

Subject Access Request



Patient	Miss Alexis Prowse
Date of birth	05-Feb-1994 (age 32)
Gender	F
NHS number	7044186440
Patient's address	11 Scafell Close Whitehaven Cumbria CA28 8DS
Date range selected	Full record
Organisation	MMA Legal
Reference	100881

Problems

Active

25-Jun-2026 Mrs Caroline Turner (CT3735)
Education for intrauterine system contraception

16-Dec-2024 Miss Abigail Woodend (A.Woodend)
Social worker involved

12-Dec-2022 Mrs Caroline Turner (CT3735)
Gonorrhoea

08-Dec-2020 Mr John Walker (TW)
Emotionally unstable personality disorder

25-Oct-2018 Mrs Vivien King (VK1)
Vulnerable adult

29-Mar-2017 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Personality disorder NOS

Significant Past

05-Dec-2024 Ms Jackie Sisson (JZS)
Cervical intraepithelial neoplasia grade 1

25-Nov-2024 Ms Jackie Sisson (JZS)
Colposcopy
Biopsies Taken

05-Aug-2022 Ms Helen McLean (HML)
Intentionally harming self

28-July-2020 Mr Kieran Smith (Kieran.Smith)
Fracture of radius (Left)
Left sided Undisplaced radius fracture

04-Oct-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Victim of domestic violence

15-Jan-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Anxiety with depression
(Grouped with Anxiety with depression)

02-Aug-2016 Sister Diana Morgan (DXM_)
Anxiety with depression
- asking to increase medication, but has had none for 1 week, discussed how SSRI work and agree to wait and see and review 6 weeks or sooner if required

01-Jan-1996 Dr A Gp (GP_)
Asthma
PRIORITY=1 PRIORITY=1

Minor Past

20-Mar-2026 Dr Hasaan Aziz (H.Aziz)
Anxiety disorder

27-Nov-2025 Mrs Caroline Turner (CT3735)
Contraception review

27-Nov-2025 Mrs Caroline Turner (CT3735)
Removal of hormone releasing intrauterine contraceptive device

20-Nov-2025 Mrs Caroline Turner (CT3735)
Complaining of per vaginam bleeding

05-Aug-2022 Ms Helen McLean (HML)
Insomnia

16-Apr-2021 Ms Helen McLean (HML)
Sprain of knee

28-July-2020 Mr Kieran Smith (Kieran.Smith)
Sprain of wrist (Right)
No fractures seen on Right sided wrist

05-Apr-2017 Sister Diana Morgan (DXM_)
Anxiety states

is on SSRI 25mg and is to increase to 50mg but she is becoming very anxious during this, agree script for BB as has review with CMHT in May

12-Sept-2016 Sister Diana Morgan (DXM_)
Pain in coccyx
after recent fall, tender - agree analgesia

02-Jun-2016 Mrs Gillian Hewitson (GH3735)
Patient reviewed

less emotional, problems at home with burst pipes, managing ADL, no thoughts self harm, continue medication review 1 week

26-May-2016 Mrs Gillian Hewitson (GH3735)

Low mood

emotions!+++ , feels sad all the time, lives with ***** and 2 year old little girl, some times little things make her anxious, some days feels cannot go out of house, used drugs and self harmed in past, no family here all in Scotland, feels cannot be bothered a lot of the time but then gets anxious about not doing daily chors. No suicidal thoughts, has thought about self harm but not done any thing, wants to feel normal, has number for first steps.

Consultations

15-July-2026 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREGP Surgery

History	History	attended for IUS fit
History	History	counselled re
		failure,ectopic,bleeding,infection,perforation,expulsion,7 day rule
History	History	no UPSI-on POP no missed pills
History		Informed consent for procedure
History		Advice about long acting reversible contraception
History		Chaperone present -DS HCA
Examination		O/E - VE - uterus anteverted
Examination		Uterine cervix visualised -looks normal
Examination	Examination	sounded to 6cm
Examination		Insertion of hormone releasing intrauterine contraceptive device (Bayer,Aug-2028,TU04RLD)
Examination	Examination	easy fit, no problems
Examination	Examination	card+info given to patient
Examination	Examination	check threads 6/52
Comment		Health education on cervical cytology -upto date

15-July-2026 Mrs Deborah A Spencer (DAS3735) LOWTHER MEDICAL CENTREGP Surgery

25-Jun-2026 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTREGP Surgery

History	Progesterone only pill (mini-pill)
History	Cancer cervix screening - up-to-date
History	Normal vaginal delivery x 1
Assessment	Patient has been using current method of contraception reliably
Assessment	Discussed contraceptive options, their modes of action, duration of use and effectiveness
Assessment	Advised IUCs do not protect against STIs
Assessment	Advised that additional contraceptive precaution or abstaining is needed for 7 days prior to IUC change in case of failed insertion
Assessment	Advised additional contraceptive precautions are required for 7 days after LNG-IUD insertion
Assessment	Discussed that the risk of ectopic pregnancy is low during use of IUC. However if pregnancy does occur, the likelihood ectopy is greater than having no IUC
Assessment	Discussed the possibility of pain during the procedure, options to address this, and the risk of ongoing pelvic pain or cramping following insertion, especially in the first 3 months.
Assessment	Discussed the risk of pelvic infection in the first few weeks after insertion (<1%). Advised if develops abdominal pain, unpleasant discharge, fever, heavy bleeding to seek medical attention
Assessment	Discussed the risk of faintness or more severe vasovagal reaction due to cervical stimulation (~2%)
Assessment	Discussed risk of IUC expulsion (~5%). Advised if not able to feel threads to seek review and use alternative contraception
Assessment	Discussed the risk of perforation (~1-2/1000 insertions in the general population, but higher in postpartum or breastfeeding individuals.) Advised should this occur keyhole surgery may be required to retrieve the device
Assessment	Advised sometimes it is not possible to fit the IUC
Assessment	Discussed bleeding patterns – advised IUC users often experience altered bleeding patterns
Assessment	Advised LNG-IUD use is associated with less predictable but decreasing menstrual blood loss over time
Assessment	Advised Cu-IUD use is associated with an increase in menstrual blood loss
Assessment	Discussed hormonal effects – advised acne, breast tenderness, headaches and mood changes have been reported by some LNG-IUD users
Assessment	Pregnancy excluded with reasonable certainty
Comment	Eligibility for IUC insertion checked in line with UKMEC
Comment	No allergies to any components of the device confirmed (e.g. copper, silver, levonorgestrel) or anaesthetic
Comment	Advised that fertility returns immediately on removal of IUC, so if planning pregnancy, pre-conception folic acid and vitamin D is advised prior to IUC removal
Comment	Contraception leaflet given
Comment	Advised the 5th year of 52mg LNG-IUD in HRT is off licence but is in line with national guidance (FSRH, 2023)
Comment	Discussed the importance of replacement of LNG-IUD at 5yrs to ensure adequate endometrial protection
Comment	on POP but like IUS fitted
Comment	had one before and removed due top bleeding
Comment	pre assessed no contraindication uk mec 1
Comment	smears up to date
Comment	continue POP until coil fitted
Comment	Appointment made
Additional	Template entry - EHR composition type IUC Coil (Ardens)
Problem	Education for intrauterine system contraception

30-Apr-2026 Sister Diana Morgan (DXM_) Queen StreetGP Surgery

Additional	Weight monitoring Current weight 94.802kg (14st 13lb). 15% gain from (27-Nov-2025). Based on NICE guidance (NG246) and height entry (30-Apr-2026) a healthy weight is likely to be 57 - 77kg (8st 14lb - 12st 2lb). For higher risk populations (South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean) the upper weight limit is lower 57 - 71kg (8st 14lb - 11st 3lb).	
Additional	Body mass index (calculation based on height entry 30-Apr-2026, NB prior to age 70 average height loss is 1cm per 10 years).	30.89 kg/m2
History	Contraception status has IUS but removed a bleeding, put on POP but BMI 30 and smoker, discussed risks and is happy to have POP	
History	Regular periods	
History	No history of migraine	
History	No past history of venous thrombosis	
History	Never smoked tobacco	
History	Combined oral contraceptive	
History	History no issues, but smoking again and weight gain with OCP	
History	Regular periods	
Examination	Standing height	175.2 cm
Examination	Body weight	94.802 kg
Examination	Body mass index	30.9 kg/m2
Additional	Template entry - EHR composition type Contraception v26.2.24 by Ardens	
Comment	Education about missed dose of oral contraceptive	
Comment	Advised if vomits within 2 hours of taking pill should take another. She should use condoms until protection resumes as per missed pill rules below	
Comment	Advised changes in bleeding are common with POP. They usually settle down after the first 3 months. Seek review if persistent or if bleeding after sex	
Comment	Advised to use condoms or abstain for 48 hours after starting pill.	
Comment	Drug interactions considered such as enzyme inducing medications + GLP1 agonists	
Comment	Discussed risk of sexually transmitted infections	
Comment	Missed pill - advised to take it as soon as possible, and then as usual (even if 2 at the same time). If active (white) pill is > 24hrs late, additional precautions are recommended until 7 days of correct pill taking have passed.	
Comment	Consider emergency contraception if UPSI has occurred before 7 correctly taken tablets after a missed pill.	
Comment	Progestagen only oral contrac.	

30-Apr-2026 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447598765825
Comment	SMS text message sent to patient Dear Miss Prowse, Sorry meant to inform you to start the new pill back to back with your rigevidon pill, to take it around the same time every day, if you vomit within 2 hours of taking or miss any pills to use other forms of contraception or abstain Thanks, ***** Lowther Medical Centre Sent on 30/04/2026 at 16:42

28-Apr-2026 Mrs Gail Thurogood (GT1) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447598765825
Comment	SMS text message sent to patient Dear Miss Prowse, following your eConsult a face-to-face appointment has been made for you on Thursday 30th April at 16.30 AT QUEEN STREET SURGERY for up to date BP etc. Please reply to confirm you can attend TO RESPOND, please follow this link: https://accrux.nhs.uk/c/p-d9gp3rp2jd Thanks, Lowther Medical Centre Sent on 28/04/2026 at 11:48

28-Apr-2026 Miss Chloe Laidlow (Chloe.Laidlow) Awaiting clinical code migration to EMIS Web

Comment	Comment	Contraception eConsult online consultation for Alexis Prowse, DOB 05-02-1994 submitted on 28/04/2026, 09:40 eConsult reference ID: a89686dd-7e06-4d60-92be-50a1654af183, Triage Outcome: GP, Text message
Comment	Comment	Ideas, concerns & expectations Q1: Please tell us in a few words how we can help. A1: I need a review before I can get more of the rigevidon 150g contraceptive tablets Q2: Have you tried anything for this? A2: No Q3: Is there any particular help you would like? A3: Yes Q4: Please tell us what help you would like. A4: Review Q5: Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you. A5: No
Comment		eConsultation via Online application
Comment		Alcohol units consumed per week 10 U/week
Comment		Body mass index 26.2 kg/m2
Comment		Light cigarette smoker (1-9 cigs/day)
Comment		Smoking cessation education
Document		Attachment
		Prowse_05_02_1994_a89686dd.pdf

31-Mar-2026 Dr Hasaan Aziz (H.Aziz) LOWTHER MEDICAL CENTREGP Surgery

Test Request	Unknown specimen
Test Request	Unknown specimen
History	History Feeling better with mood since commencing sertaline and propranolol
History	History No thoughts of suicide or self harm
Comment	Comment Agreed to continue taking these medications
History	History Also c/o lower chest / upper abdo pain
History	History Worse after food
History	History No dark stools noted
Examination	Examination Epigastric and RUQ tenderness
Examination	Examination Otherwise SNT abdo
Examination	Examination Not jaundiced
Comment	Comment Trial PPI
Comment	Comment Bloods requested to ensure no hepatic pathology
Comment	Comment USS requested ? gallstones

24-Mar-2026 Mr Iranlowo Moyoloye (IM1) Queen StreetGP Surgery

History	History ID checked
History	History Fell down on Thursday and started having spasm type of pain on her lower ribs
History	History No bruises and no swelling
History	History Breathing is good
Examination	Examination MSS - Mild tenderness over the lower ribs both side; no bruises and no swelling. Chest - clear
Comment	Comment IMP - Strain of muscle
Comment	Comment Advised NSAID gel application with PCM for now
Comment	Comment Review in a week time if not better

20-Mar-2026 Dr Hasaan Aziz (H.Aziz) LOWTHER MEDICAL CENTREGP Surgery

History	History Tearful
History	History Here with anxiety symptoms
History	History ***** is poorly
History	History Constant feeling of difficult breathing
History	History Recently discharged from community treatment team
History	History Has been referred to Hope Haven in Whitehaven for talking therapy
History	History Palpitations, tremor, sweats
History	History Waking up in night anxious
History	History Constant state of worry
History	History No thoughts of suicide
History	History Some thoughts of self harm - no intention to act
History	History Protective factors: ***** and dogs
History	History Thinks may need to start medication again
History	History History of asthma - no recent exacerbations and not on treatment currently
History	History Has taken propranolol in past and helped with symptoms
Comment	Comment Agreed to trial sertraline and propranolol
Comment	Comment Follow up in 2 weeks
Comment	Comment Advised to seek urgent medical attention if any feelings of self harm or suicide
Problem	Anxiety disorder

16-Mar-2026 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document	Clinical document
	My Wellness Recovery plan

13-Mar-2026 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
West Community Treatment Team

16-Dec-2025 Miss Rebecca Elliott (REL) Awaiting clinical code migration to EMIS Web

Comment Smoking cessation education (procedure)
Comment Patient mobile telephone number +447598765825
Comment SMS text message sent to patient Dear Miss Prowse,
According to our records you are a current smoker - if this
has changed please let us know by replying to this text.
We do advise you to try and stop smoking; we have
included a link with some advice on how to stop and the
benefits of stopping- there are also details of local stop
smoking services to help you if required.
<https://www.nhs.uk/better-health/quit-smoking/> Thanks,
Lowther Medical Centre SMS sent on 16/12/2025
15:24:27

27-Nov-2025 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTRE GP Surgery

Additional Weight monitoring Current weight 82.555 kg equates to
13 st, 0 lb. A 588% gain from the previous reading (12kg,
06-Feb-2024). Based on the height entry (27-Nov-2025) a
healthy weight is likely to be 57 - 77kg (8 st, 14 lb - 12 st,
2 lb)
Additional Body mass index (calculation based on height entry 27- 26.88 kg/m2
Nov-2025, NB prior to age 70 average height loss is 1cm
per 10 years).
History No history of deep vein thrombosis
History No history of migraine
History No history of breast cancer
History Not taking any enzyme inducer medication
History Discussion about risks of combined oral contraception
History Risk / benefit of COCP discussed in view of patient's
family history and genetic status (if known)
History Advised to seek review if develops migraines whilst
taking combined pill
History Advised about extended pill regimes to best fit lifestyle
e.g. Tricycling or continuous
History Advised to seek review if gains weight/starts smoking
Comment Risk assessment done
Comment No relevant contraindications identified in line with
UKMEC guidance
Comment UKMEC risk score category 1
Comment Discussed missed pill rules, including vomiting within 2
hours of pill taking and diarrhoea
Comment Drug interactions considered such as enzyme inducing
medications and GLP1 agonists
Comment Discussed risk of sexually transmitted infections
Comment Advice about long acting reversible contraception
Comment Breast-care advice given and information on self-
examination
Comment Advised to return at any time if any other issues or
concerns.
Comment Education about risk of venous thromboembolism seek
r/v if develops symptoms, avoid prolonged immobility
Comment Oral contraceptive repeat
Comment Removal of hormone releasing intrauterine contraceptive
device
Comment commence COCP
Comment no contraindication uk mec 1
Comment trial for 6 months and review
Comment no weight loss injections
Comment smears up to date
Social Cigarette smoker 2 /day
Examination Standing height, 175.260 cm 175.26 cm
Examination Body weight 82.555 kg
Examination Body mass index 26.9 kg/m2
Additional Template entry - EHR composition type Contraception
v19.5 by Ardens
Problem Contraception review
Problem Removal of hormone releasing intrauterine contraceptive
device
History Contraception care
Procedure Adverse reaction to Mirena bleeding
Procedure Duration of sexual abstinence 10 day
Procedure Contraception counselling
Procedure Chaperone offered
Procedure Informed consent for procedure
Procedure Name of coil remover Please insert name and
designation of coil remover
Procedure Device checked after removal and noted to be intact

26-Nov-2025 *****

Free Text *****

25-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

19-Nov-2025	Lab Results	Cytology laboratory test Cytology laboratory test (ECT) - Cytology Routine Recall: Cervical smear - human papillomavirus positive (0) high-risk HPV Not Detected (No range available) CERVICAL CYTOLOGY INTERPRETATION (X) No cytology result (No range available) PATIENT MANAGEMENT RECOMMENDATION (R) repeat in 36 months according to protocol (No range available)
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24-Nov-2025 *****

Free Text *****

20-Nov-2025 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTRETelephone consultation

Problem	Complaining of per vaginam bleeding
Comment	Comment had smear yesterday and like referred gynae
Comment	Comment spoke to Alexis - was going to refer for scan and gynae for bleeding
Comment	Comment IUS in for 6 years
Comment	Comment Alexis would like coil removed
Comment	Appointment made for coil removed and additional method
Comment	Comment advised to observe bleeding for 3 months at least and if PCB persist refer to gynae

19-Nov-2025 Mrs Lesley Hull (LJH_) LOWTHER MEDICAL CENTREGP Surgery

History	Further history (including HRT use/current contraception): Last test was 11.9.24, low grade dyskaryosis, high risk HPV+ve. Attended Colposcopy and now due 12 month recall. Has Mirena in situ, wonders about taking it out. Has had some bleeding which she has discussed with CT. Recent swabs and treatment. Bleeding continues and would therefore like referred to Gyne. I will task CT. No ectriopns, coil strings are very long and have curled up at the ends, almost in a knot
Additional	Chaperone offered
Additional	Provision of chaperone refused
Additional	Education about human papillomavirus
Additional	Liquid based cervical cytology screening (GMS)
Additional	Disposable vaginal speculum used
Additional	360 degree sweep of cervix performed
Additional	Smear sample checked labelled correctly + contact details checked
Additional	Advice on follow-up - to review if abnormal bleeding or discharge
Additional	Advice on results - usually received by NHS app or letter. Advised timescales.
Additional	Template entry - EHR composition type Cervical Screening v19.5 by Ardens
Assessment	Explained why smear necessary
Assessment	Cervical smear due
Assessment	Patient given opportunity to ask questions
Assessment	Explained procedure in a way patient can understand
Assessment	Informed consent for cervical smear given
Assessment	HPV test consent given
Examination	On examination - vaginal speculum examination - no abnormality detected
Examination	Cervix transformation zone visualised
Examination	Intrauterine contraceptive device threads seen

18-Nov-2025 *****

Free Text *****

18-Nov-2025 *****

Free Text *****

18-Nov-2025 *****

Free Text *****

18-Nov-2025 *****

Free Text *****

14-Nov-2025 *****

Free Text *****

11-Nov-2025 Dr Joanne Hull-Davies (JHD) Awaiting clinical code migration to EMIS Web

31-Oct-2025 Lab Results M.GENITALIUM SWAB PCb, dysuria
M.GENITALIUM SWABVIROLOGY - This is a FINAL report Onset Trichomonas vaginalis DNA NOT detected Mycoplasma genitalium DNA NOT detected Trichomonas vaginalis NOT detected by PCR Mycoplasma genitalium NOT detected by PCR(JHD) - Satisfactory:

06-Nov-2025 *****

Free Text *****

06-Nov-2025 *****

Free Text *****

04-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

31-Oct-2025 Lab Results Genital MC&S PCb, dysuria
Genital MC&S FINAL REPORT Specimen Type: Cervical swab Site: MICROSCOPY:- White Blood Cells: Nil CULTURE: Neisseria gonorrhoeae NOT isolated Coliform +++ Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(ECT) - Abnormal for patient - message sent:

04-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

31-Oct-2025 Lab Results CT/NG SWAB PCb, dysuria
CT/NG SWABVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(ECT) - Satisfactory:

31-Oct-2025 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTRE GP Surgery

Problem In-house sexual health clinic
 Comment regular ***** since feb
 Comment he has dysuria - advised he needs tested
 Comment mild dysuria for alexis
 Comment 2 x small PCB but only in last week
 Comment mirena coil for 6 years and does not normally bleed
 Comment happy to take swabs
 Comment will book for smear and view of cervix
 Comment if PCB continue after 4 weeks will refer to gynae
 Test Request Unknown specimen
 Test Request Unknown specimen
 Test Request Unknown specimen
 Procedure Endocervical chlamydia swab
 Procedure Gonococcal swab
 Procedure Syphilis screening declined
 Procedure HIV screening declined
 Additional Patient reviewed following treatment for sexually transmitted disease
 Additional In-house genitourinary medicine first appointment
 Additional In-house genitourinary medicine follow-up appointment
 Additional Template entry - EHR composition type Sexual Health v19.4 by Ardens

30-Oct-2025 *****

Free Text *****

28-Oct-2025 *****

Free Text *****

16-Jun-2025 *****

Free Text *****

16-Jun-2025 *****

Free Text *****

22-May-2025 *****

Free Text *****

20-May-2025 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTRE Telephone consultation

History History been on trazadone 150mg but she has been reducing to half a tablet and then gradually stopped them. Sleep is a lot better.

History History Is attending counselling at WCH every Monday and still feeling low.

History History Suffered from depression all her life, but feels life is finally better but still feels low.

History History gets anxiety attacks on a regular basis

History No thoughts of deliberate self harm

Problem Emotionally unstable personality disorder agree start SSRI and BT rewused. Pre booked review with LP

Test Request Unknown specimen

20-May-2025 *****

Free Text *****

20-May-2025 *****

Free Text *****

20-Dec-2024 Miss Abigail Woodend (A.Woodend) LOWTHER MEDICAL CENTRE Administration note

Comment Comment Discussed in practice safeguarding meeting

16-Dec-2024 Miss Abigail Woodend (A.Woodend) LOWTHER MEDICAL CENTRE Administration note

Problem Social worker involved *****

Document Letter received

Children & Young People Social Care - Consent Form

Comment Summary emailed

Comment Children's services are involved as ***** is currently in a relationship with Mr ***** who has a conviction of a sexual offence relating to a child. A child and family assessment is currently being completed.

05-Dec-2024 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter

Coloscopy Clinic

Problem Cervical intraepithelial neoplasia grade 1

25-Nov-2024 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter

Cytology Clinic

Problem Colposcopy Biopsies Taken

13-Nov-2024 Ms Wendy Little (w.little) LOWTHER MEDICAL CENTRE Administration note

Comment Task; patient referred? 6 weeks ago hadn't heard anything. spoke to Gynae they said had DNA'd appt for colposcopy. letters had been sent to her previous address. I have given them correct address as on our record and they have updated address and will send out new appt today. task to CT for info.

05-Nov-2024 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

21-Oct-2024 Document Outpatient letter

Obs and Gynae Clinic Letter

21-Oct-2024 Additional Did not attend colposcopy clinic

26-Sept-2024 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTRE Telephone consultation

Comment spoke to Alexis about smear results and referral to colp

Comment not received results yet - discussed

Comment if any concerns contact the surgery

25-Sept-2024 Dr Joanne Hull-Davies (JHD) Awaiting clinical code migration to EMIS Web

11-Sept-2024 Lab Results Cytology laboratory test

Cytology laboratory test (JHD) - colposcopy referral task to AMP:

HPV RESULT (9) high-risk HPV Detected (No range available)

CERVICAL CYTOLOGY INTERPRETATION (3) low grade dyskaryosis (No range available)

PATIENT MANAGEMENT RECOMMENDATION (S) (No range available)

Patient referred to colposcopy

13-Sept-2024 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

11-Sept-2024 Lab Results Genital MC&S considering IUS change
Genital MC&S FINAL REPORT Specimen Type: High vaginal swab Site: MICROSCOPY:- CULTURE:
 No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt sample
 Candida sp. NOT isolated(ECT) - Satisfactory:

12-Sept-2024 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

11-Sept-2024 Lab Results CT/NG SWAB considering IUS change
CT/NG SWAB VIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected
 Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria
 gonorrhoeae NOT detected by PCR(ECT) - Satisfactory:

11-Sept-2024 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRE GP Surgery

History **History** smear due
 History **History** has IUS in situ-fitted Sept 2019-explained license
 now for 8 years, so does not need changing for
 contraception, mainly no periods, LMP 2 and a half
 months ago
 History **History** worried and thinks she would like it changed at 5
 years, advised to look at guidance-Patient UK, Mirena -
 IUS. She will decide whether she wants it changed earlier
 and book.
 Examination Uterine cervix visualised -looks normal
 Examination 360 degree sweep of cervix performed *5
 Examination Intrauterine device check -threads viewed
 Examination **Examination** swabs taken- in case decides to change
 early
 Test Request Unknown specimen
 Test Request Unknown specimen

11-Sept-2024 Mrs Lesley Hull (LJH_) LOWTHER MEDICAL CENTRE Administration note

Comment Administration note .Handwritten Manchester Cervical
 Screening request form completed on behalf of JHD.

10-Sept-2024 *****

Free Text *****

08-Sept-2024 *****

Free Text *****

22-May-2024 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRE Administration note

History **History** On trazadone, keen to cont
 Regime Medication review with patient
 Review

21-May-2024 *****

Free Text *****

19-May-2024 Mr patientcare messaging (PCM) Awaiting clinical code migration to EMIS Web**09-May-2024 *******

Free Text *****

06-Feb-2024 Miss Rebecca Elliott (REL) Awaiting clinical code migration to EMIS Web

Comment Online questionnaire completed by patient
 Comment General practice physical activity questionnaire physical activity index: moderately active
 Comment Smoking cessation advice
 Comment Smoking
 Comment Current smoker
 Comment Light cigarette smoker (1-9 cigs/day)
 Comment AUDIT-C 10
 Comment Body weight 12 kg
 Comment Standing height 177 cm
 Comment Body Mass Index 3.8
 Comment Questionnaire: Health Check Questionnaire
 Comment Drinks alcohol: Yes
 Comment Frequency of alcohol: 2-3 times per week
 Comment Typical units: 10 or more units
 Comment More than 6/8 (f/m) units in the past year:
 Weekly
 Comment FH circulatory issues: Yes
 Comment Circulatory history: ***** heart attack
 Comment Physical activity at work: I am not in employment (e.g. retired, retired for health reasons, unemployed etc.)
 Comment Amount of physical exercise: 1 hour but less than 3 hours
 Comment Received on 05/02/2024 at 09:32

30-Jan-2024 *****

Free Text *****

10-Oct-2023 *****

Free Text *****

25-Sept-2023 Miss Eleanor Rose Hope (ERH) LOWTHER MEDICAL CENTREAdministration note

Comment Seen by Dr Shakur - Trazodone increased to 300mg at night and promethazine 25mg twice daily for 5 days prn then one daily then stio

21-Sept-2023 Mrs Lynsey Ann Benson (LAB) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical letter
 West Community Treatment Team - MDT (21-Sep-2023)

21-Sept-2023 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical letter
 West Community Treatment Team

31-Aug-2023 Mrs Leann Parker (LP1) LOWTHER MEDICAL CENTREGP Surgery

Problem Medication review with patient
 History Currently working with *****
 History Unsure of her job title however doing Decider
 Skills/emotional regulation - then plan to do Trauma therapy
 History Compliance with Trazadone taking 100mg in the morning 150mg Nocte
 History Feels emotions still fluctuate
 History However happy on that dose
 Comment Repeat medication for 6 months
 Comment Call back if required for appointment

30-Aug-2023 Mr patientcare messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
 TELEPHONE consultation reminder: Aug 31 at 1:30PM with Mrs ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery
 You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL.
 www.mygp.io/app

28-Aug-2023 *****

Free Text *****

01-Aug-2023 *****

Free Text *****

28-July-2023 *****

Free Text *****

18-Apr-2023 Mrs Debra Hardy (DHA) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

13-July-2021 Document Clinical letter
Letter from CMHART dated 13.7.21 BUT RECEIVED 18.4.23

31-Mar-2023 Mrs Debra Hardy (DHA) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

05-Apr-2023 Comment Comment Will be offered appointments with CTT.
Appointment will be sent in due course.
Document Clinical letter
West Community Treatment Team 31.3.23

16-Feb-2023 Mrs Debra Hardy (DHA) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
Core Assessment Form 16.2.23

09-Feb-2023 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
West Community Treatment Team

27-Jan-2023 Mr patientcare messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Dear
Patient, Changes at Queen Street Medical Practice and Lowther
Medical Centre. Further Information is available at:
<https://www.queenstreetmedicalpractice.nhs.uk/important-patient-news/>

12-Dec-2022 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTRE GP Surgery

Problem Gonorrhoea
Comment Comment tested positive for GC.
Comment Comment was tested and treated for chlamydia in
september in sexual health, ***** notified and treated too
Comment Comment tested in LMC last week as rumours of *****
cheating - results GC positive
Comment Comment informed of results and happy to be referred to
sexual health for treatment

09-Dec-2022 *****

Free Text *****

09-Dec-2022 *****

Free Text *****

08-Dec-2022 Dr John Telford (JGT) Awaiting clinical code migration to EMIS Web

05-Dec-2022 Lab Results CT/NG SWAB upsi
CT/NG SWAB VIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected
Neisseria gonorrhoeae DNA DETECTED N.gonorrhoeae DNA secone-line DETECTED Neisseria
gonorrhoeae DETECTED by PCR Chlamydia trachomatis NOT detected by PCR(JT) - see notes:

07-Dec-2022 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

05-Dec-2022 Lab Results CT/NG SWAB upsi
CT/NG SWAB VIROLOGY - This is an INTERIM report Onset Chlamydia trachomatis DNA NOT
detected Investigation continuing. Further report to follow Chlamydia trachomatis NOT detected by
PCR(JLF) - Satisfactory/Normal:

05-Dec-2022 Mrs Michelle Kewley (MB) LOWTHER MEDICAL CENTRE GP Surgery

Procedure Suture removal generated from secondary care done by
practice
Procedure Procedure dog bite to left cheek x 3 sutures removed
wound healed well
Test Request Unknown specimen
History History had un protected sex and has found out he has
chlamydia
History History agree to swab await results

04-Dec-2022 *****

Free Text *****

30-Nov-2022 *****

Free Text *****

30-Nov-2022 *****

Free Text *****

30-Nov-2022 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTRE Telephone consultation

27-Nov-2022 Miss Annalise McCreedy (AMc) LOWTHER MEDICAL CENTRE Scanned document

Document Clinical letter
Trauma & Emergency - RVI (27-Nov-2022)

07-Oct-2022 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

06-Oct-2022 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
Allerdale Community Mental Health Assessment

27-Sept-2022 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
Copeland Community Mental Health Assessment and Recovery Team

09-Sept-2022 Dr Caroline Bateman (CB) Enterprise consultation

Problem Medication review with patient
Assessment Need and Indication
Assessment Open questions
History Telephone encounter
History History patient due to have review of recently increased trazodone
History History says she is doing well on 250mg nocte and wants to stick with this
History History no s/e's so far
History History queried why no pick up of usual script since July - pt says she had enough and didn't need more
Comment Comment agreed to reauthorise for 3/12 then review
Comment Comment monitor compliance

08-Sept-2022 *****

Free Text *****

08-Sept-2022 *****

Free Text *****

16-Aug-2022 Dr Joanne Hull-Davies (JHD) Awaiting clinical code migration to EMIS Web

08-July-2022 Lab Results Cytology laboratory test : Yes routine 20230309 No
Cytology laboratory test(JHD) - Satisfactory/Normal:
Cervical cytology test High-risk HPV DETECTED. No (No range available)
abnormal cells seen. Please repeat in 12 months
CYTOLOGICAL PATTERN [2] Negative (No range available)
SPECIFIC INFECTION [9] High-risk HPV detected (No range available)
MANAGEMENT SUGGESTED [R] Repeat in 12 months (No range available)

15-Aug-2022 Mrs Debbie Atkinson (DebA) LOWTHER MEDICAL CENTRE Administration note

Comment Comment URG task for CMHT referral. Emailed and delivery confirmed.

12-Aug-2022 Dr Iranlowo Moyoloye (MI1) LOWTHER MEDICAL CENTREGP Surgery

History	History	ID checked
History	History	Presented with liason and diversion service officer who came with her to give her suppoer
History	History	Mentioned that her med is not working
History	History	Crying, self harm
History	History	wanted referral to CMHT - said she need help to manage her mental health
History	History	Said she was told she has used all the services - believe if I refer her the mental health team would not see her
History	History	Wanted to go privately to trat her flash back, bad dreams of the past truama but couldn't raise the money
History	History	Said she wanted help
History	History	Couldn't sleep, self harm all the time
History	History	Thinks of her ***** - doesn't want to do anything that will hurt her
Examination	Examination	Crying in the consulting room
Comment	Comment	IMP - EUPD
Comment	Comment	Explained EUPD to her but seems to know a lot about it
Comment	Comment	Informed medications won't work
Comment	Comment	Due to poor sleep and low mood, discussed increasing the dose of her Trazodone to 250mg at nigh time; happy with this
Comment	Comment	Agreed to referral to CMHT
Comment	Comment	Safety netting advice given
Comment	Comment	Review in a week time - appt booked for 15:00

12-Aug-2022 Dr Iranlowo Moyoloye (MI1) LOWTHER MEDICAL CENTREAdministration note

Document	Referral to community mental health team <i>CMHT referral proforma</i>
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11-Aug-2022 Mr John Walker (TW) LOWTHER MEDICAL CENTREOther note

Comment	Comment	Letter from liaison & diversion restates previous communication with *****. She says "Alexis said that she is currently prescribed Quetiapine and Trazadone but she doesn't feel that they are beneficial to her as she continues to suffer from insomnia and self-harms on an almost daily basis. " Clearly suffering from emotional dysregulation. Sees Together We but not able to access any other MH support.
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05-Aug-2022 Ms Helen McLean (HML) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Clinical letter <i>Liaison and Diversion Service</i>
Problem	Intentionally harming self
Problem	Insomnia

20-July-2022 *** *******

Free Text	*****
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20-July-2022 Dr John Telford (JGT_) LOWTHER MEDICAL CENTRETelephone consultation

Problem	Telephone encounter D/W ***** - reviewed notes	
History	History	Discussed with *****
History	History	long chat about options :
History	History	she has seen *****
History	History	She has tried first steps
History	History	she has been referred CMHT but they cant offer trauma therapy
History	History	Medication issue at present
Comment	Comment	Plan is slow reduction and to stop quetiapine to see if she feels worse when not taking them
Comment	Comment	She will let us know

15-July-2022 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Problem Emotionally unstable personality disorder

Comment Comment I rang to review quetiapine. She is not sure it's helpful. She takes them to ward off withdrawals. I said this is not a reason to take them.

Comment Comment 'My moods when I don't take them are a lot worse' I asked if this meant they are helpful?

Comment Comment She doesn't think they are helpful.

Comment Comment Reports life stresses.

Comment Comment She's not sure they are working. She doesn't think they are working.

Comment Comment She would like my advice on whether to continue taking them. I said that quetiapine is not licensed for PD. It's an off license.

Comment Comment There is no scientific evidence that it works.

Comment Comment She doesn't feel it works.

Comment Comment I would advise that we stop

Comment Comment Stopped on the basis that neither she nor the evidence suggest it is effective.

Comment Comment Alexis did not like me calling her Alexis. She is *****. I should know that.

Comment Comment ***** would like Dr ***** to ring her as she finds me and other clinicians patronising. I asked her why she wanted an appointment so I could book it. She struggled to articulate a reason.

Comment Comment Began shouting. Raised her voice. I said that we should try to avoid this escalation of emotion as I was only trying to help. I kept my voice calm and slow.

Comment Comment She wanted to be treated for her anxiety and depression not her personality disorder. I said that they could not be disentangled. She disagreed strongly.

Comment Comment My impression has to be that this difficulty negotiating this clinical relationship is a direct reflection of her personality difficulties.

Comment Comment She ended the abruptly conversation again

12-July-2022 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

12-July-2022 ***** *****

Free Text *****

12-July-2022 ***** *****

Free Text *****

08-July-2022 ***** *****

Free Text *****

07-July-2022 ***** *****

Free Text *****

05-July-2022 ***** *****

Free Text *****

29-Jun-2022 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment Would like to stay on trazodone

Comment Comment Helps her sleep at times

Comment Comment Doesn't help with her mood. Answers mumbled, hard to hear. I had to ask her to repeat which clearly irritated her.

Comment Comment She said she was lying in bed. The trazodone doesn't help her mood, for which it is prescribed. She thought it was prescribed for sleep. I said no, that was a (helpful) side effect but not the indication here.

Comment Comment She would like Trazodoneto continue.

Comment Comment She misses trazodone when she drinks alcohol which accounts for less that 100% usage. She said she already told me this. (I had forgotten and couldn't see the previous entry whilst typing this). The fact I didn't remember annoyed her.

Comment Comment Explained that it is an off license use for PD. I said I was obliged to tell her that

Comment Comment She began a tirade about nothing helping her and the medication not making her better and she gets no help.

Comment Comment She was offered mentalization based therapy by Community MH team but had not wanted to engage and so was discussed

Comment Comment I discussed that we should consider stopping the medication if it is of no use. There is no clinical evidence that quetiapine helps EUPD. Despite that some patients say subjectively it does

Comment Comment She became quite angry, raised her voice. She said it kept her level. I said that was better than being worse. I used the analogy of insulin and diabetes but she did not feel this analogy was helpful and began shouting even more loudly.

Comment Comment I asked her to become calm. This irritated her more. I attempted to point out that this difficulty with relationships was characteristic of her condition. Though this is true, it was, on reflection, perhaps inflammatory to mention it here.

Comment Comment I have reissued the trazodone at her request despite it being of little use.

Comment Comment She shouted and raged.

Comment Comment I was unable to ask her whether she wanted to continue with the quetiapine despite it being of no use because she put the phone down.

Problem Emotionally unstable personality disorder

22-Jun-2022 *****

Free Text *****

13-Jan-2022 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment Alexis was on holiday when I tried to ring her.

Comment Comment She no longer ***** Women Out West

Comment Comment She hasn't been taking quetiapine because the CMHT told that she needs a physical health check

Comment Comment I said that that is intended for people on higher doses for schizophrenia

Comment Comment She has spoken to Together We and she has asked for a review of her diagnosis.

Comment Comment CMHT said that as she didn't want MBTi treatment they discharged her

Comment Comment She felt she can't do this online therapy.

Comment Comment However she is now going to Together We. And she will go to them.

Comment Comment She finds quetiapine helpful for sleep and she is calmer.

Comment Comment I said she could 50mg quetiapine at night if that suited her better.

Comment Comment Denies plans, preparations or intent to commit suicide.

Comment Comment Feels safe to have a month's supply

Comment Comment Nothing to suggest patient lacks capacity to make decisions about treatment and safety.

Comment Comment Finds the trazodone helpful with her mood. She sleeps better.

Comment Comment She avoids taking them when she is drinking.

Comment Comment Both quetiapine and trazodone restarted

Problem Emotionally unstable personality disorder

19-Nov-2021 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
Discharged-Allerdale community mental health assessment and recovery team

09-Nov-2021 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Scanned document

Document Clinical letter
Allerdale Community Mental Health Assessment and recovery team

02-Sept-2021 *****

Free Text *****

02-Sept-2021 *****

Free Text *****

25-Aug-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment ayisha drisdon? women out west called regarding pt. Her number is 07706199130
Comment Comment She had spoken to Alexis four weeks ago.
Comment Comment CMHT had seen her 13 July but not written it up
Comment Comment I emailed them. On 11 August they said they would write it up but plan was for Alexis to join their Mentalization Based Therapy. This was an appropriate therapy I thought.
Problem Telephone call to a patient

19-Aug-2021 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Email encounter
TogetherWe

19-Aug-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Problem Emotionally unstable personality disorder
Comment Comment Had taken 50mg trazodone but felt that it made no difference
Comment Comment She did not sleep
Comment Comment I said that this was a low dose and I had anticipated increasing it.
Comment Comment She sounded brighter objectively however and there was some appropriate humour from her.
Comment Comment Increase trazodone to 150mg and review in 2/52

04-Aug-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment Alexis has not heard from CMHT
Comment Comment She has heard from Together We Talk. They will offer her psychotherapy every fortnight
Comment Comment Janine was more helpful than CMHT
Comment Comment Quetiapine 25mg bd. She will re-order.
Comment Comment She hasn't left the house since Sunday.
Comment Comment Anxious on Monday. Crying Sunday night. Went out but had to come out
Comment Comment Shaking uncontrollably. Anxiety.
Comment Self-harm
Comment Comment I will review in 2 weeks
Problem Emotionally unstable personality disorder

21-July-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment Alexis had seen CMHT on 13 July but has heard nothing back
Comment Comment She felt the assessment was not positive, but neutral.
Comment Comment We have had no letter from them.
Comment Comment She feels stressed to bits by everything.
Comment Comment She can't calm down, she sits shaking.
Comment Comment She cuts herself and that makes herself feel better
Comment Comment She doesn't need go to hospital.
Comment Comment She doesn't have any wounds that need stitching. Nothing in the last few days.
Comment Comment She experiences anger and suicidality and sadness.
Comment Comment Her ***** hasn't been there all week.
Comment Comment If not accepted by CMHT, take to Copeland Complex Cases MDT (Dr Heasman)
Problem Emotionally unstable personality disorder

15-July-2021 *****

Free Text *****

08-July-2021 *****

Free Text *****

08-July-2021 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

Lab Results HbA1c lev - IFCC standardised mental health review
HbA1c lev I - IFCC standardised Target for control in diabetes is 48mmol/mol or less (NICE 2015)
 The cut off value in diagnosis is 48mmol/mol.(JPO) - Satisfactory/Normal:

08-July-2021 Mrs Ann Stanton (ANS) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC mental health review
Full blood count - FBC(ANST) - Satisfactory/Normal:
 Haemoglobin estimation 144 g/L (Range: 115 - 165)
 Total white cell count 6.3 10⁹/L (Range: 4 - 11)
 Platelet count 226 10⁹/L (Range: 150 - 400)
 Red blood cell (RBC) count 4.49 10¹²/L (Range: 3.8 - 5.8)
 Haematocrit 0.428 (Range: 0.37 - 0.47)
 Mean corpuscular volume (MCV) 95.3 fL (Range: 80 - 100)
 Mean corpusc. haemoglobin(MCH) **32.2 pg** (Range: 27 - 32)
 Red blood cell distribut width 14.6 % (Range: 11 - 14.8)
 Neutrophil count 4.9 10⁹/L (Range: 1.8 - 7.5)
 Lymphocyte count **0.9 10⁹/L** (Range: 1.5 - 4.5)
 Monocyte count 0.3 10⁹/L (Range: 0.2 - 0.8)
 Eosinophil count 0.1 10⁹/L (No range available)
 Basophil count 0.1 10⁹/L (No range available)

08-July-2021 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

Lab Results Urea and electrolytes mental health review
Serum total protein(JPO) - Satisfactory/Normal:
eGFRcreat (CKD-EPI)/1.73 m²eGFR: for Afro Caribbean patients multiply by 1.16(JPO) - Satisfactory/Normal:
Urea and electrolytes(JPO) - No action required:
 Serum sodium 140 mmol/L (Range: 133 - 146)
 Serum potassium 4.1 mmol/L (Range: 3.5 - 5.3)
 Serum urea level **2.3 mmol/L** (Range: 2.5 - 7.8)
 Serum creatinine 54 umol/L (Range: 49 - 90)
 AKI warning stage NA (No range available)
Liver function test(JPO) - Satisfactory/Normal:
 Serum total bilirubin level 5 umol/L (Range: <21)
 Serum alkaline phosphatase 88 U/L (Range: 30 - 130)
 Serum ALT level 25 U/L (Range: <40)

08-July-2021 Mrs Ann Stanton (ANS) Awaiting clinical code migration to EMIS Web

Lab Results Serum TSH level mental health review
Serum TSH level(ANST) - Satisfactory/Normal:

07-July-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRETelephone consultation

Comment **Comment** Alexis has had a letter from CMHT offering her an appt until 13th July. She will attend.
 Comment **Comment** Has been on lots of different medication without any benefit.
 Comment **Comment** She is not finding quetiapine helpful at this dose.
 Comment **Comment** She sleeps a bit better with it.
 Comment **Comment** Her main problem is unstable moods.
 Comment **Comment** She has anxiety at times, but tends to be situational such as when she goes on the ***** run. She takes the dogs and concentrates on them to distract herself.
 Comment **Comment** She feels stressed however.
 Comment **Comment** Irritability and anger and she is not leaving the house in case she kicks off.
 Comment **Comment** Shopping is a big trigger as she can't tolerate other people.
 Comment **Comment** She stopped getting propranolol.
 Comment **Comment** Has asthma
 Comment **Comment** She used to take them prior for shopping.
 Comment **Comment** However, contraindicated with asthma
 Comment **Comment** Plan: Keep quetiapine as it is for now. Review again in 2/52 after she sees CMHT
 Problem Emotionally unstable personality disorder

01-July-2021 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical letter
 Copeland CMHART

16-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Administrative procedure
 Mental Health Nurse Template with Letterhead

16-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment	Comment	Alexis has support from Women Out West
Comment	Comment	She has requested GP to ring Ayesha from WoW.
Comment	Comment	GP did this.
Comment	Comment	WoW would like Gp to appeal CMHART decision not to accept their rejection.
Comment	Comment	Ayesha's number is 07915 208766
Comment	Comment	I said we could try quetiapine at a low dose as a mood stabiliser, which is an off-license dose
Comment	Comment	Alexis gets nervous about taking tablets.
Comment	Comment	She didn't want to feel 'monged' or 'cabagged' and I said she may feel oversedated.
Comment	Comment	This is because ***** queries whether she has taken drugs if she appears sedated and won't give her her *****
Comment	Comment	I suggested she keep her prescription record to show them
Comment	Comment	She will try quetiapine and I will review in 3 weeks
Comment	Comment	Denies plans, preparations or intent to commit suicide.
Comment	Comment	Nothing to suggest patient lacks capacity to make decisions about treatment and safety.
Problem		Emotionally unstable personality disorder

16-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Other note

Comment	Comment	Attempted to call Women Out West. Message left
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16-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone call from relative/carer

Comment	Comment	Ayesha Drysber from Women Out West rang back. Her point was that ***** previously had not been able to engage with structured therapy due to her poor mental state. WoW have been working to build her confidence, to offer her mindfulness techniques and relaxation to the point where they feel she will be able to use psychological therapy. They make the point that they are not trained psychological therapists and therefore not able to give her this level of specialist input. They note their referral to Safetynet, but report that due to her dyslexia and difficulty using computers that she is not able to fully benefit from remote interventions and would need face to face input. As such, Safetynet is not able currently to meet her needs. Ayesha requested I re-refer to CMHART. I have discussed this with Dr ***** and will do so.
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15-Jun-2021 Dr Ami Hall (AM13735) LOWTHER MEDICAL CENTRE GP Surgery

History	History	feels like she is stuck in the same position and nothing is helping, like putting a plaster over a wound, she feels she is escalating herself when ***** is with her ***** drinking alcohol, self harms daily, no suicidal thoughts, her ***** contribute to frustration with music/behaviour and put in req for transfer another property
History	History	was intending to have psychological support via Safetynet but couldn't engage with it remotely over the pandemic, says will do/try any medicines atm to help
History	History	asked me to contact her support worker also to inform/discuss > essentially was on the horizon last year but nothing atm
Social	Social	WoW - support worker - aiesha dryden - alexis would like me to ring her and explain - 07915 208766

11-Jun-2021 Dr Ami Hall (AM13735) LOWTHER MEDICAL CENTRE Telephone consultation

History	History	D/W ***** and rejection letter > suggest f2f appointment today if she can come in - reception to ring - tues am if not
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03-Jun-2021 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document	Clinical letter Discharge- CMHART
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02-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document	Referral to community mental health team ^Mental Health Community Team (CMHART) (NCCCG)
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02-Jun-2021 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment Alexis has been trying to get through since Christmas. She has made 400 calls since January

Comment Comment Alexis has stopped taking quetiapine. She felt no different.

Comment Comment Alexis would like a referral back to Community Mental Health Time

Comment Comment She is too complex for First Step

Comment Comment Pressure of Speech

Comment Comment She self harm constantly

Comment Comment Not suicidal

Comment Comment She feels she has more than EUPD

Comment Comment She reports impulsive behaviour. Most of it is EUPD.

Comment Comment She has been to Decider Course x 2. Did not find it helpful.

Comment Comment She has had no help for childhood trauma she feels.

Comment Comment She would to see a psychiatrist for a medication review.

Comment Comment Became distressed

Comment Comment Her friend goes private and gets counselling.

Comment Comment She cuts on a daily basis

Comment Comment Denies plans, preparations or intent to commit suicide.

Comment Comment It's worse when her little girl goes to her *****.

Comment Comment She has two dogs which help.

Comment Comment She would like to talk about pain management.

Comment Comment Pain is from trauma.

Comment Comment plan: refer to CMHART

Problem Emotionally unstable personality disorder

02-Jun-2021 *****

Free Text *****

20-May-2021 *****

Free Text *****

16-Apr-2021 Ms Helen McLean (HML) LOWTHER MEDICAL CENTRE Scanned document

Document A&E report
A&E Report

Problem Sprain of knee

22-Dec-2020 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Comment She feels asleep better with quetiapine. But she doesn't stay asleep.

Comment Comment She tries to listen to Mindfulness, it usually works, but otherwise she ruminates.

Comment Comment She feels restless.

Comment Comment Her ***** party all the time.

Comment Comment She feels that the quetiapine has evened her moods out a little.

Comment Comment She generally dissociates, but is now more aware of when she's doing it.

Comment Comment Quetiapine reauthorised for 3 months

Comment Comment Denies plans, preparations or intent to commit suicide.

Problem Emotionally unstable personality disorder

08-Dec-2020 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical letter
CRHT - WCH

08-Dec-2020 Mr John Walker (TW) LOWTHER MEDICAL CENTRE Telephone consultation

Comment Her ***** with Women Out West rang crisis team. They told her to ring us

Comment Was with CMHART, but discharged 2019.

Comment Diagnosed with EUPD

Comment Has had lots of medication: citalopram, mirtazapine, fluoxetine, venlafaxine, sertraline: also promethazine and propranolol. She said propranolol was effective

Comment Having emotional surges. She's angry at everything.

Comment waiting for a house

Comment 6 year old looking after on her own.

Comment CSC no longer involved.

Comment Doesn't like where she lives. Difficult *****. She wants to move.

Comment She is waiting for a move from Home Group. But it's going really slow. Little progress.

Comment WoV won't do therapy until she moves house.

Comment No cannabis currently

Comment No alcohol for the last few weeks.

Comment History of self-harm by cutting and burning. Still self-harming

Comment Tries to control it. Will tattoo over them.

Comment Denies plans, preparations or intent to commit suicide.

Comment Nothing to suggest patient lacks capacity to make decisions about treatment and safety.

Comment I will review in 2 weeks

Problem Emotionally unstable personality disorder

History Victim of Abuse

History In care growing up. Multiple ***** and a care home.

History Victim of domestic abuse

History Victim of emotional abuse

History Victim of sexual abuse

07-Dec-2020 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTRE Telephone consultation

History History 07873 638335, been told from crisis team to book a tel call with gp for some advice, spoke to crisis team today house not good for well being, not sleeping very good awake at 430 am - then has to take ***** to ***** , feels things are getting too much lives alone with ***** 6 yrs old .attends WOW no ***** for the last 4 weeks , no family support, has tried numerous medications but feels nothing works feels at the end of her tether and needs some help . has spoken to first steps . used cannabis in the past but not at present , drinks 4 cans per night to help with sleep ,no thoughts of suicide , has been self harming but ***** present so unable to talk much and she doesn't want her to see her upset .

History History Assures me she will be safe overnight and a call arranged with TW for tomorrow

History History This consultation was conducted during the COVID19 pandemic. All discussions and management were made with latest evidence and in best interests of protection of the patient and staff in mind.

24-Aug-2020 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document Outpatient letter
DNA - Orthopaedics Clinic Letter

12-Aug-2020 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document Outpatient letter
DNA - Orthopaedics Clinic Letter- MR S Meda

28-July-2020 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document Outpatient letter
Orthopaedics Clinic Letter

Problem Fracture of radius (Left) Left sided Undisplaced radius fracture

Problem Sprain of wrist (Right) No fractures seen on Right sided wrist

28-July-2020 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

26-July-2020 Document A&E report
A&E report (26-Jul-2020)

26-July-2020 Problem Problem [Closed fracture of radius] Deleted

27-July-2020 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document Outpatient letter
Orthopaedics Clinic Letter - CIC
 Additional Radiography of wrist (Bilateral) Do not show any
 convincing fracture in Right wrist. Left wrist possibly an
 extra-articular distal radial fracture.

26-July-2020 Mrs Susan Lister (susan.L) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

11-Sept-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin letter . Other admin Consent for Treatment - FILED 07.11.19
 Additional Administration NOS

11-Sept-2019 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRE GP Surgery

History Verbal advice about long acting reversible contraception
 History General contraceptive advice
 History History counselled re
 failure, ectopic, bleeding, infection, perforation, expulsion.
 History History 7 day rule
 History History last s.i. over a week ago
 History Health ed. - cervical cytology -up to date
 History History swabs negative
 History Informed consent for procedure
 History Chaperone present -***** HCA
 Examination O/E - VE - uterus anteverted
 Examination Uterine cervix visualised -appears normal
 Examination Removal of Mirena coil
 Examination Examination sounded to 6cm
 Examination Introduction of Mirena coil (Bayer, Sep-2021, tuo248s)
 Comment Comment check threads 6 weeks
 Comment Comment 7 day rule
 Social Ex smoker
 Social Lifestyle advice regarding alcohol
 Social Patient advised re diet
 Social Patient advised re exercise
 Regime Medication review of medical notes
 Review

28-Aug-2019 Miss Melissa Turner (MT3) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Letter encounter to patient
copy of CPC report ahead of meeting 10/9/19. mt

28-Aug-2019 Miss Melissa Turner (MT3) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Child protection conference report submitted
*Dates 1/4/19 to 28/8/19 Child protection conference report submitted (28-Aug-2019) emailed via
 nhs.net*

08-Aug-2019 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTRE GP Surgery

History History precoil fitting advice due change in september ,
 fully counselled aware of risks of not being able to fit and
 to abstain from sex for 7 days , discussed analgesia prior
 to fit - appt given

29-July-2019 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

23-July-2019 Lab Results Cytology laboratory test
Cytology laboratory test(FCI) - No action needed:
 Cervical cytology test HPV PRIMARY SCREENING - NO (No range available)
 CYTOLOGY REPORTED. High-risk HPV NOT
 DETECTED. Routine recall is recommended
 CYTOLOGICAL PATTERN No cytology result [X] (No range available)
 SPECIFIC INFECTION [0] High risk HPV NOT DETECTED (No range available)
 MANAGEMENT SUGGESTED [A] Routine recall (No range available)

25-July-2019 Dr Joanne Hull-Davies (JHD) Awaiting clinical code migration to EMIS Web

23-July-2019 Lab Results Genital MC&S due coil change
Genital MC&S FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:-
 CULTURE: No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt
 sample Candida sp. NOT isolated(JHD) - No action needed:

24-July-2019 Dr Joanne Hull-Davies (JHD) Awaiting clinical code migration to EMIS Web

23-July-2019 Lab Results Chlamydia DNA detection due coil change
Chlamydia DNA detectionVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Assay not currently UKAS accredited Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(JHD) - No action needed:

23-July-2019 Mrs Lesley Hull (LJH_) LOWTHER MEDICAL CENTREGP Surgery

Additional Procedure	Informed consent for cervical smear given - first test
Procedure	Cervical smear taken (GMS)
Procedure	360 degree sweep of cervix performed
Procedure	High vaginal swab taken
Procedure	Endocervical chlamydia swab
Procedure	Mirena coil check ,no periods,strings visible.Was fit September 2014 so due a change.Swabs today and appointment with AMP as per protocol.
Examination	Uterine cervix transformation zone visualised
Test Request	Unknown specimen
Test Request	Unknown specimen
Test Request	Endocervical chlamydia swab
Test Request	Gonococcal swab
Comment	Syphilis screening declined
Comment	HIV screening declined

10-July-2019 Miss Melissa Turner (MT3) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document	Medical examinations/reports COMPLETED UC113
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08-July-2019 Dr Fiona C Ironside (FCI3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Had a chat to patient
History	History stopped drinking completely, as has lieele girl still smokes weed vevry night, doesn't want anything for sleep wasn't happy on the zopiclone, doesn't like antidepressants, has been on them propranolol
History	History already seeing a counsellor, needs in deoth therapy for childhood trauma
Medication	Medication (NOT ISSUED) Propranolol 40mg tablets One To Be Taken Each Day, 28 tablet

01-July-2019 *****

Free Text	*****
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25-Jun-2019 *****

Free Text	*****
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17-May-2019 *****

Free Text	*****
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17-May-2019 *****

Free Text	*****
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26-Apr-2019 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTREGP Surgery

History	Mental health review
History	History low mood, anxiety and worsening, attending session from cmht, doesn't want AD as they don't help her
History	History bingeing alcohol 10 pints x1 a wk to sleep, cannabis 1-2x
History	History no self harm thoughts
History	History would like full psychotherapy regarding past traumas
History	History does not drink when ***** is home - she goes to see her ***** fortnightly
History	History advised stop bingeing, use zopiclone shortterm for sleep, cont bblocker

17-Apr-2019 Mrs Pamela Woods (PW) LOWTHER MEDICAL CENTREGP Surgery

Comment	Comment strengthening families rang saying this lady needs to be seen struggling with mental health would like to be seen without ***** poss thurs afternoon
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13-Mar-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional	Attachment
Additional	Clinical letter Copeland Community Mental Health Team Mental Health DOCUMENT FILED 19.3.19
Additional	Letter encounter to patient

13-Mar-2019 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTRETelephone consultation

Problem Telephone encounter
 History **History** with ***** from the CMHT, she has UPD
 History **History** the team has been trying to contact her several times but she has been avoiding the team, they are discharging her, the CPN said that the SW told the team that she doesn't like to see anybody from the team at present

08-Nov-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team .
 Additional Letter encounter to patient

01-Nov-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . FILED 09.11.18
 Additional Letter encounter to patient

04-Oct-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTREAdministration note

Problem Victim of domestic violence

11-July-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team .
 Additional Letter encounter to patient

25-Jun-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin Letter Copeland Community Mental Health Team . Appointment. DOCUMENT FILED 26.6.18
 Additional Letter encounter to patient

04-Jun-2018 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREGP Surgery

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: anxiety+depression personality disorder; Duration 12-May-2018 - 03-Jul-2018)
 History Medication given -felt Propranolol beneficial no wheeze/no effect on asthma-keen to go back on-takes prn
 History **History** some nausea with Venlafaxine-offered to change-but wants to try with B Blocker
 History **History** w/l for counselling (FS felt she needed more qualified counsellor)
 History **History** trying to cope with diagnosis of emotionally unstable personality disorder
 History **History** says copes well with being a *****

09-May-2018 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREAdministration note

Regime Medication review of medical notes
 Review

12-Apr-2018 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

Document MED3 (2010) issued by hand, not fit for work
Fit Note Document (Diagnosis: anxiety and depression; Duration 12-Apr-2018 - 12-May-2018)
 Comment **Comment** saw psych yesterday felt a bit flat afterwards
 Comment **Comment** has been referred follow on after decider group
 Comment **Comment** no suicidal thoughts
 Comment **Comment** rev 1/12 cont mindfulness etc see sooner any problems.

11-Apr-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team Mental Health FILED 20.04.18
 Additional Seen in psychiatry clinic

07-Mar-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin Letter Copeland Community Mental Health Team . Appointment. DOCUMENT FILED 12.3.18
 Additional Letter encounter to patient

06-Mar-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTREGP Surgery

Comment **Comment** script dated 2.3.18 sent to morrison's advised pt

16-Feb-2018 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

Problem Patient reviewed
 Comment *Comment* has appt at valley wed 21 st feb
 Comment *Comment* Off sertraline mood stable on venlafaxine
 Comment *Comment* does struggle with emotions but has been using mindfulness to recognise her reactions sooner
 Comment *Comment* 2/52 meds and another on repeat rev after that sooner any problems.,
 Document MED3 (2010) issued by hand, not fit for work
Fit Note Document (Diagnosis: anxiety and depression; Duration 12-Feb-2018 - 12-Mar-2018)

08-Feb-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team .
 Additional Letter encounter to patient

01-Feb-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team .
 Additional Seen in psychiatry clinic
 Comment Depression interim review

25-Jan-2018 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . DOCUMENT FILED 29.1.18
 Additional Letter encounter

18-Jan-2018 Miss Melissa Turner (MT3) Awaiting clinical code migration to EMIS Web

Referral Community Mental Health Team Referral . *Referral Type: Investigation*
 Comment *Comment* Referral faxed to the mental health team
 22/1/18
 Document Referral Letter
Community Mental Health Services Referral

15-Jan-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTREGP Surgery

Problem Anxiety with depression (Grouped with Anxiety with depression)
 Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: anxiety with depression; Duration 15-Jan-2018 - 12-Feb-2018)
 History *History* for months, she has also peronality disorder
 History *History* poor concentration, anxiety, recurrent panic attacks, irritable, low mood, etc
 History *History* she denies suicidal thoughts
 History *History* propranol helped her but stopped because of asthma
 History *History* she tried sertraline, fluoxetine, citalopram with no help
 Comment *Comment* general advice given, try venlafaxine and review in 3 weeks, before if deterioration

15-Jan-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTREGP Surgery

Additional Depression medication review
 Additional Depression interim review

09-Oct-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . FILED 17.10.17
 Additional Letter encounter to patient

27-Sept-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . - FILED 02.10.17
 Additional Letter encounter to patient

06-Sept-2017 Sister Joanne Eldon (JXE3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
ClinicLetter CPFT MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE 725

01-Sept-2017 Mrs Debbie Todd (DJT) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document Administration
RESULT FROM HOSP (Gp)

31-Aug-2017 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTRE Administration note

History *History* fax regarding sertraline- ??she is not ordering

30-Aug-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Treatment Request Allerdale Community Mental Health Team . DOCUMENT FILED 31.8.17
 Additional Fax received

22-May-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team Mental Health FILED 25.05.17
 Additional Letter encounter to patient

17-May-2017 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
ClinicLetter CPFT GENERAL SURGERY 100

09-May-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Treatment Request Copeland Community Mental Health Team . DOCUMENT FILED 9.5.17
 Additional Fax received

09-May-2017 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREAdministration note

Regime Review Medication review without patient

18-Apr-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin Letter Copeland Community Mental Health Team . DOCUMENT FILED 20.4.17
 Additional Letter encounter to patient

11-Apr-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . FILED 19/04/17
 Additional Letter encounter to patient

06-Apr-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team . DOCUMENT FILED 19.4.17
 Additional Letter encounter

05-Apr-2017 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREAdministration note

Problem Anxiety states is on SSRI 25mg and is to increase to 50mg but she is becoming very anxious during this, agree script for BB as has review with CMHT in May
 Comment *Comment ***** rang, req propranolol, says having melt down, wont attend oa, needs something today!! tel; 07506 941 070, if stressed her ***** will talk instead of her*
 Comment Telephone encounter
 Document MED3 (2010) issued by hand, not fit for work
Fit Note Document (Diagnosis: Anxiety states; Duration 05-Apr-2017 - 19-Apr-2017)

04-Apr-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin Letter Copeland Community Mental Health Team . DOCUMENT FILED 6.4.17
 Additional Letter encounter to patient

30-Mar-2017 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREGP Surgery

Comment *Comment ***** rang asking for propranolol, explained patient needs seen, ***** said it should be on the recent treatment req but nothing on there*

29-Mar-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Treatment Request Copeland Community Mental Health Team . FILED 29.03.17 - FCI ON CALL
 Additional Seen in psychiatry clinic

29-Mar-2017 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTREAdministration note

Problem Personality disorder NOS

14-Mar-2017 Dr Nosheen Bhutta (NB12) LOWTHER MEDICAL CENTREThird party consultation

History History ***** Prowse asking for medication.
 History History Citalopram on repeat but not propranolol
 History History I prefer to see her before giving medication
 History History says ***** me and run out today. only citalopram issued. asked to see us.

02-Mar-2017 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Discharge Summary Letter Discharge Summary Letter

21-Feb-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Copeland Community Mental Health Team Mental Health FILED 23.02.17
Additional Letter encounter to patient

06-Feb-2017 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTREGP Surgery

History History doing a lot better- propranolol has helped
History History seriously reduced down on cannabis, £10 lasting a week, prev on £20 per day
History History states does not want to see or speak with ***** boyf although he has contacted her
History History not slept very well and was tempted to smoke more but controlled it
History History had support from letgo and ***** and going to attend freedom project
History History moved into her new house and likes it, having some painting done
History History given rev for two wks time
History History 2. chestinfection, cough for 5 days, right side wheeze, occ pain, no fevers, o/e: obs ok, chest-creps right base, mild wheeze, for abx

25-Jan-2017 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
28 day wait letter 28 day wait letter

16-Jan-2017 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTREAdministration note

History Did not attend - no reason

03-Jan-2017 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTREGP Surgery

History History with her friend
History History all over the place
History History anxious, getting threats from brett via her *****
History History mood low
History History self-harming
History History not suicidal
History History no formal residence atm but awaiting keys to her house in mirehouse sometime soon
History History awaiting help from Letgo and also CBT
History History doesn't feel her citalopram having any effect at all
History History cannabis ongoing has cut back but smoking 20g, discussed this
History History rev in 2 wks, given propranolol short term, reduce citalporam to 10mg and rev 2wks or sooner sos

14-Dec-2016 Sister Joanne Eldon (JXE3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Assessment Summary (GP Only) Letter Assessment Summary (GP Only) Letter

08-Dec-2016 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
GP letter for self-referral GP letter for self-referral

08-Dec-2016 Sister Liz Donnan (LD2) LOWTHER MEDICAL CENTREHome visit note

Problem Had a chat to patient : very tearful and high anxiety levels due to current childrens services involvement and ***** making things difficult.***** tol me her current medication doesn't seem to be helping. ***** agreed to see GP for review.
Comment health visitor will follow up next week.

08-Dec-2016 Sister Liz Donnan (LD2) LOWTHER MEDICAL CENTREThird party consultation

Comment tel call to First Steps, ***** had explained to me that she was unable to have telephone consultation yesterday because housing officer was in and she was expecting a letter with a new appt from First Steps. ***** from First Steps said she would ring ***** and arrange a new appointment.

07-Dec-2016 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Assessment DNA Discharge Letter Assessment DNA Discharge Letter

28-Nov-2016 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Document Discharge summary
GP letter for self-referral GP letter for self-referral

23-Nov-2016 Dr Nosheen Bhutta (NB12) LOWTHER MEDICAL CENTRE GP Surgery

Problem Anxiety with depression
Assessment Medication review done
Assessment Need and Indication
Assessment Open questions
Assessment Tests and monitoring
Assessment Evidence and guidelines
Assessment Adverse events
Assessment Risk reduction or prevention
Assessment Simplification and switches
History ***** sister, has 2 years old ***** suffers from anxiety and depression. helping little with citalopram
History Appetite ok but sleep not very good
History ***** involved in her care yesterday > got upset as no one told her about this appointment before hand
History ***** uses cannabis since was 12 years old, is using 20 gms/day
History denies any other substance misuse
History denies smoking and alcohol
History no self harm or suicidal ideas, plans, images or intention
History ***** helps looking after little *****
History separated from *****
Comment long chat about cannabis misuse as long term effect is depression and sound like anti dep not helping at great extent
Comment agreed to see UNITY as taking it for a while now
Comment Don't want to see councillor at first step
Comment Citalopram dose increased to 30mg
Comment r/w in 4-6 weeks, earlier if red flag as discussed

02-Nov-2016 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTRE Telephone consultation

Problem Telephone encounter
History with SW from Children Services

04-Oct-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTRE GP Surgery

Problem Anxiety with depression - better since SSRI increased to 20mg - agree can go on repeat. Given 1st step number
Medication (NOT ISSUED) Citalopram 20mg tablets One To Be Taken Each Day, 28 tablet

12-Sept-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTRE GP Surgery

Problem Anxiety with depression feels better on citalopram, but still having panic attacks as Alexis can't relax - agree increase to 20mg and review 3 weeks.
Medication (NOT ISSUED) Citalopram 20mg tablets One To Be Taken Each Day, 28 tablet
Problem Pain in coccyx after recent fall, tender - agree analgesia
Additional Depression medication review
Additional Depression interim review

09-Sept-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTRE Telephone consultation

Comment had rang yesterday wanting to speak to ***** about her self ***** had rang but no reply 07867986998 patient said sorry but she had not got call - she really needs to speak to ***** - agree see monday

08-Sept-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTRE Telephone consultation

Comment patient had an app to see u on tuesday she went to get her app card out today to check time and realised it was for tuesday and she had missed app she was very apologetic and is asking if she can speak to u on the phone can ring her please 078 679 86 998
Comment Failed encounter - message left on answer machine

17-Aug-2016 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency Bruise/contusion/haematoma back.
DOCUMENT FILED 23.8.16

Additional Seen in hospital casualty

17-Aug-2016 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency Full A&E form. DOCUMENT FILED
26.8.16

Additional Administration

02-Aug-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREGP Surgery

Problem Anxiety with depression - asking to increase medication, but has had none for 1 week, discussed how SSRI work and agree to wait and see and review 6 weeks or sooner if required

Assessment Depressed

Assessment Poor self esteem

Assessment Weight steady

Assessment No thoughts of self harm

15-Jun-2016 Ms Donna O'Brien (dob) LOWTHER MEDICAL CENTREAdministration note

Comment *Comment* Pt screamed and shouted down the phone at me. I tried to explain what was in notes but pt said she was told things differently. Wouldn't let me try and finish what was documented and I received a load of abuse down the phone at which point I then ended up hanging up having forewarned her I would do this if she continued to carry on in such a way. do

15-Jun-2016 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTRETelephone call to a patient

Problem Telephone encounter

History *History* at 13.46 but nobody answer, as it looks like the mobile phone is off

09-Jun-2016 Mrs Gillian Hewitson (GH3735) LOWTHER MEDICAL CENTREGP Surgery

Problem Patient reviewed feeling sick with fluoxetine, vomited last few days, would like to change medication. Advised to take fluoxetine every otherday for 10 days then commence citalopram and review week after. Mood stable and less emotional at present, no thoughts self harm, understands plan for medication.

