All Consultations

Address and Telephone numbers

23c St Clements Place Dundee DD3 9PB
Mobile phone 07780461260
Email michaelleetarbett1988@outlook.com

All Consultations

[redacted]

05/11/2025 Results recording Dr Gareth Brown
04/11/2025 Basophil count = 0 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Eosinophil count = 0.25 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Monocyte count = 0.4 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Lymphocyte count = 1.2 10*9/L Below low reference limit x10^9/L Dr Gareth Brown
04/11/2025 Neutrophil count = 7.5 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Mean corpusc. Hb. conc. (MCHC) = 331 g/L Dr Gareth Brown
04/11/2025 Mean corpusc. haemoglobin(MCH) = 32.4 pg Above high reference limit Dr Gareth Brown
04/11/2025 Mean corpuscular volume (MCV) = 98.1 fL fl Dr Gareth Brown
04/11/2025 Haematocrit = 0.43 ratio Dr Gareth Brown
04/11/2025 Red blood cell (RBC) count = 4.39 10*12/L Below low reference limit x10^12/L Dr Gareth Brown
04/11/2025 Platelet count = 244 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Total white cell count = 9.3 10*9/L x10^9/L Dr Gareth Brown
04/11/2025 Haemoglobin estimation = 142 g/L Dr Gareth Brown
04/11/2025 Full blood count - FBC = <none> Dr Gareth Brown
05/11/2025 Results recording Dr Gareth Brown
04/11/2025 Plasma C reactive protein = 3.3 mg/L Dr Gareth Brown
05/11/2025 Third Party Consultation Ms Stephanie Mcfarlane
04/11/2025 Document Image Docman Attachment
04/11/2025 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Haematology Ms Stephanie Mcfarlane
05/11/2025 Third Party Consultation Miss Allison Dunlop
04/11/2025 Document Image Docman Attachment
04/11/2025 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Biochemistry Miss Allison Dunlop
04/11/2025 Clinic Dr Federated User
04/11/2025 Attended extended hours clinic - ESA Dundee - Care and Treatment Service: Seen by Clinician: HALLEWELL, Tanya at 15:27:51 on 04-Nov-2025 Dr Federated User
04/11/2025 Blood sample taken Blood sample taken as per ICE x1 attempt left arm Dr Federated User
17/10/2025 Surgery consultation Dr Federated User
17/10/2025 Attended extended hours clinic - ESA Dundee - VTP Service: Seen by Clinician: FITZGERALD, Jeanette at 11:54:19 on 17-Oct-2025 Dr Federated User
17/10/2025 HEPATITIS_B Stage: 3 Given Due 17/08/2026 Batch: AHBVD201AA ENERGIX B 20mcgs 3rd dose administered, Left Deltoid, Dundee central by Jeanette Fitzgerald
Batch No AHBVD201AA
Exp 08/27
Course completed Dr Federated User
10/09/2025 Clinic Dr Federated User
10/09/2025 Attended extended hours clinic - ESA Dundee - VTP Service: Seen by Clinician: MCADAM, Emma at 17:10:05 on 10-Sep-2025 Dr Federated User
10/09/2025 HEPATITIS_B Stage: 2 Given Due 10/10/2025 Batch: AHBVD201AA 2nd dose Engerix B, 20mg/1ml. 0.5ml suspension for injection.
AHBVD201AA 08/2027
Wound to L.hand sustained. Referral from A&E. 1st dose given 10/08/25 (Dose 0)
Consent obtained, common side effects discussed, PIL offered but declined, administered by E.McAdam @DCVC. No adverse reactions observed.
Next apt: 15/10/25 @17:00 Dr Federated User
25/08/2025 Surgery consultation Dr Gareth Brown
25/08/2025 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: intermittent pain/swelling L hand
Priority: non-urgent,
Ordered from: Blood Sciences, No samples collected
Test: C-Reactive Protein, Status: Requested, Updated: 25/08/2025
Test: Full Blood Count, Status: Requested, Updated: 25/08/2025 Dr Gareth Brown
25/08/2025 Consultation See previous re concerns was injected whilst at a party.
Reports ongoing pain/swelling/bruising L hand - intermittent symptoms - nil to see currently, FROM fingers.

Worried re infection in his blood.
Agreed to chk FBC/CRP - note plan to chk blood bourne viruses 12 weeks after potential exposure. Dr Gareth Brown
25/08/2025 Ibuprofen 5% gel Supply: (100) gram Apply to affected area up to three times a day for pain relief Dr Gareth Brown
22/08/2025 Surgery consultation Dr Scott Greenwood
22/08/2025 Telephone encounter called friday see issue 5th of august with needlestick and then again attendance to a+e pm 10th - ongoing issue.
feeling very anxious. concerned about waiting for bloods.
no sepcific new or acute issue.
next econsult appt offered SG Dr Scott Greenwood
18/08/2025 Other Ms Shauni Mckinlay - No Data Recorded
13/08/2025 Administration Dr Locum 1
13/08/2025 Telephone encounter spoke to micheal-I have advised I will update him tomorrow regarding next steps after getting in touch with A/ e today Dr Locum 1
13/08/2025 Administration Dr Locum 1
13/08/2025 Administration emailed vaccination team to find out if they have received any vaccination referral for him.
he will need hepatitis B, hepatitis c and HIV serology at 12 weeks post exposure.
Hepatitis B and hepatitis C serology should be repeated 6 months post exposure
message left for admin team to pass this to him tomorrow
AQ Dr Locum 1

13/08/2025 Telephone encounter called switch board twice and asked to be directed to A/ e secretaries but no response
called A/e consultant via switchboard at 13:20: He has advised ordinarily patients do have accelerated course of vaccine from the vaccination service.
Thats all he is able to say for now as he was present on the day. patients are also given a sheet with information as well.

called Lisa Mooloney-Secretary-She will look into it as no letter generated from their system so far. she will calrify and get back to us. Dr Locum 1

12/08/2025 Third Party Consultation Ms Leigh Edwards
05/08/2025 Document Image Docman Attachment
05/08/2025 Scanned document Clinical Letter NINEWELLS Accident & Emergency BBV Exposure in the community Ms Leigh Edwards

12/08/2025 Other Mr Blair Harkness - No Data Recorded

11/08/2025 Administration Dr Gareth Brown - No Data Recorded

11/08/2025 Third Party Consultation Miss Allison Dunlop
10/08/2025 Document Image Docman Attachment
10/08/2025 Scanned document ENSEMBLE2 Tayside NHS Trust (New) Accident & Emergency Miss Allison Dunlop

08/07/2025 Other Ms Fiona Gibson
08/07/2025 Mental health assessment PALMS -DNA - called patient no reply - answer phone message left message for patient should contact surgery if they wish ot re-book FG Ms Fiona Gibson

01/07/2025 Other Ms Fiona Gibson
01/07/2025 Mental health assessment Presenting Difficulties telephone consultation
07780461260-
Patient spoke rapidly- required re -direction - interrupting and tangential
During call His partner arrived home - was swearing and shouting at neighbours I believe due to them being noisy.
Patient apologised - he would have to leave call after 15 minutes- agreed to follow up to complete appt.
Patient reporting fluctuating mood - advising has had days when he has been off work - feeling unable to get up or motivate himself. During theses period he feels extremely low. There are no obvious triggers to mood changes - his work and partner have noticed and advised him to see the doctor. On other days he feel he is more erratic , impulsive and hyperactive. Patient concerned about his employment his ability to keep and sustain his business due to his time of and mental health.
Has worked as self employed scaffolder for last 14 years
In relationship with partner of 10 years- has two children who reside with him and his partner - including new born - 3 weeks old.
Background
2020 - previous on Mirtazapine; sertraline briefly reports non compliance
History of alcohol misuse and dependency cocaine misuse.
Current Risks
Reported drinks occasionally no problematic alcohol and no drug misuse for approx. 4 years
Passive suicidal thoughts no intent- family are protective factors
Recommendations
Follow up - appt next week Tuesday
Ms Fiona Gibson

25/06/2025 Surgery consultation Dr Scott Greenwood
25/06/2025 Telephone encounter phone back. mood variability
has had concerns from those at work ?bipolar.
see historical issues relating to MH.
he is out in public just now
Arranged r.w PALMS next week. SSG Dr Scott Greenwood

03/04/2024 Third Party Consultation Miss Erica Leith
02/04/2024 Document Image Docman Attachment
02/04/2024 Incoming mail NOS Imaging Report NHS Tayside Clinical Radiology Unknown Miss Erica Leith

21/03/2024 Third Party Consultation Ms Lisa Horn
19/03/2024 Document Image Docman Attachment
19/03/2024 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Haematology Ms Lisa Horn

20/03/2024 Administration Dr S Eason
20/03/2024 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: repeat borderline Thyroid tests. he has fatigue and low energy.
Priority: non-urgent,
Ordered from: Blood Sciences, No samples collected
Test: Thyroid Function, Status: Requested, Updated: 20/03/2024 Dr S Eason
20/03/2024 Consultation waiting for other tests to come back but looks like possible underactive thyroid. This can cause tiredness and low energy. it is borderline and guideline suggests we repeat in 3 months. could we ask him to come in for repeat Thyroid blood test in 3 months please SE Dr S Eason

19/03/2024 Third Party Consultation Ms Lisa Horn
18/03/2024 Document Image Docman Attachment
18/03/2024 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Biochemistry Ms Lisa Horn

19/03/2024 Results recording Dr S Eason
18/03/2024 Blood film microscopy = Occasional small platelet clump noted on blood film, thus true count may be higher than reported value. OTherwise morphology unremarkable. Dr S Eason

