1 qds 20 tablets
Comment: REVIEW IF NOT RESOLVING OR IF ANY CHANGE

10 May 1999	: Dr M Maye (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Gentisone HC ear drops (Advanz Pharma) - 10 ml - TWO TO BE TAKEN THREE TIMES A DAY

10 May 1999	Surgery, G.P.Surgery: Dr M Maye (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: discharging painful left ear
Examination: since 14yrs intermitt.worse swimming.lefttm not
visible.pus++eam red narrow.right nad
Medication: Gentisone Hc Ear-Drops 2 tds 10 ml
Comment: ?csom/otext.see 2/52
Additional: to view tm

01 Jun 2000	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Previous Home Address: 21 Kingsway, Wellingborough NN8 2PA

01 Jun 2000	Surgery, G.P.Surgery: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Taxi cab driver medical exam
History: Taxi medical.
Examination: BP 146 mm Hg / 86 mm Hg Wt. 73 Kg O/E - breath sounds
normal O/E - heart sounds normal Abdo: soft, non
tender, no masses, herniae, organomegaly or
peritonism. VA's 6/6 left, 6/5 right, full fields.
Comment: nil abnormal found. Advised re smoking.
Additional: Smoke 15 /day
Alcohol 10 units/week
Taxi cab driver medical exam (6921.) (New Episode)
Cigarette smoker (XE0oq)
Cigarette consumption (Ub1tI) 15 Cigs/day - Cigarette smoker
O/E - weight (22A..) 73 Kg (~ 11 st 7 lb)
O/E - breath sounds normal (23B1.) (New Episode)
O/E - heart sounds normal (24B1.) (New Episode)
Alcohol intake (136..) 10 Units/Week [0 - 20]
146 / 86 mmHg

01 Jun 2000	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

O/E - blood pressure reading (246..) (New Episode)

25 Apr 2001	: Glynis Miles (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Notes summary on computer (9344.) - GEM. (New Episode)

25 Apr 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Previous records at: 1

27 Jul 2001	: Dr C Walton (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Erythromycin 250mg gastro-resistant tablets - 28 tablets - 250 mg - ONE TO BE TAKEN FOUR TIMES A DAY

AFTER MEALS
Metronidazole 400mg tablets - 21 tablets - 400 mg - ONE TO BE TAKEN THREE TIMES A DAY

27 Jul 2001	Surgery, G.P.Surgery: Dr C Walton (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Dental abscess
History: pain in mouth -5/7
Examination: tender above molars on right swelling right upper jaw
dental hygiene very poor
Medication: Metronidazole Tablets 400 mg
Erythromycin Tablets 250 mg
Comment: advised to get a dentist
Dental abscess (Xa7I4) (New Episode)

20 Oct 2001	: Chris Batley (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Other ear disorders &/or hearing loss (XE1AD) - Hearing loss - left ear. (New Episode)

20 Oct 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem: Other ear disorders &/or hearing loss (XE1AD) (Hearing loss)
Other ear disorders &/or hearing loss (XE1AD) - Hearing loss - left ear.

24 Oct 2001	Externally Entered, Externally entered: Sandra Hadley (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "Scanned Image" QMC\RTMasts\C.Ellis\201001

24 Oct 2001	Externally Entered, Externally entered: Sandra Hadley (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Additional: *RA1 QMC\RTMasts\C.Ellis\201001

30 Oct 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "ethnicity letter"
Word Document: 129471_25891565.doc

01 Nov 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Current Home Address: 24 Valley Road, Wellingborough NN8 2PL
Home telephone number: 01933 227796

01 Nov 2001	Surgery: Unknown Staff Member	Entered: 17 Aug 2022 14:22

Previous Home Address: 24 Valley Road, Wellingborough NN8 2PL

01 Nov 2001	Externally Entered, Third Party: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Hearing loss
History: see letter. Not lived at above address for at least 6m when we tried to chase for appt.
Comment: try checking with employer
Other ear disorders &/or hearing loss (XE1AD) - Hearing loss (Ongoing Episode)

01 Nov 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "APPOINTMENT NEEDED"
Word Document: 99889_25891566.doc

02 Nov 2001	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "APPOINTMENT NEEDED"
Word Document: 99889_25891567.doc

16 Dec 2002	: Dr John McMahon Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Aqueous cream - 500 gram(s) - APPLY TWICE A DAY
Betamethasone valerate 0.1% cream - 100 gram(s) - 0.1 % - APPLY TWICE A DAY

16 Dec 2002	Surgery, G.P.Surgery: Dr John McMahon Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Contact dermatitis/other eczem
History: over the alst couple of days after wearing spcial overalls at work one day last week
Examination: eczematous type rash web spaces normal
Medication: Betamethasone Valerate Cream 0.1 %
Aqueous Cream
Comment: use steroid sparingly and advoce on application and sos
Problem: (Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) (Contact dermatitis/other eczem)
(Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) - Contact dermatitis/other eczem (New Episode)

(Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) - Contact dermatitis/other eczem

20 Nov 2003	Surgery, G.P.Surgery: Tessa Kidd (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
History: had medical at work 1 month ago - BP raised and to
get it checked
smoker also - would like to stop
Examination: BP 160 mm Hg / 102 mm Hg Pulse 80 /minute Wt. 76.5 Kg
Comment: sister has had 2 x mi at age 43 - am going to see
in 1 month and framingham t
[D]Raised blood pressure reading (R1y2.) (New Episode)
Pulse rate (X773s) 80 bpm [0 - 80]
O/E - weight (22A..) 76.5 Kg (~ 12 st 1 lb)
160 / 102 mmHg
[D]Raised blood pressure reading (R1y2.)

20 Nov 2003	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

O/E - blood pressure reading (246..) (New Episode)

18 Dec 2003	Externally Entered, Externally entered: Nola Dunkley (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "Scanned Image" ECG\181203

18 Dec 2003	Surgery, G.P.Surgery: Tessa Kidd (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
Examination: Pulse 68 /minute Urine glucose test negative
Urine protein test negative
Template entry: Framingham Risk Score (review of BP) BP 162 mm Hg
/ 86 mm Hg Current non-smoker Est. 10 yrCHD 8 %
Comment: Has given up smoking for the last 4 weeks -well
done - and systolic still raised but diastolic
normal - will check bloods and also ecg. and see
in 1 month
Pulse rate (X773s) 68 bpm [0 - 80]
Framingham coronary heart disease 10 year risk score (XaFsZ) 8 % [0 - 100] - Original units: % review of BP.
Urine protein test negative (4672.) (New Episode)
Current non-smoker (137L.) (New Episode)
Urine glucose test negative (4662.) (New Episode)
[D]Raised blood pressure reading (R1y2.) (Ongoing Episode)
162 / 86 mmHg

18 Dec 2003	Treatment Area: Shelley Franklin (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Additional: Standard ECG
Standard ECG (3212.) (New Episode)

18 Dec 2003	Externally Entered, Externally entered: Nola Dunkley (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Additional: *RA2 ECG\181203

19 Dec 2003	Externally Entered, Externally entered: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
Lab results: Electrocardiography :63SR, normal axis and QRSD. ECG: no
LVH Has tall Ts in anterior leads with consequent
high take off. Nil else of note
ECG: no LVH (3241.) (New Episode)
[D]Raised blood pressure reading (R1y2.) (Ongoing Episode)
Electrocardiography (32...) (New Episode)

12 Jan 2004	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Serum lipids Report, Unknown, Other (See Filing Comments): sl high lipids. Discuss diet with NP
The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne..
Review not applicable

12 Jan 2004	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Serum glucose level Report, Normal, Other: test result
The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne..

Review not applicable

12 Jan 2004	Pathology Lab, Path. Lab.: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Lab results: !Serum lipids, sl high lipids. Discuss diet
with NP (*R1), !Serum glucose level,
normal test result, Urea and electrolytes,
satisfactory result, Liver function test,
test not conclusive needs repeating, in
1m (*R2)
Serum alkaline phosphatase level (XE2px) 86 iu/L [30 - 120] - Serum alkaline phosphatase
Serum HDL cholesterol level (44P5.) 1.5 mmol/L [0.9 - 1.6]
Serum gamma-glutamyl transferase level (XaES3) 86 iu/L [11 - 50]
Serum creatinine level (XE2q5) 91 umol/L [60 - 130]
Serum sodium level (XE2q0) 146 mmol/L [135 - 145]
Serum triglyceride levels (XE2q9) 2.9 mmol/L [0.8 - 2.3] - Serum triglycerides
Serum cholesterol level (XE2eD) 6.1 mmol/L [3 - 5.7] - Serum cholesterol
Serum potassium level (XE2pz) 5.3 mmol/L [3.6 - 5]
Serum total protein level (XE2e9) 78 g/L [63 - 79]
Serum LDL cholesterol level (44P6.) 3.3 mmol/L
Serum urea level (XM0lt) 4.8 mmol/L [3.3 - 6.6]
Serum total bilirubin level (XaERu) 8 umol/L [0 - 17]
Liver function tests (X77WP) (New Episode)
Serum albumin level (XE2eA) 46 g/L [35 - 50]
Serum alanine aminotransferase level (XaLJx) 72 iu/L [5 - 40]
Serum glucose level (44f..) 4.6 mmol/L
Urea and electrolytes (X77Wi) (New Episode)
Serum lipid levels (XE2q7) - Serum lipids (New Episode)

13 Jan 2004	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "PATH TEST REQUEST"
Word Document: 123088_25891569.doc

15 Jan 2004	Surgery, G.P.Surgery: Tessa Kidd (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Examination: Wt. 83.5 Kg Pulse 60 /minute
Template entry: Framingham Risk Score (review) BP 156 mm Hg
/ 88 mm Hg TC/HDL 4.07 Est. 10 yrCHD 5 %
Comment: BP better today and path forms given for rpt
bloods (lft's) and also food avoidance sheet given
for cholesterol
Framingham coronary heart disease 10 year risk score (XaFsZ) 5 % [0 - 100] - Original units: % review.
O/E - weight (22A..) 83.5 Kg (~ 13 st 2 lb)
Total cholesterol:HDL ratio (44PF.) 4.07 [0 - 100]
Pulse rate (X773s) 60 bpm [0 - 80]
156 / 88 mmHg

29 Nov 2004	: Unknown Staff Member Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

to Unknown - "Address labels"
Word Document: 92356_25891570.doc

23 Mar 2009 11:26	GP Surgery: Melvin Smith (Clerical Manager Access Role) Entered at: Abbey Medical Practice

Smoker (137R.)

24 Mar 2010 16:56	Surgery: Mrs Julie Smith (Receptionist Access Role) Entered at: Abbey Medical Practice

Home telephone number: 01933 227796

12 Jun 2010 08:09	Surgery: Christine Joyce (Receptionist Access Role) Entered at: Abbey Medical Practice

Medical Records Status - Records waiting to be sent

12 Jun 2010 08:10	Surgery: Christine Joyce (Receptionist Access Role) Entered at: Abbey Medical Practice

Medical Records Status - Records going to HA

23 Jun 2010 12:45	GP Surgery: Annita Mansfield (Receptionist Access Role) Entered at: Abbey Medical Practice

Medical Records Status - No records here

25 Nov 2010	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:26

Synovitis of knee (X702G)
Synovitis of knee (X702G)

09 Mar 2021	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:00

Major: Essential hypertension (XE0Uc) (New Episode)
Essential hypertension (XE0Uc)

28 Mar 2021	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 14:52

COVID-19 Vac AZD2816 (ChAdOx1 nCOV-19) 3.5x10*9 viral part/0.5ml dose sol for inj MDV (AstraZeneca) 1 0.5ml
Problem Header Marked in Error: Merging Problem
15 Mar 1999, Otitis media NOS (XE17D), 15 Mar 1999 - 18 Mar 2023, Minor
Problem Item Marked in Error: Merging Problem
1 Consultation(s) added to problem Otitis media NOS (XE17D), - 15 Mar 1999
Problem Header Marked in Error: Merging Problem
27 Jul 2001, Dental abscess (Xa7I4), 27 Jul 2001 - 18 Mar 2023, Minor
Problem Item Marked in Error: Merging Problem
1 Consultation(s) added to problem Dental abscess (Xa7I4), - 27 Jul 2001
Problem Header Marked in Error: Merging Problem
01 Jun 2000, Taxi cab driver medical exam (6921.), 01 Jun 2000 - 18 Mar 2023, Minor
Problem Item Marked in Error: Merging Problem
1 Consultation(s) added to problem Taxi cab driver medical exam (6921.), - 01 Jun 2000

10 Jun 2021	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:01

COVID-19 Vac AZD2816 (ChAdOx1 nCOV-19) 3.5x10*9 viral part/0.5ml dose sol for inj MDV (AstraZeneca) 2 0.5ml

02 Sep 2021	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:05

Lumbar radiculopathy (Y2bde) - %l right
Lumbar radiculopathy (Y2bde) - %l right

21 Dec 2021	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:02

COVID-19 mRNA Vaccine Spikevax (nucleoside modified) 0.1mg/0.5mL dose disp for inj MDV (Moderna) Booster 0.25ml
Influenza Vaccine 1 0.5ml
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

19 Jan 2022	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 14:57

Endogenous depression (X00SR) (New Episode)
Endogenous depression (X00SR)

17 Aug 2022	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Aug 2022 14:25

Smoker (137R.)
Patient allocated named accountable general practitioner (XacWQ)

17 Aug 2022 14:22	Surgery: Mrs Miriam West (Clerical Access Role)

SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared

17 Aug 2022 14:22	Surgery: Mrs Miriam West (Clerical Access Role)

Reminder/Alert: This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy. - Priority: Normal
Acceptance Code - Acceptance
Previous GP - Wester Hailes Medical Centre
Email changed. Previously unset
Registered GP Entered, Address Changed From: '24 Valley Road, Wellingborough NN8 2PL'
Current Home Address: 14 Skylarks Close, Hampton Hargate, Peterborough PE7 8HB
Mobile telephone number: 07377 447758

17 Aug 2022 14:22	Surgery: Unknown Staff Member Entered at: CPFT Mental Health Self Referral	Entered: 29 Jul 2024 12:01

Current Home Address: 14 Skylarks Close, Hampton Hargate, Peterborough PE7 8HB

17 Aug 2022 14:22	Surgery: Mrs Miriam West (Clerical Access Role)

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

17 Aug 2022 14:25	Surgery: Mrs Miriam West (Clerical Access Role)

White British (XaFwD)
Alcohol use disorder identificatn test consumptn questionnre (XaORP) 5 -
How often do you have a drink containing alcohol?: 2 -4 times per month
How many units of alcohol do you drink on a typical day when you are drinking?: 5-6
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?: Less than monthly
SMS Message Consent - Consented
SystmOne Incoming Record Sharing consent changed to: Yes
SystmOne Outgoing Record Sharing consent changed to: Yes

24 Aug 2022 10:01	Surgery: Mrs Miriam West (Clerical Access Role)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

24 Aug 2022 10:01	Surgery: Mrs Miriam West (Clerical Access Role)

NHS Number Approval -
Registered GP Change - Dr At Hampton

24 Aug 2022 10:01	Surgery: Unknown Staff Member Entered at: Abbey Medical Practice

SystmOne Outgoing Record Sharing consent changed to: Yes

25 Aug 2022 17:00	Surgery: Terri Halfhide (Admin/Clinical Support Access Role)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Aug 2022 14:29	Surgery: Jagjeet Sidhu (Health Professional Access Role)

Plan (XaIVg)
patient bought in the tablets he is taking from old surgery and i put them on repeat for him
booked his blood tests as no bloods on the system
med review done
Bp checked
Medication review done by pharmacist (XaIoW)
Repeat medication check (9N73.)
Medication review done by clinical pharmacist (Y20a8)
Medication review done (XaF8d)
Issue of repeat prescription for medication (XaYOp)
Medication review (8B314)
await blood test results

Seen by clinical pharmacist (Y20a6)
Repeat medication check (9N73.)
No (Y0428)
Patient understands why taking all medication (XaJKW)
Has shown no side effects from medication (XaJHr)
Drug monitoring done (XaJKO)
No significant drug interactions (XaJKN)
Indication for each drug checked (XaJJx)
Medication review with patient (XaJCO)
Medication review done by clinical pharmacist (Y20a8)
Structured medication review (Y282b)
Able to manage medication (Xa2yC)
Drug compliance checked (XaJKn)
Self-administration of medication (Ua1VE)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
129 / 85 mmHg
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 15 Nov 2022 Re-Authorised by Ms Deborah Hughes
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 15 Nov 2022 Re-Authorised by Ms Deborah Hughes
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 15 Nov 2022 Re-Authorised by Ms Deborah Hughes
ETP2 FP10: Not Yet Printed - Signed
Community Pharmacy changed. Previous data: Was previously unset
Pathology Request (Request Sent):
Full Blood Count (FBC)* (Requested)
Pathology Request (Request Sent):
Creatine Kinase (CK/CPK)* (Requested), HbA1c* (Requested), LFT* (Requested), Lipid Profile (Cholesterol/HDL)* (Requested), TSH* (Requested), Creatinine & Electrolytes* (Requested), Urea* (Requested)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Aug 2022 09:46	Surgery: Miss Kelsie Duffy (Nurse Access Role)	

History: Patient attending alone for blood test.
Referral to practice phlebotomist (XaKvU)
Seen by practice phlebotomist (9N2S.)
Blood sample taken (XaEJK) - from LT arm (2nd attempt). 1 brown and 2 red labelled bottles sent to the lab. Sterile plasters applied to venepuncture site. Patient well on leaving.
Overview Notes (Y0028) - Phlebotomy procedure and common risks explained including pain and bruising
Infectious disease : prevention/control (XE1Sf)
Informed consent given (XaLQR) - verbal and informed
Use of aseptic technique (Ua1Rc)

30 Aug 2022 10:00	Surgery: Saima Khan (Clinical Practitioner Access Role)	Entered: 30 Aug 2022 16:15

Clinical Information: new patient monitoring repeat prescription
Serum TSH level (XaELV) 1.84 miu/L [0.3 - 4.2] - Thyroid Function
Serum TSH level Report, Normal, No Further Action. Review not applicable

30 Aug 2022 10:00	Surgery: Saima Khan (Clinical Practitioner Access Role)	Entered: 30 Aug 2022 16:14

NRBC'S: 0.0 10*9/L
Clinical Information: new patient monitoring repeat prescription
Red blood cell distribution width (XE2mO) 12.4 % [11.5 - 15]
Platelet count - observation (42P..) 266 10^9/L [150 - 400]
Mean cell haemoglobin concentration (429..) 34.2 g/dL [31.8 - 36.4] - This value has been converted from: 342.0 g/L
Mean cell volume (42A..) 88.9 fL [80 - 100]
Mean cell haemoglobin level (XE2pb) 30.4 pg [27 - 33]
Eosinophil count - observation (42K..) 0.4 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L
Neutrophil count (42J..) 6.8 10^9/L [1.8 - 7.7]
Lymphocyte count (42M..) 2.9 10^9/L [1.4 - 4.8]
Monocyte count - observation (42N..) 0.8 10^9/L [0.1 - 0.8]
Haemoglobin concentration (Xa96v) 159 g/L [130 - 180]
Haematocrit (X76tb) 0.465 [0.4 - 0.53]
Red blood cell count (426..) 5.23 10^12/L [4.4 - 6.5]
Full blood count (424..) - Full Blood Count
Total white blood count (XaIdY) 11 10^9/L [4 - 11]
Full blood count Report, Normal, No Further Action. Review not applicable

30 Aug 2022 10:00	Surgery: Saima Khan (Clinical Practitioner Access Role)	Entered: 30 Aug 2022 16:15

Clinical Information: new patient monitoring repeat prescription
Serum creatine kinase level (XaES5) 65 iu/L [40 - 320]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) > 90 mL/min [> 60]
Serum creatine kinase level;eGFR using creatinine (CKD-EPI) per 1.73 square metres Report, Normal, No Further Action. Review not applicable

30 Aug 2022 10:00	Surgery: Saima Khan (Clinical Practitioner Access Role)	Entered: 30 Aug 2022 16:12

LIVER FUNCTION TESTS: LFT's
SAMPLE: Non Fast
Clinical Information: new patient monitoring repeat prescription
Serum urea level (XM0lt) 4.2 mmol/L [2.5 - 7.8]
Serum alkaline phosphatase level (XE2px) 104 iu/L [30 - 130]
Serum chloride level (XE2q1) 107 mmol/L [95 - 108]
Acute kidney injury warning stage (XabmE) - NA
Serum alanine aminotransferase level (XaLJx) 20 iu/L [10 - 60]
Plasma total protein level (XE2eC) 69 g/L [60 - 80]
Serum albumin level (XE2eA) 47 g/L [35 - 50]
Serum total bilirubin level (XaERu) 10 umol/L [< 21]
Serum potassium level (XE2pz) 4.4 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5) 81 umol/L [59 - 104]
Serum electrolyte levels (XE2mj) - Creatinine and Electrolytes
Serum sodium level (XE2q0) 138 mmol/L [133 - 146]
Serum lipid levels (XE2q7)
Serum LDL cholesterol level (44P6.) 1.7 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1) 2.3 mmol/L
Serum HDL cholesterol level (44P5.) 1.1 mmol/L
Serum cholesterol level (XE2eD) 3.4 mmol/L
Serum triglyceride levels (XE2q9) 1.4 mmol/L [< 2]
Serum electrolyte levels;Serum urea level;LIVER FUNCTION TESTS;Serum lipid levels Report, Normal, No Further

Action. Review not applicable

30 Aug 2022 10:00	Surgery: Miss Kelsie Duffy (Nurse Access Role)	Entered: 31 Aug 2022 13:58

Clinical Information: new patient monitoring repeat prescription
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol [< 41]
Glycated Haemoglobin expressed as mmol/mol Hb
42-47 mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38.
>/= 48 mmol/mol Hb - possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, retest within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance.
Take urgent, same day action if suspecting type 1 diabetes (HbA1c may be normal).
HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnosis type 1 diabetes or in the following contexts- childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover.
For more information on HbA1c see:
http://www.pch-pathlab.com/cms/?q=test-rep-hba1
Haemoglobin A1c level - IFCC standardised Report, Normal, No Further Action. Review not applicable

30 Aug 2022 16:12	Surgery: Saima Khan (Clinical Practitioner Access Role)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Aug 2022 16:14	Surgery: Saima Khan (Clinical Practitioner Access Role)	
30 Aug 2022 16:15	Surgery: Saima Khan (Clinical Practitioner Access Role)	
30 Aug 2022 16:15	Surgery: Saima Khan (Clinical Practitioner Access Role)	
31 Aug 2022 13:58	Surgery: Miss Kelsie Duffy (Nurse Access Role)	
15 Sep 2022	Surgery: Terri Halfhide (Admin/Clinical Support Access Role)	Entered: 15 Sep 2022 13:51

New Patient Registration to Hampton Medical Centre

15 Sep 2022	Surgery: Terri Halfhide (Admin/Clinical Support Access Role)	Entered: 15 Sep 2022 13:51
23 Sep 2022 12:13	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)	

Request for 'Atorvastatin 20mg tablets' by patient
Request for 'Ramipril 2.5mg capsules' by patient
Request for 'Amlodipine 10mg tablets' by patient

23 Sep 2022 12:21	Surgery: Jagjeet Sidhu (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

20 Oct 2022 08:22	Surgery: Emma Brereton (Admin/Clinical Support Access Role)

Request for 'Ramipril 2.5mg capsules' by patient
Request for 'Amlodipine 10mg tablets' by patient
Request for 'Atorvastatin 20mg tablets' by patient

20 Oct 2022 16:46	Surgery: Miss Roxanne Davison (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Nov 2022 10:40	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)

Request for 'Atorvastatin 20mg tablets' by patient

Request for 'Ramipril 2.5mg capsules' by patient
Request for 'Amlodipine 10mg tablets' by patient

15 Nov 2022 10:45	Surgery: Ms Deborah Hughes (Health Professional Access Role)

Seen by pharmacy technician (Y27e3)
Other medication management (XaJr2)
Plan (XaIVg) - Repeat prescription reauthorised. Bloods and med review Aug 22
Administrative reason for encounter (9N57.)
Medication requested (8B3H.)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 04 May 2023 Re-Authorised by Mr Kamil Klosowski
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 04 May 2023 Re-Authorised by Mr Kamil Klosowski
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 04 May 2023 Re-Authorised by Mr Kamil Klosowski
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

02 Dec 2022	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 02 Dec 2022 13:57

Lloyd George record received (XaF7O)

02 Dec 2022 13:56	Surgery: Mrs Miriam West (Clerical Access Role)

Security Controlled Record Flag Amendment - No medical records (Previous Status)
Medical Records Status - Records here

13 Dec 2022 09:28	Surgery: Miss Roxanne Davison (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Dec 2022 00:45	Surgery: Mrs Hayley Owens (Health Professional Access Role)	Entered: 29 Dec 2022 10:33

Bowel cancer screening programme: faecal occult blood result (XaPVj)
FOBT Non-Response. Sent when Discharged for non-response to initial
Test Kit
No response to bowel cancer screening programme invitation (XaPf6)
Bowel cancer screening programme: faecal occult blood result Report, Not responded to invitation, Other (letter sent to pt). Review not applicable

29 Dec 2022 10:32	Surgery: Mrs Hayley Owens (Health Professional Access Role)

No response to bowel cancer screening programme invitation (XaPf6) - letter sent to pt
Advice given about bowel cancer screening programme (XaPyB)
Letter to Patients to Mr William Ferguson

10 Jan 2023 11:19	Surgery: Jagjeet Sidhu (Health Professional Access Role)

(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Jan 2023	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 15:31

Notes summary on computer (9344.) (New Episode)
Lloyd George culled and summarised (9313.)