02-Jun-2016 Mrs Gillian Hewitson (GH3735) LOWTHER MEDICAL CENTREGP Surgery

Problem Patient reviewed less emotional, problems at home with burst pipes, managing ADL, no thoughts self harm, continue medication review 1 week

26-May-2016 Mrs Gillian Hewitson (GH3735) LOWTHER MEDICAL CENTREGP Surgery

Problem Low mood emotions!+++ , feels sad all the time, ***** and 2 year old little girl, some times little things make her anxious, some days feels cannot go out of house, used drugs and self harmed in past, no family here all in Scotland, feels cannot be bothered a lot of the time but then gets anxious about not doing daily chors. No suicidal thoughts, has thought about self harm but not done any thing, wants to feel normal, has number for first steps.

Comment Patient given advice commence medication, see weekly review SOS

01-Apr-2016 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

31-Mar-2016 Lab Results U-S pelvic scan
U-S pelvic scan Clinical indication: IUD in situ lower abdominal pain US Pelvis: Indication: IUD in situ lower abdo pain Transabdominal scan only with consent. Good access Anteverted uterus. LMP: Bleeding most days since IUD fitted 1yr ago. The uterus appears normal in size and shape. IUD seen and correctly sited within the endometrial cavity towards the fundus. The uterus measures 61 x 38 x 48 mm, unable to measure endometrium accurately due to IUD but appears unremarkable. Both ovaries appear normal in size and echotexture. Right ovary measures 26 x 22 x 33 mm. Left ovary measures 18 x 18 x 16 mm. No adnexal masses or cysts identified. No free pelvic fluid seen. Smooth bladder outline. Both kidneys appear normal in size, position and texture with no hydronephrosis. Right kidney = 102 mm. Left kidney = 103 mm. Reported by : CARRUTHERS ***** / M98B1529E(JW) - No action needed:

16-Mar-2016 Mrs Alyson Taylor (AT3) LOWTHER MEDICAL CENTRE Awaiting clinical code migration to EMIS Web

Document General medical practitioner
Request for USS of pelvis

15-Mar-2016 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTRE GP Surgery

Additional Patient allocated named accountable general practitioner
Additional Informing patient of named accountable general practitioner
Problem Had a chat to patient
History History having IMB has IUS, had swabs gum all nad advised for USS, but rev sooner any problems.

12-Oct-2015 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Diagnosis Patient reviewed lif and suprapubic pains for few months, stringy pink dc, pain during intercourse. mirena coil in situ and wants to keep for contraception. IBS sx with bowels and can be loose or constiated and bloated. unclear if pain from bowels/uterus tx for PID and abstain SI, self swab and urine sample. abx given. monitor bowels rev again ongoing sx PRIORITY=3
Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: pv dc Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 12/10/2015 Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 12/10/2015 Test: N gonorrhoeae PCR, Status: Complete, Updated: 12/10/2015
Acute Issue(s) Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK
Acute Issue(s) Acute Issue(s) Ofloxacin 400mg tablets - TAKE 1 TWICE A DAY

05-Aug-2015 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

03-Aug-2015 Administration Letter encounter to patient Admin letter First Step . PRIORITY=7
03-Aug-2015 Attachment Document Image letter
Docman Attachment (From): First Step, . (Description:) Admin letter

30-July-2015 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

27-July-2015 Administration Letter encounter to patient Admin letter First Step . PRIORITY=7
27-July-2015 Attachment Document Image letter
Docman Attachment (From): First Step, . (Description:) Admin letter

20-July-2015 Mrs Jill Paul (PJP) Awaiting clinical code migration to EMIS Web

Referral Refer to counsellor TP Speciality = Other : FHSA Speciality = Community Psychiatric Nurse. Referral
Activity Type: Outpatient
Attachment Referral letter
20/07/2015 Refer for Refer to counsellor at department of with by: ***** Eldon
Attachment Other Attachment letter
Fax rcpt - First Steps - pjp

13-July-2015 Ms Amanda Ashcroft (ASHA_) Awaiting clinical code migration to EMIS Web

Symptom Abdominal pain C/O lower abdo pain since had coil put in 8 mts ago. gets crampy type pains which radiate down legs pain worse when having periods also C/O bloating and wind ++. Has 9 mt old little girl and def doesnt want any more ***** yet. Has had implant which she says dint agree with her and would foprget to take the pill everyday doesnt really want coil removed just wonders if symptoms are normal. while here also wants to be ref for counselling. Has longstanding mental health issues since childhood has had treratement with antidep and counselling in the past doesnt want to go back on antidep wants to face probs straight on and counselling really helped last time lives alone with ***** ex- ***** lives near by gets support from ***** and ***** depression scoe= 4 (low) managing ok looking after child but struggles financially. Doesnt work spends a lot of time with *****.. Tearful during consultation doesnt want anyone to think shes a bad ***** PRIORITY=3

Diagnosis Agreeing on care plan agrees to keep coil at the moment as is sexually active and doesnt want another ***** to try paracetamol during worst of pain. To ref for counselling as requested to return at any time if she has concerns doesnt want to make a follow up appt she will ring if neccessary PRIORITY=3

Acute Issue(s) Acute Issue(s) Paracetamol 500mg capsules - 1 TO 2 CAPSULES UP TO FOUR TIMES DAILY AS REQUIRED

24-Apr-2015 Sister Liz Donnan (LD2) Telephone call to a patient

Administration Telephone encounter attempted call back, no reply, voicemail left. PRIORITY=8

17-Dec-2014 Sister Liz Donnan (LD2) Telephone call to a patient

Administration Seen by health visitor PRIORITY=8
Diagnosis ***** feeding advice PRIORITY=8

10-Nov-2014 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter sexual intercourse last night and condom broke. 6 week old ***** already advised to see pharmacist about emergency contraception but she told me she had been told to pay for it and can't afford it. PRIORITY=8

10-Nov-2014 Mrs Anne-Marie Pink (AMP3735) Telephone call to a patient

Administration Telephone encounter no answer when called at 522pm PRIORITY=6

07-Nov-2014 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Acute Issue(s) Acute Issue(s) Co-amoxiclav 500mg/125mg tablets - 1 TABLET THREE TIMES A DAY

07-Nov-2014 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Management Postnatal exam. - ***** SVD at 37wks, now 7wks postnatal. no issues with labour/preg lives alone- still seeing ***** and has support from his family. doesnt speak to her own family ongoing pv bleeding 7wks- two eps bright red, then brown dc, thinks is reducing. intermittent crampy pains again reducing down. bloods and swabs noted. has felt sl dizzy at times o/e: abdo soft, tender suprapubic and rif, nbo guarding, bs present plan: cover for endometritis and explained- prolonged/ongoing bleeding tci would like coil fitted- arrange thr AM

03-Nov-2014 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

03-Nov-2014 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

03-Nov-2014 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

31-Oct-2014 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Test type Swab sent to Lab taken by herself as still bleeding today.Has GP 6 week review next week if further swabs required.

Test type Blood sample -> Lab NOS as requested

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: pv bleed since delivery of ***** 6 weeks ago Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 31/10/2014

30-Oct-2014 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration Administration NOS Tried calling on 29th and 30th of October 2014 but without success. Trying to change 6 week ***** check with Dr ***** - ***** PRIORITY=6

30-Oct-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web**30-Oct-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web****22-Oct-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web**

30-Sept-2014 Symptom Birth history Clinical Letter West Cumberland Hospital Obstetrics Summary of Birth/***** Discharge Summary from Midwifery Care PRIORITY=7

30-Sept-2014 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Obstetrics (Description:) Clinical Letter (Notes:) Summary of Birth/***** Discharge Summary from Midwifery Care

17-Oct-2014 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Symptom C/O p.v. bleeding natural delivery 4/52 ago,no complications no eprids yet,bleeding on-ff for the last few weeks no abdo pain,no PV discharge normal bowes,etc soft abdo no mass agreed to check bloods,vaginal swabs not keen on meds PRIORITY=6

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: PV bleeding Priority: non-urgent, Ordered from: Blood Sciences, All samples collected Test: Calcium + Albumin, Status: Complete, Updated: 31/10/2014 Test: CRP, Status: Complete, Updated: 31/10/2014 Test: Full Blood Count, Status: Complete, Updated: 31/10/2014 Test: LH/FSH, Status: Complete, Updated: 31/10/2014 Test: Liver Function Tests, Status: Complete, Updated: 31/10/2014 Test: Progesterone, Status: Complete, Updated: 31/10/2014 Test: Urea & Electrolytes, Status: Complete, Updated: 31/10/2014

26-Sept-2014 Mrs Dypna White (DXW_) Awaiting clinical code migration to EMIS Web

21-Sept-2014 Administration Seen in antenatal clinic Clinical Letter . Antenatal Clinic PRIORITY=3

21-Sept-2014 Attachment Document Image letter
Docman Attachment (From): ., Antenatal Clinic (Description:) Clinical Letter

05-Sept-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**05-Sept-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web****04-Sept-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web**

Examination O/E - fundus size - obstetric growth scan arranged 36
Fundus: 36 Unit of measure: week Fetal heart heard: Y
Fetal movement felt: Y Presentation: Cephalic

Test type Urine protein test

Test type Urine test for glucose

21-Aug-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination O/E - fundus size - obstetric Fundus: 33 Unit of measure:33
week Fetal heart heard: Y Fetal movement felt: Y
Presentation: Cephalic

Test type Urine test for glucose

Test type Urine protein test

11-Aug-2014 Ms Barbara Xxxxmurphy (BXM_) Awaiting clinical code migration to EMIS Web

Attachment Out of Hours Report letter

11-Aug-2014 Ms Barbara XXXXmurphy (BXM_) Awaiting clinical code migration to EMIS Web

Attachment Out of Hours Report letter

11-Aug-2014 Miss Cara Amy O'Brien (CAO_) Awaiting clinical code migration to EMIS Web

28-July-2014 Administration Seen in physiotherapy department Clinical Letter West

Cumberland Hospital Physiotherapy PRIORITY=7

28-July-2014 Attachment Document Image letter

Docman Attachment (From): West Cumberland Hospital, Physiotherapy (Description:) Clinical Letter

31-July-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS WebExamination O/E - fundus size - obstetric Fundus: 31 Unit of measure:31
week Fetal heart heard: Y Fetal movement felt: Y

Presentation: Cephalic

Test type Urine test for glucose

Test type Urine protein test

31-July-2014 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS WebImmunisation Booster diphtheria vaccination Stage=B Batch Number=ac39b053ah Reason=Routine Measure
Source=In this Practice Status=Given Method=Intramuscular Site=Left arm Due date=31/07/2024
Immunisation Type=Diphtheria Compound=DTAPIPVImmunisation Booster tetanus vaccination Stage=B Batch Number=ac39b053ah Reason=Routine Measure
Source=In this Practice Status=Given Method=Intramuscular Site=Left arm Due date=31/07/2024
Immunisation Type=Tetanus Compound=DTAPIPVImmunisation Pertussis booster vaccination Stage=B Batch Number=ac39b053ah Reason=Routine Measure
Source=In this Practice Status=Given Method=Intramuscular Site=Left arm Immunisation
Type=Pertussis Compound=DTAPIPVImmunisation Booster polio vaccination Stage=B Batch Number=ac39b053ah Reason=Routine Measure
Source=In this Practice Status=Given Method=Intramuscular Site=Left arm Due date=31/07/2024
Immunisation Type=Polio myelitis Compound=DTAPIPV**10-July-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web**Examination O/E - fundus size - obstetric Fundus: 28 Unit of measure:28
week Fetal heart heard: Y Fetal movement felt: Y

Presentation: Cephalic

Test type Urine protein test

Test type Urine test for glucose

10-July-2014 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS WebAttachment Other Attachment letter
Self referral to physio.**09-July-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web****07-July-2014 Miss Cara Amy O'Brien (CAO_) Awaiting clinical code migration to EMIS Web**02-July-2014 Administration Administration NOS Admin letter Jobcentre .
PRIORITY=7

02-July-2014 Attachment Document Image letter

Docman Attachment (From): Jobcentre, . (Description:) Admin letter

02-July-2014 Dr James Cain (JC_) Awaiting clinical code migration to EMIS WebDiagnosis Hip pain long standing hip pain (right), now getting worse
during pregnancy as it progresses. Taking regular
paracetamol. Explained there is little else analgesia wise
we can give. Advised self refer to physio PRIORITY=6Diagnosis Haemorrhoids 27/40 pregnant. having trouble with piles.
itchy and discomfort. no bleeding or acute pain. bowels
ok. try some anusol. advised if bleeding or acute painful
then come back PRIORITY=6Referral Physiotherapy UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type:
Activity Outpatient

Attachment Referral letter

02/07/2014 Refer for Physiotherapy at West Cumberland Hospital department of Physiotherapy Dept
with UBRN: N by: Dr *****Acute Acute Issue(s) Anusol cream (McNeil Products Ltd) - AS
Issue(s) DIRECTED**30-Jun-2014 Ms Stacey Chester (SC1) Awaiting clinical code migration to EMIS Web**

Administration Administration NOS DNA PRIORITY=3

12-Jun-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS WebExamination O/E - fundus size - obstetric Fundus: 24 Unit of measure:24
week Fetal heart heard: Y Fetal movement felt: Y

Test type Urine protein test negative

Test type Urine glucose test negative

12-Jun-2014 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

Symptom	Low mood was on Citalopram since 4/14 stopped 10 days ago feels well no thoughts of self harm communicates well normal eye contact advised to try and continue without it now and she is happy to do this PRIORITY=6	
Symptom	Wheezing symptom intermittent asking for ventolin inhaler has had these in the past o/e chest clear not breathless Ventolin inhaler issued for PRN dosage PRIORITY=6	
Diagnosis	Septic spots on upper chest, 3 or 4 only, present for a few weeks look like small infected spots which are discrete not typical of measles, rubella or chickenpox and not unwell advised that they should settle PRIORITY=6	
Administration	MED3 - doctor's statement from 2/6/14 for 4 weeks "low mood, pregnancy" PRIORITY=9	
Lab results	PFR - peak flow rate	Previous Best Ever = 360.0, 300 L/min Predicted = 478.6.
Acute Issue(s)	Acute Issue(s) Salbutamol 100micrograms/dose inhaler CFC free - INHALE 2 DOSES AS NEEDED	

20-May-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web**16-May-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web****15-May-2014 Mr Daniel Smith (DIS) Awaiting clinical code migration to EMIS Web****14-May-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web****12-May-2014 Miss Cara Amy O'Brien (CAO_) Awaiting clinical code migration to EMIS Web**

	Administration	Discharge summary Re Admission ?-? 08.05.14 (No ward specified) 19+/40 ?UT9 PRIORITY=7
08-May-2014	Administration	Discharge summary report Discharge Summary/Report Maternity PRIORITY=7
08-May-2014	Attachment	Document Image letter Docman Attachment (From): Maternity (Description:) Discharge Summary/Report

06-May-2014 Dr Rand Qoj (RQ_) Awaiting clinical code migration to EMIS Web

Symptom	C/O - a headache hx of persistant frontal headache & sides as well, no vomiting, good appetite. s.t sensitivity to light. been since became pregnant. also concerned as not gaining wt. Ex: no photophobia, no neck stiffness. BP 95/60. put on 1.0 KG in one month. plan: speak to midwife reg wt & diet. ? cause of headache migraine or withdrawal of cannabis smoking. try PCML regularly & increase fluid intake. PRIORITY=6	
Intervention	Advice to patient - subject pt advised regarding citalopram. risk on health of newly born ***** & needs to be avoided in 3rd trimester. advised to consider counselling as it may helps. pt is happy to continue on citalopram for anothe 2 months while trying to engage in 1st steps. Type of advice given: Advice Advice: Alcohol	
Administration	MED3 - doctor's statement issued till 01/06/14 for low mood & pregnancy. PRIORITY=6	
Examination	O/E - weight	64 Kg
Examination	Body Mass Index	22
Symptom	Low mood hx of low mood started on citalopram. happy to continue on it. still thinking about 1st steps though not keen on it. no suicidal thoughts at the moment. plan: continue on low dose, review in 4 weeks. PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Paracetamol 500mg tablets - 1 TO 2 TABLET(S) UP TO FOUR TIMES DAILY AS REQUIRED	
Acute Issue(s)	Acute Issue(s) Citalopram 10mg tablets - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.	

16-Apr-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 16 Unit of measure: 16 week Fetal heart heard: Y Fetal movement felt: Y
Test type	Urine glucose test negative
Test type	Urine protein test negative

07-Apr-2014 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Intervention Advice about long acting reversible contraception is pregnant Type of advice given: Advice

Symptom Low mood says low mood for weeks, been told to get sick note by job center, says poor sleep and appetite, looks sad, not suicidal agreed on meds as is very keen r/v in 4 weeks PRIORITY=6

Examination Ex smoker Smoking status on date of event: D

Examination Stopped drinking alcohol Drinking status on eventdate: D

MED3 eMED3 (2010) new statement issued, not fit for work for:

Statement 28 Day(s) Diagnosis: Low mood Reason: Low mood

Attachment eMED3 (2010) new statement issued, not fit for work

Acute *Acute Issue(s)* Citalopram 10mg tablets - TAKE ONE

Issue(s) DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

Acute *Acute Issue(s)* Lactulose 3.1-3.7g/5ml oral solution -

Issue(s) 15ML TWICE DAILY

28-Mar-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

11-Mar-2014 Administration Seen in antenatal clinic Clinical Letter West Cumberland Hospital Antenatal Clinic Antenatal Summary/Maternity Services Parental Household Information PRIORITY=7

11-Mar-2014 Attachment Document Image letter

Docman Attachment (From): West Cumberland Hospital, Antenatal Clinic (Description:) Clinical Letter (Notes:) Antenatal Summary/Maternity Services Parental Household Information

26-Mar-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**17-Mar-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web****17-Mar-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Telephone call to a patient**

Administration Telephone encounter at 14.30 to both her mobile and home phones but nobody answer information regarding rubella to be send to MW for action PRIORITY=6

14-Mar-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**14-Mar-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web****11-Mar-2014 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web**

Examination O/E - weight 63 Kg

Examination Body Mass Index 21.7

Examination O/E - fundus size - obstetric Antenatal booking. Stopped 10 cannabis use not finding it difficult to cope at present.

Fundus: 10 Unit of measure: week Fetal heart heard: N

Fetal movement felt: N

Test type Urine protein test

Test type Urine test for glucose

10-Mar-2014 Dr Rand Qoj (RQ_) Awaiting clinical code migration to EMIS Web

Symptom H/O cannabis misuse stopped using it since got pregnant about 6 weeks ago. feels stressed, low self esteem. crying, cant go to job centre. worried that she is going to be a bad *****. no suicidal thoughts. ***** is supportive, unplanned pregnancy. ex: willing to keep the *****. trying to get better & recover from cannabis. no hx of alcohol or other drugs. PR 70/min, regular. BP 120/70 plan: advice given, no. of unity handed. happy to review her in 4 weeks. PRIORITY=6

Intervention Advice to patient - subject advised about the risk of having drugs on the ***** & herself as well. Type of advice given: Advice

Administration MED3 - doctor's statement pregnancy related stress. issued till 09/04/14 PRIORITY=6

Symptom C/O - a headache recurrent headache started after stopping cannabis & with lack of sleep. no vomiting. no visual symptoms. ex: observations satisfactory. no photophobia. plan: likely related to cannabis withdrawal. try increase fluid & healthy diet intake. seeing her midwife soon. PRIORITY=6

14-Feb-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

12-Feb-2014 Administration Seen by smoking cessation advisor Admin letter Stop Smoking Service . PRIORITY=7
 12-Feb-2014 Attachment Document Image letter
Docman Attachment (From): Stop Smoking Service, . (Description:) Admin letter

12-Feb-2014 Ms Bernadette Cresswell (BC2_) Awaiting clinical code migration to EMIS Web**12-Feb-2014 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web**

Attachment Other Attachment letter
cumbria stop smoking service do
 Acute Issue(s) Nicorette invis 10mg/16hours patches
 (McNeil Products Ltd) - ONE PATCH DAILY

07-Feb-2014 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Intervention Had a chat to patient came to book in pregnant explained needs to see midwife to make a booking in appt at reception PRIORITY=7

16-Jan-2014 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

15-Jan-2014 Administration Seen by smoking cessation advisor Treatment Request Stop Smoking Service . PRIORITY=7
 15-Jan-2014 Attachment Document Image letter
Docman Attachment (From): Stop Smoking Service, . (Description:) Treatment Request

15-Jan-2014 Ms Bernadette Cresswell (BC2_) Awaiting clinical code migration to EMIS Web

Intervention Smoking cessation advice Alexis had a reading of 11 ppm co. She would like to try patches and spray. Fup 2/52. Type of advice given: Advice

15-Jan-2014 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
cumbria stop smoking service do
 Acute Issue(s) Nicorette invis 25mg/16hours patches
 (McNeil Products Ltd) - ONE PATCH DAILY
 Acute Issue(s) Nicorette QuickMist 1mg/dose mouthspray
 (McNeil Products Ltd) - AS DIRECTED

04-Nov-2013 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

13-Oct-2013 Administration Seen in hospital casualty Unscheduled Care West Cumberland Hospital Accident Emergency PRIORITY=7
 13-Oct-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Unscheduled Care

16-Oct-2013 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

13-Oct-2013 Administration Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency Human bite to (R) little finger. Left dept before being treated. PRIORITY=7
 13-Oct-2013 Diagnosis Assault by bite of human being PRIORITY=4
 13-Oct-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Human bite to (R) little finger. Left dept before being treated.

11-Sept-2013 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

15-Aug-2013 Administration Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency Full AE Report PRIORITY=7
 15-Aug-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Report

19-Aug-2013 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

15-Aug-2013 Administration Seen in hospital casualty Unscheduled Care West Cumberland Hospital Accident Emergency back, shoulder, neckpain PRIORITY=7
 15-Aug-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Unscheduled Care (Notes:) back shoulder neckpain

16-Aug-2013 Sister Diana Morgan (DXM_) Telephone call to a patient

Symptom	History of road traffic accident car crash last night pain in neck shoulder and back using paracetamol and ibuprofen neither are touching the pain can you prescribe something stronger? 07746 909926 ah Did attend AE, given analgesia but pain worse today - agree script for co-codamol PRIORITY=6
Acute Issue(s)	Acute Issue(s) Co-codamol 15mg/500mg tablets - 1-2 TABLETS UP TO FOUR TIMES DAILY Notes for patient: DO NOT TAKE ANY OTHER PARACETAMOL BASED MEDICATION

22-July-2013 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Intervention	Smoking cessation advice for Smoking
Diagnosis	Patient reviewed says still gets lower abdo pain discomfort, poor diet, bowels are not moving much or everyday, normal examination, try meds, r/v if needed PRIORITY=6
Symptom	C/O: a rash coming up with aitchy rash on both arms for the last few minutes, seems to be allergic reaction, try steroids PRIORITY=6
Acute Issue(s)	Acute Issue(s) Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free - 1 SACHET IN WATER TWICE DAILY PREFERABLY AFTER MEALS
Acute Issue(s)	Acute Issue(s) Hydrocortisone 1% cream - APPLY TWICE A DAY

17-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web**15-July-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web****13-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web****12-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web****12-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web****12-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web****11-July-2013 Ms Katherine Spence (KS_) Awaiting clinical code migration to EMIS Web**

Intervention	Nursing care blood sample taken bloods as per ice request PRIORITY=6
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08-July-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web

Intervention	Had a chat to patient Feeling sick few wks - had implant removed 3wk ago for erratic periods. Also intermittent loose motion./ constipation. and crampy pains. Abdo is NAD. Sound slike IBS do bloods/ UPT and review PRIORITY=6
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: Nausea/ abdo pains Priority: non-urgent, Ordered from: Blood Sciences, All samples collected Test: HbA1c, Status: Complete, Updated: 11/07/2013 Test: Amylase, Status: Complete, Updated: 11/07/2013 Test: CRP, Status: Complete, Updated: 11/07/2013 Test: Full Blood Count, Status: Complete, Updated: 11/07/2013 Test: GGT, Status: Complete, Updated: 11/07/2013 Test: Liver Function Tests, Status: Complete, Updated: 11/07/2013 Test: Urea & Electrolytes, Status: Complete, Updated: 11/07/2013 Test: Urine Pregnancy Test, Status: Complete, Updated: 11/07/2013 Ordered from: Virology/Immunology, All samples collected Test: Coeliac Serology, Status: Complete, Updated: 11/07/2013 Test: IGA, Status: Complete, Updated: 11/07/2013

13-Jun-2013 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

11-Jun-2013	Administration	Administration NOS Admin letter . Other admin consent for medical treatment PRIORITY=7
11-Jun-2013	Attachment	Document Image letter Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) consent for medical treatment

12-Jun-2013 Ms Barbara Xxxxmurphy (BXM_) Awaiting clinical code migration to EMIS Web

Attachment Out of Hours Report letter

11-Jun-2013 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Intervention Removal of subcutaneous contraceptive using local anaesthetic and aseptic technique , dressing applied.
Service type: First service Claim expiry date: 11/06/2014

Attachment Patient letter
CONSENT

Acute Issue(s) Acute Issue(s) Xylocaine 1% with Adrenaline
100micrograms/20ml (1 in 200,000) solution for injection
vials (AstraZeneca UK Ltd) - IMMEDIATELY

20-May-2013 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**17-May-2013 Mrs Tracey Park (TPK) Awaiting clinical code migration to EMIS Web****17-May-2013 Mrs Anne-Marie Pink (AMP3735) Telephone call to a patient**

Intervention Had a chat to patient apoplied patch last night and today at lunch time developed rash on arms and face - now improving not related.- observe over weekend if symptoms worsen to remove patch and seek advice from choc - otherwise i will contact monday. PRIORITY=6

16-May-2013 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Intervention Education for transdermal contraceptive patch
Contraceptive Patch 12/10/2011 Type of advice given:
Leaflet and advice

Examination O/E - weight 65.317 Kg

Examination Body Mass Index 22.5

Examination Cigarette smoker Smoking status on date of event: Y 4 Cigarettes/day
Number of cigarettes smoked per day: 4

Examination Drinks occasionally Drinking status on eventdate: Y

Diagnosis Urine screen for chlamydia PRIORITY=6

Diagnosis Contraception counselling discussed options would still like to keep implant at present - will try evra patch and review in 3m PRIORITY=6

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: STI SCREENING Priority: non-urgent, Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 16/05/2013

Acute Issue(s) Acute Issue(s) Ethinylestradiol 33.9micrograms/24hours / Norelgestromin 203micrograms/24hours transdermal patches - 1 PATCH ONCE WEEKLY

Acute Issue(s) Acute Issue(s) E45 cream (Forum Health Products Ltd) - APPLY TWO OR THREE TIMES DAILY

15-May-2013 Sister Diana Morgan (DXM_) Telephone call to a patient

Intervention Patient given telephone advice during surgery hours Pt wishing to speak with lady advised re lady problems, problematic menstrual cycle, ***** asking for emergency app? pls advise tel- 59 10 77 thanks Ir Still having cramps and bleeding with implant, nearly 12/12, agree see AMP tomorrow to discuss. Has tried back to back OCP 3/12 and no better. Does not want it out!!! Type of advice given: Advice

30-Apr-2013 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

18-Apr-2013 Administration Seen in hospital casualty Clinical Letter West
Cumberland Hospital Accident Emergency Full AE Form
PRIORITY=7

18-Apr-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Form

23-Apr-2013 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

18-Apr-2013 Administration Seen in hospital casualty Clinical Letter West
Cumberland Hospital Accident Emergency Foreign body
(R) eye PRIORITY=7

18-Apr-2013 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Foreign body (R) eye

24-Dec-2012 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Examination Cigarette smoker Smoking status on date of event: Y
 Intervention Smoking cessation advice Type of advice given: Advice
 Symptom Constipation and odd diarrhoea and sharp pain abdo 1 week no vomiting no temp PRIORITY=6
 Examination Binge drinker Drinking status on eventdate: Y
 Intervention Lifestyle advice regarding alcohol Type of advice given: Advice
 Diagnosis Last menstrual period -1st day just started has rod and thean added pill and then ran out pill an d then stopped bleeding Date of Recording: 24/12/2012
 Examination O/E - weight 66 Kg
 Examination Body Mass Index 22.7
 Diagnosis Last menstrual period -1st day just come on still has rod and then pill in addition Date of Recording: 24/12/2012
 Symptom History of domestic violence back with cannabis smoker that used to do DV living back with him he is currently arrewsted re violence PRIORITY=6
 Symptom Right iliac fossa pain and LIF tenderness pians after abd during sex at times and has a smel vag disacharge -> plan treat as PID PRIORITY=6
 Acute Issue(s) Acute Issue(s) Ofloxacin 400mg tablets - 1 TWICE A DAY
 Acute Issue(s) Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

24-Dec-2012 Ms Donna O'Brien (dob) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter seacliffe pharmacy no ofloxacin -> ciproflox instead PRIORITY=6
 Acute Issue(s) Acute Issue(s) Ciprofloxacin 500mg tablets - 1 TWICE A DAY

29-Nov-2012 Ms Tanya Rigg (TR_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

25-Oct-2012 Dr Sanoj Joseph (SJ_) Awaiting clinical code migration to EMIS Web

Diagnosis Acute tonsillitis for over 1w sore throat mild cough and phlegm, had a fever but subsided with paracetamol. apyrexial, there is exudate on both tonsils, not meningitic, chest clear good ae, sats 99%a. home remedies, rx, see if worse PRIORITY=6
 Acute Issue(s) Acute Issue(s) Phenoxymethylpenicillin 250mg tablets - TAKE 1 FOUR TIMES DAILY

16-Oct-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter faxed first steps

15-Oct-2012 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Activity Attachement Refer to counsellor TP Speciality = Other : FHSA Speciality = Community Psychiatric Nurse. Referral Type: Outpatient
 Referral letter
 15/10/2012 Refer for Refer to counsellor at Lowther Medical Centre department of Counsellor with by: Dr J Fidalgo

11-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Symptom Low mood anxiety, lack of interest for normal tasks, insomnia, irritability, symptoms for 6 months not suicidal advice given, review in 4 weeks, before if deterioration, refer for counselling PRIORITY=6
 Examination HAD scale: depression score 13 PRIORITY=6
 Diagnosis Counselling offered PRIORITY=6
 Symptom Leg bruise after been push by *****, bruising in the right knee and both hips, full movement, not fracture, not deformity, etc advice given, review if deterioration advised to go to the ***** PRIORITY=6
 Administration Medication review with patient no regular medication Due Date: 11/04/2013 Reviewing Clinician: Dr J Fidalgo
 Acute Issue(s) Acute Issue(s) Fluoxetine 20mg capsules - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

11-Oct-2012 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

Intervention Medication requested to be seen for next script. do
 PRIORITY=3
 Acute Acute Issue(s) Co-codamol 15mg/500mg tablets - 1-2
 Issue(s) TABLETS UP TO FOUR TIMES DAILY

11-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**24-Sept-2012 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web****22-Sept-2012 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web****20-Sept-2012 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web****18-Sept-2012 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web**

Examination Examination of patient cervix NAD apart from minimal discharge. PRIORITY=7
 Test type Urine dipstick test NAD
 Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: spotting Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 18/09/2012 Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 18/09/2012

05-Sept-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Diagnosis Contraception counselling still has heavy bleeding - advised needs swabs and cervix exam -to continue with ocp (new script given lost last 2 packs) and appt given for next week PRIORITY=6
 Acute Acute Issue(s) Rigevidon tablets (Consilient Health Ltd) -
 Issue(s) TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress your periods for 5 years Please discuss these options with your doctor, practice nurse or pharmacist

29-Aug-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Examination H/O: drug allergy Drug code for allergy: Naproxen 500mg tablets Reaction type: Intolerance Severity of allergy: Moderate Certainty of allergy: Certain ***** code for reaction: 1984.00 (Upset stomach)
 Allergy Intolerance : Naproxen 500mg tablets
 Symptom C/O: a pain between shoulder blades after fight with *****
 O/E has full ROM of both shoulders, no spinal tenderness. Has stopped NSAID as stomach upset - PLAN - analgesia and exercise. PRIORITY=6
 Symptom C/O p.v. bleeding still causing problems - to see AMP next week PRIORITY=6
 Acute Acute Issue(s) Co-codamol 15mg/500mg tablets - 1-2
 Issue(s) TABLETS UP TO FOUR TIMES DAILY

25-July-2012 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Symptom C/O p.v. bleeding daily spotting since had the implant, wants to try COC, no contraindication, try for 3/12 PRIORITY=6
 Diagnosis Pain in arm says been assaulted by ***** 10 days ago and has pain on her right arm, back and right shin no obvious bruising, chest is clear no bony tenderness normal function on all 4 limbs try NSAIDS PRIORITY=6
 Acute Acute Issue(s) Naproxen 500mg tablets - 1 TABLET
 Issue(s) TWICE DAILY
 Acute Acute Issue(s) Rigevidon tablets (Consilient Health Ltd) -
 Issue(s) TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress your periods for 5 years Please discuss these options with your doctor, practice nurse or pharmacist

25-July-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

26-Jun-2007 Administration Result Result {Out of Area Hospital} Biochemistry details from previous practice different dates, results etc. PRIORITY=7

26-Jun-2007 Attachment Document Image letter
Docman Attachment (From): {Out of Area Hospital}, Biochemistry (Description:) Result (Notes:) details from previous practice different dates results etc.

14-May-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**14-May-2012 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web**

10-May-2012 Administration Administration NOS Admin letter . Other admin Signed Consent Form PRIORITY=7

10-May-2012 Attachment Document Image letter
Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) Signed Consent Form

10-May-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Intervention Advice about long acting reversible contraception

Intervention Insertion of subcutaneous contraceptive no upsi , preg test negative - nexplanon inserted using local anaesthetic and aseptic technique , felt and agreed in situ by pt. bn - 102177/230177 Service type: First service Claim expiry date: 10/05/2013

Examination MSU sent to lab. PRIORITY=6

Test type Urine pregnancy test Negative

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: nitrites /leucocytes ?uti Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 10/05/2012

Acute Issue(s) Trimethoprim 200mg tablets - ONE

Acute Issue(s) TABLET TWICE A DAY

Acute Issue(s) Lidocaine hcl 1% Injection -

Acute Issue(s) IMMEDIATELY

Acute Issue(s) Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) - IMMEDIATELY

10-May-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Attachment Patient letter
 CONSENT

03-May-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Diagnosis Contraception counselling wanting nexplanon again - missing pills - had UPSI one week ago advised needs preg test in 1w no upsi and if neg will fit then. PRIORITY=6

24-Apr-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=7

29-Dec-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

17-Dec-2011 Administration Administration Clinical Letter West Cumberland Hospital Accident Emergency PRIORITY=7

17-Dec-2011 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter

20-Dec-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

17-Dec-2011 Administration Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency (L) ankle injury PRIORITY=7

17-Dec-2011 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) (L) ankle injury

13-Dec-2011 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

29-Nov-2011 Administration Letter from outside agency Admin letter First Step . Has chosen not to access services PRIORITY=7

29-Nov-2011 Attachment Document Image letter
Docman Attachment (From): First Step, . (Description:) Admin letter (Notes:) Has chosen not to access services

16-Nov-2011 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

27-Oct-2011 Diagnosis Depression screening using questions PRIORITY=3

16-Nov-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason depression review
PRIORITY=9

10-Nov-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Administration Administration Admin Letter Mental Health PRIORITY=7
Attachment Document Image letter
Docman Attachment (From): Mental Health (Description:) Admin Letter

09-Nov-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis Patient health questionnaire (PHQ-9) score depression -
10 - borderline anxiety - 14 - moderate Condition being
assessed: 1BT..11 (Low mood)

Symptom Low mood says felt better when on zispin, but some night
twitching when taking them. Having alot to deal with as
***** also depressed (RS 20.2.89). Feels that no one
accepts that she is unhappy - agree ref to First Step so
she can discuss issues. No thoughts of self harm
PRIORITY=6

Administration Medication review with patient no regular medication Due
Date: 09/05/2012 Reviewing Clinician: Dr J Fidalgo
Complete: 11/10/2012 Next Review Date: 11/04/2013

Referral Low mood . *Referral Type: Outpatient*

Activity

Attachment Referral letter
09/11/2011 Refer for Low mood at Commuinty Mental Health Team department of with by: *****

Acute Acute Issue(s) Mirtazapine 15mg tablets - ONE AT
Issue(s) NIGHT

27-Oct-2011 Dr Sanoj Joseph (SJ_) Awaiting clinical code migration to EMIS Web

Symptom C/O - feeling depressed for 6m, quite a lot happening
with her ***** who was assaulted, he was seen by crisis
team as he was suicidal, she has a h/o self harm but none
recent, no suicidal thoughts, asking about same
counsellor she had 2 yrs ago, offered first step but
declined, currently not sleeping well, not eating well,
tearful at times, doesnt want SSRIs as ineffective in the
past, not concerned about wt gain, see sos, f/u 1w
PRIORITY=6

Intervention Contraception happy to continue, no SEs Service type:
Subsequent service

Acute Acute Issue(s) Mirtazapine 15mg tablets - ONE AT
Issue(s) NIGHT

Acute Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - ONE
Issue(s) TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER
SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for
patient: Long acting contraception is easy, convenient,
and you never forget to take a pill. There are several
options to consider; 1. Depo-provera injection every 12
weeks 2. A coil can be inserted and left for 5 years or
more 3. An Implanon implant can give you contraceptive
cover for 3 years 4. If you have heavy periods you can
have a Mirena coil which will suppress your periods for 5
years Please discuss these options with your doctor,
practice nurse or pharmacist

09-Sept-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**08-Sept-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web**

07-Sept-2011 Attachment Other Attachment letter
Consent Form

07-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

07-Sept-2011 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Diagnosis Lifestyle advice regarding alcohol PRIORITY=7
 Intervention Advice about long acting reversible contraception - decided to have implanon out owing to irregular bleeding - has started OCP . PRIORITY=7
 Administration Brief intervention for excessive alcohol consumptn completed PRIORITY=7
 Symptom C/O: a pain R side of back - has fallen downstairs recently - supply more analgesia PRIORITY=7
 Examination Examination of patient - pain around ribs and shoulder blade PRIORITY=7
 Diagnosis Alcohol use disorders identification test Result of Scoring6 Test: 6.000
 Test type MSU sent to lab.
 Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 07/09/2011
 Acute Issue(s) *Acute Issue(s)* Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (AstraZeneca UK Ltd) - IMMEDIATELY
 Acute Issue(s) *Acute Issue(s)* Codeine 15mg tablets - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)
 Acute Issue(s) *Acute Issue(s)* Ibuprofen 600mg tablets - TAKE ONE THREE TIMES DAILY

07-Sept-2011 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Attachment Patient letter

29-Aug-2011 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web**19-Aug-2011 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web**

Attachment Patient letter
sent asking patient to repeat urine test ma

18-Aug-2011 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web**15-Aug-2011 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web**

Examination O/E - weight 56.245 Kg
 Intervention Health ed. - smoking for Smoking advised re benefits of stopping smoking
 Examination Cigarette smoker Smoking status on date of event: Y 10 Cigarettes/day
 Examination Number of cigarettes smoked per day: 10
 Examination O/E - height 170.2 cm
 Diagnosis Contraception counselling wanting implanon removed - no real reason other than wants to go on the ocp - commenced and remove in 2 weeks. PRIORITY=6
 Examination MSU sent to lab. PRIORITY=6
 Examination MSU sent to lab. nitrites +++ PRIORITY=6
 Diagnosis Urinary tract infection, site not specified symptomatic treat PRIORITY=6
 Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 15/08/2011
 Acute Issue(s) *Acute Issue(s)* Microgynon 30 tablets (Bayer Plc) - ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress your periods for 5 years Please discuss these options with your doctor, practice nurse or pharmacist
 Acute Issue(s) *Acute Issue(s)* Trimethoprim 200mg tablets - ONE TABLET TWICE A DAY

21-Jun-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Intervention Contraception has implant in and had a one day bleed last week, denies pregnancy Service type: First service
Claim expiry date: 21/06/2012

Symptom C/O p.v. bleeding after fall, wearing tampax, abdomen tender, no rebound/guarding PRIORITY=6

Diagnosis Fall - accidental fell down a flight of stairs 4 days ago, since then has had heavy PV bleeding and difficulty on walking. PRIORITY=6

Examination Examination of patient tender sacroiliac area only, difficult in sit PRIORITY=6

Diagnosis Agreeing on care plan DW NJS and NSAID, analgesia, ring cushion and if symptoms worsen to attend OOH/AE PRIORITY=6

Acute Issue(s) *Acute Issue(s)* Ibuprofen 600mg tablets - TAKE ONE THREE TIMES DAILY

Acute Issue(s) *Acute Issue(s)* Codeine 15mg tablets - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

Acute Issue(s) *Acute Issue(s)* Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) - INHALE 2 DOSES AS NEEDED

21-Jun-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Brief intervention for physical activity offered PRIORITY=6

21-Jun-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis Lifestyle advice regarding alcohol PRIORITY=6

Administration Brief intervention for excessive alcohol consumpⁿ completed PRIORITY=6

25-Mar-2011 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Administration Notes summary on computer - FORMER PATIENT: BULK OF NOTES ALREADY ON COMPUTER PRIORITY=9

25-Mar-2011 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

Administration Patient MRE received from FPC PRIORITY=9

23-Mar-2011 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Symptom GPPAQ physical activity index: inactive

08-Mar-2011 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter with alexis to inform her both swab results were fine. PRIORITY=7

07-Mar-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web**07-Mar-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web****02-Mar-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web**

Diagnosis Urine screen for chlamydia swab PRIORITY=6

Administration Medication review with patient no regular medication Due Date: 02/09/2011 Reviewing Clinician: *****
Complete: 02/03/2011 Next Review Date: 02/09/2011

Intervention Had a chat to patient asking for a smear - advised too young. Not sexually active PRIORITY=6

Diagnosis Irregular menstrual cycle has implant in and been bleeding, also asking for chlymydia check as heard past ***** had it. No abdominal pains PRIORITY=6

Administration Medication review with patient no regular medication Due Date: 02/09/2011 Reviewing Clinician: *****
Complete: 09/11/2011 Next Review Date: 09/05/2012

Test type High vaginal swab taken X3

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 02/03/2011

10-Feb-2011 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Administration Alcohol screen - AUDIT completed PRIORITY=3
 Examination Cigarette smoker Smoking status on date of event: Y 10 Cigarettes/day
 Number of cigarettes smoked per day: 10
 Administration Alcohol screen - AUDIT C completed PRIORITY=3
 Diagnosis Alcohol use disorder identificatn test consumptn 13
 questionnre Result of Scoring Test: 13.000
 Diagnosis Alcohol use disorders identification test Result of Scoring13
 Test: 13.000
 Administration White British PRIORITY=3
 Attachment Other Attachment letter
 np forms

05-Jan-2011 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

25-Aug-2010 Administration Did not attend - no reason PRIORITY=3

09-Dec-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

13-Nov-2009 Diagnosis **Diagnosis** REMOVED copd ANNUAL REVIEW CODE
 THATHAD BEEN ADDED IN ERROR PRIORITY=3

16-Nov-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

Examination Asthma resolved NO INHALERS FOR >12M PRIORITY=3

18-Aug-2010 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Intervention Had a chat to patient with carfe worker feels generally
 unwell suggest routine bloods but tonsils may be cause at
 presnet apponmnt made for next week PRIORITY=6
 Diagnosis Acute tonsillitis left tonsil bed has bled PRIORITY=6
 Diagnosis No known allergies ***** code 2: 14L..00 (H/O: drug
 allergy)
 Acute **Acute Issue(s)** Piriton 4mg tablets (GlaxoSmithKline
 Issue(s) Consumer Healthcare) - TAKE ONE AT NIGHT
 Acute **Acute Issue(s)** Phenoxymethylpenicillin 250mg tablets -
 Issue(s) TAKE ONE 4 TIMES/DAY

08-Aug-2010 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web**04-Aug-2010 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web**

Symptom Abdominal pain type for the last month been feeling
 nauseated and sickly and abdominal pain hasnt had
 period in ages doesnt think shes pregnant exam abdo soft
 non tender suggest ?irritable bowel no other symptoms
 but check pregnancy test PRIORITY=6
 Acute **Acute Issue(s)** Mebeverine 135mg tablets - TAKE ONE
 Issue(s) THREE TIMES DAILY

04-Aug-2010 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Diagnosis Urine screen for chlamydia PRIORITY=7
 Test type Urine dipstick test neg pregnancy test

25-May-2010 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

17-May-2010 Administration Did not attend - no reason PRIORITY=3

18-May-2010 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

05-May-2010 Administration Did not attend - no reason PRIORITY=3

31-Mar-2010 Mrs Leanne Kinsella (LK) Awaiting clinical code migration to EMIS Web

13-Oct-2009 Immunisation First human papillomavirus vaccination Given in ***** Stage=1 Batch Number=AHPVA057CA
 Reason=Routine Measure Source=Out of Practice Status=Given Method=Intramuscular Due
 date=13/11/2009 Immunisation Type=HumanPapillomavirus(Cervarix)3Stage

25-Feb-2010 Ms Gill Davidson (GD_) Awaiting clinical code migration to EMIS Web

Diagnosis Urine screen for chlamydia INVITED TO HAVE TEST
 DONE PRIORITY=6

01-Feb-2010 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Symptom Sore throat symptom swiollen and poainful red 2 days no
togue swelling left cerv glands v tender and poainful
acnjnot swallow food ->> liq paraectamol soluble nad pen
v and chlorphenamine advised re allergy symptoms and
signs no FH or PH allergy PRIORITY=6

Examination Cigarette smoker Smoking status on date of event: Y
Intervention Smoking cessation advice Type of advice given: Advice
Examination Alcohol misuse Drinking status on eventdate: Y
Diagnosis Lifestyle advice regarding alcohol PRIORITY=6
Diagnosis Lifestyle advice regarding drug misuse less cannabis
and alcohol these days ***** says PRIORITY=6

Administration Telephone encounter tongue had settled at beginiing jan
steroids and antibiotics 2 days recurried no blisters
tongue? swollen ? puffy face struggling to speak bad
since this am no skin rash osre throat started yesterday
older ***** contac6ted us says cannot get out bed strtaed
as a sore throat PRIORITY=6

Repeat Auth Repeat Auth Clenil Modulite 200micrograms/dose inhaler
(Chiesi Ltd) - INHALE 1 DOSE TWICE DAILY

Repeat Auth Repeat Auth Ventolin evohaler 100
100microgram/inhalation Pressurised inhalation (Glaxo
Wellcome UK Ltd) - INHALE 2 DOSES AS NEEDED

Acute Acute Issue(s) Penicillin V 250mg/5ml oral solution -
Issue(s) 2X5ML SPOON 4 TIMES/DAY

Acute Acute Issue(s) Paracetamol 500mg soluble tablets -
Issue(s) TAKE 1 OR 2 4 TIMES/DAY

Acute Acute Issue(s) Chlorphenamine 2mg/5ml oral solution -
Issue(s) 10ML THREE TIMES A DAY WHEN REQUIRED

01-Feb-2010 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web**05-Jan-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web**

Examination Alcohol consumption Drinking status on eventdate: Y
Examination Cigarette smoker Smoking status on date of event: Y 10 Cigarettes/day
Number of cigarettes smoked per day: 10

Diagnosis Blisters blister on the tongue two days painful, swollen, no
tongue bite, no similar blister before, green stuff
coming/couldnt eat much/sick with cough/chest wheeze
and crackles in the chest/ adv steroids and abx cough with
productive phklem/tight in chest and hear the wheeze/
disturbed night/ sob on exxertion/rset, feverish other
day/tongue - infected blisters around the tongue prick adv
it to be removed/ PRIORITY=6

Examination O/E - weight 62 Kg
Examination Body Mass Index 21.4

Acute Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE
Issue(s) TIMES A DAY

Acute Acute Issue(s) Paracetamol 500mg tablets - 1 OR 2
Issue(s) FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

Acute Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE
Issue(s) THREE TIMES DAILY AS NEEDED

Acute Acute Issue(s) Prednisolone 5mg tablets - 6 DAILY FOR
Issue(s) 5 DAYS

23-Dec-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Diagnosis [V]Behavioural problems PRIORITY=3
Diagnosis Nondependent alcohol abuse PRIORITY=3
Diagnosis Nondependent cannabis abuse PRIORITY=3
Attachment Other Attachment letter
CAMHS

11-Dec-2009 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Community Nurse, CAMHS

13-Nov-2009 Dr A Kumar (AKK_) Awaiting clinical code migration to EMIS Web

Intervention Smoking cessation advice Type of advice given: Advice
 Symptom MRC Breathlessness Scale: grade 2 PRIORITY=6
 Examination Cigarette smoker Smoking status on date of event: Y
 Symptom C/O - cough cough two weeks getting worse. ass with phlegm yellowish in color. sore throat , eating not much vomitted once. had normal bowels.last period last week.dysuria and smeels strongly.low bac ache no vaginal discharge. sob at night pfr- 300ml painful breast last two days. no discharge. tightness in chest on coughing.no throat congested and infetced.tonsils enlarged and infected. chest clear check for msu. stop smoking. antibio for chest if things get worse come back. pt agreed with plan. PRIORITY=6
 Examination Cigarette smoker Smoking status on date of event: Y 10 Cigarettes/day
 Examination Number of cigarettes smoked per day: 10
 Examination Drinks occasionally Drinking status on eventdate: Y
 Lab results Peak exp. flow rate: PEFR/PFR Previous Best Ever = 300 L/min
 360.0, Predicted = .
 Acute Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE
 Issue(s) TIMES A DAY
 Acute Acute Issue(s) Citalopram 20mg tablets - TAKE 1 DAILY
 Issue(s)
 Repeat Repeat Issue(s) Clenil Modulite 200micrograms/dose
 Issue(s) inhaler (Chiesi Ltd) - INHALE 1 DOSE TWICE DAILY
 Repeat Repeat Issue(s) Ventolin evohaler 100
 Issue(s) 100microgram/inhalation Pressurised inhalation (Glaxo Wellcome UK Ltd) - INHALE 2 DOSES AS NEEDED

07-Oct-2009 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web**06-Oct-2009 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web**

Administration Administration NOS family member with threadworms
 PRIORITY=6
 Acute Acute Issue(s) Mebendazole 100mg chewable tablets
 Issue(s) sugar free - 1 IMMEDIATELY , RPT AFTER 2 WEEKS

05-Oct-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment Clinical letter
 To CAMHS.

02-Oct-2009 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Diagnosis Disorders of initiating and maintaining sleep 6 hrs reg
 PRIORITY=6
 Intervention Advice about long acting reversible contraception has implant cramps in abdo no periods on implant worried re preg had implant 2 years PRIORITY=6
 Administration Administration NOS 6 litres cider at weekend each in house / on street can get really drunk fighting charged GBH aggressive recently PRIORITY=6
 Examination Binge drinker Drinking status on eventdate: Y
 Examination Cigarette smoker Smoking status on date of event: Y 20 Cigarettes/day
 Examination Number of cigarettes smoked per day: 20
 Intervention Smoking cessation advice Type of advice given: Advice
 Diagnosis Chest infection NOS tight chest phlegm green cchest clear add amox PRIORITY=6
 Lab results Peak exp. flow rate: PEFR/PFR Previous Best Ever = 119 L/min
 360.0, Predicted = .
 Lab results Forced expired volume in 1 second 1.65 L
 Acute Acute Issue(s) Citalopram 20mg tablets - TAKE 1 DAILY
 Issue(s)
 Acute Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE
 Issue(s) TIMES A DAY

21-Sept-2009 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

03-Sept-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration Patient on waiting list for appointment with CAMHS
 PRIORITY=9
 Attachment Other Attachment letter
 Team Secretary, CAMHS

28-Aug-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Psychiatric referral UBRN:N : TP Speciality = Psychiatry : FHSA Speciality = Child and Adolescent
 Activity Psychiatry. Referral Type: Outpatient
 Attachment Referral letter
 28/08/2009 Refer for Psychiatric referral at C.A.M.H.S. department of Child & Family Consultation Unit with UBRN: N by: Dr A *****

27-Aug-2009 Dr A Clark (AMC_) Awaiting clinical code migration to EMIS Web

Symptom C/O - feeling depressed Long history of depressive symptoms. Been in and out of care since young age. Was ***** one ***** until recently when there was an aggressive argument that necessitated Alexis moving out. Now ***** her other ***** came with her today. Poor sleep, not eating, aggressive outbursts - inc now charged with ABH. Suicidal ideation but no active plans. Hx of self harm - cutting herself. Poor conc, poor memory. In yr 10 at *****.

Diagnosis Plan: elected to start fluoxetine today - 20mg + urgent ref to Dr Joubert. Rev 2/52 - MUST be seen sooner if worse. PRIORITY=6

Repeat Auth Acute lower respiratory tract infection cough - productive green sputum. Chest feels tight. feels generally unwell. O/e: diffuse exp wheeze. Good AE. Apyrexial. RR 14. Imp LRTI - abx + steroids rev if worse. PRIORITY=6

Repeat Auth Repeat Auth Fluoxetine 20mg capsules - TAKE ONE DAILY

Repeat Auth Repeat Auth Amoxicillin 500mg capsules - ONE 8 HOURLY

Repeat Issue(s) Repeat Issue(s) Amoxicillin 500mg capsules - ONE 8 HOURLY

Repeat Issue(s) Repeat Issue(s) Fluoxetine 20mg capsules - TAKE ONE DAILY

Repeat Issue(s) Repeat Issue(s) Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) - INHALE 1 DOSE TWICE DAILY

Repeat Issue(s) Repeat Issue(s) Ventolin evohaler 100 100microgram/inhalation Pressurised inhalation (Glaxo Wellcome UK Ltd) - INHALE 2 DOSES AS NEEDED

11-Aug-2009 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Diagnosis Seen by casualty doctor 08.08.09, soft tissue injury PRIORITY=7

Attachment Other Attachment letter A & E Form

26-May-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment Out of Hours Report letter

22-May-2009 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=6

26-Mar-2009 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Symptom H/O: asthma poorly controlled noct. wheeze and cough temp 36.0 , p 90 PRIORITY=6

Diagnosis Agreeing on care plan optimise asthma control advised to stop smoking PRIORITY=6

Repeat Auth Repeat Auth Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) - INHALE 1 DOSE TWICE DAILY

Repeat Issue(s) Repeat Issue(s) Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) - INHALE 1 DOSE TWICE DAILY

17-Mar-2009 Miss Anne Powe (AP) Awaiting clinical code migration to EMIS Web

Repeat Auth Repeat Auth Ventolin evohaler 100 100microgram/inhalation Pressurised inhalation (Glaxo Wellcome UK Ltd) - INHALE 2 DOSES AS NEEDED

17-Mar-2009 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter new patient questionnaire

11-Mar-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Examination Cigarette smoker Smoking status on date of event: Y 15 Cigarettes/day

Examination Number of cigarettes smoked per day: 15

Management Inhaler technique observed Inhaler ability: Good

Diagnosis Asthma annual review advice given chest clear and vesicular

Diagnosis Acute tonsillitis for the last few days, dry cough, she feels tired and hot exam chest clear, enlarged tonsils, apyrexial, no tachypnoea, no LN, etc general advice given, review if deterioration, OOH CUEDOC/ casualty PRIORITY=6

Lab results Peak exp. flow rate: PEFR/PFR Previous Best Ever =, 360 L/min Predicted = .

Repeat Auth Repeat Auth Salbutamol 100micrograms/dose inhaler CFC free - INHALE 2 DOSES AS NEEDED

Acute Issue(s) Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE TIMES A DAY

Repeat Issue(s) Repeat Issue(s) Salbutamol 100micrograms/dose inhaler CFC free - INHALE 2 DOSES AS NEEDED

10-Mar-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration Total notes on computer PRIORITY=9
 Attachment Other Attachment letter
Hospital letters etc (Originals destroyed)
 Attachment Test letter
Result (Original destroyed)
 Attachment Other Attachment letter
Printouts from previous practices (Originals destroyed)
 Attachment Other Attachment letter
GP notes (Originals retained in Lloyd George)

06-Mar-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration Notes summary on computer PRIORITY=9
 Administration Extensive notes on computer PRIORITY=9
 01-Apr-1999 Diagnosis Chickenpox PRIORITY=5
 01-Oct-1997 Diagnosis Chest infection NOS PRIORITY=3
 01-Jan-1996 Problem Asthma PRIORITY=1 PRIORITY=1
 01-Jan-1996 Diagnosis Asthma NO INHALERS FOR >12M
 01-Oct-1994 Diagnosis Otitis media NOS PRIORITY=5
 04-Mar-1994 Administration Date records held from PRIORITY=3

05-Mar-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

11-Oct-2000 Immunisation Single meningitis C vaccination Stage=0 Reason=Routine Measure Source=Source unknown Status=Given Method=Intramuscular Immunisation Type=Meningococcal C

19-Mar-1998 Immunisation Booster polio vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=05/02/2009 Immunisation Type=Polio myelitis

19-Mar-1998 Immunisation Booster diphtheria vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=19/03/2008 Immunisation Type=Diphtheria Compound=DT

19-Mar-1998 Immunisation Booster tetanus vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=19/03/2008 Immunisation Type=Tetanus Compound=DT

19-Mar-1998 Immunisation Measles vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Measles Compound=MMR

19-Mar-1998 Immunisation Rubella vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Rubella Compound=MMR

19-Mar-1998 Immunisation Mumps vaccination Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Mumps Compound=MMR

01-Nov-1996 Intervention Excision or biopsy of cervical lymph node NEC Excision PRIORITY=3

01-Sept-1996 Intervention Excision or biopsy of cervical lymph node NEC Excision PRIORITY=3

01-July-1996 Diagnosis Acute lymphadenitis Left submandibular cervical lymphadenitis, atypical mycobacterium PRIORITY=3

22-Jan-1996 Immunisation Measles vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999 Immunisation Type=Measles Compound=MMR

22-Jan-1996 Immunisation Rubella vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999 Immunisation Type=Rubella Compound=MMR

22-Jan-1996 Immunisation Mumps vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999 Immunisation Type=Mumps Compound=MMR

01-May-1995 Diagnosis Otitis media NOS PRIORITY=5

28-Oct-1994 Immunisation Third diphtheria vaccination Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997 Immunisation Type=Diphtheria Compound=DTP

28-Oct-1994 Immunisation Third tetanus vaccination Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997 Immunisation Type=Tetanus Compound=DTP

28-Oct-1994 Immunisation Third pertussis vaccination Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997 Immunisation Type=Pertussis Compound=DTP

28-Oct-1994 Immunisation Third polio vaccination Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=05/02/1998 Immunisation Type=Polio myelitis

28-Oct-1994 Immunisation 3rd haemophilus B vaccination Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/06/1995 Immunisation Type=Hib (Haemophilus influenzae B)

05-Sept-1994 Immunisation Second diphtheria vaccination Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994 Immunisation Type=Diphtheria Compound=DTP

05-Sept-1994 Immunisation Second tetanus vaccination Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994 Immunisation Type=Tetanus Compound=DTP

05-Sept-1994 Immunisation Second pertussis vaccination Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994 Immunisation Type=Pertussis Compound=DTP

05-Sept-1994 Immunisation Second polio vaccination Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994 Immunisation Type=Polio myelitis

05-Sept-1994 Immunisation 2nd haemophilus B vaccination Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994 Immunisation Type=Hib (Haemophilus influenzae B)

20-May-1994 Immunisation First diphtheria vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994 Immunisation Type=Diphtheria Compound=DTP

20-May-1994 Immunisation First tetanus vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994 Immunisation Type=Tetanus Compound=DTP

20-May-1994 Immunisation First pertussis vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994 Immunisation Type=Pertussis Compound=DTP

20-May-1994 Immunisation First polio vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994 Immunisation Type=Polio myelitis

20-May-1994 Immunisation 1st haemophilus B vaccination Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994 Immunisation Type=Hib (Haemophilus influenzae B)

01-Mar-1994 Symptom Child on protection register PRIORITY=0

12-Feb-2009 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

Examination Cigarette smoker Smoking status on date of event: Y
Examination Teetotaler Drinking status on eventdate: N

06-Feb-2009 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

Administration Patient MRE received from FPC PRIORITY=9

21-Jan-2009 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Administration Administration NOS staying with other ***** at 55
 windermere road PRIORITY=6
 Diagnosis [X]Assault by big ***** bruising above right forehead
 ,above bridge of nose above left eye on right cheek has
 had paracetamol PRIORITY=6
 Intervention Health ed. - smoking for Smoking
 Intervention Had a chat to patient sent home from ***** today as
 turned up in Jeans staff member took her homw argument
 ensued with her ***** and then she was head butted
 several times staff member also assaulted attended here
 with other elder ***** face badly bruised has some head
 ache vision OK no dizziness ,no nausea no vomiting no
 LOC PRIORITY=6
 Examination Cigarette smoker Smoking status on date of event: Y
 Acute Acute Issue(s) Salbutamol 100micrograms/dose inhaler
 Issue(s) CFC free - INHALE 2 DOSES AS NEEDED

27-Oct-2008 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Immunisation Influenza vaccination Stage=0 Batch Number=p24a exp 06/09 Reason=Routine Measure Source=In
 this Practice Status=Given Method=Intramuscular Site=Left arm Due date=27/10/2009 Immunisation
 Type=Influenza - Seasonal

08-Oct-2008 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

Administration White Scottish ma PRIORITY=3

Medications (inc. issues)

Acute

25-Jun-2026 Mirena 20micrograms/24hours intrauterine device (Bayer Plc)
 1 device - 20mcgs in 24 hours

25-Jun-2026 Mirena 20micrograms/24hours intrauterine device (Bayer Plc)
 1 device - 20mcgs in 24 hours

30-Apr-2026 Desogestrel 75microgram tablets
 84 tablet - One Tablet Daily At The Same Time Each Day

30-Apr-2026 Desogestrel 75microgram tablets
 84 tablet - One Tablet Daily At The Same Time Each Day

Repeat

03-July-2026 Sertraline 50mg tablets
 28 tablet - One To Be Taken Each Day

08-Jun-2026 Sertraline 50mg tablets
 28 tablet - One To Be Taken Each Day

Past

08-Jun-2026 Propranolol 40mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

30-Apr-2026 Propranolol 40mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

31-Mar-2026 Sertraline 50mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

31-Mar-2026 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
 28 capsule - One To Be Taken Each Day

31-Mar-2026 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
 28 capsule - One To Be Taken Each Day

31-Mar-2026 Sertraline 50mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

20-Mar-2026 Propranolol 40mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

20-Mar-2026 Sertraline 50mg tablets Acute Medication (Past)
 14 tablet - One To Be Taken Each Day

20-Mar-2026 Propranolol 40mg tablets Acute Medication (Past)
 28 tablet - One To Be Taken Each Day

20-Mar-2026 Sertraline 50mg tablets Acute Medication (Past)
 14 tablet - One To Be Taken Each Day

27-Nov-2025 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
 126 tablet - One Tablet Daily For 21 Days; Subsequent Courses Repeated After 7-Day Tablet Free Interval

27-Nov-2025 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
126 tablet - One Tablet Daily For 21 Days; Subsequent Courses Repeated After 7-Day Tablet Free Interval

10-Nov-2025 Fluconazole 150mg capsules Acute Medication (Past)
1 capsule - One To Be Taken As A Single Dose

06-Nov-2025 Fluconazole 150mg capsules Acute Medication (Past)
1 capsule - One To Be Taken As A Single Dose

20-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

20-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

24-Apr-2025 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

07-Jan-2025 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

19-Nov-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

18-Oct-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

05-Sept-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

13-Aug-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

10-July-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

06-Jun-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

08-May-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

08-Apr-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

07-Mar-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

10-Feb-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

16-Jan-2024 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

19-Dec-2023 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

08-Nov-2023 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

27-Sept-2023 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
15 tablet - ONE to be taken TWICE daily for 5 days prn then ONE daily for 5 days then stop

25-Sept-2023 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

25-Sept-2023 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
15 tablet - ONE to be taken TWICE daily for 5 days prn then ONE daily for 5 days then stop

07-Sept-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Sept-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

10-Aug-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

10-Aug-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-July-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

06-July-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Jun-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

07-Jun-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

04-May-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

04-May-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

06-Apr-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

06-Apr-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

09-Mar-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

09-Mar-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

09-Feb-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

09-Feb-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

12-Jan-2023 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

12-Jan-2023 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Dec-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Dec-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

11-Nov-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

11-Nov-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

10-Nov-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

10-Nov-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

10-Nov-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Oct-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Oct-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

09-Sept-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

09-Sept-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

12-Aug-2022 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken At Night

12-Aug-2022 Trazodone 100mg capsules Acute Medication (Past)
28 capsule - One To Be Taken At Night

12-July-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

29-Jun-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

22-Jun-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

27-May-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

27-May-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

18-Mar-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

18-Mar-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

21-Feb-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

21-Feb-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

13-Jan-2022 Trazodone 150mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

13-Jan-2022 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

13-Jan-2022 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

16-Nov-2021 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

15-Nov-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

18-Oct-2021 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

18-Oct-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

14-Sept-2021 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

13-Sept-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

19-Aug-2021 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

19-Aug-2021 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

04-Aug-2021 Trazodone 50mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Once A Day

04-Aug-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

04-Aug-2021 Trazodone 50mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Once A Day

07-July-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

16-Jun-2021 Quetiapine 25mg tablets Repeat Medication (Past)
28 tablet - Two To Be Taken At Night

16-Jun-2021 Quetiapine 25mg tablets Acute Medication (Past)
60 tablet - One To Be Taken Twice A Day

15-Jan-2021 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

22-Dec-2020 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

08-Dec-2020 Quetiapine 25mg tablets Repeat Medication (Past)
60 tablet - One To Be Taken Twice A Day

08-Dec-2020 Quetiapine 25mg tablets Acute Medication (Past)
60 tablet - One To Be Taken Twice A Day

08-Aug-2019 Mirena 20micrograms/24hours intrauterine device (Bayer Plc) Acute Medication (Past)
1 device - .

08-Aug-2019 Mirena 20micrograms/24hours intrauterine device (Bayer Plc) Acute Medication (Past)
1 device - .