19/03/2024 Third Party Consultation Ms Lisa Horn
18/03/2024 Document Image Docman Attachment
18/03/2024 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Haematology Ms Lisa Horn

19/03/2024 Results recording Dr S Eason
18/03/2024 Basophil count = 0.1 10*9/L x10^9/L Dr S Eason
18/03/2024 Eosinophil count = 0.51 10*9/L Above high reference limit x10^9/L Dr S Eason
18/03/2024 Monocyte count = 0.4 10*9/L x10^9/L Dr S Eason
18/03/2024 Lymphocyte count = 1.2 10*9/L Below low reference limit x10^9/L Dr S Eason
18/03/2024 Neutrophil count = 7.6 10*9/L Above high reference limit x10^9/L Dr S Eason
18/03/2024 Mean corpusc. Hb. conc. (MCHC) = 312 g/L Below low reference limit Dr S Eason
18/03/2024 Mean corpusc. haemoglobin(MCH) = 31.5 pg Dr S Eason
18/03/2024 Mean corpuscular volume (MCV) = 101 fL fl Dr S Eason
18/03/2024 Haematocrit = 0.516 ratio Dr S Eason
18/03/2024 Red blood cell (RBC) count = 5.11 10*12/L x10^12/L Dr S Eason
18/03/2024 Platelet count = 233 10*9/L x10^9/L Dr S Eason
18/03/2024 Total white cell count = 9.8 10*9/L x10^9/L Dr S Eason
18/03/2024 Haemoglobin estimation = 161 g/L Dr S Eason
18/03/2024 Full blood count - FBC = <none> Dr S Eason

19/03/2024 Results recording Dr S Eason

18/03/2024 Serum free T4 level = 12 pmol/L Possible subclinical hypothyroidism. Repeat in 6m.
If still raised, repeat in further 6m with TPO Ab.
Annual TSH will suffice thereafter, if no change.
Consider trial T4 if persisting raised TSH & clear
symptoms. If no improvement after 3m, stop T4. Dr S Eason
18/03/2024 Serum TSH level = 5.35 mU/L Above high reference limit mU/L Dr S Eason
18/03/2024 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA Dr S Eason
18/03/2024 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - - eGFR should not be used to assess renal function
for any drug dosing in over 75s or extremes of BMI
and for DOAC dosing in those with an eGFR less
than 60ml/min. Dr S Eason
18/03/2024 Serum albumin = 39 g/L Dr S Eason
18/03/2024 Serum alkaline phosphatase = 108 U/L U/L Dr S Eason
18/03/2024 Serum total bilirubin level = 6 umol/L Dr S Eason
18/03/2024 Serum alanine aminotransferase level = 24 U/L Serum ALT level - U/L Dr S Eason
18/03/2024 Liver function test = <none> Dr S Eason
18/03/2024 Acute kidney injury warning stage = AKI warning stage - NOT AVAILABLE Dr S Eason
18/03/2024 Serum creatinine = 88 umol/L Dr S Eason
18/03/2024 Serum potassium = 5.6 mmol/L Above high reference limit Dr S Eason
18/03/2024 Serum sodium = 139 mmol/L Dr S Eason
18/03/2024 Biochemical test = <none> Dr S Eason
18/03/2024 Blood Glucose = 5.5 mmol/L

18/03/2024 Surgery consultation Dr S Eason

18/03/2024 Consultation tender left anterior upper chest wall. I think the pain he has is MSK most likely. get bloods and CXR done to exclude lung or ly,phoma type presentation then he can be less worried about it..... Dr S Eason
18/03/2024 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: feeling tired and not as much energy as usual. he is very fit scaffolder to trade and finding increasingly MSK painds as well. smoker.
Priority: non-urgent,
Ordered from: Blood Sciences, All samples collected
Test: Anaemia Screen, Status: Complete, Updated: 18/03/2024
Test: Creatinine and Electrolytes, Status: Complete, Updated: 18/03/2024
Test: Film, Status: Complete, Updated: 18/03/2024
Test: Glucose, Status: Complete, Updated: 18/03/2024
Test: Liver Group (LFTs), Status: Complete, Updated: 18/03/2024
Test: SST Tube, Status: Complete, Updated: 18/03/2024
Test: Thyroid Function, Status: Complete, Updated: 18/03/2024
Ordered from: Radiology - Plain Film, All samples collected
Test: XR Chest, Status: Complete, Updated: 18/03/2024 Dr S Eason

26/02/2024 Surgery consultation Dr S Eason

26/02/2024 Consultation for a couple of weeks has been having a lot of burping wind with a strong egg / sulphur odour.
worried about ulcers as his dad had stomach ulcers and used to burp a lot.

no pain in abdomen
exam abdo nad

try PPI if worse or not settling bloods and stool samples...
Dr S Eason
26/02/2024 Podophyllotoxin 0.15% cream Supply: (5) gram APPLY TWICE DAILY FOR 3 DAYS. MAYBE REPEATED AT WEEKLY INTERVALS FOR UPTO 4 WEEKS Dr S Eason
26/02/2024 Esomeprazole 20mg gastro-resistant capsules Supply: (28) capsule TAKE 1 CAPSULE Dr S Eason

13/02/2023 Third Party Consultation Mrs Anne Syme

10/02/2023 Document Image Docman Attachment
10/02/2023 Incoming mail NOS Imaging Report NHS Tayside Clinical Radiology Unknown Mrs Anne Syme

26/01/2023 Surgery consultation Dr S Eason

26/01/2023 Consultation see ICE... get scan but probably node reactive.
Abx for dental issue. has a spike of bone where lower left 8 was .... to speak to his Dentist reception to ask for emergency assessment / xray etc. Dr S Eason
26/01/2023 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: left side of neck lump 1.5 cm. it is getting bigger and he is worried about it being cancer. Mobile and looking in mouth there is evidence of chronic dental issues with decay but gums look healthy today. I would be grateful for USS to assess the lump. Hopefully simple lymph node. Thanks
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Neck, Status: Complete, Updated: 26/01/2023 Dr S Eason
26/01/2023 Amoxicillin 500mg capsules Supply: (21) capsule ONE THREE TIMES A DAY Dr S Eason

28/06/2022 Surgery consultation Dr Scott Greenwood

28/06/2022 Omeprazole 20mg gastro-resistant capsules Supply: (14) capsule 1 CAPSULE ONCE A DAY Dr Scott Greenwood
28/06/2022 Naproxen 500mg tablets Supply: (28) tablet 1 TABLET TWICE DAILY Dr Scott Greenwood
28/06/2022 Consultation rhniitis.conestion and cough. chest clear. post rapseed pollen exposure. as acutes
neck injury 4 months ago - ?fall whilst drink. pain left side neck across shoulder. no alt sensation or weakness left arm. no c-spine tenderness. tends muscle left side. as acutes. nsaid. works in schaffolding. advised may take many months to recover SSG Dr Scott Greenwood
28/06/2022 Avamys 27.5micrograms/dose nasal spray (GlaxoSmithKline UK Ltd) Supply: (120) dose 2 SPRAYS INTO EACH NOSTRIL ONCE DAILY, REDUCE TO 1 SPRAY BOTH NOSTRILS ONCE DAILY AS MAINTENANCE DOSE ONCE SYMPTOMS CONTROLLED Dr Scott Greenwood

19/10/2021 Third Party Consultation Ms Mhairi Simpson

18/10/2021 Document Image Docman Attachment
18/10/2021 Incoming mail NOS Lab Result Tayside Clinical Laboratory Services Virology Ms Mhairi Simpson

14/10/2021 Surgery consultation Dr S Eason

14/10/2021 Consultation
attended with pain in left groin area. hurts when bending to lift scaffold bords at work...scaffolder

also suggested he is concerned to have STI excluded in case that is relevant as some discomfort left side scrotum also.

also small penile wart 1mm
has had Tx for that before.

plan imiquimod. explained used ...was familiar to him from before also.
STI urine screen

Oe scrotum normal
no nodes in groin, no hernia. very tender origin of adductors medial end conjoint tendon.

IMP groin strain adductors or sprtsman's hernia.
also pplays a lot of feetball competetive about it. big games coming up.

advised physio would be option. needs to be careful to stretch and warm up. is going to rest after big game this weekend. Dr S Eason
14/10/2021 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: pain in groin previous STI. has wart on penis. stable relationship currently so low risk hopefuly
Priority: non-urgent,
Ordered from: Microbiology - General Virology, All samples collected
Test: URINE for Chlamydia+Gonorrhoea PCR, Status: Complete, Updated: 14/10/2021 Dr S Eason
14/10/2021 Imiquimod 5% cream 250mg sachets Supply: (12) sachet APPLY 3 TIMES A WEEK. APPLY BEFORE BED AND LEAVE ON SKIN FOR AT LEATS 6 HOURS BEFORE WASHING OFF. USE UNTIL WARTS CLEARED OR FOR MAXIMUM 16 WEEKS. Dr S Eason

30/03/2021 Telephone call to a patient Dr Gareth Brown
Letter on: 30/03/2021 type: Referral
30/03/2021 Telephone encounter Started feeling SOB 5/7 ago, can't take a deep breath in. No chest pains. Not coughing.
Sweating overnight, doesn't feel temp uphimself - partner says he feels hot. No thermometer at home.
Appetite down, drinking fluids.
Doesn't have good sense of smell/taste - not noted any change.