17 Jan 2023	Surgery: Mrs Miriam West (Clerical Access Role)	Entered: 17 Jan 2023 14:53

Minor: Past medical history (14...)
Past medical history (14...)

17 Jan 2023 15:27	Surgery: Mrs Miriam West (Clerical Access Role)

Appointment Letter to Mr William Ferguson

18 Jan 2023 12:26	Surgery: Jagjeet Sidhu (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Feb 2023 11:10	Surgery: Jagjeet Sidhu (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Mar 2023 09:04	Surgery: Jagjeet Sidhu (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Apr 2023 12:26	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 May 2023 12:45	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 27 Jul 2023)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 29 Jun 2023)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 01 Jun 2023)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 27 Jul 2023)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 29 Jun 2023)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 01 Jun 2023)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 27 Jul 2023)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 29 Jun 2023)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 01 Jun 2023)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 15 Aug 2023 Re-Authorised by Miss Carli Harwood
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 15 Aug 2023 Re-Authorised by Miss Carli Harwood
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 15 Aug 2023 Re-Authorised by Miss Carli Harwood
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Aug 2023 11:12	Surgery: Miss Georgia Setchfield

Referral for smoking cessation service offered (XaXR4)

11 Aug 2023 16:05	Surgery: Miss Kelsie Duffy (Nurse Access Role)

History: Patient attending alone for intial LTC assessment.
O/E - pulse rhythm regular (2431.)
O/E - weight (22A..) 82 Kg (~ 12 st 13 lb)
Smoker (137R.)
Pulse rate (X773s) 71 bpm
Smoker (137R.)

Blood sample taken (XaEJK) - from RT arm. 1 brown and 2 red labelled bottles sent to the lab. Sterile plaster applied to venepuncture site. Patient well on leaving.
Random sample (XaaER)
Chronic disease monitoring (66...)
Use of aseptic technique (Ua1Rc)
Lower risk drinking (XaXjf)
Chronic disease initial assessment (6617.)
Informed consent given (XaLQR) - verbal and informed
129 / 84 mmHg
Pathology Request (Request Sent):
Full Blood Count (FBC)* (Requested)
Pathology Request (Request Sent):
HbA1c* (Requested), LFT* (Requested), Lipid Profile (Cholesterol/HDL)* (Requested), TSH* (Requested), Creatinine & Electrolytes* (Requested), Urea* (Requested)

11 Aug 2023 16:10	Surgery: Dr Kathryn Moore (General Medical Practitioner)	Entered: 14 Aug 2023 14:13

LIVER FUNCTION TESTS: LFT's
Please note: change in ALT method as of 27/02/23, reference ranges changed from this date.
SAMPLE: Non Fast
Clinical Information: Hypertension
Serum HDL cholesterol level (44P5.) 1.1 mmol/L
Serum triglyceride levels (XE2q9) 2.4 mmol/L [< 2] - Above high reference limit
Serum LDL cholesterol level (44P6.) 1.3 mmol/L
Serum TSH level (XaELV) 2.8 miu/L [0.3 - 4.2] - Thyroid Function
Serum non high density lipoprotein cholesterol level (XabE1) 2.4 mmol/L
Serum alanine aminotransferase level (XaLJx) 18 iu/L [< 41]
Serum total bilirubin level (XaERu) 5 umol/L [< 21]
Plasma total protein level (XE2eC) 67 g/L [60 - 80]
Serum cholesterol level (XE2eD) 3.5 mmol/L
Serum lipid levels (XE2q7)
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 81 mL/min [> 60]
Serum urea level (XM0lt) 5.4 mmol/L [2.5 - 7.8]
Acute kidney injury warning stage (XabmE) - NA
Serum alkaline phosphatase level (XE2px) 101 iu/L [30 - 130]
Serum albumin level (XE2eA) 42 g/L [35 - 50]
Serum sodium level (XE2q0) 139 mmol/L [133 - 146]
Serum electrolyte levels (XE2mj) - Creatinine and Electrolytes
Serum potassium level (XE2pz) 4.5 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1) 107 mmol/L [95 - 108]
Serum creatinine level (XE2q5) 88 umol/L [59 - 104]
Serum electrolyte levels;Serum urea level;LIVER FUNCTION TESTS;Serum lipid levels;Serum TSH level;eGFR using creatinine (CKD-EPI) per 1.73 square metres Report, Satisfactory, No Further Action. Review not applicable

11 Aug 2023 16:10	Surgery: Dr Kathryn Moore (General Medical Practitioner)	Entered: 14 Aug 2023 09:35

Clinical Information: Hypertension
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol [< 41]
Glycated Haemoglobin expressed as mmol/mol Hb
42-47 mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38.
>/= 48 mmol/mol Hb - possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, retest within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance.
Take urgent, same day action if suspecting type 1 diabetes (HbA1c may be normal).
HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnosis type 1 diabetes or in the following contexts- childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover.

For more information on HbA1c see:
http://www.pch-pathlab.com/cms/?q=test-rep-hba1
Haemoglobin A1c level - IFCC standardised Report, Normal, No Further Action. Review not applicable

11 Aug 2023 16:40	Surgery: Dr Kathryn Moore (General Medical Practitioner)	Entered: 14 Aug 2023 14:13

NRBC'S: 0.0 10*9/L
Clinical Information: Hypertension
Haematocrit (X76tb) 0.447 [0.4 - 0.53]
Mean cell volume (42A..) 89 fL [80 - 100]
Mean cell haemoglobin level (XE2pb) 30.7 pg [27 - 33]
Haemoglobin concentration (Xa96v) 154 g/L [130 - 180]
Full blood count (424..) - Full Blood Count
Total white blood count (XaIdY) 12.4 10^9/L [4 - 11] - Above high reference limit
Red blood cell count (426..) 5.02 10^12/L [4.4 - 6.5]
Mean cell haemoglobin concentration (429..) 34.5 g/dL [31.8 - 36.4] - This value has been converted from: 345.0 g/L
Neutrophil count (42J..) 7.6 10^9/L [1.8 - 7.7]
Eosinophil count - observation (42K..) 0.5 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L
Monocyte count - observation (42N..) 0.9 10^9/L [0.1 - 0.8] - Above high reference limit
Red blood cell distribution width (XE2mO) 12.9 % [11.5 - 15]
Platelet count - observation (42P..) 259 10^9/L [150 - 400]
Lymphocyte count (42M..) 3.3 10^9/L [1.4 - 4.8]
Full blood count Report, Satisfactory, No Further Action. Review not applicable

14 Aug 2023 09:35	Surgery: Dr Kathryn Moore (General Medical Practitioner)
14 Aug 2023 14:12	Surgery: Dr Kathryn Moore (General Medical Practitioner)
14 Aug 2023 14:13	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Aug 2023 12:35	Surgery: Miss Carli Harwood (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 08 Dec 2023 Re-Authorised by Mr Kamil Klosowski
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 08 Dec 2023 Re-Authorised by Mr Kamil Klosowski
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 08 Dec 2023 Re-Authorised by Mr Kamil Klosowski
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

22 Aug 2023 18:08	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Telephone triage encounter (XaIvd)
Telephone consultation (XaIge) - 5-6 day hx of severe upper abdo pain. Come on out of the blue, does wax and wane but can be as bad as a 7/10 in severity. No radiation. Associated loss of appetite and some heartburn. No vomiting. No weight loss. BO yesterday and a bit loose, not aware of any change in colour or smell. Current smoker. Occasionally drinks alcohol - maybe 6 drinks every few weekends if goes out but not regular. No prev hx of stomach problems.
Plan (XaIVg) - ? Gastritis, to start PPI, submit H.Pylori test. Safety netted to review back if symptoms do not settle or if they worsen - may need endoscopy if not improving.
Omeprazole 20mg gastro-resistant capsules - 28 capsule - Take one capsule once daily
ETP2 FP10: Not Yet Printed - Signed
Pathology Request (Request Sent):
Faeces - Helicobacter antigen* (Requested)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Aug 2023 14:28	Surgery: Zonaira Khan (Admin/Clinical Support Access Role)
23 Aug 2023 14:28	Surgery: Zonaira Khan (Admin/Clinical Support Access Role)

Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMiI)

Dear William,
Following your recent experience of our service, please complete the Friends and Family Test following the link:
https://forms.gle/E5iaqcCuCviMcohX7
Hampton Medical Centre
SMS sent on 23/08/2023 14:26:02

25 Aug 2023 14:32	Surgery: Dr Kathryn Moore (General Medical Practitioner)	Entered: 30 Aug 2023 19:48

HELICOBACTER ANTIGEN: CLIN INFO:Upper abdo pain
SPECIMEN : Faeces - Helicobacter antigen
COLLECTED: 25.08.23

H. pylori antigen (ELISA) : Positive

Date received: Date authorised: Authorised by:
28.08.23 30.08.23 ASD
Peterborough Cinical Microbiology lab. - Telephone 01733-678437
Clinical Information: Upper abdo pain
HELICOBACTER ANTIGEN Report, Abnormal, Patient To Pick Up Script, Communicate Patient. Review not applicable

30 Aug 2023 19:42	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Helicobacter Pylori Positive (Y0403)
Clarithromycin 500mg tablets - 14 tablet - Take one tablet twice a day for 7 days for H pylori treatment (withold statin whilst on this medication)
Metronidazole 400mg tablets - 14 tablet - Take one tablet twice a day for 7 days for H pylori treatment
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.
Helicobacter Pylori Positive (Y0403)

30 Aug 2023 19:47	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Patient telephone number (9159.) - 07377 447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Your stool test has come back positive for an infection called H.Pylori. This may explain why you have been having symptoms. I have issued two lots of antibiotics for you to take for the next week. Whilst you are on them you should withhold your statin and not drink alcohol. For the 7 days you are taking the antibiotics you should also increase your omeprazole to twice a day. If your symptoms persist on completion of the treatment or you have any concerns about your result please do no hesitate to get in touch.
Thanks, Dr Moore
Hampton Medical Centre
Scheduled to send on 31/08/2023 08:00:00

30 Aug 2023 19:48	Surgery: Dr Kathryn Moore (General Medical Practitioner)
08 Sep 2023 13:22	Surgery: Mrs Malgorzata Stawecka (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Oct 2023 12:36	Surgery: Miss Carli Harwood (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Nov 2023 14:59	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily

ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

08 Dec 2023 13:52	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 26 Apr 2024)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 29 Mar 2024)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 01 Mar 2024)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 02 Feb 2024)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 05 Jan 2024)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 26 Apr 2024)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 29 Mar 2024)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 01 Mar 2024)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 02 Feb 2024)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 05 Jan 2024)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 26 Apr 2024)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 29 Mar 2024)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 01 Mar 2024)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 02 Feb 2024)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 05 Jan 2024)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 06 Jun 2024 Re-Authorised by Dr Kathryn E Moore
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 06 Jun 2024 Re-Authorised by Dr Kathryn E Moore
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 06 Jun 2024 Re-Authorised by Dr Kathryn E Moore
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Apr 2024 11:07	Surgery: Dr Sanath Yogasundram (Sessional GP)

History: sciatica. 6 days. RT leg. Pain at top of RT buttock and radiates down front of leg to ankle. Started whilst driving. Never had this before. Can walk short distances. No red flags: BO/PU normally. Normally fit and well. Rt leg feels numb. Is working: forklift driver.
Diagnosis: Sciatica (XE1FC)
Plan: care with driving. Med 3. Callback if any bowel/bladder disturbance ASAP. Would like 'strong' painkillers. TRAIN. Physio link sent.
eMED3 (2010) new statement issued, not fit for work (XaX1E)
Co-codamol 30mg/500mg capsules - 112 capsule - PRN
Naproxen 500mg tablets - 28 tablet - take one twice daily
PNG Image: MED3Statement.png
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.
New MED3 statement issued: Not fit for work - Valid from 04 Apr 2024 to 17 Apr 2024
Diagnosis: Sciatica

04 Apr 2024 11:18	Surgery: Dr Sanath Yogasundram (Sessional GP)

Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Here is the link for you to arrange physio:
https://www.eoemskservice.nhs.uk/physiotherapy-self-referral
Thanks, Sanath Yogasundram
Hampton Medical Centre
Patient telephone number (9159.) - 07377 447758

02 May 2024 16:54	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)

Long term condition care planning invitation first letter (XabEf)

02 May 2024 17:00	Surgery: Ms Lea Damkauskaite

Quality and Outcomes Framework hypertension quality indicator-related care invitation (procedure) (Y1f9e) - LTC Invite

15 May 2024 14:13	Surgery: Mrs Hayley Owens (Health Professional Access Role)

History: Attending fr annual Hypertension LTC checks.
Pt states not had his Statin since last August'23 as doesn't feel it was doing any good.
Smoking cessation advice (Ua1Nz)
Smoker (137R.)
Chronic disease initial assessment (6617.)
Lower risk drinking (XaXjf)
Body mass index - observation (22K..) 26.15 Kg/m²
Diet average (XaCJ0) - tries to eat healthily, veggies
Enjoys light exercise (1383.)
O/E - weight (22A..) 85 Kg (~ 13 st 5 lb)
O/E - height (229..) 1.803 m (~ 5 ' 11 ")
Pulse rate (X773s) 73 bpm
Random sample (XaaER)
Blood sample taken (XaEJK)
From RT arm, 1 x brown bottle obtained and 2 x red 3.4ml EDTA bottles obtained, labelled and sent to the Lab.
Sterile plaster applied to venepuncture site.
Pt well on leaving.
Chronic disease initial assessment (6617.)
Chronic disease monitoring (66...)
Use of aseptic technique (Ua1Rc)
Pulse regular (XM02J)
Informed consent given (XaLQR)
133 / 80 mmHg
Pathology Request (Request Sent):
HbA1c- (Requested), Full Blood Count (FBC)- (Requested), Ferritin- (Requested), LFT- (Requested), Lipid Profile (Cholesterol/HDL)- (Requested), TSH- (Requested), Creatinine & Electrolytes- (Requested), Urea- (Requested)

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

Clinical Information: annual Hypertension
GLOBULIN: 25 g/L
LIVER FUNCTION TESTS:
Serum albumin level (XE2eA) 45 g/L [35 - 50]
Serum total bilirubin level (XaERu) 4 umol/L [0 - 21]
Serum total protein level (XE2e9) 70 g/L [60 - 80]
Serum alanine aminotransferase level (XaLJx) 24 iu/L [< 41]
Serum alkaline phosphatase level (XE2px) 109 iu/L [30 - 130]
LIVER FUNCTION TESTS Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

Clinical Information: annual Hypertension
Serum ferritin level (XE24r) 228 ng/ml [30 - 400]
Serum ferritin level Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

15 May 2024 14:20	Surgery: Auto-filed	Entered: 16 May 2024 12:42

HBA1C (PCH ONLY):
Clinical Information: annual Hypertension
Haemoglobin A1c level - IFCC standardised (XaPbt) 40 mmol/mol [20 - 42]
42-47mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38.
>/=48mmol/mol Hb possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, re-test within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance.
Take urgent same day action if suspecting type 1 diabetes (HbA1c may be normal).
HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnose type 1 diabetes or in the following

contexts childhood, pregnancy, renal failure,
haemoglobinopathy trait, anaemia, HIV, abnormal
red cell turnover or any recent treatment likely
to affect glycaemia or red cell turnover.
HBA1C (PCH ONLY) Report, Normal, No Further Action. Review done by Dr Kathryn Moore - 16 May 2024 14:05

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

LIPID PROFILE:
FASTING STATUS: Non-Fasting
CHOLESTEROL:HDL RATIO (CHOL/HDL): 5
Clinical Information: annual Hypertension
Serum LDL cholesterol level (44P6.) 2.5 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1) 4.3 mmol/L
See NICE CG71 and CG181 for guidance relating to
lipids and cardiovascular disease risk.
Serum HDL cholesterol level (44P5.) 1 mmol/L
Serum triglyceride levels (XE2q9) 4 mmol/L
Serum cholesterol level (XE2eD) 5.3 mmol/L
LIPID PROFILE Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

Clinical Information: annual Hypertension
Serum urea level (XM0lt) 4.5 mmol/L [2.5 - 7.8]
Serum urea level Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 19:24

HAEMATOCRIT: 0.457 L/L [0.4 - 0.53]
IG %: 0.5
Clinical Information: annual Hypertension
Haemoglobin concentration (Xa96v) 159 g/L [130 - 180]
Platelet count - observation (42P..) 236 10^9/L [150 - 400]
Full blood count (424..)
Total white blood count (XaIdY) 10.9 10^9/L [4 - 11]
Mean cell haemoglobin level (XE2pb) 30.9 pg [27 - 33]
Red blood cell distribution width (XE2mO) 13.2 % [11.5 - 15]
Red blood cell count (426..) 5.15 10^12/L [4.4 - 6.5]
Mean cell volume (42A..) 88.7 fL [80 - 100]
Mean platelet volume (42Z5.) 12.8 fL [9 - 12.1] - Above high reference limit
Neutrophil count (42J..) 6.6 10^9/L [1.8 - 7.7]
Eosinophil count - observation (42K..) 0.3 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L [0 - 0.1]
Lymphocyte count (42M..) 3 10^9/L [1.4 - 4.8]
Monocyte count - observation (42N..) 0.9 10^9/L [0.1 - 0.8] - Above high reference limit
Full blood count Report, Normal, No Further Action. Review done by Dr Kathryn Moore - 16 May 2024 14:03

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

Clinical Information: annual Hypertension
Serum TSH level (XaELV) 1.91 miu/L [0.3 - 4.2]
If additional thyroid hormones are required (e.g.
FT4) please contact the Clinical Biochemistry
department (peh-tr.chemimm@nhs.net). Samples will
be stored for 5 days before being discarded.
Serum TSH level Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

15 May 2024 14:20	Surgery: Auto-filed	Entered: 15 May 2024 20:16

Clinical Information: annual Hypertension
CREATININE AND ELECTROLYTES:
Serum potassium level (XE2pz) 4.7 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1) 106 mmol/L [95 - 108]
Serum sodium level (XE2q0) 140 mmol/L [133 - 146]
Serum creatinine level (XE2q5) 84 umol/L [59 - 104]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 86 mL/min [> 60]
CREATININE AND ELECTROLYTES Report, Borderline, Other (Triglycerides raised, to repeat as a fasting test). Review done by Dr Kathryn Moore - 16 May 2024 14:26

16 May 2024 14:03	Surgery: Dr Kathryn Moore (General Medical Practitioner)
16 May 2024 14:05	Surgery: Dr Kathryn Moore (General Medical Practitioner)
16 May 2024 14:25	Surgery: Dr Kathryn Moore (General Medical Practitioner)
16 May 2024 15:40	Surgery: Mrs Malgorzata Stawecka (Admin/Clinical Support Access Role)
16 May 2024 15:43	Surgery: Mrs Malgorzata Stawecka (Admin/Clinical Support Access Role)

Patient telephone number (9159.) - 07377 447758
Short message service text message sent to patient (XaMiI)

Dear Mr Ferguson,
I've booked a telephone consultation on 06/06/2024 in the morning; if this is not suitable, please call surgery to reschedule.
Thanks,
Hampton Medical Centre

05 Jun 2024 08:54	Surgery: Mrs Hayley Owens (Health Professional Access Role)

History: Attending for rpt LIpids as prev Trigs were raised -see Dr K Moore's Task of 16/05/24
Pt states he wasn't told to come Fasting but has only had one cup of tea in the last 12 hours.
Use of aseptic technique (Ua1Rc)
Infectious disease : prevention/control (XE1Sf)
Seen by practice phlebotomist (9N2S.)
Referral to practice phlebotomist (XaKvU)
Informed consent given (XaLQR)
Blood sample taken (XaEJK)
From LT arm, 1 x brown bottle obtained, labelled and sent to the Lab.
Pt well on leaving.
Overview Notes (Y0028)
Blood taken on 1st attempt
Phlebotomy procedure and common risks explained including pain and bruising
Sample(s) matched with form, checked correctly labelled
Patient contact details verified (Xab2B)
Chronic disease monitoring (66...)
Fasting sample (XaaEP)
Blood test requested (XaK6t) - Lipids
Pathology Request (Request Sent):
Lipid Profile (Cholesterol/HDL)- (Requested)

05 Jun 2024 09:00	Surgery: Auto-filed	Entered: 05 Jun 2024 14:21

FASTING STATUS: Fasting
LIPID PROFILE:
CHOLESTEROL:HDL RATIO (CHOL/HDL): 6
Clinical Information: rpt as Trigs were raised
Serum HDL cholesterol level (44P5.) 1 mmol/L
Serum cholesterol level (XE2eD) 6.4 mmol/L
Serum triglyceride levels (XE2q9) 2.2 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1) 5.4 mmol/L
See NICE CG71 and CG181 for guidance relating to
lipids and cardiovascular disease risk.
Serum LDL cholesterol level (44P6.) 4.4 mmol/L
LIPID PROFILE Report, Abnormal, Other (TGs now normal but Chol raised.). Review done by Dr Inga Moon - 05 Jun 2024 17:23