08-July-2019 Propranolol 40mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

08-July-2019 Propranolol 40mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

26-Apr-2019 Propranolol 40mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

26-Apr-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - take one or two at night - this is short term

26-Apr-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - take one or two at night - this is short term

26-Apr-2019 Propranolol 40mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

04-Jun-2018 Propranolol 40mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day prn

04-Jun-2018 Propranolol 40mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day prn

04-Jun-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

09-May-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

12-Apr-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

29-Mar-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

02-Mar-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

16-Feb-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

30-Jan-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

15-Jan-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

15-Jan-2018 Sertraline 50mg tablets Repeat Medication (Past)
14 tablet - One To Be Taken Each Day

15-Jan-2018 Zerocream (Thornton & Ross Ltd) Acute Medication (Past)
500 gram - 4 times a day

15-Jan-2018 Zerocream (Thornton & Ross Ltd) Acute Medication (Past)
500 gram - 4 times a day

15-Jan-2018 Venlafaxine 37.5mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Twice A Day

15-Jan-2018 Sertraline 50mg tablets Repeat Medication (Past)
14 tablet - One To Be Taken Each Day

09-May-2017 Sertraline 100mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

09-May-2017 Propranolol 40mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day prn

09-May-2017 Sertraline 100mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

05-Apr-2017 Propranolol 40mg tablets Acute Medication (Past)
28 tablet - up to one tab three times daily

05-Apr-2017 Propranolol 40mg tablets Acute Medication (Past)
28 tablet - up to one tab three times daily

29-Mar-2017 Sertraline 50mg tablets Repeat Medication (Past)
28 tablet - 1/2 a tablet a day for 1 week increase to 1 at night adfter 1 week

29-Mar-2017 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
56 tablet - 2 at night as per script from cumbria partnership

29-Mar-2017 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
56 tablet - 2 at night as per script from cumbria partnership

29-Mar-2017 Sertraline 50mg tablets Repeat Medication (Past)
28 tablet - 1/2 a tablet a day for 1 week increase to 1 at night adfter 1 week

14-Mar-2017 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Feb-2017 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
7 tablet - One To Be Taken At Night for sleep

06-Feb-2017 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

06-Feb-2017 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Feb-2017 Propranolol 40mg tablets Acute Medication (Past)
84 tablet - up to one tab three times daily

06-Feb-2017 Propranolol 40mg tablets Acute Medication (Past)
84 tablet - up to one tab three times daily

06-Feb-2017 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

06-Feb-2017 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
7 tablet - One To Be Taken At Night for sleep

06-Feb-2017 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

03-Jan-2017 Propranolol 40mg tablets Acute Medication (Past)
42 tablet - up to one tab three times daily

03-Jan-2017 Citalopram 10mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Each Day

03-Jan-2017 Citalopram 10mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Each Day

03-Jan-2017 Propranolol 40mg tablets Acute Medication (Past)
42 tablet - up to one tab three times daily

23-Nov-2016 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

23-Nov-2016 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

23-Nov-2016 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

04-Oct-2016 Citalopram 20mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Each Day

23-Sept-2016 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

12-Sept-2016 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

12-Sept-2016 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

12-Sept-2016 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

05-Sept-2016 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Daily

02-Aug-2016 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Daily

02-Aug-2016 Citalopram 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken Daily

09-Jun-2016 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Daily

09-Jun-2016 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Daily

26-May-2016 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

26-May-2016 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

12-Oct-2015 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

12-Oct-2015 Ofloxacin 400mg tablets Acute Medication (Past)
28 tablet - TAKE 1 TWICE A DAY

12-Oct-2015 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

12-Oct-2015 Ofloxacin 400mg tablets Acute Medication (Past)
28 tablet - TAKE 1 TWICE A DAY

13-July-2015 Paracetamol 500mg capsules Acute Medication (Past)
32 capsule - 1 TO 2 CAPSULES UP TO FOUR TIMES DAILY AS REQUIRED

13-July-2015 Paracetamol 500mg capsules Acute Medication (Past)
32 capsule - 1 TO 2 CAPSULES UP TO FOUR TIMES DAILY AS REQUIRED

07-Nov-2014 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - 1 TABLET THREE TIMES A DAY

07-Nov-2014 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - 1 TABLET THREE TIMES A DAY

02-July-2014 Anusol cream (Church & Dwight UK Ltd) Acute Medication (Past)
43 gram - AS DIRECTED

02-July-2014 Anusol cream (Church & Dwight UK Ltd) Acute Medication (Past)
43 gram - AS DIRECTED

12-Jun-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - INHALE 2 DOSES AS NEEDED

12-Jun-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - INHALE 2 DOSES AS NEEDED

06-May-2014 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

06-May-2014 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

06-May-2014 Paracetamol 500mg tablets Acute Medication (Past)
60 tablet - 1 TO 2 TABLET(S) UP TO FOUR TIMES DAILY AS REQUIRED

06-May-2014 Paracetamol 500mg tablets Acute Medication (Past)
60 tablet - 1 TO 2 TABLET(S) UP TO FOUR TIMES DAILY AS REQUIRED

07-Apr-2014 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE DAILY

07-Apr-2014 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

07-Apr-2014 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE DAILY

07-Apr-2014 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

12-Feb-2014 Nicorette invis 10mg/16hours patches (McNeil Products Ltd) Acute Medication (Past)
14 patch - ONE PATCH DAILY

12-Feb-2014 Nicorette invis 10mg/16hours patches (McNeil Products Ltd) Acute Medication (Past)
14 patch - ONE PATCH DAILY

15-Jan-2014 Nicorette invis 25mg/16hours patches (McNeil Products Ltd) Acute Medication (Past)
14 patch - ONE PATCH DAILY

15-Jan-2014 Nicorette invis 25mg/16hours patches (McNeil Products Ltd) Acute Medication (Past)
14 patch - ONE PATCH DAILY

15-Jan-2014 Nicorette QuickMist 1mg/dose mouthspray freshmint (McNeil Products Ltd) Acute Medication (Past)
26.4 ml - AS DIRECTED

15-Jan-2014 Nicorette QuickMist 1mg/dose mouthspray freshmint (McNeil Products Ltd) Acute Medication (Past)
26.4 ml - AS DIRECTED

16-Aug-2013 Co-codamol 15mg/500mg tablets Acute Medication (Past)
50 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY Notes for patient: DO NOT TAKE ANY OTHER PARACETAMOL BASED MEDICATION

16-Aug-2013 Co-codamol 15mg/500mg tablets Acute Medication (Past)
50 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY Notes for patient: DO NOT TAKE ANY OTHER PARACETAMOL BASED MEDICATION

22-July-2013 Hydrocortisone 1%cream Acute Medication (Past)
15 gram - APPLY TWICE A DAY

22-July-2013 Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free Acute Medication (Past)
30 sachet - 1 SACHET IN WATER TWICE DAILY PREFERABLY AFTER MEALS

22-July-2013 Hydrocortisone 1%cream Acute Medication (Past)
15 gram - APPLY TWICE A DAY

22-July-2013 Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free Acute Medication (Past)
30 sachet - 1 SACHET IN WATER TWICE DAILY PREFERABLY AFTER MEALS

11-Jun-2013 Xylocaine 1%with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

11-Jun-2013 Xylocaine 1%with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

16-May-2013 Ethinylestradiol 33.9micrograms/24hours / Norelgestromin 203micrograms/24hours transdermal patches Acute Medication (Past)
9 patch - 1 PATCH ONCE WEEKLY

16-May-2013 Ethinylestradiol 33.9micrograms/24hours / Norelgestromin 203micrograms/24hours transdermal patches Acute Medication (Past)
9 patch - 1 PATCH ONCE WEEKLY

16-May-2013 E45 cream (Karo Healthcare UK Ltd) Acute Medication (Past)
500 gram - APPLY TWO OR THREE TIMES DAILY

16-May-2013 E45 cream (Karo Healthcare UK Ltd) Acute Medication (Past)
500 gram - APPLY TWO OR THREE TIMES DAILY

24-Dec-2012 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

24-Dec-2012 Ofloxacin 400mg tablets Acute Medication (Past)
28 tablet - 1 TWICE A DAY

24-Dec-2012 Ciprofloxacin 500mg tablets Acute Medication (Past)
28 tablet - 1 TWICE A DAY

24-Dec-2012 Ofloxacin 400mg tablets Acute Medication (Past)
28 tablet - 1 TWICE A DAY

24-Dec-2012 Ciprofloxacin 500mg tablets Acute Medication (Past)
28 tablet - 1 TWICE A DAY

24-Dec-2012 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

25-Oct-2012 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
40 tablet - TAKE 1 FOUR TIMES DAILY

25-Oct-2012 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
40 tablet - TAKE 1 FOUR TIMES DAILY

11-Oct-2012 Co-codamol 15mg/500mg tablets Acute Medication (Past)
100 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

11-Oct-2012 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

11-Oct-2012 Co-codamol 15mg/500mg tablets Acute Medication (Past)
100 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

11-Oct-2012 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you.

05-Sept-2012 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
63 tablet - TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a M [Truncated]

05-Sept-2012 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
63 tablet - TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress yo

29-Aug-2012 Co-codamol 15mg/500mg tablets Acute Medication (Past)
100 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

29-Aug-2012 Co-codamol 15mg/500mg tablets Acute Medication (Past)
100 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

25-July-2012 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TABLET TWICE DAILY

25-July-2012 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TABLET TWICE DAILY

25-July-2012 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
63 tablet - TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a M [Truncated]

25-July-2012 Rigevidon tablets (Gedeon Richter (UK) Ltd) Acute Medication (Past)
63 tablet - TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress yo

10-May-2012 Lidocaine 20mg/2ml (1%) solution for injection ampoules Acute Medication (Past)
1 5ml ampoule(s) - IMMEDIATELY

10-May-2012 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - IMMEDIATELY

10-May-2012 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - IMMEDIATELY

10-May-2012 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY

10-May-2012 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY

10-May-2012 Lidocaine 20mg/2ml (1%) solution for injection ampoules Acute Medication (Past)
1 5ml ampoule(s) - IMMEDIATELY

09-Nov-2011 Mirtazapine 15mg tablets Acute Medication (Past)
7 tablet - ONE AT NIGHT

09-Nov-2011 Mirtazapine 15mg tablets Acute Medication (Past)
7 tablet - ONE AT NIGHT

27-Oct-2011 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet - ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have he

27-Oct-2011 Mirtazapine 15mg tablets Acute Medication (Past)
7 tablet - ONE AT NIGHT

27-Oct-2011 Mirtazapine 15mg tablets Acute Medication (Past)
7 tablet - ONE AT NIGHT

27-Oct-2011 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet - ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cov [Truncated]

07-Sept-2011 Codeine 15mg tablets Acute Medication (Past)
60 tablet - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

07-Sept-2011 Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

07-Sept-2011 Ibuprofen 600mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY

07-Sept-2011 Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

07-Sept-2011 Ibuprofen 600mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY

07-Sept-2011 Codeine 15mg tablets Acute Medication (Past)
60 tablet - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

15-Aug-2011 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY

15-Aug-2011 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet - ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have he

15-Aug-2011 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY

15-Aug-2011 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet - ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cov [Truncated]

21-Jun-2011 Ibuprofen 600mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY

21-Jun-2011 Ibuprofen 600mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY

21-Jun-2011 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
200 dose - INHALE 2 DOSES AS NEEDED

21-Jun-2011 Codeine 15mg tablets Acute Medication (Past)
60 tablet - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

21-Jun-2011 Codeine 15mg tablets Acute Medication (Past)
60 tablet - TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

21-Jun-2011 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
200 dose - INHALE 2 DOSES AS NEEDED

18-Aug-2010 Piriton 4mg tablets (Haleon UK Trading Ltd) Acute Medication (Past)
7 tablet(s) - TAKE ONE AT NIGHT

18-Aug-2010 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet(s) - TAKE ONE 4 TIMES/DAY

18-Aug-2010 Piriton 4mg tablets (Haleon UK Trading Ltd) Acute Medication (Past)
7 tablet(s) - TAKE ONE AT NIGHT

18-Aug-2010 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet(s) - TAKE ONE 4 TIMES/DAY

04-Aug-2010 Mebeverine 135mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY

04-Aug-2010 Mebeverine 135mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY

01-Feb-2010 Paracetamol 500mg soluble tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

01-Feb-2010 Chlorphenamine 2mg/5ml oral solution Acute Medication (Past)
150 mls - 10ML THREE TIMES A DAY WHEN REQUIRED

01-Feb-2010 Phenoxymethylpenicillin 250mg/5ml oral solution Acute Medication (Past)
200 mls - 2X5ML SPOON 4 TIMES/DAY

01-Feb-2010 Phenoxymethylpenicillin 250mg/5ml oral solution Acute Medication (Past)
200 mls - 2X5ML SPOON 4 TIMES/DAY

01-Feb-2010 Chlorphenamine 2mg/5ml oral solution Acute Medication (Past)
150 mls - 10ML THREE TIMES A DAY WHEN REQUIRED

01-Feb-2010 Paracetamol 500mg soluble tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

01-Feb-2010 Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 1 DOSE TWICE DAILY

01-Feb-2010 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

05-Jan-2010 Amoxicillin 250mg capsules Acute Medication (Past)
28 capsule(s) - ONE THREE TIMES A DAY

05-Jan-2010 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet(s) - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

05-Jan-2010 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet(s) - 6 DAILY FOR 5 DAYS

05-Jan-2010 Amoxicillin 250mg capsules Acute Medication (Past)
28 capsule(s) - ONE THREE TIMES A DAY

05-Jan-2010 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY AS NEEDED

05-Jan-2010 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY AS NEEDED

05-Jan-2010 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet(s) - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

05-Jan-2010 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet(s) - 6 DAILY FOR 5 DAYS

13-Nov-2009 Citalopram 20mg tablets Acute Medication (Past)
28 tablet(s) - TAKE 1 DAILY

13-Nov-2009 Citalopram 20mg tablets Acute Medication (Past)
28 tablet(s) - TAKE 1 DAILY

13-Nov-2009 Amoxicillin 250mg capsules Acute Medication (Past)
24 capsule(s) - ONE THREE TIMES A DAY

13-Nov-2009 Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 1 DOSE TWICE DAILY

13-Nov-2009 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

13-Nov-2009 Amoxicillin 250mg capsules Acute Medication (Past)
24 capsule(s) - ONE THREE TIMES A DAY

06-Oct-2009 Mebendazole 100mg chewable tablets sugar free Acute Medication (Past)
2 tablet(s) - 1 IMMEDIATELY , RPT AFTER 2 WEEKS

06-Oct-2009 Mebendazole 100mg chewable tablets sugar free Acute Medication (Past)
2 tablet(s) - 1 IMMEDIATELY , RPT AFTER 2 WEEKS

02-Oct-2009 Amoxicillin 250mg capsules Acute Medication (Past)
15 capsule(s) - ONE THREE TIMES A DAY

02-Oct-2009 Amoxicillin 250mg capsules Acute Medication (Past)
15 capsule(s) - ONE THREE TIMES A DAY

02-Oct-2009 Citalopram 20mg tablets Acute Medication (Past)
28 tablet(s) - TAKE 1 DAILY

02-Oct-2009 Citalopram 20mg tablets Acute Medication (Past)
28 tablet(s) - TAKE 1 DAILY

27-Aug-2009 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

27-Aug-2009 Amoxicillin 500mg capsules Repeat Medication (Past)
15 capsule(s) - ONE 8 HOURLY

27-Aug-2009 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

27-Aug-2009 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

27-Aug-2009 Amoxicillin 500mg capsules Repeat Medication (Past)
15 capsule(s) - ONE 8 HOURLY

27-Aug-2009 Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 1 DOSE TWICE DAILY

26-Mar-2009 Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 1 DOSE TWICE DAILY

26-Mar-2009 Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 1 DOSE TWICE DAILY

17-Mar-2009 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

11-Mar-2009 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

11-Mar-2009 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

11-Mar-2009 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - ONE THREE TIMES A DAY

11-Mar-2009 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - ONE THREE TIMES A DAY

21-Jan-2009 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

21-Jan-2009 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 200 dose inhaler - INHALE 2 DOSES AS NEEDED

Allergies

27-Nov-2025 Mrs Caroline Turner (CT3735)

Adverse reaction to Mirena

bleeding

Drug name allergy

Episodicity - None

29-Aug-2012 Sister Diana Morgan (DXM_)

H/O: drug allergy

Drug code for allergy: Naproxen 500mg tablets Reaction type: Intolerance Severity of allergy: Moderate Certainty of allergy: Certain ***** code for reaction: 1984.00 (Upset stomach)

Unknown

Episodicity - None

29-Aug-2012 Sister Diana Morgan (DXM_)

Intolerance : Naproxen 500mg tablets

Unknown

Episodicity - None

Vaccinations

31-July-2014 Mrs Anne-Marie Pink (AMP3735)

Booster diphtheria vaccination

Stage=B Batch Number=ac39b053ah Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular

Site=Left arm Due date=31/07/2024 Immunisation Type=Diphtheria Compound=DTAPIPV

Immunisation

31-July-2014 Mrs Anne-Marie Pink (AMP3735)

Booster tetanus vaccination

Stage=B Batch Number=ac39b053ah Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular

Site=Left arm Due date=31/07/2024 Immunisation Type=Tetanus Compound=DTAPIPV

Immunisation

31-July-2014 Mrs Anne-Marie Pink (AMP3735)

Pertussis booster vaccination

Stage=B Batch Number=ac39b053ah Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular
 Site=Left arm Immunisation Type=Pertussis Compound=DTAPIPV
 Immunisation

31-July-2014 Mrs Anne-Marie Pink (AMP3735)

Booster polio vaccination

Stage=B Batch Number=ac39b053ah Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular
 Site=Left arm Due date=31/07/2024 Immunisation Type=Polio Compound=DTAPIPV
 Immunisation

13-Oct-2009 Mr A Other (OTHER_)

First human papillomavirus vaccination

Given in ***** Stage=1 Batch Number=AHPVA057CA Reason=Routine Measure Source=Out of Practice Status=Given
 Method=Intramuscular Due date=13/11/2009 Immunisation Type=HumanPapillomavirus(Cervarix)3Stage
 Immunisation

27-Oct-2008 Mrs Michelle Kewley (MB)

Influenza vaccination

Stage=0 Batch Number=p24a exp 06/09 Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular
 Site=Left arm Due date=27/10/2009 Immunisation Type=Influenza - Seasonal
 Immunisation

11-Oct-2000 MR USER UNKNOWN (_)

Single meningitis C vaccination

Stage=0 Reason=Routine Measure Source=Source unknown Status=Given Method=Intramuscular Immunisation
 Type=Meningococcal C
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Booster polio vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=05/02/2009
 Immunisation Type=Polio Compound=DTAPIPV
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Booster diphtheria vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=19/03/2008
 Immunisation Type=Diphtheria Compound=DT
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Booster tetanus vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=19/03/2008
 Immunisation Type=Tetanus Compound=DT
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Measles vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Measles
 Compound=MMR
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Rubella vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Rubella
 Compound=MMR
 Immunisation

19-Mar-1998 MR USER UNKNOWN (_)

Mumps vaccination

Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Mumps
 Compound=MMR
 Immunisation

22-Jan-1996 MR USER UNKNOWN (_)

Measles vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999
 Immunisation Type=Measles Compound=MMR
 Immunisation

22-Jan-1996 MR USER UNKNOWN (_)

Rubella vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999
 Immunisation Type=Rubella Compound=MMR
 Immunisation

22-Jan-1996 MR USER UNKNOWN (_)

Mumps vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=22/01/1999
 Immunisation Type=Mumps Compound=MMR
 Immunisation

28-Oct-1994 MR USER UNKNOWN (_)

Third diphtheria vaccination

Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997
 Immunisation Type=Diphtheria Compound=DTP
 Immunisation

28-Oct-1994 MR USER UNKNOWN (_)

Third tetanus vaccination

Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997
 Immunisation Type=Tetanus Compound=DTP
 Immunisation

28-Oct-1994 MR USER UNKNOWN ()

Third pertussis vaccination

Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/10/1997

Immunisation Type=Pertussis Compound=DTP

Immunisation

28-Oct-1994 MR USER UNKNOWN ()

Third polio vaccination

Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=05/02/1998

Immunisation Type=Polio myelitis

Immunisation

28-Oct-1994 MR USER UNKNOWN ()

3rd haemophilus B vaccination

Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/06/1995

Immunisation Type=Hib (Haemophilus influenzae B)

Immunisation

05-Sept-1994 MR USER UNKNOWN ()

Second diphtheria vaccination

Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994

Immunisation Type=Diphtheria Compound=DTP

Immunisation

05-Sept-1994 MR USER UNKNOWN ()

Second tetanus vaccination

Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994

Immunisation Type=Tetanus Compound=DTP

Immunisation

05-Sept-1994 MR USER UNKNOWN ()

Second pertussis vaccination

Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994

Immunisation Type=Pertussis Compound=DTP

Immunisation

05-Sept-1994 MR USER UNKNOWN ()

Second polio vaccination

Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994

Immunisation Type=Polio myelitis

Immunisation

05-Sept-1994 MR USER UNKNOWN ()

2nd haemophilus B vaccination

Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=03/10/1994

Immunisation Type=Hib (Haemophilus influenzae B)

Immunisation

20-May-1994 MR USER UNKNOWN ()

First diphtheria vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994

Immunisation Type=Diphtheria Compound=DTP

Immunisation

20-May-1994 MR USER UNKNOWN ()

First tetanus vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994

Immunisation Type=Tetanus Compound=DTP

Immunisation

20-May-1994 MR USER UNKNOWN ()

First pertussis vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994

Immunisation Type=Pertussis Compound=DTP

Immunisation

20-May-1994 MR USER UNKNOWN ()

First polio vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994

Immunisation Type=Polio myelitis

Immunisation

20-May-1994 MR USER UNKNOWN ()

1st haemophilus B vaccination

Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=17/06/1994

Immunisation Type=Hib (Haemophilus influenzae B)

Immunisation

Referrals

18-Jan-2018 Miss Melissa Turner (MT3)

Community Mental Health Team Referral

Referral Type: Investigation

20-July-2015 Sister Joanne Eldon (JXE3735)

Refer to counsellor

TP Speciality = Other : FHSA Speciality = Community Psychiatric Nurse. Referral Type: Outpatient

02-July-2014 Dr James Cain (JC_)

Physiotherapy

UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient

15-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Refer to counsellor

TP Speciality = Other : FHSA Speciality = Community Psychiatric Nurse. Referral Type: Outpatient

09-Nov-2011 Sister Diana Morgan (DXM_)

Low mood

. Referral Type: Outpatient

28-Aug-2009 Dr A Clark (AMC_)

Psychiatric referral

UBRN:N : TP Speciality = Psychiatry : FHSA Speciality = Child and Adolescent Psychiatry. Referral Type: Outpatient

Test Requests

This section is empty.

Test Results

25-Nov-2025 Dr John Telford (JGT_)

Result: Cytology laboratory test(ECT) - Cytology Routine Recall

Cervical smear - human papillomavirus positive (0) high-risk HPV Not Detected

(No range available)

CERVICAL CYTOLOGY INTERPRETATION (X) No cytology result

(No range available)

PATIENT MANAGEMENT RECOMMENDATION (R) repeat in 36 months

(No range available)

according to protocol

11-Nov-2025 Mrs Caroline Turner (CT3735)

Result: M.GENITALIUM SWABVIROLOGY - This is a FINAL report Onset Trichomonas vaginalis DNA NOT detected Mycoplasma genitalium DNA NOT detected Trichomonas vaginalis NOT detected by PCR Mycoplasma genitalium NOT detected by PCR(JHD) - Satisfactory

04-Nov-2025 Mrs Caroline Turner (CT3735)

Result: Genital MC&SFINAL REPORT Specimen Type: Cervical swab Site: MICROSCOPY:- White Blood Cells: Nil CULTURE: Neisseria gonorrhoeae NOT isolated Coliform +++ Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(ECT) - Abnormal for patient - message sent

04-Nov-2025 Mrs Caroline Turner (CT3735)

Result: CT/NG SWABVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(ECT) - Satisfactory

25-Sept-2024 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Cytology laboratory test(JHD) - colposcopy referral task to AMP

HPV RESULT (9) high-risk HPV Detected

(No range available)

CERVICAL CYTOLOGY INTERPRETATION (3) low grade dyskaryosis

(No range available)

PATIENT MANAGEMENT RECOMMENDATION (S) Patient referred to

(No range available)

colposcopy

13-Sept-2024 Dr Joanne Hull-Davies (JHD)

Result: Genital MC&SFINAL REPORT Specimen Type: High vaginal swab Site: MICROSCOPY:- CULTURE: No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(ECT) - Satisfactory

12-Sept-2024 Dr Joanne Hull-Davies (JHD)

Result: CT/NG SWABVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(ECT) - Satisfactory

08-Dec-2022 Dr Joanne Hull-Davies (JHD)

Result: CT/NG SWABVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA DETECTED N.gonorrhoeae DNA secone-line DETECTED Neisseria gonorrhoeae DETECTED by PCR Chlamydia trachomatis NOT detected by PCR(JT) - see notes

07-Dec-2022 Dr Joanne Hull-Davies (JHD)

Result: CT/NG SWABVIROLOGY - This is an INTERIM report Onset Chlamydia trachomatis DNA NOT detected Investigation continuing.Further report to follow Chlamydia trachomatis NOT detected by PCR(JLF) - Satisfactory/Normal

16-Aug-2022 Dr Fiona C Ironside (FCI3735)

Result: Cytology laboratory test(JHD) - Satisfactory/Normal

Cervical cytology test High-risk HPV DETECTED. No abnormal cells seen.

(No range available)

Please repeat in 12 months

CYTOLOGICAL PATTERN [2] Negative

(No range available)

SPECIFIC INFECTION [9] High-risk HPV detected

(No range available)

MANAGEMENT SUGGESTED [R] Repeat in 12 months

(No range available)

08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: HbA1c lev1 - IFCC standardised Target for control in diabetes is 48mmol/mol or less (NICE 2015) The cut off value in diagnosis is 48mmol/mol. (JPO) - Satisfactory/Normal

08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)**Result:** Full blood count - FBC(ANST) - Satisfactory/Normal

Haemoglobin estimation	144 g/L	(Range: 115 - 165)
Total white cell count	6.3 10 ⁹ /L	(Range: 4 - 11)
Platelet count	226 10 ⁹ /L	(Range: 150 - 400)
Red blood cell (RBC) count	4.49 10 ¹² /L	(Range: 3.8 - 5.8)
Haematocrit	0.428	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	95.3 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	32.2 pg	(Range: 27 - 32)
Red blood cell distribut width	14.6 %	(Range: 11 - 14.8)
Neutrophil count	4.9 10 ⁹ /L	(Range: 1.8 - 7.5)
Lymphocyte count	0.9 10⁹/L	(Range: 1.5 - 4.5)
Monocyte count	0.3 10 ⁹ /L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10 ⁹ /L	(No range available)
Basophil count	0.1 10 ⁹ /L	(No range available)

08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)**Result:** Serum total protein(JPO) - Satisfactory/Normal**08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)****Result:** eGFRcreat (CKD-EPI)/1.73 m²eGFR: for Afro Caribbean patients multiply by 1.16(JPO) - Satisfactory/Normal**08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)****Result:** Urea and electrolytes(JPO) - No action required

Serum sodium	140 mmol/L	(Range: 133 - 146)
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	2.3 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	54 umol/L	(Range: 49 - 90)
AKI warning stage	NA	(No range available)

08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)**Result:** Liver function test(JPO) - Satisfactory/Normal

Serum total bilirubin level	5 umol/L	(Range: <21)
Serum alkaline phosphatase	88 U/L	(Range: 30 - 130)
Serum ALT level	25 U/L	(Range: <40)

08-July-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)**Result:** Serum TSH level(ANST) - Satisfactory/Normal**29-July-2019 Dr Fiona C Ironside (FCI3735)****Result:** Cytology laboratory test(FCI) - No action needed

Cervical cytology test HPV PRIMARY SCREENING - NO CYTOLOGY REPORTED. High-risk HPV NOT DETECTED. Routine recall is recommended	(No range available)
CYTOLOGICAL PATTERN No cytology result [X]	(No range available)
SPECIFIC INFECTION [0] High risk HPV NOT DETECTED	(No range available)
MANAGEMENT SUGGESTED [A] Routine recall	(No range available)

25-July-2019 Dr Joanne Hull-Davies (JHD)**Result:** Genital MC&SFINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(JHD) - No action needed**24-July-2019 Dr Joanne Hull-Davies (JHD)****Result:** Chlamydia DNA detectionVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Assay not currently UKAS accredited Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(JHD) - No action needed**01-Apr-2016 Dr Fiona C Ironside (FCI3735)****Result:** U-S pelvic scanClinical indication: IUD in situ lower abdominal pain US Pelvis: Indication: IUD in situ lower abdo pain Transabdominal scan only with consent. Good access Anteverted uterus. LMP: Bleeding most days since IUD fitted 1yr ago. The uterus appears normal in size and shape. IUD seen and correctly sited within the endometrial cavity towards the fundus. The uterus measures 61 x 38 x 48 mm, unable to measure endometrium accurately due to IUD but appears unremarkable. Both ovaries appear normal in size and echotexture. Right ovary measures 26 x 22 x 33 mm. Left ovary measures 18 x 18 x 16 mm. No adnexal masses or cysts identified. No free pelvic fluid seen. Smooth bladder outline. Both kidneys appear normal in size, position and texture with no hydronephrosis. Right kidney = 102 mm. Left kidney = 103 mm. Reported by : CARRUTHERS *****/ M98B1529E(JW) - No action needed

Other Items

05-Mar-2110	Recall	Primary Care Group	Admin tag (DO NOT REMOVE)
15-July-2026	Read Code	Systolic arterial pressure	110 mmHg
15-July-2026	Read Code	Diastolic arterial pressure	72 mmHg
30-Apr-2026	Read Code	Systolic arterial pressure	130 mmHg
30-Apr-2026	Read Code	Diastolic arterial pressure	80 mmHg
28-Apr-2026	Read Code	Did not attend - no reason	

31-Mar-2026	Read Code	Test Request : Full Blood Count
31-Mar-2026	Read Code	Test Request : GGT
31-Mar-2026	Read Code	Test Request : Liver Function Tests
31-Mar-2026	Read Code	Test Request : Thyroid Function
31-Mar-2026	Read Code	Test Request : Urea & Electrolytes + eGFR
31-Mar-2026	Read Code	Test Request : .
31-Mar-2026	Read Code	Test Request : US Abdomen
27-Nov-2025	Read Code	Systolic arterial pressure 120 mmHg
27-Nov-2025	Read Code	Diastolic arterial pressure 70 mmHg
31-Oct-2025	Read Code	Test Request : Mycoplasma genitalium PCR (swab)
31-Oct-2025	Read Code	Test Request : Trichomonas vaginalis PCR (swab)
31-Oct-2025	Read Code	Test Request : Chlamydia/Gonorrhoea PCR (swab)
31-Oct-2025	Read Code	Test Request : Cervical swab C&S
20-May-2025	Read Code	Test Request : 25 OH Vitamin D
20-May-2025	Read Code	Test Request : HbA1c
20-May-2025	Read Code	Test Request : Vitamin B12
20-May-2025	Read Code	Test Request : Calcium + Albumin + Adjusted Calcium
20-May-2025	Read Code	Test Request : CRP
20-May-2025	Read Code	Test Request : ESR
20-May-2025	Read Code	Test Request : Full Blood Count
20-May-2025	Read Code	Test Request : Ferritin
20-May-2025	Read Code	Test Request : Folate
20-May-2025	Read Code	Test Request : GGT
20-May-2025	Read Code	Test Request : Non-fasting Lipid Profile
20-May-2025	Read Code	Test Request : Liver Function Tests
20-May-2025	Read Code	Test Request : Thyroid Function
20-May-2025	Read Code	Test Request : Urea & Electrolytes + eGFR
20-May-2025	Read Code	Test Request : .
11-Sept-2024	Read Code	Test Request : Chlamydia/Gonorrhoea PCR (swab)
11-Sept-2024	Read Code	Test Request : High Vaginal Swab - C&S / BV
10-Oct-2023	Read Code	Did not attend - no reason
06-Apr-2023	Read Code	No safeguarding issues identified
05-Dec-2022	Read Code	Test Request : Chlamydia/Gonorrhoea PCR (swab)
31-Oct-2022	Read Code	Enhanced review indicated before granting access to own health record

23-Aug-2022	Read Code	Did not attend - no reason
08-July-2021	Read Code	HbA1c level - IFCC standardised (JPO) - Satisfactory/Normal 32 mmol/mol
08-July-2021	Read Code	Serum total protein (JPO) - Satisfactory/Normal 66 g/L
08-July-2021	Read Code	eGFRcreat (CKD-EPI)/1.73 m ² (JPO) - Satisfactory/Normal eGFR: for Afro Caribbean patients multiply by 1.16 90 mL/min/1.73m ²
08-July-2021	Read Code	Serum TSH level (ANST) - Satisfactory/Normal 0.57 mU/L
08-July-2021	Read Code	Test Request : HbA1c
08-July-2021	Read Code	Test Request : Full Blood Count
08-July-2021	Read Code	Test Request : Liver Function Tests
08-July-2021	Read Code	Test Request : Thyroid Function
08-July-2021	Read Code	Test Request : Urea & Electrolytes + eGFR
21-Dec-2020	Read Code	SMS text message sent to patient TELEPHONE consultation reminder: Dec 22 at 11:00am with Mr ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE RESPIRATORY SYMPTOMS. www.mygp.io/app
19-Dec-2020	Read Code	SMS text message sent to patient TELEPHONE consultation reminder: Dec 22 at 11:00am with Mr ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE RESPIRATORY SYMPTOMS. www.mygp.io/app
12-Nov-2019	Read Code	SMS text message sent to patient LMC surgery will be closed from 1.00 pm tomorrow, Weds 13 Nov for staff training. We will reopen at 8am Thurs 14 Nov PLEASE DO NOT REPLY TO THIS MESSAGE www.mygp.io/gmv
25-Oct-2019	Read Code	Did not attend - no reason
24-Oct-2019	Read Code	SMS text message sent to patient Appt reminder: Oct 25 at 2:00pm with Mrs ***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
22-Oct-2019	Read Code	SMS text message sent to patient Appt reminder: Oct 25 at 2:00pm with Mrs ***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
11-Sept-2019	Read Code	Systolic blood pressure 102 mmHg
11-Sept-2019	Read Code	Diastolic blood pressure 70 mmHg
10-Sept-2019	Read Code	SMS text message sent to patient Appt reminder: Sep 11 at 9:55am with Dr ***** Hull-***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
08-Sept-2019	Read Code	SMS text message sent to patient Appt reminder: Sep 11 at 9:55am with Dr ***** Hull-***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
08-Sept-2019	Read Code	SMS text message sent to patient Welcome to myGP, we hope you will enjoy our messaging and booking app. Remember to make use of the medication reminders should you need them as well!
07-Aug-2019	Read Code	SMS text message sent to patient Appt reminder: Aug 08 at 2:50pm with Mrs ***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
05-Aug-2019	Read Code	SMS text message sent to patient Appt reminder: Aug 08 at 2:50pm with Mrs ***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
23-July-2019	Read Code	Test Request : High Vaginal Swab - C&S / BV
23-July-2019	Read Code	Test Request : Chlamydia trachomatis PCR (swab)
23-July-2019	Read Code	Test Request : Neisseria gonorrhoeae PCR (swab)
22-July-2019	Read Code	SMS text message sent to patient Appt reminder: Jul 23 at 11:30am with Mrs Lesley Hull at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app

20-July-2019	Read Code	SMS text message sent to patient Appt reminder: Jul 23 at 11:30am with Mrs Lesley Hull at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
10-July-2019	Read Code	SMS text message sent to patient Lowther Medical Centre will be closed from 1.00 pm tomorrow Thurs 11 July for staff training. We reopen at 8am Fri 12 July. PLEASE DO NOT REPLY TO THIS MESSAGE
17-May-2019	Read Code	Did not attend - no reason
17-May-2019	Read Code	Did not attend - no reason
16-May-2019	Read Code	SMS text message sent to patient Appt reminder: May 17 at 4:50pm with Dr Ami ***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
16-May-2019	Read Code	SMS text message sent to patient Appt reminder: May 17 at 4:30pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
14-May-2019	Read Code	SMS text message sent to patient Appt reminder: May 17 at 4:30pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
14-May-2019	Read Code	SMS text message sent to patient Appt reminder: May 17 at 4:50pm with Dr Ami ***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
25-Oct-2018	Read Code	Vulnerable adult
27-Sept-2018	Read Code	Did not attend - no reason
11-Apr-2018	Read Code	SMS text message sent to patient Appt reminder: Apr 12 at 4:00pm with ***** Eldon at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
09-Apr-2018	Read Code	SMS text message sent to patient Appt reminder: Apr 12 at 4:00pm with ***** Eldon at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
29-Mar-2018	Read Code	Did not attend - no reason
30-Mar-2017	Read Code	Did not attend - no reason
30-Mar-2017	Read Code	Preferred method of contact: unknown
23-Mar-2017	Read Code	Education about access to Patient Facing Service
20-Feb-2017	Read Code	Did not attend - no reason
16-Jan-2017	Read Code	Did not attend - no reason
06-Sept-2016	Read Code	Did not attend - no reason
27-Jun-2016	Read Code	Did not attend - no reason
04-Mar-2016	Read Code	Discussion about advance care plan
17-Feb-2016	Read Code	Patient allocated named accountable general practitioner
22-Jan-2016	Read Code	Single
31-Oct-2014	Read Code	Mean corpusc. haemoglobin(MCH) 28.8 pg
31-Oct-2014	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: No bacterial pathogens isolated Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
31-Oct-2014	Read Code	Serum albumin 43 g/L
31-Oct-2014	Read Code	Serum total protein 67 g/L
31-Oct-2014	Read Code	Serum LH level 10.8 IU/L
31-Oct-2014	Read Code	Serum FSH level 9.7 IU/L
31-Oct-2014	Read Code	Serum C reactive protein level < 2 mg/L 2 mg/L

31-Oct-2014	Read Code	Serum sodium 142 mmol/L
31-Oct-2014	Read Code	Serum potassium 4.2 mmol/L
31-Oct-2014	Read Code	Serum urea level 3.1 mmol/L
31-Oct-2014	Read Code	Serum calcium 2.38 mmol/L
31-Oct-2014	Read Code	Corrected serum calcium level 2.32 mmol/L
31-Oct-2014	Read Code	Serum alkaline phosphatase 75 U/L
31-Oct-2014	Read Code	Serum alanine aminotransferase level 9 U/L
31-Oct-2014	Read Code	Serum creatinine 53 umol/L
31-Oct-2014	Read Code	Serum total bilirubin level 7 umol/L
31-Oct-2014	Read Code	GFR calculated abbreviated MDRD EGFR: for Afro Caribbean patients multiply by 1.21 > 90 mL/min/1.73m2 90 mL/min/1.73m2
31-Oct-2014	Read Code	Biochemical test NA
31-Oct-2014	Read Code	Serum progesterone Progesterone: typically >20nmol/L in ovulatory cycles Low 3 nmol/L
31-Oct-2014	Read Code	Red blood cell distribution width 15.2 %
31-Oct-2014	Read Code	Red blood cell (RBC) count 4.53 10 ¹² /L
31-Oct-2014	Read Code	Total white cell count 5.1 10 ⁹ /L
31-Oct-2014	Read Code	Platelet count 205 10 ⁹ /L
31-Oct-2014	Read Code	Neutrophil count 2.1 10 ⁹ /L
31-Oct-2014	Read Code	Lymphocyte count 2.4 10 ⁹ /L
31-Oct-2014	Read Code	Monocyte count 0.3 10 ⁹ /L
31-Oct-2014	Read Code	Eosinophil count 0.3 10 ⁹ /L
31-Oct-2014	Read Code	Basophil count 0 10 ⁹ /L
31-Oct-2014	Read Code	Mean corpuscular volume (MCV) 87.3 fL
31-Oct-2014	Read Code	Haemoglobin estimation 131 g/L
31-Oct-2014	Read Code	Packed cell volume 0.395
05-Sept-2014	Read Code	Ultrasound in obstetric diagn. Scan Form: GROWNW Gestation: 36 weeks 1 days *****: 02/10/14 ***** Ref: 1 Patient has consented to the scan Scan Reason: Growth Fetal Heartbeat: Seen Presentation: Cephalic Fetal Movements: Seen Stomach/Diaphragm: Seen Kidneys: Seen Bladder: Seen Placenta: Anterior Site: Clear of OS Liquor Volume: Normal EDF: Present HC: 311.0 mm AC: 288.0 mm FL: 66.0 mm EFW: 2204.0 g Deepest pool = 3.6 cm. Umbilical artery doppler shows normal FVW with EDF present. Umbilical artery doppler PI = 0.98 Reported by : FIELDING ***** / RA48056
05-Sept-2014	Read Code	Ultrasound in obstetric diagn. Scan Form: GROWNW Gestation: 36 weeks 1 days *****: 02/10/14 ***** Ref: 1 Patient has consented to the scan Scan Reason: Growth Fetal Heartbeat: Seen Presentation: Cephalic Fetal Movements: Seen Stomach/Diaphragm: Seen Kidneys: Seen Bladder: Seen Placenta: Anterior Site: Clear of OS Liquor Volume: Normal EDF: Present HC: 311.0 mm AC: 288.0 mm FL: 66.0 mm EFW: 2204.0 g Deepest pool = 3.6 cm. Umbilical artery doppler shows normal FVW with EDF present. Umbilical artery doppler PI = 0.98 Reported by : FIELDING ***** / RA48056
04-Sept-2014	Read Code	Systolic blood pressure 130 mm Hg
04-Sept-2014	Read Code	Diastolic blood pressure 80 mm Hg
21-Aug-2014	Read Code	Systolic blood pressure 120 mm Hg
21-Aug-2014	Read Code	Diastolic blood pressure 64 mm Hg

31-July-2014	Read Code	Systolic blood pressure	120 mm Hg
31-July-2014	Read Code	Diastolic blood pressure	70 mm Hg
10-July-2014	Read Code	Systolic blood pressure	110 mm Hg
10-July-2014	Read Code	Diastolic blood pressure	70 mm Hg
08-July-2014	Read Code	Blood transfusion test	28/40 Patient Group: A Positive Antibody Screen Negative WAF
12-Jun-2014	Read Code	Systolic blood pressure	100 mm Hg
12-Jun-2014	Read Code	Diastolic blood pressure	60 mm Hg
14-May-2014	Read Code	Ultrasound in obstetric diagn. Scan Form: DETFA Gestation: 19 weeks 6 days ***** Thursday, 02 October, 2014 ***** Ref: 1 Patient has consented to the scan Scan Reason: Fetal Study Fetal Heartbeat: Present Scan type: Trans Abdominal Placental Cord: 3 Vessels Placental Position: Anterior Placenta Site: Seen. - Amniotic Fluid: Normal. - Fetal Movement: Seen. Image Quality: Fair Patient has NOT requested gender Fetal Sex HC: 171.0 mm AC: 140.0 mm FL: 32.0 mm CRB: 20.1 mm - Skull: Seen. Atrium: 7.2 - Brain: Seen. - Nuchal Fold: Seen. - Nuchal skin: 0.0 mm - Face: Seen. - Lips: Seen. - Profile: Seen. - Heart 4 Chamber: Seen. - Heart Situs: Seen. - LVOT: Seen. - RVOT: Seen. - Stomach: Seen. - Abdominal Wall: Seen. - Bowel: Seen. - Kidneys: Seen. - Bladder: Seen. - Spine Sagittal/Skin: Seen. - Spine Coronal: Seen. - Spine Transverse: Seen. - Femur: Seen. - Upper Limbs: Seen. - Both Hands: Seen. - Lower Limbs: Seen. - Both Feet: Seen. Anomaly scan complete. Reported by : ***** / RA12334	
16-Apr-2014	Read Code	Systolic blood pressure	110 mm Hg
16-Apr-2014	Read Code	Diastolic blood pressure	60 mm Hg
26-Mar-2014	Read Code	Ultrasound in obstetric diagn. Scan Form: DATNW Gestation: 12 weeks 6 days ***** 02/10/14 ***** Ref: 1 Patient has consented to the scan Scan Reason: Dating Scan Method: Trans Abdominal Fetal Heartbeat: Present Adnexa: Seen NT: 1.7 mm CRL: 66.0 mm Verbal consent for combined screening test given. See again 7 / 52 for detail scan. Reported by : HOLGATE ***** / RA48696	
12-Mar-2014	Read Code	Blood transfusion test	Antenatal Booking Patient Group: A Positive Antibody Screen Negative WAF
11-Mar-2014	Read Code	Systolic blood pressure	110 mm Hg
11-Mar-2014	Read Code	Diastolic blood pressure	60 mm Hg
11-Mar-2014	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: White Blood Cells <10 /uL Red Blood Cells <10 /uL Epithelial Cells + No significant growth Sample received in the laboratory >48hrs after collection Outcome of sample examination maybe affected	
11-Mar-2014	Read Code	Hepatitis B screening test Final report Onset Rubella specific IgG <10 IU/ML T.pallidum (*****) Negative Hepatitis B surface antigen Negative HIV I & II Screening Assay Negative Treponemal antibody not detected - screen negative Low levels of rubella antibody present, less than 10iu/ml patient is regarded as SUSCEPTIBLE. Vaccination recommended 2 doses MMR vaccine recommended post delivery Hepatitis B surface antigen not detected - Screen negative	
10-Mar-2014	Read Code	Systolic blood pressure	120 mm Hg
10-Mar-2014	Read Code	Diastolic blood pressure	70 mm Hg
11-July-2013	Read Code	Biochemical test	NA
11-July-2013	Read Code	Serum total protein	70 g/L
11-July-2013	Read Code	Serum C reactive protein level	< 3 mg/L
11-July-2013	Read Code	Serum sodium	139 mmol/L
11-July-2013	Read Code	Serum potassium	3.8 mmol/L
11-July-2013	Read Code	Serum alkaline phosphatase	73 U/L
11-July-2013	Read Code	Serum alanine aminotransferase level	11 U/L

11-July-2013	Read Code	Serum gamma-glutamyl transferase level 10 U/L
11-July-2013	Read Code	Serum creatinine 59 umol/L
11-July-2013	Read Code	Serum total bilirubin level 6 umol/L
11-July-2013	Read Code	Serum urea level Low 2.1 mmol/L
11-July-2013	Read Code	Serum amylase level Low 25 U/L
11-July-2013	Read Code	Urine pregnancy test Negative
11-July-2013	Read Code	Red blood cell distribution width 14.3 %
11-July-2013	Read Code	Red blood cell (RBC) count 4.43 10 ¹² /L
11-July-2013	Read Code	Total white cell count 5.5 10 ⁹ /L
11-July-2013	Read Code	Platelet count 168 10 ⁹ /L
11-July-2013	Read Code	Neutrophil count 1.9 10 ⁹ /L
11-July-2013	Read Code	Lymphocyte count 3 10 ⁹ /L
11-July-2013	Read Code	Monocyte count 0.3 10 ⁹ /L
11-July-2013	Read Code	Eosinophil count 0.3 10 ⁹ /L
11-July-2013	Read Code	Basophil count 0.1 10 ⁹ /L
11-July-2013	Read Code	Mean corpuscular volume (MCV) 88.6 fL
11-July-2013	Read Code	Haemoglobin estimation 137 g/L
11-July-2013	Read Code	Mean corpusc. haemoglobin(MCH) 30.9 pg
11-July-2013	Read Code	Packed cell volume 0.393
11-July-2013	Read Code	Haemoglobin A1c level - IFCC standardised 37 mmol/mol The cut off value in diagnosis is 48 mmol/mol.
11-July-2013	Read Code	Gliadin antibody measurement FINAL REPORT Occupation Onset ENDOMYSIAL IgA NEGATIVE IgA 2.60 G/L (NR 0.64-2.97 G/L) IgA deficiency excluded Anti IgA transglutaminase - negative <10 U/ml
16-May-2013	Read Code	Systolic blood pressure 114 mm Hg
16-May-2013	Read Code	Diastolic blood pressure 80 mm Hg
16-May-2013	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative
26-Apr-2013	Read Code	Implied consent for core Summary Care Record dataset upload Initial SCR consent is 9Ndl.
11-Apr-2013	Recall	Diary event: Medication review with patient <i>no regular medication</i>
18-Sept-2012	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: Skin ***** Organisms Isolated Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
18-Sept-2012	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative
10-May-2012	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Trimethoprim White blood cells <10 /mm ³ Red blood cells <10 /mm ³ Epithelial cells + Casts Not seen Colony count of greater than 100,000 organisms/ml Absence of significant pyuria, may represent contamination 1. Escherichia coli 1. Nitrofurantoin S Trimethoprim S Amoxicillin S
27-Oct-2011	Read Code	Systolic blood pressure 120 mm Hg
27-Oct-2011	Read Code	Diastolic blood pressure 66 mm Hg

07-Sept-2011	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: White blood cells <10 /mm ³ Red blood cells <10 /mm ³ Epithelial cells + Casts Not seen No significant growth
15-Aug-2011	Read Code	Systolic blood pressure 120 mm Hg
15-Aug-2011	Read Code	Diastolic blood pressure 60 mm Hg
15-Aug-2011	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Trimethoprim White blood cells <10 /mm ³ Red blood cells <10 /mm ³ Epithelial cells Nil Casts Not seen Colony count of greater than 100,000 organisms/ml Absence of significant pyuria, may represent contamination 1. Escherichia coli 1. Nitrofurantoin S Trimethoprim S Amoxicillin S
21-Jun-2011	Read Code	Systolic blood pressure 110 mm Hg
21-Jun-2011	Read Code	Diastolic blood pressure 60 mm Hg
02-Mar-2011	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: Normal Vaginal ***** Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
02-Mar-2011	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative
04-Aug-2010	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative
02-Oct-2009	Read Code	Urinary microscopy, culture and sensitivities Rx: AMOXYCILLIN WBC (x10 ⁶ /L) <10 RBC (x10 ⁶ /L) <10 Epith.cells: +++ Misc: Nothing seen Culture: No growth END OF REPORT*****

Attachments

Attachment

28-Apr-2026 Miss Chloe Laidlow (Chloe.Laidlow)

Additional: Attachment

Prowse_05_02_1994_a89686dd.pdf

Filename: Prowse_05_02_1994_a89686dd.pdf

Extension: .tif

Pages:

Reference ID: A89686DD

Submitted: 28/04/2026, 09:40

eConsult Patient identifier

Date of birth
05/02/1994 (Age 32)

Phone Number
07598765825

NHS Number
Not provided

Email Address
lexiiprowse@gmail.com

Gender
Female

Address
11 Scafell Close, Whitehaven, CA28 8DS

Contraception

Alexis Prowse (Female, 32)

i A response is expected by 18:30 on Wednesday 29th April. A same day response is best.

Respond to this patient. Your consultation PIN is C2CHDX (expires on Thursday, 14th of May)

Possible important symptom

Ideas, concerns & expectations



Please tell us in a few words how we can help.

I need a review before I can get more of the rigevidon 150g contraceptive tablets

Have you tried anything for this?

No

Is there any particular help you would like?

Yes



Please tell us what help you would like.

Review

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions**Tell us your weight (optional)****Tell us your height (optional)****BMI score and category****Do you want emergency contraception?****Are you, or is there a chance you might be, pregnant?**

If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.



Could you tell us what makes you certain you're not pregnant? It's important for the practice to know this in order to give you the right help.

Have you given birth in the last 12 weeks?**Have you had a miscarriage in the last 12 weeks?****Have you had a termination in the last 12 weeks?****Do you know your blood pressure reading from the last month?**

What contraception are you using?

Combined contraceptive pill (2 hormones, pill with a break)



What is the name of your contraceptive pill?

Rigevidon

Do you ever miss or forget to take your contraceptive pill?

No

Do you know what to do if you miss a pill?

Yes

Do you know what to do if you have diarrhoea or vomiting while taking the contraceptive pill?

Yes

How do you take your pill?

Take everyday for 3 weeks, then 7 days break and then restart

Would you like to consider long-acting reversible contraception as an alternative to the pill?

No

Are you thinking of changing or stopping your pill within the next year?

No



Why are you taking contraception?

Birth control

Period control

Do you have periods?

Yes

Are your periods regular?

Yes

What was the date of the first day of your last period?

13/04/2026



How many days do you usually bleed for in your periods (for example: 5 days)?

4



On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?

27

Have you had any unexplained vaginal bleeding?

No

Have you had a sexual health check in the last 12 months?

Yes

Do you get headaches or migraines?

No

Do you smoke?

Yes



How many cigarettes do you smoke per day?

1 to 9 cigarettes a day

Have you ever had a blood clot?

No

Have any of your [REDACTED] or [REDACTED] ever been diagnosed with a blood clot?

No

Have you ever had breast cancer?

No

Have any of your [REDACTED] or [REDACTED] been diagnosed with breast cancer?

No

Are you being prescribed any weight loss injections privately?

No

The question we're about to ask may feel very sensitive. It is important that we ask this question, so that clinical staff can make the right assessment. Your answers are completely confidential.

Okay, I understand

Do you feel at risk of violence or abuse?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

I understand, I want to upload photos

For your safety, we will email you information about your contraception. It is important that you [REDACTED] this.

Okay, I understand

Is there anything you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

Yes



On average, how many units of alcohol do you drink each week?

10

Do you have any allergies?

No

Are you breastfeeding?

No

- 1  **Laidlow** matched the patient in the **Clinical System** Tue 28 Apr 26, 09:40
Clinical System: **Emis**
Patient ID: **18109**
- 2  **Max [REDACTED]** - GP Assistant added a **Comment** Tue 28 Apr 26, 10:15
med req and routine contraceptive rev- MY
- 3  **Laidlow** deleted comment added by **[REDACTED] Laidlow**
Tue 28 Apr 26, 11:48
- 4  **Laidlow** updated the **Status** Tue 28 Apr 26, 11:48
Waiting > **Complete**
- 5  **Laidlow** updated the **Communication Mode** Tue 28 Apr 26, 11:48
Unassigned > **Text message**
- 6  **Chloe Laidlow** updated the **Team** Tue 28 Apr 26, 11:48
Unassigned > **GP**

Clinical document
16-Mar-2026 Ms Jackie Sisson (JZS)
Additional: Clinical document
My Wellness Recovery plan
Filename: Kettering.pdf
Extension: .tif
Pages:



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

My Wellness Recovery Action Plan

 Prowse

NHS. 704 418 6440

My Wellness toolbox:**Things I do which make me happy and keep me well:**

- Spending time and walking my dogs
- Cooking for others
- Keeping a clean and organised home
- Listen to music/podcasts
- Comedy stuff
- Routine and consistency
- Going for morning walks (future)

What I am like when I am well:

- Not angry
- Keeps self to self
- Happy when house is tidy
- Motivated
- Keeps on top of housework
- Enjoys cooking meals
- Future planning with holidays
- Not smoking weed
- Not drinking unless socially

What are the signs that I am struggling:

Noticing the signs of when you are struggling are important, so you can make changes and protect your well-being.

What I notice:

- Feel lower in mood
- More tired
- Less motivated
- Less likely to clean house
- Spend more time in bed with the dogs
- More emotional
- Voice in the back of my head telling me I want weed gets louder (too stubborn to listen to it though)

What others notice:

- More snappy
- Get quiet and don't talk much
- Less tolerant of others
- Avoid others or isolate more

Triggers: what do I notice that might make me unwell:

- Confrontation
- Feeling undermined/ patronized
- Injustice
- Parenting stress
- Friendships
- Relationships
- Family
- Times of the year (Winter)
- Anniversaries

What can I do when I am struggling:

It is important to know what to do when you are struggling so you can keep yourself safe and get the support that you need and deserve. You identified the following things that can help you when you are struggling.

- Sunbeds
- Going for a walk
- Knowing it will generally pass
- Saying it's a bad day
- Not pushing self to do things that I don't want to do
- Doing something active (e.g., workout routine, going to the gym)
- Cooking
- Having alone time
- Watching TV
- Listening to music
- Cleaning the house

My plan at a glance;

Green When I'm well or have minor difficulties	
Things that are helpful • Sunbeds • Going for a walk • Knowing it will generally pass • Reminding self that it is a bad day and not a bad life • Doing something active (e.g., workout routine, going to the gym) • Cooking • Having alone time • Watching TV • Listening to music • Cleaning the house	Things that are helpful • Sunbeds • Going for a walk with the dogs • Not pushing self to do things that I don't want to do • Having alone time • Watching TV • Listening to music • Cleaning the house Things that help me to stay safe. • Contact CTT 9-5 Monday to Friday, or CRHT if out of hours for support. • CTT contact number: 01946 853350 01900 705 262 • CRHT contact number: 0300 123 9015 freephone 0800 652 2865 • Contact CRISIS by calling 111 and selecting option 2. • If you are in immediate danger to yourself or others, call emergency services on 999.

Helpline support;

The Samaritans on 116 123 or by emailing [REDACTED] (open to people of all ages and available 24/7, 365 days per year) [https://www.samaritans.org/Mental Health Matters](https://www.samaritans.org/Mental-Health-Matters)

Confidential emotional support and guidance. 24 hours on weekends and bank holidays, weekdays 5pm - 9am.

Telephone: Freephone 0800 085 1718

Email: timeonline@mentalhealthmatters.co.uk

CALM (Campaign Against Living Miserably) 5pm-midnight 365 days a year 0800 585858 <https://www.thecalmzone.net/help/get-help/>

SANeline on 0300 304 7000 (open to anyone affected by mental illness, including family, friends and [REDACTED] 16.30 to 22.00). They also provide a free text-based support service called Textcare http://www.sane.org.uk/what_we_do/support/crisis/

Give us a shout. Text 'Shout' to 85258 and a trained Crisis Volunteer will text you back and forth until you feel you are in a safe place. <https://giveusashout.org/>

Single Point of Access. The single point of access is available 24/7 on 111 option 2



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

Our ref: AW/TP

NHS No: 7044186440

13th March 2026

West Community Treatment Team
Unit 13
Lillyhall Business Centre
Jubilee Road
Workington
CA14 4HA

Park Lane: 01900 705262
Valley View: 01946 853350

**Private and Confidential
For Addressee Only**

Miss Alexis [REDACTED] Prowse
11 Scafell Close
Whitehaven
CA28 8DS

Dear [REDACTED]

Re: Discharge from Psychology Summary

I hope this letter finds you well.

I, [REDACTED] Warrior (Mental Health and Wellbeing Practitioner), am writing to you with a summary of your involvement with the Psychology team in the Community Treatment Team (CTT) and a plan of how to access support should you require this.

You were initially referred and accepted into the Community Treatment Team (CTT) in October 2022 through your General Practitioner. Following an assessment in February 2023, you expressed interest in participating in psychological therapy. During this assessment, you reported experiencing low mood, emotional dysregulation, insomnia, self-harm, and flashbacks. It was subsequently determined that an appointment with [REDACTED] (Mental Health and Wellbeing Practitioner) would be beneficial to develop an effective treatment plan moving forward. From April 2023 to April 2025, you engaged with [REDACTED] to address emotional dysregulation. During a review appointment, it was identified that you wished to receive support with anger management. We commenced work together in May 2025, completing a total of 15 sessions by February 2026.

You have reported significant progress, including a reduction in anger. You are now able to pause before reacting and to prevent conflicts from arising. Additionally, you have established boundaries with family and friends, which has contributed to better emotional regulation. You should be proud of the positive changes you have achieved.

Conclusion

There is no current clinical need for psychology interventions within the Community Treatment Team (CTT), and as such, your discharge from the psychology team will be coordinated. However,

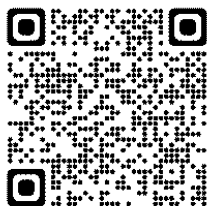
With YOU in mind

you will remain engaged with the CTT to continue receiving support through the Individual Placement and Support (IPS) program with [REDACTED] Stoddart.

Please be advised that if additional support is needed, you may contact the team and speak with a duty staff member. Please refer to the contact numbers listed in your Staying Well Plan, which is attached for your review.

Additionally, support is available through Hope Haven, which is operating from 40 [REDACTED] Street, Whitehaven. From 23rd March, Hope Haven will be open every day from 9:30am to midnight Monday – Friday, and 4pm to Midnight on Saturdays and Sundays. You can also call them on 01946 5556136 for support.

Wishing you the best for your ongoing well-being.



We would really like to know what you think of our service and would be grateful if you could fill in a short survey either scanning the QR code or at <https://yourvoice.cntw.nhs.uk>. Our team code is **CMHNPA01**. Thank you for your time.

Kind regards,

[REDACTED] Warrior
Mental Health and Wellbeing Practitioner
West Community Treatment Team

Cc: Dr J Telford, Lowther Medical Centre

Letter received

16-Dec-2024 Miss Abigail Woodend (A.Woodend)

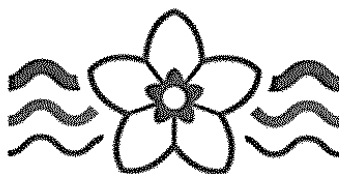
Additional: Letter received

Children & Young People Social Care - Consent Form

Filename: scan_herbertf2_2024-12-16-11-54-54.pdf

Extension: .tif

Pages:



Cumberland Council

Children and Young People Social Care • West Cumbria House • Jubilee Road • Workington
Cumbria • CA14 4HB T: 01900 706444 •

Consent Form (to be completed on initial visit)

Consent:

Name: Alexis Prowse D.o.B: 05/02/1994

Name: D.o.B:

Name: D.o.B:

In order to share information that will assist in completing the Viability Assessment, I/we agree to the following agencies being contacted: (tick as appropriate)

GP	☒	Probation Service	Psychiatrist	☒
Health Visitor		Youth Justice	Psychologist	
Midwife		Educational Psychologist	Housing Association	☒
Nurse	☒	CAMHS	Drug & Alcohol Services	
Other (please specify)			Dept. of Work & Pensions	

Signed: [Signature] Dated: 12/12/24

Signed: Dated:

Young Person's Consent:

I AGREE to take part in the Viability Assessment and give my views, as well as talking about my wishes and feelings, to the [redacted] [redacted]

I understand the [redacted] [redacted] will need to speak to people who know me.

Name: Signed: Dated:

**FAMILY DEMOGRAPHIC INFORMATION FORM**Full Name of [REDACTED] Alexis Prowse

Full Name of Parent/Carer

Full Name of Child 1 Sienna McLaughlin

Full Name of Child 2

Full Name of Child 3

Family Address

.....

.....

.....

Email Address

Mobile Numbers

Culture

Religion

Nationality

GP Practice

Child 1 [REDACTED]

Child 2 [REDACTED]

Child 3 [REDACTED]

Clinical letter
05-Dec-2024 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Coloscopy Clinic
Filename: 20241216154403656.tif
Extension: .tif
Pages:



**North Cumbria
Integrated Care**
NHS Foundation Trust

Clinic date: 25/11/2024

Our reference: /<REF>/W910663

05/12/2024

Private and confidential
For addressee only

Miss Alexis Prowse
11 Scafell Close
Whitehaven
CA28 8DS

Dear Miss Prowse,

NHS number: 704 418 6440
Date of birth: 05/02/1994

Following your recent visit to the colposcopy clinic, I am writing to let you know that the tissue we removed from your cervix shows only low grade abnormalities (CIN1).

A cervical screening test will need to be taken in 12 months from now at your GP.

It is very important that you attend for these cervical screening tests at the stated times.

Screening cannot prevent every cervical cancer. Cancer can develop in between screening tests. If you have any symptoms such as bleeding between periods, after sex or after the menopause, unusual vaginal discharge, or pain/discomfort during sex, please speak with your GP as soon as possible.

We are now discharging you back to the care of your GP with our good wishes.

Yours sincerely,

Corene Veitch
Nurse Colposcopist

cc: Dr. J Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Cc Manchester cytology
Code hucin1

Clinical letter
25-Nov-2024 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Cytology Clinic
Filename: 20241129152541322.tif
Extension: .tif
Pages:



**North Cumbria
Integrated Care**
NHS Foundation Trust

Dr. J Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria

CA28 7RG

25/11/2024

Dear Dr. J Fidalgo,

Re: Alexis Prowse, 11 Scafell Close, Whitehaven, , , , CA28 8DS;
DOB: 05/02/1994; **Hosp ID:** W910663; **NHS number:** 704 418 6440.

Your patient was seen in the cytology clinic on 25/11/2024.

She was examined in clinic by Corene Veitch.

The following recordings were made:

Referral indication: Abnormal screening cytology - sample taken: 11/09/2024 - low grade
dyskaryosis - High risk HPV positive
Appointment type: New

Colposcopic opinion of cervix: HPV / Inflam / Benign
Colposcopic opinion of vagina: Normal

Procedures performed:

Biopsy: Directed biopsy - awaiting result
Treatment: No treatment

We would recommend the following management plan:

Await test results.

Yours sincerely,

Corene Veitch
Nurse Colposcopist

Outpatient letter
21-Oct-2024 Mrs Caroline Turner (CT3735)
Additional: Outpatient letter
Obs and Gynae Clinic Letter
Filename: MIGSendDocument-2024-11-05.pdf
Extension: .tif
Pages:

**Department of Obstetrics and
Gynaecology**

Tel:

Ref: CB/AB/2468706
Hospital No: W910663
Clinic Date: 21 October 2024
Date: 04 November 2024

Private and Confidential

Miss Alexis Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH



**North Cumbria
Integrated Care**
NHS Foundation Trust

West Cumberland Hospital
Homewood Road
Hensingham
Whitehaven
CA28 8JG

Dear Miss Prowse

Re: **Miss Alexis Prowse (05-Feb-1994) NHS No: 704 418 6440**
2 Newlands Avenue, Mirehouse, Whitehaven, Cumbria, CA28 9SH

You were unable to attend your colposcopy appointment today 21 October. We will send you one further appointment.

If you are unable to attend this please can you let us know.

Yours sincerely,

Electronically reviewed and signed

■■■■■

Gynaecology Nurse Specialist

Cc:

Dr Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Clinical letter
21-Sept-2023 Mrs Lynsey Ann Benson (LAB)
Additional: Clinical letter
West Community Treatment Team - MDT (21-Sep-2023)
Filename: Kettering.pdf
Extension: .tif
Pages:



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

West Community Treatment Team
Unit 13
Lillyhall Business Centre
Jubilee Road
Workington
CA14 4HA

Park Lane: 01900 705262
Valley View: 01946 853350

Private & Confidential

NOTIFICATION OF CHANGES TO TREATMENT

RE: Miss Alexis [REDACTED] PROWSE

NHS NO: 704 418 6440

To: GP

Assessed: Discussed in MDT. Alexis has reported increased emotional dysregulation and sleep difficulties in response to ongoing psychosocial stressors. We have therefore recommended an increase in trazodone and short-term promethazine to manage distress.

Treatment Plan:

- Medications: GP to please make medication changes as below.
- Care coordinator will continue to monitor mood and response to medication changes.
- Further discussion in personality disorder MDT group.

Medication Change:

- Please increase Trazodone to 300 mg nocte and add to repeat prescription.
- Please provide promethazine 25 mg BD PRN for 05 days, reducing to 25 mg OD PRN for further 05 days and then stop.

Signed: Nayeema (Dr Nayeema Shakur)

Date: 21/09/23

With YOU in mind

Clinical letter
 21-Sept-2023 Ms Jackie Sisson (JZS)
 Additional: Clinical letter
 West Community Treatment Team
 Filename: Kettering.pdf
 Extension: .tif
 Pages:



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Signed: Nayeema (Dr Nayeema Shakur)

Date: 21/09/23

With YOU in mind



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

Our ref: CD/TP

NHS No: 7044186440

31st March 2023

West Community Treatment Team
Unit 13
Lillyhall Business Centre
Jubilee Road
Workington
CA14 4HA

Park Lane: 01900 705262
Valley View: 01946 853350

Private and Confidential
For Addressee Only

Miss Alexis [REDACTED] Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH

Dear Alexis,

Thank you for attending assessment appointment at Park Lane clinic on the 16 February 2023.

I would like to apologise for the delay in my response. I attempted to speak to you over the phone today to discuss the outcome of the assessment.

Please find enclosed copy of your assessment, should you find any errors in this regarding the information you have provided please let us know and this can be amended.

As agreed, your assessment was discussed with the team and also within the personality disorder pathway.

It has been agreed that The Community Treatment Team (CTT) will offer you appointments to meet with you to think about psychological intervention work which may be suitable to meet your current needs. You will be sent an appointment in due course.

We would suggest that you continue to [REDACTED] current services who you are involved with. Please find enclosed care plan for you to utilise whilst you are awaiting intervention.

Should you have any questions regarding the above please do not hesitate to contact me.



Caring | Discovering | Growing | Together

Chair: Ken Jarrold CBE

Chief Executive: [REDACTED]

Yours sincerely,

Carolyn Daggart
Community Mental Health Nurse
West Community Treatment Team

We would really like to know what you think of our service and would be grateful if you could fill in a short survey at www.cntw.nhs.uk/poy. Our team code is cntw239

or scroll for Community Mental Health Assessment and Recovery Team (West). Thank you for your time.

Enc: Care plan

Cc: Dr J G Telford
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

THIRD PARTY COPY

SUPPORT CARE PLAN WEST COMMUNITY TREATMENT TEAM (CTT):

- Basics – questions about appointments etc. I should ring West CTT on 01900 705262/01946 853350 between Monday-Friday 9am-5pm and ask admin worker who answers the call about my next appointment etc.
- Routine – My own GP during surgery hours
- Routine – some people have identified [REDACTED] members that they can contact when they need support me, I could contact them
- I can contact the Samaritans if need to chat to someone confidentiality. They are available 24 hours a day and can be reached on 116 123
- I can phone MIND line if I need to speak to someone confidentiality. Mon-Fri 12-9pm, Sat 5pm-9pm. Tel: 0300 561 0000
- The Haven – this is a service for people aged over 18 and [REDACTED] West Cumbria, you can contact them on Tel: 03300 083 911
- Urgent – My own GP during surgery hours. Outside surgery hours I can contact Cumbria Health On-Call (CHOC) – the out of hours GP service). Their number is 111
- Urgent – I can contact the CTT duty worker on 01900 705262/853350. The duty worker is a trained mental health professional who is available for urgent mental health issues or an increase in risk between Monday-Friday 9am-5pm. If the person is not available, I can leave a message and they will ring me back (the call back may not happen straight away so do not use this option if you are at immediate risk)
- Urgent- The Home Treatment Team is a 24-hour mental health team and while I am working with the CTT, if there are any urgent risks/emergency mental health issues, I can contact them. This is available outside the hours of Monday-Friday 9am-5pm. Tel: 0800 6522 865
- Immediate risk – dial 999

Clinical letter

16-Feb-2023 Mrs Debra Hardy (DHA)

Additional: Clinical letter

Core Assessment Form 16.2.23

Filename: Kettering.pdf

Extension: .tif

Pages:



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Core Assessment Form

Client Name: Prowse, Alexis [REDACTED]

DoB: 5 February 1994

Gender: Female

NHS No: 7044186440

Please delete any out of date information prior to completing this assessment form

Date/time

16 February 2023 11:30 AM

Client

536325

Please select appropriate Admission or Referral

AMS - CMHART Non-Psychosis - Copeland (Oct 4 2022 12:14PM -)

Does the Service user have any information or communication needs?