Suggest review at CAC - report he knows this is not Covid and doesn't want a test. Feels same as symptoms last year - seen at CAC in May - Covid negative. Got ab's few days later from GP and symptoms settled.
Discussed that with above should be reviewed - does sound SOB over phone. Suggest review at CAC - if they feel needs ab's then they can Px. Will be offered Covid swab - if declines then would be advised to self isolate. Agreed that I will refer for review - thank you. Dr Gareth Brown

21/12/2020 Administration Miss Zahira Mohammed
21/12/2020 Mirtazapine 15mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT Dr Susan Murray

17/11/2020 Telephone call to a patient Dr Susan Murray
17/11/2020 Mirtazapine 15mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT Dr Susan Murray
17/11/2020 Telephone encounter
oversedated with trazodone and worried with work as scaffholder.
looking for something for anxiety, anger, doesnt think so depressed now, and that will aid sleep.
Trial mirtazapine but he did acknowledge that he might not get all his answers from medication. DNA PALMS unfortunately Dr Susan Murray

04/11/2020 Administration Mr Palms Palms
04/11/2020 Failed encounter Attempted contact for PALMS appointment: No answer at 12:32, 12:39 or 12:44. Unable to leave voicemail. (Martin Bell, MHS, PALMS). Mr Palms Palms

28/10/2020 Telephone call to a patient Dr Scott Greenwood
28/10/2020 Trazodone 150mg tablets Supply: (28) tablet 1 TABLET DAILY Dr Scott Greenwood
28/10/2020 Telephone encounter no longer using cocaine and alcohol for over a month now.
anger- ++ relates to death of father but has had anger throughout his childhoodl feels parnoid - people staring at him in the street. very volatile. Has forensic history. ON the phone he made threats of wanting to batter someone and I was clear he would have insight into that decision.
Sertraline has not impacted mood. sleep still disturbed
suggest switch to alternative for htis reason.
I spoke to his partner - she is only with him again as he stopped drinking. He is erratic and unpredictable. She feels his mood snaps quickly and he escalates things rapidly.
I think part of the issue here is longstanding anger management but underyling this seems to be features consitent with depression/bearevement. His agression worsened when his father died and his night time waking/agitation occured about this time. He struggles to verbalise what he feels and thus just gets frustrated on the phone.
I have arranged furhter contact with PALMS in light of his changes in drug and alcohol use.
R.w as needed - partner and michael aware of emergency contacts SSG Dr Scott Greenwood

28/10/2020 Surgery consultation Dr Scott Greenwood
28/10/2020 Telephone encounter no reply from number Dr Scott Greenwood

20/10/2020 Telephone call to a patient Dr Susan Murray
20/10/2020 Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY Dr Susan Murray
20/10/2020 Medication requested
was on remand for 2w. No sertraline. Would like to ct. Sounds more positive. Trying to get housing sorted at present. Phone fu in 4-6w or sooner if req. Safe - no longer feeling suicidal. Stopped taking street valium. May need dose SSRI adjusted in due course. Dr Susan Murray

30/09/2020 Third Party Consultation Ms Laura Gardyne
29/09/2020 Document Image Docman Attachment
29/09/2020 Letter from consultant Clinic template Constitution House Drug Problem Centre Ms Laura Gardyne

22/09/2020 Medicine Management Dr Scott Greenwood
22/09/2020 Telephone encounter we discussed his request for something stronger for sleep
appears at night alot of rumninations around past events. difficult to switch off. denies substances currently and no alcohol. reports taking a few zopiclone made no difference. I advised I think a tablet is not the answer. He reported speaking to lots of people but this not hleping. I suggested he needed to continue speaking to us - aware that ISMS should be contacting him. I tried to go on to give details of breathing space and listening service but he ended the call stating he didnt want to waste anymore of my time. SSG Dr Scott Greenwood

21/09/2020 Medicine Management Dr S Eason
21/09/2020 Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY Dr S Eason

18/09/2020 Third Party Consultation Ms Lesley Lees
17/09/2020 Document Image Docman Attachment
17/09/2020 Scanned document ENSEMBLE2 NHS Tayside Accident & Emergency Ms Lesley Lees

18/09/2020 Third Party Consultation Ms Lesley Lees
17/09/2020 Document Image Docman Attachment
17/09/2020 Scanned document Unscheduled Care Report Tayside Out of Hours Service Out Of Hours Ms Lesley Lees

17/09/2020 Telephone call to a patient Dr S Eason

17/09/2020 Consultation
18:38 second call to Michael.
He was not happy that the prescription I did for him was zopiclone.
He told we it wouldn't help him. He said he had taken already today quetiapine and mirtazapine and this wouldn't help.
I explained that it would not be the right thing for me to use diazepam and in fact inlight of the cocktail of mirtazapine quetiapine and alcohol he has informed me he has taken it would not be responsible to prescribe anything else.
I didn't get a chance to go any further.
He said I kne his name and date of birth and it would be on my head and [redacted] then hung up.

Clearly this is not a good interaction.

I will give him the benefit of the doubt as he is clearly upset and possibly not thinking straight if intoxicated, but.... he seems angry, manipulative and was not slurring his speech and apparently understood what I had said.

I think he is likely to come onto the radar of police or OOH again but essentially he also needs to take responsibility for himself and his own problems.
This sadly felt more like drug seeking behaviour than depression or disordered thinking.

Repeated abuse or any abuse directed at staff should not be tolerated. Dr S Eason

17/09/2020 Telephone call from a patient Dr S Eason

17/09/2020 Zopiclone 7.5mg tablets Supply: (7) tablet 1 TABLET AT NIGHT FOR SLEEP PROBLEMS Dr S Eason
17/09/2020 SCI Referral Letter ISMS Alcohol service:
32 years old. suffering from stress and anxiety and has been using alcohol as a maladaptive coping strategy and knows it is a problem for him.
He has had recent episodes of cry for help resulting in contact with Police because of concerns for Michael's welfare and with Crisis team via NHS 24 .
He was assessed by CPN from crisis team as suffering from situational stressors and not actively suicidal.
They recommended that he could benefit perhaps from supportive talking therapy and addressing his alcohol.
During my consultation with him today Michael stated that he is alcoholic and that he wants and needs help. He said he wants to get off alcohol and get his head straight.
He said that he does not feel psychiatrically unwell but that he can't see how to improve things and is desperate. He repeated that he wanted help and was happy when I suggested I would refer him to get help with his alcohol.
I have also given him a short supply of zopiclone to aid sleep as he is tired and not slept well for a few days.

He told me that he had already had 10 tins of beer today and would likely drink more later. This is the norm for him.

He has been drinking like this since his dad died last year in May and also he has no current access with his 2 children which is difficult for him.

He repeatedly said that he is asking for help and as we identified and agreed that coming off alcohol would be a good first step for him, I would be grateful for some outreach to him from ISMS Alcohol service as I think he is needing some encouragement to engage. He might of course not engage but then it would be him not accepting help rather than us not offering it.
Thanks for your help

14/09/2020 Telephone call to a patient Dr Gareth Brown

14/09/2020 Telephone encounter Arrested Friday night - doesn't remember details as was drnk, told was on the bridge ?threatening to jump.
In Bell street over weekend - out last night, staying with a friend but is now homeless - contacted homeless service Friday but told no space - will contact them again this morning.
Not spoke to ISMS - says they never called him back - see previous notes. Not tried to call them again himself.
Reports cutting back on alcohol and cocaine.
MH nurse at BEll street asked re re-starting sertraline - was only on for couple weeks then stopped it himself.
No current suicidal thoughts/plans - says just wants housing sorted and to get some support.

Advised importent steps to day to get in touch with HOmeless Unit - has their details.
Also ISMS - given number - support via them initially ??need anti-depressants in future
Agreed will try as above, aware re 24hr support if needed.
Will callme next week for review/update.. Dr Gareth Brown

04/09/2020 Other Dr Scott Greenwood

22/08/2020 eMED3 (2010) new statement issued, not fit for work for: 28 days Diagnosis: Hand fracture - metacarpal bone Reason: metacarpal fracture Dr Scott Greenwood

04/09/2020 Other Ms Lesley Lees

04/09/2020 Consent given for communication by email Ms Lesley Lees

27/08/2020 Administration Mr Palms Palms

27/08/2020 Administration Telephone call to Michael - Spoke with partner (Michael's request) - Advised made referral to ISMS, partner informed me they had already called and made appt. for Tuesday. - Martin Bell (MHS - PALMS) Mr Palms Palms