05 Jun 2024 17:22	Surgery: Dr Inga Moon (General Medical Practitioner)
05 Jun 2024 17:23	Surgery: Dr Inga Moon (General Medical Practitioner)

Patient telephone number (9159.) - 07377 447758
Short message service text message sent to patient (XaMiI)

Dear Mr Ferguson,
Your Triglyceride level has come back as normal this time. However your cholesterol level has come back slightly raised at 6.4.
("normal" 5-6).
You may wish to repeat in 3-6 months time with a "fasted" test - no food from midnight and only water or black tea/coffee (no milk or sugar).
If you do not pay any attention to Cholesterol in your diet then now would be a good time to look. White meat contains less Cholesterol than red meat. Avoid fried foods. Beware foods with hidden Chol eg hard cheese, cakes
Thanks, Dr Inga Lorraine Moon

Hampton Medical Centre

06 Jun 2024 09:14	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Problem: Essential hypertension (XE0Uc)
Medication review done (XaF8d)
Hypertension annual review (XaIyE)
Good hypertension control (6627.)
Chronic disease management annual review completed (Xaagy)
Telephone consultation (XaIge) - Telephone call for HTN review. See recent clinic BP and bloods. Aware repeat cholesterol a bit up. Is on a statin already. Has been reflecting and aware diet not as good as it could be, is going to try and address. Otherwise well, no issues with his meds.
Lifestyle advice regarding hypertension (XaQaV)
Medication satisfactory (8B3E1)
133 / 80 mmHg
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 27 Jan 2025 Re-Authorised by Dr Kathryn E Moore
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 27 Jan 2025 Re-Authorised by Dr Kathryn E Moore
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 27 Jan 2025 Re-Authorised by Dr Kathryn E Moore
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Jun 2024 09:22	Surgery: Dr Kathryn Moore (General Medical Practitioner)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

08 Jul 2024 13:21	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Jul 2024 09:26	Surgery: Mrs Zoe Goss (Nurse Access Role)

Patient identity verified (XaXmW)
Telephone triage encounter (XaIvd)
Telephone consultation (XaIge)
'07377447758 stomach problems had diarreah for 10 days'
1. Had diarrhoea water not any formed stool for 10/7. genreal abdo discomfort. No blood/mucous. No temperature. No N&V. Lives with Sister but she is not affected. goes 2-3 times a day
2. Feeling down 'depressed' had it previously when lived in Scotland. No current thoughts of self harm. Had tried antidepressants but they did not help but does not appear to have titrated medication. Feels he can not be bothered to do anything.
Plan (XaIVg)
1. Stop ramipril until this settles or told otherwise. Ensure enough fluid intake and monitor fluid output and if does not PU then to A&E.
Stool sample.
2. Self refer to IAPTs and adviced re crisis line.
Patient given advice (8CA..)
Pathology Request (Request Sent):
Faeces MC&S- (Requested)

29 Jul 2024 09:42	Surgery: Mrs Zoe Goss (Nurse Access Role)

Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Please self referral for your mental health:-
https://www.cpft.nhs.uk/self-refer-here/

Crisis 111option 2
Thanks, Zoe Goss Advanced Nurse Practitioner
Hampton Medical Centre
Patient telephone number (9159.) - 07377 447758

29 Jul 2024 09:47	Surgery: Mrs Zoe Goss (Nurse Access Role)
29 Jul 2024 12:01	Surgery: Solabomi Linkson (Admin/Clinical Support Access Role) Entered at: CPFT Mental Health Self Referral

SystmOne Incoming Record Sharing consent changed to: Yes

29 Jul 2024 12:01	Office Base: Solabomi Linkson (Admin/Clinical Support Access Role) Entered at: CPFT Mental Health Self Referral
29 Jul 2024 12:01	Office Base: Solabomi Linkson (Admin/Clinical Support Access Role) Entered at: CPFT Mental Health Self Referral

Marital state unknown (133F.)
Referral In: to Cambridgeshire & Peterborough Talking Therapies for Adult mental illness - Adult Mental Health Service (Accepted) End of Referral 22 Nov 2024 08:46
Status Update for Cambridgeshire & Peterborough Talking Therapies Referral In: Receiving Care, Status changed: 29 Jul 2024 12:01
Home telephone number: 01933 227796
Mobile telephone number: 07377 447758

29 Jul 2024 12:01	Surgery: Solabomi Linkson (Admin/Clinical Support Access Role) Entered at: CPFT Mental Health Self Referral

SystmOne Outgoing Record Sharing consent changed to: Yes

29 Jul 2024 12:02	Office Base: Solabomi Linkson (Admin/Clinical Support Access Role) Entered at: CPFT Mental Health Self Referral

Activity: Administration Administration with Patient Record

30 Jul 2024 09:41	Surgery: Auto-filed	Entered: 01 Aug 2024 13:50

CRYPTOSPORIDIUM OOCYSTS: NOT seen
APPEARANCE: Bristol Stool Chart 6
FAECES - ROUTINE CULTURE:
WET FILM: Giardia cysts NOT seen
Clinical Information: dairrhoea for 10/7
COMMENT: Routine faecal testing includes culture for the
following organisms: Campylobacter sp., Salmonella
sp., Shigella sp. and E.coli O157.
FAECAL PATHOGENS (ROUTINE): Faecal pathogens NOT isolated
FAECES - ROUTINE CULTURE Report, Normal, Communicate Patient. Review done by Mrs Zoe Goss - 05 Aug 2024 13:28

05 Aug 2024 13:25	Surgery: Mrs Zoe Goss (Nurse Access Role)
12 Aug 2024 11:23	Surgery: Mrs Anna Aschettino (Admin/Clinical Support Access Role)

Request for 'Atorvastatin 20mg tablets' by patient
Request for 'Ramipril 2.5mg capsules' by patient
Request for 'Amlodipine 10mg tablets' by patient

12 Aug 2024 15:36	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Aug 2024	Surgery: Miss Hannah Hewitt (Admin/Clinical Support Access Role)	Entered: 14 Aug 2024 12:06

Clinic Letter to Hampton Medical Centre

13 Aug 2024	Surgery: Mrs Zoe Goss (Nurse Access Role)	Entered: 21 Aug 2024 12:55
22 Nov 2024 08:46	Office Base: Bridget Walker (Health Professional Access Role) Entered at: CPFT Mental Health Self Referral	

Status Update for Cambridgeshire & Peterborough Talking Therapies Referral In: Discharged From Care, Status changed: 22 Nov 2024 08:47
Status Update for Cambridgeshire & Peterborough Talking Therapies Referral In: Discharged From Care, Status changed: 22 Nov 2024 08:47

Activity: Administration Administration with Patient Record

14 Jan 2025 01:48	Surgery: Auto-filed	Entered: 14 Jan 2025 05:10

Bowel cancer screening programme: faecal occult blood result (XaPVj)
FOBT Non-Response. Sent when Discharged for non-response to initial
Test Kit
No response to bowel cancer screening programme invitation (XaPf6)
Bowel cancer screening programme: faecal occult blood result Report, Not responded to invitation, Other (AccuRx sent). Review done by Mrs Hayley Owens - 14 Jan 2025 08:20

14 Jan 2025 08:19	Surgery: Mrs Hayley Owens (Health Professional Access Role)
14 Jan 2025 08:19	Surgery: Mrs Hayley Owens (Health Professional Access Role)

Patient telephone number (9159.) - 07377 447758
Short message service text message sent to patient (XaMil)

Dear Mr William Ferguson,
We are contacting you following a review of your medical records as it appears that you did not return your NHS bowel cancer screening test kit.
Further information about screening can be found here: https://www.nhs.uk/conditions/bowelcancer-screening/
If there has been a problem with communication and you were unaware of your screening opportunity or if you don't still have your test kit, please contact the
NHS Bowel Cancer Screening Programme on 0800 707 60 60 and they will be happy to send you a new kit in the post today.
Thanks,
Hampton Medical Centre

20 Jan 2025 08:42	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)
20 Jan 2025 10:32	Surgery: Miss Aelisha Shakya (Health Professional Access Role)

pt was away at Scotland since Aug--did not know he was allow to have at least 84 days worth meds
pt ran out meds since last collect and have not had since Sep.
he thought of not needing meds and now he is getting his symptoms back, asking for meds
advise abt taking meds regularly, and state will give 84 days if going abroad or away from home.
pt booked for blood test
7 day reading sent,--pt is coming tomorrow Tuesday for bp check.

Pathology Request (Request Sent):
HbA1c- (Requested), Full Blood Count (FBC)- (Requested), LFT- (Requested), Lipid Profile (Cholesterol/HDL)- (Requested), TSH- (Requested), Creatinine & Electrolytes- (Requested), Urea- (Requested)
Note Marked in Error: Wrong data entered
20 Jan 2025 10:32, AS PER AS.

20 Jan 2025 10:42	Surgery: Miss Aelisha Shakya (Health Professional Access Role)

Patient telephone number (9159.) - 07377 447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Please kindly send us your latest blood pressure reading as a part of your medication review.
TO RESPOND, please follow this link: (link will autogenerate here)
Thanks, Pharmacist
Hampton Medical Centre

20 Jan 2025 10:51	Surgery: Miss Aelisha Shakya (Health Professional Access Role)	
20 Jan 2025 11:00	Surgery: Miss Aelisha Shakya (Health Professional Access Role)	
21 Jan 2025	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)	Entered: 21 Jan 2025 08:28

Self measured blood pressure reading (XaOQP)

21 Jan 2025 08:27	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)

Pulse rate (X773s) 97 bpm
139 / 83 mmHg

21 Jan 2025 13:59	Surgery: Mr Ching Hoi Yim (Pharmacist)

Issued to last until blood test appointment (as per task created by Aelisha 20/01/25)
Amlodipine 10mg tablets - 7 tablet - Take one tablet each morning
Atorvastatin 20mg tablets - 7 tablet - take one daily
Ramipril 2.5mg capsules - 7 capsule - take one daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care

Record.

24 Jan 2025 14:18	Surgery: Mrs Hayley Owens (Health Professional Access Role)

History: Attending for BT req by Aelisha-surgery Pharmacist.
Use of aseptic technique (Ua1Rc)
Infectious disease : prevention/control (XE1Sf)
Seen by practice phlebotomist (9N2S.)
Referral to practice phlebotomist (XaKvU)
Informed consent given (XaLQR)
Blood sample taken (XaEJK)
From LT arm, 1 x brown bottle obtained and 2 x red 3.4ml EDTA bottles obtained, labelled and sent to the Lab.
Sterile plaster applied to venepuncture site.
Pt well on leaving.
Overview Notes (Y0028)
Blood taken on 1st attempt
Phlebotomy procedure and common risks explained including pain and bruising
Sample(s) labelled using printed labels
Sample(s) matched with form, checked correctly labelled
Patient contact details verified (Xab2B)
Chronic disease monitoring (66...)
Random sample (XaaER)
Blood test requested (XaK6t) - See pathology request

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 24 Jan 2025 22:21

Clinical Information: was away as well as pt not taking meds for 3 months
GLOBULIN: 24 g/L
LIVER FUNCTION TESTS
Serum total protein level (XE2e9) 68 g/L [60 - 80]
Serum alanine aminotransferase level (XaLJx) 36 iu/L [< 41]
Serum alkaline phosphatase level (XE2px) 115 iu/L [30 - 130]
Serum albumin level (XE2eA) 44 g/L [35 - 50]
Serum total bilirubin level (XaERu) 6 umol/L [0 - 21]
LIVER FUNCTION TESTS Report, Normal, No Further Action. Review done by Dr Michael Nagieb - 27 Jan 2025 09:02

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 27 Jan 2025 08:21

Clinical Information: was away as well as pt not taking meds for 3 months
CHOLESTEROL:HDL RATIO (CHOL/HDL): 5
FASTING STATUS: Non-Fasting
LIPID PROFILE
Serum HDL cholesterol level (44P5.) 1.1 mmol/L
Serum triglyceride levels (XE2q9) 5.3 mmol/L
Serum cholesterol level (XE2eD) 5 mmol/L
Serum LDL cholesterol level (44P6.) - Not available
Serum non high density lipoprotein cholesterol level (XabE1) 3.9 mmol/L
Consider alcohol, obesity, uncontrolled diabetes,
diet and medication as possible causes of
hypertriglyceridaemia.
Please be aware that the CVD risk may be
underestimated by risk assessment tools when
triglycerides are elevated.
Please optimise the management of other CVD risk
factors present.
See NICE CG71 and CG181 for guidance relating to
lipids and cardiovascular disease risk.
LIPID PROFILE Report, Satisfactory, No Further Action. Review done by Dr Michael Nagieb - 27 Jan 2025 09:00

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 27 Jan 2025 09:39

Clinical Information: was away as well as pt not taking meds for 3 months
HBA1C (PCH ONLY)
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol [20 - 42]
42-47mmol/mol Hb - indicative of non-diabetic
hyperglycaemia. At risk of developing type 2
diabetes. Consider implementing lifestyle
measures. Please refer to NICE Guideline PH38.
>/=48mmol/mol Hb - possible diabetes. If patient

symptomatic, diagnosis confirmed. If patient
asymptomatic, re-test within 4 weeks. Please refer
to NICE Guideline CG66 for treatment guidance.
Take urgent same day action if suspecting type 1
diabetes (HbA1c may be normal).
HbA1c is accepted for the diagnosis of type 2
diabetes in the UK, but should not be used to
diagnose type 1 diabetes or in the following
contexts - childhood, pregnancy, renal failure,
haemoglobinopathy trait, anaemia, HIV, abnormal
red cell turnover or any recent treatment likely
to affect glycaemia or red cell turnover.
HBA1C (PCH ONLY) Report, Normal, No Further Action. Review done by Dr Kathryn Moore - 27 Jan 2025 10:13

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 24 Jan 2025 22:21

Clinical Information: was away as well as pt not taking meds for 3 months
Serum TSH level (XaELV) 1.64 miu/L [0.3 - 4.2]
If additional thyroid hormones are required (e.g.
FT4) please contact the Clinical Biochemistry
department (peh-tr.chemimm@nhs.net). Samples will
be stored for 5 days before being discarded.
Serum TSH level Report, Normal, No Further Action. Review done by Dr Michael Nagieb - 27 Jan 2025 09:02

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 24 Jan 2025 19:33

IG %: 0.4
HAEMATOCRIT: 0.498 L/L [0.4 - 0.53]
Clinical Information: was away as well as pt not taking meds for 3 months
Mean platelet volume (42Z5.) 12.7 fL [9 - 12.1] - Above high reference limit
Neutrophil count (42J..) 7.9 10^9/L [1.8 - 7.7] - Above high reference limit
Mean cell haemoglobin level (XE2pb) 31.5 pg [27 - 33]
Red blood cell distribution width (XE2mO) 13.3 % [11.5 - 15]
Eosinophil count - observation (42K..) 0.3 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L [0 - 0.1]
Lymphocyte count (42M..) 3.1 10^9/L [1.4 - 4.8]
Monocyte count - observation (42N..) 1 10^9/L [0.1 - 0.8] - Above high reference limit
Full blood count (424..)
Total white blood count (XaIdY) 12.4 10^9/L [4 - 11] - Above high reference limit
Red blood cell count (426..) 5.33 10^12/L [4.4 - 6.5]
Mean cell volume (42A..) 93.4 fL [80 - 100]
Haemoglobin concentration (Xa96v) 168 g/L [130 - 180]
Platelet count - observation (42P..) 253 10^9/L [150 - 400]
Full blood count Report, Abnormal, Need to speak to doctor: high WBCs , had an appointment with GP. Review done by Dr Michael Nagieb - 27 Jan 2025 08:58

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 24 Jan 2025 22:21

Clinical Information: was away as well as pt not taking meds for 3 months
Serum urea level (XM0lt) 3.8 mmol/L [2.5 - 7.8]
Serum urea level Report, Normal, No Further Action. Review done by Dr Michael Nagieb - 27 Jan 2025 09:02

24 Jan 2025 14:25	Surgery: Auto-filed	Entered: 24 Jan 2025 22:21

CREATININE AND ELECTROLYTES
Clinical Information: was away as well as pt not taking meds for 3 months
Serum chloride level (XE2q1) 103 mmol/L [95 - 108]
Serum creatinine level (XE2q5) 88 umol/L [59 - 104]
Serum sodium level (XE2q0) 140 mmol/L [133 - 146]
Serum potassium level (XE2pz) 5.2 mmol/L [3.5 - 5.3]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 81 mL/min [> 60]
CREATININE AND ELECTROLYTES Report, Normal, No Further Action. Review done by Dr Michael Nagieb - 27 Jan 2025 09:02

27 Jan 2025 08:57	Surgery: Dr Michael Nagieb (General Medical Practitioner)
27 Jan 2025 09:00	Surgery: Dr Michael Nagieb (General Medical Practitioner)
27 Jan 2025 09:02	Surgery: Dr Michael Nagieb (General Medical Practitioner)
27 Jan 2025 10:13	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Problem: Essential hypertension (XE0Uc)
History: Telephone call as per pharmacist re noted to have not ordered meds for some time.
See recent BP and bloods, patient says he had found some tablets so been taking his meds a few days before he

came in and did BP.
Has been away working and whilst away diet not been good - take away every night, is now eating normally again though.
In terms of slightly raised WBC has had a bit of a cold but nothing major, not concerned by it.
Plan: Meds re-issued, good diet will be improving. If cold symptoms do not settle / feels unwell seek advice.
Medication review done (XaF8d)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 30 Jun 2025 Re-Authorised by Dr Kathryn E Moore
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 30 Jun 2025 Re-Authorised by Dr Kathryn E Moore
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 30 Jun 2025 Re-Authorised by Dr Kathryn E Moore
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.
Diagnosis Drug Marked in Error:
06 Jun 2024 09:14, Atorvastatin 20mg tablets for Essential hypertension (XE0Uc)

07 Feb 2025 15:13	Surgery: Miss Aelisha Shakya (Health Professional Access Role)
13 Feb 2025 10:44	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)

Request for 'Atorvastatin 20mg tablets' by patient
Request for 'Amlodipine 10mg tablets' by patient
Request for 'Ramipril 2.5mg capsules' by patient

13 Feb 2025 11:10	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 13 Mar 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 05 Jun 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 08 May 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 10 Apr 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 05 Jun 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 08 May 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 10 Apr 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 13 Mar 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 05 Jun 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 08 May 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 10 Apr 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 13 Mar 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 May 2025 14:04	Surgery: Ms Lea Damkauskaite

Long term condition care planning invitation (XabEd) - LTC 1st Invite

28 May 2025 12:30	Surgery: Ms Lea Damkauskaite

Long term condition care planning invitation (XabEd) - LTC 2nd Invite

13 Jun 2025 14:48	Surgery: Mrs Hayley Owens (Health Professional Access Role)

History: Attending for annual Hypertension LTC.
O/E - height (229..) 1.803 m (~ 5 ' 11 ")
Diet average (XaCJ0)
O/E - weight (22A..) 82 Kg (~ 12 st 13 lb)
Smoker (137R.)
Body mass index - observation (22K..) 25.22 Kg/m²
Random sample (XaaER)
Blood sample taken (XaEJK)
From LT arm (1st attempt), 1 x brown bottle obtained and 2 x red 3.4ml EDTA bottles obtained, labelled and sent to the Lab.

Sterile plaster applied to venepuncture site.
Pt well on leaving.
Chronic disease monitoring (66...)
Enjoys light exercise (1383.)
Chronic disease initial assessment (6617.)
Pulse regular (XM02J)
Use of aseptic technique (Ua1Rc)
Informed consent given (XaLQR)
Lower risk drinking (XaXjf)
Smoking cessation advice (Ua1Nz)
Lifestyle counselling (XaEFY)
Pulse rate (X773s) 65 bpm
Chronic disease initial assessment (6617.)
125 / 76 mmHg
Recall: Hypertension (13 Jun 2026)
Pathology Request (Request Sent):
HbA1c- (Requested), Full Blood Count (FBC)- (Requested), LFT- (Requested), Lipid Profile (Cholesterol/HDL)- (Requested), TSH- (Requested), Creatinine & Electrolytes- (Requested), Urea- (Requested)

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 20:36

CREATININE AND ELECTROLYTES
Clinical Information: annual Hypertension LTC
Serum sodium level (XE2q0) 138 mmol/L [133 - 146]
Serum potassium level (XE2pz) 4.1 mmol/L [3.5 - 5.3]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 84 mL/min [> 60]
Serum chloride level (XE2q1) 105 mmol/L [95 - 108]
Serum creatinine level (XE2q5) 85 umol/L [59 - 104]
CREATININE AND ELECTROLYTES Report, Normal, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:38

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 20:36

Clinical Information: annual Hypertension LTC
Serum TSH level (XaELV) 1.66 miu/L [0.3 - 4.2]
If additional thyroid hormones are required (e.g.
FT4) please contact the Clinical Biochemistry
department (peh-tr.chemimm@nhs.net). Samples will
be stored for 5 days before being discarded.
Serum TSH level Report, Normal, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:38

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 20:36

CHOLESTEROL:HDL RATIO (CHOL/HDL): 3
Clinical Information: annual Hypertension LTC
FASTING STATUS: Non-Fasting
LIPID PROFILE
Serum non high density lipoprotein cholesterol level (XabE1) 1.8 mmol/L
See NICE CG71 and NG238 for guidance relating to
lipids and cardiovascular disease risk.
Serum triglyceride levels (XE2q9) 1.5 mmol/L
Serum LDL cholesterol level (44P6.) 1.1 mmol/L
Serum cholesterol level (XE2eD) 3 mmol/L
Serum HDL cholesterol level (44P5.) 1.2 mmol/L
LIPID PROFILE Report, Normal, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:38

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 20:36

Clinical Information: annual Hypertension LTC
Serum urea level (XM0lt) 5.3 mmol/L [2.5 - 7.8]
Serum urea level Report, Normal, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:38

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 15 Jun 2025 02:12

HBA1C (PCH ONLY)
Clinical Information: annual Hypertension LTC
Haemoglobin A1c level - IFCC standardised (XaPbt) 39 mmol/mol [20 - 42]
42-47mmol/mol Hb - indicative of non-diabetic
hyperglycaemia. At risk of developing type 2
diabetes. Consider implementing lifestyle
measures. Please refer to NICE Guideline PH38.
>/=48mmol/mol Hb - possible diabetes. If patient

symptomatic, diagnosis confirmed. If patient
asymptomatic, re-test within 4 weeks. Please refer
to NICE Guideline CG66 for treatment guidance.
Take urgent same day action if suspecting type 1
diabetes (HbA1c may be normal).
HbA1c is accepted for the diagnosis of type 2
diabetes in the UK, but should not be used to
diagnose type 1 diabetes or in the following
contexts - childhood, pregnancy, renal failure,
haemoglobinopathy trait, anaemia, HIV, abnormal
red cell turnover or any recent treatment likely
to affect glycaemia or red cell turnover.
HBA1C (PCH ONLY) Report, Normal, No Further Action. Review done by Miss Georgia Setchfield (Admin/Clinical Support Access Role) - 16 Jun 2025 12:51