No

Please comment on any factors that need to be addressed so that the patient/family can participate fully in the assessment, and how this has been done. This may include requirements related to sensory impairment (sight, hearing), cognition, language, use of interpreters, or other adaptations (e.g., to the environment) to ensure participation and engagement

Service User / [REDACTED] Expectation

Please include a statement about patient, [REDACTED] or family views. For example, why have they been referred What are their ideas, concerns and expectations

[REDACTED] thank you for attending appointment at Park lane clinic and for taking the time to speak to me. You told me that you do not want tablets you want psychological treatment for your difficulties. You told me that you have experienced much trauma in your life and would like therapy for this. That you always end up in "horrible relationships" one of these ended with you being arrested for GBH last year and that is why you want help.

Situation/ Reason for Referral

What is the situation you are writing about?

Briefly state the problem/issue, what is it, when it happened or started, and how severe. Consider the Referral source. List of current situations and most recent occurrences include a summary of the situation that prompted referral for assessment. e.g., what happened and why is referral needed now.

You were referred by your GP in August 2022, the referral reported that you were experiencing emotional dysregulation, insomnia, self-harm and flashbacks. The month before you had been arrested and charged with GBH.

You told me that your mood is predominantly low, you are worried regarding the outcome of the incident of GBH for which you are still being investigated. You told me that this is a serious offence and you worry what may happen to you. You are also upset as your dog [REDACTED] is not well and that you will need to have him put down in the next week or two and this is causing you much distress.

You told me that you want to get on with your life, there are lots of things which you would like to do but feel too anxious. You feel that you are just getting by with your life day to day.

You told me that your mood is changeable you can be happy for a while but that you experience a variety of emotions including low mood and anger.

When you get angry and frustrated and feel that you want to hurt others you told me that you "hate" yourself for how you are feeling.

You told me that you struggle to trust others and that you feel empty and lonely.

You told me that you do not really like going out anymore, you worry what people will think of you and what they may say.

You told me that you are not good around others, that you have no "filter" and speak your mind and can end up feeling guilty afterwards that you may have behaved inappropriately.

You told me that you have experienced thoughts of not wanting to be here for a long time, but that you "cant" end your life because of your [REDACTED].

You told me that you have self-harmed for many years, this is triggered by overwhelming emotions including being happy, sad and angry. You have used cutting and also get piercings and tattoos some of which you impulsively do to yourself. You showed me some of these and there are numerous ones on your body.

You suffer with anxiety, you "hate" going shopping as you find this very stressful as you struggle to think about what "you" need, so focus on what your [REDACTED] likes instead. You find being around others anxiety provoking.

You are a single [REDACTED] to your 8 year old [REDACTED] she is your world and you try to give her a stable supportive upbringing which is what you did not have. You enjoy spending time with her and do lots of things with her. You told me that you have to force your self to do things with her however feel "knackered" for two days afterwards. You do the best you can but worry and question whether you are a good [REDACTED] to [REDACTED].

You told me that you spend a lot of your time in your bedroom watching you tube and podcasts, you watch comedy to try to lift your mood and help you to feel better.

You told me that you have one good friend who is supportive of you and you of her, although you may argue a lot you always stand by each other.

Background

Describe any relevant background in more detail. For example:

Relevant past mental health history

Has this problem happened before What treatment has been given previously?

Relevant social circumstances

Recent significant events

Details of any safeguarding alerts

Lexis you have struggled with regards to difficulties with your mental health from a young age. You were seen by Child and Adult Adolescent Services.

You have self-harmed for a number of years and also experienced suicidal thoughts when experiencing emotional distress.

You have a diagnosis of EUPD and has been offered treatment within the CMHART PD pathway previously. Discharged in March 2019 following a period of disengagement.

[REDACTED] has engaged with Women out West and undertaken beautiful me course.

Freedom Project – you told me that your referral was declined in the past as you had been identified as a perpetrator of domestic

abuse, you have not contacted this service as you believe you will be declined again.

Together We Talk – currently engaging with and has regular telephone contact.

You told me that walking helps with your mental health, you walk your dogs for [REDACTED] each day, the smell of the trees and the ocean you find calming.

You utilise decider skills help.

You are single white British female and you [REDACTED] your [REDACTED] McLoughlin (DOB: 20.09.14) who attends St Begs [REDACTED] Scotland where your [REDACTED] and most of your family resides, [REDACTED] visits regularly. Although you do not have positive relationships with your family you like her to know who they are and keep in contact.

You are unemployed and claiming benefits.

You told me that your [REDACTED] was an alcoholic, she had 5 children with you being the youngest.

You had a disruptive and unstable childhood, you went into the care system aged 4 years old.

Growing up in children's homes and [REDACTED] where there were incidents of grooming and sexual abuse.

You moved to this area when you were 13 or 14 years old.

You have little contact with your family, you described the relationships as toxic with relational difficulties.

You told me that your intimate relationships have been abusive, you have been the victim of domestic violence.

Does the service user

[REDACTED] a household where there are children?

or

Have regular contact with children through family, friends, work or volunteer roles?

Yes

You should now complete the Keeping Children Safe Assessment

Outline steps to be taken to obtain this information

Assessment

What is your service specific assessment of the situation?

Include details of who is present at assessment.

Summarise details of the assessment. For example:

When did the problem start, what are the main symptoms, what makes it better/worse?

What impact does the problem have on the patient?

Include findings from any screening instruments used

Include a summary of risks if significant or relevant

Details of any alcohol or substance use

Forensic History

Personal history

Comment on social support, finance, work/education

Consider any religious or spiritual needs, and how these needs can be met as part of the patients holistic care

Comment on any additional needs e.g. is the patient pregnant, is there an eating disorder, any gender identity needs

Include a Mental State Examination.

Consider any advocacy needs or capacity concerns

■■■■ (likes to known as ■■■■) attended appointment at Park Lane clinic today at 11.30am.

Community Treatment Team (CTT) assessment process was explained along with consent and confidentiality, she consented to assessment and for CTT to access GP patient record (via HIE) if required.

■■■■ was tearful and upset when talking about her difficulties.

She was kempt in appearance, she maintained appropriate eye contact.

Speech was normal in all aspects, spontaneous and appropriate to topic.

Mood, you told me that your mood is low currently, this is particularly affected by your dog being ill and needing to be put down in the very near future. Your mood states fluctuate.

Sleep, your sleep can be changeable some nights you sleep ok and at others gain very little. You find the Trazodone helpful to get you over to sleep.

Appetite, this fluctuates dependent on your mood, you think you may have lost a little weight but do not weigh yourself so this was unclear.

Thoughts ■■■■ reported frequent thoughts of not wanting to be here, she denied current suicidal thoughts, plans or intentions. She told me that she cannot end her life because of her ■■■■ who means everything to her. ■■■■ denied any thoughts of harm to others.

Perceptual disturbances, you told me that you are spiritual and have some perceptual disturbances of which you do not find distressing.

Formal assessment of capacity was not completed, informally capacity was assumed. Orientated to place and person showed evidence of both long and short-term memory. Able to weigh up information, retain information and interpret the information discussed showing clear understanding and ability to make choices; this would suggest ability to make capacious decisions at this time.

No advocacy needs identified at the assessment.

Drugs:

You smoke cannabis each evening, you have done this for the past few years.

When you were younger you took a lot of different drugs including plant food and ecstasy, you have not used these drugs since you got pregnant with your ■■■■

Alcohol: social drinker, no history of alcohol dependence. You told me that your family have alcohol problems including your ■■■■ who is an alcoholic.

Forensic history:

You told me that you were arrested and charged with GBH around July last year. This is still under investigation by the ■■■■

You told me that you were convicted of ABH around 10 years ago.

Physical Health Summary

Summarise any pertinent physical health needs and past physical health history that may be relevant

Please record any physical health issues relevant to this assessment or to your particular service area's assessment.

If a ■■■■ Physical Health Assessment is required, then please use the Physical Health Assessment accessed from the Physical Health Monitoring Folder in core clinical documents or by the link at the bottom of this form.

Medication:

Trazodone 400mg daily, helps you to get over to sleep.

You told me that you have been on numerous medications in the past including several antidepressants, quetiapine (last year from your GP which was not beneficial) and you believe that you may have been prescribed lamotrigine for a couple of weeks.

Physical health:

You told me that you experience some discomfort in your hips but that you have never had this checked out as you do not like to go to your GP surgery.

Formulation

Summarise the assessment and diagnosis, preferably using the 5Ps model or your service appropriate model

Initial thoughts about the diagnosis.

Risks identified - Harm to others, suicidal thoughts, self-harming behaviours.

Vulnerability, [REDACTED] has been in several domestic violent relationships.

[REDACTED] had a disruptive and unstable childhood. She grew up in children's homes and [REDACTED] Throughout her childhood and adolescence [REDACTED] was separated from her [REDACTED] and had little relationship with her [REDACTED] she experienced changing placements of care. [REDACTED] experienced little consistency and predictability and poor attachments. Childhood trauma and abuse that likely has contributed to development of emotional difficulties. Having difficulty in regulating her emotions, with feelings of anger and aggression and anxiety. [REDACTED] can quickly become overwhelmed and used self-harm and substance misuse in the past to manage these. [REDACTED] engagement with mental health services has been sporadic in the past.

She continues to struggle within her relationships with her family and has been the victim of domestic abuse from her [REDACTED] More recently she has been charged with GBH and is awaiting the outcome of this which continues under investigation by the [REDACTED] This along with [REDACTED] being poorly and needing to be put to sleep is impacting on her mood which is predominantly low currently.

[REDACTED] has feelings of guilt and shame which help to maintain her difficulties. She continues to use cannabis and engages in avoidant behaviours to manage she is feeling.

[REDACTED] is her main protective factor. She identifies that she wouldn't want to leave [REDACTED] without a [REDACTED] and tries hard to be a good parental role model.

[REDACTED] has some insight into her diagnosis and her difficulties

She values her home environment

Social network- friends who she sees regularly

Evidence of goals and future hopes.

Plan

What is your recommendation and what has been agreed with the Service user. This is to encourage co-production of plans.

Outline any investigations, treatment or follow-up. Ensure there is a safety plan in place

Consider the crisis plan

Your assessment was discussed with the team and also within the personality disorder pathway.

It has been agreed that CTT will offer you appointments to meet with you to think about psychological intervention work which may be suitable to meet your current needs. You will be sent an appointment in due course.

We would suggest that you continue to [REDACTED] current services who you are involved with.

Please find enclosed care plan for you to utilise whilst you are awaiting intervention.

Validate

Validated

Updated by

Doggart, Carolyn

Updated on
31 March 2023 10:04 AM

THIRD PARTY COPY

Clinical letter
09-Feb-2023 Ms Jackie Sisson (JZS)
Additional:Clinical letter
West Community Treatment Team
Filename: Kettering.pdf
Extension:.tif
Pages:



Cumbria, Northumberland, Tyne and Wear

NHS Foundation Trust

West Community Treatment
Team

Valley View
West Cumberland Hospital
Hensingham
Whitehaven
CA28 8JG

Valley View: 01946 853350
Park Lane: 01900 705262

Our Ref: CD/SB

NHS: 704 418 6440

9th February 2023

Private & Confidential

Addressee Only

Miss Alexis F. Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria CA28 9SH

Dear Miss Prowse,

We received a referral for you from your GP, Dr Fidalgo, dated 12th August 2022.

We would like to offer you an assessment appointment on:

Date: Thursday 16th February 2023

Time: 11.30 a.m.

Venue: Park Lane Clinic, Park Lane, Workington, CA14 2RR

If you are unable to attend, please notify the office on the above number to rearrange the appointment or we may be able to offer a telephone or video consultation instead.

We are following our current COVID-19 guidelines and will update you if and when this changes.

Please be aware that you or anyone arriving with you should attend our department with an appropriate face covering unless exempt.

Disposable face masks and hand sanitiser will be available in our reception areas.

Please do not attend the appointment if:

- You are experiencing any of the main symptoms of COVID-19; elevated temperature, new persistent cough, shortness of breath and/or loss of taste and/or smell.
- You have received a positive test result for COVID19
- You have been instructed to self-isolate

If you do need to cancel, please be aware there may be a delay before an alternative can be offered.



Caring | Discovering | Growing | **Together**

Chair: Ken Jarrold CBE

Chief Executive: [REDACTED]

If you do not attend without letting us know, we will attempt to contact you.

If you have any concerns regarding your mental health prior to the appointment, please contact the duty worker on 01946 853350.

Please complete the attached client details form and bring to your appointment.

Yours sincerely,

Carolyn Daggart
Community Mental Health Nurse

Enc: Client Details Form
Ask 3 questions
CMHART Information Leaflet

Cc: Dr Fidalgo, Lowther Medical Centre

THIRD PARTY COPY

Clinical letter

27-Nov-2022 Miss Annalise McCreedy (AMc)

Additional:Clinical letter

Trauma & Emergency - RVI (27-Nov-2022)

Filename: AMcUPD_97.tif

Extension:.tif

Pages:

The Newcastle Upon Tyne Hospitals **NHS**

NHS Foundation Trust

Royal Infirmary
Great North Trauma and Emergency Centre
Queen Road
Newcastle upon Tyne
NE1 4LP

318 A

Dr: IRONSIDE, FC
LOWTHER MEDICAL CENTRE 1
CASTLE MEADOWS WHITEHAVEN
CUMBRIA
CA28 7RG

Direct Line: 0191 2336161

Date: 27 November
GP Code: NoCode found



G734R3E181V
A318 c1.310/370 b1

Dear Colleague

Your below named patient attended the Great North Trauma and Emergency Centre
on:
27th November 2022 at 11:11

Name: PROWSE, ALEXIS
D.O.B: 05/Feb/94
Age: 28 Years
Gender: Female
Address: 2 Newlands Avenue WHITEHAVEN CA28 9SH

MRN Number: 91806614
NHS Number: 704-418-6440
Home Telephone: (759) 876-5825
Mobile Telephone:

Diagnosis: Dog bite**Actions for GP / Receiving Team:**

Previous ED Attendances In The Last 24 Months: 0**ED Clinical Documentation:**

PC- dog bite (nip) from own dog (small staff terrier) 11:00 p.m. last night / while staying at her [REDACTED] house in Newcastle... Wounds cleanse with salt water last night ...
nb-possibly going back home to whitehavn today or tomorrow

pmh-anxiety
dh-trazodone
NKDA
Tetanus booster-over 10 years

O/e- systemically well/apyrexial/no nausea or vomiting or rigors
Several superficial laceration/scratch [REDACTED] noted at left side facial cheek / zygoma
Slightly rugged laceration noted along mid line anterior aspect upper lip..... Small
laceration corner right side mouth.....
Diffuse swelling ++over left side face....
No trismus
No actively bleed
Teeth-NAD
Has not had any food or drink today

imp-dog bite
Referred to max fax on-call at 11:22 a.m....
See notes
Tetanus booster BN W3A1-1V EXP 10- 2024

Further Examinations:**Specialty Notes:****Allergies:****Medications**

Medication	Dose	Route	Performed By	Administered
Revaxis (Diphtheria + Poliomyelitis + Tetanus) vaccine	0.5mL	intramuscular	Soundur, Dharmadeo	27-NOV-2022 11:28:00

Outcome: Treatment complete
Discharge Destination: Usual Place of Residence
Source Of Referral: Self Referral

Information Given To Patient:

Emergency Department Clinician(s):

Provider	Role	Assigned	Unassigned
 [Redacted]	A&E Clinician	27/Nov/2022 11:17:57	27/Nov/2022 11:18:12
Soundur, Dharmadeo	A&E Clinician	27/Nov/2022 11:22:21	

Yours faithfully,

Great North Trauma & Emergency Centre
Royal [Redacted] Infirmary, Newcastle upon Tyne

The information in this letter is highly confidential and intended for the addressee only.

If the patient is not registered at your practice please return to:

Data Quality,
Information Services,
2nd Floor,
Regent Point,
Regent Farm Road,
Gosforth,
Newcastle upon Tyne,
NE3 3HD

or email: tnu-tr.nuthgpquery@nhs.net

Clinical letter
 06-Oct-2022 Ms Jackie Sisson (JZS)
 Additional: Clinical letter
Allerdale Community Mental Health Assessment
 Filename: Kettering.pdf
 Extension: .tif
 Pages:



**Cumbria, Northumberland,
 Tyne and Wear**

NHS Foundation Trust

Allerdale Community Mental Health
 Assessment and Recovery Team

Unit 13

Lillyhall Business Centre

Jubilee Road

Workington

CA14 4HA

01900 705262

Our Ref: SB
 NHS: 704 418 6440

6th October 2022

Private & Confidential

Dr Fidalgo
 Lowther Medical Centre
 1 Castle Meadows
 Whitehaven
 CA28 7RG

Dear Dr Fidalgo,

Re: Alexis Prowse
NHS Number: 704 418 6440 (DOB: 05/02/1994)

Thank you for referring the above client to the Community Mental Health Assessment and Recovery Team (CMHART). On behalf of Screening and Triage we are writing to inform you that this referral has been accepted and the client will be offered an assessment in due course.

In the interim should you or the client have any concerns please contact the CMHART Duty Worker on 01900 705262.

In addition, please find the below contact details for **The Haven**:

Website: www.richmondfellowship.org.uk/cumbria/cumbria-crisis-service

Telephone: **01946 691234** or **03300 083 911**

*Mental Health Crisis support in a community setting with support to prevent future crises.

Yours sincerely

Screening and Triage Team
Community Mental Health Assessment and Recovery Team

Cc: **Private & Confidential**
 Miss Alexis [REDACTED] Prowse
 2 Newlands Avenue
 Mirehouse
 Whitehaven
 Cumbria CA28 9SH



Caring | Discovering | Growing | **Together**

Chair: Ken Jarrold CBE

Chief Executive: [REDACTED]

Clinical letter

27-Sept-2022 Mr Kieran Smith (Kieran.Smith)

Additional: Clinical letter

Copeland Community Mental Health Assessment and Recovery Team

Filename: Kettering.pdf

Extension: .tif

Pages:



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

**Copeland Community Mental Health
Assessment and Recovery Team**

Valley View
West Cumberland Hospital
Whitehaven
Cumbria
CA28 8JG
Tel: 01946 853350

Our Ref: DT

NHS: 704 418 6440

27th September 2022

**Private & Confidential
Addressee Only**

Alexis Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
CA28 9SH

Dear Alexis,

We have received a referral for you and have been trying to contact you to carry out a telephone triage to gather further information but have been unable to speak to you. Therefore, we will ring you on **Monday 3rd October 2022 between 11.00 – 2.30pm.**

Please note the call may be made from local area code 01900 or 01228 or a withheld number.

Yours sincerely,

**Assessment and Screening Team
Copeland Community Mental Health Assessment and Recovery Team**

c.c. Lowther Medical Centre



Caring | Discovering | Growing | **Together**

Chair: Ken Jarrold CBE

Chief Executive: [REDACTED]

Referral to community mental health team

12-Aug-2022 Dr Iranlowo Moyoloye (MI1)

Additional: Referral to community mental health team

CMHT referral proforma

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

Cumbria Partnership NHS Foundation Trust

COMMUNITY MENTAL HEALTH SERVICE (CMHART) REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

☒ **CMHART Referral** ☐ **Early Intervention Service (Amaze) Referral**

- If you are unsure whether to make this referral, please contact your local CMHART (details at the end of the form)
- If this referral requires immediate attention (within 48 hours), contact the ALIS (formerly Crisis) on 0300 123 9015
- This form can be used for referrals to the Early Intervention Service (Amaze) – tick the above box to indicate this. EIS (Amaze) referrals are also accepted through alternative means – [click here](#) for further details

PATIENT DETAILS:		Referral Date: 12-Aug-2022
SURNAME: Prowse	DOB: 05-Feb-1994	PRACTICE: Lowther Medical Centre 1 Castle Meadows Whitehaven Cumbria CA28 7RG
FIRST NAME: Alexis	GENDER: Female	Tel: 01946692241 Fax: 01946592611
PREFERS TO BE CALLED: [REDACTED]	NHS NUMBER: 704 418 6440	Practice code: A82041 Registered GP: FIDALGO, Jose (Dr)
MARITAL STATUS: Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Married ☐ Partnered ☐	ETHNICITY:	
ELECTED REPRESENTATIVE / PERSON TO CONTACT:		
CONTACT DETAILS (tick preferred contact method):		
☒ Address: 2 Newlands Avenue, Mirehouse, Whitehaven, Cumbria, CA28 9SH		
☐ Home phone:		EMPLOYMENT STATUS: ☐ Full time ☐ Part time
☒ Mobile phone: 07873638335		please specify:
☐ Work phone:		☐ Registered sick ☐ Homemaker ☐ Student ☐
☒ Email: alexisprowse@yahoo.co.uk		Retired ☐ Other:
CONSENT:		
☒ the patient has given verbal consent for the information within this referral to be sent to the receiving care team		
☒ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so		
☐ the referral has been made through a 'best interest decision' (provide details below)		
INFORMATION NEEDS (provide further details below, where applicable):		
Required:		Attending:
☐ Longer appointment	☐ Easy read documents / information leaflets	☐ [REDACTED]
☐ Language translation service	☐ Braille documents / leaflets	☐ Note-taker
☐ Hearing loop facility area	☐ Large print documents	
☐ British sign language interpreter	☐ Note-taker	
ADDITIONAL INFO / NEEDS (e.g. communication issues, mobility, etc):		

This lady was diagnose with EUPD years ago. She also has some childhood trauma. She was discharged from your care last year due to lack of engagement. In the recent time, she has been very emotionally dysregulated; suffering lot of insomnia, poor appetite, restlessness, agitation, self harm, crying, bad dreams and flashback. She was accompanied today with Liason and Diversion Officer who has been providing support.

[REDACTED] seems to be now motivated to address her mental health and past childhood trauma and said she ready to engage with service. She felt she is not good with computer and as such there was no success with her previous CBT. She is hoping for different Psychotherapy and I believe she will engage and discuss about her childhood adverse experience this time around.

She is on vrazodone at the moment which of course is not working; and have informed her she will benefit more from therapy than any medications.

Page 1 of 3
I would be grateful if you could make quick arrangement to see her as a [REDACTED] possible please.

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OFFICIAL – SENSITIVE: PERSONAL

REASON FOR REFERRAL:

Please consider the following:

- What are the problems that concern this person most recently?
- When did the problem(s) start?
- What are the signs or symptoms that you have identified?
- How has the person been affected by the problem(s)?
- What treatment / therapy has worked well in the past, if at all?

Besides those mentioned, do you have any other concerns?

Thanks

What intervention are you / the patient seeking?

- ☐ Assessment and diagnosis
☒ Medication review
☒ Psychological therapy
☐ Social care support
☐ Early intervention in psychosis
☐ Review of recent changed presentation

PAST MENTAL HEALTH HISTORY:

- ☒ Previous secondary mental health treatment with CPFT
☒ Previous treatment with First Step
☐ Previous treatment not with CPFT (attach reports where possible)
☐ No previous mental health treatment known

RISK ISSUES:

- ☐ Suicide
☒ Self-harm
☐ Self-neglect
☐ Posing risk to others
☐ Risk from others
☐ Child protection
☐ Substance misuse
☐ Known to Unity

If any of the above tick boxes have been selected, please provide further details:

■■■■ self-harm almost on a daily bases by cutting her legs

MEDICAL HISTORY:

Please be aware that the following conditions have been found to have a significant impact on a patient's mental health:

- | | | |
|----------------------|------------------|-----------------------|
| • Tinnitus | • Heart Disease | • High Blood Pressure |
| • Diabetes | • Kidney Disease | • Chronic Pain |
| • Multiple Sclerosis | • Lung Disease | • Obesity |
| • Asthma | • Arthritis | • HIV / Hepatitis C |
| • Emphysema | • ■■■■ | • Cancer |

Problems:

- no problems recorded

Allergies:

Date	Description	Associated Text
29-Aug-2012	Intolerance : Naproxen 500mg tablets	
29-Aug-2012	H/O: drug allergy	Drug code for allergy: Naproxen 500mg tablets Reaction type: Intolerance Severity of allergy:

Alexis Prowse	Community Mental Health Service Referral v1.0 (Dec 16)
05-Feb-1994	Sender – GP Practice (Printed 12/08/22)
Page 2 of 3	Receiver – Cumbria Mental Health Service

Map of Medicine Referral Form – Cumbria

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

		Moderate Certainty of allergy: Certain [REDACTED] code for reaction: 1984.00 (Upset stomach)
--	--	--

Medication:

Acute

Drug	Dosage	Quantity	Last Issued On
Trazodone 100mg capsules	One To Be Taken At Night	28 capsule	12-Aug-2022

Repeat

Drug	Dosage	Quantity	Last Issued On
Trazodone 150mg tablets	One To Be Taken At Night	28 tablet	29-Jun-2022

OTHER RELEVANT INFORMATION:

--

SEND REQUEST TO:		Tel Number
☐ Carlisle	CMHTAdmin@cumbria.nhs.uk	01228 603850
☐ [REDACTED]	Penrith-CMHT@cumbria.nhs.uk	01768 245503
☒ Allerdale	Parklaneadmin@cumbria.nhs.uk	01900 705262
☐ Copeland	Adults-Whitehaven@cumbria.nhs.uk	01946 853350
☐ South Lakes	southlakescmhart@cumbria.nhs.uk	01539 715064
☐ Furness	FurnessCMHTReferrals@cumbria.nhs.uk	01229 407777

Alexis Prowse	Community Mental Health Service Referral v1.0 (Dec 16)
05-Feb-1994	Sender – GP Practice (Printed 12/08/22)
Page 3 of 3	Receiver – Cumbria Mental Health Service

Map of Medicine Referral Form – Cumbria

Clinical letter

05-Aug-2022 Ms Helen McLean (HML)

Additional: Clinical letter

Liaison and Diversion Service

Filename: AP GP letter 05.08.22 Workington- Heather.docm

Extension: .tif

Pages:



**Lancashire &
South Cumbria**
NHS Foundation Trust

Lancashire & South Cumbria NHS Foundation Trust
Liaison and Diversion Service
Workington Custody
West Cumbria Area HQ
[REDACTED] Brow
Workington
Cumbria
CA14 4AP
Tel: 07970 679027

PRIVATE & CONFIDENTIAL
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

5th August 2022

Dear Doctor,

Re; Alexis Prowse DOB 05/02/1994 NHS No 704 418 6440

This letter is in line with information sharing and is strictly private and confidential, the above named person has recently had contact with the Liaison and Diversion Service on the 29th July and with their consent I wish to bring the below information to your attention.

Has consent been given to share information? Yes - verbal or written consent has been given to share this information

The Liaison & Diversion practitioner is writing to inform you that:

There is an onward referral into health or social care services or medication review required

Brief Explanation: Alexis was dressed in her own clothing during the conversation, she was orientated to date, time and place and maintained good eye contact during the conversation. Alexis was tearful at times during the assessment, particularly when talking about her [REDACTED] childhood or mental health. Alexis said that she has a

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t: 01772 695300

e: lct.enquiries@lancashirecare.nhs.uk

w: www.lscft.nhs.uk

diagnosis of borderline personality disorder and that she was diagnosed with this many years ago and that she feels that she needs some therapy in relation to childhood trauma that she has experienced but nowhere offers it and she can't afford to pay for this. Alexis said that she is currently prescribed Quetiapine and Trazadone but she doesn't feel that they are beneficial to her as she continues to suffer from insomnia and self-harms on an almost daily basis. Alexis said that she was in the care system for most of her childhood life and she experienced a lot of ACE's (Adverse Childhood Experience's) in her early life which really affect her currently. Alexis said that she self-harms by cutting her legs and does this on an almost daily basis as she would like to be able to feel something. Alexis said that she always does this once her [REDACTED] is in bed and that she doesn't have the intent of killing herself it is more of a release and something that she has done for some time now. When asked about suicidal thoughts, Alexis said that she has to be alive for her [REDACTED] sake and that her [REDACTED] is her protective factor, preventing her from feeling like this. Alexis said that she has been open to the CMHART (Community Mental Health And Recovery Team) and they told her that they had no funding for the therapy that she requires. Alexis reports that she has tried to access support from First Steps who found her too complex and that she is currently open to the Together We Talk service and is allocated to a lady called [REDACTED] whom she sees regularly. Alexis said that she would love to have a normal life, to work, drive a car and things such as that but her mental health holds her back from doing these things. Alexis said that her life currently is caring for her [REDACTED] who is her main focus. Alexis said that she is motivated to address her mental health and the trauma that she has suffered in her past but she is unable to find the right support to enable her to do this. Alexis said that she does have contact with [REDACTED] who is the mental health nurse contact via her GP surgery.

Should you require any further information please do not hesitate to contact the Liaison and Diversion Service

Yours Sincerely

[REDACTED] Black
Liaison & Diversion Team Practitioner

What is Liaison & Diversion?

A service for those identified with vulnerabilities and unmet needs, intended to improve the health and justice outcomes for those who come into contact with the Criminal Justice Service

Who are we?

The service is commissioned by NHS England. Our Practitioners have a range of backgrounds and experiences in order to support those with a wide range of vulnerabilities

**We are
 LSCft**

 @WeAreLSCFT
  @WeAreLSCFT
  @WeAreLSCFT
 t: 01772 695300 e: lct.enquiries@lancashirecare.nhs.uk w: www.lscft.nhs.uk

What do we do?

- we [REDACTED] Custody Suites and Courts throughout Lancashire & Cumbria and offer triage assessments
- identify unmet need and vulnerabilities and offer onward referral and signposting as appropriate
- we offer some brief community based intervention to maximise service user access and engagement with services

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 @WeAreLSCFT

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t: 01772 695300 e: lct.enquiries@lancashirecare.nhs.uk w: www.lscft.nhs.uk

**We are
LSCft**

Patient demographics

Patient name	Date of birth	Gender	NHS number
PROWSE, Alexis [REDACTED] (Miss)	05-Feb-1994	Female	Verified - 704 418 6440
Home Address	Visit Address	Home Phone 328221	
2	2	Emergency Phone 07873638335	
Newlands Avenue	Newlands Avenue		
Whitehaven	Whitehaven		
CA28 9SH	CA28 9SH		
	X297852Y515980		

GP Practice**Lowther Medical Centre**

Address	Phone 01946692241
Lowther Medical Centre	
1 Castle Meadows	
Whitehaven	
CA28 7RG	

GP Practice Code
A82041

Document Created 12-Jul-2022, 11:54**Document Owner NWAS 111****Authored by [REDACTED] - Call Handler, NWAS 111 on 12-Jul-2022, 11:49****Consent Status Consent given for electronic record sharing****NHS 111 Report**

Encounter Type	NHS111 Encounter
Encounter Time	12-Jul-2022, 11:49 to 12-Jul-2022, 11:54
Encounter Identifier	DA254776-1F45-4592-B5D5-8B7535FC046D
Case Reference	3458374
Case ID	3458374
Encounter Disposition	Repeat Prescription Required Within 12 Hours
Care Setting Location	
	Visit Address
	2
Care Setting Address	Newlands Avenue
	Whitehaven
	CA28 9SH
	X297852Y515980
Care Setting Type	

Other participant(s) in this document**Referred To**

Referred To Organization Pharm+: Mirehouse Pharmacy - Whitehaven
Visit Address Work Phone 0194666552
CA28 8ER

Patient's Reported Condition

Repeat Prescription

Case Summary

Pathways Disposition: Dx86
 Repeat Prescription Required Within 12 Hours

Consultation Summary:

Prescription request
Not enough medication until surgery opens
No medication available
Next dose due within next 12 hours

Pathways Assessment:

Reason for call menu - continued to next list.
A prescription request was the main reason for the contact.
The main reason for the contact was not a new or worsening illness.
The individual did not have enough medication to last until the surgery next opened.
The medication was suitable for repeat prescribing without further consultation.
The individual had no medication available.
The next dose was due within 12 hours.
User comment - 'Pharm+: Mirehouse Pharmacy - Whitehaven'

Advice Given:

No Closing Advice available.

<i>Document ID</i>	DED3C097-4718-4876-BC1C-AA5F48F719E9	<i>Version</i>	1
<i>Primary Recipient</i>	Pharm+: Mirehouse Pharmacy - Whitehaven	<i>Phone</i>	0194666552

Clinical letter

19-Nov-2021 Ms Jackie Sisson (JZS)

Additional: Clinical letter

Discharged-Allerdale community mental health assessment and recovery team

Filename: S45C-921112415215.pdf

Extension: .tif

Pages:



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

REF: HJ/GH

NHS No: 704 418 6440

19th November 2021

Allerdale Community Mental Health
Assessment and Recovery Team

Unit 13

Lillyhall Business Park

Jubilee Road

Workington

CA14 4HA

01900 705262

Private & Confidential

Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear [REDACTED]

RE: Miss Alexis [REDACTED] Prowse
2 Newlands Ave, Mirehouse, Whitehaven, CA28 9SH
DOB: 5 Feb 1994

Thank you for your referral to the Community Mental Health Assessment and Recovery Team (CMHART).

Alexis was assessed in July 2021 by [REDACTED] Vickers Assessment Practitioner and offered the MBTi group which she was due to start recently, unfortunately Alexis did not wish to engage with this intervention. This has been discussed further with in the MDT discussion and it was felt discharge would be most appropriate at this time

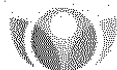
Alexis is now discharged from the CMHART

Yours sincerely,

[REDACTED]
Specialist Nurse – CMHART

Cc. Miss Alexis Prowse

pp. 



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

Clinical letter
09-Nov-2021 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Allerdale Community Mental Health Assessment and recovery team
Filename: JZSSCN_28.tif
Extension: .tif
Pages:



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

REF: HJ/GH

NHS No: 704 418 6440

9th November 2021

**Allerdale Community Mental Health
Assessment and Recovery Team**

Unit 13
Lillyhall Business Park
Jubilee Road
Workington
CA14 4HA
01900 705262

Private & Confidential
For Addressee Only

Miss Alexis Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
CA28 9SH

Dear Alexis

Thank you for talking to me over the telephone on Monday 8th November 2021 to discuss the MBTi group that is now being run online

You spoke about not wishing to engage with the online group and felt face to face intervention would be more appropriate to meet your needs

I have liaised with [REDACTED] Rawlinson and it has been agreed to discuss this further with the Multi-Disciplinary Team in the weekly discussion meeting. Once this has been completed you will be provided with an update

Yours sincerely,

[REDACTED]

Specialist Nurse – Access

Cc. Lowther Medical Centre

pp.



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

20/08/2021

Email - A82041, Gp- (NHS NORTH CUMBRIA CCG) - Outlook

Outcome of assessment AP**██████ Shevelan ██████**

Thu 19/08/2021 14:25

To: A82041, Gp- (NHS NORTH CUMBRIA CCG) <gp-a82041@nhs.net>

Cc: aishea.drylder@womenoutwest.co.uk <aishea.drylder@womenoutwest.co.uk>

Client: AP

D.O.B.: 5/2/94

Dear GP Surgery,

Following on from a referral to our service by Aishea Drylder from Women out west, I assessed AP who described problems of being unable to cope, isolation and depression and anxiety.

PHQ9 is 27 and GAD7 was 21.

Risk to self: Actively self harming, has thoughts of self harm everyday. Main trigger is strong emotion usually in the context of a relationship. As far as I can tell she is not caring for the wounds. This is worse when her ██████ is away, such as when she goes to stay with relatives and during the ██████ holidays.

No thoughts if suicide, no plans, means or intent

No risk from others

No risk to others

Action plan: keeping safe and well plan, education about wound care., to ██████ emotional resilience

Please do not hesitate to contact us if you need any further information on 08081961773.

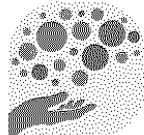
Thanks

██████

██████ Shevelan**Talk Practitioner and Volunteer Counsellor**

Together We CIC

0808 196 1773 | 07759843034 (Available 9am until 7pm Monday, Tuesday and Wednesday)



together we
Cumbria

<https://outlook.office.com/mail/inbox/id/AAQkADFjOTJmVklTg4ZGQINGMyNy1hNzI1LWY3ZmJINTBkZjg5NAAQAOiaoBs5R%2BdHhSV0zsaL...> 1/2

20/08/2021

Email - A82041, Gp- (NHS NORTH CUMBRIA CCG) - Outlook

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Together We CIC is a Community Interest Company registered in England. Company Number 10984956.
Registered office address: Plot B, Reedlands Road, Workington, Cumbria, CA14 3YF. Tel: 0808 196 1773 | Email: referral@togetherwe.uk

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Clinical letter**13-July-2021 Mrs Debra Hardy (DHA)****Additional:**Clinical letter*Letter from CMHART dated 13.7.21 BUT RECEIVED 18.4.23***Filename:** Kettering.pdf**Extension:**.tif**Pages:**



Cumbria, Northumberland, Tyne and Wear

NHS Foundation Trust
Copeland CMHART
Valley View
West Cumberland Hospital
Whitehaven
Cumbria
CA28 8JG
Tel: 01946 853350
Fax: 01946 523665

Ref: SV

NHS: 704 418 6440

4th August 2021

Lowther Medical Centre
Whitehaven
Cumbria
CA28 7RG

Dear [REDACTED]

Re: Alexis Prowse

Mental Health Assessment:

Date of Referral: 16th June 2021

Date(s) of Assessment: 13th July 2021

Lead Professional: [REDACTED] Vickers - Assessment Coordinator

Contact number: 01946 853350

Referral source and reason, including any advocacy needs and capacity concerns in relation to the assessment:

[REDACTED] was referred to the Community Mental Health Assessment and Recovery Team (CMHART) by [REDACTED] (Lowther Medical Centre) who requested an assessment to explore options for psychological treatment. Difficulties identified in the referral included complex trauma and chronic emotional difficulties. A telephone triage was initially completed with [REDACTED] to gather further information before offering a face-to-face assessment. The focus of our assessment was to review [REDACTED] current mental health and treatment needs and to consider her suitability for interventions within CMHART treatment pathways. There were no concerns relating to advocacy or capacity identified in the referral.

Service User Needs and Expectations / Presenting Problem

[REDACTED] attended the appointment at Valley View, WCH alongside Aleisha from Women Out West. [REDACTED] was welcoming of the assessment and she was able to articulate her needs and expectations from the assessment appropriately. [REDACTED] explained that she is looking to get the right treatment for her mental health. Her main priority is to be able to manage her mood fluctuations, anger and urges to harm herself more effectively. [REDACTED] is well known to the team, so a full assessment was not completed. Instead, this appointment focussed more on her current mental health and treatment needs.



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

■■■ describes extremes in her moods and often feels unable to control her emotions. ■■■ reports that she often feels on edge waiting for something bad to happen and her mood can change quickly. Some days she feels fine and then a minute later she can feel extremely low. Intense feelings of anger seem to come over her quickly and is the main emotion that she identifies with. She describes how rage often takes over her body and her full body shakes. ■■■ has reduced distress tolerance and emotion regulation skills and she can respond to things in an impulsive manner. She can often experience urges to self-harm at times of increased emotional turmoil, particularly when she feels angry as she often directs this towards herself. ■■■ has self-harmed on and off since the age of 13. ■■■ described feeling addicted to self-harm. She is currently cutting herself everyday (superficially) however she doesn't find that she gets any release from this. She feels this makes her feel worse now and she finds it embarrassing when people see her scars. Self-harm is often triggered by loneliness and anger. She finds it worse when her ■■■ stays with her ■■■. Other impulsive behaviours include using alcohol and having sex with unfamiliar men.

■■■ described an increase in anxiety; she is finding it increasingly difficult to go out on her own at present. She tries to avoid enclosed spaces. ■■■ described how generally she doesn't like people and finds that she is sensitive to what people may think about her. ■■■ perceives that people often look at her funny and judge her. She described chronic low self-esteem and feelings of being worthless, not good enough and invisible.

We had a discussion around potential interventions and treatment options within CMHART treatment pathways and explored ■■■ motivation around this. We discussed Mentalization Based Treatment as ■■■ started this treatment pathway in 2018 but unfortunately disengaged. ■■■ acknowledged this and discussed how the difficult relationship with her ■■■ at the time made it hard for her to engage with services as he would often stop her from going to appointments. ■■■ is open to suggestions about different treatment pathways and explained that she would consider MBT again if this was identified as appropriate for her. ■■■ would like to learn how to manage her emotions and urges to harm herself better. She struggles to manage relationships due to past traumatic experiences and would like to explore this further. ■■■ is aware that she would need to attend regular appointments and take an active role in her treatment. She feels this is manageable at the current time. ■■■ informed that she has been waiting for intervention with Safety Net for a while now for trauma work but they're unable to offer face to face appointments at present.

■■■ / Relatives / Views and Information from Third Party Sources

■■■ attended the assessment appointment alone. She didn't identify anyone that she wants to be involved in her assessment or treatment at this point.

Medication

■■■ is currently prescribed Quetiapine 25mg BD. This information was taken from the HIE. She has been taking this for around 4 weeks. ■■■ feels the Quetiapine helps a bit with sleep.

Physical/Mental Health (Problems/Issues To Date)

Diagnosis of EUPD.

Personal History and Social Circumstances including Mobility, Communication, Self-Care, Cultural Needs and Spirituality

■■■■ is a 27-year-old lady who currently ■■■■ a house in Whitehaven, Cumbria with her 7-year-old ■■■■. She described that ■■■■ 'keeps me going.' ■■■■ is separated from ■■■■ however he maintains contact with ■■■■ every other weekend and during the ■■■■ holidays. ■■■■ is currently unemployed, and she is not attending ■■■■ education at the present time. She is in receipt of the appropriate benefits. ■■■■ is involved with Women Out West; she has completed the 'beautiful me' course and is on the waiting list for their 'beautiful relationships' course. ■■■■ is also working with Together We; she is looking to attend their exercise classes and to engage in some other interventions with them. There were no needs in relation to mobility, self-care, communication, culture or spirituality discussed during the assessment.

Diagnosis

Emotionally Unstable Personality Disorder.

Mental State (At interview)

■■■■ was welcoming of the assessment and she was able to engage appropriately throughout. She spoke openly and honestly and she was able to give a good account of her history, current situation and difficulties. ■■■■ presented as kempt, she was dressed in casual clean clothes, her hair and nails were tidy and there was no evidence of poor self-care. Her mood was labile, and she was quite emotional throughout the appointment. ■■■■ eye contact was appropriate, and her speech was normal in rate, tone and volume with no evidence of formal thought disorder. There were no abnormal movements or mannerisms observed and she was not responding to any external stimuli. There were no psychotic symptoms observed or reported and she denied any hallucinations or delusions. Although cognitive functioning wasn't formally tested, ■■■■ was in touch with her surroundings and orientated to time, place and person. No issues with concentration or memory were identified. ■■■■ was considered to have full capacity to understand, retain, weigh up the pros and cons of her decisions and communicate them effectively. Therefore, she was deemed to be responsible for her own actions.

FORMULATION/SUMMARY OF ASSESSMENT

■■■■ experienced a lot of trauma and challenges when she was growing up. She struggles to trust people which has affected her relationships throughout her life and continues to do so now. ■■■■ experiences intense emotions which often become overwhelming for her to manage and leads to destructive behaviour including self-harm, alcohol use and risky sexual behaviours. ■■■■ has chronic feelings of emptiness and worthlessness and an unstable self-image.

Risks:

Suicide:

■■■■ identified that she has experienced fleeting suicidal ideation for many years. These thoughts are not often persistent or intrusive, but she does often think that she will be better off dead. ■■■■ has not made any recent attempts to end her life and she denies any plan or intent to do so. ■■■■ identifies her ■■■■ as a significant

protective factor for not acting on these thoughts as she does not want to leave her without a [REDACTED]

Self-harm:

[REDACTED] regularly experiences urges to self-harm at times of increased emotional turmoil, particularly when she feels angry as she often directs this towards herself. [REDACTED] has self-harmed on and off since the age of 13. [REDACTED] described feeling addicted to self-harm. She is currently cutting herself daily (superficially) however she doesn't find that she gets any release from this. She feels this makes her feel worse now and she finds it embarrassing when people see her scars. Self-harm is often triggered by loneliness and anger. She finds it worse when her [REDACTED] stays with her [REDACTED]. The risk of self-harm occurring is high, but the medical risks associated with this is low.

Harm to others:

[REDACTED] denied any thoughts, plans or intent to cause harm to others/to damage property during the assessment. She does identify problems with anger and rage and reports to have engaged in verbal altercations with others previously. Based on the historical risk assessments it appears that the risk towards others might increase in the context of interpersonal conflict particularly with romantic [REDACTED] and [REDACTED]. Her behaviour is likely to be impulsive and driven by heightened emotional states.

Risk to dependents:

[REDACTED] her 7-year-old [REDACTED]. No risks towards [REDACTED] were identified during our assessment.

Self-Neglect:

[REDACTED] appeared well kempt during the assessment; her clothes were clean and tidy, and her hair was groomed. She presented as though she is looking after herself appropriately. No concerns were raised in this area by [REDACTED].

Vulnerability:

No significant concerns were identified during the assessment regarding vulnerability although it's recognised that [REDACTED] has been in some vulnerable positions in the past including an abusive and controlling relationship with [REDACTED]. Previous abuse as a child. Possible risk of emotionally vulnerability in line with EUPD diagnosis and reduced distress tolerance skills.

PLAN

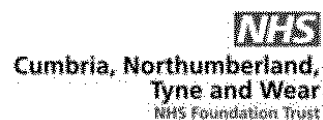
- 1.) I've had the opportunity to discuss the assessment with [REDACTED] Rawlinson (Consultant Psychological Specialist) to consider the outcome of the CMHART assessment and to discuss [REDACTED] suitability for interventions within the CMHART Personality Disorder Pathway. It was agreed that [REDACTED] will be offered the Mentalization Based Treatment Introductory Group (MBT-I) initially. She will be added to the waiting list and notified when there is a date for this group to begin.
- 2.) [REDACTED] has a copy of the short-term safety plan to use in the interim if further support is needed. This includes other local support services and services that she can use if more urgent mental health support is required.

Yours sincerely

■ Vickers
Assessment Coordinator
Copeland CMHART

THIRD PARTY COPY

Clinical letter
01-July-2021 Ms Jackie Sisson (JZS)
Additional:Clinical letter
Copeland CMHART
Filename: Kettering.pdf
Extension:.tif
Pages:



Copeland CMHART
Valley View
West Cumberland Hospital
Whitehaven
Cumbria
CA28 8JG
Tel: 01946 853350
Fax: 01946 523665

Our ref: SV/DP
NHS No: 7044186440

NHS Private and Confidential

Miss Alexis [REDACTED] Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH

1st July 2021

Dear Miss Prowse

We have received a referral for you from Lowther Medical Centre on 22nd June 2021.

We would like to offer you an assessment appointment on:

Date: Tuesday 13th July 2021
Time: 11.00 am
Venue: Valley View, West Cumberland Hospital, Hensingham
Whitehaven, Cumbria, CA28 8JG
With: [REDACTED] Vickers, Acting Clinical Lead

If you are experiencing any of the following symptoms:

- High Temperature and/or
- Constant Cough
- Loss of taste and/or smell



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

Please adhere to the Government's recommendations and self-isolate for 14 days, if after 14 days your symptoms haven't improved or symptoms have worsened during the isolation period, then you will need to contact the NHS 111 service.

PLEASE DO NOT ATTEND CLINIC IF YOU HAVE ANY OF THESE SYMPTOMS.

If you are unable to attend this appointment, please let us know as soon as possible.

If you do need to cancel, please be aware there may be a delay before an alternative can be offered.

If you do not attend without letting us know, we will attempt to contact you.

If you have any concerns regarding your mental health prior to the appointment, please contact the duty worker on 01946 853350.

Please complete the attached client details form and bring to your appointment.

Yours sincerely

Dianne Pantling
Administration Officer
Copeland CMHART

Enc Client Details Form
Ask 3 questions
CMHART Information Leaflet
Stay [REDACTED] Keep Apart

Cc Dr Telford, GP – Lowther Medical Centre



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

Administrative procedure

16-Jun-2021 Mr John Walker (TW)

Additional: Administrative procedure

Mental Health Nurse Template with Letterhead

Filename: Administrative procedure PROWSE, Alexis (Miss) 1223 16-Jun-2021.rtf

Extension: .tif

Pages:

**LOWTHER MEDICAL
CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611**



www.lowthermedical.co.uk

Regarding PROWSE, Alexis, [REDACTED]
NHS: 704 418 6440
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH

16 June

2021

Dear Screening Team

Thank you for your prompt response in declining my referral of 2 June 2021, which we received on 3 June 2021 (your ref 536325)

Obviously, we were disappointed that you felt unable to offer Alexis psychological input. Alexis herself was quite distraught at perceived lack of support and was objectively very distressed when I spoke to her and when Dr [REDACTED] saw her face to face following the news. Alexis has been in touch with Women Out West and they were disappointed also at your response. I would like to request you reconsider your decision, because I do feel that psychological input may be helpful to this young woman with a history of complex trauma and ongoing acute mental health distress.

In your reasons for declining the referral you note the established diagnosis of EUPD. You say that Alexis has stated she would not engage in structured therapy. I am not sure this is true any more.

In any case, the reasons of previous difficulty in engagement can be seen as a product of her agitated mental and emotional state at that time. With skilful professional intervention it should be possible to create sufficient rapport to deliver treatment.

I spoke to her WoW worker who explained that because of the input with relaxation and confidence building techniques, Alexis is now able to engage with psychological therapy. WoW have told me they are not qualified psychological therapists and feel they have supplied the interventions they are able and qualified to supply.

They also note a referral to Safetynet but that because Safetynet is remote and Alexis suffers from dyslexia and difficulties engaging over the Internet or telephone, Safetynet is not currently able to help her.

I wonder whether Reasonable Adjustments could be put in place by your team to enable you to support her to have therapy?

In summary, Alexis wishes to engage in psychological therapy and feels now able to do this when she wasn't before. There is no one else locally able or qualified to deliver this therapy but your own team. As such we would be most grateful if you could consider accepting Alexis for psychological therapy.

Yours sincerely

■■■■■ RMN, ANP
Lowther Medical

THIRD PARTY COPY

Clinical letter

03-Jun-2021 Mr Kieran Smith (Kieran.Smith)

Additional: Clinical letter

Discharge- CMHART

Filename: Kettering.pdf

Extension: .tif

Pages:


**Cumbria, Northumberland,
 Tyne and Wear**
 NHS Foundation Trust

Copeland CMHART

Valley View

West Cumberland Hospital

Whitehaven

CA28 8JG

Tel: 01946 853350

Fax: 01946 523665

Our Ref: NC/DP

Service User ID: 536325

NHS Number: 7044186440

3rd June 2021

DR FIDALGO
 LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG

Dear Dr Fidalgo

Re: Miss Alexis [REDACTED] Prowse, 05/02/1994
2 Newlands Avenue, Mirehouse, Whitehaven, Cumbria, CA28 9SH

Thank you for your referral for the above patient. We screened the referral in our meeting this morning and have agreed to decline the referral. Our rationale for this includes that patients presenting problems appear to be consistent with established diagnosis of EUPD and patient has explicitly stated that she would not want to engage in structured treatment within the personality disorder pathway.

Contact with Crisis Team in December 2020 states that patient was future planning to engage with Trauma therapy, and this appears to be through Women Out West. In addition, patient may wish to refer to The Freedom Project to access support and therapy, which would be appropriate to current needs.

We shall close the referral today.

Yours sincerely

Screening Team
 Copeland Community Mental Health Team



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

Referral to community mental health team

02-Jun-2021 Mr John Walker (TW)

Additional: Referral to community mental health team

^Mental Health Community Team (CMHART) (NCCCG)

Filename: Referral to community mental health team PROWSE, Alexis (Miss) 1416 02-Jun-2021.rtf

Extension: .tif

Pages:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL**COMMUNITY MENTAL HEALTH SERVICE (CMHART) REFERRAL FORM (NCCCG)**

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

☒ **CMHART Referral** ☐ **Early Intervention Service (Amaze) Referral**

- If you are unsure whether to make this referral, please contact your local CMHART (details at the end of the form)
- If this referral requires immediate attention (within 48 hours), contact the ALIS (formerly Crisis) on 0300 123 9015
- This form can be used for referrals to the Early Intervention Service (Amaze) – tick the above box to indicate this.

EIS (Amaze) referrals are also accepted through alternative means.

PATIENT DETAILS:		Referral Date:	02-Jun-2021
SURNAME: Prowse	DOB: 05-Feb-1994	PRACTICE: 1 Castle Meadows Whitehaven Cumbria CA28 7RG Tel: 01946692241	
FIRST NAME: Alexis	GENDER: Female		
PREFERS TO BE CALLED:	NHS NUMBER: 704 418 6440		
ETHNICITY: White British			
MARITAL STATUS: Single ☒ Divorced ☐ Separated ☐ Widowed ☐ Married ☐ Partnered ☐			
ELECTED REPRESENTATIVE / PERSON TO CONTACT:			
CONTACT DETAILS (tick preferred contact method):		Practice code: A82041 Usual GP: FIDALGO, Jose (Dr)	
☒ Address:	2 Newlands Avenue, Mirehouse, Whitehaven, Cumbria, CA28 9SH		
☐ Home phone:		EMPLOYMENT STATUS: ☐ Full time ☐ Part time	
☒ Mobile phone:	07873638335	please specify:	
☐ Work phone:		☐ Registered sick ☐ Homemaker ☐ Student ☐	
☐ Email:		Retired ☐ Other: ☐	
CONSENT:			
☒ the patient has given verbal consent for the information within this referral to be sent to the receiving care team			
☒ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so			
☐ the referral has been made through a 'best interest decision' (provide details below)			
INFORMATION NEEDS (provide further details below, where applicable):			
Required:		Attending:	
☐ Longer appointment	☐ Easy ☐ documents / information leaflets	☐ ☐	
☐ Language translation service	☐ Braille documents / leaflets	☐ Note-taker	
☐ Hearing loop facility area	☐ Large print documents		
☐ British sign language interpreter	☐ Note-taker		
ADDITIONAL INFO / NEEDS (e.g. communication issues, mobility, etc):			

Alexis Prowse	Community Mental Health Service Referral (NCCCG) v1.2
05-Feb-1994	Sender – GP Practice (Printed 02/06/21)
Page 1 of 6	Receiver – Cumbria Mental Health Service

Referral Form – Cumbria

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REASON FOR REFERRAL:

- Alexis is supported by Women Out West. I had not spoken to her since December but she says she has rung the surgery 400 times since Christmas and sent many emails and not been able to get an appointment. WoW feel she needs help.
 - She is requesting re-referral to CMHART for a review with both a psychiatrist and a psychologist.
 - She has stopped her medication
 - She feels she can't cope.
-
- She does not dispute her EUPD diagnosis, but feels she has something far more wrong with her mentally. I was unable to elicit any symptoms that could not be explained by EUPD and she admitted that most of her symptoms fall within EUPD but feels she needs further review.
 - I note previous history with CMHART and disengagement
 - We discussed previous therapies offered such as Decider Group and mentalization but she does not want those she wants therapy to address her history of trauma.
 - I told her I was not sure that CMHART would be able to offer anything in addition but at her insistence I am making this referral
 - I should note her genuine agitation, frustration and upset on the phone. She does appear to be struggling to cope with her emotions. She denies any intent to kill herself due to her [REDACTED]
 - I did not hear anything that suggested another referral to Safeguarding at this time.

What intervention are you / the patient seeking?

- ☒ Assessment and diagnosis
- ☒ Medication review
- ☒ Psychological therapy
- ☐ Social care support
- ☐ Early intervention in psychosis
- ☐ Review of recent changed presentation

N.B. the following information is automatically merged from the patient record – GP to edit as appropriate

CONSULTATIONS (last 3 recorded)

Date	Consultation Text		
02-Jun-2021 11:31	Telephone consultation (LOWTHER MEDICAL CENTRE) [REDACTED] (Mr)		
Comment	Alexis has been trying to get through since Christmas. She has made 400 calls since January		
	Alexis has stopped taking quetiapine. She felt no different.		
	Alexis would like a referral back to Community Mental Health Time		
	She is too complex for First Step		
	Pressure of Speech		
	She self harm constantly		
	Not suicidal		
	She feels she has more than EUPD		
	She reports impulsive behaviour. Most of it is EUPD.		
	She has been to Decider Course x 2. Did not find it helpful.		
	She has had no help for childhood trauma she feels.		
	She would like to see a psychiatrist for a medication review.		
	Became distressed		
	Her friend goes private and gets counselling. This is unfair as she can't afford it.		
	She cuts on a daily basis		
	Denies plans, preparations or intent to commit suicide.		
	It's worse when her little girl goes to her [REDACTED] She has two dogs which help.		
	She would like to talk about pain management. I will refer to GP for this		
	Pain is from trauma.		

Alexis Prowse

05-Feb-1994

Page 2 of 6

Community Mental Health Service Referral (NCCCG) v1.2

Sender – GP Practice (Printed 02/06/21)

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Referral Form – Cumbria

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	plan: refer to CMHART		
Problem	Emotionally unstable personality disorder (Review)		
22-Dec-2020 11:05	Telephone consultation (LOWTHER MEDICAL CENTRE) [REDACTED] (Mr)		
Comment	She feels asleep better with quetiapine. But she doesn't stay asleep. She tries to listen to Mindfulness, it usually works, but otherwise she ruminates. She feels restless. Her [REDACTED] party all the time. She feels that the quetiapine has evened her moods out a little. She generally dissociates, but is now more aware of when she's doing it. Quetiapine reauthorised for 3 months Denies plans, preparations or intent to commit suicide.		
Problem	Emotionally unstable personality disorder (Review)		
08-Dec-2020 11:50	Telephone consultation (LOWTHER MEDICAL CENTRE) [REDACTED] (Mr)		
Comment	Her [REDACTED] with Women Out West rang crisis team. They told her to ring us Was with CMHART, but discharged 2019. Diagnosed with EUPD Has had lots of medication: citalopram, mirtazapine, fluoxetine, venlafaxine, sertraline: also promethazine and propranolol. She said propranolol was effective Having emotional surges. She's angry at everything. waiting for a house 6 year old looking after on her own. CSC no longer involved. Doesn't like where she lives. Difficult [REDACTED] She wants to move. She is waiting for a move from Home Group. But it's going really slow. Little progress. WoW won't do therapy until she moves house. No cannabis currently No alcohol for the last few weeks. History of self-harm by cutting and burning. Still self-harming Tries to control it. Will tattoo over them. Denies plans, preparations or intent to commit suicide. Nothing to suggest patient lacks capacity to make decisions about treatment and safety. I will review in 2 weeks		
Problem	Emotionally unstable personality disorder (First)		
History	Victim of Abuse In care growing up. Multiple [REDACTED] and a care home. Victim of domestic abuse • Victim of emotional abuse • Victim of sexual abuse		
Medication	Quetiapine 25mg tablets One To Be Taken Twice A Day 60 tablet		
07-Dec-2020 17:09	Telephone consultation (LOWTHER MEDICAL CENTRE) PINK, [REDACTED] (Mrs)		
History	07873 638335, been told from crisis team to book a tel call with gp for some advice, spoke to crisis team today house not good for well being , not sleeping very good awake at 430 am - then has to take [REDACTED] to [REDACTED] , feels things are getting too much lives alone with [REDACTED] 6 yrs old .attends WOW no [REDACTED] [REDACTED] for the last 4 weeks , no family support, has tried numerous medications but feels nothing works feels at the end of her tether and needs some help . has spoken to first steps . used cannabis in the past but not at present , drinks 4 cans per night to help with sleep ,no thoughts of suicide , has been self harming but [REDACTED] present so unable to talk much and she doesn't want her to see her upset .		

Alexis Prowse

05-Feb-1994

Page 3 of 6

Community Mental Health Service Referral (NCCCG) v1.2

Sender – GP Practice (Printed 02/06/21)

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	Assures me she will be safe overnight and a call arranged with TW for tomorrow		
	This consultation was conducted during the COVID19 pandemic. All discussions and management were made with latest evidence and in best interests of protection of the patient and staff in mind.		

PAST MENTAL HEALTH HISTORY:

- ☒ Previous secondary mental health treatment with CNTW
☐ Previous treatment with First Step
☐ Previous treatment not with CNTW (attach reports where possible)
☐ No previous mental health treatment known

RISK ISSUES:

- ☐ Suicide
☒ Self-harm
☐ Self-neglect
☐ Posing risk to others
☐ Risk from others
☐ Child protection
☐ Substance misuse
☐ Known to Unity

If any of the above tick boxes have been selected, please provide further details:

Frequent chronic self harm by cutting not needing medical attention generally.

MEDICAL HISTORY:

Please be aware that the following conditions have been found to have a significant impact on a patient's mental health:

- | | | |
|----------------------|------------------|-----------------------|
| • Tinnitus | • Heart Disease | • High Blood Pressure |
| • Diabetes | • Kidney Disease | • Chronic Pain |
| • Multiple Sclerosis | • Lung Disease | • Obesity |
| • Asthma | • Arthritis | • HIV / Hepatitis C |
| • Emphysema | • [REDACTED] | • Cancer |

N.B. the following information is automatically merged from the patient record – GP to edit as appropriate

PROBLEMS

Active

Date	Problem	Associated Text	Date Ended
08-Dec-2020	Emotionally unstable personality disorder		
29-Mar-2017	Personality disorder NOS		
02-Jun-2016	Patient reviewed	less emotional, problems at home with burst pipes, managing ADL, no thoughts self harm, continue medication review 1 week	

Significant Past

Date	Problem	Associated Text	Date Ended
28-Jul-2020	Fracture of radius	Left sided Undisplaced radius fracture	20-Oct-2020
04-Oct-2018	Victim of domestic violence		28-Dec-2018
15-Jan-2018	Anxiety with depression		10-Apr-2018

Alexis Prowse

05-Feb-1994

Page 4 of 6

Community Mental Health Service Referral (NCCCG) v1.2

Sender – GP Practice (Printed 02/06/21)

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02-Aug-2016	Anxiety with depression	- asking to increase medication, but has had none for 1 week, discussed how SSRI work and agree to wait and see and review 6 weeks or sooner if required	16-Feb-2017
01-Jan-1996	Asthma	PRIORITY=1	

Minor Past

Date	Problem	Associated Text	Date Ended
26-May-2016	Low mood	emotions!+++ , feels sad all the time, [REDACTED] and 2 year old little girl, some times little things make her anxious, some days feels cannot go out of house, used drugs and self harmed in past, no family here all in Scotland, feels cannot be bothered a lot of the time but then gets anxious about not doing daily chors. No suicidal thoughts, has thought about self harm but not done any thing, wants to feel normal, has number for first steps.	24-Jun-2016

ALLERGIES

Date	Description	Associated Text
29-Aug-2012	Intolerance : Naproxen 500mg tablets	
29-Aug-2012	H/O: drug allergy	Drug code for allergy: Naproxen 500mg tablets Reaction type: Intolerance Severity of allergy: Moderate Certainty of allergy: Certain [REDACTED] code for reaction: 1984.00 (Upset stomach)

MEDICATION

Acute

Drug	Dosage	Quantity	Last Issued On
------	--------	----------	----------------

Repeat

Drug	Dosage	Quantity	Last Issued On
Quetiapine 25mg tablets	One To Be Taken Twice A Day	60 tablet	15-Jan-2021

OTHER RELEVANT INFORMATION:

Alexis Prowse	Community Mental Health Service Referral (NCCCG) v1.2
05-Feb-1994	Sender – GP Practice (Printed 02/06/21)
Page 5 of 6	Receiver – Cumbria Mental Health Service

Referral Form – Cumbria

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REFERRER NAME: [REDACTED]		
SEND REQUEST TO:		Tel Number
☐ Carlisle	CMB-Carlisle-CMHART-Admin@cntw.nhs.uk	01228 603850
☐ [REDACTED]	CMB-Penrith-CMHT@cntw.nhs.uk	01768 245503
☐ Allerdale	CMB-Parklaneadmin@cntw.nhs.uk	01900 705262
☒ Copeland	CMB-Adults-Whitehaven@cntw.nhs.uk	01946 853350

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

Alexis Prowse	Community Mental Health Service Referral (NCCCG) v1.2
05-Feb-1994	Sender – GP Practice (Printed 02/06/21)
Page 6 of 6	Receiver – Cumbria Mental Health Service

Referral Form – Cumbria

A&E report
 16-Apr-2021 Ms Helen McLean (HML)
 Additional:A&E report
 A&E Report
 Filename: HMLSCN_74.tif
 Extension:.tif
 Pages:

ED Attendance Summary
 EMERGENCY DEPARTMENT
 WEST CUMBERLAND HOSPITAL
 WHITEHAVEN
 CA28 8JG
 Tel 01946 693181

NHS
North Cumbria
Integrated Care
 NHS Foundation Trust

GP Details

Name: Dr JLF FIDALGO
 Address: LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG
 Hospital No: W910663
 NHS No: 7044186440
 ED Episode No: WED-21-009111-1

Patient Details

Name: Alexis Prowse
 DoB: 05 Feb 1994
 Address: 2 NEWLANDS AVENUE
 MIREHOUSE
 WHITEHAVEN
 CUMBRIA
 CA28 9SH
 Home Tel: 07873368335
 Mobile :

Date & Time of Presentation: 16 Apr 2021 11:09
 Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition
 Patient Group: Accident at Home

Previous Attendances: 6

Presenting Complaint:
 Limb Lower, right leg inj

Time Seen by Clinician: 11:47

Incident Type: Home
 ED Clinician: Farrow

Triage:

Presenting Complaint: Pain in hip / leg / knee / ankle / foot, Recent problem

Treatment:

Comments: doing handstand yesterday unsure if dislocated left knee/patella but thinks went back in since, increased pain and unable to fully w/b

First Nursing Obs:

Pulse:
 Temperature:
 Oxygen Saturation%:
 Comments:

BP:
 Resps(per min):
 GCS Total:

Investigations:

Diagnosis:

1. Sprain / ligament injury : knee joint Site: 0 Side: 0

Treatment:

1. Observation / cardiac monitor, pulse oximetry / head injury / trends
 2. Provision of walking aid (e.g. crutches)

Nursing Comments:

Doctors Comments:

Discharge Details:

Discharged - no follow up, Home
 Discharge Date & Time:
 16 Apr 2021 16:02

Contact the Emergency Department if you have any further queries about his attendance.

Clinical letter
 08-Dec-2020 Mr Kieran Smith (Kieran.Smith)
 Additional:Clinical letter
 CRHT - WCH
 Filename: Kettering.pdf
 Extension:.tif



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

Our Ref: SV/HT

8 December 2020

Private & Confidential

Lowther Medical Centre
1 Castle Meadows
Whitehaven CA28 7RG

West Crisis Resolution & Home
Treatment Team
Newlands Unit
West Cumberland Hospital
Whitehaven CA28 8JG
Tel: 01946 68504
Fax: 01946 523522
Referral Line no: 0300 123 9015

Dear Doctor

Regarding: Alexis Prowse
DOB: 5 February 1994
NHS No: 704 418 6440

Telephone Triage Assessment: 7 December 2020

Presenting Problems, current presentation and Mental State

Alexis was referred to the crisis team following a telephone appointment with Women Out West.

Alexis reports that she has a diagnosis of Emotionally Unstable Personality Disorder, depression and anxiety, she has been on numerous antidepressant medications in the past which have been ineffective in managing her depression. More recently Alexis has been experiencing poor sleep pattern which in turn has impacted upon her mood. Alexis wondered if there was anything that could be prescribed specifically for EUPD.

Alexis feels unsupported at this time, she has been engaging with WOW however due to the member of staff going off on sick no one has bothered to phone her.

Alexis reports that she has completed the personality disorder pathway and has been referred to ASIS for trauma therapy regarding her past, this has not yet commenced as Alexis has been advised to move home as she is not currently in a stable environment to engage in the therapy.

Alexis was pleasant and polite throughout the call, speech was normal in all aspects, conversation was spontaneous and content was appropriate to topic. Alexis reports problems with her mood for many years, this has recently lowered due to sleep deprivation, Alexis lives [REDACTED] to people who party 4-5 times per week which in turn upsets her sleep pattern, Alexis has complained to housing however nothing has been done about it. Alexis reported no concerns regarding her appetite or concentration, motivation has been reduced due to being over tired and not being able to sleep.



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Chair: Ken Jarrold CBE

Chief Executive: [REDACTED] Lawlor OBE

Name: Alexis Prowse
NHS No: 704 418 6440

At time of triage Alexis denied any suicidal thoughts, plans or intent citing her [REDACTED] role as a [REDACTED] to her [REDACTED] as a strong protective factor. There was no evidence of any thought disorder or perceptual disturbances.

Although a formal assessment of capacity was not completed, informally capacity was assumed. Orientated to place and person showed evidence of both long and short-term memory. Alexis was able to weigh up information, retain information and interpret the information discussed showing clear understanding and ability to make choices: this would suggest the ability to make capacious decisions at this time. Alexis was not disorientated to time, place and person and appeared insightful, rational and logical.

Other services involved

Alexis currently engages with Women Out West, she is also waiting to commence trauma therapy with ASIS.

Past mental health history

Alexis has completed the personality disorder pathway with CMHART, she has been referred to trauma therapy and is waiting to commence this

Risks

Alexis is currently experiencing low mood with poor sleep pattern, she expressed no thoughts of harm to herself or others. Alexis denied any suicidal thoughts, plans or intent at time of triage citing her [REDACTED] as a strong protective factor, Alexis gave good evidence of future planning in that she is keen to move home in order for her to commence her trauma therapy.

Alexi reported no risk of absconsion, self neglect or exploitation.

Safeguarding issues

None

Expectations of the Referrer and Service User

Alexis wanted to discuss her medication in the hope that she would be prescribed something to aid sleep or to reduce her symptoms of personality disorder, she specifically asked for medication to help her diagnosis.