27/08/2020 Telephone call to a patient Mr Palms Palms

27/08/2020 Mental health assessment ** PALMS Telephone Consultation during COVID-19 restrictions **
(Appt. observed by James Saw Yon-Sheng - 4th yr Medical Student - with pt. consent)
OVERVIEW: Referred to ISMS via telephone - Input required for alcohol and will benefit from psychology input as well.
BACKGROUND: First contact with mental health services on Monday (Crisis team assessed via telephone) after concerns were raised when Michael said he intended to end his life (see below - risk). Currently experiencing multiple stressors - recently lost job, financial distress, no permanent address (said he was "sofa surfing" between friends and partner) and does not have as much contact with his daughters as he would like. He saw his daughters yesterday for the first time in months and has felt a little better since this.
Michael's father died [redacted] - He said that this had been a catalyst for everything else and he was still struggling with the loss. He said that his father wasn't a source of regular support but he had kept in touch occasionally with Michael and supported him when he could. Michael said that he was much better than Michael's mother who he described very negatively. Michael spent 10 years in foster care and during this time he reports that he, and his brother, were abused by the (~18y/o) son of his foster carers over a period of 6-7 years. His foster parents had died quite recently and Michael had intended not to take any action about his abuse whilst they were alive and said that their deaths had brought things to a head (see below re: risk). After his time in foster care he said he had gone "straight to jail" and served a 32 month sentence for "stabbing and slashing".
PRESENTING: Michael described persistent negative thinking ("overthinking") about everything. He is drinking heavily on a daily basis, last night he estimates he consumed between 40-80 units of alcohol as he can't stop drinking once he has started, he said that he cannot recall where he was or what he was doing last night. He said that when he is sober he is "okay" (i.e. other people find him okay to be around) but when he has been drinking "nobody wants anything to do with me". His goal is to be able to drink in moderation and stay in control of it which currently he feels entirely unable to do.
Reports that he "doesn't believe in COVID-19" and said he is very angry that services are closed, support is being offered by telephone when COVID-19 doesn't seem to exist - and that he would only believe in it if someone showed him (physically?) what COVID-19 was and how a test works he won't believe it.
CURRENT RISK: Made first ever plans for suicide on Monday evening, although he said he had been planning to take some action for a few days. He reported his intention to a friend who contacted NHS 24 and intervention was sought and Michael was assessed by the CRHTT and discharged. He said that he started to experience suicidal ideation only since his father died in May last year. He said that he had threatened to make suicide attempts before but never took action towards suicide until Monday - He said that he had held off for a few days on making the

d to experience suicidal ideation only since his father died in May last year. He said that he h
make suicide attempts before but never took action towards suicide until Monday - He said that he had held off for a few days on making the attempt as he "wanted to see the kids one last time". No current plans, no current intent - But he said that this can change impulsively. Protective factors: 2 daughters, his partner, and partner's child. No history DSH. Using cannabis occasionally currently. Drinking significant quantities of alcohol (see above - re: presenting issue).
Also disclosed thoughts that he wants to "come for" the individual that abused him in his childhood and said he wanted to "batter him" and "put him in the ground" - Michael has not reported the abuser to the police as he said that he was "not used to being the victim, I'm used to being on the other side" - I emphasised the impact that behaving violently would have for him and his children and encouraged instead contacting the police to report the abuse and seeking justice in that manner.
MEDICATION: Not discussed.
OUTCOME: Discussed "vicious cycles" of drinking and low mood and brief trauma-informed formulation regarding vulnerability and stress from childhood events and more recent losses. Discussed referring to ISMS and gained consent.
Referral made to ISMS via telephone (spoke with Lesley at ISMS) - Input required for alcohol and will benefit from psychology input as well. They have taken Michael's partner's number and will contact him to arrange an initial appointment. I flagged recent contact with crisis team and need for psychology input.
MARTIN BELL - Clinical Associate in Applied Psychology (PALMS - Terra Nova Practice) Mr Palms Palms

25/08/2020 Other Dr Susan Murray
25/08/2020 Telephone encounter
Kevin friend - old football manager - number in OOH
07999 958542
See OOH / crisis team assessment
Michael contacted him late last night. He had been to Camperdown Park to try to find tree to hang self with jumper. Couldnt find tree. Wanted [redacted] to apologise to his children for him killing himself. [redacted] called 111 - police attended. Then crisis team assessment.
[redacted] believes Michael on self destruct mode. Has dislosed childhood sexual abuse, been taking drugs / alcohol. In cast after punching wall when intoxicated. Intoxicated last night.
Not clear if he contacted addaction.
He has no phone number. [redacted] will go to him and get him to make contact with TN to book in with PALMS as per crisis team suggestion Dr Susan Murray

25/08/2020 Third Party Consultation Ms Laura Gardyne
24/08/2020 Document Image Docman Attachment
24/08/2020 Letter from consultant Clinic template Carseview Centre Psychiatry Ms Laura Gardyne

25/08/2020 Third Party Consultation Ms Danielle Creamer
24/08/2020 Document Image Docman Attachment
24/08/2020 Scanned document Unscheduled Care Report Tayside Out of Hours Service Out Of Hours Ms Danielle Creamer

24/08/2020 Third Party Consultation Ms Danielle Creamer
22/08/2020 Document Image Docman Attachment
22/08/2020 Scanned document ENSEMBLE2 NHS Tayside Accident & Emergency Ms Danielle Creamer

22/08/2020 Other Ms Lesley Lees
22/08/2020 Hand fracture - metacarpal bone Right 5th

11/08/2020 Third Party Consultation Ms Lisa Miller
10/08/2020 Document Image Docman Attachment
10/08/2020 Scanned document ENSEMBLE2 NHS Tayside Accident & Emergency Ms Lisa Miller

17/07/2020 Telephone call to a patient Dr Scott Greenwood
17/07/2020 Telephone encounter regular cocaine and alcohol use. spent £1000 in 10 days on his habit. Has been off work. asking ofr help./ directed to "we are here with you". given no. agreed with this thoughts that he should avoid further contact with dealers and was considering moving out of area also. SSG Dr Scott Greenwood

18/05/2020 Surgery consultation Dr Frank Weber
18/05/2020 Co-codamol 30mg/500mg tablets Supply: (30) tablet 2 TABLETS UP TO FOUR TIMES DAILY. MAXIMUM OF EIGHT TABLETS IN 24 HOURS. CAUTION CAUSES SEDATION. Dr Frank Weber
18/05/2020 Ibuprofen 5% gel Supply: (100) gram APPLY TO AFFECTED AREA UP TO THREE TIMES A DAY FOR PAIN RELIEF Dr Frank Weber
18/05/2020 Amoxicillin 500mg capsules Supply: (15) capsule ONE THREE TIMES A DAY FOR 5 DAYS FOR CHEST INFECTION Dr Frank Weber
18/05/2020 Consultation History as below, also describes svere postprandial GORD. O/E Not unwell, Temp 37.2C, spO2 99% OA, RR normal, HR 100 bpm, regular, chest: good AE R=L, mild left sided endexspiratory wheeze, tender left pectoral and neck/shoulder muscles. Impr. likely resolving viral illness (?test negative Covid-19), possible secondary bacterial infection. Trial Rx, see PRN, wag. Dr Frank Weber

18/05/2020 Telephone call to a patient Dr Frank Weber
18/05/2020 Lansoprazole 30mg gastro-resistant capsules Supply: (28) capsule ONE DAILY FOR ACID RELUX OR STOMACH PROTECTION Dr Frank Weber
18/05/2020 Telephone encounter Still coughing up green/yellow phlegm, smoker, always producing phlegm, left sided lung pain, aggravated by deep inspration and coughing, generalised myalgia when lying down, off food/loss of appetite, looks pale, intermittendly feeling hot and sweaty, vomiting overnight 2/7 ago, some blood seen in vomit, this has now settled, c/o central abdo pain, feeling nauseous after eating. Had negative Sars CoV-2 swab on 15/05/2020. Difficult to assess over the phone, appointment made for this afternoon. Dr Frank Weber

18/05/2020 Third Party Consultation Ms Danielle Creamer
15/05/2020 Document Image Docman Attachment
15/05/2020 Scanned document ENSEMBLE NHS Tayside General Medicine Ms Danielle Creamer

18/05/2020 Third Party Consultation Ms Lesley Lees
16/05/2020 Document Image Docman Attachment
16/05/2020 Scanned document Unscheduled Care Report Tayside Out of Hours Service Out Of Hours Ms Lesley Lees

14/05/2020 Third Party Consultation Ms Lesley Lees
13/05/2020 Document Image Docman Attachment
13/05/2020 Scanned document Unscheduled Care Report Tayside Out of Hours Service Out Of Hours Ms Lesley Lees

08/05/2020 Administration Miss Zahira Mohammed - No Data Recorded

13/01/2020 Third Party Consultation Mr Christopher Parr
07/01/2020 Document Image Docman Attachment
07/01/2020 Incoming mail NOS Clinical Letter NINEWELLS RADIOLOGY Mr Christopher Parr

13/11/2019 Administration Ms Laura Gardyne - No Data Recorded

07/11/2019 Surgery consultation Dr S Eason
07/11/2019 Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY Dr S Eason
07/11/2019 Alcohol consumption counselling discussed harmful level of alcohol. suggested drop in at Wallacetown for ISMS / alcohol service. suggested he try and cut himself down and discussed detrimental effect of alcohol on mental health depression etc Dr S Eason
07/11/2019 Alcohol intake above recommended sensible limits Dr S Eason
07/11/2019 Current drinker Alcohol intake above recommended sensible limits Dr S Eason
07/11/2019 Score: 14 Method: for: psych: see main notes about his mood etc Dr S Eason

07/11/2019 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: enlarging lump left root of neck. no weight loss. has been run down generally due to alcohol excess and depression. hopefully 2cm reactive node
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Neck, Status: Complete, Updated: 07/11/2019 Dr S Eason
07/11/2019 Consultation
dad died in May 5 months ago.
he is struggling not coping. was unhappy with his work and life before buut that has pulled the rug from under him.
he was here with his partner as she is really worried about him and very supportive.

He is drinking to being drunk was every night now 4 nights a weeks but he admits it is way too much and it is when drinking he gets suicidal thoughts and emotionally feels unstable.

flat in affect. admits he didn't want to come today but here because of his wife and has kids. that is his protective factor and really the only reason he sees to try and get better and go on.