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 20:36

Clinical Information: annual Hypertension LTC
GLOBULIN: 23 g/L
LIVER FUNCTION TESTS
Serum alkaline phosphatase level (XE2px) 95 iu/L [30 - 130]
Serum total protein level (XE2e9) 65 g/L [60 - 80]
Serum total bilirubin level (XaERu) 7 umol/L [0 - 21]
Serum alanine aminotransferase level (XaLJx) 13 iu/L [< 41]
Serum albumin level (XE2eA) 42 g/L [35 - 50]
LIVER FUNCTION TESTS Report, Normal, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:38

13 Jun 2025 14:50	Surgery: Auto-filed	Entered: 13 Jun 2025 19:33

IG %: 0.4
HAEMATOCRIT: 0.424 L/L [0.4 - 0.53]
Clinical Information: annual Hypertension LTC
Full blood count (424..)
Total white blood count (XaIdY) 11.2 10^9/L [4 - 11] - Above high reference limit
Eosinophil count - observation (42K..) 0.3 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L [0 - 0.1]
Haemoglobin concentration (Xa96v) 141 g/L [130 - 180]
Platelet count - observation (42P..) 244 10^9/L [150 - 400]
Mean cell haemoglobin level (XE2pb) 31.1 pg [27 - 33]
Red blood cell distribution width (XE2mO) 12.9 % [11.5 - 15]
Red blood cell count (426..) 4.54 10^12/L [4.4 - 6.5]
Mean cell volume (42A..) 93.4 fL [80 - 100]
Lymphocyte count (42M..) 2.9 10^9/L [1.4 - 4.8]
Monocyte count - observation (42N..) 0.9 10^9/L [0.1 - 0.8] - Above high reference limit
Mean platelet volume (42Z5.) 11.8 fL [9 - 12.1]
Neutrophil count (42J..) 7 10^9/L [1.8 - 7.7]
Full blood count Report, Satisfactory, No Further Action. Review done by Dr Inga Moon - 18 Jun 2025 15:28

13 Jun 2025 14:57	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)
13 Jun 2025 14:58	Surgery: Ms Lea Damkauskaite (Admin/Clinical Support Access Role)

Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Please order your medications using email address below:
cpicb.prescriptions.hampton@nhs.net
Thanks,
Hampton Medical Centre
Sent on 13/06/2025 at 14:58
Patient telephone number (9159.) - +447377447758

16 Jun 2025 12:51	Surgery: Miss Georgia Setchfield (Admin/Clinical Support Access Role)
17 Jun 2025 16:29	Surgery: Mr Harry Morley (Receptionist)
17 Jun 2025 16:30	Surgery: Mr Harry Morley (Admin/Clinical Support Access Role)

Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,

A routine telephone call has been booked to discuss your recent long term condition review. Dr Moore will call you to discuss this on Monday 30th June. If you are not available then please call us to rearrange.
Thanks,
Hampton Medical Centre
Sent on 17/06/2025 at 16:30

18 Jun 2025 15:28	Surgery: Dr Inga Moon (General Medical Practitioner)
18 Jun 2025 15:38	Surgery: Dr Inga Moon (General Medical Practitioner)
30 Jun 2025 09:43	Surgery: Dr Kathryn Moore (General Medical Practitioner)

Problem: Essential hypertension (XE0Uc)
History: Telephone call for HTN review, see recent BP and bloods, advised all ok. Compliant with meds, asking for further batch to be done for 6 months.
Hypertension annual review (XaIyE)
Good hypertension control (6627.)
Chronic disease management annual review completed (Xaagy)
Medication satisfactory (8B3E1)
Follow-up status (XaBPO)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
125 / 76 mmHg
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 02 Jan 2026 Re-Authorised by Mr Kamil Klosowski
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 02 Jan 2026 Re-Authorised by Mr Kamil Klosowski
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 02 Jan 2026 Re-Authorised by Mr Kamil Klosowski
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Jun 2025 10:11	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

Scheduled Task Creation (Completed) - For Action task (RD x5) to be sent to Prescription requests on 21 Jul 2025.

21 Jul 2025 11:00	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 10 Nov 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 13 Oct 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 15 Sep 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 18 Aug 2025)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 10 Nov 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 13 Oct 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 15 Sep 2025)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 18 Aug 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 10 Nov 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 13 Oct 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 15 Sep 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 18 Aug 2025)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Jul 2025 11:01	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

On repeat dispensing system (XaJus)
Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,

Your medication has been Repeat Dispensed (Batched) for further 5 months. There is no need for you to request the medication until end of November. Medication will be waiting for you every 28 days in your nominated pharmacy. If you are going on holiday during that time and you would require your medication to be dispensed earlier - community

pharmacists are allowed to dispense your medication earlier upon your request.
Thanks, Kamil Klosowski
Hampton Medical Centre
Sent on 21/07/2025 at 11:00

09 Oct 2025 12:31	Surgery: Miss Georgia Setchfield (Admin/Clinical Support Access Role)
09 Oct 2025 12:31	Surgery: Miss Georgia Setchfield (Admin/Clinical Support Access Role)

Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,

From 1st December you will no longer be able to call the surgery at 14:00 hrs for afternoon appointments. All of our morning and afternoon appointments will be bookable from 08:00 hrs. This is in line with new legislation from the Department of Health and is not a Practice made decision.

Thanks,
Hampton Medical Centre
SMS sent on 08/10/2025 19:03:23

02 Jan 2026 13:47	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 22 May 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 24 Apr 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 27 Mar 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 27 Feb 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 30 Jan 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 22 May 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 24 Apr 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 27 Mar 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 27 Feb 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 30 Jan 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 22 May 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 24 Apr 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 27 Mar 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 27 Feb 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 30 Jan 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Ended 04 Jun 2026 Re-Authorised by Miss Maisie Palmer-Edgley
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ended 04 Jun 2026 Re-Authorised by Miss Maisie Palmer-Edgley
Ramipril 2.5mg capsules - 28 capsule - take one daily
Ended 04 Jun 2026 Re-Authorised by Miss Maisie Palmer-Edgley
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

02 Jan 2026 13:48	Surgery: Mr Kamil Klosowski (Health Professional Access Role)

On repeat dispensing system (XaJus)
Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,

Your medication has been Repeat Dispensed (Batched) for further 6 months. There is no need for you to request the medication until mid-June 2026. Medication will be waiting for you every 28 days in your nominated pharmacy. If you are going on holiday during that time and you would require your medication to be dispensed earlier - community pharmacists are allowed to dispense your medication earlier upon your request.
Thanks, Kamil Klosowski
Hampton Medical Centre
Sent on 02/01/2026 at 13:48

06 May 2026 11:32	Surgery: Ms Lea Damkauskaite	Entered: 06 May 2026 11:36

Chronic disease management annual review invitation (Xaafz) - LTC 1st Invite

07 May 2026 09:20	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)
19 May 2026 12:02	Surgery: Mrs Hayley Owens (Health Professional Access Role)

History: Attending for annual hypertension LTC.
Smoking cessation advice (Ua1Nz)
Smoker (137R.)
Lifestyle counselling (XaEFY)
Lower risk drinking (XaXjf)
Body mass index - observation (22K..) 26.15 Kg/m²
Diet average (XaCJ0)
Enjoys light exercise (1383.)
O/E - weight (22A..) 85 Kg (~ 13 st 5 lb)
O/E - height (229..) 1.803 m (~ 5 ' 11 ")
Pulse rate (X773s) 70 bpm
Blood sample taken (XaEJK)
From LT arm (1st attempt with a black needle), 1 x brown bottle obtained and 2 x red 3.4ml EDTA bottles obtained, labelled and sent to the Lab.
Sterile plaster applied to venepuncture site.
Pt well on leaving.
Use of aseptic technique (Ua1Rc)
Chronic disease initial assessment (6617.)
Random sample (XaaER)
Informed consent given (XaLQR)
Pulse regular (XM02J)
Chronic disease monitoring (66...)
135 / 68 mmHg
Recall: Hypertension (19 May 2027)
Pathology Request (Request Sent):
HbA1c- (Requested), Full Blood Count (FBC)- (Requested), LFT- (Requested), Lipid Profile (Cholesterol/HDL)- (Requested), TSH- (Requested), Creatinine & Electrolytes- (Requested), Urea- (Requested)

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 21:45

FASTING STATUS: Non-Fasting
LIPID PROFILE
CHOLESTEROL:HDL RATIO (CHOL/HDL): 3
Clinical Information: annual hypertension LTC
Serum non high density lipoprotein cholesterol level (XabE1) 2.4 mmol/L
Fasting triglycerides >1.7 mmol/L or
non-fasting triglycerides >2.0 mmol/L are
associated with increased
cardiovascular risk.
See NICE CG71 and NG238 for guidance relating to
lipids and cardiovascular disease risk.
Serum triglyceride levels (XE2q9) 3.4 mmol/L [< 1.7] - Above high reference limit
Serum LDL cholesterol level (44P6.) 1.2 mmol/L
Please note: change in calculation used for LDL
cholesterol from Friedewald to Sampson equation
from 18/05/2026
Serum cholesterol level (XE2eD) 3.9 mmol/L
Serum HDL cholesterol level (44P5.) 1.5 mmol/L
LIPID PROFILE Report, Borderline, No Further Action: Text sent already to arrange appt.. Review done by Dr Farhan Shahid - 21 May 2026 08:37

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 21:45

Clinical Information: annual hypertension LTC
GLOBULIN: 23 g/L
LIVER FUNCTION TESTS
Serum total bilirubin level (XaERu) 7 umol/L [0 - 21]
Serum alanine aminotransferase level (XaLJx) 21 iu/L [< 41]
Serum albumin level (XE2eA) 44 g/L [35 - 50]
Serum alkaline phosphatase level (XE2px) 125 iu/L [30 - 130]
Serum total protein level (XE2e9) 67 g/L [60 - 80]
LIVER FUNCTION TESTS Report, Borderline, No Further Action: Text sent already to arrange appt.. Review done by Dr Farhan Shahid - 21 May 2026 08:37

19 May 2026 12:10	Surgery: Auto-filed	Entered: 20 May 2026 11:52

HBA1C (PCH ONLY)
Clinical Information: annual hypertension LTC
Haemoglobin A1c level - IFCC standardised (XaPbt) 42 mmol/mol [20 - 42]
Use of HbA1c in Diagnosis of Diabetes Mellitus:
4247 mmol/mol:
At risk of type 2 diabetes. Suggest referral to
the National Diabetes Prevention programme.
Advise lifestyle changes (see NICE PH38).
>/=48 mmol/mol: Possible diabetes.
If symptomatic: Diagnosis confirmed.
If asymptomatic: Repeat test within 4 weeks
(see NICE CG66).
Suspected type 1 diabetes: Act urgently - even
if HbA1c is normal.
Note: HbA1c is not suitable for diagnosing
type 1 diabetes or in children, pregnancy,
anaemia, haemoglobinopathies, renal failure,
HIV, any recent treatment likely to affect
glycaemia or altered red cell turnover.
HBA1C (PCH ONLY) Report, Satisfactory, No Further Action. Review done by Dr Farhan Shahid - 21 May 2026 08:38

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 21:45

Clinical Information: annual hypertension LTC
Serum TSH level (XaELV) 1.01 miu/L [0.3 - 4.2]
If additional thyroid hormones are required (e.g.
FT4) please contact the Clinical Biochemistry
department (peh-tr.chemimm@nhs.net). Samples will
be stored for 5 days before being discarded.
Serum TSH level Report, Borderline, No Further Action: Text sent already to arrange appt.. Review done by Dr Farhan Shahid - 21 May 2026 08:37

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 18:48

IG %: 0.5
Clinical Information: annual hypertension LTC
HAEMATOCRIT: 0.436 L/L [0.4 - 0.53]
Haemoglobin concentration (Xa96v) 150 g/L [130 - 180]
Platelet count - observation (42P..) 239 10^9/L [150 - 400]
Full blood count (424..)
Total white blood count (XaIdY) 14.4 10^9/L [4 - 11] - Above high reference limit
Mean cell haemoglobin level (XE2pb) 31.1 pg [27 - 33]
Red blood cell distribution width (XE2mO) 13.1 % [11.5 - 15]
Red blood cell count (426..) 4.83 10^12/L [4.4 - 6.5]
Mean cell volume (42A..) 90.3 fL [80 - 100]
Mean platelet volume (42Z5.) 11.7 fL [9 - 12.1]
Neutrophil count (42J..) 10.6 10^9/L [1.8 - 7.7] - Above high reference limit
Eosinophil count - observation (42K..) 0.3 10^9/L [0.1 - 0.6]
Basophil count (42L..) 0.1 10^9/L [0 - 0.1]
Lymphocyte count (42M..) 2.5 10^9/L [1.4 - 4.8]
Monocyte count - observation (42N..) 0.8 10^9/L [0.1 - 0.8]
Full blood count Report, Abnormal, Need to speak to doctor, Communicate Patient: Text sent to patient to arrange appt to discuss.. Review done by Dr Farhan Shahid - 21 May 2026 08:36

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 21:45

Clinical Information: annual hypertension LTC
Serum urea level (XM0lt) 4.9 mmol/L [2.5 - 7.8]
Serum urea level Report, Borderline, No Further Action: Text sent already to arrange appt.. Review done by Dr Farhan Shahid - 21 May 2026 08:37

19 May 2026 12:10	Surgery: Auto-filed	Entered: 19 May 2026 21:45

Clinical Information: annual hypertension LTC
CREATININE AND ELECTROLYTES
Serum chloride level (XE2q1) 102 mmol/L [95 - 108]
Serum creatinine level (XE2q5) 77 umol/L [59 - 104]
Serum sodium level (XE2q0) 138 mmol/L [133 - 146]

Serum potassium level (XE2pz) 4.4 mmol/L [3.5 - 5.3]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) > 90 mL/min [> 60]
CREATININE AND ELECTROLYTES Report, Borderline, No Further Action: Text sent already to arrange appt..
Review done by Dr Farhan Shahid - 21 May 2026 08:37

21 May 2026 08:34	Surgery: Dr Farhan Shahid (General Medical Practitioner)
21 May 2026 08:36	Surgery: Dr Farhan Shahid (General Medical Practitioner)

Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMiI)

Dear Mr Ferguson,
Please arrange appt to discuss your blood results.
Thanks
Hampton Medical Centre
Sent on 21/05/2026 at 08:36

21 May 2026 08:36	Surgery: Dr Farhan Shahid (General Medical Practitioner)
21 May 2026 08:37	Surgery: Dr Farhan Shahid (General Medical Practitioner)
22 May 2026 16:02	Surgery: Saima Khan (Clinical Practitioner Access Role)

Patient health questionnaire (PHQ-9) score (XaLDN) 6 - (Added from Questionnaire)
Minor: Chronic depression (E2B1.) (New Episode)
Plan (XaIVg)
to start a/d
review in 2/52
explained may feel worse before feeling better
us or 999 if has thoughts of ending his life
Telephone triage encounter (XaIvd)
Telephone consultation (XaIge)
Tg up
was on my call back for it
i asked if there is anything which is changed in lifestyle as one of the fat is gone up and he said no
does not think lifestyle changed
drifted away and told me about his MH struggle
lost it, does not go out, stays at bed, does not do anything, cant be bothered to do anything - going on for years
caught him now
shares home with friend
has family and live in Peterborough, in touch with them, goes to see sister every couple of weeks
not sure if drinking more alcohol than usual
drinks lot of tea -
does not care of if needs to get up in the morning or not
not suicidal
Hypertension annual review (XaIyE)
Chronic disease annual review (XaYlx)
Chronic disease management annual review completed (Xaagy)
Hypertension clinical management plan (XaJYi)
Good hypertension control (6627.)
Medication satisfactory (8B3E1)
Citalopram 20mg tablets - 14 tablet - 1 daily
PHQ9 - questionnaire started - (finalised: 22 May 2026 16:02)
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.
Chronic depression (E2B1.)

04 Jun 2026 10:56	Surgery: Mrs Kerri Cole (Admin/Clinical Support Access Role)
04 Jun 2026 10:58	Surgery: Miss Maisie Palmer-Edgley (Pharmacist)

(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 30 Oct 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 02 Oct 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 04 Sep 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 07 Aug 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 10 Jul 2026)
(R) Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning (Future dated medication 12 Jun 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 30 Oct 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 02 Oct 2026)

(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 04 Sep 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 07 Aug 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 10 Jul 2026)
(R) Atorvastatin 20mg tablets - 28 tablet - take one daily (Future dated medication 12 Jun 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 30 Oct 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 02 Oct 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 04 Sep 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 07 Aug 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 10 Jul 2026)
(R) Ramipril 2.5mg capsules - 28 capsule - take one daily (Future dated medication 12 Jun 2026)
Amlodipine 10mg tablets - 28 tablet - Take one tablet each morning
Atorvastatin 20mg tablets - 28 tablet - take one daily
Ramipril 2.5mg capsules - 28 capsule - take one daily
ETP2 Repeat Dispensed FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.
Diagnosis Drug Marked in Error:
04 Jun 2026 10:58, Atorvastatin 20mg tablets for Serum cholesterol level (XE2eD)
Diagnosis Drug Marked in Error:
04 Jun 2026 10:58, Ramipril 2.5mg capsules for Essential hypertension (XE0Uc)
Diagnosis Drug Marked in Error:
04 Jun 2026 10:58, Amlodipine 10mg tablets for Essential hypertension (XE0Uc)
Diagnosis Drug Marked in Error:
04 Jun 2026 10:58, Atorvastatin 20mg tablets for Framingham coronary heart disease 10 year risk score (XaFsZ)

04 Jun 2026 11:00	Surgery: Miss Maisie Palmer-Edgley (Pharmacist)

On repeat dispensing system (XaJus)
Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
Your medication has been Repeat Dispensed (Batched) for further 6 months from 12th June. There is no need for you to request the medication until December 2026. Medication will be waiting for you every 28 days in your nominated pharmacy.
Thanks,
Hampton Medical Centre
Sent on 04/06/2026 at 11:00

05 Jun 2026 13:19	Surgery: Saima Khan (Clinical Practitioner Access Role)

Plan (XaIVg)
contineu for now and i ll keep an eye
call back in one months time
Depression interim review (XaK6f)
Telephone follow-up (Xaa4C)
Telephone consultation (XaIge)
f/u post a/d start
said taking it every day and at the moment does not think this made lot of difference
having funny dreams, dont want to harm himself
Depression medication review (XaK6e)
No safeguarding issues identified (XaZwt)
Has mental capacity to give consent (Y1f41)
Unknown risk of deliberate self harm (XaIv0)
No apparent risk of suicide (XaZ6R)
Citalopram 20mg tablets - 28 tablet - 1 daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

08 Jul 2026 08:43	Surgery: Ms Wendy Duffy (Admin/Clinical Support Access Role)
08 Jul 2026 08:46	Surgery: Ms Wendy Duffy (Admin/Clinical Support Access Role)

Patient telephone number (9159.) - +447377447758
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
We have received a request from MMA Legal Ltd for copies of your complete medical records which you have consented to.
We wish to draw your attention to the fact that your medical records may include sensitive information and we wish to ensure that you are fully aware as to what you are consenting to.
Please respond within 10 days if you do not wish to proceed. If we do not hear from you by then, we will comply with the request.

TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-wdewdhyfdw

Hampton Medical Centre
Hampton Medical Centre
Sent on 08/07/2026 at 08:46

29 Jul 2026	Surgery: Mr Harry Morley (Clerical Access Role)	Entered: 03 Aug 2026 09:19

Private Work to Hampton Medical Centre

29 Jul 2026	Surgery: Mr Harry Morley (Clerical Access Role)	Entered: 03 Aug 2026 09:19
04 Aug 2026 13:27	Surgery: Mrs Linda Grassini (Admin/Clinical Support Access Role)	
10 Aug 2026 08:54	Surgery: Ms Wendy Duffy (Admin/Clinical Support Access Role)	
10 Aug 2026 08:55	Surgery: Ms Wendy Duffy (Admin/Clinical Support Access Role)	

Patient telephone number (9159.)
Short message service text message sent to patient (XaMil)

Dear Mr Ferguson,
We have received a request from MMA Legal for copies of your complete medical records which you have consented to.
We wish to draw your attention to the fact that your medical records may include sensitive information and we wish to ensure that you are fully aware as to what you are consenting to.
Please respond within 10 days if you do not wish to proceed. If we do not hear from you by then, we will comply with the request.

TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-m67wnac876

Hampton Medical Centre
Hampton Medical Centre
Sent on 10/08/2026 at 08:55

26 Aug 2026 10:58	Surgery: Ms Wendy Duffy (Admin/Clinical Support Access Role)

Medication

A = Acute P = Private I = Dispensed D = Dental H = Hospital O = Other

03 Feb 1998	Cimetidine 400mg tablets	ONE TO BE TAKEN TWICE A DAY	60 tablets - 400 mg	A
07 Jul 1998	Erythromycin 250mg gastro-resistant tablets	ONE TO BE TAKEN FOUR TIMES A DAY	28 tablets - 250 mg	A
15 Mar 1999	Erythromycin 250mg gastro-resistant tablets	ONE TO BE TAKEN FOUR TIMES A DAY	20 tablets - 250 mg	A
10 May 1999	Gentisone HC ear drops (Advanz Pharma)	TWO TO BE TAKEN THREE TIMES A DAY	10 ml	A
27 Jul 2001	Erythromycin 250mg gastro-resistant tablets	ONE TO BE TAKEN FOUR TIMES A DAY AFTER MEALS	28 tablets - 250 mg	A
27 Jul 2001	Metronidazole 400mg tablets	ONE TO BE TAKEN THREE TIMES A DAY	21 tablets - 400 mg	A
16 Dec 2002	Aqueous cream	APPLY TWICE A DAY	500 gram(s)	A
16 Dec 2002	Betamethasone valerate 0.1% cream	APPLY TWICE A DAY	100 gram(s) - 0.1 %	A
26 Aug 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
26 Aug 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	

26 Aug 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	
23 Sep 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
23 Sep 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	
23 Sep 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	
20 Oct 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
20 Oct 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	
20 Oct 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	
15 Nov 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
15 Nov 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	
15 Nov 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	
13 Dec 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
13 Dec 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	
13 Dec 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	
10 Jan 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
10 Jan 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
18 Jan 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Feb 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Feb 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
06 Feb 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
06 Mar 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Mar 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
06 Mar 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
06 Apr 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Apr 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
06 Apr 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
04 May 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
04 May 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
04 May 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
01 Jun 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
01 Jun 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
01 Jun 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
29 Jun 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
29 Jun 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
29 Jun 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
27 Jul 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
27 Jul 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
27 Jul 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
15 Aug 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
15 Aug 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
15 Aug 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
22 Aug 2023	Omeprazole 20mg gastro-resistant capsules	Take one capsule once daily	28 capsule	A
30 Aug 2023	Clarithromycin 500mg tablets	Take one tablet twice a day	14 tablet	A

		for 7 days for H pylori treatment (withold statin whilst on this medication)		
30 Aug 2023	Metronidazole 400mg tablets	Take one tablet twice a day for 7 days for H pylori treatment	14 tablet	A
08 Sep 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
08 Sep 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
08 Sep 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
06 Oct 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Oct 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
06 Oct 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
06 Nov 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Nov 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
08 Dec 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
08 Dec 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	
08 Dec 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	
05 Jan 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
05 Jan 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
05 Jan 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
02 Feb 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
02 Feb 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
02 Feb 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
01 Mar 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
01 Mar 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
01 Mar 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
29 Mar 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
29 Mar 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
29 Mar 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
04 Apr 2024	Co-codamol 30mg/500mg capsules	PRN	112 capsule	A
04 Apr 2024	Naproxen 500mg tablets	take one twice daily	28 tablet	A
26 Apr 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
26 Apr 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
26 Apr 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
06 Jun 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
06 Jun 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
06 Jun 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
08 Jul 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
08 Jul 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
08 Jul 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
12 Aug 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
12 Aug 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	
12 Aug 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	
21 Jan 2025	Amlodipine 10mg tablets	Take one tablet each	7 tablet	A

		morning		
21 Jan 2025	Atorvastatin 20mg tablets	take one daily	7 tablet	A
21 Jan 2025	Ramipril 2.5mg capsules	take one daily	7 capsule	A
27 Jan 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
27 Jan 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
27 Jan 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
13 Feb 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
13 Feb 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
13 Feb 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
13 Mar 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
13 Mar 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
13 Mar 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
10 Apr 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
10 Apr 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
10 Apr 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
08 May 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
08 May 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
08 May 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
05 Jun 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
05 Jun 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
05 Jun 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
30 Jun 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
30 Jun 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
30 Jun 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
21 Jul 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
21 Jul 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
21 Jul 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
18 Aug 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
18 Aug 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
18 Aug 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
15 Sep 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
15 Sep 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
15 Sep 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
13 Oct 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
13 Oct 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
13 Oct 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
10 Nov 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
10 Nov 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	
10 Nov 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	
02 Jan 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
02 Jan 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
02 Jan 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	

30 Jan 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
30 Jan 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
30 Jan 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
27 Feb 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
27 Feb 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
27 Feb 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
27 Mar 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
27 Mar 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
27 Mar 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
24 Apr 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
24 Apr 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
24 Apr 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
22 May 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
22 May 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
22 May 2026	Citalopram 20mg tablets	1 daily	14 tablet	A
22 May 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
05 Jun 2026	Citalopram 20mg tablets	1 daily	28 tablet	A
12 Jun 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
12 Jun 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
12 Jun 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
10 Jul 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
10 Jul 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
10 Jul 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
07 Aug 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
07 Aug 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
07 Aug 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
04 Sep 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
04 Sep 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
04 Sep 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
02 Oct 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
02 Oct 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
02 Oct 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	
30 Oct 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	
30 Oct 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	
30 Oct 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	

Repeat Templates

26 Aug 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	20 Oct 2022, Ended
Issues: 3		End Reason: Re-Authorised by Ms Deborah Hughes		
26 Aug 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	20 Oct 2022, Ended
Issues: 3		End Reason: Re-Authorised by Ms Deborah Hughes		
26 Aug 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	20 Oct 2022, Ended
Issues: 3		End Reason: Re-Authorised by Ms Deborah Hughes		

15 Nov 2022	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	06 Apr 2023, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

15 Nov 2022	Atorvastatin 20mg tablets	take one daily	28 tablet	06 Apr 2023, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)
Indication: Essential hypertension (XE0Uc)

15 Nov 2022	Ramipril 2.5mg capsules	take one daily	28 capsule	06 Apr 2023, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

04 May 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	27 Jul 2023, Ended

Issues: 4 End Reason: Re-Authorised by Miss Carli Harwood
Indication: Essential hypertension (XE0Uc)

04 May 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	27 Jul 2023, Ended

Issues: 4 End Reason: Re-Authorised by Miss Carli Harwood
Indication: Essential hypertension (XE0Uc)
Indication: Serum cholesterol level (XE2eD)
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)

04 May 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	27 Jul 2023, Ended

Issues: 4 End Reason: Re-Authorised by Miss Carli Harwood
Indication: Essential hypertension (XE0Uc)

15 Aug 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	06 Nov 2023, Ended

Issues: 4 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

15 Aug 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	06 Oct 2023, Ended

Issues: 3 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)
Indication: Essential hypertension (XE0Uc)

15 Aug 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	06 Nov 2023, Ended

Issues: 4 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

08 Dec 2023	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	26 Apr 2024, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

08 Dec 2023	Atorvastatin 20mg tablets	take one daily	28 tablet	26 Apr 2024, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)
Indication: Essential hypertension (XE0Uc)

08 Dec 2023	Ramipril 2.5mg capsules	take one daily	28 capsule	26 Apr 2024, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

06 Jun 2024	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	12 Aug 2024, Ended

Issues: 3 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

06 Jun 2024	Atorvastatin 20mg tablets	take one daily	28 tablet	12 Aug 2024, Ended

Issues: 3 End Reason: Re-Authorised by Dr Kathryn E Moore

Indication: Serum cholesterol level (XE2eD)
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)

06 Jun 2024	Ramipril 2.5mg capsules	take one daily	28 capsule	12 Aug 2024, Ended

Issues: 3 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

27 Jan 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	05 Jun 2025, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

27 Jan 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	05 Jun 2025, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)

27 Jan 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	05 Jun 2025, Ended

Issues: 6 End Reason: Re-Authorised by Dr Kathryn E Moore
Indication: Essential hypertension (XE0Uc)

30 Jun 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

30 Jun 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)

30 Jun 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski
Indication: Essential hypertension (XE0Uc)

02 Jan 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	22 May 2026, Ended

Issues: 6 End Reason: Re-Authorised by Miss Maisie Palmer-Edgley
Indication: Essential hypertension (XE0Uc)

02 Jan 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	22 May 2026, Ended

Issues: 6 End Reason: Re-Authorised by Miss Maisie Palmer-Edgley
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)
Indication: Serum cholesterol level (XE2eD)

02 Jan 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	22 May 2026, Ended

Issues: 6 End Reason: Re-Authorised by Miss Maisie Palmer-Edgley
Indication: Essential hypertension (XE0Uc)

12 Jun 2026	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	30 Oct 2026

Issues: 6 out of 6 Review:
Indication: Essential hypertension (XE0Uc)

12 Jun 2026	Atorvastatin 20mg tablets	take one daily	28 tablet	30 Oct 2026

Issues: 6 out of 6 Review:
Indication: Serum cholesterol level (XE2eD)
Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)

12 Jun 2026	Ramipril 2.5mg capsules	take one daily	28 capsule	30 Oct 2026

Issues: 6 out of 6 Review:
Indication: Essential hypertension (XE0Uc)

Drug Sensitivities

No information recorded

Allergies

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

28 Nov 1994	Adverse reaction to penicillins (TJ00.)		

(). Adverse reaction to Penicillins

Problem Substances

No information recorded

Recalls

	Immunisation	Cancelled by clinician on 28 Mar 2021

Notes: Booster tetanus vaccination

	BP Check	Cancelled by clinician on 28 Mar 2021

Notes: Systolic blood pressure

	Miscellaneous	Cancelled by clinician on 28 Mar 2021

Notes: Did not attend - no reason

	Miscellaneous	Cancelled by clinician on 28 Mar 2021

Notes: Ethnicity and other related nationality data

13 Jun 2025	Hypertension	Superseded on 19 May 2026
19 May 2026	Hypertension	Pending, Due 19 May 2027

Reminders

17 Aug 2022	This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy.	Cancelled on 28 Mar 2021

Vaccinations

29 Nov 1995	Tetanus Vaccine (Generic) Booster	TETANUS

Routine Measure Batch#:

28 Mar 2021	COVID-19 Vac AZD2816 (ChAdOx1 nCOV-19) 3.5x10*9 viral part/0.5ml dose sol for inj MDV (AstraZeneca) 1	SARS-2 Coronavirus

Routine Measure 0.5ml Intramuscularly Batch#: na

10 Jun 2021	COVID-19 Vac AZD2816 (ChAdOx1 nCOV-19) 3.5x10*9 viral part/0.5ml dose sol for inj MDV (AstraZeneca) 2	SARS-2 Coronavirus

Routine Measure 0.5ml Intramuscularly Batch#: na

21 Dec 2021	COVID-19 mRNA Vaccine Spikevax (nucleoside modified) 0.1mg/0.5mL dose disp for inj MDV (Moderna) Booster	SARS-2 Coronavirus

Routine Measure 0.25ml Intramuscularly Batch#: na

21 Dec 2021	Influenza Vaccine 1	INFLUENZA

Routine Measure 0.5ml Intramuscularly Batch#: na

Summary

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

09 Mar 2021	Essential hypertension (XE0Uc)		MS NE
17 Jan 2023	Past medical history (14...)		OS
22 May 2026	Chronic depression (E2B1.)		OS NE

Pathology Results

30 Aug 2022 14:18	Full blood count	Report ID: HAE0263772208301418H,22.0620240001

Request Receipt: Request Comments:

Issued: 30 Aug 2022 14:18 Provider Comments:
Arrived: 30 Aug 2022 14:43 Service Type: New Financial Details:
Clinical Information: new patient monitoring repeat prescription

Full blood count (424..)

Specimen: Venous Blood Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Full blood count (424..)		Full Blood Count
Total white blood count (XaIdY)		11.0 10*9/L [4.0 - 11.0]
Red blood cell count (426..)		5.23 10*12/L [4.4 - 6.5]
Haemoglobin concentration (Xa96v)		159 g/L [130.0 - 180.0]
Haematocrit (X76tb)		0.465 [0.4 - 0.53]
Mean cell volume (42A..)		88.9 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		30.4 pg [27.0 - 33.0]
Mean cell haemoglobin concentration (429..)		342 g/L [318.0 - 364.0]
Red blood cell distribution width (XE2mO)		12.4 [11.5 - 15.0]
Platelet count - observation (42P..)		266 10*9/L [150.0 - 400.0]
Lymphocyte count (42M..)		2.9 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)		0.8 10*9/L [0.1 - 0.8]
Neutrophil count (42J..)		6.8 10*9/L [1.8 - 7.7]
Eosinophil count - observation (42K..)		0.4 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L
NRBC'S		0.0 10*9/L

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: KHAN S (Healthcare Professional)
Message Recipient: KHAN S (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Haematology (Department)

30 Aug 2022 15:08	Serum creatine kinase level; eGFR using creatinine (CKD-EPI) per 1.73 square metres	Report ID: CHM0297302208301508B,22.0620240001

Request Receipt: Request Comments:
Issued: 30 Aug 2022 15:08 Provider Comments:
Arrived: 30 Aug 2022 15:35 Service Type: New Financial Details:
Clinical Information: new patient monitoring repeat prescription

Serum creatine kinase level (XaES5)

Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Serum creatine kinase level (XaES5)		65 u/L [40.0 - 320.0]

eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)

Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		> 90 mL/min [> 60.0]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: KHAN S (Healthcare Professional)

Message Recipient: KHAN S (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

30 Aug 2022 15:06	Serum electrolyte levels; Serum urea level; LIVER FUNCTION TESTS; Serum lipid levels	Report ID: CHM0297302208301506B,22.0620240001

Request Receipt: Request Comments:
Issued: 30 Aug 2022 15:06 Provider Comments:
Arrived: 30 Aug 2022 15:35 Service Type: New Financial Details:
Clinical Information: new patient monitoring repeat prescription

Serum electrolyte levels (XE2mj)
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Serum electrolyte levels (XE2mj)		Creatinine and Electrolytes
Serum sodium level (XE2q0)		138 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.4 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5)		81 umol/L [59.0 - 104.0]
Serum chloride level (XE2q1)		107 mmol/L [95.0 - 108.0]
Acute kidney injury warning stage (XabmE)		NA

Serum urea level (XM0lt)
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Serum urea level (XM0lt)		4.2 mmol/L [2.5 - 7.8]

LIVER FUNCTION TESTS
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
LIVER FUNCTION TESTS		LFT's
Serum alkaline phosphatase level (XE2px)		104 u/L [30.0 - 130.0]
Serum albumin level (XE2eA)		47 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		10 umol/L [< 21.0]
Serum alanine aminotransferase level (XaLJx)		20 u/L [10.0 - 60.0]
Plasma total protein level (XE2eC)		69 g/L [60.0 - 80.0]

Serum lipid levels (XE2q7)
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
SAMPLE		Non Fast
Serum cholesterol level (XE2eD)		3.4 mmol/L
Serum triglyceride levels (XE2q9)		1.4 mmol/L [< 2.0]
Serum HDL cholesterol level (44P5.)		1.1 mmol/L
Serum LDL cholesterol level (44P6.)		1.7 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1)		2.3 mmol/L

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: KHAN S (Healthcare Professional)
Message Recipient: KHAN S (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

30 Aug 2022 15:10	Serum TSH level	Report ID: CHM0297302208301510B,22.0620240001

Request Receipt: Request Comments:
Issued: 30 Aug 2022 15:10 Provider Comments:
Arrived: 30 Aug 2022 15:45 Service Type: New Financial Details:
Clinical Information: new patient monitoring repeat prescription

Serum TSH level (XaELV)
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Serum TSH level (XaELV)		1.84 mu/L [0.3 - 4.2]; Thyroid Function

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: KHAN S (Healthcare Professional)
Message Recipient: KHAN S (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

31 Aug 2022 10:18	Haemoglobin A1c level - IFCC standardised	Report ID: CHM0297342208311018B,22.0620240001

Request Receipt: Request Comments:
Issued: 31 Aug 2022 10:18 Provider Comments:
Arrived: 31 Aug 2022 10:51 Service Type: New Financial Details:
Clinical Information: new patient monitoring repeat prescription

Haemoglobin A1c level - IFCC standardised (XaPbt)
Specimen: SERUM Collected: 30 Aug 2022 10:00

Investigation	Normality	Result
Haemoglobin A1c level - IFCC standardised (XaPbt)		38 mmol/mol [< 41.0]; Glycated Haemoglobin expressed as mmol/mol Hb 42-47 mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38. >/= 48 mmol/mol Hb - possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, retest within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance. Take urgent, same day action if suspecting type 1 diabetes (HbA1c may be normal). HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnosis type 1 diabetes or in the following contexts- childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV,

		abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover. For more information on HbA1c see: http://www.pch-pathlab.com/cms/?q=test-rep-hba1

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: KHAN S (Healthcare Professional)
Message Recipient: KHAN S (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

29 Dec 2022 00:45	Bowel cancer screening programme: faecal occult blood result	Report ID: 13881432/43261326

Request Receipt: Request Comments:
Issued: 29 Dec 2022 00:45 Provider Comments:
Arrived: 29 Dec 2022 03:35 Service Type: New Financial Details:

Bowel cancer screening programme: faecal occult blood result (XaPVj)

Specimen: Faeces Collected:

Investigation	Normality	Result
Bowel cancer screening programme: faecal occult blood result (XaPVj)		No response to bowel cancer screening programme invitation (XaPf6); FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit

Ordering Party: BCSP Hub Manager (Healthcare Professional)
Message Recipient: Bowel Cancer Screening Administrator (Healthcare Professional)
Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Laboratory Service Provider: UNKNOWN (Department)
Laboratory Service Provider: Eastern Bowel Cancer Screening Programme Hub (Healthcare Organisation)

11 Aug 2023 19:34	Full blood count	Report ID: HAE0276772308111934H,23.0632815001

Request Receipt: Request Comments:
Issued: 11 Aug 2023 19:34 Provider Comments:
Arrived: 11 Aug 2023 19:53 Service Type: New Financial Details:
Clinical Information: Hypertension

Full blood count (424..)

Specimen: VENOUS BLOOD Collected: 11 Aug 2023 16:40

Investigation	Normality	Result
Full blood count (424..)		Full Blood Count
Total white blood count (XaIdY)	Above range	12.4 10*9/L [4.0 - 11.0]; Above high reference limit
Red blood cell count (426..)		5.02 10*12/L [4.4 - 6.5]
Haemoglobin concentration (Xa96v)		154 g/L [130.0 - 180.0]
Haematocrit (X76tb)		0.447 [0.4 - 0.53]
Mean cell volume (42A..)		89.0 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		30.7 pg [27.0 - 33.0]
Mean cell haemoglobin concentration (429..)		345 g/L [318.0 - 364.0]
Red blood cell distribution width (XE2mO)		12.9 [11.5 - 15.0]
Platelet count - observation (42P..)		259 10*9/L [150.0 - 400.0]
Lymphocyte count (42M..)		3.3 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)	Above range	0.9 10*9/L [0.1 - 0.8]; Above high reference limit

Neutrophil count (42J..)		7.6 10*9/L [1.8 - 7.7]
Eosinophil count - observation (42K..)		0.5 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L
NRBC'S		0.0 10*9/L

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: MOON I (Healthcare Professional)
Message Recipient: MOON I (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Haematology (Department)

11 Aug 2023 21:10	Serum electrolyte levels; Serum urea level; LIVER FUNCTION TESTS; Serum lipid levels; Serum TSH level; eGFR using creatinine (CKD-EPI) per 1.73 square metres	Report ID: CHM0218212308112110B,23.0632807001

Request Receipt: Request Comments:
Issued: 11 Aug 2023 21:10 Provider Comments:
Arrived: 11 Aug 2023 21:31 Service Type: New Financial Details:
Clinical Information: Hypertension

Serum electrolyte levels (XE2mj)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
Serum electrolyte levels (XE2mj)		Creatinine and Electrolytes
Serum sodium level (XE2q0)		139 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.5 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5)		88 umol/L [59.0 - 104.0]
Serum chloride level (XE2q1)		107 mmol/L [95.0 - 108.0]
Acute kidney injury warning stage (XabmE)		NA

Serum urea level (XM0lt)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
Serum urea level (XM0lt)		5.4 mmol/L [2.5 - 7.8]

LIVER FUNCTION TESTS

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
LIVER FUNCTION TESTS		LFT's Please note: change in ALT method as of 27/02/23, reference ranges changed from this date.
Serum alkaline phosphatase level (XE2px)		101 u/L [30.0 - 130.0]
Serum albumin level (XE2eA)		42 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		5 umol/L [< 21.0]
Serum alanine aminotransferase level (XaLJx)		18 u/L [< 41.0]
Plasma total protein level (XE2eC)		67 g/L [60.0 - 80.0]

Serum lipid levels (XE2q7)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
SAMPLE		Non Fast
Serum cholesterol level (XE2eD)		3.5 mmol/L
Serum triglyceride levels (XE2q9)	Above range	2.4 mmol/L [< 2.0]; Above high reference limit
Serum HDL cholesterol level (44P5.)		1.1 mmol/L
Serum LDL cholesterol level (44P6.)		1.3 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1)		2.4 mmol/L

Serum TSH level (XaELV)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
Serum TSH level (XaELV)		2.80 mu/L [0.3 - 4.2]; Thyroid Function

eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		81 mL/min [> 60.0]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: MOON I (Healthcare Professional)
Message Recipient: MOON I (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

12 Aug 2023 13:12	Haemoglobin A1c level - IFCC standardised	Report ID: CHM0218242308121312B,23.0632807001

Request Receipt: Request Comments:
Issued: 12 Aug 2023 13:12 Provider Comments:
Arrived: 12 Aug 2023 13:30 Service Type: New Financial Details:
Clinical Information: Hypertension

Haemoglobin A1c level - IFCC standardised (XaPbt)

Specimen: SERUM Collected: 11 Aug 2023 16:10

Investigation	Normality	Result
Haemoglobin A1c level - IFCC standardised (XaPbt)		38 mmol/mol [< 41.0]; Glycated Haemoglobin expressed as mmol/mol Hb 42-47 mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38. >/= 48 mmol/mol Hb - possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, retest within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance. Take urgent, same day action if suspecting type 1 diabetes (HbA1c may be normal).

		HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnosis type 1 diabetes or in the following contexts- childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover. For more information on HbA1c see: http://www.pch-pathlab.com/cms/?q=test-rep-hba1

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: MOON I (Healthcare Professional)
Message Recipient: MOON I (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

30 Aug 2023 12:18	HELICOBACTER ANTIGEN	Report ID: MIC0224022308301218S,23.0033335A001

Request Receipt: Request Comments:
Issued: 30 Aug 2023 12:18 Provider Comments:
Arrived: 30 Aug 2023 12:57 Service Type: New Financial Details:
Clinical Information: Upper abdo pain

HELICOBACTER ANTIGEN

Specimen: SPEC.TYPE: FAECES - HELICOBACTER ANTIGEN Collected: 25 Aug 2023 14:32

Provider Specimen Comments: Spec.Type: Faeces - Helicobacter antigen

Investigation	Normality	Result
HELICOBACTER ANTIGEN		CLIN INFO:Upper abdo pain SPECIMEN : Faeces - Helicobacter antigen COLLECTED: 25.08.23 --- H. pylori antigen (ELISA) : Positive --- Date received: Date authorised: Authorised by: 28.08.23 30.08.23 ASD Peterborough Cinical Microbiology lab. - Telephone 01733-678437

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moore (Healthcare Professional)
Message Recipient: Moore (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Medical Microbiology (Department)

15 May 2024 19:05	Full blood count	Report ID: 20552243

Request Receipt: Request Comments:
Issued: 15 May 2024 19:05 Provider Comments:
Arrived: 15 May 2024 19:24 Service Type: New Financial Details:
Clinical Information: annual Hypertension

Full blood count (424..)

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
Full blood count (424..)		
Total white blood count (XaIdY)		10.9 10*9/L [4.0 - 11.0]
Haemoglobin concentration (Xa96v)		159 g/L [130.0 - 180.0]
Platelet count - observation (42P..)		236 10*9/L [150.0 - 400.0]
Red blood cell count (426..)		5.15 10*12/L [4.4 - 6.5]
HAEMATOCRIT		0.457 L/L [0.4 - 0.53]
Mean cell volume (42A..)		88.7 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		30.9 pg [27.0 - 33.0]
Red blood cell distribution width (XE2mO)		13.2 % [11.5 - 15.0]
Mean platelet volume (42Z5.)	Above range	12.8 [9.0 - 12.1]; Above high reference limit
IG %		0.5
Neutrophil count (42J..)		6.6 10*9/L [1.8 - 7.7]
Lymphocyte count (42M..)		3 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)	Above range	0.9 10*9/L [0.1 - 0.8]; Above high reference limit
Eosinophil count - observation (42K..)		0.3 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L [0.0 - 0.1]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moore (Healthcare Professional)
Message Recipient: Moore (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

15 May 2024 19:58	Serum ferritin level; LIVER FUNCTION TESTS; LIPID PROFILE; Serum TSH level; CREATININE AND ELECTROLYTES; Serum urea level	Report ID: 20559729

Request Receipt: Request Comments:
Issued: 15 May 2024 19:58 Provider Comments:
Arrived: 15 May 2024 20:16 Service Type: New Financial Details:
Clinical Information: annual Hypertension

Serum ferritin level (XE24r)

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
Serum ferritin level (XE24r)		228 ug/L [30.0 - 400.0]

LIVER FUNCTION TESTS

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
LIVER FUNCTION TESTS		
Serum albumin level (XE2eA)		45 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		4 umol/L [0.0 - 21.0]
Serum alanine aminotransferase level (XaLJx)		24 iu/L [< 41.0]
Serum alkaline phosphatase level (XE2px)		109 iu/L [30.0 - 130.0]

Serum total protein level (XE2e9)		70 g/L [60.0 - 80.0]
GLOBULIN		25 g/L

LIPID PROFILE

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
LIPID PROFILE		
FASTING STATUS		Non-Fasting
Serum cholesterol level (XE2eD)		5.3 mmol/L
Serum HDL cholesterol level (44P5.)		1.0 mmol/L
Serum triglyceride levels (XE2q9)		4.0 mmol/L
Serum LDL cholesterol level (44P6.)		2.5 mmol/L
CHOLESTEROL:HDL RATIO (CHOL/HDL)		5
Serum non high density lipoprotein cholesterol level (XabE1)		4.3 mmol/L; See NICE CG71 and CG181 for guidance relating to lipids and cardiovascular disease risk.