Relapse plan, wellness plan or advance statement

Alexis is well aware of how to access services if required.

Agreed Plan

- No current role for CRHT/HTT- Care to be handed back to GP.
- Alexis has been advised to contact her GP regarding sleep medication.
- Alexis did not present in an acute crisis, she appeared to have full capacity and insight. There was no evidence of acute distress and furthermore she denies having any suicidal thoughts, plans or intent at this time.

Rationale for Clinical decision making

- There was no detection of acute crisis during assessment.
- Insightful that support can be gained from services such as WOW and her GP.

Name: Alexis Prowse
NHS No: 704 418 6440

- Although a formal assessment of capacity was not completed, informally capacity was assumed. Orientated to place and person showed evidence of both long and short-term memory, there was no detection of any intellectual or cognitive disturbance.
- Able to weigh up information, retain information and interpret the information. This would suggest ability to make capacious decisions at this time.
- There is no identified further role for face-to-face assessment based on Insight and capacity and evidenced at time of call. No identified grounds for a mental health act assessment.
- There has been no further role for the crisis assessment team based on the findings of the telephone triage. Agreement made to make self referral in the future should mental health deteriorate to a point where risks to self increase.

Yours sincerely,

■■■■■ ■■■■■

Mental Health Practitioner Crisis Resolution & Home Treatment Team
and signed in his / her absence

Outpatient letter
24-Aug-2020 Mr Kieran Smith (Kieran.Smith)
Additional: Outpatient letter
DNA - Orthopaedics Clinic Letter
Filename: MIGSendDocument-2020-09-01.pdf
Extension: .tif
Pages:



Our Ref: PK/FA/BW/W910663
Date: 24/08/2020
Clinic: 20/08/2020

Dr J. Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr Fidalgo

Re: **Miss Alexis Prowse (05/02/1994), NHS no: 7044186440**
53 Main Street, Parton, Whitehaven, CA28 6NY

This patient was assessed and treated during the Corona Virus pandemic

Diagnosis: Right scaphoid fracture

Plan: Patient to be seen in clinic.

This patient did not attend clinic today. The reason for this is not known. I am not sure how she is at this time. She was earlier on scheduled for an MRI.

We plan to see her back in two weeks' time, but if she is well in herself and she feels that she does not need a clinic she can call in to cancel this.

Yours sincerely

Electronically signed

Funbi Ayeni
Trust Registrar

Approved By: Ayeni Funbi (RNN) North Cumbria Integrated Care NHS FT
Date Approved: 31/08/2020 02:19:41

Outpatient letter

12-Aug-2020 Mr Kieran Smith (Kieran.Smith)

Additional: Outpatient letter

DNA - Orthopaedics Clinic Letter- MR S Meda

Filename: MIGSendDocument-2020-08-14.pdf

Extension: .tif

Pages:

**North Cumbria
Integrated Care**

NHS Foundation Trust

Our Ref: BS/KK/BW/W910663
Date: 12/08/2020
Clinic: 11/08/2020

Dr J. Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr Fidalgo

Re: **Miss Alexis Prowse (05/02/1994), NHS no: 7044186440**
53 Main Street, Parton, Whitehaven, CA28 6NY

This patient was assessed and treated during the Corona Virus pandemic

Diagnosis: ? fracture scaphoid on the left wrist

This patient has not come to clinic and she has DNA'd. We have given another appointment for one week.

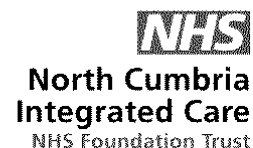
Yours sincerely

Electronically signed

Dr Krishan [REDACTED]
Trust Registrar – MTI

Approved By: Kumar Krishan (RNL) North Cumbria University Hospitals
Date Approved: 13/08/2020 13:55:43

Outpatient letter
28-July-2020 Mr Kieran Smith (Kieran.Smith)
Additional: Outpatient letter
Orthopaedics Clinic Letter
File name: MIGSendDocument-2020-08-10.pdf
Extension: .tif
Pages:



Our Ref: BS/BW/W910663
Date: 28/07/2020
Clinic: 28/07/2020

Dr J. Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr Fidalgo

Re: Miss Alexis Prowse (05/02/1994), NHS no: 7044186440
53 Main Street, Parton, Whitehaven, CA28 6NY

This patient was assessed and treated during the Corona Virus pandemic

I reviewed Alexis in my clinic today. She was involved in an altercation and was pushed down on to the floor by someone else. She has injured both wrists.

On the left side there is an undisplaced distal radius fracture seen.

On the right side she was quite tender over the anatomical snuffbox with pain on pretty much every movement of the wrist and also the thumb. Radial deviation of the wrist was more painful than the ulnar deviation and she had tenderness in the anatomical snuffbox, dorsum of the wrist, on the ulnar side of the wrist and on the volar aspect, especially around the scaphoid tubercle, as well as the pisiform bone.

This is more like a generalised kind of wrist sprain as opposed to a scaphoid fracture. I repeated scaphoid views to the wrist, which has not shown any clear fractures. So we will treat the left fracture wrist in a cast and the right wrist sprain in a splint for two weeks.

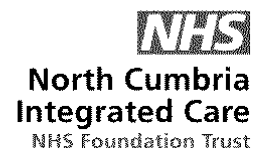
We will see her at that stage, specifically to remove the cast from the left side and to test the right wrist. If she is still symptomatic we will need to repeat scaphoid views or get an MRI scan depending on the severity of the symptoms.

Yours sincerely

Electronically signed

Mr Biju Sankar MS MRCSEd PGDip (CAOS) FRCS (TR&Orth)
Consultant Orthopaedic Surgeon

Outpatient letter
27-July-2020 Mr Kieran Smith (Kieran.Smith)
Additional: Outpatient letter
Orthopaedics Clinic Letter - CIC
Filename: MIGSendDocument-2020-07-29.pdf
Extension: .tif
Pages:



DEPARTMENT OF ORTHOPAEDICS

Cumberland Infirmary, Newtown Road, Carlisle, CA2 7HY

Mr M J [REDACTED] Mr R Dharmarajan, Mr P Fisser, Mr W K Hage, Mr J S Jayadeep,
Miss L Jeavons, Mr K [REDACTED] Mr P [REDACTED] Mr D C Mackay, Mr A Naguib, Mr C G Nita, Mr M M Orr,
Mr B Sankar, Miss C F Young

Our Ref: VFC/DM/PR/W910663
Date: 27/07/2020
Clinic: 27/07/2020

Dr J. Fidalgo
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Virtual Fracture Clinic

Patient Seen in Clinic during COVID19 Pandemic

Dear Dr Fidalgo

Re: **Miss Alexis Prowse (05/02/1994), NHS no: 7044186440**
53 Main Street, Parton, Whitehaven, CA28 6NY

This lass fell backwards apparently following an altercation yesterday. She was seen in Casualty with pain around both wrists right worse than left.

X-rays of the right I do not think show any convincing fracture with reasonable oblique view of the scaphoid.

The left wrist there is possibly an extra-articular distal radial fracture. In addition the AP view of the scaphoid looks a little unusual this may be normal but I think we need to see them to get them clinically assessed and formal scaphoid views certainly on the left.

Yours sincerely
Electronically approved

Mr D C Mackay
Consultant Upper Limb Surgeon

Approved By: MacKay David (RNL) North Cumbria University Hospitals
Date Approved: 27/07/2020 17:29:32

A&E report
 26-July-2020 Mr Kieran Smith (Kieran.Smith)
 Additional:A&E report
 A&E report (26-Jul-2020)
 Filename: S45C-920072814140.pdf
 Extension:.tif
 Pages:

ED Attendance Summary
 EMERGENCY DEPARTMENT
 WEST CUMBERLAND HOSPITAL
 WHITEHAVEN
 CA28 8JG
 Tel 01946 693181



**North Cumbria
 Integrated Care**
 NHS Foundation Trust

GP Details

Name: Dr JLF FIDALGO
 Address: LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG
 Hospital No: W910663
 NHS No: 7044186440
 ED Episode No: WED-20-016290-1

Patient Details

Name: Alexis Prowse
 DoB: 05 Feb 1994
 Address: 53 MAIN STREET
 PARTON
 WHITEHAVEN
 CUMBRIA
 CA28 6NY
 Home Tel: 07867986998
 Mobile :

Date & Time of Presentation: 26 Jul 2020 08:37

Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition

Patient Group: Other

Presenting Complaint:

Limb Upper

Incident Type:

Other

ED Clinician: Procter

Previous Attendances: 5

Time Seen by Clinician: 09:02

Triage:

Presenting Complaint: Injury of shoulder / arm / elbow / wrist / hand, Recent problem

Treatment:

Comments: States friend involved in altercation and allegedly pushed to ground and landed on bilateral wrists. C/O pain to radial/ulnar are to right wrist and also to left, right worse.

First Nursing Obs:

Pulse:

Temperature:

Oxygen Saturation%:

Comments:

BP:

Resps(per min):

GCS Total:

Investigations:

Diagnosis:

1. Closed fracture : radius Site: 0 Side 0

Treatment:

1. Guidance / advice - Verbal

Nursing Comments:

Doctors Comments:

Discharge Details:

Outpatient Clinic

Discharge Date & Time:

26 Jul 2020 10:59

Comments for GP: (including any future patient management identified):

Referral to VFC

Contact the Emergency Department if you have any further queries about his attendance.

Clinical document
 26-July-2020 Mrs Susan Lister (susan.L)
 Additional:Clinical document
 NHS 111 Report

Patient demographics

Patient name	Date of birth	Gender	NHS number	Other identifier
PROWSE, Alexis	05-Feb-1994	Female	Verified - 704 418 6440	Local identifier - 49F14E52-DF3D-4E5A-9E49-9B6A2EB673CE

Home Address

**2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH**

Emergency Phone 07873638335**GP Practice****Lowther Street Surgery, Whitehaven A82041****Address**

**Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG**

Phone 01946692241

**GP Practice Code
A82041**

Document Created 26-Jul-2020, 14:12**Document Owner NWAS****Authored by [REDACTED] Normand - Call handler, 111 Middlebrook (NWAS) on 26-Jul-2020, 13:09****Consent Status Consent given for electronic record sharing****NHS 111 Report**

Encounter Type NHS111 Encounter
Encounter Time 26-Jul-2020, 13:05 to 26-Jul-2020, 13:09
Case Reference DDB871E2-75DC-43ED-B4D0-501FB30305DF
Case ID 52613
Encounter Disposition Attend Emergency Treatment Centre within 1 hour
Care Setting Location Incident Location
Visit Address
2 Newlands Avenue
Care Setting Address Mirehouse
Whitehaven
Cumbria
CA28 9SH
Care Setting Type
Responsible Party [REDACTED] Ratcliffe - Medical Director, NWAS

Patient's Reported Condition

WRIST AND THUMB BROKEN/NEED PAIN RELIEF/LAST NIGHT

Case Summary**Disposition:**

Attend Emergency Treatment Centre within 1 hour
Dx02

Selected care service:

Emergency Department - Whitehaven

Rationale:

Injury
Warm to touch
Loss of movement, wrist

Pathways Assessment:

An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An injury or symptom relating to an injury was the main problem.
User Comments: WRIST BROKEN ONE HAND THUMB ON OTHER LAST NIGHT
The injury was not minor in nature.
The individual was not fighting for breath.
The skin on the torso felt normal, warm or hot.
Major trauma had not occurred.
The problem did not result from a suicide attempt or self-harm.
The individual was not trapped at the scene.
There was no feeling of illness or other unusual symptoms before the injury.
Pathway selected - Hand or Wrist Injury, Blunt
The individual had no associated arm injury.
The individual was able to get up from the floor.
The hand had not become cold, pale or blue.
There was no new hand or wrist deformity.
An assault had not occurred.
There was no constriction of the limb by an object that could not be removed.
There was loss of wrist movement following the injury.
Instructions given were: The individual needs to attend an emergency treatment centre within 1 hour.
Directory of Services referral: Emergency Department - Whitehaven
Advice given: Medication, pain and/or fever Swelling, trauma Worsening

Advice given:

Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
The individual should not eat or drink anything before going to hospital (a sip of water is fine if medication needs to be taken).
Remove any jewellery or tight clothing from around the swelling.
Wrap an ice pack (or bag of frozen peas) in a cloth and put it on the area for 15-20 minutes. Repeat every 2-3 hours when awake.
Don't put ice directly on the skin. Don't leave ice on while asleep.
If possible raise a swollen hand or wrist with a sling. When in bed raise it on pillows.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	0876C099-B966-4108-BF25-D6EDAEC62C57	Version 1
Primary Recipient	Lowther Street Surgery. Whitehaven A82041	

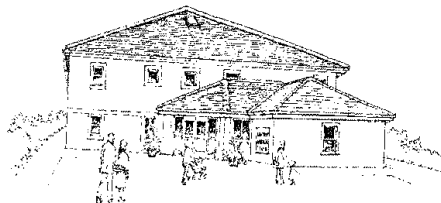
11-Sept-2019 Mr Docman PCTI (DME3735)

Additional:Attachment

Admin letter . Other admin Consent for Treatment - FILED 07.11.19

Filename: 105134DM_rad710D7.TIF

Extension: TIF

Pages:

CONSENT FORM

(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: PROWSE

First Names: ALEXIS

Date of Birth: 5.2.94

Male/Female:

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:

(Click here and type in details):

Drained failure, ectopic, eschmura, bleeding,

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / *infect*

Signature of GP:

Date:

11/9/19

7 day mls.

Name of GP completing the procedure:

THIS SECTION FOR COMPLETION BY THE PATIENT /

- | | | | |
|---|---|---|---|
| 1 | I am the patient / [REDACTED] / [REDACTED] (delete as necessary) | | |
| 2 | I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. | Y | N |
| 3 | I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. | Y | N |
| 4 | I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. | Y | N |
| 5 | I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include: | | |
| 6 | I have notified the doctor of the following allergies which may be relevant to my treatment: | | |

Signature of Patient /

Address (if not the patient):

28-Aug-2019 Miss Melissa Turner (MT3)

Additional:Child protection conference report submitted

Dates 1/4/19 to 28/8/19 Child protection conference report submitted (28-Aug-2019) emailed via nhs.net

Filename: S45C-919082809300.pdf
 Extension: .tif
 Pages:

PROWSE, Alexis (Miss)
 Date of Birth: 05-Feb-1994

Lowther Medical Centre
 NHS Number: 704 418 6440

PROWSE, Alexis (Miss) Date of Birth: **05-Feb-1994 (25y)**

Report Path: Local Record

2 Newlands Avenue, Mirehouse, Whitehaven, Cumbria, CA28 9SH

NHS Number:	704 418 6440	Home Tel:	
Usual GP:	FIDALGO, Jose (Dr)	Work Tel:	
Patient Type:	Regular	Mobile Tel:	07873638335
Registered:	10-Feb-2011	Email:	

Medication

Acute

Repeat

Drug	Dosage	Quantity	Last Issued On
Propranolol 40mg tablets	One To Be Taken Each Day	28 tablet	08-Jul-2019

Consultations (all between 01-Apr-2019 and 28-Aug-2019)

10-Jul-2019 10:18 Document LOWTHER MEDICAL CENTRE [REDACTED] (Miss)
 Medical examinations/reports COMPLETED UC113

08-Jul-2019 15:59 GP Surgery (LOWTHER MEDICAL CENTRE) IRONSIDE, [REDACTED] C (Dr)
 Problem Had a chat to patient (Review)
 History stopped drinking completely, as has lieele girkl still smokes weed vevry night, doesn't want anything for sleep wasn't happy on the zopiclone, doesn't like antidepressants, has been on them propranalol already seeing a counsellor, needs in deoth therapy for childhood trauma
 Medication (NOT ISSUED) Propranolol 40mg tablets One To Be Taken Each Day, 28 tablet

01-Jul-2019 14:39 Lowther Medical Centre WROE, Janice (Ms)
 Comment Patient mobile telephone number 7873638335
 SMS text message sent to patient Hi Alexis, The form you requested is now ready for collection from reception, please bring ID Thanks, Ms Janice Wroe Lowther Medical Centre

25-Jun-2019 10:26 Administration note (LOWTHER MEDICAL CENTRE) FIDALGO, Jose (Dr)
 Problem Forms - miscellaneous (First)
 History Universal Credit form done

17-May-2019 17:25 Administration note (LOWTHER MEDICAL CENTRE) [REDACTED] Ami (Dr)
 History Did not attend - no reason

17-May-2019 16:40 GP Surgery (LOWTHER MEDICAL CENTRE) KEWLEY, [REDACTED] (Mrs)
 Comment Did not attend - no reason for smear

26-Apr-2019 15:38 GP Surgery (LOWTHER MEDICAL CENTRE) [REDACTED] Ami (Dr)

Printed 10:03am 28-Aug-2019

Confidential NHS Information – Includes sensitive or personal patient data

Page 1 of 3

PROWSE, Alexis (Miss)
Date of Birth: 05-Feb-1994

Lowther Medical Centre
NHS Number: 704 418 6440

Medication	Zopiclone 3.75mg tablets take one or two at night - this is short term 14 tablet Propranolol 40mg tablets One To Be Taken Each Day 28 tablet
History	Mental health review low mood, anxiety and worsening, attending session from cmht, doesn't want AD as they don't help her binging alcohol 10 pints x1 a wk to sleep, cannabis 1-2x no self harm thoughts would like full psychotherapy regarding past traumas does not drink when [REDACTED] is home - she goes to see her [REDACTED] fortnightly advised stop binging, use zopiclone shortterm for sleep, cont bblocker
17-Apr-2019 13:55 Comment	GP Surgery (LOWTHER MEDICAL CENTRE) [REDACTED] [REDACTED] (Mrs) strengthening families rang saying this lady needs to be seen struggling with mental health would like to be seen without [REDACTED] poss thurs afternoon

Values and Investigations (all between 01-Apr-2019 and 28-Aug-2019)

Problems
Active

Printed 10:03am 28-Aug-2019

Confidential NHS Information — Includes sensitive or personal patient data

Page 2 of 3

PROWSE, Alexis (Miss)
Date of Birth: 05-Feb-1994

Lowther Medical Centre
NHS Number: 704 418 6440

Date	Problem	Associated Text	Date Ended
29-Mar-2017	Personality disorder NOS		
02-Jun-2016	Patient reviewed	less emotional, problems at home with burst pipes, managing ADL, no thoughts self harm, continue medication review 1 week	

Significant Past

Date	Problem	Associated Text	Date Ended
04-Oct-2018	Victim of domestic violence		28-Dec-2018
15-Jan-2018	Anxiety with depression		10-Apr-2018
02-Aug-2016	Anxiety with depression	- asking to increase medication, but has had none for 1 week, discussed how SSRI work and agree to wait and see and review 6 weeks or sooner if required PRIORITY=1	16-Feb-2017
01-Jan-1996	Asthma		

Minor Past

Date	Problem	Associated Text	Date Ended
05-Apr-2017	Anxiety states	is on SSRI 25mg and is to increase to 50mg but she is becoming very anxious during this, agree script for BB as has review with CMHT in May	04-May-2017
12-Sep-2016	Pain in coccyx	after recent fall, tender - agree analgesia	11-Oct-2016
26-May-2016	Low mood	emotions!+++ , feels sad all the time, [REDACTED] and 2 year old little girl, some times little things make her anxious, some days feels cannot go out of house, used drugs and self harmed in past, no family here all in Scotland, feels cannot be bothered a lot of the time but then gets anxious about not doing daily chors. No suicidal thoughts, has thought about self harm but not done any thing, wants to feel normal, has number for first steps.	24-Jun-2016

Private & Confidential

Ref: AP/TK
NHS No: 704 418 6440

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

13th March 2019

Dear Alexis

I am writing to inform you of your discharge from the Copeland Community Mental Health Assessment and Recovery Team (CCMHART).

During the latest episode of care that commenced in January 2018 you were assessed and consequently offered Mentalization Based Treatment. However, at a time you were unable to engage in the treatment, which resulted in an offer of a place in the following group. While on the waiting list, you received regular, 2 weekly reviews with a focus on socialising to the treatment and promoting long- term engagement. You discontinued your attendance in December 2018 and since then we were unable to establish any meaningful contact with you. Your [REDACTED] [REDACTED] informed our team that you have expressed a wish to receive support outside NHS services. Therefore, we have reached the decision to discharge you from the CCMHART.

If your mental health needs change and you need additional support you may wish to contact the following services:

- Your own GP during surgery hours.
- The Crisis Team is a 24 hour mental health team. You can contact them with urgent risks/emergency mental health issues. Their number is: 0300 123 9015.
- Outside surgery hours you can ring NHS 111. They are the GP service that is based at West Cumberland Hospital during the evening and night time. Their number is: 111.
- You can ring Samaritans if you need to speak to someone confidentially. They can be reached on: 0845 790 9090.
- You can speak to MIND, the mental health [REDACTED] on: 01900 66518.

Below is a timeline of your involvement in our services to date:

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Feb 2017: Referral to CCMHART.
Apr 2017: Assessment and referral to Decider Skills Group.
Apr 2017 to Jul 2017: Decider Skills Group.
Aug 2017 to Jan 2017: Disengagement from Decider Skills follow up. Intermittent contact with the team.
Jan 2018: Discharge from CCMHART. Referral to Frist Step.
Jan 2018: Referral to CCMHART.
Apr 2018: Assessment for suitability for the MBT pathway.
Jul 2018: Commencement of MBT Introductory.
Jul 2018: Disengagement from MBT. Placed on the waiting list for the next group.
Aug 2018 to Oct 2018: Waiting list reviews.
Oct 2018 to Dec 2018: Continued reviews with a focus on preparation for the treatment.
Dec 2018: Disengagement from CMHT.

Should you wish to access our services in the future, please refer to your GP

Yours sincerely

Aleksandra Palaszczuk
Assistant Psychiatrist
Copeland CMHART

cc: GP, Lowther Medical Centre.

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Letter encounter to patient

28-Aug-2019 Miss Melissa Turner (MT3)

Additional: Letter encounter to patient

copy of CPC report ahead of meeting 10/9/19. mt

Filename: Letter encounter to patient PROWSE, Alexis Fiona (Miss) 1115 28-Aug-2019.rtf

Extension:.tif

Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



www.lowthermedical.co.uk

Dr J L F Fidalgo

Dr F Ironside

28 August 2019

Miss Alexis Prowse
2 Newlands Avenue
Mirehouse
Whitehaven
Cumbria
CA28 9SH

Dear Miss Prowse

Please find enclosed a copy of the reports for both [REDACTED] and you that has been sent to the Independent Review Officer ahead of the Child Protection Review Conference which will be held on 10th September 2019.

If you would like to discuss this please do not hesitate to contact the surgery.

Yours sincerely

Lowther Medical Centre

Medical examinations/reports

10-July-2019 Miss Melissa Turner (MT3)

Additional: Medical examinations/reports

COMPLETED UC113

16118

Miss Alexis Prowse

Client Date of Birth: 05 02 1994

Accession	Size
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Freepost RTZY-HKZR-LXHG
Centre for Health and Disability Assessments
Booth BSC
Mail Handling Site A
Wolverhampton
WV98 2EJ

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

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

1 When did your patient last see a GP?

26/ 4 / 19

2 Current conditions affecting ability to work:

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

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

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

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Anxiety and Depression since 2016, previous victim of Domestic Violence. Diagnosed on the 29/3/2017 of Personality Disorder. She was seeing 26/4/19 last used [REDACTED] anxiety, she is seeing CMHT. she does is not taking anything at present. Diagnosed of Asthma 1996, not having inhalers for years.		

Version 10/17

Private & Confidential

Ref: AP/TK
NHS No: 704 418 6440



Copeland Community Mental Health Assessment and Recovery Team

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

13th March 2019

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- Your own GP during surgery hours.
- The Crisis Team is a 24 hour mental health team. You can contact them with urgent risks/emergency mental health issues. Their number is: 0300 123 9015.
- Outside surgery hours you can ring NHS 111. They are the GP service that is based at West Cumberland Hospital during the evening and night time. Their number is: 111.
- You can ring Samaritans if you need to speak to someone confidentially. They can be reached on: 0845 790 9090.
- You can speak to MIND, the mental health [REDACTED] on: 01900 66518.

Below is a timeline of your involvement in our services to date:

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Feb 2017: Referral to CCMHART.
Apr 2017: Assessment and referral to Decider Skills Group.
Apr 2017 to Jul 2017: Decider Skills Group.
Aug 2017 to Jan 2017: Disengagement from Decider Skills follow up. Intermittent contact with the team.
Jan 2018: Discharge from CCMHART. Referral to Frist Step.
Jan 2018: Referral to CCMHART.
Apr 2018: Assessment for suitability for the MBT pathway.
Jul 2018: Commencement of MBT Introductory.
Jul 2018: Disengagement from MBT. Placed on the waiting list for the next group.
Aug 2018 to Oct 2018: Waiting list reviews.
Oct 2018 to Dec 2018: Continued reviews with a focus on preparation for the treatment.
Dec 2018: Disengagement from CMHT.

Should you wish to access our services in the future, please refer to your GP

Yours sincerely

Aleksandra Palaszczuk
Assistant Psychiatrist
Copeland CMHART

cc: GP, Lowther Medical Centre.

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

08-Nov-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team.

Filename: 105133DM_rad636FF.TIF

Extension: TIF

Pages:



Cumbria Partnership
NHS Foundation Trust

NHS Confidential

Ref: AP/CLA

NHS No: 704 418 6440

ID: 2131622

8 November 2018

Miss Alexis [REDACTED] PROWSE

36 The Green

Bransty

WHITEHAVEN

Cumbria

CA28 6BP

Dear Alexis

We write to offer you an appointment on:

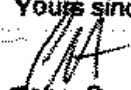
DATE: Thursday, 22nd of November 2018
TIME: 1.00- 2.00pm
VENUE: Valley View, West Cumberland Hospital, Whitehaven
WITH: Aleksandra Palaszczuk, Assistant Psychologist

If you are unable to keep the above appointment please can you contact the office on the number below and we will be happy to re-arrange it for you.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

Yours sincerely


Team Secretary
Copeland CMHART

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
| Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

01-Nov-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team . FILED 09.11.18

Filename: 105133DM_rad2F69C.TIF

Extension: .TIF

Pages:



Cumbria Partnership
NHS Foundation Trust

NHS Confidential

Ref: AP/CLA

NHS No: 704 418 6440**ID:** 2131622

1 November 2018

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Alexis

An appointment has been made for you on:

DATE: Thursday, 8th of November 2018
TIME: 1.00pm
VENUE: Valley View, West Cumberland Hospital, Whitehaven
WITH: Aleksandra Palaszczuk, Assistant Psychologist

If you are unable to keep the above appointment please can you contact the office on the number below and we will be happy to re-arrange it for you.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

Yours sincerely

Team Secretary
Copeland CMHART

[REDACTED]

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
| Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523555 | www.cumbriapartnership.nhs.uk

Attachment

11-July-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team.

Filename: 105133DM_rad5BDBA.TIF

Extension: TIF

Pages:

**NHS Confidential**

Ref: DR/AP/CLA

NHS No: 704 418 6440

ID: 2131622

DOB: 5 Feb 1994

11 July 2018

Miss Alexis [REDACTED] PROWSE

36 The Green

Bransly

WHITEHAVEN

Cumbria

CA28 6BP

Dear Alexis

RE: Mentalization Based Treatment-Introductory Group

I am writing to you to inform you of the Mentalization- Based Treatment Introductory (MBT-I) group sessions. The first session has been scheduled for:

DATE: Monday 16th July 2018**TIME:** 3.00pm – 4.15pm**VENUE:** Valley View, West Cumberland Hospital, Whitehaven

Next week you will be notified in writing of the dates for the remaining sessions of the programme.

MBTI is an integral part of the MBT Pathway, consisting of 10 weekly sessions delivered in a group format. This phase of the treatment is precursory to the MBT-G and its overarching aim is to increase motivation and prepare service users for a long-term, intensive treatment through psychoeducation and development of therapeutic alliance.

Following MBT-I, there will a review aiming to evaluate progress made to date and inform further approach to treatment.

For the optimal therapeutic outcomes, it is important that you attend all of the sessions and engage in therapy.

Should you need further support outside scheduled appointments, please resort to your crisis plan. Alternatively, you can contact CMHART duty worker operating during the office hours.

If you have any questions or concerns, please do not hesitate to contact us at the Copeland CMHART telephone 01946 853350.

Yours sincerely

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
[Whitehaven] CA28 8JG

Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

25-Jun-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Admin Letter Copeland Community Mental Health Team . Appointment. DOCUMENT FILED 26.6.18

Filename: 105132DM_radDAEDB.TIF

Extension: TIF

Pages:

**NHS Confidential**

Ref: DR/CLA

NHS No: 704 418 6440

ID: 2131622

25 June 2018

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Alexis

We write to offer you an appointment to discuss commencing the MBTi Group and to meet the MBTi Facilitators

DATE: Monday, 2nd July 2018
TIME: 4.15pm
VENUE: Valley View, West Cumberland Hospital, Whitehaven
WITH: [REDACTED] Rawlinson, Consultant Psychological Specialist

If you are unable to keep the above appointment please can you contact the office on the number below and we will be happy to re-arrange it for you.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MA' or similar, written over a light blue background.

Team Secretary
Copeland CMHART

[REDACTED]

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
| Whitehaven | CA28 8JG

Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

eMED3 (2010) new statement issued, not fit for work

04-Jun-2018 Dr Joanne Hull-Davies (JHD)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: anxiety+depression personality disorder; Duration 12-May-2018 - 03-Jul-2018)

Filename: FitNote_ba6a9a7b-ea8c-4a48-816d-dcb03d2ee4fa.pdf

Extension:.tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Alexis Prowse

I assessed your case on: 04 / 06 / 2018

and, because of the following condition(s): anxiety+depression
personality disorderI advise you that:
☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 12 / 05 / 2018 to 03 / 07 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 04 / 06 / 2018

Doctor's address

LOWTHER MEDICAL CENTRE
1 Castle Meadows,
Whitehaven, CA28 7RG
Telephone: 01946692241

Unique ID: Med 3 01/17 BA6A9A7B-EA8C-4A48-816D-DCB03D2EE4FA

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data**Help getting back to work if you are employed**

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.**'You may be fit for work':** You could go back to the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.For more information please visit www.gov.uk and type 'patients and employees' into the searchFill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.**Your details – Please use BLOCK CAPITALS**

Surname Mr, Mrs, Miss, Ms PROWSE

Other names ALEXIS

Address 2 NEWLANDS AVENUE

MIREHOUSE

WHITEHAVEN Postcode CA28 9SH

Date of birth 05 / 02 / 1994 Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

MED3 (2010) issued by hand, not fit for work

12-Apr-2018 Sister Joanne Eldon (JXE3735)

Additional: MED3 (2010) issued by hand, not fit for work

Fit Note Document (Diagnosis: anxiety and depression; Duration 12-Apr-2018 - 12-May-2018)

Filename: FitNote_31b02796-bd97-4f44-ba7c-970549c5b324.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms- Alexis Prowse				
I assessed your case on:	12 / 04 / 2018				
and, because of the following condition(s):	anxiety and depression				
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td>☐ a phased return to work-</td> <td>☐ amended duties-</td> </tr> <tr> <td>☐ altered hours-</td> <td>☐ workplace adaptations-</td> </tr> </table>		☐ a phased return to work-	☐ amended duties-	☐ altered hours-	☐ workplace adaptations-
☐ a phased return to work-	☐ amended duties-				
☐ altered hours-	☐ workplace adaptations-				
Comments, including functional effects of your condition(s):					
This will be the case for 30 Day(s) or from / / to / /					
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	12 / 04 / 2018				
Doctor's address	LOWTHER MEDICAL CENTRE 1 Castle Meadows, Whitehaven, CA28 7RG Telephone: 01946692241				
Unique ID: Med 3 01/17 31B02796-BD97-4F44-BA7C-970549C5B324					

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- PROWSE
Other names	ALEXIS
Address	2 NEWLANDS AVENUE MIREHOUSE WHITEHAVEN Postcode CA28 9SH
Date of birth	05 / 02 / 1994 Mobile
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Attachment

11-Apr-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team Mental Health FILED 20.04.18

Filename: 105132DM_rad72353.TIF

Extension: .TIF

Pages:

Cumbria Partnership

NHS Foundation Trust

NHS Private & Confidential

Ref: KH/PW/MB

NHS No: 704 418 6440

Date: 18th April 2018

Miss Alexis [REDACTED] PROWSE
 2 Newlands Avenue
 Mirehouse,
 WHITEHAVEN
 Cumbria
 CA28 9SH

Happy Birthday [REDACTED]

Dear Alexis

Thank you for attending the appointment on the 11th April with Myself and [REDACTED]

The purpose of the appointment was to think about future treatment options within CMHART following you having completed the Decider Skills Course.

We were able to get a good understanding of how things have been for you over the last 6 months which we understand have been very difficult for you at times.

Through our discussion we thought about how your difficulties have developed and how they continue to affect your life now. You identified that in particular you struggle to trust people which has affected your relationships throughout your life and still do now. We reflected on your treatment with CMHART so far and you identified that while you found the decider skills helpful you do find it hard to implement them effectively on regular basis.

The treatment which we offer following the decider course is as we discussed Mentalization Based Treatment Intervention (MBTI). Mentalizing is a process by which we make sense of each other and ourselves and can be particularly useful for those who experience long term difficulties in relationships and who experience intense emotions which become overwhelming, often leading to destructive behaviour. Therefore if you were able to focus on understanding your own thoughts and feelings and others peoples thoughts and feelings you may be better able to control strong impulses, emotions and behaviours which can improve your relationships with other people.

We agreed that this would be an appropriate treatment option for you and you are motivated and keen to engage in this which is really positive. As we discussed the next group is set to run in August this year, prior to the group beginning you will be asked to engage with some further assessment sessions. We will be in touch with you in the future to arrange these appointments.

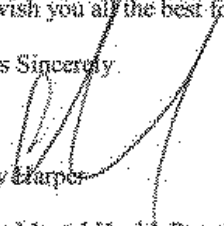
Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
 Hospital | Hensingham | Whitehaven | CA28 8JG

Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

While you are waiting for therapy to start I have enclosed a safety plan which details all relevant phone numbers if needed, such as you requiring support or having a general query.

We wish you all the best for the future Alexis.

Yours Sincerely,


Kirsty Harper

Senior Mental Health Practitioner

Copeland CMHART

CC: DR SA BATTISTESSA - Lowther Medical Centre

THIRD PARTY COPY

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Short Term Safety Plan

Miss Alexis [REDACTED] Prowse

2 Newlands Avenue, Mirehouse, WHITEHAVEN, Cumbria

CA28 9SH

1. Non-Psychosis Treatment

I am currently working with the Copeland Community Mental Health Assessment and Recovery Team (CMHART). I have had my Assessment appointment and there are plans for further contact with the team although I understand there is a waiting list.

2. Goals

The goal of this plan is to ensure that I know how to keep myself safe while I am working with Copeland CMHART and if I have a question or query, I know who to contact. There are several reasons why someone would contact the team:

- * Basics – questions about dates/times, how to rearrange an appointment etc.
- * Routine – questions about Treatment.
- * Urgent – risks have increased or my mental health has deteriorated significantly
- * Immediate risk – immediate threat to self or others

3. Activities

- * Basics – questions about appointments etc. I should ring Copeland CMHART on 01946 853350 between Monday-Friday 9am-5pm and ask the admin worker who answers the call about my next appointment etc.
- * Routine – My own GP during surgery hours
- * Routine – Some people have identified [REDACTED] members that they can contact when they need support. If I have someone I can rely on and who is happy to support me, I could contact them.
- * I can contact the Samaritans if I need to chat to someone confidentially. They are available 24 hours a day and can be reached on 116 123
- * I can phone MIND line if I need to speak to someone confidentially. Mon-Fri 12-9pm, Sat 5pm-9pm. Tel: 0300 561 0000
- * Urgent – My own GP during surgery hours. Outside surgery hours I can contact Cumbria Health On-Call (CHOC – the out of hours GP service). Their number is 111.

- Urgent - I can contact the CMHART duty worker on 01946 853350. The duty worker is a trained mental health professional who is available for urgent mental health issues or an increase in risk between Monday-Friday 9am-5pm. If the person is not available, I can leave a message and they will ring me back (the call back may not happen straight away so do not use this option if you are at immediate risk)
- Urgent - The Home Treatment Team is a 24 hour mental health team and while I am working with the CMHART, if there are urgent risks/emergency mental health issues, I can contact them. This is available outside the hours of Monday Friday 9am-5pm. Tel: 0300 123 9015
- Immediate risk - dial 999

Attachment

07-Mar-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Admin Letter Copeland Community Mental Health Team . Appointment. DOCUMENT FILED 12.3.18

Filename: 105132DM_rad25078.TIF

Extension: TIF

Pages:

Cumbria Partnership NHS

NHS Foundation Trust

NHS Private & Confidential

Ref: KH/PW/MB

NHS No: 704 418 6440

Date: 7th March 2018

Miss Alexis [REDACTED] PROWSE
2 Newlands Avenue
Mirehouse,
WHITEHAVEN
Cumbria
CA28 9SH

Dear Alexis

We write to confirm that an appointment has been made for you on:

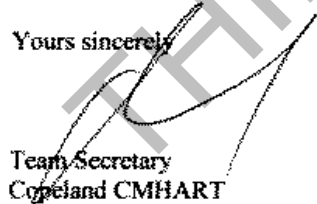
DATE: Wednesday, 11th April 2018
TIME: 3.00pm
VENUE: Valley View, West Cumberland Hospital, Whitehaven
WITH: [REDACTED] Senior Mental Health Practitioner
[REDACTED] Specialist Psychological Practitioner

If you are unable to keep the above appointment please can you contact the office on the number below and we will be happy to re-arrange it for you.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

Yours sincerely


Team Secretary
Copeland CMHART

CC: GP – Lowther Medical Centre

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

MED3 (2010) issued by hand, not fit for work

16-Feb-2018 Sister Joanne Eldon (JXE3735)

Additional: MED3 (2010) issued by hand, not fit for work

Fit Note Document (Diagnosis: anxiety and depression; Duration 12-Feb-2018 - 12-Mar-2018)

Filename: FitNote_29ff8dd5-b8a0-4243-92c8-428b97dd13e0.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Alexis Prowse
I assessed your case on:	16 / 02 / 2018
and, because of the following condition(s):	anxiety and depression
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 12 / 02 / 2018 to 12 / 03 / 2018	
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	16 / 02 / 2018
Doctor's address	LOWTHER MEDICAL CENTRE 1 Castle Meadows, Whitehaven, CA28 7RG Telephone: 01946692241
Unique ID: Med 3 01/17 29FF8DD5-B8A0-4243-92C8-428B97DD13E0	

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- PROWSE
Other names	ALEXIS
Address	2 NEWLANDS AVENUE MIREHOUSE WHITEHAVEN Postcode CA28 9SH
Date of birth	05 / 02 / 1994 Mobile
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Attachment

08-Feb-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team.

Filename: 105131DM_rad383A0.TIF

Extension: .TIF

Pages:

Cumbria Partnership NHS
NHS Foundation Trust

NHS Private & Confidential

Ref: KH/PW/CLA

NHS No: 704 418 6440

■ ID: 2131622



8 February 2018

Miss Alexis ■ PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Alexis

We write to confirm that an appointment has been made for you on:

DATE: Wednesday, 28th February 2018
TIME: 4.00pm
VENUE: Valley View, West Cumberland Hospital, Whitehaven
WITH: ■ ■ Senior Mental Health Practitioner
■ ■ Specialist Psychological Practitioner

If you are unable to keep the above appointment please can you contact the office on the number below and we will be happy to re-arrange it for you.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

Yours sincerely

Team Secretary
Copeland CMHART

GG-CP - Lowther Medical Centre

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West
Cumberland Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

01-Feb-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team.

Filename: 105131DM_rad4E199.TIF

Extension: TIF

Pages:

Cumbria Partnership **NHS**
NHS Foundation Trust



Happier | Healthier | Hopeful

Ref: KH/MB
NHS Number: 704 418 6440

Date: 1st February 2018**PRIVATE & CONFIDENTIAL**

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Miss Prowse

Following a referral, an assessment of your mental health and social needs has been arranged on:

Date: Wednesday 7th February 2018
Time: 3pm
Venue: Valley View, West Cumberland Hospital, Whitehaven
With: [REDACTED] Assessment Coordinator and [REDACTED] Specialist Psychological Practitioner

If you are unable to attend this appointment, please let us know as soon as possible so it can be offered to somebody else. If you do need to cancel, please be aware there may be a delay before an alternative can be offered.

If you do not attend without letting us know, we may not automatically offer you another appointment.

At this meeting we would welcome anyone you would like to bring along, family, friend or someone who knows you well; they can come along either for support at the meeting or because it can be useful to have someone else there to listen and express their own thoughts and ideas about the issues that affect you and what might be helpful for you.

Cumbria Partnership NHS Foundation Trust actively promotes teaching. A student may be present at your appointment for teaching purposes and to ensure that we provide the best quality service possible. Should you prefer not to have a student sit in on your appointment please inform the clinician prior to the appointment.

Should your mental health deteriorate and you need to speak to a member of the team, please call the office number and ask for the duty worker. Alternative numbers to call should you require services are:

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

Attachment

25-Jan-2018 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team. DOCUMENT FILED 29.1.18

Filename: 105131DM_rad78A00.TIF

Extension: TIF

Pages:

Cumbria Partnership 

NHS Foundation Trust

Ref: IC/CLA
 NHS No: 704 418 6440

25 January 2018

Dr Fidalgo
 Lowther Medical Centre
 1 Castle Meadows
 Whitehaven
 Cumbria
 CA26 7RG

Dear Dr Fidalgo

Client Name: Miss Alexis [REDACTED] PROWSE DOB: 5 Feb 1994
 Address: 36 The Green Bransty WHITEHAVEN Cumbria
 NHS Number: 704 418 6440

Thank you for your referral to Copeland Community Mental Health Assessment & Recovery Team (CCMHART) and we are writing in reply of the outcome following the referral being screened.

We see from the referral Miss Prowse is currently having difficulty with anxiety and depression and has a diagnosis of personality disorder. Upon checking Miss Prowse's records this indicated she had completed the Decider Skills Group in May 2017.

At the end of the Decider group Miss Prowse reported having developed some positive coping strategies although unfortunately she never attended the 3 review appointments offered in August 2017 here with the Decider facilitators. It was here we were going to review Miss Prowse's experience of the Decider and discuss with her the option of potential suitability for the Metalizing Skills Group, though sadly this never happened and she was discharged back to yourselves. Therefore please refer to the following plan:

Plan:

- We are in the process of arranging an appointment for Miss Prowse to be reviewed for suitability for the Metalizing Skills Group and we will inform Miss Prowse of this appointment once arranged.

If you would like to discuss the above information further please contact the Screening Team on the number provided.

Yours sincerely

The Screening Team
 (CCMHART)

CC - [REDACTED] Donnan, Health Visitor, Lowther Medical Centre, Whitehaven.

Copeland Community Mental Health Assessment & Recovery Team
 Valley View, West Cumberland Hospital, Hensingham, Whitehaven, Cumbria, CA26 8JG
 Tel: 01946 853350 Fax: 01946 523685
www.cumbriapartnership.nhs.uk

Referral Letter

18-Jan-2018 Miss Melissa Turner (MT3)

Additional: Referral Letter

Community Mental Health Services Referral

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COMMUNITY MENTAL HEALTH SERVICE (CMHART) REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERREK

☒ **CMHART Referral**

☐ **Early Intervention Service (Amaze) Referral**

- If you are unsure whether to make this referral, please contact your local CMHART (details at the end of the form)
- If this referral requires immediate attention (within 48 hours), contact the ALIS (formerly Crisis) on 0300 123 9015
- This form can be used for referrals to the Early Intervention Service (Amaze) – tick the above box to indicate this. EIS (Amaze) referrals are also accepted through alternative means – [click here](#) for further details

PATIENT DETAILS:		Referral Date:	18/01/2018
SURNAME: Prowse	DOB: 05/02/1994	PRACTICE: LOWTHER MEDICAL CENTRE LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG Tel: 01946 692241 Fax: no data	
FIRST NAME: Alexis	GENDER: Female		
PREFERS TO BE CALLED:	NHS NUMBER: 7044186440		
MARITAL STATUS: Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Married ☐ Partnered ☐	ETHNICITY:		
ELECTED REPRESENTATIVE / PERSON TO CONTACT:			
CONTACT DETAILS (tick preferred contact method):		Practice code: A82041 Registered GP: Dr Jose Fidalgo	
☐ Address:	2 Newlands Avenue Mirehouse Whitehaven Cumbria CA28 9SH		
☐ Home phone:	no data	EMPLOYMENT STATUS: ☐ Full time ☐ Part time	
☐ Mobile phone:	07746909926	please specify:	
☐ Work phone:	no data	☐ Registered sick ☐ Homemaker ☐ Student	
☐ Email:		☐ Retired ☐ Other:	
CONSENT:			
☒ the patient has given verbal consent for the information within this referral to be sent to the receiving care team			
☐ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so			
☐ the referral has been made through a 'best interest decision' (provide details below)			
INFORMATION NEEDS (provide further details below, where applicable):			
Required:	☐ Longer appointment	☐ Easy documents / information leaflets	Attending:
☐ Language translation service	☐ Braille documents / leaflets	☐ Large print documents	☐ / relative
☐ Hearing loop facility area	☐ Note-taker		☐ Note-taker
☐ British sign language interpreter			
ADDITIONAL INFO / NEEDS (e.g. communication issues, mobility, etc):			

Alexis Prowse	Community Mental Health Service Referral v1.1
DOB:	Sender – GP Practice (Printed 18/01/18)
Page 1 of 5	Receiver – Cumbria Mental Health Service

Map of Medicine Referral Form – Cumbria

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REASON FOR REFERRAL:

Please consider the following:

- What are the problems that concern this person most recently?
- When did the problem(s) start?
- What are the signs or symptoms that you have identified?
- How has the person been affected by the problem(s)?
- What treatment / therapy has worked well in the past, if at all?
- Besides those mentioned, do you have any other concerns?

N.B. the following information is automatically merged from the patient record – GP to edit as appropriate

ANXIETY WITH DEPRESSION

I would appreciate your help with this lady who has been suffering with anxiety and depression for a few months. She also has personality disorder. She was referred to First Steps for CBT but they declined the referral due to her personality disorder and suggested a referral to you to organise counselling.

Thanking you in advance for your involvement.

Dr Fidalgo

What intervention are you / the patient seeking?

- ☐ Assessment and diagnosis
- ☐ Medication review
- ☐ Psychological therapy
- ☐ Social care support
- ☐ Early intervention in psychosis
- ☐ Review of recent changed presentation

PAST MENTAL HEALTH HISTORY:

- ☐ Previous secondary mental health treatment with CPFT
- ☐ Previous treatment with First Step
- ☐ Previous treatment not with CPFT (attach reports where possible)
- ☐ No previous mental health treatment known

RISK ISSUES:

- ☐ Suicide
- ☐ Self-harm
- ☐ Self-neglect
- ☐ Posing risk to others
- ☐ Risk from others
- ☐ Child protection
- ☐ Substance misuse
- ☐ Known to Unity

If any of the above tick boxes have been selected, please provide further details:

MEDICAL HISTORY:

Please be aware that the following conditions have been found to have a significant impact on a patient's mental health:

- | | | |
|----------------------|------------------|-----------------------|
| ● Tinnitus | ● Heart Disease | ● High Blood Pressure |
| ● Diabetes | ● Kidney Disease | ● Chronic Pain |
| ● Multiple Sclerosis | ● Lung Disease | ● Obesity |
| ● Asthma | ● Arthritis | ● HIV / Hepatitis C |
| ● Emphysema | ● [REDACTED] | ● Cancer |

N.B. the following information is automatically merged from the patient record – GP to edit as appropriate

All Significant Problems

Alexis [REDACTED] Prowse

DOB:

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[15/01/2018 - present] Anxiety with depression (E2003)
[02/08/2016 - 16/02/2017] Anxiety with depression (E2003)
[01/01/1996 -] Asthma (H33)

All Allergies

29/08/2012 H/O: drug allergy
29/08/2012 Adverse reaction to naproxen

All Current Issues

Acute

Drug: Zerocream [REDACTED] & [REDACTED] Ltd) 4 times a day, 500 gram, **Last Issue Date:** 15/01/2018, **Authoriser:** Dr Jose Fidaigo
Repeat

Drug: Veniafaxine 37.5mg tablets, One To Be Taken Twice A Day, 28 tablet, **Authorised Date:** 15/01/2018, **Issues:** 1/2, **Last Issue Date:** 15/01/2018, **Review Date:** (no data), **Authoriser:** Dr Jose Fidaigo

All Issues (including current as above)

02/10/2009, Amoxicillin 250mg capsules, ONE THREE TIMES A DAY, 0 days
13/11/2009, Amoxicillin 250mg capsules, ONE THREE TIMES A DAY, 0 days
11/03/2009, Amoxicillin 250mg capsules, ONE THREE TIMES A DAY, 0 days
05/01/2010, Amoxicillin 250mg capsules, ONE THREE TIMES A DAY, 0 days
06/02/2017, Amoxicillin 500mg capsules, One To Be Taken Three Times A Day, 5 days
27/08/2009, Amoxicillin 500mg capsules, ONE 8 HOURLY, 0 days
02/07/2014, Anusol cream (Church & Dwight UK Ltd), AS DIRECTED, 0 days
01/02/2010, Chlorphenamine 2mg/5ml oral solution, 10ML THREE TIMES A DAY WHEN REQUIRED, 0 days
24/12/2012, Ciprofloxacin 500mg tablets, 1 TWICE A DAY, 0 days
06/05/2014, Citalopram 10mg tablets, TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you., 0 days
09/06/2016, Citalopram 10mg tablets, One To Be Taken Daily, 28 days
02/08/2016, Citalopram 10mg tablets, One To Be Taken Daily, 28 days
23/11/2016, Citalopram 10mg tablets, One To Be Taken Each Day, 28 days
06/02/2017, Citalopram 10mg tablets, One To Be Taken Each Day, 28 days
03/01/2017, Citalopram 10mg tablets, One To Be Taken Each Day, 14 days
07/04/2014, Citalopram 10mg tablets, TAKE ONE DAILY Notes for patient: Some people who take this type of medication find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you., 0 days
04/10/2016, Citalopram 20mg tablets, One To Be Taken Each Day, 28 days
02/10/2009, Citalopram 20mg tablets, TAKE 1 DAILY, 0 days
13/11/2009, Citalopram 20mg tablets, TAKE 1 DAILY, 0 days
12/09/2016, Citalopram 20mg tablets, One To Be Taken Each Day, 28 days
26/03/2009, Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd), INHALE 1 DOSE TWICE DAILY, 0 days
01/02/2010, Clenil Modulite 200micrograms/dose inhaler (Chiesi Ltd), INHALE 1 DOSE TWICE DAILY, 0 days
07/11/2014, Co-amoxiclav 500mg/125mg tablets, 1 TABLET THREE TIMES A DAY, 0 days
29/08/2012, Co-codamol 15mg/500mg tablets, 1-2 TABLETS UP TO FOUR TIMES DAILY, 0 days
11/10/2012, Co-codamol 15mg/500mg tablets, 1-2 TABLETS UP TO FOUR TIMES DAILY, 0 days
16/08/2013, Co-codamol 15mg/500mg tablets, 1-2 TABLETS UP TO FOUR TIMES DAILY Notes for patient: DO NOT TAKE ANY OTHER PARACETAMOL BASED MEDICATION, 0 days
12/09/2016, Co-codamol 8mg/500mg tablets, One Or Two To Be Taken Four Times A Day When Required, 13 days
07/09/2011, Codeine 15mg tablets, TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.), 0 days
21/06/2011, Codeine 15mg tablets, TAKE TWO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.), 0 days
16/05/2013, E45 cream (Forum Health Products Ltd), APPLY TWO OR THREE TIMES DAILY, 0 days
16/05/2013, Ethinylestradiol 33.9micrograms/24hours / Norelgestromin 203micrograms/24hours transdermal patches, 1 PATCH ONCE WEEKLY, 0 days
26/05/2016, Fluoxetine 20mg capsules, One To Be Taken Each Day, 28 days
11/10/2012, Fluoxetine 20mg capsules, TAKE ONE DAILY Notes for patient: Some people who take this type of medication

Alexis [REDACTED] Prowse

DOB:

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find it helpful to talk through some issues with another health professional. Please ask your GP about referral for talking therapies if you feel this might be useful for you., 0 days

27/08/2009, Fluoxetine 20mg capsules, TAKE ONE DAILY, 0 days

22/07/2013, Hydrocortisone 1% cream, APPLY TWICE A DAY, 0 days

05/01/2010, Ibuprofen 400mg tablets, TAKE ONE THREE TIMES DAILY AS NEEDED, 0 days

21/06/2011, Ibuprofen 600mg tablets, TAKE ONE THREE TIMES DAILY, 0 days

07/09/2011, Ibuprofen 600mg tablets, TAKE ONE THREE TIMES DAILY, 0 days

22/07/2013, Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free, 1 SACHET IN WATER TWICE DAILY PREFERABLY AFTER MEALS, 0 days

07/04/2014, Lactulose 3.1-3.7g/5ml oral solution, 15ML TWICE DAILY, 0 days

10/05/2012, Lidocaine hcl 1% Injection, IMMEDIATELY, 0 days

06/10/2009, Mebendazole 100mg chewable tablets sugar free, 1 IMMEDIATELY, RPT AFTER 2 WEEKS, 0 days

04/08/2010, Mebeverine 135mg tablets, TAKE ONE THREE TIMES DAILY, 0 days

12/10/2015, Metronidazole 400mg tablets, TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK, 0 days

24/12/2012, Metronidazole 400mg tablets, TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK, 0 days

27/10/2011, Microgynon 30 tablets (Bayer Plc), ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have he, 0 days

15/08/2011, Microgynon 30 tablets (Bayer Plc), ONE TABLET(S) DAILY FOR 21 DAYS REPEAT AFTER SEVEN DAY INTERVAL SUBSEQUENT COURSE Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have he, 0 days

09/11/2011, Mirtazapine 15mg tablets, ONE AT NIGHT, 0 days

27/10/2011, Mirtazapine 15mg tablets, ONE AT NIGHT, 0 days

25/07/2012, Naproxen 500mg tablets, 1 TABLET TWICE DAILY, 0 days

10/05/2012, Nexplanon 68mg implant (Merck Sharp & Dohme Ltd), IMMEDIATELY, 0 days

15/01/2014, Nicorette QuickMist 1mg/dose mouthspray (McNeil Products Ltd), AS DIRECTED, 0 days

12/02/2014, Nicorette invis 10mg/16hours patches (McNeil Products Ltd), ONE PATCH DAILY, 0 days

15/01/2014, Nicorette invis 25mg/16hours patches (McNeil Products Ltd), ONE PATCH DAILY, 0 days

12/10/2015, Ofloxacin 400mg tablets, TAKE 1 TWICE A DAY, 0 days

24/12/2012, Ofloxacin 400mg tablets, 1 TWICE A DAY, 0 days

13/07/2015, Paracetamol 500mg capsules, 1 TO 2 CAPSULES UP TO FOUR TIMES DAILY AS REQUIRED, 0 days

01/02/2010, Paracetamol 500mg soluble tablets, TAKE 1 OR 2 4 TIMES/DAY, 0 days

05/01/2010, Paracetamol 500mg tablets, 1 OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS, 0 days

06/05/2014, Paracetamol 500mg tablets, 1 TO 2 TABLET(S) UP TO FOUR TIMES DAILY AS REQUIRED, 0 days

25/10/2012, Phenoxymethylpenicillin 250mg tablets, TAKE 1 FOUR TIMES DAILY, 0 days

18/08/2010, Phenoxymethylpenicillin 250mg tablets, TAKE ONE 4 TIMES/DAY, 0 days

01/02/2010, Phenoxymethylpenicillin 250mg/5ml oral solution, 2X5ML SPOON 4 TIMES/DAY, 0 days

18/08/2010, Piriton 4mg tablets (GlaxoSmithKline Consumer Healthcare), TAKE ONE AT NIGHT, 0 days

05/01/2010, Prednisolone 5mg tablets, 6 DAILY FOR 5 DAYS, 0 days

06/02/2017, Promethazine hydrochloride 25mg tablets, One To Be Taken At Night for sleep, 7 days

29/03/2017, Promethazine hydrochloride 25mg tablets, 2 at night as per script from cumbria partnership, 28 days

05/04/2017, Propranolol 40mg tablets, up to one tab three times daily, 28 days

09/05/2017, Propranolol 40mg tablets, One To Be Taken Twice A Day prn, 28 days

06/02/2017, Propranolol 40mg tablets, up to one tab three times daily, 28 days

03/01/2017, Propranolol 40mg tablets, up to one tab three times daily, 28 days

05/09/2012, Rigevidon tablets (Consilient Health Ltd), TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive cover for 3 years 4. If you have heavy periods you can have a Mirena coil which will suppress yo, 0 days

25/07/2012, Rigevidon tablets (Consilient Health Ltd), TAKE ONE AS DIRECTED Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill. There are several options to consider; 1. Depo-provera injection every 12 weeks 2. A coil can be inserted and left for 5 years or more 3. An Implanon implant can give you contraceptive

Alexis Prowse	Community Mental Health Service Referral v1.1
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cover for 3 years⁴. If you have heavy periods you can have a Mirena coil which will suppress yo, 0 days
 11/03/2009, Salbutamol 100micrograms/dose inhaler CFC free, INHALE 2 DOSES AS NEEDED, 0 days
 12/06/2014, Salbutamol 100micrograms/dose inhaler CFC free, INHALE 2 DOSES AS NEEDED, 0 days
 21/01/2009, Salbutamol 100micrograms/dose inhaler CFC free, INHALE 2 DOSES AS NEEDED, 0 days
 09/05/2017, Sertraline 100mg tablets, One To Be Taken Each Day, 28 days
 29/03/2017, Sertraline 50mg tablets, 1/2 a tablet a day for 1 week increase to 1 at night adfter 1 week, 28 days
 15/01/2018, Sertraline 50mg tablets, One To Be Taken Each Day, 14 days
 10/05/2012, Trimethoprim 200mg tablets, ONE TABLET TWICE A DAY, 0 days
 15/08/2011, Trimethoprim 200mg tablets, ONE TABLET TWICE A DAY, 0 days
 15/01/2018, Venlafaxine 37.5mg tablets, One To Be Taken Twice A Day, 14 days
 21/06/2011, Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd), INHALE 2 DOSES AS NEEDED, 0 days
 01/02/2010, Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd), INHALE 2 DOSES AS NEEDED, 0 days
 17/03/2009, Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd), INHALE 2 DOSES AS NEEDED, 0 days
 11/06/2013, Xylocaine 1% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd), IMMEDIATELY, 0 days
 07/09/2011, Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd), IMMEDIATELY, 0 days
 15/01/2018, Zerocream [REDACTED] & [REDACTED] Ltd), 4 times a day, 28 days

OTHER RELEVANT INFORMATION:

SEND REQUEST TO:

		Tel Number
☐ Carlisle	CMHTAdmin@cumbria.nhs.uk	01228 603850
☐ [REDACTED]	Penrith-CMHT@cumbria.nhs.uk	01768 245503
☐ Allerdale	Parklaneadmin@cumbria.nhs.uk	01900 705262
☒ Copeland	Adults-Whitehaven@cumbria.nhs.uk	01946 853350
☐ South Lakes	southlakescmhart@cumbria.nhs.uk	01539 715064
☐ Furness	FurnessCMHTReferrals@cumbria.nhs.uk	01229 407777

Alexis [REDACTED] Prowse

DOB:

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eMED3 (2010) new statement issued, not fit for work
15-Jan-2018 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: anxiety with depression; Duration 15-Jan-2018 - 12-Feb-2018)

Filename: FitNote_1f57b27e-523e-4695-b00a-7c22bf7254b3.pdf

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Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms- Alexis Prowse				
I assessed your case on:	15 / 01 / 2018				
and, because of the following condition(s):	anxiety with depression				
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td>☐ a phased return to work-</td> <td>☐ amended duties-</td> </tr> <tr> <td>☐ altered hours-</td> <td>☐ workplace adaptations-</td> </tr> </table>		☐ a phased return to work-	☐ amended duties-	☐ altered hours-	☐ workplace adaptations-
☐ a phased return to work-	☐ amended duties-				
☐ altered hours-	☐ workplace adaptations-				
Comments, including functional effects of your condition(s):					
This will be the case for 28 Day(s) or from / / to / /					
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	15 / 01 / 2018				
Doctor's address	LOWTHER MEDICAL CENTRE 1 Castle Meadows, Whitehaven, CA28 7RG Telephone: 01946692241				
Unique ID: Med 3 01/17 1F57B27E-523E-4695-B00A-7C22BF7254B3					

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- PROWSE
Other names	ALEXIS
Address	2 NEWLANDS AVENUE MIREHOUSE WHITEHAVEN Postcode CA28 9SH
Date of birth	05 / 02 / 1994 Mobile
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Attachment

09-Oct-2017 Mr Docman PCTI (DME3735)

Additional:Attachment

Clinical letter Copeland Community Mental Health Team . FILED 17.10.17

Filename: 105130DM_radFB84C.TIF

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Pages:

Cumbria Partnership **NHS**

NHS Foundation Trust

Ref: NHS No: 704 418 6440

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP



12th October 2017

Dear Alexis

I am writing to confirm that you have now been discharged from the Copeland Community Mental Health Assessment and Recovery Team (CCMHART).

Following completion of the Decider Skills Group in July 2017, the facilitators have arranged to meet with you on three occasions (03/08/17, 08/09/17 and 09/10/17) to evaluate your progress and to review your current mental health needs in line with other interventions on the pathway. Unfortunately, you haven't been able to attend any of these appointments with us and therefore we have reached the decision to discharge you from the CMHART.

Although you will no longer be actively involved with the Copeland CMHART, you are still able to access the monthly Decider Graduate Group to refresh your Decider skills. As you're aware, this group is held on the last Friday of every month between 10.30am-12pm unless you are informed otherwise.

If your mental health needs change and you need additional support you may wish to contact the following services:

- Your own GP during surgery hours.
- The Crisis Team is a 24 hour mental health team. You can contact them with urgent risks/emergency mental health issues. Their number is: 0300 123 9015.
- Outside surgery hours you can ring NHS 111. They are the GP service that is based at West Cumberland Hospital during the evening and night time. Their number is: 111.
- You can ring Samaritans if you need to speak to someone confidentially. They can be reached on: 0845 790 9090.
- You can speak to MIND, the mental health [REDACTED] on: 01900 66518.

Thank you for your commitment to the Decider Skills Group [REDACTED] We hope to see you again at the Graduate Group sometime.

Yours sincerely


The Decider Facilitators
Copeland CMHART

cc: GP, Lowther Medical Centre.

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland
Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

27-Sept-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team . - FILED 02.10.17

Filename: 105130DM_rad45BF8.TIF

Extension: TIF

Pages:

Cumbria Partnership **NHS**

NHS Foundation Trust

Ref: SV/CLA

NHS No: 704 418 6440

27 September 2017

Miss Alexis [REDACTED] PROWSE

36 The Green

Bransty

WHITEHAVEN

Cumbria

CA28 6BP

Dear Alexis

We are writing to offer you a further review appointment with the facilitators of the Decider Group as you were not able to attend the last planned appointment with us. This appointment will be used to evaluate your progress following completion of the group and also to review your current mental health needs in line with your Care Plan.

The appointment has been arranged for:

DATE: Monday, 9th October 2017

TIME: 3.30pm

VENUE: Valley View, West Cumberland Hospital, Whitehaven

If this date/time is inconvenient please let us know and we can re-arrange.

Yours sincerely

[Signature]
The Decider Facilitators
Copeland CMHART

CGP GP - Lowther Medical Centre

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West
Cumberland Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Discharge summary

06-Sept-2017 Sister Joanne Eldon (JXE3735)

Additional: Discharge summary

ClinicLetter CPFT MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE 725

Ref DC/MB/T000019127/136335
NHS No: 704 418 6440

04/09/2017

Copeland Community Mental Health Assessment &
Recovery Team

CONFIDENTIAL

Dr SA Battistessa
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Valley View
West Cumberland Hospital
Hesingham
CA28 8JG
Tel: 01946 853350

Dear Dr Battistessa

Alexis Prowse 05/02/1994
53 Main Street, Parton, Whitehaven, Cumbria, CA28 6NY

Alexis contacted myself requesting a medication review and I agreed to see her in the morning of 30th August 2017 at 9.30am. Alexis arrived 10 minutes late for this appointment.

In the appointment she immediately began crying and said things had been getting better but now it was all "fucked up". When we explored this feeling she said things, since starting the Sertraline things had improved. From the Decider Skills Group, she could see how they would help manage her emotions. Due to this feeling she decided to take her [REDACTED] to a local carnival but she became really anxious and had a panic attack and felt that things were going downhill since then. She continued to be upset through the session, she said the antidepressants weren't working anymore and she had started drinking most nights to get to sleep. She had been using Cannabis previously to help her sleep but said this was no longer effective and it had made her more anxious.

We went on to discuss her medication and her previous discussions around propranolol to be taken alongside of Sertraline. Alexis does take the propranolol but it doesn't seem to be having any benefit from this and we agreed to discontinue it. According to Alexis, Promazine seems to be ineffective so we agreed to discontinue this. We spoke about the antidepressant, sertraline, and how she had some response to 100mgs and that we would increase it to 150mgs as it may help with her mood and her motivation and when used alongside the decider skill in the day to day life, things may improve. Alexis agreed to this plan and then we discussed a review appointment that she had booked in with the community team where they will look at the outcome of the decider skills and to look at what other treatments, if any were available from the team. Alexis then began to cry even harder and hid her face in her jumper and appeared very childlike. After a few minutes she showed her face to me and asked what I was going to do about her sleep. I tried to discuss her sleep issues and was about to begin to look at sleep hygiene with her but Alexi promptly said "just increase the medication and if you are not giving me any other medication there is no point in me being here" and left the appointment. I followed Alexis on to the corridor and informed her if she attended the review appointment other treatment options will be discussed. I have informed the CMHART staff who will be carrying out her next review so they are aware and can explore her difficulties with her.

Page 1 of 2

Ref: DC/MB/T000019127/136335; Alexis Prowse; DOB:05/02/1994

Yours sincerely

Denise [REDACTED]
Advanced Nurse Prescriber
Copeland and Allerdale Localities

Authorised on 06/09/2017 14:58:15 by Denise [REDACTED]

THIRD PARTY COPY

Page 2 of 2
NHS No 704 418 6440

Administration

01-Sept-2017 Mrs Debbie Todd (DJT)

Additional:Administration

RESULT FROM HOSP (Gp)

File name: Administration PROWSE, Alexis (Miss) 0857 01-Sep-2017.rtf

Extension:.tif

Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr J L F Fidalgo
Dr F Ironside

www.lowthermedical.co.uk

1 September 2017

Miss Alexis Prowse
 2 Newlands Avenue
 Mirehouse
 Whitehaven
 Cumbria
 CA28 9SH

Dear Miss Prowse

We have now received correspondence from the hospital regarding medication. We would be grateful if you could contact this surgery to make an appointment with one of the Doctors to discuss things further.

Appointments with the Doctors are available to book up to a maximum of 14 days ahead and are released on a daily basis. Appointments can be made either by booking on-line (see details below) or by telephoning the Practice between 8.00 am and 6.30 pm, Monday to Friday. Alternatively you may attend our Open Access Surgery which runs Monday to Friday 8.00 am to 9.45 am, no appointment necessary.

If you think we may not have an up to date contact telephone number for you, would it be possible for you to inform us of this when you are next in the surgery?

Yours sincerely

Receptionist

ONLINE ACCESS (24 hour):

Why not use the online patient access service to view and book appointments (currently GP appointments only) / order repeat prescriptions / view details of your allergies and immunisations. You can register by either of the two ways listed below:

1. Online registration

Simply visit patient.info/patientaccess and follow the step by step instructions or visit our website www.lowthermedical.co.uk and click on the Patient Access icon on the home page to download a form (forms are also available in the Reception Foyer)

2. PIN letter registration

Just ask Reception for a PIN and Access ID and follow the instructions on the information provided

Once you have registered online, please remember to bring photograph ID with the form to the Reception Desk.

You can even manage your appointments on the move with the free Patient access app!

Attachment

30-Aug-2017 Mr Docman PCTI (DME3735)

Additional:Attachment

Treatment Request Allerdale Community Mental Health Team . DOCUMENT FILED 31.8.17

Filename: 105130DM_rad1F6BC.TIF

Extension: TIF

Pages:

YES: 19 08-08-2017 01900872411

PARK LANE CLINIC

PAGE 01/02

Cumbria Partnership NHS
NHS Foundation TrustAllerdale Community Mental Health Team
Park Lane Clinic
Park Lane
Workington
Cumbria
CA14 2RRTel: 01900 705262
Fax: 01900 872411FACSIMILE COVER SHEET

To: Dr Battistessa

Fax: 01946 5 92611

From: Courtney

Date: 30/8/17

Re: Aliens Prowse

Pages: 2 (including front sheet)

☐ Urgent☐ For Information☐ Please comment

medication changes

"Disclaimer: This [redacted] and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. Any views or opinions expressed are those of the author and do not represent the views of Cumbria Partnership NHS Foundation Trust unless otherwise explicitly stated. The information contained in this fax may be subject to public disclosure under the Freedom of Information Act 2000. Unless the information is legally exempt from disclosure, the confidentiality of this [redacted] and your reply cannot be guaranteed."