Work is scaffolding. he thinks he needs time off but worried this will be a mark against him.

plan med 3 2 weeks not wanting counselling doesn't like talking. will try himself to cut out alcohol but I advised of the nubers for TCA and TAPs and the drop in for alcohol problems at Wallacetown.

also suggested for crisis at night phone 111 or breathing space or samaritans.

review here PRN but 4 weeks if not sooner to assess sertraline Dr S Eason
07/11/2019 eMED3 (2010) new statement issued, not fit for work until: 20/11/2019 Diagnosis: Symptoms of depression Reason: Symptoms of depression Dr S Eason

30/10/2018 Third Party Consultation Ms Lesley Lees
24/10/2018 Document Image Docman Attachment
24/10/2018 Scanned document Clinic template Arbroath Royal Infirmary General Surgery Ms Lesley Lees

23/05/2018 Third Party Consultation Mrs Linzie Shand
21/05/2018 Document Image Docman Attachment
21/05/2018 Scanned document Clinical Letter NINEWELLS RADIOLOGY Mrs Linzie Shand

08/05/2018 Surgery consultation Dr Scott Greenwood
08/05/2018 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: Left sided epididymal thickening and tenderness. ofloxacin 2 weeks and no change. ?evidence of epididmytis.
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Testes, Status: Complete, Updated: 08/05/2018 Dr Scott Greenwood
08/05/2018 Consultation left groin pain. adductor tendon tender. pain on adduciton of left leg. scaffolder. some pain into left testicle also. see referral. ?tendonitis too so topical nsaid and stretcjes. ongoing left testciualr swelling us to clrify SSG Dr Scott Greenwood
08/05/2018 Ibugel Forte 10% gel (Dermal Laboratories Ltd) Supply: (100) gram 3-4 TIMES TIMES A DAY Dr Scott Greenwood

20/03/2018 Referral Letter Dr S Eason
20/03/2018 SCI Referral Letter

14/03/2018 Administration Ms Wilma Kelbrick - No Data Recorded

07/03/2018 Third Party Consultation Mrs Linzie Shand
05/03/2018 Document Image Docman Attachment
05/03/2018 Scanned document Clinical Letter NINEWELLS RADIOLOGY Mrs Linzie Shand

28/02/2018 Surgery consultation Dr S Eason
28/02/2018 Naproxen 500mg tablets Supply: (56) tablet 1 TABLET TWICE DAILY Dr S Eason
28/02/2018 Consultation
see ICE
He is a scaffolder and plays football. If urine and scan clear which may be the case the other Ddx is Gilmore's groin (sportsmans hernia) Dr S Eason
28/02/2018 Request for Laboratory test requested
Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: pain left groin and left testis. no hernia felt but he was tender in left inguinal region as well as behind left testis. could we exclude left testis lesion please or other scrotal abnormality ? inguinal canal normal also.
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Testes, Status: Complete, Updated: 28/02/2018
Ordered from: Microbiology, No samples collected
Test: Midstream urine C&S, Status: Requested, Updated: 28/02/2018
Ordered from: Microbiology - General Virology, No samples collected
Test: URINE for Chlamydia+Gonorrhoea PCR, Status: Requested, Updated: 28/02/2018 Dr S Eason

16/02/2018 Third Party Consultation Ms Mhairi Simpson
16/02/2018 Document Image Docman Attachment
16/02/2018 Scanned document ENSEMBLE2 NHS Tayside Accident Emergency Ms Mhairi Simpson

30/01/2018 Surgery consultation Dr Scott Greenwood
30/01/2018 Ofloxacin 200mg tablets Supply: (28) tablet ONE TWICE A DAY Dr Scott Greenwood
30/01/2018 Consultation epidydmitis. discussed. left side. some slight swelling. In in groin. no discharge. no hernia. recored preiovus. one partner. as acutes. worsening statement given SSG Dr Scott Greenwood

08/11/2017 Surgery consultation Dr Julia Langford
08/11/2017 Consultation painful right elbow 48hrs. Scaffolder. No recollection of recent injury but pain happening when lifting pipes from the ground.
OE No epicondylitis, no bursitis. Pain when flexing biceps against resistance and tender biceps tendon at level of anterior elbow joint. Adv ibu, rest if poss for few days. He would rather take few days A/L as works for small company and is never off Dr Julia Langford

30/06/2017 Surgery consultation Dr Locum 1
30/06/2017 Phenoxymethylpenicillin 250mg tablets Supply: (80) tablet 2 TABLETS FOUR TIMES DAILY Dr Julia Langford

30/06/2017 Acute tonsillitis 4/7 Hx of persistent sore thorat - managing fluids but painful when trying to eat adn not eaten for a day. Feverish. Taking reg Paracetamol adn Ibuprfen. No other ENT Sx. No sig cough. Smoker. Friend at work has laryngitis.
O/E Temp 37.5C
RR 18 Spo2 97% Chest clear.
HR 88 reg.
Throat red ++ with sweling and exudate.
Enlarged Cx nodes. TMs occluded by wax.
Imp: Tonisllitis
Plan: Abx as Px and advised c/w reg analgesia and fluids ++. Aware if struggling with fluids, swallow own saliva or to open jaw to seek urgent medical attention. Sara Smith. Dr Locum 1
30/06/2017 Difflam 0.15% spray (Ceuta Healthcare Ltd) Supply: (30) ml 4-8 PUFFS EVERY 1.5-3 HOURS AS REQUIRED Dr Julia Langford

28/04/2017 Administration Miss Zahira Mohammed
28/04/2017 Score: 2 Method: for: Dr S Eason
28/04/2017 Current drinker Alcohol intake within recommended sensible limits Dr S Eason
28/04/2017 Smoking cessation advice for Smoking Dr S Eason
28/04/2017 Smoker Cigarette smoker Dr S Eason

28/04/2017 Surgery consultation Dr S Eason
28/04/2017 Ofloxacin 200mg tablets Supply: (28) tablet ONE TWICE A DAY Dr S Eason
28/04/2017 Podophyllotoxin 0.15% cream Supply: (5) gram APPLY TWICE DAILY FOR 3 DAYS. MAYBE REPEATED AT WEEKLY INTERVALS FOR UPTO 4 WEEKS Dr S Eason
28/04/2017 Consultation
prev warts genitale
2 small spots on foreskin. look like prob warts but very early. Tx given. discussed barrier condoms during intercourse and to look after his health and his girlfiend / partners.
she is aware of this Hx
same relationship 6 months he denies other prtners since.

had full STD check up in June at 9 wells

plan cream and ofloxacin as epididymitis scrotal pain also. advised STD clinic if not settling. Dr S Eason

31/03/2017 Surgery consultation Dr Scott Greenwood
31/03/2017 Ibuprofen 5% gel Supply: (100) gram APPLY TO AFFECTED AREA UP TO THREE TIMES A DAY FOR PAIN RELIEF Dr Scott Greenwood
31/03/2017 Consultation allopecia on beard. discussed. growing back. reassured
sore ribs - elbowed playing football. no breathing diff. sore on insp. no burising. reassured SSG Dr Scott Greenwood

23/12/2016 Third Party Consultation Ms Lesley Lees
21/12/2016 Document Image Docman Attachment
21/12/2016 Scanned document Clinical Letter NINEWELLS Accident Emergency Ms Lesley Lees

21/07/2015 Surgery consultation Dr Scott Greenwood
21/07/2015 Ofloxacin 200mg tablets Supply: (28) tablet ONE TWICE A DAY Dr Scott Greenwood
21/07/2015 Consultation similar history as previous - left sdied tesitulcar pain with tender epididymas past 4 weeks. some radiaiton into groing.
examination - chaperone refused - tedner left epididymas./ no tesitcular masses. 1 partner - longterm
P - hand in urine - neeeds msu and gonorrhoea/chlamydia check.
abx. r/w inb or worsening SSG Dr Scott Greenwood

20/02/2014 Medicine Management Dr Scott Greenwood
20/02/2014 Podophyllotoxin 0.15% cream Supply: (5) gram APPLY TWICE DAILY FOR 3 DAYS. MAYBE REPEATED AT WEEKLY INTERVALS FOR UPTO 4 WEEKS Dr Scott Greenwood

01/10/2013 Surgery consultation Dr Locum 1
01/10/2013 Beclometasone 50micrograms/dose nasal spray Supply: (200) dose 2 PUFFS INTO EACH NOSTRIL TWICE A DAY. Dr S Eason
01/10/2013 Request for Laboratory test requested Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: Persistant LN in left ant triangle. Bloods ok. ?normal LN
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Neck, Status: Complete, Updated: 01/10/2013 Dr Locum 1
01/10/2013 [D]Localized swelling, mass and lump, neck ONgoing LN in left side of neck, has been like this for months. Smaller since abx but still there. Bloods ok. For uss for reassurance. Also constantly feels he has to clear throat. Post nasal drip and deviated septum, try nasal spray. Rv as needed. RM locum. Dr Locum 1

12/09/2013 Results recording Dr Julia Langford
11/09/2013 Basophil count = 0 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Eosinophil count = 0.37 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Monocyte count = 0.3 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Lymphocyte count = 1.1 10*9/L Below low reference limit x10^9/L Dr Julia Langford
11/09/2013 Neutrophil count = 3.2 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Mean corpusc. Hb. conc. (MCHC) = 33.4 g/dL Dr Julia Langford
11/09/2013 Mean corpusc. haemoglobin(MCH) = 32.1 pg Above high reference limit Dr Julia Langford
11/09/2013 Mean corpuscular volume (MCV) = 96 fL fl Dr Julia Langford
11/09/2013 Haematocrit = 0.475 ratio Dr Julia Langford
11/09/2013 Red blood cell (RBC) count = 4.95 10*12/L x10^12/L Dr Julia Langford
11/09/2013 Platelet count = 214 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Total white cell count = 5 10*9/L x10^9/L Dr Julia Langford
11/09/2013 Haemoglobin estimation = 15.9 g/dL Dr Julia Langford
11/09/2013 Full blood count - FBC = <none> Dr Julia Langford