Serum TSH level (XaELV)

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
Serum TSH level (XaELV)		1.91 mu/L [0.3 - 4.2]; If additional thyroid hormones are required (e.g. FT4) please contact the Clinical Biochemistry department (peh-tr.chemimm@nhs.net). Samples will be stored for 5 days before being discarded.

CREATININE AND ELECTROLYTES

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
CREATININE AND ELECTROLYTES		
Serum sodium level (XE2q0)		140 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.7 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1)		106 mmol/L [95.0 - 108.0]
Serum creatinine level (XE2q5)		84 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		86 mL/min/1.73m*2 [> 60.0]

Serum urea level (XM0lt)

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
Serum urea level (XM0lt)		4.5 mmol/L [2.5 - 7.8]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moore (Healthcare Professional)
Message Recipient: Moore (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

16 May 2024 12:23	HBA1C (PCH ONLY)	Report ID: 20617005

Request Receipt: Request Comments:

Issued: 16 May 2024 12:23 Provider Comments:
Arrived: 16 May 2024 12:42 Service Type: New Financial Details:
Clinical Information: annual Hypertension

HBA1C (PCH ONLY)

Specimen: Blood Collected: 15 May 2024 14:20

Investigation	Normality	Result
HBA1C (PCH ONLY)		
Haemoglobin A1c level - IFCC standardised (XaPbt)		40 mmol/mol [20.0 - 42.0]; 42-47mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38. >/=48mmol/mol Hb possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, re-test within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance. Take urgent same day action if suspecting type 1 diabetes (HbA1c may be normal). HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnose type 1 diabetes or in the following contexts childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moore (Healthcare Professional)
Message Recipient: Moore (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

05 Jun 2024 14:04	LIPID PROFILE	Report ID: 22670511

Request Receipt: Request Comments:
Issued: 05 Jun 2024 14:04 Provider Comments:
Arrived: 05 Jun 2024 14:21 Service Type: New Financial Details:
Clinical Information: rpt as Trigs were raised

LIPID PROFILE

Specimen: Blood Collected: 05 Jun 2024 09:00

Investigation	Normality	Result
LIPID PROFILE		
FASTING STATUS		Fasting
Serum cholesterol level (XE2eD)		6.4 mmol/L
Serum HDL cholesterol level (44P5.)		1.0 mmol/L
Serum triglyceride levels (XE2q9)		2.2 mmol/L
Serum LDL cholesterol level (44P6.)		4.4 mmol/L
CHOLESTEROL:HDL RATIO (CHOL/HDL)		6
Serum non high density lipoprotein cholesterol level (XabE1)		5.4 mmol/L; See NICE CG71 and CG181 for guidance relating to lipids and cardiovascular disease risk.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)

Ordering Party: Moore (Healthcare Professional)
Message Recipient: Moore (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

01 Aug 2024 13:26	FAECES - ROUTINE CULTURE	Report ID: 28755546

Request Receipt: Request Comments:
Issued: 01 Aug 2024 13:26 Provider Comments:
Arrived: 01 Aug 2024 13:50 Service Type: New Financial Details:
Clinical Information: dairrhoea for 10/7

FAECES - ROUTINE CULTURE

Specimen: Faeces Collected: 30 Jul 2024 09:41

Investigation	Normality	Result
FAECES - ROUTINE CULTURE		
APPEARANCE		Bristol Stool Chart 6
CRYPTOSPORIDIUM OOCYSTS		NOT seen
WET FILM		Giardia cysts NOT seen
FAECAL PATHOGENS (ROUTINE)		Faecal pathogens NOT isolated
COMMENT		Routine faecal testing includes culture for the following organisms: Campylobacter sp., Salmonella sp., Shigella sp. and E.coli O157.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: GOSS Z (Healthcare Professional)
Message Recipient: GOSS Z (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: Medical Microbiology (Department)

14 Jan 2025 01:48	Bowel cancer screening programme: faecal occult blood result	Report ID: 16913553/57995689

Request Receipt: Request Comments:
Issued: 14 Jan 2025 01:48 Provider Comments:
Arrived: 14 Jan 2025 05:10 Service Type: New Financial Details:

Bowel cancer screening programme: faecal occult blood result (XaPVj)

Specimen: Faeces Collected:

Investigation	Normality	Result
Bowel cancer screening programme: faecal occult blood result (XaPVj)		No response to bowel cancer screening programme invitation (XaPf6); FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit

Ordering Party: BCSP Hub Manager (Healthcare Professional)
Message Recipient: Bowel Cancer Screening Administrator (Healthcare Professional)
Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Laboratory Service Provider: UNKNOWN (Department)
Laboratory Service Provider: Eastern Bowel Cancer Screening Programme Hub (Healthcare Organisation)

24 Jan 2025 19:11	Full blood count	Report ID: 47402744

Request Receipt: Request Comments:
Issued: 24 Jan 2025 19:11 Provider Comments:
Arrived: 24 Jan 2025 19:33 Service Type: New Financial Details:
Clinical Information: was away as well as pt not taking meds for 3 months

Full blood count (424..)

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
Full blood count (424..)		
Total white blood count (XaIdY)	Above range	12.4 10*9/L [4.0 - 11.0]; Above high reference limit
Haemoglobin concentration (Xa96v)		168 g/L [130.0 - 180.0]
Platelet count - observation (42P..)		253 10*9/L [150.0 - 400.0]
Red blood cell count (426..)		5.33 10*12/L [4.4 - 6.5]
HAEMATOCRIT		0.498 L/L [0.4 - 0.53]
Mean cell volume (42A..)		93.4 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		31.5 pg [27.0 - 33.0]
Red blood cell distribution width (XE2mO)		13.3 % [11.5 - 15.0]
Mean platelet volume (42Z5.)	Above range	12.7 [9.0 - 12.1]; Above high reference limit
IG %		0.4
Neutrophil count (42J..)	Above range	7.9 10*9/L [1.8 - 7.7]; Above high reference limit
Lymphocyte count (42M..)		3.1 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)	Above range	1 10*9/L [0.1 - 0.8]; Above high reference limit
Eosinophil count - observation (42K..)		0.3 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L [0.0 - 0.1]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: NAGIEB M (Healthcare Professional)
Message Recipient: NAGIEB M (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

24 Jan 2025 22:03	LIVER FUNCTION TESTS; Serum TSH level; CREATININE AND ELECTROLYTES; Serum urea level	Report ID: 47415552

Request Receipt: Request Comments:
Issued: 24 Jan 2025 22:03 Provider Comments:
Arrived: 24 Jan 2025 22:21 Service Type: New Financial Details:
Clinical Information: was away as well as pt not taking meds for 3 months

LIVER FUNCTION TESTS

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
LIVER FUNCTION TESTS		
Serum albumin level (XE2eA)		44 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		6 umol/L [0.0 - 21.0]
Serum alanine aminotransferase level (XaLJx)		36 iu/L [< 41.0]
Serum alkaline phosphatase level (XE2px)		115 iu/L [30.0 - 130.0]
Serum total protein level (XE2e9)		68 g/L [60.0 - 80.0]
GLOBULIN		24 g/L

Serum TSH level (XaELV)

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
Serum TSH level (XaELV)		1.64 mu/L [0.3 - 4.2]; If additional thyroid hormones

		are required (e.g. FT4) please contact the Clinical Biochemistry department (peh-tr.chemimm@nhs.net). Samples will be stored for 5 days before being discarded.

CREATININE AND ELECTROLYTES

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
CREATININE AND ELECTROLYTES		
Serum sodium level (XE2q0)		140 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		5.2 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1)		103 mmol/L [95.0 - 108.0]
Serum creatinine level (XE2q5)		88 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		81 mL/min/1.73m*2 [> 60.0]

Serum urea level (XM0lt)

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
Serum urea level (XM0lt)		3.8 mmol/L [2.5 - 7.8]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: NAGIEB M (Healthcare Professional)
Message Recipient: NAGIEB M (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

27 Jan 2025 08:06	LIPID PROFILE	Report ID: 47513837

Request Receipt: Request Comments:
Issued: 27 Jan 2025 08:06 Provider Comments:
Arrived: 27 Jan 2025 08:21 Service Type: New Financial Details:
Clinical Information: was away as well as pt not taking meds for 3 months

LIPID PROFILE

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
LIPID PROFILE		
FASTING STATUS		Non-Fasting
Serum cholesterol level (XE2eD)		5.0 mmol/L
Serum HDL cholesterol level (44P5.)		1.1 mmol/L
Serum triglyceride levels (XE2q9)		5.3 mmol/L
Serum LDL cholesterol level (44P6.)		Not available
CHOLESTEROL:HDL RATIO (CHOL/HDL)		5
Serum non high density lipoprotein cholesterol level (XabE1)		3.9 mmol/L; Consider alcohol, obesity, uncontrolled diabetes, diet and medication as possible causes of hypertriglyceridaemia. Please be aware that the CVD risk may be underestimated by risk assessment tools when triglycerides are elevated. Please optimise the management of other CVD risk factors present.

		See NICE CG71 and CG181 for guidance relating to lipids and cardiovascular disease risk.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: NAGIEB M (Healthcare Professional)
Message Recipient: NAGIEB M (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

27 Jan 2025 09:10	HBA1C (PCH ONLY)	Report ID: 47519662

Request Receipt: Request Comments:
Issued: 27 Jan 2025 09:10 Provider Comments:
Arrived: 27 Jan 2025 09:39 Service Type: New Financial Details:
Clinical Information: was away as well as pt not taking meds for 3 months

HBA1C (PCH ONLY)

Specimen: Blood Collected: 24 Jan 2025 14:25

Investigation	Normality	Result
HBA1C (PCH ONLY)		
Haemoglobin A1c level - IFCC standardised (XaPbt)		38 mmol/mol [20.0 - 42.0]; 42-47mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38. >/=48mmol/mol Hb - possible diabetes. If patient symptomatic, diagnosis confirmed. If patient asymptomatic, re-test within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance. Take urgent same day action if suspecting type 1 diabetes (HbA1c may be normal). HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnose type 1 diabetes or in the following contexts - childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: NAGIEB M (Healthcare Professional)
Message Recipient: NAGIEB M (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

13 Jun 2025 19:16	Full blood count	Report ID: 63057967

Request Receipt: Request Comments:
Issued: 13 Jun 2025 19:16 Provider Comments:
Arrived: 13 Jun 2025 19:33 Service Type: New Financial Details:
Clinical Information: annual Hypertension LTC

Full blood count (424..)

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
Full blood count (424..)		
Total white blood count (XaIdY)	Above range	11.2 10*9/L [4.0 - 11.0]; Above high reference limit

Haemoglobin concentration (Xa96v)		141 g/L [130.0 - 180.0]
Platelet count - observation (42P..)		244 10*9/L [150.0 - 400.0]
Red blood cell count (426..)		4.54 10*12/L [4.4 - 6.5]
HAEMATOCRIT		0.424 L/L [0.4 - 0.53]
Mean cell volume (42A..)		93.4 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		31.1 pg [27.0 - 33.0]
Red blood cell distribution width (XE2mO)		12.9 % [11.5 - 15.0]
Mean platelet volume (42Z5.)		11.8 [9.0 - 12.1]
IG %		0.4
Neutrophil count (42J..)		7 10*9/L [1.8 - 7.7]
Lymphocyte count (42M..)		2.9 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)	Above range	0.9 10*9/L [0.1 - 0.8]; Above high reference limit
Eosinophil count - observation (42K..)		0.3 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L [0.0 - 0.1]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moon (Healthcare Professional)
Message Recipient: Moon (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

13 Jun 2025 20:25	LIVER FUNCTION TESTS; LIPID PROFILE; Serum TSH level; CREATININE AND ELECTROLYTES; Serum urea level	Report ID: 63065971

Request Receipt: Request Comments:
Issued: 13 Jun 2025 20:25 Provider Comments:
Arrived: 13 Jun 2025 20:36 Service Type: New Financial Details:
Clinical Information: annual Hypertension LTC

LIVER FUNCTION TESTS

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
LIVER FUNCTION TESTS		
Serum albumin level (XE2eA)		42 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		7 umol/L [0.0 - 21.0]
Serum alanine aminotransferase level (XaLJx)		13 iu/L [< 41.0]
Serum alkaline phosphatase level (XE2px)		95 iu/L [30.0 - 130.0]
Serum total protein level (XE2e9)		65 g/L [60.0 - 80.0]
GLOBULIN		23 g/L

LIPID PROFILE

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
LIPID PROFILE		
FASTING STATUS		Non-Fasting
Serum cholesterol level (XE2eD)		3.0 mmol/L
Serum HDL cholesterol level (44P5.)		1.2 mmol/L
Serum triglyceride levels (XE2q9)		1.5 mmol/L
Serum LDL cholesterol level (44P6.)		1.1 mmol/L
CHOLESTEROL:HDL RATIO		3

(CHOL/HDL)		
Serum non high density lipoprotein cholesterol level (XabE1)		1.8 mmol/L; See NICE CG71 and NG238 for guidance relating to lipids and cardiovascular disease risk.

Serum TSH level (XaELV)

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
Serum TSH level (XaELV)		1.66 mu/L [0.3 - 4.2]; If additional thyroid hormones are required (e.g. FT4) please contact the Clinical Biochemistry department (peh-tr.chemimm@nhs.net). Samples will be stored for 5 days before being discarded.

CREATININE AND ELECTROLYTES

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
CREATININE AND ELECTROLYTES		
Serum sodium level (XE2q0)		138 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.1 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1)		105 mmol/L [95.0 - 108.0]
Serum creatinine level (XE2q5)		85 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		84 mL/min/1.73m*2 [> 60.0]

Serum urea level (XM0lt)

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
Serum urea level (XM0lt)		5.3 mmol/L [2.5 - 7.8]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moon (Healthcare Professional)
Message Recipient: Moon (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

15 Jun 2025 01:54	HBA1C (PCH ONLY)	Report ID: 63125765

Request Receipt: Request Comments:
Issued: 15 Jun 2025 01:54 Provider Comments:
Arrived: 15 Jun 2025 02:12 Service Type: New Financial Details:
Clinical Information: annual Hypertension LTC

HBA1C (PCH ONLY)

Specimen: Blood Collected: 13 Jun 2025 14:50

Investigation	Normality	Result
HBA1C (PCH ONLY)		
Haemoglobin A1c level - IFCC standardised (XaPbt)		39 mmol/mol [20.0 - 42.0]; 42-47mmol/mol Hb - indicative of non-diabetic hyperglycaemia. At risk of developing type 2 diabetes. Consider implementing lifestyle measures. Please refer to NICE Guideline PH38. >/=48mmol/mol Hb - possible diabetes. If patient

		symptomatic, diagnosis confirmed. If patient asymptomatic, re-test within 4 weeks. Please refer to NICE Guideline CG66 for treatment guidance. Take urgent same day action if suspecting type 1 diabetes (HbA1c may be normal). HbA1c is accepted for the diagnosis of type 2 diabetes in the UK, but should not be used to diagnose type 1 diabetes or in the following contexts - childhood, pregnancy, renal failure, haemoglobinopathy trait, anaemia, HIV, abnormal red cell turnover or any recent treatment likely to affect glycaemia or red cell turnover.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: Moon (Healthcare Professional)
Message Recipient: Moon (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

19 May 2026 18:30	Full blood count	Report ID: 104907005

Request Receipt: Request Comments:
Issued: 19 May 2026 18:30 Provider Comments:
Arrived: 19 May 2026 18:48 Service Type: New Financial Details:
Clinical Information: annual hypertension LTC

Full blood count (424..)

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
Full blood count (424..)		
Total white blood count (XaIdY)	Above range	14.4 10*9/L [4.0 - 11.0]; Above high reference limit
Haemoglobin concentration (Xa96v)		150 g/L [130.0 - 180.0]
Platelet count - observation (42P..)		239 10*9/L [150.0 - 400.0]
Red blood cell count (426..)		4.83 10*12/L [4.4 - 6.5]
HAEMATOCRIT		0.436 L/L [0.4 - 0.53]
Mean cell volume (42A..)		90.3 fL [80.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		31.1 pg [27.0 - 33.0]
Red blood cell distribution width (XE2mO)		13.1 % [11.5 - 15.0]
Mean platelet volume (42Z5.)		11.7 [9.0 - 12.1]
IG %		0.5
Neutrophil count (42J..)	Above range	10.6 10*9/L [1.8 - 7.7]; Above high reference limit
Lymphocyte count (42M..)		2.5 10*9/L [1.4 - 4.8]
Monocyte count - observation (42N..)		0.8 10*9/L [0.1 - 0.8]
Eosinophil count - observation (42K..)		0.3 10*9/L [0.1 - 0.6]
Basophil count (42L..)		0.1 10*9/L [0.0 - 0.1]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: SHAHID F (Healthcare Professional)
Message Recipient: SHAHID F (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

19 May 2026 21:22	LIVER FUNCTION TESTS; LIPID PROFILE; Serum TSH level; CREATININE AND ELECTROLYTES; Serum urea level	Report ID: 104933683

Request Receipt: Request Comments:

Issued: 19 May 2026 21:22 Provider Comments:
Arrived: 19 May 2026 21:45 Service Type: New Financial Details:
Clinical Information: annual hypertension LTC

LIVER FUNCTION TESTS

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
LIVER FUNCTION TESTS		
Serum albumin level (XE2eA)		44 g/L [35.0 - 50.0]
Serum total bilirubin level (XaERu)		7 umol/L [0.0 - 21.0]
Serum alanine aminotransferase level (XaLJx)		21 iu/L [< 41.0]
Serum alkaline phosphatase level (XE2px)		125 iu/L [30.0 - 130.0]
Serum total protein level (XE2e9)		67 g/L [60.0 - 80.0]
GLOBULIN		23 g/L

LIPID PROFILE

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
LIPID PROFILE		
FASTING STATUS		Non-Fasting
Serum cholesterol level (XE2eD)		3.9 mmol/L
Serum HDL cholesterol level (44P5.)		1.5 mmol/L
Serum triglyceride levels (XE2q9)	Above range	3.4 mmol/L [< 1.7]; Above high reference limit
Serum LDL cholesterol level (44P6.)		1.2 mmol/L; Please note: change in calculation used for LDL cholesterol from Friedewald to Sampson equation from 18/05/2026
CHOLESTEROL:HDL RATIO (CHOL/HDL)		3
Serum non high density lipoprotein cholesterol level (XabE1)		2.4 mmol/L; Fasting triglycerides >1.7 mmol/L or non-fasting triglycerides >2.0 mmol/L are associated with increased cardiovascular risk. See NICE CG71 and NG238 for guidance relating to lipids and cardiovascular disease risk.

Serum TSH level (XaELV)

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
Serum TSH level (XaELV)		1.01 mu/L [0.3 - 4.2]; If additional thyroid hormones are required (e.g. FT4) please contact the Clinical Biochemistry department (peh-tr.chemimm@nhs.net). Samples will be stored for 5 days before being discarded.

CREATININE AND ELECTROLYTES

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
CREATININE AND ELECTROLYTES		
Serum sodium level (XE2q0)		138 mmol/L [133.0 - 146.0]

Serum potassium level (XE2pz)		4.4 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1)		102 mmol/L [95.0 - 108.0]
Serum creatinine level (XE2q5)		77 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		> 90 mL/min/1.73m*2 [> 60.0]

Serum urea level (XM0lt)

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
Serum urea level (XM0lt)		4.9 mmol/L [2.5 - 7.8]

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: SHAHID F (Healthcare Professional)
Message Recipient: SHAHID F (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

20 May 2026 11:27	HBA1C (PCH ONLY)	Report ID: 104985044

Request Receipt: Request Comments:
Issued: 20 May 2026 11:27 Provider Comments:
Arrived: 20 May 2026 11:52 Service Type: New Financial Details:
Clinical Information: annual hypertension LTC

HBA1C (PCH ONLY)

Specimen: Blood Collected: 19 May 2026 12:10

Investigation	Normality	Result
HBA1C (PCH ONLY)		
Haemoglobin A1c level - IFCC standardised (XaPbt)		42 mmol/mol [20.0 - 42.0]; Use of HbA1c in Diagnosis of Diabetes Mellitus: 4247 mmol/mol: At risk of type 2 diabetes. Suggest referral to the National Diabetes Prevention programme. Advise lifestyle changes (see NICE PH38). >/=48 mmol/mol: Possible diabetes. If symptomatic: Diagnosis confirmed. If asymptomatic: Repeat test within 4 weeks (see NICE CG66). Suspected type 1 diabetes: Act urgently - even if HbA1c is normal. Note: HbA1c is not suitable for diagnosing type 1 diabetes or in children, pregnancy, anaemia, haemoglobinopathies, renal failure, HIV, any recent treatment likely to affect glycaemia or altered red cell turnover.

Message Recipient: GP Practice: D81630 (Healthcare Organisation)
Ordering Party: SHAHID F (Healthcare Professional)
Message Recipient: SHAHID F (Healthcare Professional)
Laboratory Service Provider: Peterborough District Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

Active Problem: Essential hypertension (XE0Uc) (09 Mar 2021 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

06 Jun 2024	Medication satisfactory (8B3E1)		
06 Jun 2024	Telephone consultation (XaIge)		

Telephone call for HTN review. See recent clinic BP and bloods. Aware repeat cholesterol a bit up. Is on a statin already. Has been reflecting and aware diet not as good as it could be, is going to try and address. Otherwise well, no issues with his meds.