30/08/2017 16:35 01900072411

PARK LANE CLINIC

PAGE 02/02

Cumbria Partnership 
NHS Foundation Trust



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PRIVATE & CONFIDENTIAL

NOTIFICATION OF CHANGES TO TREATMENT RE: Alexis Prowse
NHS 704 418 6460
DOB 5/2/94

To: Dr Battistessa

Assessed: This am, alexis, she was requesting night sedation
in the main. Discussed current meds and options

Treatment Plan: available interactions between medications, and
your reluctance to continue propranolol
Discussed ineffectiveness of promethazine.

Discussed [redacted] to employ skills from de-escalation to manage
emotions as opposed to relying on medication

Medication Change: To Stop promethazine

To stop propranolol

Increase sertraline to 150mg

Has a community team review appt booked.

Signed:  D Curmay

Position: Independent Non Medical prescriber

Copy to: File

Community Mental Health Assessment and Recovery Team | Park Lane Clinic | Park Lane
Workington | Cumbria | CA14 2RR

Tel: 01900 705262 | Fax: 01900 872411 | E: www.cumbriapartnership.nhs.uk

Attachment

22-May-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team Mental Health FILED 25.05.17

Filename: 105130DM_radE8F82.TIF

Extension: .TIF

Pages:

Cumbria Partnership **NHS**

NHS Foundation Trust

Ref: SV/CLA

NHS No: 704 418 6440

24 May 2017

Miss Alexis [REDACTED] PROWSE

36 The Green

Bransty

WHITEHAVEN

Cumbria

CA28 6BP

25 MAY 2017

Dear Alexis

We are sorry you were unable to attend The Decider Skills Group on Monday, 22nd May 2017

As previously discussed, to fully benefit from the group it is recommended that you attend all sessions. Unfortunately, if you fail to attend one further session you will not be able to continue with the rest of the group.

We hope to see you at the next session!

Yours sincerely



The Decider Facilitators
Copeland CMHART

CC: GP - Lowther Medical Centre

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
| Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Discharge summary

17-May-2017 Mrs Anne-Marie Pink (AMP3735)

Additional: Discharge summary

ClinicLetter CPFT GENERAL SURGERY 100



Cumbria Partnership **NHS**
 NHS Foundation Trust



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Ref DeC/CLA/T000013594/125017

NHS No: 704 418 6440

16/05/2017

CONFIDENTIAL

Dr SA Battistessa
 Lowther Medical Centre
 1 Castle Meadows
 Whitehaven
 Cumbria
 CA28 7RG

Dear Dr Battistessa

Alexis Prowse 05/02/1994

53 Main Street, Parton, Whitehaven, Cumbria, CA28 6NY

Alexis attended on Monday, 8th May 2017 for a Medication Review at Valley View, Whitehaven with myself.

Since commencing Sertraline and Promethazine, she began having vivid dreams that she did not feel comfortable with although they were not distressing in content, she did not like the random content of the dreams.

We discussed possible side effects with the Promethazine and agreed that this may be contributing to her vivid dreams and agreed to stop this today.

We discussed the Sertraline and Alexis feels that some benefit has been gained as she has more energy and is getting out of bed most mornings and engaging in family life better. We agreed to increase Sertraline to 100mg daily to reach a more therapeutic dose.

Alexis also discussed her Propranolol which she said that you, as her GP, was reluctant to prescribe due to the interactions. We discussed the interactions and Alexis feels that she would still like to continue with this medication for the time being until we can establish the long-term benefits of the use of Sertraline.

Alexis attended with her [REDACTED] and her [REDACTED] also agrees that the Propranolol is beneficial to Alexis' wellbeing but could see the benefits of the Sertraline on Alexis' mood.

We discussed a lot about her [REDACTED] and how Alexis' past and current situation may affect her [REDACTED] emotional wellbeing in the long run but, Alexis is currently engaging with therapies to improve the situation for both herself and her [REDACTED] long-term.

She attended the Decider Group for the first time and felt that this is a treatment pathway that may be beneficial to her long-term. Alexis is also attending a parenting course where her [REDACTED] can attend with her in order to improve the situation.

Copeland Community Mental Health Team
 Valley View West Cumberland Hospital Hensingham CA28 8JG
 T: 01946 853350 – F: 01946 523665

Ref: DeC/CLA/T000013594/125017; Alexis Prowse; DOB:05/02/1994

I have no further plans to see Alexis but will have a discussion with the Decider Group Facilitators, at the end of the course, to establish whether further review or treatment options are available at that point.

Yours sincerely

Denise [REDACTED]
Advanced Nurse Prescriber
Independent Medical Prescriber
Copeland and Allerdale Localities

Authorised on 17/05/2017 14:12:00 by Denise [REDACTED]

Page 2 of 2
NHS No 704 418 6440

Attachment

09-May-2017 Mr Docman PCTI (DME3735)

Additional:Attachment

Treatment Request Copeland Community Mental Health Team . DOCUMENT FILED 9.5.17

Filename: 105129DM_radFA4DC.TIF

Extension:.TIF

Pages:

TP 25-44 05-07-2017 01900872411
09/05/2017 11:19 01900872411

PARK LANE CLINIC

PAGE 01/02

Cumbria Partnership 
NHS Foundation Trust



Happier | Healthier | Hopeful

FACSIMILE COVER SHEET

To: Dr Battistessa

Fax: 01946 592611

From: D Cartney

Date: 9.5.2017

Re: A Prowse

Pages: 2



Urgent



For Information

Medication changes

Please

D Cartney

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Community Mental Health Assessment and Recovery Team | Park Lane Clinic | Park Lane
Workington | Cumbria | CA14 2RR

Tel: 01900 705262 | Fax: 01900 872411 | E: www.cumbriapartnership.nhs.uk
Cumbria Health on Call (CHoC): 0300 30 34 365

10.25.04.05-05-2017 09/08/2017

09/05/2017 11:19 01900872411

PARK LANE CLINIC

PAGE 02/02



Cumbria Partnership NHS
NHS Foundation Trust



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PRIVATE & CONFIDENTIAL

- Notification of Initial Assessment ☐
- Notification of Six Monthly Review ☐
- Notification to Change of Medication ☒

To: Dr Battistessa

Name: Alexis Prowes

DoB: 5/2/1994

NHS No: 7044186440

Address: 2 Newlands Avenue, Mirahouse, Whitehaven

Telephone No: 07746909926

Summary of Assessment: reviewed today, Alexis appears to have had side effects of the promethazine. Discussed use of propranolol and sertraline. Currently Alexis feel that the propranolol has benefit to her and would like to continue. She is aware of the interaction risks.

Treatment Plan: to continue on sertraline and to discontinue the promethazine

Medication Change: Discontinue promethazine
To increase sertraline to 100mg
To continue propranolol

Signed: Denise [redacted]  **Date:** 9/5/2017

Position: Advanced Nurse Practitioner / Independent Non-Medical Prescriber

Cumbria Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853360 Fax: 01946 822665
www.cumbriapartnership.nhs.uk

Attachment

18-Apr-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Admin Letter Copeland Community Mental Health Team. DOCUMENT FILED 20.4.17

Filename: 105129DM_rad0B633.TIF

Extension: TIF

Pages:

Page 1 of 1

Ref: SV/MB
NHS No. 704 418 6440

Date: 18th April 2017

PRIVATE & CONFIDENTIAL
Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP



Happier | Healthier | Hopeful

Dear Alexis

As previously discussed with you, you have been referred to our unique treatment group called The Decider Skills Group. The Decider is a life skills learning group which has been identified as the most appropriate treatment to meet your current needs; it will help you to lead a more fulfilling life. We have enclosed a leaflet which provides some further information about the group.

The Decider Skills Group is ten weeks duration; the start date is Monday 8th May 2017. You will be required to attend each session ending on Monday 17th July 2017. Each session will start at 10.30am until 12.00pm and will be held at The George Street Centre (previously [REDACTED] Church), George Street, Whitehaven. We have enclosed a map of the venue.

The Decider Skills Group will be facilitated by three mental health practitioners from the team. The group facilitators would like to meet with you prior to the commencement of the group. The purpose of this meeting would be to introduce ourselves, introduce you to some of the material we will cover in the group and discuss how the group might help with your current difficulties. Your suitability for the group will also be considered during this session. Any questions which you have about the group can be addressed during this meeting.

We have arranged to meet with members of the group on Monday 24th April 2017 at The George Street Centre. Please can you call the CMHART office on 01946 853350 to confirm your attendance at this appointment. A time slot will be given to you once you have opted in.

Attendance at this initial meeting is compulsory in order to progress onto the Decider Skills Group. If you fail to opt in and attend this meeting then unfortunately you will be unable to continue with the group and you will be discharged from the Copeland CMHART back to the care of your GP.

Yours sincerely

The Decider Facilitators
Copeland CMHART
ENCS: Map

CC: GP

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

Attachment

11-Apr-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team. FILED 19/04/17

Ref: IC/MB
NHS No. 704 418 6440

Date: 11th April 2017



Happier | Healthier | Hopeful

PRIVATE & CONFIDENTIAL

Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Miss Prowse

As you are aware, you have been referred onto The Decider Skills Group following a recent appointment with the CMHART. This has been identified as the most appropriate treatment option to help address your current difficulties. The Decider Skills Group teaches 32 core skills based on CBT (Cognitive Behavioural Therapy) and DBT (Dialectical Behavioural Therapy) that will enable you to manage distressing emotions in a much more effective and skilful way. Please see the enclosed leaflet which provides some further information about the group.

We are hoping to start the next Decider Skills Group on Monday 8th May 2017. Before the group commences in May, the facilitators will review the referral that we have received on your behalf to determine if the group would be helpful to you. We will also review your suitability for the group. Upon completion of the screening process, we will notify you accordingly of the outcome by mid-April.

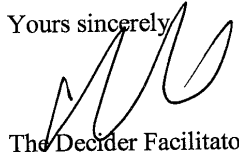
If you feel that your mental health is deteriorating in the meantime, you may wish to contact the following services for further support:

- Some people have identified friends or family members that they can contact when they feel low in mood or at risk. Talking to someone you trust can be a very positive experience. If you have someone you can rely on and who is happy to support you, you should contact them
- If you have an allocated care coordinator in the CMHART you can contact them on 01946 853350. Alternatively, you can contact the Duty Worker with the CMHART on the same number (between Monday-Friday 9am-5pm)
- Your own GP during surgery hours

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

- Outside surgery hours you should ring CHOC. CHOC is the GP service that is based at west Cumberland Hospital during the evening and night time. Their number is: 0300 3034365
- There is a mental health crisis team available 24 hours a day for people who are acutely distressed and require urgent mental health support. This team can be accessed via the Single Point of Access service on 0300 123 9015
- The Samaritans are available 24 hours a day, 365 days a year if you need to talk to someone. You can reach them on 126 123
- You can speak to MIND, the mental health [REDACTED] on: 01900 66518 or you can use the online support service Elefriends: <http://www.mind.org.uk/information-support/support-community-elefriends/>
- Mind also has a drop in session in Whitehaven every Wednesday between 11am- 1pm
- You can call NHS 111 if I require support out of hours
- If you or someone close to you feels that your life may be in danger then you should call 999

Yours sincerely


The Decider Facilitators
Copeland CMHART

CC: GP

Enc. Decider Leaflet

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

Attachment

06-Apr-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical letter Copeland Community Mental Health Team . DOCUMENT FILED 19.4.17

Filename: 105128DM_radC45CE.TIF

Extension: .TIF

Pages:

Ref: NHS No: 704 418 6440

Dr. Battistessa
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA



Happier | Healthier | Longer

CA28 7RG

6 April 2017

Dear Dr. Battistessa

Client Name: Miss Alexis [REDACTED] PROWSE DOB: 5 Feb 1994
Address: 36 The Green Bransby WHITEHAVEN Cumbria
NHS Number: 704 418 6440

Please find attached assessment in respect of Miss Alexis [REDACTED] PROWSE for your information.

Review will be completed in May 2017.

I will update you following this.

Yours sincerely

Mrs. Denise [REDACTED]
Copeland Community Mental Health Assessment and Recovery Team
cc. Patient

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West
Cumberland Hospital | Hensingham | Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

PROWSE, Alexis (Miss) DOB: 5 Feb 1994 (23 years) Gender: Female NINO: 704 418 4440 A

CMHART / ALIS Assessment

Client	PROWSE, Alexis (Miss) - 2131622												
Date/time	29 March 2017 13:30												
Age	23 years old												
Address	2 Newlands Avenue, Mirehouse, WHITEHAVEN, Cumbria, CA28 9SH												
Current GP	SA BATTISTESSA												
Preferred communication method	Letter												
Accommodation status (including name of other adults at home address)	(not stored)												
Address history	(not stored)												
Marital status	(not stored)												
Ethnicity	(not stored)												
Religion	(not stored)												
Employment	☒												
GP referred	☐												
Name	☒												
Address	☒												
Contact details	☒												
Family details													
<table border="1"> <thead> <tr> <th>Person</th> <th>Relationship</th> <th>Residence</th> <th>Age</th> <th>Gender</th> <th>First name</th> </tr> </thead> <tbody> <tr> <td>Child</td> <td></td> <td>Yes</td> <td>Yes</td> <td></td> <td></td> </tr> </tbody> </table>		Person	Relationship	Residence	Age	Gender	First name	Child		Yes	Yes		
Person	Relationship	Residence	Age	Gender	First name								
Child		Yes	Yes										
Person or ☒ currently pregnant	☒												
Expected delivery date													
Lead antenatal care provider details	☒												
Any adaptations required													
English not first language	☒												
If yes what language?	(not stored)												
Interpreter required	(not stored)												
Physical disabilities	☐												
Learning disabilities	☐												
Military veteran	☐												
Concerns about capacity	☐												
Other	☐												
Please detail	☒												
Consent to share information discussed and agreed	☐												
Confidentiality discussed	☐												
Assessor details													
Name	☒ Denise (Mrs.)												
Date/time	29 March 2017 13:30												
Referral details													
Reason for referral	☒												
Does the client agree with this													
☒													
Assessment													
Current symptoms including risks (how they presented, speech, mood, appetite, thoughts, behaviour, sleep, personal care, cognitive functioning, note if any capacity concerns) ☒													

https://

13/04/2017

Alexis was quite weepy throughout the session and initially was unable to speak and sat a lot of the time, with her head hiding in her jumper. She was present with her [REDACTED] who did a lot of the talking throughout the assessment and Alexis just agreed or disagreed with her [REDACTED] as the assessment progressed. At the present time, Alexis does not want to get out of bed and feels like she cannot face life at the moment and everything seems to be too much effort. Her sleep is poor. She sleeps for 2 - 3 days and then other times cannot sleep for days on end. This has been since she fell out with her [REDACTED] in October 2016. At the moment, she feels that her only coping strategy are to shout and scream at her [REDACTED]. She feels that she is experiencing a lot of stress at the moment. She has been recently given the keys to a new property but due to money problems between her and her [REDACTED] she has not moved into this new home. Alexis has recurrent thoughts of self-harm and at times has [REDACTED] herself and we discussed the use of SAFA for this. She has suicidal thoughts but if it was not for her [REDACTED] she does not believe she would be here today.

Social situation ☒

Relevant background information

Previous mental health input (including effectiveness and their experience of these) ☒

Alexis was seen with the Child and Adult Adolescent Services as a child by Dr Precious, where she was started on Melatonin and Fluoxetine but, she suffered side effects so stopped both these medications. She later tried Mirtazapine but this made her drowsy so she stopped this medication. Currently, she is on: Citalopram - 10mg Propanolol - 40mg three times a day but currently she only takes the Propanolol twice a day

Relevant personal history (including childhood, family and life events, historical risks) ☒

Support networks (including informal and formal supports) ☒

Her main support network is her [REDACTED] who she [REDACTED]. She has some contact with her [REDACTED] who floats in and out of their life but does not consider her as being supportive. She has an [REDACTED] she got up with approximately 3.5 years ago, due to this relationship being abusive. She has some contact with her child's [REDACTED] but, he [REDACTED] Barrow and has occasional contact with the child. Alexis' history was not gone into detail at this assessment as she had previously been assessed in First Steps and when I relayed the information from the First Steps assessment, Alexis agreed with the background information that this held. She did come from an abusive family and did spend lots of time in care and her experience in care was not as caring that we would like to think. She has no contact with her natural [REDACTED] and has little trust with other people. We discussed what may be beneficial to Alexis.

Summary and recommendation

What does the person want to achieve from this referral/ assessment? ☒

Identified goals ☒

We agreed that Alexis may have some traits of Personality Disorder and that the Decider Group would be the treatment option for her to begin with. We also agreed to change her Citalopram to Sertraline and to promethazine for a short-term period. A fax has been sent to the GP regarding the medication change. Alexis seems to be a young girl who has had no stable relationships throughout her childhood and ones that she has had have been abusive in nature. Since becoming an adult, she has had [REDACTED] relationships, both of these have been abusive. The only real support that she has had is from her [REDACTED] who she currently [REDACTED]

What about their relatives and/or [REDACTED] ☒

Summary of assessment ☒

Initial formulation (only to be completed if needing CMHT) ☒

Recommendation As a CMHT we can offer: care coordination within the team, other specialities within the team (psychology, OT), decider group, an outpatient appointment with a psychiatrist to review medication/ diagnosis; signposting to third sector; referral to other more appropriate services (e.g. first step, unity); referral to cap ☒

Alexis to have Sertraline instead of Citalopram to commence Promethazine for a short time. To be referred to the Decider Skills Group and to have a follow up appointment in May 2017.

Outcome of the assessment and agreed plan (this should be agreed where possible with: the person and by accessing team discussion) ☒

13/04/2017

Referrals
Progress Notes
Care Plans
Updated by
Updated on

Denise [REDACTED]
6 April 2017 13:18

THIRD PARTY COPY

[REDACTED] 13/04/2017

MED3 (2010) issued by hand, not fit for work

05-Apr-2017 Sister Diana Morgan (DXM_)

Additional: MED3 (2010) issued by hand, not fit for work

Fit Note Document (Diagnosis: Anxiety states; Duration 05-Apr-2017 - 19-Apr-2017)

Filename: FitNote_60390f0e-d511-492a-9ec8-eb146298e393.pdf

Extension: .tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name: Alexis

I assessed your case on: / /

and, because of the following condition(s):

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work ☐ amended duties

☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from / / to / /

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: / /

Doctor's address:

Unique ID: Med 3 04/10- 60390F0E-D511-492A-9EC8-EB146298E393

For the patient – what to do now
Please fill in the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
• download a claim form at www.direct.gov.uk/benefits, or
• phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname: PROWSE

Other names:

Address:

 Postcode CA28 8SH

Date of birth: / /

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date: / /

If you have signed this form for someone else, please tick here: ☐

Attachment

04-Apr-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Admin Letter Copeland Community Mental Health Team . DOCUMENT FILED 6.4.17

Filename: 105128DM_rad17575.TIF

Extension: TIF

Pages:

Cumbria Partnership **NHS**
NHS Foundation Trust

Ref: DeC/CLA
NHS No: 704 418 6440
4 April 2017



Miss Alexis [REDACTED] PROWSE
36 The Green
Bransty
WHITEHAVEN
Cumbria
CA28 6BP

Dear Alexis

Following your recent contact with the service, I am writing to offer you a further appointment with Denise [REDACTED] Advanced Nurse Practitioner on:

Date: Monday, 8th May 2017
Time: 1.30pm
Venue: Valley View, West Cumberland Hospital, Whitehaven
With: Denise [REDACTED] Advanced Nurse Practitioner

If this is inconvenient please contact me to arrange another appointment.

In exceptional circumstances your appointment may have to be cancelled at short notice due to an emergency which your clinician has to attend.

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional- if you say no it will not affect your treatment in any way.

If you are taking prescribed medication please bring this to the appointment with you.

Please be aware that there are no disabled access toilet facilities at Valley View. If this is going to affect you, please ring and let us know and we will try to arrange an alternative venue. Thank you

Yours sincerely

Team Secretary
Copeland CMHART

CC: GP - Lowther Medical Centre

Copeland Community Mental Health Assessment and Recovery Team | Valley View | West Cumberland Hospital | Hensingham
| Whitehaven | CA28 8JG
Tel: 01946 853350 | Fax: 01946 523665 | www.cumbriapartnership.nhs.uk

Attachment

29-Mar-2017 Mr Docman PCTI (DME3735)

Additional: Attachment

Treatment Request Copeland Community Mental Health Team. FILED 29.03.17 - FCI ON CALL

Filename: 105128DM_rad754B8.TIF

Extension: TIF

Pages:

14:59:06.29-03-2017 X 01946523665

29/03/2017 16:18 01946523665

PAGE 01/02

Cumbria Partnership



NHS Foundation Trust



Happier | Healthier | Healthier

FAX COVER SHEET

Copeland Community Mental Health Assessment & Recovery Team
 Valley View
 West Cumberland Hospital
 Whitehaven
 CA28 8JG
 Tel: 01946 853350
 Fax: 01946 523665

Date	29.3.17
Time	15:10
To	Dr Bathurst
Fax No	01946 523665
Pages	2

FAX MESSAGE:

medication changes - client request
 prescription to be collected from GP
 surgery

Signed RS D Carney**Privacy and Confidentiality Notice**

This transmission and its contents are intended only for the addressee named above.
 The fact and contents of this transmission may be, or include, privileged and confidential information.
 If you are not the intended addressee, you must not copy or distribute it, disseminate or use the information contained
 in it or take or omit to take any action in reliance on it.
 If this transmission has been sent in error to you, or if you have received in error, please notify us immediately.

Copeland Community Mental Health Assessment & Recovery Team
 Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
 Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

29/03/2017 16:18 01946523655

PAGE 82/82



Cumbria Partnership **NHS**
NHS Foundation Trust



Happier | Healthier | Hopeful

PRIVATE & CONFIDENTIAL

Notification of Initial Assessment ☐

Notification of Six Monthly Review ☐

Notification to Change of Medication ☒

To: Dr Battitessa

Name: Alexis Prowse
DoB: 05/02/1994
NHS No: 7044186440
Address: 2 Newlands Avenue
Mirehouse
CA28 9SH

Summary of Assessment: Assessed Alexis this pm, she appears to be suffering from depression but also has a underlying personality disorder

Treatment Plan: To treat the depression and for Alexis to commence work around understanding her personality disorder and acquire skills to manage her emotions better.

Medication Change: stop citalopram
Then Commence sertraline 25mg for 1week
Then increase sertraline to 50mg
Add promethazine 50mg at night for one month PRN to aid with sleep

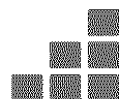
Review will be arranged for May 8th 1.30pm

Signed: Denise [Signature] Date: 29.3.17
Position: Advanced Nurse Practitioner / Independent Non-Medical Prescriber

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 863350 Fax: 01946 523655
www.cumbriapartnership.nhs.uk

Discharge summary
 02-Mar-2017 Mrs Anne-Marie Pink (AMP3735)
 Additional: Discharge summary
Discharge Summary Letter Discharge Summary Letter
 Filename: MIGSendDocument-2017-03-02.pdf
 Extension: .tif
 Pages:

Cumbria Partnership 
 NHS Foundation Trust

 **First Step**
 to a healthier state of mind

Date: 2 March 2017

Elmwood
 2A Tynefield Drive
 Penrith
 Cumbria
 CA11 8JA
 Tel: 0300 1239122
 Fax: 01768 245347
 Email: ncm-tr.firststep@nhs.net

Confidential
 Miss Alexis Prowse
 36 The Green
 WHITEHAVEN
 Cumbria
 CA28 6BP

Ref: 24728

NHS No: 704 418 6440

Dear [REDACTED]

As discussed at our last session, you have now been discharged from First Step. A summary of our work is detailed below. A copy of this letter will be sent to your GP for information.

Therapy content:

You presented with symptoms of depression and anxiety which are significantly impacting on your day to day life. You described experiencing periods of distress and finding hard to manage your emotions.

When I last saw you, you have no suicidal thoughts, plans or intent and although you had not self-harmed.

Outcome and suggestions for the future:

Due to the long standing nature of your problems I explained that the Community Mental Health Team would probably be the more appropriate service for your needs. You agreed to me making a referral and they have now offered you an assessment appointment on 29/03/17.

It was a pleasure to meet you and I wish you well for the future.

It is important for the service to receive feedback from patients about their experience of the service. We would be grateful if you would complete and return the enclosed Patient Experience Questionnaire.

Yours sincerely,

[REDACTED] Connon
First Step Practitioner

ENC: PEQ, at end of treatment.

CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

CC: [REDACTED] Donnan, Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

Attachment
 21-Feb-2017 Mr Docman PCTI (DME3735)
 Additional: Attachment
Clinical letter Copeland Community Mental Health Team Mental Health FILED 23.02.17



Cumbria Partnership NHS
NHS Foundation Trust



Smile | Heal | Hope

Ref: DC/MB

NHS Number: 704 418 6440

Date: 21st February 2017

PRIVATE & CONFIDENTIAL

Alexis Prowse

53 Main Street

Parton

Whitehaven

Cumbria

CA28 6NY

Dear Miss Prowse

Following a referral, an assessment of your mental health and social needs has been arranged on:

Date: Wednesday 29th March 2017

Time: 1.30pm

Venue: Valley View, West Cumberland Hospital, Whitehaven

With: Denise [REDACTED] Assessment Coordinator

At this meeting we would welcome anyone you would like to bring along, family, friend or someone who knows you well; they can come along either for support at the meeting or because it can be useful to have someone else there to listen and express their own thoughts and ideas about the issues that affect you and what might be helpful for you.

Cumbria Partnership NHS Foundation Trust actively promotes teaching. A student may be present at your appointment for teaching purposes and to ensure that we provide the best quality service possible. Should you prefer not to have a student sit in on your appointment please inform the clinician prior to the appointment.

Should your mental health deteriorate and you need to speak to a member of the team, please call the office number and ask for the duty worker. Alternative numbers to call should you require services are:

- Your own GP
- Cumbria Health On Call (CHOC) - 03000 247 247

Capeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA28 8JG
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

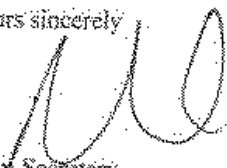
Page 2 of 2

Cumbria Partnership NHS Foundation Trust is actively involved in research. You may be asked if you would like to take part in research during the course of your treatment. This is optional – if you say not it will not affect your treatment in any way.

Would you please confirm your attendance at this appointment by calling the office on 01946 853350.

Please be aware that there are no disabled access toilet facilities at Valley View. If this is going to affect you, please ring and let us know and we will try to arrange an alternative venue.

Yours sincerely



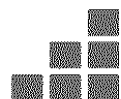
Team Secretary
Copeland Community Mental Health Team

Cc: Susan Cannon, First Step Practitioner
GP, Lowther Medical Centre, Whitehaven.

Copeland Community Mental Health Assessment & Recovery Team
Valley View, West Cumberland Hospital, Whitehaven, CA26 8JG.
Tel: 01946 853350 Fax: 01946 523665
www.cumbriapartnership.nhs.uk

Discharge summary
25-Jan-2017 Mrs Anne-Marie Pink (AMP3735)
Additional: Discharge summary
28 day wait letter 28 day wait letter
Filename: MIGSendDocument-2017-01-25.pdf
Extension: .tif
Pages:

Cumbria Partnership 
NHS Foundation Trust

 **First Step**
to a healthier state of mind

Date: 25 January 2017

Confidential
Miss Alexis Prowse
36 The Green
WHITEHAVEN
Cumbria
CA28 6BP

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: ncm-tr.firststep@nhs.net

Ref: 24728

NHS No: 704 418 6440

Dear Miss Prowse

Following your assessment with First Step it was agreed that you would be offered an appointment with one of our practitioners. It has been identified that you are waiting for your first appointment. We would like to reassure you that we are aware of this and apologise for the delay. We will offer you an appointment when one becomes available.

If any details have changed since the time of your assessment, please let us know by contacting the First Step Admin Hub on **0300 1239122**.

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

Yours sincerely,


First Step Manager

CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

This letter is also available in larger text, or in different languages. Please contact the above number.

Discharge summary

14-Dec-2016 Sister Joanne Eldon (JXE3735)

Additional: Discharge summary

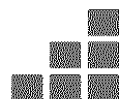
Assessment Summary (GP Only) Letter Assessment Summary (GP Only) Letter

Filename: MIGSendDocument-2016-12-14.pdf

Extension: .tif

Pages:

Cumbria Partnership 
NHS Foundation Trust

 **First Step**
to a healthier state of mind

Date: 14 December 2016

Confidential

Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Dear Colleague,

NHS No: 704 418 6440

Ref: 24728

Patient Name: Alexis Prowse

Patient D.O.B: 05/02/1994

Patient Address: 36 The Green, , WHITEHAVEN, CA28 6BP

The above patient was assessed on 14th and requested that we do not send a copy of this letter to them. Please find a brief outline of the presenting problem and a jointly agreed plan for treatment.

Presenting problem (including risk):

Alexis presented with symptoms of depression and anxiety which she feels have been prevalent from a young age due to being in care and a victim of assault both from [REDACTED] and her [REDACTED]. At present, she is suffering from low motivation and a number of self-critical thoughts.

Alexis reports struggling to trust people, especially males, and as such is rarely leaving the house. She has current thoughts of DSH and last self-harmed 1-2 months ago by cutting her arm with glass. She reports not wanting to engage in this behaviour again and wants to find an alternative method of coping for the sake of her [REDACTED]. She reports no thoughts of suicide.

Jointly agreed plan following assessment:

Following assessment, we agreed to allocate Alexis to a High Intensity Practitioner for CBT Therapy. She has also expressed an interest in an appointment with yourselves for a medication review.

Yours sincerely,

Tori [REDACTED]
First Step Practitioner

This letter is also available in larger text, or in different languages. Please contact the above number.

Discharge summary

08-Dec-2016 Mrs Anne-Marie Pink (AMP3735)

Additional: Discharge summary

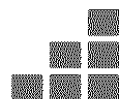
GP letter for self-referral GP letter for self-referral

Filename: MIGSendDocument-2016-12-08.pdf

Extension: .tif

Pages:

Cumbria Partnership 
NHS Foundation Trust

 **First Step**
to a healthier state of mind

Date: 8 December 2016

Confidential

Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 704 418 6440

Ref: 24728

Patient name: Alexis Prowse

DoB: 05/02/1994

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk or safeguarding/vulnerable patient information** regarding this patient, if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [REDACTED] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or Domestic Violence
- Mental Health or Substance misuse Problems impacting on parenting capacity
- Forensic History

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with a screener on 0300 123 9122.

Yours sincerely,

[REDACTED]

First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

Discharge summary

07-Dec-2016 Mrs Anne-Marie Pink (AMP3735)

Additional: Discharge summary

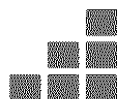
Assessment DNA Discharge Letter Assessment DNA Discharge Letter

Filename: MIGSendDocument-2016-12-07.pdf

Extension: .tif

Pages:

Cumbria Partnership 
NHS Foundation Trust

 **First Step**
to a healthier state of mind

Date: 7 December 2016

Confidential

Miss Alexis Prowse
36 The Green
WHITEHAVEN
Cumbria
CA28 6BP

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Ref: 24728

NHS No: 704 418 6440

Dear Miss Prowse,

We are sorry that you were unable to complete your assessment as planned on 07/12/2016 at 13:30. You stated you would contact the hub to rearrange your appointment for a more convenient time.

In your appointment letter, we advised you that if you did not attend this appointment or contact the First Step Admin Hub to cancel, that we would assume that you no longer wish to receive an appointment with First Step. As you were unable to attend your telephone appointment we are now discharging you back to the care of your GP.

If you feel that you would benefit from the service in future and are able to attend appointments regularly, then please do not hesitate to refer yourself via our online Self Referral form (www.firststep.cumbria.nhs.uk), ring on **0300 123 9122** or discuss this with your GP.

A copy of this letter will be sent to your GP for information.

Yours sincerely,


First Step Practitioner

CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

Discharge summary

28-Nov-2016 Sister Diana Morgan (DXM_)

Additional: Discharge summary

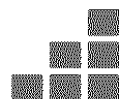
GP letter for self-referral GP letter for self-referral

Filename: MIGSendDocument-2016-11-28.pdf

Extension: .tif

Pages:

Cumbria Partnership 
NHS Foundation Trust

 **First Step**
to a healthier state of mind

Date: 28 November 2016

Confidential

Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 704 418 6440

Ref: 24728

Patient name: Alexis Prowse

DoB: 05/02/1994

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk or safeguarding/vulnerable patient information** regarding this patient, if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [REDACTED] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or Domestic Violence
- Mental Health or Substance misuse Problems impacting on parenting capacity
- Forensic History

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with a screener on 0300 123 9122.

Yours sincerely,


First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

Attachment

17-Aug-2016 Mr Docman PCTI (DME3735)

Additional: Attachment

Clinical Letter West Cumberland Hospital Accident & Emergency Bruise/contusion/haematoma back. DOCUMENT FILED 23.8.16

Filename: 105127DM_rad785AD.TIF

Extension: TIF

Pages:

ED Attendance Summary
EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693151

North Cumbria 
University Hospitals
 NHS Trust

GP Details

Name: Dr JLF FIDALGO
Address: LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG
Hospital No: W510463
NHS No: 7044186440
ED Episode No: WED-16-022656-1

Patient Details

Name: Alexis Prowse
DoB: 05 Feb 1994
Address: 53 MAIN STREET
 PARTON
 WHITEHAVEN
 CUMBRIA
 CA28 6NY
Home Tel: 07867956895
Mobile:

Date & Time of Presentation: 17 Aug 2016 23:37
Presentation Type: New
Patient Group: Fall/Accident
Presenting Complaint:
 Falls, FELL DOWN STAIRS - VOMITED
Incident Type: Home
ED Clinician: Mike Lewis

Previous Attendances: 4**Time Seen by Clinician:** 00:55Triage:**Presenting Complaint:** Back Pain, Moderate Pain, 7Treatment:**Comments:** pt fell down stairs approx 1 hour ago, vomited from pain. No pain to lower back.First Nursing Obs:Pulse:Temperature:Oxygen Saturation%:Comments:BP:Resps(per min):GCS Total:Investigations:

1. None Test: Other

Diagnosis:

1. Bruise/Contusion/Haematoma Site: Back Side Not applicable Comments fall downstairs, coccyx injury, advice

Treatment:

1. Oral medication Comments: co-codamol

Prescribed Drugs:

1. Co-codamol 30/500 Quantity 1 Week

Nursing Comments:Doctors Comments:

Discharge Details:
Discharged - no follow up. Home
Discharge Date & Time:
18 Aug 2016 07:03

Comments for GP: (including any future patient management identified):
fall downstairs, scapula injury, advice

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Attachment**17-Aug-2016 Mr Docman PCTI (DME3735)****Additional: Attachment***Clinical Letter West Cumberland Hospital Accident & Emergency Full A&E form. DOCUMENT FILED 26.8.16***Filename:** 105127DM_rad560C7.TIF**Extension:** .TIF**Pages:**



EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 6JG

North Cumbria **NHS**
University Hospitals
NHS Trust

ED No **WED-16-022656-1** Hospital No. **[REDACTED]** Prev ED No. **WED-13-023975-1** No. Prev visits **4**

Consultant in Charge		Clinician	Patient Group	Fall Accident
Surname: Prowse		Title: Miss	Date Attended: 17 Aug 2016	
Names: Alexia		Gender: Female	Time Attended: 23:37	
Address: 53 MAIN STREET		Age: 22 Years	Time since incident: <1hr	
PARTON		D.O.B: 05 Feb 1994	Mode of Arrival: Own Transport	
WHITEHAVEN		Religion: 		
CUMBRIA		Ethnicity: White British		
Postcode: CA28 6NY		Occupation: 		
Tel: 07867886998				

PRESENTING COMPLAINT Falls, FELL DOWN STAIRS -VOMITED

GP's Details	Next of Kin
JLF FIDALGO LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	Brett McLaughlin 2 SCHOOL BROW CLOSE MORESBY PARKS WHITEHAVEN
Telephone: 	Relationship: [REDACTED] Telephone: 01946 591077

TRIAGE NOTES

OBSERVATIONS	TRIAGE COMMENTS/HISTORY OF EVENTS:
Temp	pt fell down stairs approx 1 hour ago. vomited from pain. c/o pain to lower back.
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM dx	
Pre Neb	
Post Neb	
O2 Sat	
VA R	
VA L	
EMSWs	
Comments	
	PAST MEDICAL HISTORY:
	MEDICATION TAKEN PRIOR TO ATTENDING ED:
	TRIAGE TREATMENT:

SPECIAL CASE

ALERTS	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT	PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE	7

Patient Name: Alexia Prowse D.O.B: 05 Feb 1994 Hosp Num: WED16562 NHS Num: 1044786440 ED Num: WED-16-022656-1 Attendance Date: 17 Aug 2016 23:37

Downloaded from <http://www.sagepub.com> at 03:04 11 Aug 2016

General medical practitioner
 16-Mar-2016 Mrs Alyson Taylor (AT3)
 Additional: General medical practitioner
 Request for uss of pelvis
 Filename: DOC_20160316122728.tif
 Extension: .tif
 Pages:

NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST: WEST CUMBERLAND HOSPITAL				REQUEST FOR RADIOLOGICAL OPINION				APPOINTMENT						
SURNAME PROWSE		HOSP. NO.		WARD/DEPT/PRACTICE		DIABETIC Y/N		Office Signature:						
FIRST NAME ALEXIS				LMC		METFORMIN Y/N								
ADDRESS: 53 Main St		D.O.B. 5 '2 '44		REFERRING CONSULTANT/GP		PREVIOUS IV CONTRAST ALLERGY?								
parton.				Ironside		Y/N								
POSTCODE CA28 6NY				NHS ☒		PP	INFECTION RISK?							
PHONE: HOME		☐ NOT URGENT		☐ IN-PATIENTS		Walking		Chair		Trolley				
WORK 07867986998		☐ URGENT		☐ OUT-PATIENTS TRANSPORT?		Car		Ambulance		Escort				
EXAMINATION REQUESTED (see back of form for dose equivalent) USS pelvis.														
What information do you want from the examination?						BARIUM STUDIES: Please prescribe bowel preparation. ROUTINELY PICOLAX SACHETS OR EQUIVALENT BA ENEMA (usually x 2) SBE (x 1) PLEASE TICK BOX BELOW <table border="1"> <tr> <td>X 1</td> <td>X 2</td> <td>SIGNATURE</td> </tr> </table>						X 1	X 2	SIGNATURE
X 1	X 2	SIGNATURE												
To rule out underlying pathology														
State relevant clinical history / treatment / surgery / radiology														
Abdopain 100mg in situ.														
REFERRER'S NAME (BLOCK CAPITALS)				BLEEP		PREVIOUS RADIOLOGY?								
DESIGNATION Dr Dentist Nurse Pract Nurse Other				692224		State hospital & year								
SIGNATURE				DATE										
				15/3/16										
5FT-WQG101: 09/08 REV4 This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000 INCORRECTLY COMPLETED FORMS WILL BE RETURNED.														
JUSTIFIED BY:														

Document Image letter
 03-Aug-2015 Mr Stephen Macleod (SMM)
 Additional: Document Image letter
 Docman Attachment (From): First Step. (Description:) Admin letter
 Filename: 105127DM_rad9DD63.TIF
 Extension: .TIF
 Pages:

Date: 3 August 2015

Confidential
Miss Alexis Prowse
53 Main Street
Parton
WHITEHAVEN
Cumbria
CA28 6NY

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Ref: 24728

NHS No: 704 418 6440

Dear Miss Prowse

You were recently referred to First Step service but have not responded to our letter. You have chosen not to go ahead with therapy at this time and we have now discharged you from the service and we will let your GP know.

If you feel that you would benefit from therapy in the future please do not hesitate to discuss this with your GP or contact us to refer yourself on 0300 1239122.

Yours sincerely,


First Step Service Manager

CC:Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG
CC:[REFERRER_NAME]

If you feel that your mood is deteriorating, please contact your GP. The Cumbria Health On Call team (CHOC) are also available out of hours on 03000 247 247. The Samaritans are available 24 hours a day on 08457 90 90 90.

This letter is also available in larger text, or in different languages. Please contact the above number.

Document Image letter

27-July-2015 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): First Step, . (Description:) Admin letter

Filename: 105126DM_radAAF9B.TIF

Extension: .TIF

Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Date: 27 July 2015

Confidential

Miss Alexis Prowse
53 Main Street
Parion
WHITEHAVEN
Cumbria
CA28 6NY

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 3JA

Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

REF:24728

NHS No:704 418 6440

Dear Miss Prowse,

You have been referred to First Step by your GP. Please contact our Appointment Booking Staff on 0300 1239122 to register your details and arrange an appointment.

If we do not hear from you within 7 days, we will assume you no longer wish to be seen and discharge you from the service and we will let your GP know.

Please note that we are required to provide some basic information for national statistics. If you do not wish for us to use your information or require more detail please contact us on the above number.

We look forward to hearing from you.

Yours sincerely,

First Step Manager

CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP, The Cumbria Health On Call team (CHOC) are also available out of hours on 03000 247 247, The Samaritans are available 24 hours a day on 08457 90 90 90.

This letter is also available in larger text, or in different languages. Please contact the above number.

Referral letter

20-July-2015 Sister Joanne Eldon (JXE3735)

Additional: Referral letter

20/07/2015 Refer for Refer to counsellor at department of with by: ***** Eldon

Cumbria Partnership

NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but please ensure you include all the information on this form

Client Details	
Name & Title: Miss Alexis Prowse Date of birth: 05/02/1994	Address: 53 Main Street Parton Whitehaven Post Code CA28 6NY
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	NHS NUMBER 704 418 6440
Telephone: Mobile 	Landline 
Permission to contact client via: Landline ☐ Mobile ☐ Letter ☐ Text Message ☐	Can we identify ourselves to family members: Yes ☐ No ☐
Reason for referral Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children. It would be useful to us to know what kind of help the client is looking for or expecting to receive. Dear Team I would be very grateful if you could see this lady who has had counselling in the past. She does have some on-going mental health issues regarding low self esteem and anxiety. She has got a 9 month old  and there are no problems there. We have not started her on any medication. She feels that talking to somebody regarding her issues would be the best way forward. Many thanks  Eldon	
Previous interventions (e.g. medication, psychological therapy)	

Current medication	
Risk Profile - Past history and evidence of risk (please circle)	
Current Yes No Not known Past Yes No Not known	Examples of risk include harm to self, harm to others including staff, self-neglect, child protection issues and substance misuse.
If current or past risk identified, please provide further details	
Completed by	
Name: [REDACTED] Eldon Contact address including postcode: Lowther Medical Centre 1 Castle Meadows, Whitehaven CA28 7RG Phone: Business: 01946 692241	
Signature & date	
	20 July 2015

Thank you for completing this form, please return to
Cumbria Primary Mental Health Service
Elmwood, 2a Tynefield Drive,
Penrith, Cumbria, CA11 8JA.

Who we can help

The Primary Mental Health Service can provide up to 7 sessions of psychological therapy (e.g. guided self-help, brief CBT, counselling) for individuals with mild to moderate mental health problems such as

- Depression
- Anxiety Disorders (e.g., PTSD, OCD, Health Anxiety, Panic, Generalised Anxiety Disorder)

Exclusion criteria would include

- Individuals presenting with high risk or requiring a multi-disciplinary mental health team approach
- Individuals currently open to secondary care

- Individuals for whom a brief intervention would increase risk or be detrimental.

THIRD PARTY COPY

Other Attachment letter

20-July-2015 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional: Other Attachment letter

Fax rcpt - First Steps - pjp

Filename: 00HLT01J.tif

Extension: .tif

Pages:

Transmission Report

Date/Time 20-07-2015 07:59:54 Transmit Header Text
 Local ID 1 01946692241 Local Name 1 Lowther Medical Center

This document : Confirmed
 (reduced sample and details below)
 Document size : A4

Cumbria Partnership 

NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but
 please ensure you include all the information on this form

Client Details	
Name & Title: Miss Alexis Prowse Date of birth: 05/02/1994	Address: 53 Main Street Parton/Whitehaven Post Code CA28 6NY NHS NUMBER 704 418 6440
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	
Telephone: Mobile ☐ Landline ☐	
Permission to contact client via: Landline ☐ Mobile ☐ Letter ☐ Text Message ☐	Can we identify ourselves to family members: Yes ☐ No ☐
Reason for referral Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children. It would be useful to us to know what kind of help the client is looking for or expecting to receive.	
Dear Team I would be very grateful if you could see this lady who has had counselling in the past. She does have some on-going mental health issues regarding low self esteem and anxiety. She has got a 9 month old [redacted] and there [redacted] no problems there. We have not started her on any medication. She feels that talking to somebody regarding her issues would be the best way forward.	
Many thanks [redacted] Eldon	
Previous Interventions (e.g. medication, psychological therapy)	

Total Pages Scanned : 2

Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	369	01768245347	07:59:01 20-07-2015	00:00:20	2/2	1	EC	HS	CP33600

Abbreviations:

HS: Host send
 HR: Host receive
 WS: Waiting send

PL: Polled local
 PR: Polled remote
 MS: Mailbox save

MP: Mailbox print
 RP: Report
 FF: Fax Forward

CP: Completed
 FA: Fail
 TU: Terminated by user

TS: Terminated by system
 G3: Group 3
 EC: Error Correct

Document Image letter

30-Sept-2014 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Obstetrics (Description:) Clinical Letter (Notes:) Summary of Birth/*****

Discharge Summary from Midwifery Care

Filename: 105126DM_radCE54E.TIF

Extension: TIF

Pages:

Para 0 + 0

N: **W910663** 05/02/1994
A: **Prowse**
A: **Alexis**
 61a Moresby Parks Road
 CA28 8XD Dr JLF Fidalgo
 NHS: 7044186440 Female
P:

Unit No. No.

Unit / Place of birth: **WCH.**

GP:

Health visitor:

	Baby 1	Baby 2
Name	Siona McLaughlin	
Unit no.	W721793	
NHS no.		
DOB	20/09/14	
Time	20.10	
Sex	Female	
Gestation	38	
Birth weight	2680	
Mode of delivery	VVD	
Outcome	WWE	
Apgars	9, 10, 10	
Duration of labour	1 h 45 m	

Third stage management: **Active OCT** EBL: **150** Perineum: **Intact**

Comments e.g. labour onset, prolonged rupture of membranes

Date: **20 09 14** Signature: **L-Geddy** Title: **MW**

Blood test results
 Blood group: **Ave** Last Hb:

Investigations / immunisations
 BN Site Date / Signed*
 Anti D ☐
 MMR ☒ **1007631** **20/09/14** **R. L. Susceptible**

Mental health
 During the last month have you often been bothered by:
 Feeling down, depressed or hopeless? **No** ☒ **Yes** ☐
 Having little interest or pleasure in doing things? **No** ☒ **Yes** ☐
 Worrying or feeling very anxious about things? **No** ☒ **Yes** ☐
 Are these something you feel you need or want help with? **No** ☒ **Yes** ☐

Mental health comments

Perineum **Intact**

Contraception Not discussed Laxative given
 Chosen method: **2moring coil**

Details of any postnatal problems
 6-8 week postnatal check arranged ☐ Yes ☒ No
 Venue:
 Appointment date/time:

	Baby 1	Baby 2
Method of feeding at discharge	Bottle	
Discharge weight (g)	2740	
Smoke free household	☒ Yes ☐ No	BCG vaccine given
Blood spot test	☒ Yes ☐ No	☐ Yes ☒ No

Comments
 Initial safe sleeping assessment carried out? **No** ☐ **Yes** ☒

Date: **30 09 14** Signature: **L. Corbett** Title: **CMW**

24-Sept-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional: Clinical Letter

(From): West Cumberland Hospital Obstetrics

Filename: 105125DM_radC16DD.TIF

Extension: TIF

Pages:

Birth details and newborn examination

* Please place a tick

Surname: _____
 First names: _____
 NHS number: _____
 Address: _____
 63 MAIN STREET, WHITEHAVEN, CA28 6NY
 2585 g Eth. Cat A Rank 1/1 38 weeks
 ALEXIS PROWSE 704 418 6440
 FIDALGO JLF
 WCH
 Label printed on 20/09/2014

Place of birth: _____
 Date of birth: 20/09/14
 Length of pregnancy in weeks: 38
 Type of delivery: NVD
 Appgars: 9 (1min) 10 (5min)
 Problems in pregnancy, birth or neonatal period: _____
 Admitted to NICU? no/yes for _____ days

Birth details and newborn examination

Significant Family history:

Examination explained ☐ Accepted by ☒ Y ☐ N

Newborn Examination Age: _____ (hours) Date: 20/09/14 Time: _____

Performed by: _____ Signature: _____

Observation - general	Satis	Observed	Details/Comments
Colour: Pale, blue, jaundice, pigment			
Posture and behaviour: tone, responsiveness			
Respiratory: distress, cry			
Skin: Mongolian blue spots, birthmarks, dry abrasions, bruises			
Auscultation			
Heart: (Observation, heart sounds, murmur)			
Lungs: breath sounds			
Abdomen: bowel sounds			

S = Satisfactory P = Problem Q = Closest observation T = Treatment being received R = Refused N = Not assessed
 For more details on PCPR - 2nd Comp. Milestone, 3rd Comp. Milestone, 4th Comp. Milestone, 5th Comp. Milestone, 6th Comp. Milestone

Continued on next page

Newborn examination continued (Affix [redacted] label on reverse if available)

Name:

DOB:

NHS number:

Palpitation and observation	Satis	Observe	Details: Comments
Head and skull: Features, hair, moulding, fontanelles, sutures, caput, cephalohaematomata, haematomata			Head circumference 34 cm
Face: Appearance, haemangiomas, dysmaturity			
Ears: Discharge, position, appearance			
*Eyes: red reflex right and left			
Eyes: Appearance, upstart, conjunctivitis, discharge, haemorrhage			
Mouth and palate: Palate, teeth			
Neck and clavicles: Clavicle fracture, mobility, sternomastoid			
Chest: Shape, nipples			
Abdomen: Liver, spleen, masses, rashes			
Umbilicus: Smell, discharge, hernia			
Upper limbs, hands: Length, digits, colour, masses, umbilical-femoral time, movement, reflexes			
Lower limbs, feet: Length, digits, umbilical-femoral time, movement, reflexes			
*Genitalia: Hypospadias, testes, hydrocoele			
Anus: Position, patency			
Femoral pulses: Both palpable			
Back and spine: Discharge, hair tufts, naevus, abnormal skin patches			
Breech, leg problems, family history			(Negative = satis) if yes do hip ultrasound
*Hips: Ortolani and [redacted]			Do either
*Hips: Ultrasound if [redacted]			or both
Reflexes: Grasp, Moro, rooting, stepping			
Bowels opened day 1			
Urine passed			

Signature of examiner

S = Satisfactory P = Problem C = Continue observation T = Treatment being received R = Referor N = Not assessed
 1st copy: neonatal PCN 2nd copy: Midwife 3rd copy: Health visitor 4th copy: Child Health Department

Newborn examination

32

THIRD PARTY COPY

NOTIFICATION OF BIRTH

[REDACTED] details

Forenames	ALEXIS	NHS Number	704 418 6440
Surname	PROWSE	Date of Birth	05/02/1994

[REDACTED] details

Forenames	[REDACTED]	NHS Number	646 708 5019
Surname	MCLAUGHLIN	Date of Birth	20/09/2014
Usual address	53 MAIN STREET WHITEHAVEN	Time of Birth (24h)	20:10
		Sex	Female
		Live or Still Birth	Live
		Birth Weight (grams)	2680
		Gestation Length (wks)	38
Postcode	CA28 6NY	No. of Births	1
Discharge		Birth Order	1
Address		Suspected Congenital Anomaly	No
		Ethnic Category	White, British

Post Code:

GP details

Forename	FIDALGO JLF	GP Code	G9708273
Surname			
Practice Name	LOWTHER MEDICAL CENTRE	Practice Code	
Address	1 CASTLE MEADOWS WHITEHAVEN CUMBRIA		
Post Code	CA28 7RG		

Child Health Unit details

Organisation Code	SD600
-------------------	-------

Place of birth details

Organisation Name	WCH	Organisation Code	RNL01
Place of Delivery	NHS midwife ward delivery		

Notifying person

Forename	[REDACTED]
Surname	CARRUTHERS

Signed L CarruthersDate 20/9/14

North Cumbria University Hospitals

NHS Trust

Maternity Department - Family Services

**Notification and Consent form for:
Postnatal MMR vaccination for women susceptible to Rubella**

Patient (akal or Hestall):
 Na: 
 Ad: W910663 05/02/1994
 Prowse
 Alexis
 Dst: 53 Main Street
 Hst: CA28 6NY Dr JLF Fidalgo
 NH: NHS: 7044185440 Female
 GP

Antenatal screening identifies women who are susceptible to rubella infection so that they can be offered vaccination to protect them against rubella infection and reduce the risks of infection in future pregnancies.

All women with screening tests indicating susceptibility to rubella infection are offered postnatal vaccination with Measles, Mumps and Rubella (MMR) vaccine.
 (Single rubella vaccine is no longer available in the UK.)

TWO doses of MMR vaccine are needed to provide full protection against rubella infection.
 It is recommended that you have the first dose soon after your  is born and the second dose at least four weeks later. For convenience the second dose can be given at your GP surgery.

Maternity Services – Discharge Summary

History of Rubella vaccination: Yes ☐ (Year) No ☐ Not known ☒

The HPA leaflet 'Having MMR after having your  was provided: Yes ☐ No ☐
 I have been advised:

- * To avoid pregnancy for at least one month after MMR vaccination
- * Breast feeding is not contraindicated following MMR vaccination.

Postnatal MMR vaccination was:

Offered: Yes ☒ No ☐
 Accepted: Yes ☒ No ☐
 Declined: Yes ☐ No ☒
 Contraindicated: Yes ☐ No ☒ - Reason:

Signed:  (Patient) Date: 21/09/14

First MMR vaccine  (Product name) was given on 21/09/14

Signed:  Print name & designation Margaret J. Wainwright

For Primary Care Services: (Delete / Tick as appropriate)

Please arrange / re-offer postnatal MMR vaccination as follows:

- * First dose of MMR vaccine as soon as possible ☐
- * Second dose of MMR vaccine at least 4 weeks after first dose ☒

Top Copy: G.P.
 WCA7372-09/11 89V10

2nd Copy:  hand-held records

3rd Copy: Screening Coordinator for Audit

Document Image letter

21-Sept-2014 Mrs Dymna White (DXW_)

Additional: Document Image letter

Docman Attachment (From): .. Antenatal Clinic (Description:) Clinical Letter

Filename: 105126DM_rad8E217.TIF

Extension: TIF

Pages:

North Cumbria University Hospitals



NHS Trust

Maternity Department - Family Services

Notification and Consent form for:Postnatal MMR vaccination for women susceptible to Rubella

Patient label or details:	
Na	
Ad	W910663 05/02/1994
Prowse	
Alexis	
Da1: 53 Main Street	
Ho1: CA28 6NY Dr JLF Fidoige	
NH: NHS: 7044186440 Female	
GP	

Antenatal screening identifies women who are susceptible to rubella infection so that they can be offered vaccination to protect them against rubella infection and reduce the risks of infection in future pregnancies.

All women with screening tests indicating susceptibility to rubella infection are offered postnatal vaccination with Measles, Mumps and Rubella (MMR) vaccine.
(Single rubella vaccine is no longer available in the UK.)

TWO doses of MMR vaccine are needed to provide full protection against rubella infection. It is recommended that you have the first dose soon after your [redacted] is born and the second dose at least four weeks later. For convenience the second dose can be given at your GP surgery.

Maternity Services - Discharge Summary

History of Rubella vaccination: Yes ☐ (Year) No ☐ Not known ☒

The HPA leaflet 'Having MMR after having your [redacted] was provided: Yes ☐ No ☐
I have been advised:

- * To avoid pregnancy for at least one month after MMR vaccination
- * Breast feeding is not contraindicated following MMR vaccination.

Postnatal MMR vaccination was:

Offered:	Yes ☒	No ☐
Accepted:	Yes ☒	No ☐
Declined:	Yes ☐	No ☒
Contraindicated:	Yes ☐	No ☒ Reason:

Signed: (Patient)

Date: 21/09/14

First MMR vaccine (Product name) was given on 21/09/14

Signed: Print name & designation Mat

For Primary Care Services:

(Delete / Tick as appropriate)

Please arrange / re-offer postnatal MMR vaccination as follows:

- * First dose of MMR vaccine as soon as possible ☐
- * Second dose of MMR vaccine at least 4 weeks after first dose ☒

Top Copy: G.P.
NCATED: 05/11 REV 0

2nd Copy: [redacted] hand-held records

3rd Copy: Screening Coordinator for Audit

Out of Hours Report letter

11-Aug-2014 Ms Barbara XXXXmurphy (BXM_)

Additional: Out of Hours Report letter

Filename: 00HLT01C.htm

Extension: .tif

Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	2061931	Receive Date:	10-Aug-2014 17:08
Patient's Name:	Alexis Prowse	Gender:	F
Date of birth:	5-Feb-1994 (20 years)	Current Address:	53 Main Street
Address:	Parton		Whitehaven CA28 6NY
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine 60 min	Call Origin:	
Received:	10-Aug-2014 17:08	Calltype:	Coming to Base
Advised:	18:19	Arrived PCC:	10-Aug-2014 17:56
Cons start:		Cons End:	
Consulting Doctor:	████ Hewitson	Own doctor:	J Fidalgo

NHS Number:
7044186440

Reported Condition:

Symptoms: 38 wk pregnant - pains under ribs and arms, no other symptoms **Comments:** These cases were received and finished within the last 72 hours: Pass To Triage Nurse #2061860 at 10-Aug-14 15:35:26

Triage details:

History -	32/40 gest , tightness under R) ribs for past few days , pain radiating up to shoulder pain worse on inspiration, no wheeze, no shortness of breath,
Examination -	t=36.6, bp=112/76, hr=90, SaO2=99% on air, pain at right upper quadrant abdomen and right lower rib region, worse on deep breathing and movement, tender on ribs when palpated right anterior/ lateral/ posterior, abdomen nad on palpation, █████ moving well, PU normal, chest clear, good air entry to base both lungs, no wheeze, no recession, good colour, no PR noted
Diagnosis -	musculoskeletal
Treatment -	home care advice review for worsening

Teleguide Assessment Details:

Notes -	32/40 gest , tightness under R) ribs for past few days , pain radiating up to shoulder pain worse on inspiration, no wheeze, no shortness of breath,
Questions -	Chest Pain Are you having a tearing, intense pain between the shoulder blades or mid chest? N Have you had an injury to the chest in the last 24 hours? N Is the pain in the pit of the stomach or does the pain feel like something is stabbing through from the stomach to the back? N Do you have a history of angina or heart attack and is this pain similar to previous angina pain you have had before? N Has the pain been getting worse over the past 12 hours despite using regular doses of pain relieving medications? Y

Followups:

Advised to call back if necessary

Clinical Codes:

Nz... Musculoskeletal diseases NOS

]]>

Out of Hours Report letter
 11-Aug-2014 Ms Barbara XXXXmurphy (BXM_)
 Additional: Out of Hours Report letter

Filename: 00HLT01D.htm

Extension: .tif

Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	2061860	Receive Date:	10-Aug-2014 15:33
Patient's Name:	Alexis Prowse	Gender:	F
Date of birth:	5-Feb-1994 (20 years)	Current Address:	53 Main Street
Address:	53 Main Street Parton Whitehaven CA28 6NY		Parton Whitehaven CA28 6NY
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine 60 min	Call Origin:	Friend
Received:	10-Aug-2014 15:33	Calltype:	Pass To Triage Nurse
Advised:	16:14	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	██████████	Own doctor:	J Fidalgo

Reported Condition:

Symptoms: 32 weeks pregnant and has a pain in her side. This is getting sore and uncomfortable

Triage details:

History - failed contact x 4 ,
voice mail message left , to call back if required

Followups:

None

Clinical Codes:

9N4.. Failed encounter

]]>

Document Image letter

28-July-2014 Miss Cara Amy O'Brien (CAO_)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Physiotherapy (Description:) Clinical Letter

Filename: 105125DM_rad4FD02.TIF

Extension: TIF

Pages:

Cumbria Partnership 
NHS Foundation Trust

Physiotherapy DepartmentReferrerGP

Dr NJ [REDACTED]

Patient's GP Practice Address

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG

Discharge ReportPatient Name

Miss Alexis [REDACTED] Prowse

Patient Address

53 Main Street
Parton
Whitehaven
CA28 6NY

Date of Birth

05/02/1994

NHS Number

7044186440

The above named person was assessed on 28th July 2014
for a condition of Pregnancy related pelvic girdle pain and right foot plantar
fasciitis.
and subsequently received a course of physiotherapy treatment.
Last seen on 28th July 2014.
Any specific recommendations: Patient provided with advice sheet and some
home exercises to help improve symptoms.
They have currently been discharged from physiotherapy.

Physiotherapist: [REDACTED] Noon

Signature: 

Designation: Band 5 Physiotherapist

Date: 31/07/2014

Department of Physiotherapy
West Cumberland Hospital
Hensingham
Whitehaven
CA28 8JG
Tel Number: 01946 523636

Other Attachment letter
10-July-2014
Additional: Other Attachment letter
Self referral to physio.
Filename: 00HLT01B.tif
Extension: .tif
Pages:

Cumbria Partnership
NHS Foundation Trust

Self Referral to Physiotherapy

Please complete **all sections** of this form and return it to your GP reception desk.

Surname:

First Name:

GP Name & Practice:

~~DR T. WHITE~~ Lowther medical

Name

Alexis Prowse

Date of Birth:

05/02/94

Date of Referral:

2nd July 2014

Address:

Phone Number (Home):

OK to leave message: Yes ☐ No ☐

(Work):

OK to leave message: Yes ☐ No ☐

1. Please give a brief description of why you need a physiotherapy assessment (include area of body affected).

I ~~have~~ have been getting pains in my leg from my hip to my leg for a year or so I am now 27 weeks pregnant and the pains have been getting a lot worse.

2. How long have you had this problem? 1 year

3. Has this problem previously been treated with physiotherapy? Yes ☐ No ☒

4. Are the symptoms worsening? Yes ☒ No ☐
(If yes please give details) I am 27 weeks so the pressure is

5. Are you able to carry out normal activities? Yes ☐ No ☒

6. Are you off work / unable to care for a dependant because of this problem?
Yes ☐ No ☐ Not applicable ☒

7. Please give details of any other treatment you have received for these symptoms.

I was on pain killers some time ago for this but as I am pregnant I can no longer take them.

8. Have you had any sudden weight loss without trying? Yes ☐ No ☒

9. Have you had any other symptoms, such as numbness, tingling or muscle weakness?
Yes ☒ No ☐

(If yes please give details) yes in the center of my hip I get tingling and numbness

10. If you have back and leg pain, have you developed problems with your bladder or bowel? Yes ☐ No ☒ Not applicable ☐

11. Please list any current or past medical conditions i.e. heart conditions, high blood pressure, arthritis etc.

N/A

12. Please list any medications you are currently taking

None

Document Image letter

02-July-2014 Miss Cara Amy O'Brien (CAO_)

Additional: Document Image letter

Docman Attachment (From): Jobcentre, . (Description:) Admin letter

Filename: 105125DM_radD6BCA.TIF

Extension: .TIF

Pages:

Website: www.jobcentreplus.gov.uk

02246

Dr Qoj

LOUTHER MEDICAL CENTRE

1 CASTLE MEADOWS

WHITEHAVEN

CUMBRIA

CA28 7RG

Your reference is JZ244592A

Please tell us this number

if you get in touch with us

Bathgate Benefit Centre

Mail Handling Site A

Wolverhampton

WV98 1AN

Phone 0345 6088545

TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 2 July 2014

Dear Doctor Qoj

Work Capability Assessment Outcome Notification

Patients Name Miss A F Prowse
Patients Address 53 Main St
Parton
Whitehaven
Cumbria
CA28 6NY

Patients D.O.B : 5 February 1994

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 30 June 2014

We have decided that your patient is capable of work from and including 30 June 2014.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Maureen McLaren

Manager

Referral letter

02-July-2014 Dr James Cain (JC_)

Additional:Referral letter

02/07/2014 Refer for Physiotherapy at West Cumberland Hospital department of Physiotherapy Dept with UBRN: N by: Dr *****

Filename: 00HLT019.DOC

Extension:.tif

Pages:

Cumbria Partnership

NHS Foundation Trust

Self Referral to Physiotherapy

Please complete **all sections** of this form and return it to your GP reception desk.**Surname:****First Name:**

GP Name & Practice:

Name

Date of Birth:

Date of Referral:

Address:

Phone Number (Home):

OK to leave message: Yes ☐ No ☐

(Work):

OK to leave message: Yes ☐ No ☐3. Has this problem previously been treated with physiotherapy? Yes ☐ No ☐4. Are the symptoms worsening? Yes ☐ No ☐

(If yes please give details)

5. Are you able to carry out normal activities? Yes ☐ No ☐

6. Are you off work / unable to care for a dependant because of this problem?

Yes ☐ No ☐ Not applicable ☐

7. Please give details of any other treatment you have received for these symptoms:

8. Have you had any sudden weight loss without trying? Yes ☐ No ☐

9. Have you had any other symptoms, such as numbness, tingling or muscle weakness?

Yes ☐ No ☐

(If yes please give details)

10. If you have back and leg pain, have you developed problems with your bladder or bowel?

Yes ☐ No ☐ Not applicable ☐11. Please list any current or past medical conditions *i.e. heart conditions, high blood pressure, arthritis etc.*

12. Please list any medications you are currently taking

Document Image letter

08-May-2014 Miss Cara Amy O'Brien (CAO_)

Additional: Document Image letter

Docman Attachment (From): Maternity (Description:) Discharge Summary/Report

Filename: 105125DM_rad0E5D7.TIF

Extension: .TIF

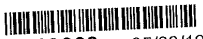
Pages:

North Cumbria University Hospitals 

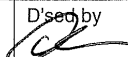
NHS Trust

1. G.P. (White)
2. Pharmacy (Pink)
3. Patient Records (Yellow)

DETAILS OF PATIENT DISCHARGE

 W910663 05/02/1994 Prowse Alexis 61a Moresby Parks Road CA28 8XD Dr J LF Fidalgo NHS: 7044186440 Female		Address		Prescription Number 288479
		Large Address (if different from above)		Unit No.
				Admission date
				Discharge date
Date of birth	General Practitioner	Consultant	Ward	Hospital

Prescription form - if not used please write NIL & do not sign prescription

MEDICATION (APPROVED NAME)	DOSE	DIRECTIONS FOR USE	QUANTITY/ DURATION	PHARMACY USE ONLY		
				Quant.suppl.	Suppl code	Manu/batch
Cefalexin	500mg	TDS	5/7		F300922	Copy march 2015
Signature of Doctor	Doctor's name PRINTED	Date	D'sed by	Checked by	Date	Items
	TASARUM	08/5/14		UH	8/5/14	1

Diagnosis:

1st / 40 ? UFG

In Patient management & Investigations (if necessary attach supplementary sheet)

Recommended continuing care by GP practice (including duration)

Out Patient follow-up arranged: Hospital/clinic _____ Date _____ Time _____
 Consultant _____ Transport booked YES/NO

Signature (HO;SHO;REG;Cons)

Date:

Continuing care - community arranged : YES/NO Name of if applicable :

Specific advice to Patient: _____

Discharge policy followed - signature _____ (Ward Named Nurse)

SFT-NCA6197: 12/08 REV 3

NB - All items to be completed in black point pen.

eMED3 (2010) new statement issued, not fit for work

07-Apr-2014 Dr M Roshandel (MR_)

Additional: eMED3 (2010) new statement issued, not fit for work

Filename: 18109_8.pdf
Extension:.tif
Pages:

1. Subject Details

Patient: Miss Alexis [REDACTED] Prowse

NHS Number: 7044186440

Generated as part of the Migration from Vision to EMIS on 22 January 2016

THIRD PARTY COPY

2. MED3 Doctors Statement

Date of Recording: 07/04/2014

Clinician: Dr M Roshandel

In Practice

Type: New

Term: eMED3 (2010) new statement issued, not fit for work

MED3 Form Information

Refrain From Work From: 07/04/2014 For: 28 Day(s)

Diagnosis: Low mood

Requested By: Patient

Clinical Diagnosis: Low mood

THIRD PARTY COPY

Document Image letter

11-Mar-2014 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Antenatal Clinic (Description:) Clinical Letter (Notes:) Antenatal Summary/Maternity Services Parental Household Information

Filename: 105124DM_rad2E6B1.TIF

Extension: .TIF

Pages:

NHS No. [] [] [] [] [] [] [] [] [] []

Maternity Unit WCH

ANTENATAL SUMMARY

NHS

Planned Place of Birth

W

Lead Professional

cons

Unit Number

Information overleaf ☐

Details

Midwife

Elaine Robinson☎ 523229

GP

umc☎ 692241

Other

Ethnic Origin

white british

Interpreter

First Name

W910663

05/02/1994

Prowse

Alexis

Address

61a Moresby Parks Road
CA28 8XD Dr J LF Fidalgo
NHS: 7044186440 Female

Post code

Date of birth

Risk Assessment

EDD

Para

0+

Age

20

BMI

21.7

Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments	Details
Medical	☐	☐		OGTT booked	☒	☐		<u>H/O chlamydia</u> <u>FLH Hip problems - Lexi has</u> <u>right [redacted] hips</u> <u>FLH Chromosome 12.</u> <u>Removal of Lymph glands</u> <u>in neck - avian TB age 3.</u>
Obstetric	☐	☐		Mental health	☐	☒		
VTE assessment performed	☐	☒		Social	☐	☒		
VTE pathway initiated	☒	☐		CAF commenced	☒	☐		
Aspirin required	☒	☐		GP records reviewed	☐	☒		

Investigations

Booking	Date taken	Result	Screening / additional tests	Date taken	Result
MSU					
Hb					
Blood group					
Antibodies					
Rubella					
Hepatitis B					
Syphilis					
HIV					
Sickle cell/Thalassaemia					
MRSA					
OGTT					

LMP 29.12.14
Height 1.7 Weight 63
Smoker Y/N No/Day
Smoking referral Y/N

Emergency Contact

Name Brett McLaughlin 26-9-89 Relationship Partner.