12/09/2013 Results recording Dr Julia Langford
11/09/2013 Plasma C reactive protein < 4 mg/L Dr Julia Langford

11/09/2013 Surgery consultation Dr Julia Langford
11/09/2013 Phenoxymethylpenicillin 250mg tablets Supply: (56) tablet 2 TABLETS FOUR TIMES DAILY Dr Julia Langford
11/09/2013 Request for Laboratory test requested Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: 5wks sore throat. Persisting LN left neck
Priority: non-urgent,
Ordered from: Blood Sciences, All samples collected
Test: C-Reactive Protein, Status: Complete, Updated: 11/09/2013
Test: Full Blood Count, Status: Complete, Updated: 11/09/2013 Dr Julia Langford
11/09/2013 Consultation 5wks hx sore throat, quiet deep down. Painful to swallow water but ok with food. No dysphagia. Stopped smoking 6wks ago, hoping ti would help but it hasnt. Also has persisting LN left side neck. OE No mouth/throat lesions. Red throat, no exudate or swelling. One smooth mobile LN left anterior triangle. Bloods taken, rv 4wks if LN persists after abx Dr Julia Langford

01/08/2013 Surgery consultation Dr Locum 2
01/08/2013 Smoker Moderate smoker - 10-19 cigs/d Dr Locum 2
01/08/2013 Smoking cessation advice for Smoking Dr Locum 2

01/08/2013 Sore throat symptom 1 week. smoker but not smoked for 3 days. worried as he noticed a few painful lumps in his neck. OE temp 35.8, P80reg, orpharynx is slightly erythematous but tonsils not enlarged and no exudate, few palpable LN in ant and post cerv triangle, chest is clear good AE throughout no creps oe wheeze Imp: viral URTI P: simple measures - enc fluids, smok cess and simple analgesia for pain relief if reqd Dr Lopez gp locum Dr Locum 2

18/06/2013 Surgery consultation Dr Julia Langford

18/06/2013 Consultation Reviewed. Having intensive weekly physio at KX and this is helping his pain and mobility. 7wks further then hoping will be fit to rtw. Appealing DWP decision but expects to rtw before this goes through anyway. All the work he is able/qualified for is manual/ labouring. MED3 two months, then he will update me by end of physio course Dr Julia Langford

04/06/2013 Administration Dr Julia Langford

04/06/2013 Fitness for work record status DWP report fit to work as of 16th May Dr Julia Langford

29/05/2013 Administration Dr Julia Langford

29/05/2013 Administration MED3 one month and advised to see usual GP for rv when next line due Dr Julia Langford

09/05/2013 Telephone call from a patient Dr D K Ritchie

09/05/2013 eMED3 (2010) new statement issued, not fit for work for: 21 days Diagnosis: Backache Reason: Backache Dr D K Ritchie

23/04/2013 Administration Dr Iain Gourley

23/04/2013 Certificates - administration back pain from 4/4/13 to 17/4/13 Dr Iain Gourley

22/04/2013 Surgery consultation Dr Locum 1

22/04/2013 Consultation Discussion regarding back pain - flare this weekend. Stiffness and pain in lower back - unable to fully straighten. No radiation into legs. o.e SLR neg. Power Normal. Tender over l4/l5. Has physio appt may - thoughts of specilist are mechanical back pain. Discussed. Not keen on altrnative analgesics and applauded this. SSG Dr Locum 1

19/04/2013 Administration Dr Iain Gourley

19/04/2013 Certificates - administration back pain 3 weeks. Dr Iain Gourley

12/04/2013 Surgery consultation Dr Locum 2

12/04/2013 Ibuprofen 400mg tablets Supply: (84) tablet ONE TABLET THREEE TIMES A DAY Dr S Eason

12/04/2013 Paracetamol 500mg tablets Supply: (200) tablet TWO TO BE TAKEN FOUR TIMES A DAY PAIN RELIEF Dr S Eason

12/04/2013 Back pain without radiation NOS ongoing problems with low back pain, worse over past few days. Right side of lower back around SI joint, no radiation of pain down legs and no leg weakness or paraestehsia. Tender right side of lower back and reduced range of movement at back. Normal gait.

He's getting physio (see letter) so explained this should help in long term. He's keen for analgesia so agreed try paracetamol and ibuprofen in first instance and see again if not sufficient. He asked for print-out of physio letter to take for ? DWP medical. J Beveridge Dr Locum 2

14/03/2013 Other Ms Carol Lesslie

14/03/2013 SCI Referral Letter

06/03/2013 Surgery consultation Dr Iain Gourley

06/03/2013 Patient reviewed Still co lower back pain and reduced mobility and pain. Is upset that he is unable to play football is co ache and discomfort in testicles. No lumps. _ve chlamydia screen. He did not receive appt re his back as we have an old address asked to change address at reception. Plan refer back to clinic. Dr Iain Gourley

06/03/2013 Request for Laboratory test requested Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: CO testicular discomfort and ache. -ve chlamydia and gonorrhea screen. No palpable lumps ? testicular pathology.
Priority: non-urgent,
Ordered from: Radiology - Ultrasound, All samples collected
Test: US Testes, Status: Complete, Updated: 06/03/2013 Dr Iain Gourley

20/02/2013 Administration Dr Iain Gourley

20/02/2013 Administration Note he DNAD his appt at the back/spine clinic. Dr Iain Gourley

06/02/2013 Surgery consultation Dr Iain Gourley

06/02/2013 [V]Issue of medical certificate 4 weeks back pain Dr Iain Gourley

06/02/2013 Back pain without radiation NOS CO lower back pain has had for some time. He says now he hasnt played football for 3/12. No raditiation down legs puing ok. Excellent flexion and slr a,most to 90 deg. Says unable to work due to pain looking for line. Advised he has to attend the back clinic.
Dr Iain Gourley

16/01/2013 Other Ms Carol Lesslie

16/01/2013 SCI Referral Letter

09/01/2013 Other Mrs Rachel Duncan

09/01/2013 Request for Laboratory test requested Remote Test request from ICE system: NHS Tayside On-Line Requesting
Clinical Information: testicular discomfort
Priority: non-urgent,
Ordered from: Microbiology - General Virology, All samples collected
Test: URINE for Chlamydia+Gonorrhoea PCR, Status: Complete, Updated: 09/01/2013 Mrs Rachel Duncan

09/01/2013 Surgery consultation Dr Iain Gourley

09/01/2013 Consultation CO lower back pain which is affecting him playing football and gym etc. Pain radiating down hiw left leg at times. OE some spasm in lower back. Excellent flexion of lumbasr spine some pain on rotation excellent slr to 90 deg both sides. Plan refer to physio re back pain.

Also co testicular discomfort not awrae of any lumps plan for chalmydia screen. Dr Iain Gourley

27/06/2012 Surgery consultation Dr Iain Gourley

27/06/2012 Doxycycline 100mg capsules Supply: (15) capsule TAKE TWO THEN ONE DAILY Dr Iain Gourley

27/06/2012 Acute epididymitis Co pain in his scortal area pain for the last few weeks. No dysuria no urine sx no discharge. OE some tenderness over epidydmis. plan fo abs to return if sx do not improve. Dr Iain Gourley

08/12/2011 Telephone call from a patient Dr S Eason

05/12/2011 MED3 - doctor's statement for: 1 month Diagnosis: Stress at work Reason: Stress at work signed off from 05/12 because his work are not able to help him therefore not fit for work unfortunately. Dr S Eason

05/12/2011 Surgery consultation Dr S Eason

05/12/2011 Stress at work asked for altered hours due to stress requested with a MED 3. he works in ASDA and has a 3 month old daughter which is a problem for him early on as sleep disturbance. I'm not sure how sympathetic ASDA will be but he is going to end up on a disciplinary track if he continues with current levels of stress which is a shame as he is trying to do the right thing and work to look after his family. Dr S Eason

05/12/2011 Ex-smoker Ex smoker Dr S Eason

14/11/2011 Surgery consultation Dr Locum 1

14/11/2011 Podophyllotoxin 0.15% cream Supply: (5) gram APPLY TWICE DAILY Dr S Eason

14/11/2011 Penile warts Recurrence. In stable relationship. Had before. Cleared with warticon - try this again. (T>Esler) Dr Locum 1

30/08/2011 Surgery consultation Dr Sarah-Jane Baldwin

30/08/2011 MED3 - doctor's statement for: 7 days Diagnosis: Patient reviewed Reason: Patient reviewed right hand injury Dr Sarah-Jane Baldwin

30/08/2011 Patient reviewed 1. Hurt right hand at work on 26/9. works in asda, caught hand between two large trolleys carrying milk. Increased pain and swelling since then. o/e: pain over 3rd and 4th MCP sweling over this area. ?# xray card given.