06 Jun 2024	Chronic disease management annual review completed (Xaagy)		
06 Jun 2024	Hypertension annual review (XaIyE)		
06 Jun 2024	O/E - Diastolic BP reading (246A.)	80 mmHg	
06 Jun 2024	Problem: Essential hypertension (XE0Uc)		
06 Jun 2024	Good hypertension control (6627.)		
06 Jun 2024	Lifestyle advice regarding hypertension (XaQaV)		
06 Jun 2024	O/E - Systolic BP reading (2469.)	133 mmHg	
27 Jan 2025	Problem: Essential hypertension (XE0Uc) H: Telephone call as per pharmacist re noted to have not ordered meds for some time. See recent BP and bloods, patient says he had found some tablets so been taking his meds a few days before he came in and did BP. Has been away working and whilst away diet not been good - take away every night, is now eating normally again though. In terms of slightly raised WBC has had a bit of a cold but nothing major, not concerned by it. P: Meds re-issued, good diet will be improving. If cold symptoms do not settle / feels unwell seek advice.		
30 Jun 2025	Hypertension annual review (XaIyE)		
30 Jun 2025	O/E - Systolic BP reading (2469.)	125 mmHg	
30 Jun 2025	Follow-up status (XaBPO)		
30 Jun 2025	Good hypertension control (6627.)		
30 Jun 2025	Chronic disease management annual review completed (Xaagy)		
30 Jun 2025	Medication satisfactory (8B3E1)		

30 Jun 2025	Amlodipine 10mg tablets	Take one tablet each morning	28 tablet	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski

Indication: Essential hypertension (XE0Uc)

30 Jun 2025	O/E - Diastolic BP reading (246A.)		76 mmHg	
30 Jun 2025	Atorvastatin 20mg tablets	take one daily	28 tablet	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski

Indication: Framingham coronary heart disease 10 year risk score (XaFsZ)

Indication: Serum cholesterol level (XE2eD)

30 Jun 2025	Problem: Essential hypertension (XE0Uc) H: Telephone call for HTN review, see recent BP and bloods, advised all ok. Compliant with meds, asking for further batch to be done for 6 months.			
30 Jun 2025	Ramipril 2.5mg capsules	take one daily	28 capsule	10 Nov 2025, Ended

Issues: 6 End Reason: Re-Authorised by Mr Kamil Klosowski

Indication: Essential hypertension (XE0Uc)

Active Problem: Chronic depression (E2B1.) (22 May 2026 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

05 Jun 2026	Unknown risk of deliberate self harm (XaIv0)		
05 Jun 2026	Depression medication review (XaK6e)		
05 Jun 2026	Depression interim review (XaK6f)		
05 Jun 2026	Has mental capacity to give consent (Y1f41)		
05 Jun 2026	No safeguarding issues identified (XaZwt)		
05 Jun 2026	No apparent risk of suicide (XaZ6R)		

Inactive Problem: Other ear disorders &/or hearing loss (XE1AD) (20 Oct 2001 - 17 Jan 2023) - Hearing loss - left ear.

20 Oct 2001	Hearing loss
20 Oct 2001	Hearing loss - left ear.

01 Nov 2001	Externally Entered, Third Party: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Hearing loss
History: see letter. Not lived at above address for at least 6m when we tried to chase for appt.
Comment: try checking with employer
Other ear disorders &/or hearing loss (XE1AD) - Hearing loss (Ongoing Episode)

01 Nov 2001	Hearing loss

Inactive Problem: (Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) (16 Dec 2002 - 14 Jan 2003) - Contact dermatitis/other eczem

16 Dec 2002	Surgery, G.P.Surgery: Dr John McMahon Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Contact dermatitis/other eczem
History: over the alst couple of days after wearing spcial overalls at work one day last week
Examination: eczematous type rash web spaces normal
Medication: Betamethasone Valerate Cream 0.1 %
Aqueous Cream
Comment: use steroid sparingly and advoce on application and sos
Problem: (Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) (Contact dermatitis/other eczem)
(Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) - Contact dermatitis/other eczem (New Episode)
(Contact derm [& oth eczem]) or (contact ecz) or (occ derm) (M12..) - Contact dermatitis/other eczem

16 Dec 2002	Contact dermatitis/other eczem
16 Dec 2002	Contact dermatitis/other eczem

Inactive Problem: [D]Raised blood pressure reading (R1y2.) (20 Nov 2003 - 19 Dec 2003)

20 Nov 2003	Surgery, G.P.Surgery: Tessa Kidd (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
History: had medical at work 1 month ago - BP raised and to get it checked
smoker also - would like to stop
Examination: BP 160 mm Hg / 102 mm Hg Pulse 80 /minute Wt. 76.5 Kg
Comment: sister has had 2 x mi at age 43 - am going to see in 1 month and framingham t
[D]Raised blood pressure reading (R1y2.) (New Episode)
Pulse rate (X773s) 80 bpm [0 - 80]
O/E - weight (22A..) 76.5 Kg (~ 12 st 1 lb)
160 / 102 mmHg
[D]Raised blood pressure reading (R1y2.)

18 Dec 2003	Surgery, G.P.Surgery: Tessa Kidd (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
Examination: Pulse 68 /minute Urine glucose test negative
Urine protein test negative
Template entry: Framingham Risk Score (review of BP) BP 162 mm Hg / 86 mm Hg Current non-smoker Est. 10 yrCHD 8 %
Comment: Has given up smoking for the last 4 weeks -well done - and systolic still raised but diastolic normal - will check bloods and also ecg. and see in 1 month
Pulse rate (X773s) 68 bpm [0 - 80]
Framingham coronary heart disease 10 year risk score (XaFsZ) 8 % [0 - 100] - Original units: % review of BP.
Urine protein test negative (4672.) (New Episode)
Current non-smoker (137L.) (New Episode)
Urine glucose test negative (4662.) (New Episode)
[D]Raised blood pressure reading (R1y2.) (Ongoing Episode)

162 / 86 mmHg

19 Dec 2003	Externally Entered, Externally entered: Dr Geoffrey King Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: [D]Raised blood pressure read.
Lab results: Electrocardiography :63SR, normal axis and QRSD. ECG: no LVH Has tall Ts in anterior leads with consequent high take off. Nil else of note
ECG: no LVH (3241.) (New Episode)
[D]Raised blood pressure reading (R1y2.) (Ongoing Episode)
Electrocardiography (32...) (New Episode)

Inactive Problem: Synovitis of knee (X702G) (25 Nov 2010 - 17 Jan 2023)

No information recorded

Inactive Problem: Lumbar radiculopathy (Y2bde) (02 Sep 2021 - 17 Jan 2023) - %l right

02 Sep 2021	%l right

Inactive Problem: Endogenous depression (X00SR) (19 Jan 2022 - 17 Jan 2023)

No information recorded

Inactive Problem: Past medical history (14...) (17 Jan 2023 - 17 Jan 2023)

15 Mar 1999	Surgery, G.P.Surgery: Dr N Reed (DELETED) Entered at: Abbey Medical Practice	Entered: 23 Nov 2008 00:00

Problem title: Otitis media NOS
History: L OTALGIA 2/7
Examination: LOM, R TM NAD.
Medication: Erythromycin Tablets 250 mg 1 qds 20 tablets
Comment: REVIEW IF NOT RESOLVING OR IF ANY CHANGE

15 Mar 1999	Otitis media NOS (XE17D)		NE
01 Jun 2000	Surgery, G.P.Surgery: Dr Geoffrey King Entered at: Abbey Medical Practice		Entered: 23 Nov 2008 00:00

Problem title: Taxi cab driver medical exam
History: Taxi medical.
Examination: BP 146 mm Hg / 86 mm Hg Wt. 73 Kg O/E - breath sounds normal O/E - heart sounds normal Abdo: soft, non tender, no masses, herniae, organomegaly or peritonism. VA's 6/6 left, 6/5 right, full fields.
Comment: nil abnormal found. Advised re smoking.
Additional: Smoke 15 /day
Alcohol 10 units/week
Taxi cab driver medical exam (6921.) (New Episode)
Cigarette smoker (XE0oq)
Cigarette consumption (Ub1tI) 15 Cigs/day - Cigarette smoker
O/E - weight (22A..) 73 Kg (~ 11 st 7 lb)
O/E - breath sounds normal (23B1.) (New Episode)
O/E - heart sounds normal (24B1.) (New Episode)
Alcohol intake (136..) 10 Units/Week [0 - 20]
146 / 86 mmHg

01 Jun 2000	Taxi cab driver medical exam (6921.)		NE
27 Jul 2001	Dental abscess (Xa7I4)		NE
27 Jul 2001	Surgery, G.P.Surgery: Dr C Walton (DELETED) Entered at: Abbey Medical Practice		Entered: 23 Nov 2008 00:00

Problem title: Dental abscess
History: pain in mouth -5/7
Examination: tender above molars on right swelling right upper jaw
dental hygiene very poor
Medication: Metronidazole Tablets 400 mg
Erythromycin Tablets 250 mg

Comment: advised to get a dentist
Dental abscess (Xa7I4) (New Episode)

Inactive Problem: Helicobacter Pylori Positive (Y0403) (30 Aug 2023 - 29 Oct 2023)

No information recorded

Care Plans

No information recorded

Social Services Contacts

No information recorded

Admissions

No information recorded

Communications

24 Oct 2001	Incoming	Arrived 24 Oct 2001 00:00

From Unknown,
To Unknown,
Reference Scanned Image
Description QMC\RTMasts\C.Ellis\201001
Entered By

Q M C

Dr David M Staff
Dr T Robert Cowan
Dr Andrew T Wainwright
Dr Zoe Alexander
Dr Nigel Loveday
Dr Kerry West
Dr Christopher Ellis

Practice Manager: Julie Passmore

Queensway Medical Centre
Olympic Way
Wellingborough
Northants NN8 3EP

General Calls (01933) 678767
Appointments (01933) 678122
Fax No. (01933) 676657

CE/CW

20.10.01

Dr King
Gold Street Medical Centre
Gold Street
Wellingborough
Northants

Dear Dr King

Re: **William Ferguson, dob 28.6.62**

This gentleman attended for a RT Masts medical on the 19th October. I am writing to let you know that he has quite an obvious hearing deficit affecting his left ear- he was only able to hear at a level of 60 decibels at a frequency of 4000hz. The rest of his audiogram was completely normal.

If you require further information, can you please let me know.

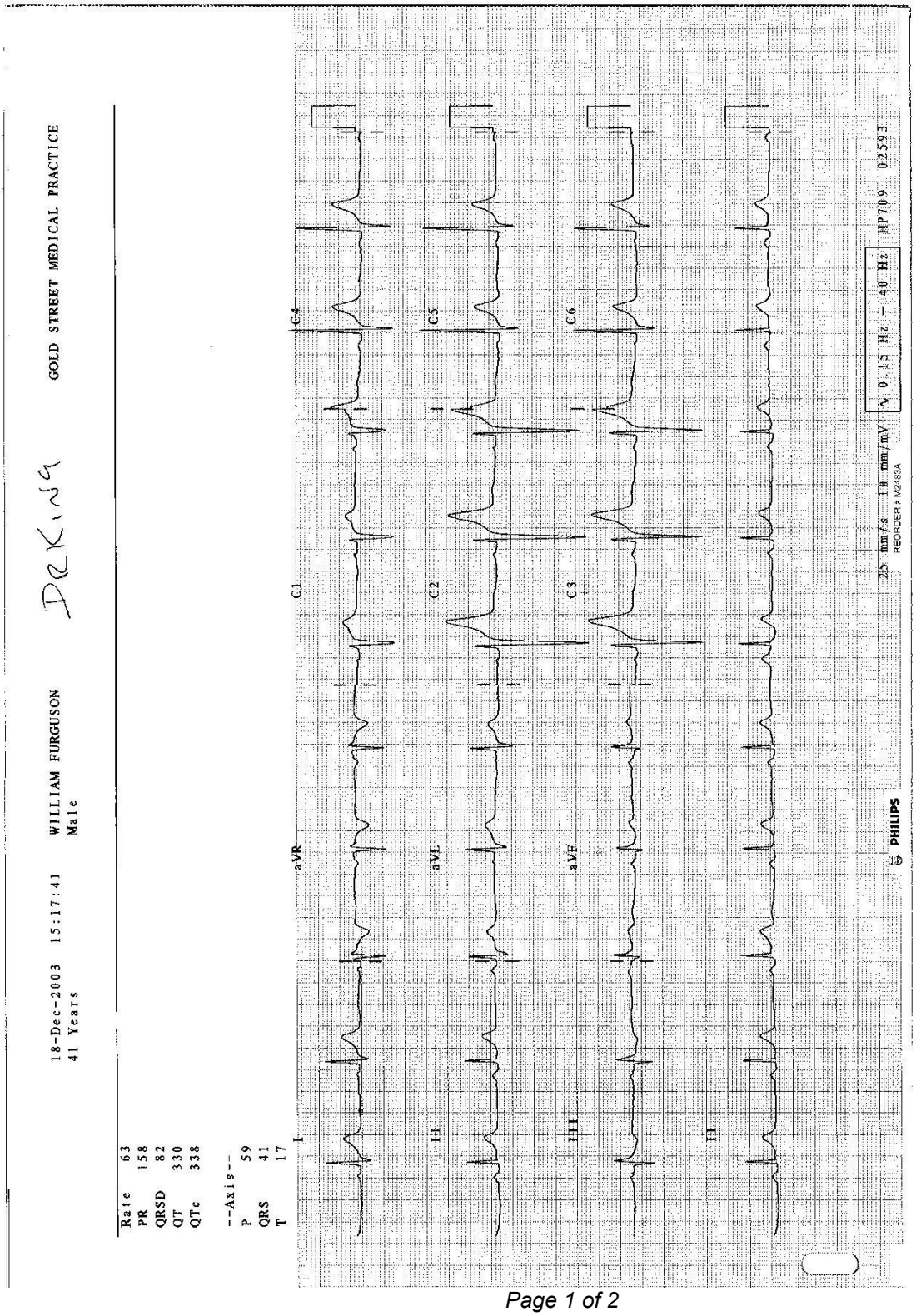
Yours sincerely

Chris Ellis

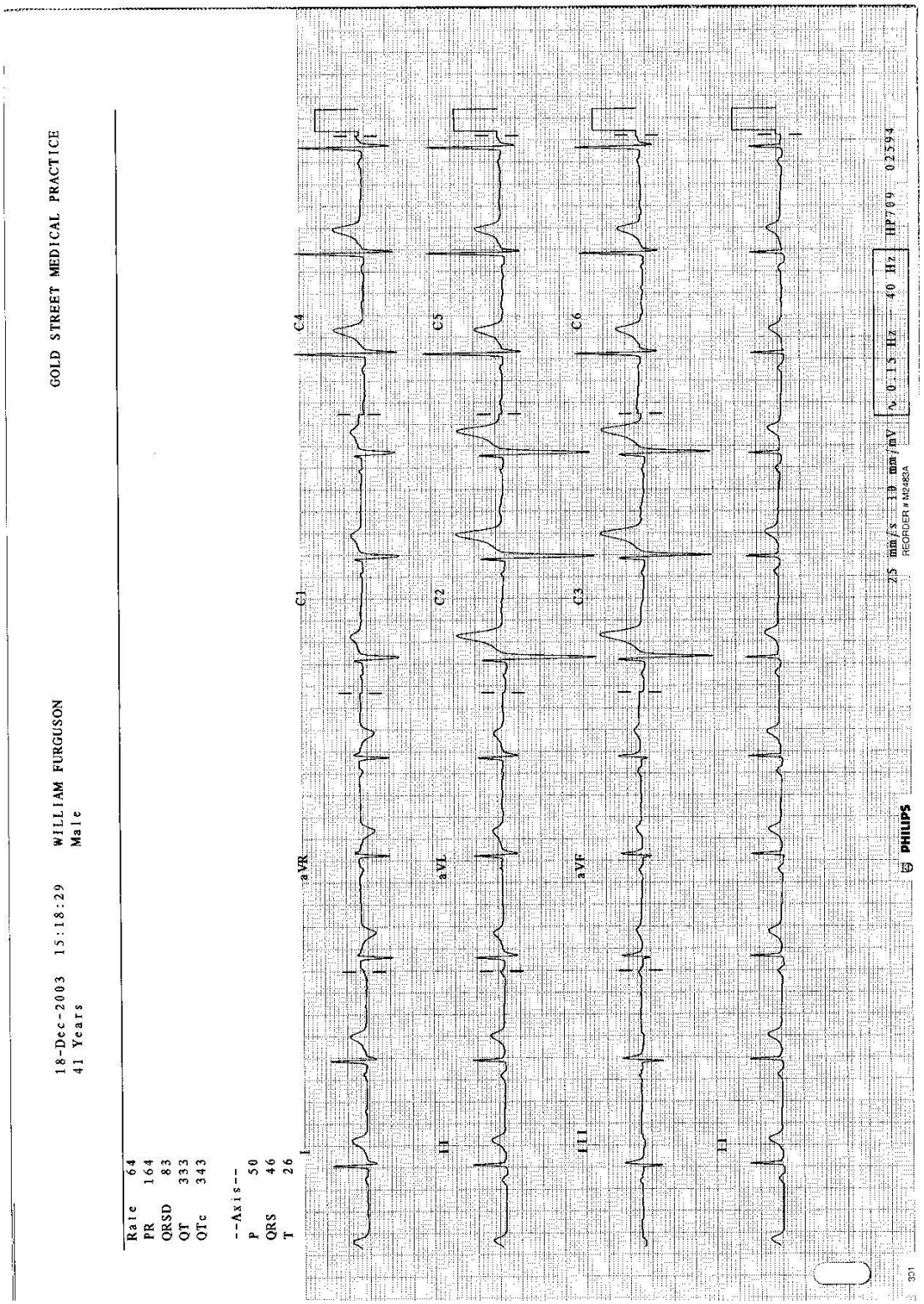
30 Oct 2001		Completed on 30 Oct 2001 00:00
From	Unknown,	
To	Unknown,	
Reference	ethnicity letter	
Entered By		
01 Nov 2001		Completed on 01 Nov 2001 00:00
From	Unknown,	
To	Unknown,	
Reference	APPOINTMENT NEEDED	
Entered By		
02 Nov 2001		Completed on 02 Nov 2001 00:00
From	Unknown,	
To	Unknown,	
Reference	APPOINTMENT NEEDED	
Entered By		

18 Dec 2003	Incoming	Arrived 18 Dec 2003 00:00

From Unknown,
To Unknown,
Reference Scanned Image
Description ECG\181203
Entered By



Page 1 of 2



Page 2 of 2

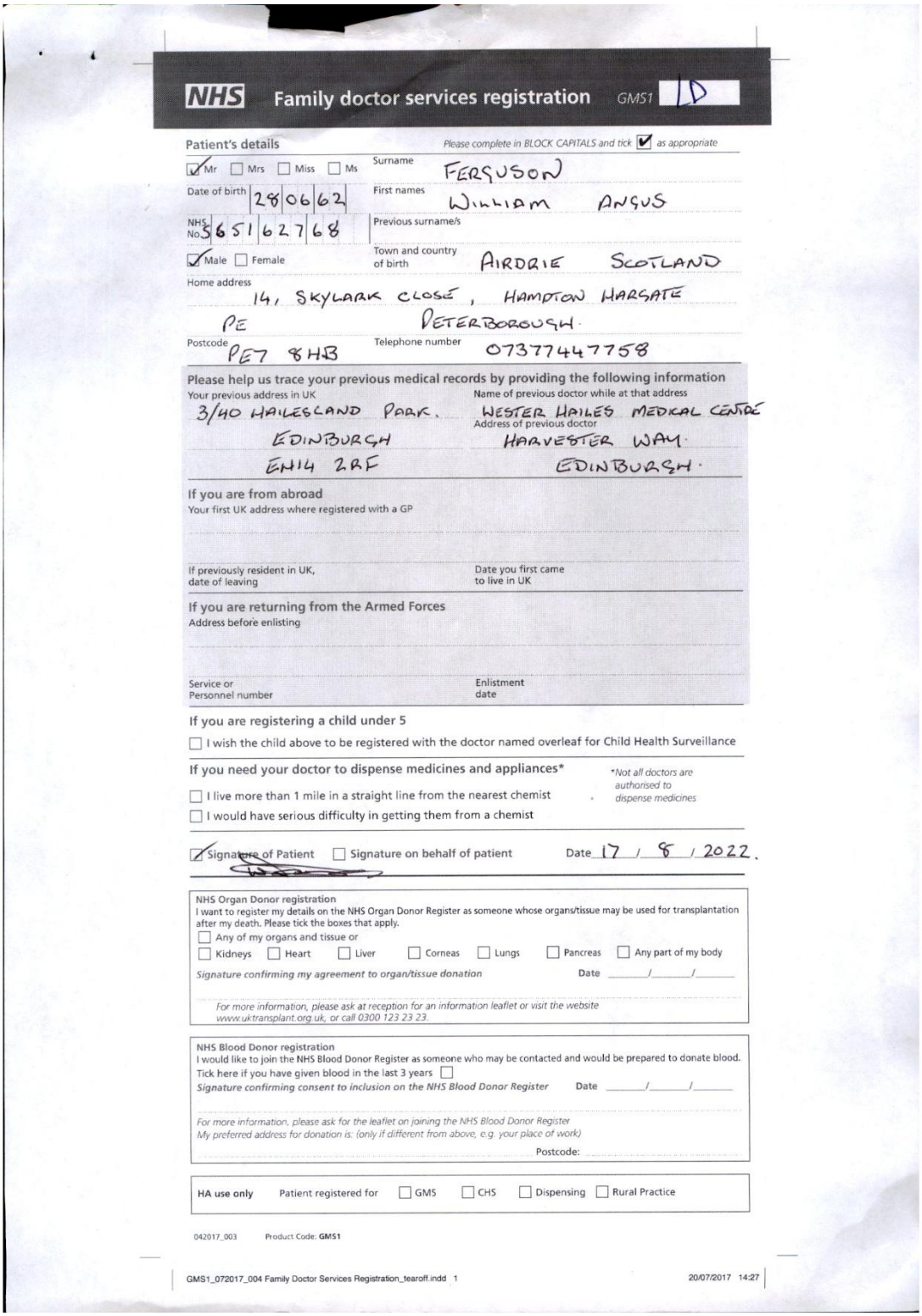
13 Jan 2004		Completed on 13 Jan 2004 00:00
From	Unknown,	
To	Unknown,	
Reference	PATH TEST REQUEST	
Entered By		

29 Nov 2004		Completed on 29 Nov 2004 00:00
From	Unknown,	
To	Unknown,	
Reference	Address labels	

Scanned Documents

15 Sep 2022	New Patient Registration to Hampton Medical Centre

Letter Type: New Patient Registration
Letter To: Hampton Medical Centre
Letter From: Mr William Ferguson



NHS Family doctor services registration GMS1

Patient's details — Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☑ Mr ☐ Mrs ☐ Miss ☐ Ms
Surname: FERGUSON
Date of birth: 28 06 62
First names: WILLIAM ANGUS
NHS No: 365 162 768
Previous surname/s:
☑ Male ☐ Female
Town and country of birth: AIRDRIE SCOTLAND
Home address: 14, SKYLARK CLOSE, HAMPTON HARGATE
PE PETERBOROUGH.
Postcode: PE7 8HB
Telephone number: 07377447758

Please help us trace your previous medical records by providing the following information
Your previous address in UK: 3/40 HAILESLAND PARK. EDINBURGH EH14 2RF
Name of previous doctor while at that address: WESTER HAILES MEDICAL CENTRE
Address of previous doctor: HARVESTER WAY. EDINBURGH.

If you are from abroad
Your first UK address where registered with a GP
If previously resident in UK, date of leaving
Date you first came to live in UK

If you are returning from the Armed Forces
Address before enlisting
Service or Personnel number
Enlistment date

If you are registering a child under 5
☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines*
*Not all doctors are authorised to dispense medicines
☐ I live more than 1 mile in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist

☑ Signature of Patient ☐ Signature on behalf of patient Date 17 / 8 / 2022.