☎ 07593146907 ☎ [] ☎ []

Completed by: Elaine Robinson

Date

11.03.14

Clinic-held summary - Version 12.1 (June 2012)
 Perinatal Institute, Crystal Court, Aston Cross, Birmingham B6 5RQ
 Web: www.pi.nhs.uk E-mail: notes@pi.nhs.uk Tel: 0121 687 3456

page
1

Special features

Antenatal Plan		Labour, delivery & postnatal plan		Paediatric alert form ☐
H/o Cannabis use Social history.		Baby needs hip scan		
SGA or IUGR on scan		Yes ☐		
Medication		Allergies ✓		
		Paediatrician ☐ Seniority ☐ Reason _____		
		to be present		

Domestic Abuse		Booking	2nd Assessment	Details (inc. any referrals)
	No	Yes	No	Yes
Seen alone	☐	☒	☐	☐
Routine enquiry question asked	☐	☒	☐	☐
Abuse disclosed	☒	☐	☐	☐
Date	11/13/14			
Signed	ERobinson			

Other information

[illegible]

3 Alexis Prowse
Vol
No W910663

MATERNITY SERVICES PARENTAL HOUSEHOLD INFORMATION

1

North Cumbria **NHS**
University Hospitals
NHS Trust



W910663 05/02/1994

Prowse

Alexis

61a Moresby Parks Road
CA28 8XD Dr J LF Fidalgo
NHS: 7044186440 Female

Date of booking 11-3-14

Contact number for woman

Named Midwife. Ela Robinson

LMP GRAVIDA 0 PARITY 0

For any previous births please list:
Name; Date of Birth; Where living and who with:

Do you have Parental Responsibility for the child/ren?

Name of current Brett McLaughlin
Address 2 School Brow Close Moresby
D.O.B. 26-9-89 GP Lmc

Does current have other children: Yes No

If Yes:

Name(s) and D.O.B for other children

Does have contact with his children: Yes No NA

Is current the of the unborn Yes No

Details of of unborn if not current

Name

Address

D.O.B. GP

Details of who else lives in the household:

Name

D.O.B.

Name

D.O.B.

Name

D.O.B.

Data confidentiality:

Information may be shared with relevant agencies during the course of the woman's pregnancy according to identified need. Obtain written consent from the woman and detail below. Circle agency informed.

GP: Health Visitor: Children's Centre: Other: Please detail

Patient signature Midwife signature Robinson Date 11-3-14

MATERNITY SERVICES PARENTAL HOUSEHOLD INFORMATION

2

North Cumbria 
University Hospitals
NHS Trust

Name:

Hosp No:

Vulnerability Identified	Date and sign	Details including level of concern/risk – low, medium or high
Current involvement with Children's Social Care (CSC) – other children on Child in Need or Child Protection Plan		
Previous history of child removed and [redacted] in [redacted] or under special guardianship, 'looked after' or under supervision of CSC		
[redacted] formerly a Looked After Child	11-3-14 ERobinson.	Alexis was in care from the age 4 to 14.
Teenage pregnancy – follow teenage pregnancy pathway		
Historical or current parental involvement with probation service or [redacted] recently served a prison sentence		
Historical or current concerns of violent behaviour, animal abuse or Domestic Violence		
Concerns re parental substance or alcohol misuse – refer to substance misuse midwife	11-3-14 ERobinson	Alexis admitted to cannabis use but stopped since pregnant.
Concerns over mental health of [redacted] and/or [redacted] and/or current [redacted] including post natal mental illness – follow mental health referral pathway	11-3-14 ERobinson	Alexis suffers from low mood due to history - Seeing GP to commence medication after 12/40.
[redacted] with learning difficulties and/or additional needs, including significant medical illness or physical disability		
Late booking for pregnancy care/concealed pregnancy, bonding difficulty with unborn noted		
Current [redacted] is not the [redacted] – please record [redacted] details in on page 1 (DOB & other children)		
Recent significant changes in household – address, job, [redacted] family support, bereavement etc.		
Poor/non engagement with services e.g. [redacted] CSC, health, not registered with a GP		
Unsuitable accommodation – overcrowding, sofa surfing, homeless	11-3-14 ERobinson	On housing list - Flat not suitable for newborn.
[redacted] age difference of more than 2 years (if teenager)		
Single [redacted] family isolation, lack of friends or family support	11-3-14 ERobinson.	Alexis has good support from Brett's family but not her own.
Any other concern		

Adapted from Morecambe Bay NHS Foundation Trust

January 2014 v1.0

North Cumbria
University Hospitals
NHS Trust

Case Notes Alert Form

DEMOGRAPHIC [REDACTED]

HOSPITAL No. W910663
 NAME Alexis Prowse
 ADDRESS 61a Moresby Parks

 D.O.B. 5-2-94
 NHS No. 7044 186 440

DEMOGRAPHIC [REDACTED]

HOSPITAL No. W910663
 NAME Alexis Prowse
 ADDRESS 61a Moresby Parks

 D.O.B. 5-2-94
 NHS No. 7044 186 440

Parental vulnerabilities were identified during pregnancy:

Looked after child from age 4 to 14 years.

History of low mood. H/O cannabis use.

Unsuitable housing

No family support - partners family supportive

As a result of these the following actions were taken:

Rang trage - no social service involvement since 2011.

Professional Involved in Care	Name	Contact Details
Midwife	ELAINE ROBINSON	01946 523229 07768 536909
Health Visitor	LIZ DODDAN AND CONWAY	01946 692241
GP/Consultant	Lowther Medical	01946 692241
Specialist Midwife		
[REDACTED]		
Children's Centre		
Family Nurse (FNP)		
[REDACTED]		
CHOC		
Other - please detail		

Document Image letter

12-Feb-2014 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): Stop Smoking Service, . (Description:) Admin letter

Filename: 105124DM_radF00A0.TIF

Extension: TIF

Pages:


Love

Cumbria Partnership

NHS Foundation Trust

Advisor Tel: 07500 835295

Cumbria Stop Smoking Service

Burrow Health Centre

South Street

Workington

CA14 2EW

Office Tel: 01900 324239

Fax: 01900 324233

Date: 12.2.14.

Dear Dr *Fidalgo*.

NICOTINE REPLACEMENT THERAPY (NRT) PRESCRIPTION

With reference to the above, please note this patient Alexis Prowse.DoB 5.2.94. is currently enrolled on a stop smoking programme and has received Nicotine Replacement Therapy (NRT). He/she stopped smoking on 13/2/14.

The patient has disclosed the following information:-

CAUTIONS/COMMENTS:	SIDE-EFFECTS:	☐ Pregnant
		☐ Breastfeeding

In order to ensure his/her present treatment continues, I would recommend that two/four weeks supply of the following product be prescribed, following your assessment, if appropriate.

NRT Required	Tick	Qty.	NRT Required	Tick	Qty.
24 hour patch – 21mg	☐		Gum – 2mg	☐	
24 hour patch – 14mg	☐		Gum – 4mg	☐	
24 hour patch – 7mg	☐		Nasal Spray	☐	
16 hour patch – 25mg	☐		Microtabs	☐	
16 hour patch – 15mg	☐		Mini lozenges – 1.5mg	☐	
16 hour patch – 10mg	☐		Mini lozenges – 4mg	☐	
16 hour Invisipatch – 25mg	☐		Lozenges – 1mg	☐	
16 hour Invisipatch – 15mg	☐		Lozenges – 2mg	☐	
16 hour Invisipatch – 10mg	☒	14.	Lozenges – 4mg	☐	
QuickMist SINGLE (oromucosal spray – 13.2ml)	☐		Inhalator starter pack (4 x 15mg)	☐	
QuickMist DUO (oromucosal spray – 26.4ml)	☐		Inhalator cartridges (36 x 15mg)	☐	

Yours sincerely

Bernadette Cresswell

Bernadette Cresswell
Specialist Stop Smoking Advisor
NRT 2

Delo
12-2-14
20

Updated January 2013

Other Attachment letter
 12-Feb-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
 Additional: Other Attachment letter
 cumbria stop smoking service do
 Filename: 00HLT015.tif
 Extension: .tif
 Pages:



Cumbria Partnership NHS
 NHS Foundation Trust

Advisor Tel: 07500 835295

Date: 12.2.14

Dear Dr Fidalgo

South [redacted] Street
 Workington
 CA14 2EW
 Office Tel: 01900 324239
 Fax: 01900 324233

NICOTINE REPLACEMENT THERAPY (NRT) PRESCRIPTION

With reference to the above, please note this patient [redacted] is [redacted]

DoB 5.2.94 is currently enrolled on a stop smoking programme and has received Nicotine Replacement Therapy (NRT). He/she stopped smoking on 13/2/14.

The patient has disclosed the following information:-

CAUTIONS/COMMENTS:	SIDE-EFFECTS:	☐ Pregnant
		☐ Breastfeeding

In order to ensure his/her present treatment continues, I would recommend that two/four weeks supply of the following product be prescribed, following your assessment, if appropriate.

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24 hour patch – 21mg	☐		Gum – 2mg	☐	
24 hour patch – 14mg	☐		Gum – 4mg	☐	
24 hour patch – 7mg	☐		Nasal Spray	☐	
16 hour patch – 25mg	☐		Microtabs	☐	
16 hour patch – 15mg	☐		Mini lozenges – 1.5mg	☐	
16 hour patch – 10mg	☐		Mini lozenges – 4mg	☐	
16 hour Invisipatch – 25mg	☐		Lozenges – 1mg	☐	
16 hour Invisipatch – 15mg	☐		Lozenges – 2mg	☐	
16 hour Invisipatch – 10mg	☒	14.	Lozenges – 4mg	☐	
QuickMist SINGLE (oromucosal spray – 13.2ml)	☐		Inhalator starter pack (4 x 15mg)	☐	
QuickMist DUO (oromucosal spray – 26.4ml)	☐		Inhalator cartridges (36 x 15mg)	☐	

Yours sincerely

Bernadette Cresswell

Bernadette Cresswell
 Specialist Stop Smoking Advisor
 NRT 2

Updated January 2013

Document Image letter

15-Jan-2014 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): Stop Smoking Service, . (Description:) Treatment Request

Filename: 105124DM_radCC5D3.TIF

Extension: TIF

Pages:



Cumbria Partnership

NHS Foundation Trust

Advisor Tel: 07500 835295

Cumbria Stop Smoking Service

Burrow Health Centre

South Street

Workington

CA14 2EW

Office Tel: 01900 324239

Fax: 01900 324233

Date: 15.1.14.

Dear Dr Fidalgo

NICOTINE REPLACEMENT THERAPY (NRT) PRESCRIPTION

With reference to the above, please note this patient Alexis Prowse.DoB 5.2.94 has enrolled on a stop smoking programme and has been assessed as motivated to quit.

The patient has disclosed the following information:-

CAUTIONS/COMMENTS:

☐ Pregnant☐ Breastfeeding

Following your assessment for suitability, if appropriate, we would recommend 2 weeks supply of the following product:-

NRT Required	Tick	Qty.	NRT Required	Tick	Qty.
24 hour patch – 21mg	☐		Gum – 2mg	☐	
24 hour patch – 14mg	☐		Gum – 4mg	☐	
24 hour patch – 7mg	☐		Nasal Spray	☐	
16 hour patch – 25mg	☐		Microtabs	☐	
16 hour patch – 15mg	☐		Mini lozenges – 1.5mg	☐	
16 hour patch – 10mg	☐		Mini lozenges – 4mg	☐	
16 hour Invisipatch – 25mg	☒	14	Lozenges – 1mg	☐	
16 hour Invisipatch – 15mg	☐		Lozenges – 2mg	☐	
16 hour Invisipatch – 10mg	☐		Lozenges – 4mg	☐	
QuickMist SINGLE (oromucosal spray – 13.2ml)	☐		Inhalator starter pack (4 x 15mg)	☐	
QuickMist DUO (oromucosal spray – 26.4ml)	☒	1	Inhalator cartridges (36 x 15mg)	☐	

Yours sincerely

Bernadette Cresswell.

Bernadette Cresswell
Specialist Stop Smoking Advisor

NRT 1

Updated January 2013

Other Attachment letter
 15-Jan-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
 Additional: Other Attachment letter
 cumbria stop smoking service do
 Filename: 00HLT013.tif
 Extension: .tif
 Pages:



Cumbria Partnership NHS
 NHS Foundation Trust

Advisor Tel: 07500 835295

Cumbria Stop Smoking Service
 Burrow Thomas Health Centre
 South Street
 Workington
 CA14 2EW
 Office Tel: 01900 324239
 Fax: 01900 324233

Date: 15.1.14.

Dear Dr Fidalgo

NICOTINE REPLACEMENT THERAPY (NRT) PRESCRIPTION

With reference to the above, please note this patient Alexis Prowse

DoB 5.2.94 has enrolled on a stop smoking programme and has been assessed as motivated to quit.

The patient has disclosed the following information:-

CAUTIONS/COMMENTS:	☐ Pregnant	☐ Breastfeeding

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NRT Required	Tick	Qty.	NRT Required	Tick	Qty.
24 hour patch – 21mg	☐		Gum – 2mg	☐	
24 hour patch – 14mg	☐		Gum – 4mg	☐	
24 hour patch – 7mg	☐		Nasal Spray	☐	
16 hour patch – 25mg	☐		Microtabs	☐	
16 hour patch – 15mg	☐		Mini lozenges – 1.5mg	☐	
16 hour patch – 10mg	☐		Mini lozenges – 4mg	☐	
16 hour Invisipatch – 25mg	☒	14	Lozenges – 1mg	☐	
16 hour Invisipatch – 15mg	☐		Lozenges – 2mg	☐	
16 hour Invisipatch – 10mg	☐		Lozenges – 4mg	☐	
QuickMist SINGLE (oromucosal spray – 13.2ml)	☐		Inhalator starter pack (4 x 15mg)	☐	
QuickMist DUO (oromucosal spray – 26.4ml)	☒	1	Inhalator cartridges (36 x 15mg)	☐	

Yours sincerely

Bernadette Cresswell

Bernadette Cresswell
 Specialist Stop Smoking Advisor

NRT 1

Updated January 2013

Filename: 105123DM_rad6A2B2.TIF

Extension: TIF

Pages:



EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria **NHS**
University Hospitals
NHS Trust

ED No. WED-13-023975-1

Hospital No. W910663

Prev ED No. WED-13-019069-1

No. Prev visits 3

Consultant In Charge		Clinician	Patient Group	Other
Surname: Prowse	61A MORESBY PARKS ROAD MORESBY PARKS WHITEHAVEN CUMBRIA Postcode: CA28 8XD Tel: 07746909926	Title: Miss	Date Attended: 13 Oct 2013	
Names: Alexis		Gender: Female	Time Attended: 12:28	
Address:		Age: 19 Years	Time since incident: 12-24hrs	
		D.O.B: 05 Feb 1994	Mode of Arrival: Own Transport	
		Religion: White British		
		Occupation:		

PRESENTING COMPLAINT Bites and Stings, human bite - right little finger

GP's Details	JLF Fidalgo LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	Relationship	McLaughlin Brett 2 BROW CLOSE MORESBY PARKS WHITEHAVEN CA28 7RG
Telephone:	01946 692241	Telephone	01946 591077

TRIAGE NOTES

OBSERVATIONS		TRIAGE COMMENTS/HISTORY OF EVENTS:
Temp		Human bite to end of little finger R hand. Concerned as states person who bit her is a "druggy". Wounds and edness present to end of little finger. PAST MEDICAL HISTORY : none stated. MEDICATION TAKEN PRIOR TO ATTENDING ED: TRIAGE TREATMENT:
Pulse		
Resp		
Blood pressure		
Verbal response		
Motor response		
Eye response		
BM stix		
Pre Neb		
Post Neb		
O2 Sat		
VA.R		
VA.L		
EMEWS		
Comments		

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Alexis Prowse D.O.B: 05 Feb 1994 Hosp Num: W910663 NHS Num: 7044186440 ED Num: WED-13-023975-1 Attendance Date: 13 Oct 2013 Time: 12:28

[illegible]

CLINICAL NOTES			
Clinicians Name		Time Seen	
Referred to Speciality		Left Department	13:32

DEPARTMENT WAS VERY BUSY AND ALEXIS DID NOT WISH TO WAIT, SHE SAID SHE PREFERRED TO VISIT HER DOCTOR THE NEXT DAY. MS. Solari

[illegible]

DISCHARGE SUMMARY		
Discharge Date:	Outcome:	Comments given to GP:
Signature:		

Patient Name: Alexis Prowse D.O.B: 05 Feb 1994 Hosp Num: W910663 NHS Num: 7044186440 ED Num: WED-13-023975-1 Attendance Date: 13 Oct 2013 Time: 12:28

Document Image letter

13-Oct-2013 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Human bite to (R) little finger. Left dept before being treated.

Filename: 105123DM_radA5DDC.TIF

Extension: .TIF

Pages:

ED Attendance Summary
EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria 
University Hospitals
NHS Trust

GP Details

Name: Dr JLF Fidalgo
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W910663
NHS No: 7044186440
ED Episode No: WED-13-023975-1

Date & Time of Presentation: 13 Oct 2013 12:28
Presentation Type: New
Patient Group: Other
Presenting Complaint:
Bites and Stings, human bite - right little finger
Incident Type: Other
ED Clinician: Z No Doc Seen

Triage:

Presenting Complaint: Bites & Stings, Recent problem

Treatment:

Comments: Human bite to end of little finger R hand. Concerned as states person who bit her is a "drugy". Wounds and edness present to end of little finger.

First Nursing Obs:

Pulse:
Temperature:
Oxygen Saturation%:
Comments:

Patient Details

Name: Alexis Prowse
DoB: 05 Feb 1994
Address: 61A MORESBY PARKS ROAD
MORESBY PARKS
WHITEHAVEN
CUMBRIA
CA28 8XD
Home Tel: 07746909926
Mobile :

Previous Attendances: 3

Time Seen by Clinician: 13:59

BP:
Resps(per min):
GCS Total:

Investigations:

1. None Test: None

Diagnosis:

1. No Diagnosis Recorded Comments human bite to R little finger

Treatment:

1. Refused Treatment Comments: did not wait

Nursing Comments:Doctors Comments:Discharge Details:

Left Department before being treated, Home

Discharge Date & Time:

13 Oct 2013 14:01

Contact the Emergency Department if you have any further queries about his attendance.

Document Image letter

15-Aug-2013 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Report

Filename: 105123DM_rad9BF88.TIF

Extension: TIF

Pages:



EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria University Hospitals
NHS Trust

ED No. WED-13-019069-1 Hospital No. W910663 Prev ED No. WED-13-008541-1 No. Prev visits 2

Consultant In Charge	Clinician	Patient Group	Road Traffic Collision
Surname: Prowse Names: Alexis Address: 11 DALEGARTH AVE. WHITEHAVEN CUMBRIA Postcode: ZZ99 3WZ Tel: 07746909926	Title: Miss Gender: Female Age: 19 Years D.O.B: 05 Feb 1994 Religion: Ethnicity: White British Occupation:	Date Attended: 15 Aug 2013 Time Attended: 19:09 Time since incident: <1hr Mode of Arrival: Own Transport	

PRESENTING COMPLAINT Back Pain, shoulder & neck

GP's Details JLF Fidalgo LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG Telephone: 01946 692241	 Relationship Telephone	Robert Spedding 18 WEST CROFT TERRACE LOWCA WHITEHAVEN CUMBRIA CA28 7RG Partner Telephone 07746909926
---	-----------------------------------	--

TRIAGE NOTES

OBSERVATIONS	TRIAGE COMMENTS/HISTORY OF EVENTS:
Temp	front passenger in static car at traffic lights wearing seat belt. or ran into the back of them. now has pain in mid thoracic area of back worse on movement. appear to have no bony tenderness
Pulse	
Resp	PAST MEDICAL HISTORY : <i>Asthma</i> MEDICATION TAKEN PRIOR TO ATTENDING ED: <i>NKDA</i> <i>18/7 years</i> <i>No ETOH</i> <i>Lives with sister</i>
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	TRIAGE TREATMENT: Paracetamol, Ibuprofen
Pre Neb	
Post Neb	
O2 Sat	
VA.R	
VA.L	
EMEWS	
Comments	

SPECIAL CASE		
ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Alexis Prowse D.O.B: 05 Feb 1994 Hosp Num: W910663 NHS Num: 7044186440 ED Num: WED-13-019069-1 Attendance 15 Aug 2013 Time: 19:09

PRESCRIPTION					
Drug	Dose	Route	Prescriber	Given by	Time
Paracetamol	1g	PO			1930
Thyphor	every	PO			1930

CLINICAL NOTES			
Clinicians Name	Selim Kersab	Time Seen	19:36
Referred to Speciality		Left Department	
Patient admitted to A&E with Neck, shoulders, back pain following a car accident. (6:25 pm she was sitting in the car (stopped) while another car ran into the back of her car (about 40 m/h). the pain radiates from the back of the neck to both shoulders and arms. No tingling or numbness. back pain starts from T10-11 → cerv. Tender. No pain in extremities. R [redacted] and fingers: pain on flexion and extension, R pain on R wrist flexion & extension, pain with R shoulder supine, flexion, extension, abduction, elbows: NROM R shoulder no pain/ ROM. R hip pain on flexion and abduction. Pain 8/10 Analgesia Neck movements Painful / R ankle pain. Plan: Rest follow up with GP advice leaflets D: Neck sprain & soft tissue injury. Discussed with Miss Summers (no need for X-ray)			
INVESTIGATIONS & RESULTS			

DISCHARGE SUMMARY		
Discharge Date: 13/8/2013	Outcome:	Comments given to GP:
Signature: S. Kersab		

Document Image letter

15-Aug-2013 Mrs Debbie Todd (DJT)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Unscheduled Care (Notes:) back shoulder neckpain

Filename: 105123DM_radE97AB.TIF

Extension: .TIF

Pages:

ED Attendance Summary
 EMERGENCY DEPARTMENT
 WEST CUMBERLAND HOSPITAL
 WHITEHAVEN
 CA28 8JG
 Tel 01946 693181

North Cumbria 
 University Hospitals
 NHS Trust

GP Details

Name: Dr JLF Fidalgo
Address: LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG
Hospital No: W910663
NHS No: 7044186440
ED Episode No: WED-13-019069-1

Patient Details

Name: Alexis Prowse
DoB: 05 Feb 1994
Address: 18 WEST CROFT TERRACE
 LOWCA
 WHITEHAVEN
 CUMBRIA
 CA28 6PX
Home Tel: 07746909926
Mobile :

Date & Time of Presentation: 15 Aug 2013 19:09
Presentation Type: New
Patient Group: Road Traffic Collision
Presenting Complaint:
 Back Pain, shoulder & neck
Incident Type: Road
ED Clinician: Selim Kessab

Previous Attendances: 2**Time Seen by Clinician:** 19:36Triage:**Presenting Complaint:** Back Pain, Recent problem**Treatment:** Paracetamol, Ibuprofen**Comments:** front passenger in static car at traffic lights wearing seat belt. or ran into the back of them. now has pain in mid thoracic area of back worse on movement. appear to have no bony tendernessFirst Nursing Obs:**Pulse:****Temperature:****Oxygen Saturation%:****Comments:****BP:****Resps(per min):****GCS Total:**Investigations:

1. None Test: None

Diagnosis:

1. Sprain & Strain Site: Lower Back Comments Back sprain
 2. Sprain & Strain Site: Neck Comments neck sprain

Treatment:

1. Oral medication Comments: rest, analgesia

2. Injury advice sheet Comments: rest, analgesia, follow up with GP

Prescribed Drugs:

1. Ibuprofen 400mg Dose 1 Frequency Three times per day Quantity 1 Week

2. Paracetamol 500mg Dose 1 Frequency Four times per day Quantity 1 Week

Nursing Comments:Doctors Comments:Discharge Details:

Discharged - no follow up, Home

Discharge Date & Time:

15 Aug 2013 20:28

Comments for GP: (including any future patient management identified:

follow up the neck/back sprain, consider physiotherapy if needed

Aca

Out of Hours Report letter
12-Jun-2013 Ms Barbara XXXXmurphy (BXM_)
Additional: Out of Hours Report letter

Filename: 00HLT00T.htm

Extension: .tif

Pages:

NHSD 111 OOH Call Incident Report

Call number:	55105	Receive Date:	11-Jun-2013 23:22
Patient's Name:	Alexis Prowse	Gender:	F
Date of birth:	5-Feb-1994 (19 years)	Current Address:	11 Dalegarth Avenue
Address:	11 Dalegarth Avenue Mirehouse Whitehaven CA28 9JE		Mirehouse Whitehaven CA28 9JE
Return Contact No:			
Tel No:			
Mobile No:	07969 324353		
Priority:	P3	Call Origin:	
Received:	11-Jun-2013 23:22	Calltype:	111 Cases
Advised:	:	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	J Fidalgo

NHS Number:
7044186440

Reported Condition:
Symptoms: CONTRACEPTION IMPLANT REMOVED TODAY AND BLEEDING

Pathways Details:
Pathways Final Disposition - The individual needs to contact the GP practice or other local service within 6 hours. If the practice is not open within this period they need to contact the out of hours service. (Dx06)

Followups:
None

]]>

Document Image letter

11-Jun-2013 Mrs Debbie Todd (DJT)

Additional: Document Image letter

Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) consent for medical treatment

Filename: 105122DM_radE4C79.TIF

Extension: .TIF

Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

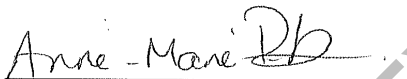
PATIENT'S DETAILS:Surname: **Prowse**First Names: **AlexisFiona**Date of Birth: **05/02/1994**Male/Female: **Female****THIS SECTION FOR COMPLETION BY THE GP:**

This form has been prepared for the treatment, investigation or operation detailed below:

(Click here and type in details):

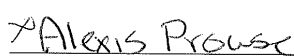
REMOVAL OF IMPLANT

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [REDACTED]

Signature of
NURSE:

Date: **11 June 2013**Name of NURSE completing the procedure: [REDACTED] **PINK****THIS SECTION FOR COMPLETION BY THE PATIENT /** [REDACTED] **/** [REDACTED]

- 1 [REDACTED] the patient / [REDACTED] / [REDACTED] (delete as necessary)
 - 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y N
 - 3 I agree to have the type of anaesthetic (general / Y local / sedation) that has been explained to me. Y N
 - 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y N
 - 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include: Y
-
- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:
-

Signature of Patient /

[REDACTED] / [REDACTED]


Address (if not the patient):

Full Name of Patient

[REDACTED] / [REDACTED]

Note to GP: A patient has the legal right to [REDACTED] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

Patient letter

11-Jun-2013 Mrs Anne-Marie Pink (AMP3735)

Additional: Patient letter

CONSENT

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **AlexisFiona**
Date of Birth: **05/02/1994** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

REMOVAL OF IMPLANT

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [REDACTED] / [REDACTED]

Signature of NURSE: _____ Date: **11 June 2013**

Name of NURSE completing the procedure: **[REDACTED] PINK**

THIS SECTION FOR COMPLETION BY THE PATIENT / [REDACTED] / [REDACTED]

- 1 I am the patient / [REDACTED] / [REDACTED] (delete as necessary)
- 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y N
- 3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. Y N
- 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y N
- 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:

Signature of Patient / [REDACTED]	Address (if not the patient):
Full Name of Patient / [REDACTED]	

Note to GP: A patient has the legal right to [REDACTED] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Document Image letter

18-Apr-2013 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Form

Filename: 105122DM_radBB2CE.TIF

Extension: .TIF

Pages:



EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria **NHS**
University Hospitals
NHS Trust

ED No. WED-13-008541-1

Hospital No. W910663

Prev ED No. WED-11-028211-1

No. Prev visits 1

Consultant In Charge		Clinician	Patient Group	Other
Surname: Prowse	WHITEHAVEN CUMBRIA	Title: Miss	Date Attended: 18 Apr 2013	Time since incident: <1hr Mode of Arrival: Own Transport
Names: Alexis		Gender: Female	Time Attended: 15:46	
Address: 15 DALEGARTH AVE.		Age: 19 Years		
		D.O.B: 05 Feb 1994		
		Religion: White British		
Postcode: ZZ99 3WZ		Occupation:		
Tel: 07746909926				

PRESENTING COMPLAINT ☐ Problems

GP's Details	JLF Fidalgo LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	☐ ☐ ☐	☐ Spedding 18 WEST CROFT TERRACE LOWCA WHITEHAVEN CUMBRIA CA28 7RG
Telephone: 01946 692241		Relationship	Telephone 07746909926

TRIAGE NOTES

OBSERVATIONS	TRIAGE COMMENTS/HISTORY OF EVENTS:
Temp	Using eyeliner approx 1 hour ago right eye became irritated, took off false eyelashes eye remains red painful and watery
Pulse	
Resp	
Blood pressure	PAST MEDICAL HISTORY :
Verbal response	
Motor response	
Eye response	MEDICATION TAKEN PRIOR TO ATTENDING ED:
BM stix	
Pre Neb	
Post Neb	TRIAGE TREATMENT:
O2 Sat	
VA.R 6/9	
VA.L 6/9	
EMWS	
Comments	

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Alexis Prowse D.O.B: 05 Feb 1994 Hosp Num: W910663 NHS Num: 7044186440 ED Num: WED-13-008541-1 Attendance Date: 18 Apr 2013 Time: 15:46

PRESCRIPTION					
Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES			
Clinicians Name	R.W. Adams		Time Seen
Referred to Speciality			Left Department
(R) eye (1 hr ago) Hx of putting make up on and felt something go in her eye. Took her false eyelashes off but red + painful eye remained. Was putting eye-liner on at the time and ? bit of eye-liner got into eye. Epiphora ++ Gritty feeling Hyperaemia			
(L) eye nil of note on gross examination			
o/e  Scleral hyperaemia epiphora			
(R) eye eyelid slightly swollen (upper + lower)			
Upper eyelid everted + eye-liner seen → removed with wet cotton bud			
Nil seen on slit lamp + gross examination of rest of eye			
Fluorescein stain revealed nil abrasions of note			
INVESTIGATIONS & RESULTS			
Foreign body removed → instant relief			
Advised not to wear make-up 24-48 hrs and to wash eye tomorrow + today when safe (H)			
DISCHARGE SUMMARY			
Discharge Date:	18/4/13	Outcome:	Discharge
Signature: 		Comments given to GP:	

To return if pain or significant ↓ visual acuity in 24-48 hrs



Document Image letter

18-Apr-2013 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Foreign body (R) eye

Filename: 105122DM_radB5CE3.TIF

Extension: .TIF

Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria 
University Hospitals
NHS Trust

GP Details

Name: Dr JLF Fidalgo
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W910663
NHS No: 7044186440
ED Episode No: WED-13-008541-1

Date & Time of Presentation: 18 Apr 2013 15:46
Presentation Type: New
Patient Group: Other
Presenting Complaint: Eye Problems
Incident Type: Home
ED Clinician: [REDACTED]

Triage:

Presenting Complaint: Eye problems, Red eye

Treatment:

Comments: Using eyeliner approx 1 hour ago right eye became irritated, took off false eyelashes eye remains red painful and watery

First Nursing Obs:

Pulse:

Temperature:

Oxygen Saturation%:

Comments:

Investigations:

1. None Test: None

Diagnosis:

1. Foreign Body Site: Eye Side Right Comments Foreign body (eye-liner) on inner upper eyelid - removed with instant relief. No corneal abrasions evident

Treatment:

1. Verbal advice Comments: Not to wear make-up for 24-48 hrs. To keep eye clean.

Nursing Comments:Doctors Comments:Discharge Details:

Discharged - no follow up, Home

Discharge Date & Time:

18 Apr 2013 16:27

Comments for GP: (including any future patient management identified:

Eyeliner in upper inner eyelid. Removed with instant relief and discharged

Contact the Emergency Department if you have any further queries about his attendance.

Patient Details

Name: Alexis Prowse
DoB: 05 Feb 1994
Address: 15 DALEGARTH AVE.

WHITEHAVEN
CUMBRIA
ZZ99 3WZ
Home Tel: 07746909926
Mobile :

Previous Attendances: 1

Time Seen by Clinician: 16:01

BP:

Resps(per min):

GCS Total:

Other Attachment letter
 16-Oct-2012 Mr A Other (OTHER_)
 Additional: Other Attachment letter
 faxed first steps
 Filename: 00HLT00P.tif
 Extension: .tif
 Pages:

2501168600

P.01/01

TRANSACTION REPORT

15/OCT/2012/MON 15:11

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	15/OCT	15:11	Counselling Referrals	0:00:28	2	MEMORY OK	SG3 1531

Cumbria Partnership

NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but
 please ensure you include all the information on this form

Client Details	
Name & Title: Miss Alexis Prowse Date of birth: 05/02/1994	Address: 1 Lowther Street Whitehaven Post Code CA28 7AL
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	NHS NUMBER 704 418 6440
Telephone: Mobile ☐ Landline ☐	
Permission to contact client via: Landline ☐ Mobile ☐ Letter ☒ Text Message ☐	
Can we identify ourselves to family members: Yes ☐ No ☒	
Reason for referral Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children. It would be useful to us to know what kind of help the client is looking for or expecting to receive. Reason for referral: Depression Thank you for help with this 18 year old young lady who [REDACTED] accommodation for troubled young people. For the past 6 months she has felt very low with anxiety, feeling very emotional, irritable, lack of interest in her normal tasks, insomnia etc. She has been involved in an abuse relationship and is finding it difficult to cope with things at the moment. I would be very grateful if you could offer Alexis some counselling. I am placing her on Fluoxetine 20 mgs daily and I plan to regularly review her.	
Previous interventions (e.g. medication, psychological therapy)	
Current medication Fluoxetine 20 mgs	
Risk Profile - Past history and evidence of risk (please circle)	
Current Yes ☒ No ☐ Not known Past Yes ☒ No ☐ Not known	Examples of risk include harm to self, harm to others including staff, self-neglect, child protection issues and substance misuse.

Referral letter

15-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional: Referral letter

15/10/2012 Refer for Refer to counsellor at Lowther Medical Centre department of Counsellor with by: Dr J Fidalgo

Cumbria Partnership

NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but please ensure you include all the information on this form

Client Details	
Name & Title: Miss Alexis Prowse Date of birth: 05/02/1994	Address: 1 Lowther Street Whitehaven Post Code CA28 7AL
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	NHS NUMBER 704 418 6440
Telephone: Mobile 	Landline 
Permission to contact client via: Landline ☐ Mobile ☐ Letter ☒ Text Message ☐	Can we identify ourselves to family members: Yes ☐ No ☒
Reason for referral Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children. It would be useful to us to know what kind of help the client is looking for or expecting to receive. Reason for referral: Depression Thank you for help with this 18 year old young lady who [REDACTED] accommodation for troubled young people. For the past 6 months she has felt very low with anxiety, feeling very emotional, irritable, lack of interest in her normal tasks, insomnia etc. She has been involved in an abuse relationship and is finding it difficult to cope with things at the moment. I would be very grateful if you could offer Alexis some counselling. I am placing her on Fluoxetine 20 mgs daily and I plan to regularly review her.	
Previous interventions (e.g. medication, psychological therapy)	
Current medication Fluoxetine 20 mgs	
Risk Profile - Past history and evidence of risk (please circle)	
Current Yes No Not known Past Yes No Not known	Examples of risk include harm to self, harm to others including staff, self-neglect, child protection issues and substance misuse.

If current or past risk identified, please provide further details

Completed by

Name: Dr J Fidalgo
 Contact address including postcode: Lowther Medical Centre
 1 Castle Meadows, Whitehaven CA28 7RG
 Phone: Business: 01946 692241/518299-Prescriptions

Signature & date

15 October 2012

Thank you for completing this form, please return to
 Cumbria Primary Mental Health Service
 Elmwood, 2a Tynefield Drive,
 Penrith, Cumbria, CA11 8JA.

Who we can help

The Primary Mental Health Service can provide up to 7 sessions of psychological therapy (e.g. guided self-help, brief CBT, counselling) for individuals with mild to moderate mental health problems such as

- Depression
- Anxiety Disorders (e.g., PTSD, OCD, Health Anxiety, Panic, Generalised Anxiety Disorder)

Exclusion criteria would include

- Individuals presenting with high risk or requiring a multi-disciplinary mental health team approach
- Individuals currently open to secondary care
- Individuals for whom a brief intervention would increase risk or be detrimental.

Document Image letter

10-May-2012 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) Signed Consent Form

Filename: 105121DM_rad15F88.TIF

Extension: .TIF

Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:Surname: **Prowse**First Names: **AlexisFiona**Date of Birth: **05/02/1994**Male/Female: **Female****THIS SECTION FOR COMPLETION BY THE GP:**

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

INSERTION OF CONTRACEPTIVE IMPLANT - NEXPLANON

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient /

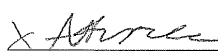
Signature of NURSE:


Date: **10 May 2012**Name of NURSE completing the procedure: **PINK****THIS SECTION FOR COMPLETION BY THE PATIENT /**

- 1 **the patient** / (delete as necessary)
- 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. ☒ Y ☐ N
- 3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. ☒ Y ☐ N
- 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. ☒ Y ☐ N
- 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:
- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:

Signature of Patient /

/



Address (if not the patient):

Full Name of Patient

/

Note to GP: A patient has the legal right to or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

Nexplanon®

Lot. 102177/230177

For patient file

45193/100

Patient letter

10-May-2012 Mrs Anne-Marie Pink (AMP3735)

Additional: Patient letter

CONSENT

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **AlexisFiona**
Date of Birth: **05/02/1994** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

INSERTION OF CONTRACEPTIVE IMPLANT - NEXPLANON

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [REDACTED] / [REDACTED]

Signature of NURSE: _____ Date: **10 May 2012**

Name of NURSE completing the procedure: **[REDACTED] PINK**

THIS SECTION FOR COMPLETION BY THE PATIENT / [REDACTED] [REDACTED]

- 1 I am the patient / [REDACTED] / [REDACTED] (delete as necessary)
- 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y N
- 3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. Y N
- 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y N
- 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:

Signature of Patient / [REDACTED]

Address (if not the patient):

Full Name of Patient / [REDACTED]

Note to GP: A patient has the legal right to [REDACTED] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Document Image letter

17-Dec-2011 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter

Filename: 105121DM_rad9953D.TIF

Extension: .TIF

Pages:



EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria **NHS**
University Hospitals
NHS Trust

ED No. WED-11-028211-1

Hospital No. W910663

Prev ED No.

No. Prev visits 0

Consultant In Charge		Clinician	Patient Group	Accident at Home
Surname: Prowse		Title: Miss	Date Attended: 17 Dec 2011	
Names: Alexis		Gender: Female	Time Attended: 17:26	
Address: 18 WEST CROFT TERRACE		Age: 17 Years	Time since incident: 12-24hrs	
LOWCA		D.O.B: 05 Feb 1994	Mode of Arrival: Own Transport	
WHITEHAVEN		Religion:		
CUMBRIA		Ethnicity: White British		
Postcode: CA28 6PX		Occupation:		
Tel: 07746909926				

PRESENTING COMPLAINT Limb Lower, foot inj

GP's Details	JG Telford LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	Relationship	Spedding
Telephone: 01946 692241		Telephone	07746909926

TRIAGE NOTES

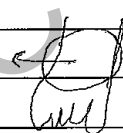
OBSERVATIONS	TRIAGE COMMENTS/HISTORY OF EVENTS:
Temp	c/o painful, swollen left ankle after fall down steps last night. o/a walked in, swelling over lateral malleolus
Pulse	
Resp	
Blood pressure	
Verbal response	PAST MEDICAL HISTORY :
Motor response	
Eye response	MEDICATION TAKEN PRIOR TO ATTENDING ED:
BM stix	
Pre Neb	TRIAGE TREATMENT:
Post Neb	
O2 Sat	
VA.R	
VA.L	
EMEWS	
Comments	

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Alexis Prowse D.O.B: 05 Feb 1994 Hosp Num: W910663 ED Num: WED-11-028211-1 Attendance Date: 17 Dec 2011 Time: 17:26

[illegible]

CLINICAL NOTES		
Clinicians Name	AMANDA SAADA	Time Seen
Referred to Speciality		Left Department
PC: Swollen left ankle + pain HPC: Patient was going up stairs when she fell and "twisted" the Ankle. Patient said she walked to the bedroom but when she woke up this morning and found her right^{left} ankle swollen and could not bear weight on it. O/E: pain on ankle movement. bony tenderness on palpating malleoli Swollen and redness ankle.  IMP: Fracture. plan: Ankle X Ray		
INVESTIGATIONS & RESULTS		
Ankle X Ray: NO fracture seen (Discussed with Dr. Nisha) Tubigrip + Painkillers + Advice sheet ✓		
DISCHARGE SUMMARY		
Discharge Date: 11/7/12	Outcome:	Comments given to GP:
Signature: A. Saada		

Document Image letter

17-Dec-2011 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) (L) ankle injury

Filename: 105121DM_radB4DED.TIF

Extension: .TIF

Pages:

ED Attendance Summary
 EMERGENCY DEPARTMENT
 WEST CUMBERLAND HOSPITAL
 WHITEHAVEN
 CA28 8JG
 Tel 01946 693181

North Cumbria **NHS**
 University Hospitals
 NHS Trust

GP Details

Name: Dr JG Telford
 Address: LOWTHER MEDICAL CENTRE
 1 CASTLE MEADOWS
 WHITEHAVEN
 CUMBRIA
 CA28 7RG

Hospital No: W910663

NHS No:

ED Episode No: WED-11-028211-1

Date & Time of Presentation: 17 Dec 2011 17:26

Presentation Type: New

Patient Group: Accident at Home

Presenting Complaint:

Limb Lower, foot inj

Incident Type: Home

ED Clinician: Saada

Triage:

Presenting Complaint: Limb problems, Swelling

Treatment:

Comments: c/o painful, swollen left ankle after fall down steps last night. o/a walked in, swelling over lateral malleolus

First Nursing Obs:

Pulse:

Temperature:

Oxygen Saturation%:

Comments:

BP:

Resps(per min):

GCS Total:

Investigations:

1. Other Test: Other

Radiology:

1. X-Ray Site: Ankle Side: Left

Diagnosis:

1. Sprain & Strain Site: Ankle Side Left Comments .

Treatment:

1. Other Comments: tubigrib

Prescribed Drugs:

1. Paracetamol 500mg Dose 2 Milligrams Frequency Four times per day Quantity 1 Week
 2. Ibuprofen 400mg Dose 2 Frequency Three times per day Quantity 1 Week

Nursing Comments:**Doctors Comments:****Discharge Details:**

Discharged - no follow up, Home

Discharge Date & Time:

17 Dec 2011 19:16

Document Image letter

29-Nov-2011 Mrs Janet Procter (JPR)

Additional: Document Image letter

Docman Attachment (From): First Step, . (Description:) Admin letter (Notes:) Has chosen not to access services

Filename: 105120DM_radE7AB9.TIF

Extension: .TIF

Pages:

Cumbria Partnership 
NHS Foundation Trust



Elmwood
2A Tynfield Drive
Penrith
Cumbria
CA11 8JA

Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Date: 29/11/2011

Lowther Medical Centre
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Colleague,

Ref: 24728

NHS No: 7044186440

Client Name: Alexis Prowse

Client DoB: 05/02/1994

Client Address: 12 Fleswick Avenue WHITEHAVEN Cumbria CA28 9PB

The above named client was recently referred to First Step, but has chosen not to access our Services.

We have therefore discharged them from First Step.

Please do not hesitate to contact us if you have any concerns.

Yours Sincerely,

Shirley Rowlands
First Step Operational Manager

CC: Alexis Prowse
12 Fleswick Avenue
WHITEHAVEN
Cumbria
CA28 9PB

This letter is also available in larger text, or in different languages. Please contact the above number.

Document Image letter

10-Nov-2011 Ms Louise Bacon (LB_)

Additional: Document Image letter

Docman Attachment (From): Mental Health (Description:) Admin Letter

Filename: 105120DM_radDD3F7.TIF

Extension: TIF

Pages:

Alexis Prowse 5/2/14

HOSPITAL ANXIETY AND DEPRESSION SCALE

Please indicate how you are feeling now, or how you have been feeling in the last day or two, by ticking placing a circle in a column to the right of each of the following statements:

		Yes definitely	Yes sometimes	No not much	No not at all
1	I wake early and then sleep badly for the rest of the night.	3	(2)	1	0
2	I feel miserable and sad.	3	(2)	1	0
3	I have lost interest in things.	3	(2)	1	0
4	I have a good appetite.	0	1	(2)	3
5	I feel life is not worth living.	3	2	1	(0)
6	I still enjoy the things I used to.	0	1	(2)	3
7	I feel as if I have slowed down.	3	2	1	(0)
1	I get very frightened or have panic attacks for apparently no reason at all.	3	(2)	1	0
2	I feel anxious when I go out of the house on my own.	(3)	2	1	0
3	I get palpitations or a sensation of 'butterflies' in my stomach or chest	3	2	(1)	0
4	I feel scared or frightened.	3	2	(1)	0
5	I am restless and can't keep still.	3	(2)	1	0
6	I am more irritable than usual.	3	(2)	1	0
7	Worrying thoughts constantly go through my mind.	(3)	2	1	0

10

14

Referral letter

09-Nov-2011 Sister Diana Morgan (DXM_)

Additional: Referral letter

09/11/2011 Refer for Low mood at Commuinity Mental Health Team department of with by: *****

Filename: 00HLT00G.DOC

Cumbria Partnership

NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but please ensure you include all the information on this form

Client Details	
Name & Title: Miss Alexis Prowse Date of birth: 05/02/1994	Address: 12 Fleswick Avenue Whitehaven Post Code CA28 9PB
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	NHS NUMBER 704 418 6440
Telephone: Mobile 	Landline 
Permission to contact client via: Landline ☐ Mobile ☐ Letter ☐ Text Message ☐	Can we identify ourselves to family members: Yes ☐ No ☐
Reason for referral Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children. It would be useful to us to know what kind of help the client is looking for or expecting to receive. Complaint of feeling depressed for 6m, quite a lot happening with her [REDACTED] who was assaulted, he was seen by crisis team as he was suicidal, she has an h/o self harm but none recent, no suicidal thoughts, asking about same counsellor she had 2 yrs ago, On zispin on weekly scripts.	
Previous interventions (e.g. medication, psychological therapy) [REDACTED] Community Nurse	
Current medication Zispin 15mg	

Risk Profile - Past history and evidence of risk (please circle)	
Current No	Examples of risk include harm to self, harm to others including staff, self-neglect, child protection issues and substance misuse.
Past Yes - New pt so unsure	
If current or past risk identified, please provide further details	
Completed by	
Name: [REDACTED]	
Contact address including postcode: Lowther Medical Centre 1 Castle Meadows, Whitehaven CA28 7RG	
Phone: Business: 01946 692241/518299-Prescriptions	
Signature & date	
09 November 2011	

Thank you for completing this form, please return to
Cumbria Primary Mental Health Service
Elmwood, 2a Tynefield Drive,
Penrith, Cumbria, CA11 8JA.

Who we can help The Primary Mental Health Service can provide up to 7 sessions of psychological therapy (e.g. guided self-help, brief CBT, counselling) for individuals with mild to moderate mental health problems such as • Depression • Anxiety Disorders (e.g., PTSD, OCD, Health Anxiety, Panic, Generalised Anxiety Disorder) Exclusion criteria would include • Individuals presenting with high risk or requiring a multi-disciplinary mental health team approach • Individuals currently open to secondary care • Individuals for whom a brief intervention would increase risk or be detrimental.
--

Other Attachment letter
 07-Sept-2011 Dr N Stevenson (NJS_)
 Additional: Other Attachment letter
 Consent Form
 Filename: 00HLT00F.tif
 Extension: .tif
 Pages:

CONSENT FORM
 (For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **AlexisFiona**
 Date of Birth: **05/02/1994** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
 (Click here and type in details):

Implantation removal

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient /

Signature of GP:

[Signature]

Date: **07 September 2011**

Name of GP completing the procedure:

Dr **[Redacted]**

THIS SECTION FOR COMPLETION BY THE PATIENT /

- 1 **[Redacted]** the patient / **[Redacted]** / **[Redacted]** (delete as necessary)
- 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. ☒ Y ☐ N
- 3 I agree to have the type of anaesthetic (general / ☒ local / sedation) that has been explained to me. ☒ Y ☐ N
- 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. ☒ Y ☐ N
- 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:

NK

Signature of Patient /

[Redacted] / **[Redacted]**

A Prowse

Address (if not the patient):

Full Name of Patient

[Redacted] / **[Redacted]**

Note to GP: A patient has the legal right to **[Redacted]** or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

Patient letter
 07-Sept-2011 Mrs Lesley Hull (LJH_)
 Additional: Patient letter

Filename: 00HLT00E.DOC

CONSENT FORM

(For medical treatment, investigation or operation)

PATIENT'S DETAILS:Surname: **Prowse**First Names: **AlexisFiona**Date of Birth: **05/02/1994**Male/Female: **Female****THIS SECTION FOR COMPLETION BY THE GP:**

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [REDACTED] / [REDACTED]

Signature of GP: _____ Date: **07 September 2011**

Name of GP completing the procedure: **Dr [REDACTED]**

THIS SECTION FOR COMPLETION BY THE PATIENT / [REDACTED] / [REDACTED]

- 1 I am the patient / [REDACTED] / [REDACTED] (delete as necessary)
- 2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y N
- 3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. Y N
- 4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y N
- 5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

- 6 I have notified the doctor of the following allergies which may be relevant to my treatment:

Signature of Patient /

Address (if not the patient):

Full Name of Patient /

Note to GP: A patient has the legal right to [REDACTED] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Patient letter

19-Aug-2011 Ms A Reception (RECEP_)

Additional: Patient letter

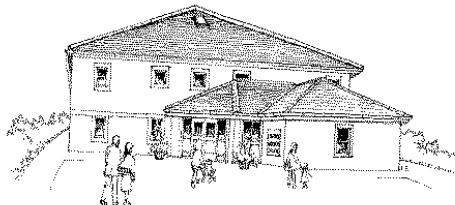
sent asking patient to repeat urine test ma

Filename: 00HLT00D.DOC

Extension: .tif

Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [REDACTED]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

19 August 2011

Miss Alexis Prowse
12 Fleswick Avenue
Whitehaven
Cumbria
CA28 9PB

Dear Miss Prowse

Your recent urine test needs repeated. Please could you collect the appropriate specimen bottle from our reception and return another specimen to us as soon as is convenient. Thank you.

Yours sincerely

M [REDACTED]

Receptionist

Other Attachment letter

10-Feb-2011 Ms Andrea Krefft (AK_)

Additional: Other Attachment letter

np forms

Filename: 00HLT00C.tif
 Extension: .tif
 Pages:



Family doctor services registration

GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr	☐ Mrs	☒ Miss	☐ Ms	Surname	Prowse
Date of birth				First names	Wendy ALEXIS
NHS No.				Previous surname/s	
☐ Male ☒ Female				Town and country of birth	PERTH
Home address					
15 DALECARTH AVE, MIREHOUSE WHITEHAVEN.					
Postcode		Telephone number			
CA28 9JE		01946-328221			

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
1a KNOCKINCAW MOUNT	
KILMARNOCK	Address of previous doctor
EAST Ayrshire	Old Iving Surgery?
	Kilmarnock.
If you are from abroad KAS-2AC	
Your first UK address where registered with a GP	

If previously resident in UK, date of leaving	Date you first came to ☐ ☐ 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 and appliances*

☐ 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

*Not all doctors are authorised to dispense medicines

☒ Signature of Patient☐ Signature on behalf of patient

Date 04/02/2011

Version 01/02
ARM

Please see overleaf re: Organ donation



Family doctor services registration

GM51

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 ☐

Signature confirming my agreement to organ/tissue donation

Date 04/02/2011

For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0845 60 60 400.

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 XXXX XX XX)

Postcode: _____

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 [] 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.

Authorised Signature

Name

Date ____/____/____

Practice Stamp

HA use only

Patient registered for

☐ GMS

☐ CHS

☐ Dispensing

☐ Rural Practice

NEW PATIENT QUESTIONNAIRE

Full name: Alexis Fiona Prowse Previous name (if any)

Date of birth 05/02/94 Marital status Single

Address 15 DALE GARTH AVE Murhouse CA28-9JE

Telephone number 01946-328221 E-mail address

Occupation Partner's occupation

Are you entering the UK from abroad? YES ☐ NO ☒

Have you lived abroad for longer than 3 months? YES ☐ NO ☒

From which country have you come to the UK?

I would describe my ethnic origin as follows:

Asian or Asian British		Mixed		Other Ethnic Group	
☐	Bangladeshi	☐	White & Asian	☐	Chinese
☐	Indian	☐	White & Black African	☐	Other
☐	Pakistani	☐	White & Black Caribbean		
☐	Other Asian	☐	Other mixed		

Black or Black British		White		Do not wish to disclose ☐
☐	African	☒	British ☒	
☐	Caribbean	☐	Irish	
☐	Other Black	☐	Other White	

Significant past medical history T.B.

Current health problems (what problems do you have now) Asthma

Alcohol: [PLEASE CIRCLE THE ANSWER THAT BEST SUITS YOUR PRESENT SITUATION]

How many units of alcohol do you drink per week on average? 7 NB: 1 unit = ½ pint beer/1 glass of wine/1 pub measure of spirit

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 /wk

How many drinks containing alcohol do you have on a typical day when you are drinking? 1 or 2 units 3 or 4 units 5 or 6 units 7, 8 or 9 units 10 or more units

How often do you have 6 or more drinks on one occasion? Never Less than monthly Monthly Weekly Daily or almost daily

How often during the last year have you found that you were not able to stop drinking once you had started?

<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily
--------------	-------------------	---------	--------	-----------------------

How often during the last year have you failed to do what was normally expected from you because of drinking?

<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily
--------------	-------------------	---------	--------	-----------------------

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily
--------------	-------------------	---------	--------	-----------------------

How often during the last year have you had a feeling of guilt or remorse after drinking?

<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily
--------------	-------------------	---------	--------	-----------------------

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

<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily
--------------	-------------------	---------	--------	-----------------------

Have you or someone else been injured as a result of your drinking?

No, never	<u>Yes, but not in the last year</u>	Yes, during the last year
-----------	--------------------------------------	---------------------------

Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

No, never	Yes, but not in the last year	<u>Yes, during the last year</u>
-----------	-------------------------------	----------------------------------

Smoking: Never Smoker Y How many? 8-10 Daily .
 Ex-smoker When did you stop?

Would you like help to try and stop smoking? Please tick here for further advice N

Medication: What tablets/medicines/drops/creams/ointments/inhalers/injections are you taking?

Inhalers?

Have you any allergies? If so please give details: tropical BIRD

Family health: Are there any significant illnesses that your [redacted] or close family member have suffered e.g. diabetes, heart attack?

Not Sure

Other Attachment letter
 23-Dec-2009 Dr A Hosp (HOSP_)
 Additional: Other Attachment letter
 CAMHS
 Filename: 00HLT00B.tif
 Extension: .tif
 Pages:

13

Cumbria Partnership

NHS Foundation Trust

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Ref IJ/AMM/ RNN4022424

NHS No 7044186440

The Hopegill Centre
 25 Banklands
 Workington
 Cumbria
 CA14 3EU

Tel: 01900 324200
 Fax: 01900 324201

21 October 2009

Dr [REDACTED]
 Lowther Medical Centre
 1 Castle Meadows
 [REDACTED] Street
 Whitehaven
 CA28 7RG

Dear Doctor

Alexis Prowse dob 5/2/1994
55 Windermere Road Whitehaven CA28 9LU

I met with Alexis, her older [REDACTED] and my colleague from CAMHS [REDACTED] on 14 October 2009.

Current Difficulties

1. Sleeping difficulties
2. Depressed mood
3. Behavioural difficulties
4. Misuse of alcohol and cannabis
5. Long standing difficult life circumstances

Medication

1. Citalopram 10 mg daily
2. Melatonin up to 5 mg at night time

[REDACTED] was first seen by [REDACTED] after her referral to our service. [REDACTED] consulted me with regards to Alexis difficulties with sleeping. It seems as though Alexis has been self medicating by using alcohol and or cannabis to help her sleep at night, however she is trying to kick the cannabis habit and has agreed to use Melatonin at night time to see whether she could get into a better sleeping routine. At this point she seems to be getting 5-6 hours sleep a night and [REDACTED] described her as being tired and irritable. It seems as though [REDACTED] can get aggressive verbally as well as physically when she gets frustrated for whatever reason. She has been in contact with the [REDACTED] and is also involved with the Youth Offending Service.

She could give a good account of herself on the day. Things at [REDACTED] seems to be more positive and she could name two good friends that she finds supportive. Alexis has a long standing history of difficult life circumstances and at this time she is trying to make better choices for herself. She will continue to see [REDACTED] and I will review her again on 10 December at 11.30 to see how she is getting on.

Yours sincerely

Dr J. Hubert
Consultant Child and Adolescent Psychiatrist
 Cc

[REDACTED]
 CPN
 Hopegill Centre, 25 Banklands Workington CA14 3EU

The content of this letter is confidential and may not be disclosed without the consent of the writer

NCM9403: 11/07 REV 1

Other Attachment letter
 11-Dec-2009 Mr A Other (OTHER_)
 Additional: Other Attachment letter
 Community Nurse, CAMHS
 Filename: 00HLT00A.tif
 Extension: .tif

Pages:

Cumbria Partnership
NHS Foundation Trust

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Hopegill Centre
25 Banklands
Workington
Cumbria
CA14 3EU

GB/ML/RNN4022424

NHS: 70441864400

Tel: 01900 324200
Fax: 01900 324201

30 November 2009

Dr [REDACTED]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr [REDACTED]

Re: Alexis Fiona Prowse (05.02.94), 55 Windermere Road, Whitehaven, CA28 9LU

Thank you for referring Alexis to CAMHS. She was assessed on 10 September 2009 at The Hillcroft Centre and attended with her [REDACTED] 31, and full [REDACTED] Prowse, 22.

From the initial assessment it was difficult to get a complete picture of her complex family history and residence, however from subsequent sessions with [REDACTED] (OT) and I, we have been able to establish this information through life line work.

Alexis was born in Perth Hospital (Scotland). Her [REDACTED] was a traveller and Alexis described her as an alcoholic. Her [REDACTED] was described as violent towards her [REDACTED] and the children. Alexis has a [REDACTED] and [REDACTED] who died in a RTA aged 7, [REDACTED] 19, [REDACTED] 20 and [REDACTED] 22. They had contact with [REDACTED] family who were also travellers but never [REDACTED]. Alexis has not had contact with her [REDACTED] who are separated for approximately 2 years.

Developmentally there appeared to be no issues, however, Alexis was admitted hospital aged 3/4 with TB and her [REDACTED] stayed with her during a 2/3 month admission where her lymph glands were removed. Around this time the children were taken into care and placed in a children's home. From here the 4 children were placed in [REDACTED] and Alexis felt this was a positive time and made attachments with her [REDACTED]. Unfortunately the placement ended due to the [REDACTED] health and Alexis and [REDACTED] went on to another [REDACTED] placement and two children's homes. Alexis therefore lacks trust in adults and professionals. Since leaving the care system in January 2009 in Scotland she has stayed with different members of the

The content of this letter is confidential and may not be disclosed without the consent of the writer

NCM9403: 11/07 REV 1

family. She is currently [REDACTED] her [REDACTED] [REDACTED] and her young [REDACTED]. The family appear to have no support from Children's Services.

Although Alexis has a [REDACTED] [REDACTED] [REDACTED] Fitzsimmons, in Scotland, she has limited contact with Alexis and from June this year the supervision order was terminated and [REDACTED] now has parental responsibility. As Children's Services have no legal responsibility there are no plans to support Alexis in the future, although I will ask for this clarified in writing. We also felt that an advocate may be helpful and we have agreed to meet with [REDACTED] to support her and keep the relationship going as Alexis' behaviour puts a great deal of strain on [REDACTED].

Alexis currently attends Whitehaven [REDACTED] and she has spoken about her difficulties. We have agreed to meet with her head of year without success at present. Alexis is due to take examinations and to support her in [REDACTED] life and her future education, she has agreed to a connexions referral.

Alexis has not self harmed by cutting for some time and feels she is coping well. However, as you are aware she is drinking alcohol and smoking cannabis most weekends. A referral to DASH was discussed, but she declined. Dr Joubert has prescribed melatonin to aide her sleep and spoke about the effects of drugs and alcohol. Alexis also has problems with eating and aggressive outbursts.

Alexis has engaged well so far with our sessions, we have completed a life line and we are currently looking at first year attachment cycle and her earlier experiences. Alexis has many needs and we are pleased she has engaged and we are [REDACTED] [REDACTED] her own pace to address her needs.

We will keep you informed of our progress/outcomes.

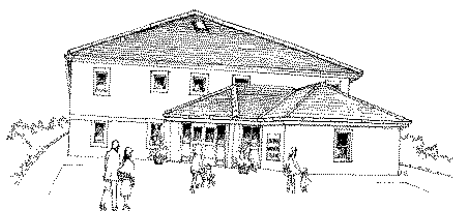
Yours sincerely



[REDACTED]
Community Nurse

Clinical letter
05-Oct-2009 Dr T White (TCW_)
Additional: Clinical letter
To CAMHS.
Filename: 00HLT009.DOC
Extension: .tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [REDACTED]
 Dr JLF Fidalgo
 Dr J Woffindin
 Dr JG Telford
 Dr ADF Black
 Dr T C White

www.lowthermedical.co.uk

TCW/AT

05 October 2009

The Child & Family Consultation Unit
 CAMHS
 25 Banklands
 Workington
 Cumbria
 CA14 2EW

Dear Colleagues

Re: Alexis Prowse DOB 05/02/1994
55 Windermere Road Whitehaven
Cumbria CA28 9LU Home: 61097

This young lady was recently referred to you by one of my colleagues, Dr [REDACTED] and I saw her for follow up on the effects of Fluoxetine which she told me this medication had not made any significant difference.

Currently she has a lot of issues and in addition to what Dr [REDACTED] has said I would like to point out that she is currently binge drinking with a friend and going out at the weekend after drinking 6 litres of Cider. She generally ends up in trouble on these occasions and has been charged with GBH or ABH (I am not clear which). She is in trouble at [REDACTED] for violence and grew up in a care home and has been smoking and drinking since aged 10 or 11 and, as already mentioned, has a history of self-harm.

Incidentally during a separate consultation I spoke to her older [REDACTED] who is actually [REDACTED] by the same [REDACTED]. This [REDACTED] is aged 31 and herself had great difficulty in childhood due to physical abuse by her [REDACTED] her [REDACTED] left and coped in her teenage years by self-harm, anorexia, bulimia etc as her controlling mechanisms. She sees a repeat pattern in her younger [REDACTED] and now she is [REDACTED] her she is keen to help Alexis and I have asked her older [REDACTED] to come to the doctors here with her and hopefully she will attend when Alexis comes to see you. It is interesting how these patterns repeat in families and the older [REDACTED] is currently having counselling and for the first time in all these years is able to bring things out that she has kept locked away.

I have spoken to Alexis about the negative effects of heavy drinking and did a pregnancy test which was negative although she has been on Implanon for the past 2 years.

Thank you for your help.

Yours sincerely

Dr T C White

THIRD PARTY COPY

Other Attachment letter
 03-Sept-2009 Mr A Other (OTHER_)
 Additional: Other Attachment letter
 Team Secretary, CAMHS
 Filename: 00HLT008.tif
 Extension: .tif
 Pages:

Cumbria Partnership



NHS Foundation Trust

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Hopegill Centre
 25 Banklands
 Workington
 Cumbria
 CA14 3EU

Tel: 01900 324200
 Fax: 01900 324201

TEAM/AD

NHS NO: 704 418 6440

1st September 2009

Dr [REDACTED]
 Lowther Medical Centre
 1 Castle Meadows
 Whitehaven
 Cumbria

Dear Dr [REDACTED]

Re: Alexis Prowse – dob 05.02.1994
55 Windermere Road, Whitehaven, Cumbria.

Thank you for referring this young person to our service unfortunately we are unable to offer an early appointment but have placed their name on our waiting list.

Please let us know if there are any significant changes in circumstances.

Yours sincerely

Team secretary

CC: Miss Alexis Prowse
 55 Windermere Road
 Whitehaven
 Cumbria

The content of this letter is confidential and may not be disclosed without the consent of the writer

NCM9403: 11/07 REV 1

Referral letter

28-Aug-2009 Dr A Clark (AMC_)

Additional: Referral letter

28/08/2009 Refer for Psychiatric referral at C.A.M.H.S. department of Child & Family Consultation Unit with UBRN: N by: Dr A ****

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [REDACTED]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

Please treat as urgent

AC/AT

28 August 2009

The Child & Family Consultation Unit
C.A.M.H.S.
25 Banklands
Workington
CA14 2EW

Dear Colleagues

Re: Alexis Prowse DOB 05/02/1994
NHS No. 704 418 6440 Hosp No.
55 Windermere Road Whitehaven
Cumbria CA28 9LU Home: 61097

I would be grateful if you could see and assess this 15 year old girl. I met her for the first time today when she presented with long standing symptoms of a depressive illness. Alexis felt unable to talk about her problems to me herself and brought her [REDACTED] along to explain to me what exactly had been going on. Evidently Alexis has been in and out of the care system from a very young age. Until relatively recently she had been [REDACTED] one of her other [REDACTED] until they had a fairly explosive/aggressive argument following which she is now [REDACTED] a different [REDACTED] the one she presented with today.

Her [REDACTED] explained to me that Alexis is having problems with aggressive outbursts and low mood. Her aggressive behaviour has now become serious and she is currently being charged with actual bodily harm. On questioning Alexis myself today, it is evident that she is suffering from a depressive illness. She has poor sleep, is not eating well and is struggling with these aggressive outbursts in her behaviour. Alexis told me that she does currently have suicidal ideation but no active plans to end her life. There is a history of self harm and slashing of her forearms. She also has poor concentration and poor memory.

Re: Alexis Prowse DOB 05/02/1994

She is currently in year 10 at [REDACTED] and seems happy with her [REDACTED] at present. In view of the severity of her symptoms I elected to start her on Fluoxetine 20 mgs today and plan to review her again in 2 weeks time.

In view of the suicidal ideation and previous history of self-harm with ongoing outbursts of aggressive behaviour I feel she needs to be seen urgently by you and I would be grateful for any advice you may have regarding treatment or psychological therapy.

Yours sincerely

Dr A [REDACTED]

THIRD PARTY COPY

Other Attachment letter
 11-Aug-2009 Dr A Hosp (HOSP_)
 Additional: Other Attachment letter
 A & E Form
 Filename: 00HLT006.tif
 Extension: .tif
 Pages:



ACCIDENT & EMERGENCY DEPARTMENT

North Cumbria University Hospitals NHS Trust

Site WCHExamined by Dr A PatelGrade F4.2Time Seen 13:35

15 years, ♀, sustained injury to (R) hand during
 fight this last night. pt claims she punched
 someone

O/E: swelling over back of 4th + 5th
 metacarpals (R) No redness
 bony tenderness (R), tenderness also over
 ulnar border of (R) wrist
 - ulnar deviation limited at wrist joint
 - Flexion + Abduction of metacarpals limited
 - Movement of interphalangeal joints (R)
 - No tingling / numbness
 - cap re-fill (R)

Imp: r/o # or dislocation
 Plan: - X-ray (R) wrist hand, including
 wrist
 - Analgesia

Last Tet Tox/ Tel/Dip Req'd? Yes/No Booster Course Doctor's Signature: Nurses Signature:

Is Given in A&E Dose Route Doctor Nurse Time

23 Given in A&E

23 Given in A&E

23 Given in A&E

23 Given in A&E

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Triage Nurse
 Initial Assessment Time
 URINALYSIS

BP
 Pulse
 Resp. Pre Neb. P.F.
 Temp. Post Neb. P.F.
 GCS
 O₂ Sat
 Wt.
 B.M. X-Ray ordered at Triage ☐
 V.A.R. VAL.