2. 18/7 old baby, fell and banged her head on 27/8 pm. very worreid and blames himself. hasn't been into work. advsied this is not a reason not to attend work but will give med3 re hand injury. Dr Sarah-Jane Baldwin

06/04/2010 Other Ms Irene Meldrum

06/04/2010 Refer for Refer for ultrasound investign at Ninewells Hospital department of Ultrasound Text Dr Locum 1

01/04/2010 Surgery consultation Dr Locum 1

01/04/2010 Ofloxacin 400mg tablets Supply: (7) tablet(s) TAKE ONE DAILY Dr S Eason
01/04/2010 Testicular pain pt having some discomfort on the left testicle for a few months,says the discomfort has got a bit worse over the past few days,no recent trauma,o/e-left testicle-tender at the lower pole,no lumps felt-rt testicle-nad,possible acute on chronic epididymitis,pres issued for ofloxacin and will ref for USS testes,worsening advise given,r/v if not settling.(dr.bala pillai-locum) Dr Locum 1

06/07/2009 Surgery consultation Dr Locum 1
06/07/2009 Ciprofloxacin 500mg tablets Supply: (20) tablet(s) TAKE ONE TWICE DAILY Dr D A Rorie
06/07/2009 Epididymitis feeling Lt side swelling and pain since weeks. not sure how long. no discharge, no urinary symptoms. o/e apyrexial. both testicles same size, no tenderness. mild tender Lt epididymies. antibiotic given. R/v again if not better or any worse. Dr Hassanein. Dr Locum 1

04/06/2009 Surgery consultation Mrs Rachel Duncan
04/06/2009 Patient given advice Advice keen to stop smoking, smokes 10- 15 a day. Advice and leaflets given Mrs Rachel Duncan
04/06/2009 Niquitin 14mg Transdermal patch (GlaxoSmithKline Consumer Healthcare) Supply: (28) patch(es) APPLY DAILY Dr D A Rorie
04/06/2009 14:08.00 BP 140 / 80 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Mrs Rachel Duncan

18/02/2009 Surgery consultation Dr D A Rorie
18/02/2009 Failed encounter DNA Dr D A Rorie

18/02/2009 Administration Mrs Monica Walker
18/02/2009 Refer for Refer for X-Ray at Kings Cross Hospital Text / LUMBO SACRAL SPINE / MW Dr D K Ritchie

10/02/2009 Results recording Dr D K Ritchie
10/02/2009 Radiology result abnormal discuss further views next consult. Dr D K Ritchie

04/02/2009 Telephone call from a patient Dr D K Ritchie
04/02/2009 Communication from: patient cont pain re back but prob aggravated it no signif benifit from exercises. x-ray then review ? physio. Dr D K Ritchie

30/01/2009 Telephone call from a patient Dr D K Ritchie
30/01/2009 Co-dydramol 10mg/500mg tablets Supply: (60) tablet(s) TWO FOUR TIMES A DAY FOR FOR FOR FOR PAIN RELIEF Dr D K Ritchie
30/01/2009 Patient reviewed back still sore no effect with nsaid. rx and exercises. Dr D K Ritchie

20/01/2009 Surgery consultation Dr M Morris
20/01/2009 Diclofenac sodium 50mg gastro-resistant tablets Supply: (42) tablet(s) TAKE ONE 3 TIMES/DAY Dr M Morris
20/01/2009 Had a chat to patient sore back moves from side to side. Now unable to play full game of football
o/e tender lumbar muscles both sides also left SI joint.
try nsaid refer physio if does not settle. stop football for these two weeks Dr M Morris

24/10/2008 Surgery consultation Dr D K Ritchie
24/10/2008 Failed encounter Dr D K Ritchie

02/07/2008 Surgery consultation Dr D A Rorie
02/07/2008 Seen in GP's surgery I m surprised he came back ! Has one or two tiny white areas on his penis under the foreskin, could be early warts but I can hardly see them ! I think he s in danger of becoming obsessed by his penis, given the number for the GUM Clinic and they can sort him out. Dr D A Rorie

11/06/2008 Surgery consultation Dr D A Rorie
11/06/2008 Seen in GP's surgery small genital wart on corona, not worth GUM referral, I ll sort this with N2 ! Dr D A Rorie

05/06/2008 Surgery consultation Mrs Rachel Duncan
05/06/2008 Removal of suture of skin right hand. Healed well Mrs Rachel Duncan

02/04/2008 Surgery consultation Dr V Rainey
02/04/2008 Advice to patient - subject Advice Smoking advised strongly to stop smoking, discussed health implications- will think about this. Dr V Rainey
02/04/2008 Smoker Cigarettes: 10 Cigarette smoker Dr V Rainey
02/04/2008 Sore throat symptom for a month, smokes 10/day, no known contact with glandular fever.
o/e chest clear, no Cx lymphadenopathy, throat red, otherwise NAD.
Check GFS, RX Dr V Rainey
02/04/2008 Difflam 0.15% spray (Ceuta Healthcare Ltd) Supply: (30) mls USE EVERY 3 HRS Dr V Rainey

29/02/2008 Surgery consultation Dr D K Ritchie
29/02/2008 Genital warts small just behind glans rx hisofreeze Dr D K Ritchie

17/03/2006 Surgery consultation Dr . .
17/03/2006 Notes summary on computer Dr . .

09/03/2006 Surgery consultation Dr D A Rorie
09/03/2006 Aciclovir 5% cream Supply: (1) Apply 5 times daily Dr D A Rorie
09/03/2006 Amoxicillin 500mg capsules Supply: (21) 1 Cap 3 times daily Dr D A Rorie

25/01/2006 Surgery consultation Dr D A Rorie
25/01/2006 Weight: 65 kgs BMI: 20 O/E - weight Dr D A Rorie
25/01/2006 Height: 1.8 metres O/E - height Dr D A Rorie
25/01/2006 Smoker Current smoker Dr D A Rorie
25/01/2006 BP 110 / 70 recall due: O/E - blood pressure reading Dr D A Rorie
25/01/2006 Enjoys light exercise Dr D A Rorie
25/01/2006 Current drinker Alcohol intake within rec limt Dr D A Rorie
25/01/2006 Smoking cessation advice Dr D A Rorie

23/02/2004 Surgery consultation Dr . .
23/02/2004 Pat. GP7B/GP8B card from HB Dr . .

20/02/2004 Surgery consultation Dr . .
20/02/2004 New reg.check done + claimable Dr . .
20/02/2004 GP/RF - new reg.check to HB Dr . .
20/02/2004 Patient reg. form sent to HB Dr . .

18/02/2004 Surgery consultation Dr . .
18/02/2004 Recall on 18/03/2004 for O/E - weight with Dr . . Status: Outstanding ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Weight$$
18/02/2004 Weight: 65 kgs BMI: 20 O/E - weight ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Weight$$ Dr . .
18/02/2004 Height: 1.8 metres O/E - height ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Height$$ Dr . .
18/02/2004 Enjoys moderate exercise ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Hp Exercise Grading$$ Dr . .
18/02/2004 Smoker Moderate smoker - 10-19 cigs/d ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Smoker$$ Status Dr . .
18/02/2004 Recall on 18/03/2004 for Moderate smoker - 10-19 cigs/d with Dr . . Status: Outstanding ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Smoker$$ Status
18/02/2004 Current drinker Trivial drinker - <1u/day ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Alcohol Intake$$ Dr . .
18/02/2004 BP 110 / 66 recall due: O/E - BP reading normal ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=B P Screening$$ Dr . .
18/02/2004 FH: Asthma of Dr . .

18/02/2004 School-child Dr . .
18/02/2004 Single Dr . .
18/02/2004 FH: Hypertension of Dr . .
18/02/2004 FH: Diabetes mellitus of Dr . .

14/05/2001 Surgery consultation Dr . .
14/05/2001 Seen child psychology clinic Dr . .

12/03/1999 Surgery consultation Dr . .
12/03/1999 Eczema NOS Dr . .

08/11/1997 Surgery consultation Dr . .
08/11/1997 Child/adolescent psychiatry Attachment problems Dr . .

26/09/1994 Surgery consultation Dr . .
26/09/1994 Child/adolescent psychiatry Behavoural problems Dr . .

09/09/1993 Surgery consultation Dr . .
09/09/1993 Child on protection register Dr . .

19/12/1991 Surgery consultation Dr . .
19/12/1991 Child on protection register END_DATE=19920630 Dr . .

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

Date: 30 May 2008

DR. DA Rorie
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW

Dear Doctor Rorie

Your Patient: **Michael Tarbett**
7D BONNETHILL CRT
DUNDEE
DD3 7AZ

Tel : 804003

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **AE-08-019410-1**
No. of Previous Attendances: **5**
Occupation/School: **UNEMPLOYED**

The above patient attended the A&E department on 29 May 2008 at 10:34. The incident occurred at Recreational area, cultural area or public building The complaint was **r hand injury**. The patient was seen by **Michael Clark , ENP**.

Diagnosis
Laceration, Dorsum of hand, Right
closed with 2 x 4/0 ethilon sutures.

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. S Eason
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW

Date: 23 Apr 2010

Dear Doctor Eason

Your Patient: **Michael Tarbett**
3 ARKLAY STREET
DUNDEE
DD3 7PG

Tel : 07852766237

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **AE-10-014044-1**
No. of Previous Attendances: **6**
Occupation/School: **warehouseperson**

The above patient attended the A&E department on 22 Apr 2010 at 13:19. The incident occurred at Commercial area- non recreational
The complaint was **r foot inj**. The patient was seen by **Julie Ronald , A&E SpR**.

Diagnosis
Skin avulsion, 2nd toe, Right nail

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

NHS Tayside: Clinical Report - Ninewells Hospital

TARBETT, MICHAEL
3 ARKLAY STREET, TOP LEFT, DUNDEE, DD3 7PG
Ref. Locn. : **GENERAL PRACTITIONER**
Referrer : **DR S MURRAY**

DoB : **22/06/1988**
Hosp. No. :
CRIS No. : **184553**
CHI No. : **2206880318**

VERIFIED Verified By : Dr A M COOK 27/04/10
Typed By : MAUS 27/04/10

US Testes :

No abnormality noted in relation to left or right testicles or left or right epididymi.
No abnormality seen.