NHS Organ Donor registration
I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.
☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body
Signature confirming my agreement to organ/tissue donation Date ___/___/___
For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

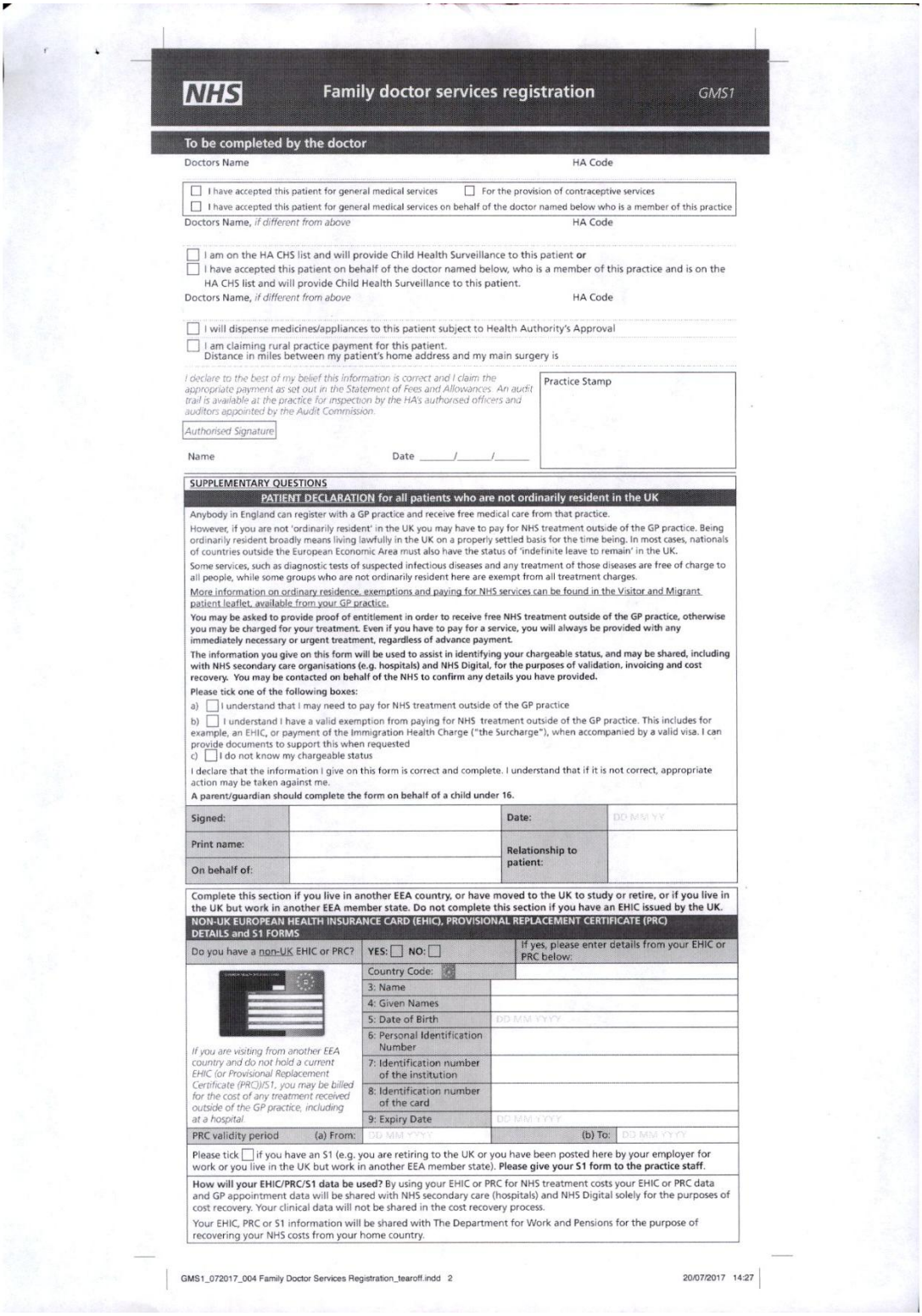
NHS Blood Donor registration
I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.
Tick here if you have given blood in the last 3 years ☐
Signature confirming consent to inclusion on the NHS Blood Donor Register Date ___/___/___
For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)
Postcode:

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

042017_003 Product Code: GMS1

GMS1_072017_004 Family Doctor Services Registration_tearoff.indd 1 20/07/2017 14:27

Page 1 of 9



NHS **Family doctor services registration** *GMS1*

To be completed by the doctor

Doctors Name HA Code

☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, *if different from above* HA Code

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, *if different from above* HA Code

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval

☐ I am claiming rural practice payment for this patient.
Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name Date _____/_____/_____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice

b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested

c) ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		**Date:**	DD MM YY
Print name:		**Relationship to patient:**	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	**YES:** ☐ **NO:** ☐	If yes, please enter details from your EHIC or PRC below:
	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
PRC validity period (a) From:	DD MM YYYY	(b) To: DD MM YYYY

If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

GMS1_072017_004 Family Doctor Services Registration_tearoff.indd 2 20/07/2017 14:27

Page 2 of 9

Hampton Medical Centre

New Patient Questionnaire Adult

Surname FERGUSON Forename(s) WILLIAM.

Date of Birth 28 06 1962

NHS Number

(Male) / Female (please circle)

Address (including postcode)

14, SKYLARK CLOSE
HAMPTON HARGATE
PETERBOROUGH.
PE7 8HB.

Mobile Number 07377447758 Consent to SMS messaging (YES) / NO (please circle)

Home Phone Number —

Email Address WILL.FERGUSON @ GMX.CO.UK.

Ethnicity BRITISH. (please indicate if you prefer not to say)

Next of Kin

Relationship to patient

Telephone Number (if different from patients)

Address (if different from patients)

PTO

Are you a Carer? **Yes / No** (please circle)

If Yes please give details

_____

_____

Do you have any information or communication support needs relating to a disability impairment or sensory loss?

Yes / No (please circle)

If yes, please indicate how Hampton Health can best meet these needs?

- Specific contact method (eg telephone, text, letter, email)

  Please specify _____

- Special information format (eg large font size, audio, verbal)

  Please specify _____

- Communication support (eg remote support via smartphone, tablet or computer, longer appointments, advocate

  Please specify _____

Date Completed 17-8-2022.

MJW 11/2020

Your health record and sharing of information

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Please read both sides of this leaflet carefully. It provides information about the choices you can make about sharing your health record.

Your heath record includes your medical history, details about your medication and any allergies you may have. You can now choose whether to share these full medical details.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. These other services will ask your permission to view your record.

Many organisations may use SystmOne including some GP practices, out of hours services, children's services, community services and some hospitals. Sharing your health record will help us deliver the best level of care for you.

You have two choices which allow you to control how your record is shared. You can change these choices at any time by letting the relevant practice or service know.

Please read the other side of this leaflet and fill in your choices. You may wish to keep this section for future information. Please contact the Patient Experience Team on 0800 279 2535 or capccg.pet@nhs.net if you have any queries.

Please note: if you have previously opted out of sharing your information via the Summary Care Record, you will still need to complete this form with your choices about sharing your health record within SystmOne.

For further details visit www.cambridgeshireandpeterboroughccg.nhs.uk

Please complete your details below AND make your choices OVERLEAF

Patient name: WILLIAM FERGUSON

Date of birth: 28-06-1962

Address: 14 SKYLARK CLOSE, HAMPTON HARGATE

PETERBOROUGH PE7 8HB Phone:

Signature: Date: 17-8-2022

Please complete a separate form for each of your dependents.

Complete both sides of this section and return to the practice or service receptionist

NHS Cambridgeshire and Peterborough CCG—July 2013

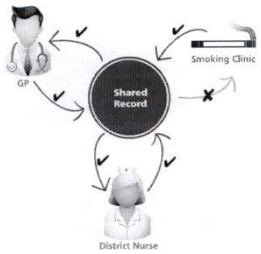
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Your choices at each practice or service

Sharing OUT - This controls whether your information recorded at this practice or service can be shared with other healthcare services.

Sharing IN - This determines whether or not this practice or service can view information in your record that has been entered by other services who are providing care for you, or who may provide care for you in the future.

Imagine you're receiving care from three services: your GP, a district nurse and a smoking clinic. You want your GP and District Nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information.



Your sharing choices at each practice or service would be:

- The GP can share information IN and OUT.
- The district nurse can share IN and OUT.
- The smoking clinic can only share information OUT but not IN.

You can change your choices at any time. Let each practice or service know.

Note: You can request individual entries in your record to be marked as 'Private'. These are not shared with the rest of your record even if you choose to share out.

The choices you would like to make about sharing your health record:

SHARING OUT
I would like my health record at this practice or service to be shared with other healthcare services providing care for me. ☑ Yes ☐ No

SHARING IN
I would like this practice or service to be able to view information in my health record that has been recorded by other healthcare services. ☑ Yes ☐ No

My choices apply to my record here at..... PRACTICE or SERVICE

Complete both sides of this section and return to the practice or service receptionist

NHS Cambridgeshire and Peterborough CCG—July 2013

Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode..... Phone No..... Date of birth .....

NHS Number (if known)..... Signature .....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient..... Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no Date.....

Ref: 4705

Hampton Medical Centre

NHS

Dear Patient

We would be very grateful if you would be kind enough to fill in the questionnaire below concerning your alcohol use (if any.)

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your alcohol use.
Your answers will remain confidential so please be honest.

Date of Birth: 28/6/1962.

Do you ever drink alcohol at all? (Yes) / No

If yes please complete the questionnaire overleaf by placing an X in one box that best describes your answer to each question

The Alcohol Use Disorders Identification Test: Self-Report Version
Place an X in one box that describes your answer to each question

Questions	0	1	2	3	4	
1. How often do you have a drink Containing alcohol ?	Never	Monthly Or less	2-4 times a month ✓	2-3 times A week	4 or more Times a week	2
2. How many drinks containing Alcohol do you have on a typical Day when you are drinking ?	1or 2	3 or 4	5 or 6 ✓	7 to 9	10 or more	2
3. How often do you have six or More drinks on one occasion ?	Never	Less than Monthly ✓	Monthly	Weekly	Daily or almost daily	1
4. How often during the last year have You found that you were not able to Stop drinking once you started ?	Never ✓	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
5. How often during the last year have Failed to do what was normally Expected of you because of Drinking ?	Never ✓	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
6. How often during the last year have You needed a first drink in the Morning to get yourself going after a Heavy drinking session ?	Never ✓	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
7. How often during the last year have You had a feeling of guilt or remorse After drinking ?	Never ✓	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
8. How often during the last year have You been unable to remember what Happened the night before because Of your drinking ?	Never ✓	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
9. Have you or someone else been Injured because of your drinking ?	No ✓		Yes, but not in last year		Yes, during The last year	0
10. Has a relative, friend, doctor or Health care worker been concerned about your drinking ?	No ✓		Yes, but not in last year		Yes, during The last year	0
					TOTAL	5

Page 8 of 9

Hampton Medical Centre
Unit 6b Serpentine Green
The Serpentine
Hampton
Peterborough
PE7 8DR

NHS

Are you a SMOKER?

YES / NO (please circle)

Thank You

Name William Ferguson

Date of Birth

2	8	0	6	1	9	6	2

Tel: 01733 556900
queries.hamptonmedicalcentre@nhs.net

13 Aug 2024	Clinic Letter to Hampton Medical Centre
Letter Type	Clinic Letter
Letter To	Hampton Medical Centre
Letter From	NHS Cambridgeshire & Peterborough Talking Therapies

NHS
Cambridgeshire & Peterborough
Talking Therapies

Our Ref: MS112537
NHS No: 498 247 1487

NHS Cambridgeshire & Peterborough Talking Therapies
Newtown Centre
Nursery Road
Huntingdon
PE29 3RJ

Tel: 01480 445228 (with answerphone)
E-mail: Huntingdontalkingtherapies@cpft.nhs.uk
Website: www.cpft.nhs.uk
Out of hours contact your out of hours GP/ call 111 & select the option for mental health

PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY
Mr William Angus Ferguson
14 Skylarks Close
Hampton Hargate
Peterborough
PE7 8HB

13th August 2024

Dear Mr Ferguson

Thank you for taking the time to speak with me at your suitability assessment appointment on 30/07/2024. It has been agreed that you will be placed on the treatment list for Talking Therapy.

As part of the assessment you completed some symptom questionnaires, and the results were as follows:

PHQ-9: 20 / 27 - which indicates severe depression.

GAD-7: 16 / 21 - which indicates severe anxiety.

Risk:

You reported occasional self harm once or twice a year and suicidal thoughts which you have no plans to act on. You reported 0/10 for intent to act on these thoughts.

Emergency Contact Details

If you receive treatment from our service your risk will be reviewed regularly. However, we do not provide a crisis service. If you feel in need of urgent support, help is available from:

- Your GP, Urgent Care (First Response Service (FRS)) dial 111 and select the option for mental health.
- The Hopeline UK (Papyrus) 0800 068 41 41 or https://www.papyrus-uk.org/ (up to age 35)
- The Samaritans free phone 116 123 or email jo@samaritans.org
- Lifeline 0808 808 2121 (Open 11am – 11pm 7 days a week,365 days a year)
- SANEline 0300 304 7000 (Open 4:00pm - 10:00pm, 365 days a year)
- Text SHOUT to 85258 for free confidential, 24/7 support via text message (giveusashout.org)

Waiting time

Due to the large demand for our service there may be a wait of some months before you can commence treatment.

We will contact you when a therapy slot becomes available. However, should that not be **suitable** we will be able to offer you **one** further appointment. If you decline both offers of appointments, we will have to discharge you back to the care of your GP.

May we also ask that you update us if there are changes to your contact information, your availability or should you decide, for any reason, that you no longer need our service.

If you require this information in another format such as braille, large print or another language, please let us know.

Yours sincerely

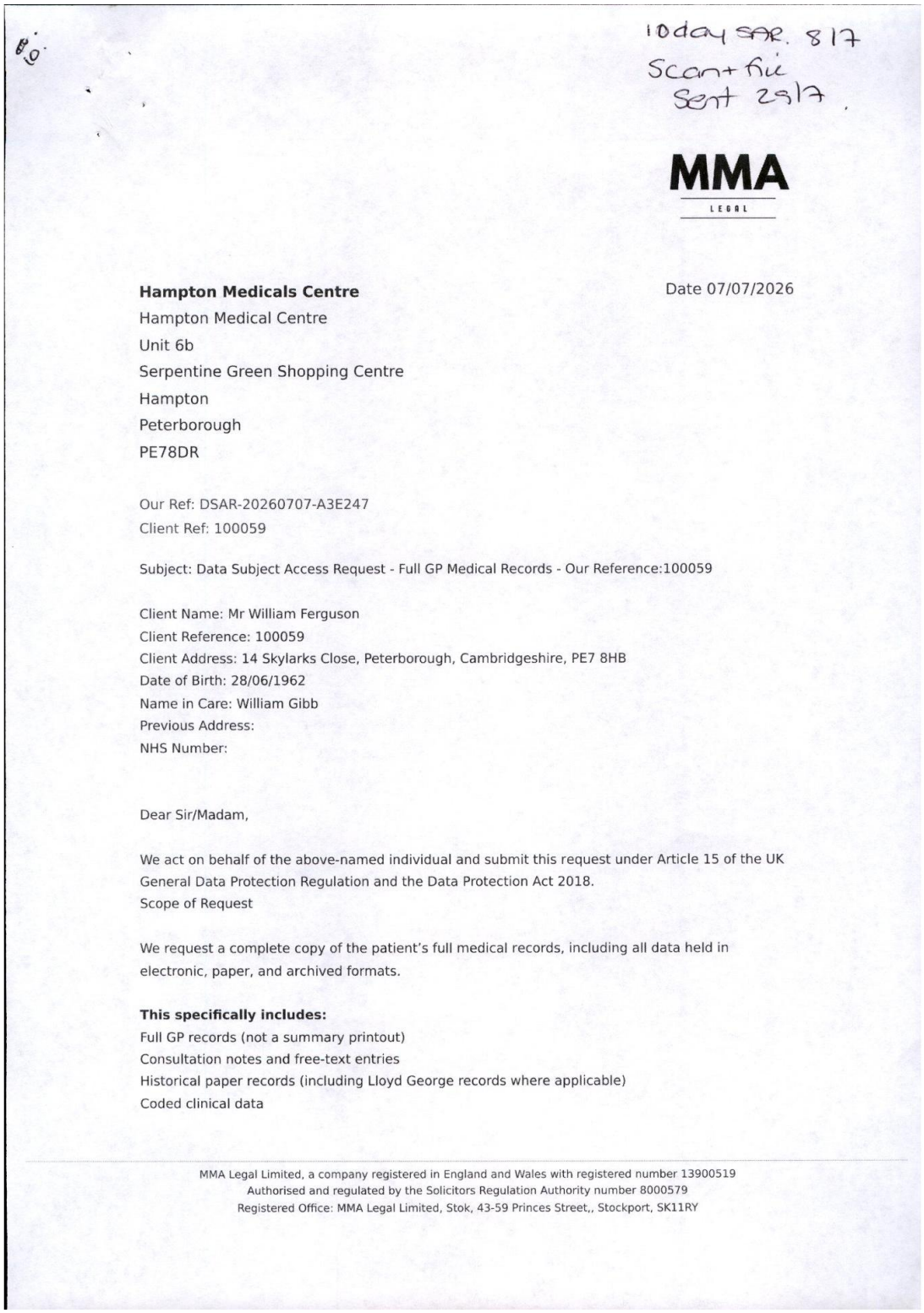
Aisling Sutton
PWP Trainee
NHS Cambridgeshire & Peterborough Talking Therapies

Cc:

Hampton Health Unit 6b
Serpentine Green
Shopping Centre Hampton
PE7 8DR.

29 Jul 2026	Private Work to Hampton Medical Centre

Letter Type Private Work
Letter To Hampton Medical Centre
Letter From MMA Legal



10day SAR. 817
Scan+file
Sent 29/7

MMA
LEGAL

Hampton Medicals Centre
Hampton Medical Centre
Unit 6b
Serpentine Green Shopping Centre
Hampton
Peterborough
PE78DR

Date 07/07/2026

Our Ref: DSAR-20260707-A3E247
Client Ref: 100059

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:100059

Client Name: Mr William Ferguson
Client Reference: 100059
Client Address: 14 Skylarks Close, Peterborough, Cambridgeshire, PE7 8HB
Date of Birth: 28/06/1962
Name in Care: William Gibb
Previous Address:
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

Page 1 of 10

Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team

MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 570 0550

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	William Ferguson
Date of Birth:	28/06/1962
Previous Names (if any):	
Current Address:	14 Skylarks Close Peterborough, Cambridgeshire PE7 8HB
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
- **1.1.1.** UK GDPR
- **1.1.2.** Data Protection Act 2018
- **1.1.3.** Common law confidentiality
- **1.1.4.** Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

2.1.1. An application to Redress Scotland;
2.1.2. Any review, reconsideration or appeal;
2.1.3. Evidence gathering and submission;
2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

3.1.1. Local Authorities and Councils
3.1.2. NHS Boards and GP Practices
3.1.3. Health & Social Care Partnerships
3.1.4. Integration Joint Boards
3.1.5. Religious bodies and orders
3.1.6. Residential and foster care providers
3.1.7. Education authorities and schools
3.1.8. Government departments
3.1.9. Archive services
3.1.10. Insurers holding historical liability files
3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handwritten;
3.2.2. Stored off-site by contractors;
3.2.3. Held by dissolved or reconstituted institutions;
3.2.4. Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

3.3.1. The institution has closed or restructured;
3.3.2. Records are archived or require manual retrieval;
3.3.3. Records are held by insurers or successor bodies;
3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

4.1.1. Physical and mental health records
4.1.2. Psychiatric and psychological reports
4.1.3. Therapy and counselling notes
4.1.4. CAMHS records
4.1.5. Social work and safeguarding files
4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data
5.1.2. Police investigation material
5.1.3. Child protection investigations
5.1.4. Statements and intelligence logs
5.1.5. Outcome decisions

including records held by:

5.1.6. Police Scotland
5.1.7. Any predecessor Scottish police force
5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
6.2. Where necessary, redaction shall be limited strictly to third-party information.
6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

7.1.1. Identify the specific statutory exemption relied upon;
7.1.2. Explain how that exemption applies to the particular Record;
7.1.3. Confirm why partial disclosure is not possible;
7.1.4. Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
8.2. Disclosure shall not be refused because:

8.2.1. An internal template form has not been used;
8.2.2. The Authority is considered "out of date" within internal policy;
8.2.3. Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

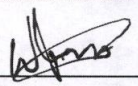
In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	William Ferguson
Date	01/06/2026

Witness	
Name	James Lowe
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	James Lowe
Date	01/06/2026

Completion Certificate

Reference ID: d2b340df-6864-4506-aca7-2c818c5172e2

Document Details

Document Name(s):	loa
Total Pages:	4
Sent By:	James Lowe (195.70.94.138)
Completed Date:	Jun 02, 2026 05:59:53 UTC

Signer Information

Name:	Mr William Ferguson
Email:	will.ferguson@gmx.co.uk
Telephone:	07377447758
IP Address:	2a05:b100:1803:9f00:81b8:a587:cca2:1934

Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-06-01 10:51:28	System
Document link sent to client by sms	2026-06-01 10:51:28	System
Document link sent to client by email	2026-06-01 10:51:29	System
Document link opened by client	2026-06-01 10:51:32	195.70.94.138
Document electronically signed	2026-06-02 05:59:53	2a05:b100:1803:9f00:81b8:a587:cca2:1934

Security Verification

SHA-256 Checksum: 1c69e7fca68f9908b4bf84aee3aadf18ec35c0a56f07c3cbadf8b00e96463a8f

Page 8 of 10

Outlook

Fw: Data Subject Access Request - 100059 [Ref: DSAR-20260707-A3E247]

From HAMPTONMEDICALCENTRE, queries (HAMPTON MEDICAL CENTRE - D81630) <queries.hamptonmedicalcentre@nhs.net>
Date Tue 07/07/2026 15:01
To DUFFY, Wendy (HAMPTON MEDICAL CENTRE - D81630) <wduffy@nhs.net>; KHAN, Robeena (HAMPTON MEDICAL CENTRE - D81630) <robeena.khan@nhs.net>

2 attachments (327 KB)
DSAR-A3E247E5.pdf; d2b340df-6864-4506-aca7-2c818c5172e2_loa.pdf;

Kind Regards
The Reception Team,
Hampton Medical Centre
Serpentine Green
Peterborough

T: 01733 556 900
E: queries.hamptonmedicalcentre@nhs.net
CQC rating - GOOD - safe,effective, caring,responsive, well led

---

From: MMA Legal <evidence@mmalegal.co.uk>
Sent: 07 July 2026 10:37
To: HAMPTONMEDICALCENTRE, queries (HAMPTON MEDICAL CENTRE - D81630) <queries.hamptonmedicalcentre@nhs.net>
Subject: Data Subject Access Request - 100059 [Ref: DSAR-20260707-A3E247]

You don't often get email from evidence@mmalegal.co.uk. Learn why this is important

This message originated from outside of NHS.net Connect. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:100059

Client Name: Mr William Ferguson
Client Reference: 100059
Client Address: 14 Skylarks Close, Peterborough, Cambridgeshire, PE7 8HB
Date of Birth: 28/06/1962
Name in Care: William Gibb
Previous Address:
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

We expect a response within the statutory one calendar month period. If you require an extension, please confirm this in writing with full justification.

Please find the enclosed request.

We thank you for your assistance in this matter.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 570 0550