AC

Event Number : E-3227627
Copy To : ,
Examinations : **US Testes**

Examination Date : **26/04/10**
Attendance Number : 2

TARBETT, MICHAEL
7D BONNETHILL COURT, DUNDEE, DD3 7AZ
Ref. Locn. : **GENERAL PRACTITIONER**
Referrer : **DR I GOURLEY**

DoB : **22/06/1988**
Hosp. No. :
CRIS No. : **184553**
CHI No. : **2206880318**

VERIFIED Verified By : MAYONA IMISON_Locum Son 24/03/13
Typed By : WALU 24/03/13

Clinical History :

CO testicular discomfort and ache. -ve chlamydia and gonorrhea screen. No palpable lumps ? testicular pathology.
ENTERED BY: Iain Gourley (Medical)
BLEEP: 01382 451100

US Testes :

Normal size and appearance of both testes and epididymides.

Event Number : E-4055498
Copy To : ,
Examinations : **US Testes**

Examination Date : **24/03/13**
Attendance Number : 3

TARBETT, MICHAEL
7D BONNETHILL COURT, DUNDEE, DD3 7AZ
Ref. Locn. : **GENERAL PRACTITIONER**
Referrer : **DR I GOURLEY**

DoB : **22/06/1988**
Hosp. No. :
CRIS No. : **184553**
CHI No. : **2206880318**

No focal or suspicious features seen.

MayOna Imison
Clinical Specialist Sonographer

Event Number : E-4055498
Copy To : ,
Examinations : **US Testes**

Examination Date : **24/03/13**
Attendance Number : 3

Physiotherapy Service
Allied Health Professions for
Dundee Community Health Partnership
NHS Tayside
Level 5 South Block
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number 01382 632628
Fax Number 01382 496500
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr Gourley
Terra Nova House
43 Dura Street
DUNDEE
DD4 6SW

Date	Friday, 05 April 2013
Your Ref	
Our Ref	SM/JB
Enquiries to	
Extension	32628
Direct Line	01382 632628
Email	junebrown2@nhs.net

Dear Dr Gourley

Re : Michael Tarbet (2206880318) YPU, 7 Fairbairn Street, Dundee

Thank you for your referral letter. The above named gentleman attended the Orthopaedic/Physiotherapy Spinal Clinic on 26 March 2013.

History : Mr Tarbet reports low back pain ongoing for a few years, this latest episode began in October 2012 and began he thinks after a game of football. Today he complains of pain across his lumbosacral region with some pain radiating up into the thoraco lumbar junction. Symptoms are aggravated by moving from sit to stand; there are no easing factors. There is a background history of stiffness on rising but this lasts only a few minutes; no other spinal red flags were reported.

Previous Investigations : Underwent lumbar spine x-ray in 2009 report suggests there may be a spondylolythsis at L4 and at L5.

Previous Treatment : Nil.

Examination : Stands with flattened lumbar lordosis. Lumbar range of movement is full range into flexion with full range into flexion and extension with some pain on extension. Lateral flexions show restriction of movement into right side, full movement into right side, both movements are painful. Neurologically intact for motor power and light touch sensation. Knee and ankle jerk reflexes were normal. Straight leg raise was 90 degrees bilaterally. Testing of transversus abdominus showed this to be weak and ineffective, Palpation of the lumbar spine showed more pain reproduced at L4 and L5.

Impression : Mr Tarbet has mechanical back pain which may be due to his suspected lysis.

Plan : This gentleman should benefit from physiotherapy and I will organise this as the first stage for him. He is aware that if this does not improve his symptoms we would then escalate probably requesting further imaging of his spine and arranging an appointment to discuss his symptoms with Mr Valentine. I will report back following physiotherapy.

Many thanks for your referral.

NHS
Tayside

Yours sincerely

David Kemp
Advanced Physiotherapy Practitioner

Copied to :
Mr Valentine
Consultant Orthopaedic Surgeon
Department Of Orthopaedics
Ninewells Hospital

PS for Mr Valentine – No CT scan has been arranged for this lady.

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. I Gourley
TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW

Date: 20 Apr 2013

Dear Doctor Gourley

Your Patient: **Michael Tarbett**
7D BONNETHILL COURT
DUNDEE
DD3 7AZ

Tel : 07852766237

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **AE-13-012824-1**
No. of Previous Attendances: **7**
Occupation/School: **UNEMPLOYED**

The above patient attended the A&E department on 19 Apr 2013 at 16:42. The incident occurred at Home or other house and garden
The complaint was **BACK PROB**. The patient was seen by **Colin Donald , A+E Consultant**.

Diagnosis
3 day guideline or Primary Care issue.,

Discharge : Patient left before assessment completed
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

TARBETT, MICHAEL
7D BONNETHILL COURT, DUNDEE, DD3 7AZ
Ref. Locn. : GENERAL PRACTITIONER
Referrer : DR JULIA MACLEOD

DoB : 22/06/1988
Hosp. No. :
CRIS No. : 184553
CHI No. : 2206880318

VERIFIED Verified By : Dr J TAINSH 27/11/13
Typed By : WALU 26/11/13

Clinical History :

Persistant LN in left ant triangle. Bloods ok. ?normal LN
ENTERED BY: Roisin McAuley (Medical)
BLEEP: 01382 669500

US Neck :

The area of interest on the lateral aspect of the left neck was assessed.
There are two adjacent small innocent looking lymph nodes here. They show no intrinsic structural abnormality and they are probably reactive - the patient admits to recurrent sore throat, including at present.

Event Number : E-4228656
Copy To : ,
Examinations : **US Neck**

Examination Date : **26/11/13**
Attendance Number : 1

NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. I GOURLEY
TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW
S4699619

Date: 08 Mar 2015

Dear Doctor GOURLEY

Your Patient: **Michael Tarbett**
7D BONNETHILL COURT
DUNDEE
DD3 7AZ

Tel :

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **NW-15-007809-1**
No. of Previous Attendances: **8**
Occupation/School: **SCAFFOLDER**

Responsible Consultant: **N.M. Nichol**

The above patient was admitted to the Emergency Department on 08 Mar 2015 at 01:28 and discharged 08 Mar 2015 02:45 The complaint was **RIGHT ANKLE INJURY** The letter was compiled by **Yong Lee , A+E SHO**.

ICE requests
1.XR Tibia & fibula Rt

Diagnosis
Soft tissue, ligaments + tendons, Ankle, Right

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. I GOURLEY
TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW
S4699619

Date: 02 Feb 2016

Dear Doctor GOURLEY

Your Patient: **Michael Tarbett**
7D BONNETHILL COURT
DUNDEE
DD3 7AZ

Tel :

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **NW-16-003712-1**
No. of Previous Attendances: **9**
Occupation/School: **SCAFFOLDER**

Responsible Consultant: **M. Donald**

The above patient was admitted to the Emergency Department on 01 Feb 2016 at 15:02 and discharged 01 Feb 2016 15:36 The complaint was **facial inj**. The letter was compiled by **Lewis Marshall , A+E SHO**.

ICE requests

Diagnosis
Laceration, Skin, N/A
Injury to nose, small laceration. Nil evidence significant head injury.

Discharge : With no follow up
Destination : Usual place of residence

Notes for GP
Wound cleaned and closed with steri-strips, provided with head injury advice.

Yours sincerely

Accident & Emergency Dept

NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. I GOURLEY
TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW
S4699619

Date: 06 Apr 2016

Dear Doctor GOURLEY

Your Patient: **Michael Tarbett**
7D BONNETHILL COURT
DUNDEE
DD3 7AZ

Tel :

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **NW-16-012076-1**
No. of Previous Attendances: **10**
Occupation/School: **SCAFFOLDER**

Responsible Consultant: **A. Reddick**

The above patient was admitted to the Emergency Department on 05 Apr 2016 at 12:31 and discharged 05 Apr 2016 15:15 The complaint was **l ankle inj**. The letter was compiled by **Henry Sumption , A+E SHO**.

ICE requests
1.XR Ankle Lt

Diagnosis
Soft tissue injury, Ankle, Left

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. I GOURLEY
TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE
43 DURA STREET
DUNDEE
DD4 6SW
S4699619

Date: 22 Dec 2016

Dear Doctor GOURLEY

Your Patient: **Michael Tarbett**
7D BONNETHILL COURT
DUNDEE
DD3 7AZ

Tel :

Date of Birth: **22 Jun 1988**
ACHI Number: **2206880318**
A&E Attendance No: **NW-16-046904-1**
No. of Previous Attendances: **11**
Occupation/School: **SCAFFOLDER**

Responsible Consultant: **C. Donald**

The above patient was admitted to the Emergency Department on 21 Dec 2016 at 19:57 and discharged 21 Dec 2016 20:35 The complaint was **ABDO PAIN**. The letter was compiled by **Colin Donald , A+E Consultant**.

ICE requests

Diagnosis
Redirection - this patient was redirected after review by a senior doctor.

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

JM Langford
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
7D BONNETHILL COURT
Dundee
DD3 7AZ

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000047335
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Russell Duncan

The above patient attended the Emergency Department Ninewells Hospital on 16/02/2018 at 12:04 and was discharged with no follow up on 16/02/2018 at 13:05. The letter was compiled by Scott,Ryan

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound -Laceration		

Diagnosis Comments: Milimetric laceration head after hammer fell 4m onto skull.
Systemically well. Analgesia and head injury adviced. Not requiring nursing care.

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
Scott,Ryan