PAIN ASSESSMENT
 Initial: ☐ ☐ ☐ ☐ ☐
 Re-assessment: ☐ ☐ ☐ ☐ ☐
 0 Mild 1 Mild 2 Moderate 3 Severe 4 V. Severe

Action taken for pain

History of Event

Past Medical History:
 Medications:

Allergies:

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal

Clean Other (Specify)

Mobility: Mobile Immobile N.W.B. P.W.B. Other

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify)

Does patient live alone? Yes/No If No, who does patient Tel:

Relative Informed? Yes/No Relative Present? Yes/No Properly given to patient

or relative? Yes/No

Tel No:

Female/Unknown Surname: Atn No. 18346

Name ALEXIS PROWSE

A&E Number 0000228290 PAS Number

Date/Time of Attendance Saturday 8 August 2009 13:36

Permanent Address 55 WINDERMERE ROAD WHITEHAVEN CA28 9LU Telephone: 01946 61097

GP Details Dr TELFORD JG LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG

Sex Female

Next of Kin Attendance First ACCIDENT AND EMERGENCY ATTENDANCE

Relationship OTHER - PRIVATE TRANSPORT

Arrival Mode

Source of Referral Self Referral

Patient Group SAG WHITEHAVEN

Occupation or School Public Place

Incident Location Site of Attendance

West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181

Reason for Attendance INJURY TO RIGHT HAND

Reason for Attendance

Reason for Attendance

Reason for Attendance

Reason for Attendance

Reason for Attendance

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TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234 Anaesthesia - Entonox

231 Anaesthesia - General

232 Anaesthesia - Local

233 Anaesthesia - Regional Block

235 Anaesthesia - Sedation

130 Central Line

160 Chest Drain

064 Collar & Cuff

273 Crutches

274 C spine Immobilisation

180 Defibrillation/Pacing

010 Dressing

271 Eye Patch

222 Guidance - Verbal

221 Guidance - Written

110 Incision & Drainage

120 Intravenous Cannula

150 Intubation

091 Manipulation

200 Minor Surgery

250 Nebuliser

062 Strip

210 Observation

272 Oxygen Mask

290 Parenteral Drugs - Other

280 Parenteral Thrombolysis

141 Peritoneal Lavage

050 Plaster of Paris

070 Prescription

100 Reduction

080 Removal Foreign Body

190 Resuscitation

063 Sling

041 Sterile Strips

030 Sutures

243 Tetanus - Dip Booster

242 Tetanus - Dip Course

241 Tetanus - Immune

244 Tetanus - Immunoglobulin

061 Thumb Spica

021 Tubigrip

170 Urinary Catheter

043 Wound Closure - other

042 Wound Glue

275 Wound Toilet

065 Wrist Brace

990 None

270 Other

OTHER INFORMATION/SPECIAL INSTRUCTIONS

Advise: elevate / ice / pain killers - PRN.

Return if no improvement.

Treatment Nurse Signature:

DISCHARGE - Please circle appropriate code: Hospital No:

01 Admitted to this hospital or became lodged patient of same Health Care Provider

02 Discharged - Follow up treatment to be provided by GP Ward Name:

03 Discharged - No follow up treatment required Appointment:

04 Referred to A&E Clinic/Planned Return To Dept.

05 Referred to Fracture Clinic

06 Referred to other Out-Patient Clinic

07 Transferred to other Health Care Provider

10 Died in Department

11 Referred to other Health Care Professional

12 Left Department before being treated

13 Left Department having refused treatment

14 Other

15 Brought in Dead

Was the attendance classified as a Trauma? Yes/No

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other

Transport Own/Taxi/Ambulance Time Ordered Return Ambulance Booked? Yes/No

Attendance Conclusion Time/ Time decision made to admit: 1520

Time patient left department: 1525

GNOSIS CODES

Diagnosis

Anatomical Area

Anatomical Side

Diagnosis

Diagnosis

Diagnosis

Diagnosis

Diagnosis

Diagnosis

Out of Hours Report letter
26-May-2009 Mrs Janet Procter (JPR)
Additional: Out of Hours Report letter

Filename: 00HLT005.htm

Extension: .tif

Pages:

Cumbria Emergency Doctors - Cuedoc OOH Call Incident Report

Call number:	1025035	Receive Date:	24-May-2009 13:26
Patient's Name:	Alexis Prowse	Gender:	Female
Date of birth:	5-Feb-1994 (15 years)	Current Address:	86 Grasmere Avenue
Address:	86 Grasmere Avenue		Whitehaven CA28 9QB
Tel No:			07745 662 103
Priority:	Routine	Call Origin:	
Received:	24-May-2009 13:26	Calltype:	PCCWCHday(08.00-23.00)
Advised:	24-May-2009 14:29	Arrived PCC:	
Cons start:	24-May-2009 14:29	Cons End:	24-May-2009 14:48
Consulting Doctor:	Rosemary [REDACTED]	Own doctor:	J Fidalgo

Reported Condition:
ingoring signs of uti ~ in pain ~ etc wch

Consultation details:

History -	2 weeks frequency burning passing blood yesterday
Examination -	temp 36.4 pulse 76 no vomiting no loin pain tender lower back and over bladder urine blood ++ and protein + leucocytes ++
Diagnosis -	UTI
Treatment -	advised extra fluids paracetamol qds cranberry juice advised to contact own GP if not resolving advised to contact again if worsens or not resolving

Clinical Codes:
K190. - Urinary tract infection
K190. - Urinary tract infection

Prescriptions:
trimethoprim tablets 200mg
(6) tablet(s)
one tablet twice daily
trimethoprim tablets 200mg
(6) tablet(s)
one tablet twice daily

Referral:

Followups:

]]>

Other Attachment letter
 17-Mar-2009 Ms Andrea Krefft (AK_)
 Additional: Other Attachment letter
 new patient questionnaire
 Filename: 00HLT004.tif
 Extension: .tif
 Pages:

NEW PATIENT QUESTIONNAIRE

It would be helpful if you could fill in as much as possible of the following information.

Name: ALEXIS F PROUSE Previous Name:
 Date of Birth: 05-02-94 Marital Status: SINGLE
 Address: 87 Fell View, Woodhouse, WHITE HAVEN.
 Age: 16 No of Dependents:

Are you entering the UK from abroad? YES ☐ NO ☒

Have you lived overseas for longer than 3 months? YES ☐ NO ☒

From which country have you come to the UK?

I would describe my ethnic origin as follows:		
Asian or Asian British	Mixed	Other Ethnic Group
☐ Bangladeshi	☐ White & Asian	☐ Chinese
☐ Indian	☐ White & Black African	☐ Other
☐ Pakistani	☐ White & Black Caribbean	
☐ Other Asian	☐ Other Mixed	
Black or Black British	White	☐ I do not wish to disclose my ethnic origin
☐ African	☒ British	
☐ Caribbean	☐ Irish	
☐ Other Black	☐ Other White	

Occupation: Fulltime Education Partner's Occupation:

Tel No's: (Home) (Work) (Mobile) 07796653000

Email Address:

Past Medical History: Have you ever had an illness / operation in the past? Operation for Tuberculosis when I was 34

Current Health: What problems do you have now? ASTHMA, Inhalers Required

Alcohol: How many units of alcohol do you drink per week on average? 0
 (1 unit = 1/2 pint beer / 1 glass of wine / 1 pub measure of spirit)

Smoking: Never Smoker ☒ How many? 10-15
 Ex Smoker When did you stop?

We would like to help you stop smoking. Please tick here for further advice.....

Height: Weight: Allergies: Birds (Tropical)
Flowers

Medication: What tablets / medicines / drops / creams / ointments / inhalers / injections are you taking?
Inhalers, Symbicort, (Brown)

Immunisations: Are you up to date with your immunisations? YES ☒ NO ☐

Family Health: Are there any significant illnesses that your or have suffered, e.g. diabetes, heart attack?

N/A

Thank you for completing this form.
 Please hand this in at Reception.

Filename: 00HLT000.tif
 Extension: .tif
 Pages:

Primary Care NHS Trust

North Ayrshire Health Services
 For Looked After Children
 Child Health Department
 Room 29, First Floor
 Ayrshire Central Hospital
 Kilwinning Road
 IRVINE KA12 8SS
 Enquiries :- Tel : 01294 323408
 Fax : 01294 323445
 E-mail : lorraine@nhs.uk

NHS
**Ayrshire
 & Arran**

MP/LH/LAC 0013



18 August 2004

Dr Hales
 Health Centre
 17-19 Raise Street
 Saltcoats

Dear Dr Hales

Alexis Prowse, c/o Mr [REDACTED] & Ms [REDACTED] 57 Windmill Street, Saltcoats DOB 05/02/94

As the above young person is currently in the care of the Local Authority, a Health Assessment review was carried out by Dr [REDACTED] Community Paediatrician, on Thursday, 12 August 2004, at Rainbow House, Ayrshire Central Hospital, Kilwinning Road, Irvine.

A copy of the summary from this assessment has been attached to this letter for your information.

Should you require any further information, please do not hesitate to contact us on the above telephone number.

Yours sincerely

Lorraine [REDACTED]

Lorraine [REDACTED]
 Personal Assistant

Enc

Copies to :- [REDACTED] Fitzsimmons, [REDACTED] Social Services Department, Bridgegate House,
 Irvine



for excellence
 Rainbow House
 Community Paediatric Services
 Mental Health Services

Head Office
 Eglinton House, Ailsa Hospital
 Dalmellington Road, Ayr KA6 6AB

Chairman [REDACTED] R. Hood, O.B.E.
 Chief Executive [REDACTED] Gunning

2

Primary Care NHS Trust

North Ayrshire Health Services
For Looked After Children
Child Health Department
Room 29, First Floor
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS

Enquiries :- Tel : 01294 323408

Fax : 01294 323445

E-mail : [lorraine. \[REDACTED\]@nhs.uk](mailto:lorraine. [REDACTED]@nhs.uk)

NHS

**Ayrshire
& [REDACTED]**

**REVIEW
HEALTH ASSESSMENT**

PART ONE

Child / [REDACTED] / [REDACTED] Details

Social Work / Health Professionals / Education Details

Immunisation History

PART TWO

Summary Health Assessment



Awarded for excellence
Ratibor House
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Allsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman [REDACTED] R. Hood, O.B.E.
Chief Executive [REDACTED] Gunning

Details of Child / [REDACTED] / [REDACTED]

Child's Details **Local Authority** North Ayrshire

LAC Number	0013	DOB / CHI	05/02/94	0166	LEAP	0051
Name	Alexis Prowse				Male/Female	F
Current Address			Home Address			
Address	c/o 57 Windmill Street			Address		
Town	Saltcoats			Town		
Postcode				Postcode		
Telephone	01294 606425			Telephone		

[REDACTED] Details

Ms/Mrs	Ms Townsley	Forename	Wm [REDACTED]
Forename	Lorraine	Surname	Prowse
Address	Unknown	Address	Top Left, 9 [REDACTED] Road
Town		Town	Kilbirnie
Postcode		Postcode	
Telephone		Telephone	
Number of	[REDACTED]		3

Current [REDACTED] Details

Name	[REDACTED] & [REDACTED]		
Address	57 Windmill Street		
Town	Saltcoats		
Postcode			
Telephone	01294 606425		
Date of Admission to Present	12/07/02	Date of Admission to Care	28/01/99

As At :- 18 August 2004

Details of Professionals

LAC Number 0013 Date of Birth / CHI 05/02/94 0166
 Name Alexis Prowse Known As Alexis

Social Work Details

█	█	█ Fitzsimmons	Area Team	Kilwinning
Address	Social Services Department		Senior SW	█ Brown
Address	Bridgegate House			
Town	Irvine	Key Worker		
Postcode	KA12 8BP	Designation		
Telephone	01294 324800			

GP / Health Visitor Details

GP Name	Dr Hales	Name	
Address	Health Centre	Designation	
Town	Saltcoats	Location	
Postcode	KA21 5LX	Name	
Telephone	01294 605141	Designation	
Health Visitor		Location	
		Staff Grade Paediatrician	Dr █ █

Other Professionals

Education Details

█	St █ Primary █
Address	South Isle Road
Town	Ardrossan
Postcode	KA22 8EA
Telephone	01294 462554
█	Nurse

As at :- 18 August 2004

Immunisation History

LAC Number 0013 Unique LAC J5400 DOB 05/02/94 0166

Name Alexis Prowse

Immunisation	First	Second	Third	Booster 1	Booster 2
Diphtheria	20/05/94	05/09/94	28/10/94	11/03/98	
Tetanus	20/05/94	05/09/94	28/10/94	11/03/98	
Pertussis	20/05/94	05/09/94	28/10/94		
Polio	20/05/94	05/09/94	28/10/94	11/03/98	
HIB	20/05/94	05/09/94	28/10/94	HIB Catch up	
MenC				MenC Single Dose	11/10/00
Hepatitis B					
MMR	22/01/96				
MR					
Measles					
Rubella					
BCG Heaf					
BCG					

Other information:

Updated : 18 August 2004

6

North Ayrshire Health Services
 For Looked After Children
 Child Health Department
 Room 29, First Floor
 Ayrshire Central Hospital
 Kilwinning Road
 IRVINE KA12 8SS
 Enquiries :- Tel : 01294 323408
 Fax : 01294 323445
 E-mail : lorraine.henderson@aapct.scot.nhs.uk



REVIEW HEALTH ASSESSMENT

LAC Number :- 0013
 Name of Child / Young Person :- Alexis Prowse
 Date of Birth :- 05/02/94
 Carried Out On :- Thursday, 12 August 2004
 By :- Dr [REDACTED] Community Paediatrician
 At :- Rainbow House, Ayrshire Central Hospital, Kilwinning Road, Irvine

CONSENT BY YOUNG PERSON TO EXAMINATION

Dr [REDACTED] has discussed the purpose of this examination with me and I agree to it and I agree to a full/limited report being sent to my GP, Social Worker, [REDACTED] Nurse or Other Professional, as required. *(delete as necessary)*

..... Alexis Prowse
 (Young Person's signature)

CONSENT BY [REDACTED]

I agree to this medical examination [REDACTED] signature)

Parental consent has been obtained for this examination (SW/[REDACTED] signature)

Date :- 12/8/04

STA 4138

Summary Report from Health Assessment

NAHSLAC 0013 LAC Number J5400 Date of Birth 05/02/94

Name Alexis Prowse

Date Assessment Carried Out 12/08/04

Significant Problems Identified

1 Slight difficulty with eyesight - wears glasses.

2

3

4

Referrals made / Action Taken

1 Review in 1 year.

2

3

4

Further Actions Recommended

1

2

3

Summary

Alexis is healthy and growing well, both her height and weight being on the 97th centile. Her immunisations are all up to date.

Signature of Examining Doctor

Dr [REDACTED] Staff Grade Paediatrician

M. Paterson

Primary Care NHS Trust

North Ayrshire Health Services
For Looked After Children
Child Health Department
Room 29, First Floor
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS
Enquiries :- Tel : 01294 323408
Fax : 01294 323445
E-mail : lorraine@nhs.uk



MP/LH/LAC 0013

29 August 2003

Dr Hales
The Health Centre
17-19 Raise Street
Saltcoats

Dear Dr Hales

Alexis Prowse, c/o 57 Windmill Street, Saltcoats DOB 05/02/94

As the above young person is currently in the care of the Local Authority, a Review Health Assessment was carried out by Dr [REDACTED] Community Paediatrician, on Tuesday, 26 August 2003, at Rainbow House, Ayrshire Central Hospital, Kilwinning [REDACTED] Irvine.

A copy of the summary from this assessment has been attached to this letter for your information.

Should you require any further information, please do not hesitate to contact us on the above telephone number.

Yours sincerely

Lorraine Henderson

Lorraine [REDACTED]
Personal Assistant

Enc

Copies to :- [REDACTED] Aitken, [REDACTED] Social Services Department, Bridgegate House, Irvine



Awarded for excellence
Brighton House
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ayrshire Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman [REDACTED] R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 001

9
Primary Care NHS Trust

North Ayrshire Health Services
For Looked After Children
Child Health Department
Room 29, First Floor
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS
Enquiries :- Tel : 01294 323408

NHS
Ayrshire
& Arran

01294 323445
E-mail : [lorraine.@\[redacted\].scot.nhs.uk](mailto:lorraine.@[redacted].scot.nhs.uk)

REVIEW HEALTH ASSESSMENT

PART ONE

Child / [redacted] / [redacted] Details

Social Work / Health Professionals / Education Details

Immunisation History

PART TWO

Summary Health Assessment



Head Office
Eglinton House, Ailsa Hospital
Dalmellington [redacted] Ayr KA6 6AB

Chairman [redacted] R. Hood, O.B.E.
Chief Executive [redacted] Gunning

Page 138

10
Details of Child / [REDACTED] / [REDACTED]

Child's Details

LAC Number	0013	Date of Birth / CHI	05/02/94	0166
Name	Alexis Prowse		Known As	Alexis
Other Names	Fiona		Male/Female	F
Current Address		Home Address		
Address	c/o 57 Windmill Street		Address	
Town	Saltcoats		Town	
Postcode			Postcode	
Telephone	01294 606425		Telephone	

Details

Ms/Mrs	Ms Townsley	Forename	Wm [REDACTED]
Forename	Lorraine	Surname	Prowse
Previous Surnames		Address	Top Left, 9 [REDACTED] Road
Address	Unknown	Town	Kilbirnie
Town		Postcode	
Postcode		Telephone	
Telephone		Number of	[REDACTED] 3

Current [REDACTED] Details

Name	[REDACTED] & [REDACTED]
Address	57 Windmill Street
Town	Saltcoats
Postcode	
Telephone	01294 606425
Date of Admission to Present	12/07/02
Date of Admission to Care	28/01/99

As At :- 29 August 2003

Details of Professionals

LAC Number 0013 Date of Birth / CHI 05/02/94 0166
 Name Alexis Prowse Known As Alexis

Social Work Details

Area Team Kilwinning
 Address Social Services Department Senior SW [REDACTED] Brown
 Address Bridgegate House
 Town Irvine Key Worker
 Postcode KA12 8BP Designation
 Telephone 01294 324800

GP / Health Visitor Details Other Professionals

GP Name Dr Hales Name
 Address Health Centre Designation
 Town Saltcoats Location
 Postcode KA21 5LX Name
 Telephone 01294 605141 Designation
 Health Visitor Location
 Staff Grade Paediatrician

Education Details

St [REDACTED] Primary [REDACTED]
 Address South Isle Road
 Town Ardrossan
 Postcode KA22 8EA
 Telephone 01294 462554
 School Nurse

As at :- 29 August 2003

12

Immunisation History

LAC Number 0013

Date of Birth 05/02/94 0166

Name Alexis Prowse

Immunisation	First	Second	Third	Booster 1	Booster 2
Diphtheria	20/05/94	05/09/94	28/10/94	11/03/98	
Tetanus	20/05/94	05/09/94	28/10/94	11/03/98	
Pertussis	20/05/94	05/09/94	28/10/94		
Polio	20/05/94	05/09/94	28/10/94	11/03/98	
HIB	20/05/94	05/09/94	28/10/94	HIB Catch up	
MenC				MenC Single Dose	11/10/00
Hepatitis B					
MMR	22/01/96				
MR					
Measles					
Rubella					
BCG Heaf					
BCG					

Other information:

Updated : 29 August 2003

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Primary Care NHS Trust

North Ayrshire Health Services
For Looked After Children
Child Health Department
Room 29, First Floor
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS
Enquiries :- Tel : 01294 323408
01294 323445

E-mail : lorraine.henderson@aapct.scot.nhs.uk



REVIEW HEALTH ASSESSMENT

LAC Number :- 0013
Name of Child / Young Person :- Alexis Prowse
Date of Birth :- 5 February 1994
Carried Out On :- Tuesday, 26 August 2003
By :- Dr [redacted] Community Paediatrician
At :- Rainbow House, Ayrshire Central Hospital, Kilwinning Road, Irvine

CONSENT BY YOUNG PERSON TO EXAMINATION

Dr [redacted] has discussed the purpose of this examination with me and I agree to it and I agree to a full/limited report being sent to my GP, [redacted] School Nurse or Other Professional, as required. (delete as necessary)

Alexis Prowse
(Young Person's signature)

CONSENT BY [redacted]

I agree to this medical examination

[redacted] signature)

Parental consent has been obtained for this examination

(S [redacted] signature)



Approved for marketing
Reproduction
Community Paediatric Services
Mental Health Services

Head Office
Rainbow House, Ayrshire Central Hospital
Dulmellington Road, Ayr KA6 6AS

Chairman [redacted] R. Hood, O.B.E.
Chief Executive Allan Gunning

Date 26.8.03

PCT 0601

4 Summary Report from Health Assessment

NAHSLAC 0013 LAC Number J5400 Date of Birth 05/02/94

Name Alexis Prowse

Date Assessment Carried Out 26/08/03

Significant Problems Identified

- 1 A carious tooth which is causing some pain.
- 2 Slight difficulty with eyesight - wears glasses appropriately.
- 3
- 4

Referrals made / Action Taken

- 1 Review in 1 year.
- 2
- 3
- 4

Further Actions Recommended

- 1 To make appointment with dentist.
- 2 To attend optician regularly.
- 3

Summary

Alexis seemed happy and very well when she came for her review. She is growing well, with both her height and weight just under the 97th centile.

Signature of Examining Doctor

Dr [REDACTED] Community Paediatrician

15

Primary Care NHS Trust
North Ayrshire Health Services for Looked After Children
New Street Centre
70 New Street
Stevenston KA20 3HG
Tel :- 01294 471071
Fax :- 01294 601701



HEALTH ASSESSMENT

PART ONE

Child /  /  Details

Social Work / Health Professionals / Education Details

Immunisation History

PART TWO

Health Assessment



Awarded for excellence
 Rainbow House
 Community Paediatric Services
 Mental Health Services

Head Office
 1a Hunters Avenue Ayr KA8 9DW

Chairman Aileen 
 Chief Executive  Gunning

PCT 0001

Details of Child / [REDACTED] / [REDACTED]

Child's Details

LAC Number	0013	Date of Birth / CHI	05/02/94	0166
Name	Alexis	Prowse	Known As	Alexis
Other Names	[REDACTED]	Male/Female	F	
Current Address		Home Address		
Address	c/o 57 Windmill Street	Address		
Town	Saltcoats	Town		
Postcode	KA21 5EW	Postcode		
Telephone	01294 606425	Telephone		

[REDACTED] Details

Ms/Mrs	Ms	Townsley	Forename	Wm	[REDACTED]
Forename	Lorraine		Surname	Prowse	
Previous Surnames			Address	Top Left, 9	[REDACTED] Road
Address	Unknown		Town	Kilbirnie	
Town			Postcode		
Postcode			Telephone		
Telephone			Number of	[REDACTED]	3

Current [REDACTED] Details

Name	[REDACTED] & [REDACTED]
Address	57 Windmill Street
Town	Saltcoats
Postcode	KA21 5EW
Telephone	01294 606425
Date of Admission to Present	12/07/02
Date of Admission to Care	28/01/99

As At :- Wednesday, August 07, 2002

Details of Professionals

LAC Number	0013	Date of Birth / CHI	05/02/94 0166
Name	Alexis	Prowse	Known As Alexis

Social Work Details

	Aitken	Area Team	Kilwinning
Address	Social Services Department	Senior SW	Brown
Address	Bridgegate House		
Town	Irvine	Key Worker	
Postcode	KA12 8BP	Designation	
Telephone	01294 324800		

GP / Health Visitor Details

Other Professionals

GP Name	Dr Hales	Name	
Address	Health Centre	Designation	
Town	Saltcoats	Location	
Postcode	KA21 5LX	Name	
Telephone	01294 605141	Designation	
Health Visitor		Location	

Education Details

	St Primary	
Address	South Isle Road	
Town	Ardrossan	
Postcode	KA22 8EA	
Telephone	01294 462554	
	Nurse	

As at :- Wednesday, August 07, 2002

Immunisation History

LAC Number 0013 Date of Birth 05/02/94
 Surname Prowse First Name Alexis

Immunisation	First	Second	Third	Booster 1	Booster 2
Diphtheria	20/05/94	05/09/94	28/10/94	11/03/98	
Tetanus	20/05/94	05/09/94	28/10/94	11/03/98	
Pertussis	20/05/94	05/09/94	28/10/94		
Polio	20/05/94	05/09/94	28/10/94	11/03/98	
HIB	20/05/94	05/09/94	28/10/94	HIB Catch up	
MenC				MenC Single Dose	11/10/00
Hepatitis B					
MMR	22/01/96				
MR					
Measles					
Rubella					
BCG Heat					
BCG					

Updated : Wednesday, August 07, 2002

Summary Report from Health Assessment

LAC Number 0013 Date of Birth 05/02/94

Surname Prowse First Name Alexis

Date Assessment Carried Out 25/07/02

Significant Problems Identified

1 None

2

3

4

Referrals made / Action Taken

1 None

2

3

4

Further Actions Recommended

1 Regular attendance at dentist.

2 Regular attendance at optician.

3

Summary

Alexis is a delightful little girl. She is tall and well-proportioned and has no health problems. She has a slight refractive error for which she has been prescribed glasses for wearing for classwork etc. Her immunisations are all up to date.

Signature of Examining Doctor

Menderson

Dr [REDACTED] Community Paediatrician

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FORM D

22

Agency NORTH Ayrshire Council
 Address BRIDGEGATE HOUSE ■■■■■ MURA ATKEN
3RD Floor Telephone 01294 324800
 Medical Adviser DR M. ATKERSON Telephone ■■■■■
 If any problems arise in completing this form please contact the Medical Adviser

MEDICAL REPORT AND FUNCTIONAL ASSESSMENT OF CHILD 5 YEARS AND OVER REFERRED FOR ■■■■■ OR RECEIVED INTO CARE

Note: please fill in questions 1 to 4 only.

Child's surname PROWSE Forename(s) ALEXIS ■■■■■ Sex Female
 Also known as ALEXIS Date of birth 5/2/94 Ref No. ■■■■■
 Date of examination 25.7.02 Age at examination 8yr 5ma

IMPORTANT The following information should be available to the doctor making the examination. He/she is asked to tick all which are provided

- | | |
|---|--|
| ☒ Any recent medical report | ☒ Family history of <u>■■■■■</u> |
| ☐ Growth charts to date | ☒ List of placements/caregivers |
| ☒ Medical history (including record of immunisations) | ☒ List of <u>■■■■■</u> |
| ☐ Psychologist's report (if any) | ☐ Recent <u>■■■■■</u> report |
| ☐ Any other relevant specialist reports | ☒ Social work report |
| ☐ Perinatal history of child | ☐ Profile of behavioural and emotional well-being |

THE CHILD SHOULD BE ACCOMPANIED BY THE CURRENT CAREGIVER—please give name and indicate if absent.
Margaret Reid present

1. Summary by medical adviser or examining doctor of anything in the collected information which is likely to be relevant to the child's present condition or future prospects (e.g. genetic conditions in family; obstetric or neonatal complications; disability; previous illness, accidents and operations; history of growth, development, speech and learning; traumatic events; frequent changes of caregiver etc.)

Born in Crieff area - birth weight 6lb 4oz at 38 wks no complications
Treatment for avian tuberculosis of lymph glands at age about 3 years.
Growth & development were satisfactory. Good progress at school.
Accommodated with her 3 older siblings from Jan 1999 - for a year
in Dregghon Hostel, then for a year with fostercarers until the male
■■■■■ died suddenly. ■■■■■ then their respite carers have looked
after them and have been approved as the children's long term
carers.

2. Is the child attending hospital or receiving any medication or other treatment?

none, except Sudocrem as required for perineal/vulval itch

3. PHYSICAL EXAMINATION

21
Date 25.7.02 Age 8 yr 5 mn
Weight: 34.6 kgs +90 centile. Height: 137.8 cms +90 centile.
Head circumference: 54.3 cms 97 centile

General appearance/impression of child (note any dysmorphic features)			
Tall, slim, fair haired + skinned ■ dysmorphisms			
Skin/hair	NAD		
Mouth/state of teeth	good		
Spine/limbs/feet	NAD		
E.N.T.	Auriscopic examination	R clear L clear	
	Hearing (state assessment method)	N N	
	Nose and throat	Tonsils slightly enlarged + scarred (not subject to sore throats)	
EYES	Ophthalmoscopy: media retina		
	Vision: acuity (state assessment method) any defects? (inc. colour blindness)	glasses for 6/5 NS for distance work. CV normal 6/5-3 NS	
Respiratory system		clear	
Cardiovascular system (inc BP and pulses)		HS I + II, normal No murmurs Fp 10/70. Pulse regular	
Abdomen (inc hernias)		NAD	
Genitalia		—	
Sexual maturation		Prepubertal	
NEUROLOGICAL SYSTEM	Cranial nerves	Intact	
	Motor: posture	■	
	gait	n	
	tone	n	
	power	n	
	co-ordination	n	
	reflexes (state if absent)		
	abnormal movements?		
Sensory			
Any other observations?			
TEST RESULTS	Urine, blood etc as appropriate (list below and give result and date)	Result	Date
	urine (Amulstix 5G)	all normal	25.7.02
CONCLUSION	Summary of child's physical status (please specify any problems and state whether further investigation and/or follow-up examination is required)		
Sudoped cream for recurrent vulval pruritus as required. Otherwise healthy.			

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4. FUNCTIONAL ASSESSMENT

a. Gross motor

normal for age

b. Visual and fine motor

normal for age

c. Language and speech

i. attention span

ii. comprehension

iii. expressive language/
articulation

} normal for age.

d. Behaviour during interview

i. rapport

ii. co-operation

iii. awareness and general
understandinggood
good
good

Overall impression

A delightful little girl, well-adjusted.

GENERAL CONCLUSIONS AND RECOMMENDATIONS (taking account of history, functional assessment, specialist reports and profile of behavioural and emotional well-being)

Are there any problems in relation to the following areas? (If 'yes' specify nature of problem and indicate what action is required)

	Yes/No	Comment	Action required
Gross motor	no		
Fine motor	no		
Language and speech	no		
Behaviour	no		
Learning	no		
Relationships	no.		
Any other observations?			

Signature of examining doctor Mayaret T. Paterson Qualifications BSc MBChBName in capitals DR. M.T. PATERSONAddress Hew St Centre, 70 Hew Street Telephone 01294 471071Stenuston KA20 3HG Date 25.7.02

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27
 Name of child ALEXIS FIONA PROWSE D.O.B 5.2.94 Sex F Ref No.

5. REPORT FROM AGENCY'S MEDICAL ADVISER

(Summary and interpretation of preceding medical information for the agency panel, the prospective [redacted] or caregivers, the court etc.)

- a) Relevant family history [redacted] - 5ft2", slim, blonde curly hair - from a travelling family - chronic alcohol problem.
 Father - 6ft2", large build, history of epilepsy in teens/twenties, mental health problems, possible angina + osteoarthritis.
 Schedule 1 offender.
 Sister Kelly had a congenital kidney problem.
 Brother [redacted] history of asthma.
 Maternal grandmother was diabetic.
- b) Child's own medical history and developmental progress
 Full term [redacted] weight 6lb 4oz, born in Crieff area
 Treatment for avian tuberculosis of lymph glands age 3 yrs
 Growth + development satisfactory.
 Good progress at school.
 Has slight difficulty with eyesight + wears glasses [redacted] classwork
 Fully immunised to date.
- c) Implications of above for child's current care, education, long term prognosis
 no significant problems.
- d) Details of services needed, follow-up arranged, monitoring or support offered
 needs will be monitored + addressed by current fostercarers and Social Services.
 The Medical Adviser is available for review and consultation as required.
- e) Details of how information has been provided to prospective [redacted] or other caregiver(s)
 A copy of the full medical report should be sent to Alexis's General Practitioner.
 Her carers should receive a copy of this page.

Signature Margaret T. Paterson
 Name (in CAPITALS) DR. M.T. PATERSON Date 25.7.02

© BAAF 1986

British Agencies for [redacted] & [redacted] 11 Southwark Street, London SE1 1RQ



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Looking After Children in Scotland:

Good Parenting, Good Outcomes

NOTIFICATION BY SOCIAL SERVICES OF TRANSFER ✓ OF A CHILD/YOUNG PERSON

The undernoted child/young person has been accommodated away from home by North Ayrshire Council Social Services. Should you have any enquiries please contact the [REDACTED] noted below.

1. Name of Child/Young Person: Alexis Prowse
2. Date of Birth: 05/02/1994
3. Home Address Prior To Admission: Mrs [REDACTED]
5 Mill Farm
Ardrossan
4. Date Accommodated: 28/01/1999
5. Placement Address: [REDACTED] & [REDACTED]
57 Windmill Street
Saltcoats
6. Telephone No:
7. Legal Status: Section 70(3)
8. Named [REDACTED] Worker: [REDACTED] & [REDACTED]
9. Area Team Address/Telephone No: Irvine Area Team
Bridgegate House
Irvine
- Tel: 01293 324800
10. Area Team Contact – [REDACTED] Aitken

FILE	✓	FILES LEFT	
RECORDS		OTHER	
01 AUG 2002			
REFER		PRESCR	
MAKE APPT.		DR.	✓

February 2002

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Looking After Children in Scotland:

Good Parenting, Good Outcomes

NOTIFICATION BY SOCIAL SERVICES OF TRANSFER ✓ OF A CHILD/YOUNG PERSON

The undernoted child/young person has been accommodated away from home by North Ayrshire Council Social Services. Should you have any enquiries please contact the [REDACTED] noted below.

1. Name of Child/Young Person: [REDACTED] Prowse
2. Date of Birth: 05/02/1994
3. Home Address Prior To Admission: Mrs [REDACTED]
5 Mill Farm
Ardrossan
4. Date Accommodated: 28/01/1999
5. Placement Address: [REDACTED] & [REDACTED]
57 Windmill Street
Saltcoats
6. Telephone No:
7. Legal Status: Section 70(3)
8. Named [REDACTED] Worker: [REDACTED] & [REDACTED]
9. Area Team Address/Telephone No: Irvine Area Team
Bridgegate House
Irvine
- Tel: 01293 324800
10. Area Team Contact – [REDACTED] [REDACTED] [REDACTED] Aitken

FILE	1	FILES LEFT	
RECORDS		OTHER	
01 AUG 2002			
REFER		RESCR	
AKF		UN	
APPL			

February 2002

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CONFIDENTIAL

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Looking After Children in Scotland:

Good Parenting, Good Outcomes

NOTIFICATION BY SOCIAL SERVICES OF TRANSFER OF A CHILD/YOUNG PERSON ✓

The undernoted child/young person has been accommodated away from home by North Ayrshire Council Social Services. Should you have any enquiries please contact the [REDACTED] [REDACTED] noted below.

1. Name of Child/Young Person: [REDACTED] Prowse
2. Date of Birth: 16/02/1989
3. Home Address Prior To Admission: Mrs [REDACTED]
5 Mill Farm
Ardrossan
4. Date Accommodated: 28/01/1999
5. Placement Address: [REDACTED] & [REDACTED]
57 Windmill Street
Saltcoats
6. Telephone No:
7. Legal Status: Section 70(3)
8. Named [REDACTED] Worker: [REDACTED] & [REDACTED]
9. Area Team Address/Telephone No: Irvine Area Team
Bridgegate House
Irvine

Tel: 01293 324800
10. Area Team Contact – [REDACTED] [REDACTED] [REDACTED] Aitken

FILE	☒	FILES LEFT	
REF		OTHER	
01 AUG 2002			
REFER			
MAKE APPT.		DR.	☒

February 2002

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27



Looking After Children in Scotland:

Good Parenting, Good Outcomes

NOTIFICATION BY SOCIAL SERVICES OF TRANSFER ✓ OF A CHILD/YOUNG PERSON

The undernoted child/young person has been accommodated away from home by North Ayrshire Council Social Services. Should you have any enquiries please contact the [REDACTED] noted below.

1. Name of Child/Young Person: [REDACTED] Prowse
2. Date of Birth: 01/09/1987
3. Home Address Prior To Admission: Mrs [REDACTED]
5 Mill Farm
Ardrossan
4. Date Accommodated: 28/01/1999
5. Placement Address: [REDACTED] & [REDACTED]
57 Windmill Street
Saltcoats
6. Telephone No:
7. Legal Status: Section 70(3)
8. Named [REDACTED] Worker: [REDACTED] & [REDACTED]
9. Area Team Address/Telephone No: Irvine Area Team
Bridgegate House
Irvine
Tel: 01293 324800
10. Area Team Contact – [REDACTED] [REDACTED] [REDACTED] Aitken

FILL	✓	FILES LEFT	
RECORDS		OTHER	
01 AUG 2002			
REFER		PRESCR	
TAKE		DR.	
APPT			

February 2002

28

PATIENT REGISTRATION FORM

NAME: ALEXIS PROWSE TITLE: Miss
ADDRESS: 5, MILL FARM POST CODE: KA22 7NT
DALRY RD ABERDEEN
TELEPHONE NO: 464055 NATIONALITY: BRITISH
DATE OF BIRTH: 05.02.94 SEX: FEMALE
OCCUPATION: CHILD
PREVIOUS ADDRESS (if applicable): 108, MAIN ST DREGHORN
NAME & ADDRESS OF PREVIOUS G.P.: OXENWARD SURGERY KILWINNING
DR MILLRHEAD

[illegible]

Height: 128 Weight: 27kg B.P.

10. Time: 15:00 100

241

Date _____

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HEALTH & LIFESTYLE INFORMATION

1. Have you ever smoked? Yes ☒ No ☐ If Yes do you smoke now? Yes ☐ No ☒
If Yes how many per day? 1-9, 10-19, 20-39, 40+
2. Do you drink alcohol? Yes ☒ No ☐ If Yes how many units per week?
1-14, 15-24, 25-35, 36-50, 50+
Has alcohol ever caused you any Financial/Domestic/Health Problems? Yes ☐ No ☒
3. Do you take regular exercise? Yes ☒ No ☐
4. Do you regularly take Pain Killers, Sleeping Tablets or Tranquillisers? Yes ☒ No ☐
If Yes please give details:
5. Details of current repeat medication:
6. Details of any allergies: TROPICAL BIRDS

MEDICAL HISTORY

Have you ever suffered [redacted]?

- | | | | |
|------------------------|---|-----------------|---|
| a. Angina | Yes ☒ No ☐ | b. Heart Attack | Yes ☐ No ☒ |
| b. High Blood Pressure | Yes ☐ No ☒ | d. Stroke | Yes ☐ No ☒ |
| c. Diabetes | Yes ☐ No ☒ | e. Cancer | Yes ☐ No ☒ |
| d. Asthma | Yes ☐ No ☒ | | |

Please give details of any serious illnesses and/or operations:

(L) Lymph gland removed 1996Females Only

Have you had a Pap smear? Yes ☐ No ☒ If Yes date of last smear test: _____

Method of contraception, if applicable: _____

No. of children & ages (if applicable): _____

Breast examination: _____

Children under 5 Only

Please give details of immunisations and dates:

Signature J. QuinnDate 11/3/01

The above information is correct to the best of my belief

01294559505 30 From: Adastra 13/10/99 05:17 Pg 02/02

Surgery: The Oxenward Surgery

The following calls have been acted upon on behalf of your surgery:

Worshire Doctors on Call

ACH PCTC

Call #: 45577 Received: 12-Oct-1999 18:53 Type: PCTC Visit

Patient's Name:	Alexis Prowse	Sex:	Female	Received:	18:53
Date of birth:	05-Feb-1994 (Age: 5 years)			Passed :	18:53
	108 MAIN STREET DREGHORN			Triaged :	19:03
	KA11 4AB (NS:423 524)			Arrived :	19:38
Call No:	01294 213451	Origin:	Same Address	Departed:	—:—

Triage Time: Routine
 Time taken from reception to final consultation..... 44 mins
 Consulted by: [REDACTED] A Own Doctor: Muirhead, [REDACTED]

Message received:

19:03 12-Oct-1999 Triage by Drysdale, [REDACTED] : changed to PCTC Visit

In [REDACTED] complaining of severe headache and very drowsy. no rash. vomiting. no temp. has not given anything

19:38 12-Oct-1999 Doctor [REDACTED] A consultation begin

19:52 12-Oct-1999 follow up message (Patient Told To Contact GP)
 Advised to contact GP PRN

19:52 12-Oct-1999 diagnosis entered
 Headache Sore throat In care at present
 O/E A few small neck glands Throat, ears NAD
 Imp Viral Infection
 Prescription for Paracetamol SF 120mg/5ml x 5ml qid x 150ml
 Primary clinical code A79Z. (Other Viral Illness Without Rash) (Dr [REDACTED] A)

FAX TRANSMISSION COMPLETE

File 13-10-99
 en.

13/10 '99 05:19

TX/RX NO. 0632

P02

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577758/9
Fax: 01563 572009

RHEAD
SWALL ROAD
KILWINNING
AYRSHIRE
KA13 6BL

Miss **ALEXIS PROWSE**,
C/O 108 MAIN STREET

05/02/1994

A/E No: 99016107

Date and time of
attendance:

29/04/1999

09:45

Complaint:

Truncal injury

X-Rays:

Diagnosis:

minor soft tis. inj. Left ribs

Treatment:

verbal advice

Disposal:

A+E Rx Completed

Follow Up:

Discharge no review

Additional Information:

*fell 2/7 ago in schoolyard bruising to left lower anterior rib border
2cm , no pneumothorax advice given*

If you have any queries about this patient, please contact one of the staff at the above number.

S Shields

DR S SHIELDS
Senior House Officer

Consultants:
Dr M Zaidi

Mr J [REDACTED]

Dr A Lannigan

CHI NO 0502940166 HB T
SEX: FEMALE
HEALTH VISITOR 0260
TREATMENT CENTRE 2254
GP: SUTHERLAND

Page 323 of 429

33

HOME VISITS - ENCOUNTERS FORM

DATE: 12/10/92 TIME: 08:40 REGISTERED GP: DGM

PATIENT'S DETAILS		
SURNAME: Prowse	FORENAME(S): Alexis	DOB: 3/2/84
ADDRESS: 91 Gilling St Cireft		

HOME VISIT ☒ CCU ☐ PHONE ADVICE ☐ OTHER ☐

HISTORY
Asthmatic & Cough w sput c x2 msc bleeds overnight, On Sx & Bx at present No allergies

EXAMINATION
Well TBG 2" throat clear ears mild bldg @ little's on Chest Scattered wheeze no wheeze No gr resprale C under

DIAGNOSIS
Chest Infection

TREATMENT
Neogen & Chlorhexedon S/7 Amoxyc 125 x 5 x 10

FOLLOW UP:		
YES: ☐	WHERE:	WHEN:
NO: ☐		

NAME OF VISITING GP: Sage GP's SIGNATURE: C. Sage

Office Use Only

Date Entered on Computer:

Data Input Clerks' Inits.

CP2

APPENDIX B2: CASE CONFERENCE

1 MINUTE

(i)	Conference Type: Initial	Date: 19 August 1997
Subject Child(ren):-		DoB:-
[REDACTED] Prowse		1.8.87
[REDACTED] Prowse		15.1.90
[REDACTED] Prowse		16.2.89
Alexis Prowse REPORT FILED IN LAURA'S NOTES		5.2.94
(ii)	Chair: Mr Gilruth Office: Rosslyn House Perth	SW District: Perth & Kinross Director: Mrs Bridgeford Office: Rosslyn House Perth Tel No: (01738) 476700
(iii) Participants Present		
<u>Name</u>	<u>Designation</u>	<u>Agency</u>
Mr Neill	Social Worker	Nimmo Place, Perth
Mr Smith	Tav Project	Friarfield House, Dundee
Dr Band	Paediatrician	Drumhar HC, Perth
Dr [REDACTED]	General Practitioner	King St, Crieff
Mrs Harrison	Health Visitor	King St, Crieff
PC McIlvane	Tayside Police	Bell St, Dundee
Mrs Smith	Senior Social Worker	Broich Terr, Crieff
Mrs Beck	Social Worker	Broich Terr, Crieff
Mr Lafferty	Social Worker	Nimmo Place, Perth
Ms Willoughby	Minutes	
Mr Prowse*	Father	
*For part of meeting		
(iv) Absent/Unable to Attend		
<u>Name</u>	<u>Designation</u>	<u>Agency</u>
Ms Townsley	[REDACTED]	
CC: Miss [REDACTED] Out of Hours		

NB Attach all previous sections - Chair to check information for correctness at outset

35

JG/LW

7 August 1997

Dr [REDACTED]
General Practitioner
Health Centre
[REDACTED] Street
CRIEFF

Perth & Kinross Council
Social Work Department
Colonsay Resource Centre
37-39 Colonsay Street
PERTH PH1 3TU

Tel 01738 626940
Fax 01738 440765

Dear Dr [REDACTED]

Child Protection Case Conference:

[REDACTED] (1.8.87), [REDACTED] (15.1.90), [REDACTED] (16.2.89) and Alexis (5.2.94) Prowse
91e [REDACTED] Street, Crieff

You are invited to attend a Case Conference which is scheduled to take place regarding the above named child(ren) at:

Social Work Department, Broich Terrace, Crieff

on:

Tuesday 19 August 1997 at 11am

when child protection registration will be considered.

It would be appreciated if the attached reply slip could be completed and returned.

If you have any queries please contact Elaine Beck or [REDACTED] [REDACTED] on 01764 652332.

Yours sincerely

L. Widdoughby

pf John Gilruth
Service Manager
Rural Child Care

36

Confidential

From: Dr [REDACTED]
GP
[REDACTED] Street
Perth

To: L Willoughby
Child Protection Admin
Colonsay Resource Centre
37-39 Colonsay Street
Perth

Child: [REDACTED] (1.8.87), [REDACTED] (15.1.90), [REDACTED] (16.2.89) and Alexis (5.2.94) Prowse
91e [REDACTED] Street, Crieff

Number of Contacts:

Laura - 4 Contacts in '97 [REDACTED] - 6 Contacts in '97
Duncan - 2 Contacts in '97 Alexis - 1 Contact in '97

Physical Health:

Laura - Good.

Duncan - Good.

Kelly - Good at present. Known to have Congenital hydronephrosis and has had recurrent UTIs but good at present.

Alexis - H/o Avian Mycobacterium but well at present.

Emotional Problems:

[REDACTED] Nil significant known

Duncan - Nil significant known

Kelly - Nil significant known.

Alexis - Nil significant known.

Adverse Factors:Prognosis:

I will be ~~able~~ unable to attend the Conference.

Date 11/08/97

Signature

[Signature]

With Apologies.

NB Copies will be distributed to all members of the Case Conference or Review as well as the [REDACTED] if they attend the meeting

37



Your Ref:

Our Ref: VJM/DP 050294/0166

Enquiries to:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Clinic 19th June 1997
Typed 23rd June 1997

Dr. D. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

This girl with recurrent mycobacterium avium complex cervical lymphadenitis last year finally stopped Clarithromycin at the end of February. There has been no recurrence of lymph node swelling. The incisions although still pink are well healed. [REDACTED] is delighted with the all over improvement. She is eating well and behaving more like a 3 year old making up for her previous protracted illness, full of mischief.

[REDACTED] was equally confident that she has had no recent asthmatic symptoms and has come off all treatment. Mother admitted that she has slight wheeze with what she regards as infrequent bad colds but these occur once or twice every month and are usually treated with Amoxycillin. Mother claims that she has been advised to give the asthma medication only if her chest is very bad. She then went on to say that with colds she develops a crackly chest, wheeze and breathlessness in the morning and again at night. On these occasions mother gives Becotide. 15 minutes later she brings up phlegm and is then asymptomatic for the rest of the day and over night.

She also has a constant stuffy blocked nose which [REDACTED] blames on the hot atmosphere in their third floor flat where it is not safe to open the windows.

She also reports that Alexis has been complaining of abdominal pain every morning for the past week when she has also been coughing without a cold. She has been drinking a lot of juice. She has developed unusual dribbling and wetting of brown coloured cloudy offensive urine which has been negative for glucose. [REDACTED] still checks after the transient hyperglycaemia with glycosuria and ketonuria during her admission last November with exacerbation of asthma.

After all this she looked very well, her weight of 16 kg and height of 100 cms increasing along the 75th percentile. She has numerous small soft cervical, axillary and inguinal nodes but all felt normal reactive. Her chest was clear with no deformity or recession. Her abdomen was soft, non tender, with no abnormal findings. She has a soft innocent sounding grade 1/6 systolic murmur and venous hum as before.

A mid stream specimen of urine was clear, colourless and not offensive. It contained a trace of non haemolysed blood but was otherwise negative, pH 7, specific gravity 1.005. It has been sent for microscopy and culture. [REDACTED] is obviously very anxious with the high level of pathology in this family. I reassured her that there was no evidence of any urinary abnormality today but suggested that if Alexis passes brown urine in the future she should take a specimen to the Practice.

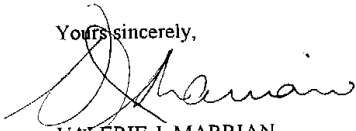
I did not feel that any further routine paediatric follow up was necessary although you may have occasion to refer her

YOUR [REDACTED] IN HEALTH

38

back. I did advise [REDACTED] to give Becotide prophylaxis regularly in the hope of reducing the frequency of colds and the morning and nocturnal symptoms she describes. I also emphasised that she should use Ventolin for relief of symptoms as she is not given this at all.

Yours sincerely,



VALÉRIE J. MARRIAN,
Consultant Paediatrician.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
Mr. J.Fok, Consultant Surgeon, PRI.

PS: Multistix urinalysis - trace non haemolysed blood, otherwise negative, pH 7.0, specific gravity 1.005.
Urine culture - no growth. Occasional WBC on microscopy.

AM		FILE	✓
	✓		
SUB		LETT	
		SATIS	
		ABNORMAL	
		APPOINTMENT	
25/6		PROBLEM	

34



Your Ref:

Our Ref: JH/DP 050294/0166

Enquiries to:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Clinic 13th February 1997
Typed 18th February 1997

Dr. D. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

I reviewed Alexis in Dr. Marrian's Out-patient Clinic today. She has been reasonably well since her last visit to the Clinic and has not developed any further neck swelling. She continues on Clarithromycin and her [REDACTED] is quite happy with her progress.

Examination today revealed shotty cervical lymphadenopathy only and both scars are healing well. I feel that we should review her again in 3 months time with her [REDACTED]. She should stop her Clarithromycin at the end of this month and I have told [REDACTED] this. We will review 2 months after that to see how she is getting on.

Yours sincerely,

Paediatric Registrar to Dr. Valerie J. Marrian.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.

AM		FILE	✓
AEM		NOTES	
DGM	✓	PROBLEMS	
EJB			
GS		STATUS	
CMT		ABNORMAL	
REG		APPOINTMENT	
		PROBLEM	

20/2/97

YOUR [REDACTED] IN HEALTH

40



Your Ref:

Our Ref: VJM/DP 050294/0166

Enquiries to:

Clinic 5th December 1996
Typed 6th December 1996

Dr. D. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

AM		FILE	☒
AEM		NOTES	
DCM	☒	PHOTO	
EJB		LETTER	
CR		RECEIVED	
DATE			

10/12/96

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

This girl with recurrent mycobacterium avium complex cervical lymphadenitis reported with [REDACTED] today. After the last excision of infected lymph nodes by Mr. Fok on 18.11.96 the wound has healed, the residual swelling gradually resolving and no longer painful or tender. No new swellings have appeared. She had the last dose of Clarithromycin supplied from hospital last night, [REDACTED] was uncertain whether recommendations about the previous antibiotic regime applied and I confirmed that we did intend her to continue treatment until the end of February. He will contact you for further supplies. On examination today there was slight residual thickening under the line of the recent scar which is pink but well healed. There are several small 1 cm soft posterior cervical nodes but none feel abnormal.

She developed an exacerbation of her asthma at the time of the recent surgery but has had little problem since. An occasional cough at bed time and first thing in the morning responds to Ventolin which has not been required for the past 3 nights. She continues on Becotide 50 2 puffs bd. Her chest was clinically clear today.

She had transient hyperglycaemia with glycosuria and ketonuria at the time of surgery possibly related to stress but also the preceding treatment with Isoniazid. Everything had resolved by the time of discharge and an HbA1c of 4.7% was reassuring. Twice day urine testing by the [REDACTED] for 10 days after discharge was consistently negative. The previous slight increase in urine output has returned to normal and she shows no excess thirst. There is no need to continue routine testing but [REDACTED] understands the need to seek medical advice in the event of any recurrence of suspicious symptoms.

A new finding today was a very soft less than grade 1/6 systolic murmur at the second left interspace heard in expiration only in the supine posture which disappeared erect. A loud venous hum under the right clavicle then became audible altering dramatically with head posture. Both murmurs were explained to [REDACTED] with reassurance.

He then informed me that his [REDACTED] who was born prematurely in 1966 had a heart defect. She ignored advice not to have children but has apparently been warned that any further pregnancies would be dangerous. I wondered about the diagnosis as we have no information about this in the relevant part of the neonatal record beyond her previous post natal depression and anaemia during pregnancy.

[REDACTED] who was previously recorded as a healthy woodcutter was walking with a stick and volunteered that he is now registered disabled no longer undertaking farm work or his last job as a woodcutter. He has spondylitis of neck and shoulders and injured a knee falling off [REDACTED] Nevis during the [REDACTED] race. He also has a past history of concussion falling off a high speed motor bike. He had epilepsy in childhood until the age of 14 with recurrence between the

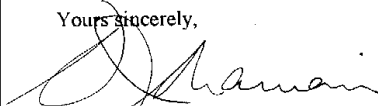
YOUR [REDACTED] IN HEALTH

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age of 26 and 30. He has quite a colourful background including being a long standing champion of jive and rock n' roll. He has now taken on voluntary [REDACTED] the Epilepsy Association of Scotland.

I asked him to make a return appointment for 3 months just after she has completed the prolonged course of Clarithromycin assuming that there has been no need to see her sooner.

Yours sincerely,



VALERIE J. MARRIAN,
Consultant Paediatrician.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
Mr. J. Fok, Consultant Surgeon, PRI.

THIRD PARTY COPY

42



Your Ref:

Our Ref: VM/DP 050294/0166

Enquiries to:

Dictated 22nd November 1996
Typed 25th November 1996

Dr. D. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

AM		FILE	✓
DATE	✓	NOTES	
PHOTO		LETTER	
SATIS	✓		

29/11/96

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

DIAGNOSIS: Mycobacterium avium complex recurrent cervical lymphadenitis, exacerbation of asthma, transient hyperglycaemia, glycosuria and ketonuria.

OPERATION: Excision of lymph nodes by Mr. Fok.

DATE OF ADMISSION: 18.11.96 **DATE OF DISCHARGE:** 21.11.96

REFERRAL: Arranged from OPD.

HISTORY: See previous records of left cervical lymphadenitis first presenting on 9.7.96 with 10 week history of slow increase in size and inflammation not responding to 4 courses of antibiotic, Amoxycillin twice, Augmentin and Erythromycin.
10.7.96 Incision and drainage of abscess with multiple biopsies and swabs, histology and culture confirmed mycobacterium avium complex.
Post operative persistent swelling with discharging sinus.
26.9.96 Excision of residual abscess and granulation tissue.
30.10.96 Reported back with further recurrence of swelling of previous 10 days.
In view of mycobacterium sensitivities reported started on Clarithromycin 125 mgs 5 mls bd, Isoniazid 5 mls tid and Pyridoxine 10 mgs daily.

PAST HISTORY: Mild asthma for about 2 years treated with Ventolin by volumatic prn.
No known allergies.
Born in PRI, [REDACTED] had urinary infection at 19 weeks treated with Augmentin, haemoglobin 9.8 g/dl at 28 weeks treated with Ferrous Sulphate and Folic Acid, preterm labour at 29 weeks treated with Ritadrine and given Betamethasone. Induction of labour and SVD at 38 weeks, Apgar scores 7, 8 and 9, no active resuscitation required. Birth weight 3.08 kg 25th percentile, length 50.5 cms 75th percentile, head circumference 34 cms 50th percentile. No neonatal problems. Bottle fed SMA, given oral Vitamin K 2mgs 2 doses.
Clicky left hip, stable on orthopaedic review, ultrasound normal.
Immunisations - "up to date".
Development - normal.
No known allergies.

YOUR [REDACTED] IN HEALTH

43

FAMILY & SOCIAL HISTORY:

■■■■■ aged 7, bilateral hydronephrosis, re-implantation of ureters, attends Paediatric Clinic.
 ■■■■■ aged 6, asthma.
 ■■■■■ aged 9, healthy.
 Neonatal notes also indicate a ■■■■■ born in 1985.
 ■■■■■ Lorraine Townsley aged 30, healthy, past history of post natal depression.
 ■■■■■ Prowse, healthy, woodcutter.
 ■■■■■ aged 21 "diabetic since birth" on no medication.
 ■■■■■ onset of IDDM aged 64.

EXAMINATION:

Weight 15 kg 75th percentile, no other measurements but height previously recorded on 75th percentile.
 Temperature 36.7°C, healthy looking, colour good with left cervical lymph node swelling.
 Pulse 100/min, heart sounds I+II no murmurs.
 Breath sounds vesicular with a little polyphonic wheeze.
 Abdomen soft, non tender, no abnormal viscera or masses.
 No gross neurological abnormality.

INVESTIGATIONS:

Hb 11.6 g/dl, RBC $4.38 \times 10^{12}/l$, HCT 0.339, MCV 77.4 fl, Reticulocytes 1%.
 WBC 9.2, Neutrophils 5.8, Lymphocytes 2.5, Monocytes 0.7, Basophils $0.2 \times 10^9/l$.
 Platelets $260 \times 10^9/l$.
 18.11.96 at 2220 hours random blood glucose 10.6, sodium 136, potassium 4.3, chloride 108, urea 3.1 mmol/l, creatinine 50 umol/l.
 18.11.96 serum albumin 41 g/l, total bilirubin 6 umol/l, ALT 14, ALP 198 u/l.
 19.11.96 HbA1c 4.7%.
 21.11.96 Fasting blood glucose 4.3 mmol/l.
 18.11.96 Multistix urinalysis - trace non haemolysed blood, ketones small 1.5 mmol/l, otherwise negative, pH 7.5, specific gravity 1.015.
 Repeat urinalysis on the day of admission - ketones increased to large 8 mmol/l with trace haemolysed blood and protein.
 At 2000 hours in the evening of admission after surgery urine glucose ~~4.4~~ ⁺⁺⁺, ketones moderate, blood +, protein trace.
 Glycosuria persisted the same night reducing and negative the next day when ketones were also negative.
 Blood in urine increased to ++ on the day of admission reducing and negative after 2 days.
 Urine protein disappeared after first day.
 Urine microscopy - occasional RBC and epithelial cells, culture sterile.
 Clarification of sensitivities of avium mycobacterium from Reference Laboratory - Ethambutol, Rifabutin and Clarithromycin sensitive, resistant to Isoniazid, Rifampicin and Ciprofloxacin.
 Histology of current biopsy similar to previous lesions, verbal report formal confirmation awaited, no material submitted for culture.

TREATMENT:

Excision of lymph node.
 Salbutamol 100 ugs 2 puffs once changed to 2.5 mg nebulas 1 dose then Terbutaline 2 mgs by nebuliser 4 hourly x 5, not required over night for 2 days.
 Clarithromycin 125 mgs bd by mouth.
 Isoniazid 5 mls tid discontinued after 3 doses because of sensitivity report.
 Pyridoxine 10 mgs once daily discontinued after 1 dose.
 Paracetamol 240 mgs 3 doses for pain.
 20.11.96 Becotide 50 2 puffs ie 100 ugs bd by volumatic.
 Salbutamol 100 ugs 2 puffs ie 200 ugs bd by volumatic.
 EMLA cream topically before venepunctures.

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PROGRESS:

Wheezy post-operatively with scattered inspiratory crepitations and rhonchi. Reacted with tachycardia and tremor to Salbutamol. As the crepitations and rhonchi had increased she was changed to Terbutaline which was better tolerated. On the evening of admission the nursing staff reported urine sugar and ketones with a BM of 17 mmol/l. A history of urine frequency over the last few days increasing on the day of admission with increased thirst although this was difficult to assess because of the pre and post operative fasting. Assuming the possibility of a combined stress reaction plus Salbutamol and Isoniazid she was watched carefully and everything gradually returned to normal by the time of discharge when her chest was clinically clear and the wound healing. Her inhaler technique checked was satisfactory for volumatic and nebuliser.

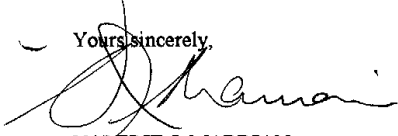
TREATMENT AT
DISCHARGE:

Clarithromycin 125 mgs bd until February 1997.
Becotide 50 2 puffs ie 100 ugs bd by volumatic as continuing prophylaxis.
Salbutamol 100 ugs 2 puffs ie 200 ugs bd qid until out-patient review in 2 weeks.
[REDACTED] supplied with glucose stix for urine testing at home.
District Nurse to review on 23.11.96 to remove steristrip and redress wound.

FOLLOW UP:

OPD 2 weeks.

Yours sincerely,


VALERIE J. MARRIAN,
Consultant Paediatrician.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
Mr. J. Fok, Consultant Surgeon, PRI.

45
RN/LW

25 November 1996

Dr [REDACTED]
General Practitioner
Health Centre
[REDACTED] Street
CRIEFF

PERTH & KINROSS COUNCIL
Social Work Department
Colonsay Resource Centre
37-39 Colonsay Street
PERTH PH1 3TU

Tel 01738 626940
Fax 01738 440 765

Dear Dr [REDACTED]

Child Protection Case Conference Review:

Alexis (5.2.84), [REDACTED] (15.1.90), [REDACTED] (1.8.87) and [REDACTED] (16.2.89) Prowse

You are invited to attend a Case Conference which is scheduled to take place regarding the above named child at:

Social Work Department, Broich Terrace, Crieff

on:

Monday 2 December 1996 at 2pm

when child protection registration will be considered.

It would be appreciated if the attached reply slip could be completed and returned.

If you have any queries please contact Mike Lafferty on Crieff 01764 652332.

Yours sincerely

L. Willoughby
Rhod Napier
Service Manager
Young People

CC: R Napier, Chair
M Lafferty, SW
J [REDACTED] SSW
CP Admin
Miss [REDACTED]

AM	FILE	✓
NOTES		
✓	PHONE	
LETTER		
SATIS		
ABNORMAL		

28/11/96

please return slip

15 Kgs. 46 WARD 10

Wednesday pm

Inpatient
day at 611

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473462

DISCHARGE SUMMARYPAEDIATRIC WARDS

TO:

SURNAME	PROUSE	CHI	0166
FIRST NAME	ALEXIS	DATE OF BIRTH	050294
ADDRESS		SEX	f
ADMITTED		DISCHARGED	

SYMPTOMS	DIAGNOSIS

TREATMENT/RECOMMENDATIONS/INVESTIGATIONS

DRUGS ON DISCHARGE	DOSE	NO OF TIMES DAILY	NO OF DAYS	DISPENSED BY PHARMACY	
				NUMBER	BRAND NAME
CLARITHROMYCIN	125mg	bd	Continue	70mls	KLARICID
BECOTIDE 50 via inhaler	100 microg	bd	continue	1 x 50mg	ALLEN & HANBURY
SALBUTAMOL via inhaler	200 microg	bd	as reg	1	VENTOLIN

FOLLOW UP

--	--

NAME Usha Venkataromannan DATE 20/11/96CONSULTANT DR. MARRIANFOR PHARMACY USE ONLYDISPENSED BY MR/ASCHECKED BY [Signature]DATE 20.11.96

PMR 166

47



Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473462

DISCHARGE SUMMARYPAEDIATRIC WARDS

TO: Dr. Mitchell

A. Stone
Nurse
collecting
1.50pm

SURNAME	PROUSE	CHI	0166
FIRST NAME	ALEXIS	DATE OF BIRTH	050294
ADDRESS	91E KING ST CRIEFF	SEX	
ADMITTED	21/11/96 13/11/96	DISCHARGED	20/11/96

SYMPTOMS	DIAGNOSIS
elective admission for excision of central lymph node.	- ATYPICAL MYCOBACTERIAL INFECTION
Proven atypical mycobacteria infection	- PROBABLE DIABETES MELLITUS.

TREATMENT/RECOMMENDATIONS/INVESTIGATIONS

Post operatively BM's high, also urinalysis showed glucose 4+ and ketones. HbA_{1c} done + result awaited. Also wheezy following surgery + needed nebulised Salbutamol 2-4 hourly. Isoniazid therapy stopped following hyperglycaemia. Bactide prophylaxis commenced. Fasting TBG done prior to discharge.

Hyperglycaemia probably due to medication. Continue clarithromycin until February

DRUGS ON DISCHARGE	DOSE	NO OF TIMES DAILY	NO OF DAYS	DISPENSED BY PHARMACY	
				NUMBER	BRAND NAME
GLUCOSE MONITORING STRIPS	ONE BOX	PEN.			
GLUCOSE URINE STICKS	ONE BOX		1 BOX	1 x 50	Glucose
CLARITHROMYCIN	125mg	2	7		
BECONIDE 50 VIA VOLUMATIC	100mics	2	/		} other prescription.
SALBUTAMOL VIA VOLUMATIC	200microgm	2	/		

FOLLOW UP

OPC. 2/52

NAME DATE 21-11-96

CONSULTANT Dr. Mamon

FOR PHARMACY USE ONLYDISPENSED BY *NR/*CHECKED BY *QA*

DATE 21/11/96

PMR 166

48



Your Ref:

Our Ref: JH/DP 050294/0166

Enquiries to:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Clinic 30th October 1996
Typed 4th November 1996

Dr. D. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

I reviewed Alexis in Dr. Marrian's Out-patient Clinic today. She indeed does have a further swelling on the left side of her neck behind the angle of her jaw which apparently is increasing in size over the last 10 days. Her symptoms have also returned and over the last 10 days she has been waking in the middle of the night when her neck has been sore. Her appetite has also deteriorated and her moods have begun to swing again.

Examination revealed a firm tender lymph node about an inch long just behind the left angle of her mandible. The inside of her mouth is normal and the rest of the examination again was normal. I have discussed Alexis with Dr. Marrian and we feel this is a recurrence of her atypical mycobacterial infection and I am planning to discuss Alexis with the Microbiologist at Ninewells concerning medical treatment for this and I will ask Mr. Fok, Consultant Surgeon to have another look at Alexis with a view to excising this node.

Yours sincerely,

[REDACTED]
Paediatric Registrar to Dr. Valerie J. Marrian.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.

AM		
AEM		
DGM	✓	
EJB		
GS		SAC
CMT		ACHD
REG		AND
		PROBLEM

YOUR [REDACTED] IN HEALTH

49



Your Ref:

Our Ref/DP 0502294/0166

Enquiries to:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Clinic 30th October 1996
Typed 4th November 1996

Mr. Fok,
Consultant Surgeon,
PERTH ROYAL INFIRMARY.

Dear Mr. Fok,

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

You may remember this little girl on whom you carried out excision of a discharging sinus and cervical lymph node because of an atypical mycobacterial infection. I have seen Alexis in Dr. Marrian's Out-patient Clinic today and unfortunately over the last 10 days she has developed a further enlarged firm tender lymph node just behind the left angle of her mandible and her previous symptoms have also returned. Dr. Marrian wonders if you could see her fairly urgently with respect to removing this lymph node. I will be in touch with Dr. Parrott, Microbiologist at Ninewells Hospital to discuss with him whether or not we should be considering medical treatment as well for Alexis.

Yours sincerely,

[REDACTED]
Paediatric Registrar to Dr. Valerie J. Marrian.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.

✓ Dr. D. [REDACTED] Health Centre, [REDACTED] Street, Crieff.

YOUR [REDACTED] IN HEALTH

50

THE HEALTH CENTRE

[REDACTED] STREET

CRIEFF

TELE: 01764 652283/652456

FAX: 01764 655756

FROM:

DR [REDACTED] G [REDACTED]

CRIEFF HEALTH CENTRE

TO:

DR V MARRIAN
PAEDIATRIC OUT-PATIENTS - WED 30.10.96
PERTH ROYAL INFIRMARY

No of Pages including this one (2)

@@

51

Dr. [REDACTED]
 Dr. [REDACTED] E. [REDACTED]
 Dr. [REDACTED] G. [REDACTED]
 Dr. [REDACTED]
 Dr. [REDACTED] Sutherland
 Dr. Carolyn M. Tipton

THE HEALTH CENTRE
 [REDACTED] Street
 Crieff
 Perthshire PH7 3SA
 Telephone: 01764 652283
 Fax: 01764 655756

DGM/MJ

28 October 1996

Dr Valerie Marrian
 Consultant Paediatrician
 Perth Royal Infirmary
 PERTH
 PH1 1NX

Dear Dr Marrian

RE: ALEXIS PROWSE, 91E [REDACTED] STREET, CRIEFF PH7 3HD
DOB. 05.02.94/0166

CLINIC APPOINTMENT WEDNESDAY [REDACTED] OCTOBER AT 12.00 PM

You may recall this little girl who had AVIAN Tuberculosis incision and drainage and subsequent excision of a cervical lymph node.

She has an appointment for the Paediatric Out-patients on 20.11.96 but over the past week or so developed a further glandular swelling just posterior to the surgical wound and I would be grateful of your earlier assessment of this problem.

Yours sincerely



DR [REDACTED] G [REDACTED]

USE POINT PEN AND BLOCK LETTERS																		
52 <u>CRIEFF</u> Hospital Accident and Emergency No. <u>1706/96</u>		Surname <u>PROWSE</u> 150294 D. of B.																
Maiden Name <u>N/A</u>		First Name <u>ALEXIS</u> S C. State																
Age <u>2yr</u>		Address <u>91 E. King St</u> F. Sex																
and Relationship (Contacted YES / NO)		Occupation ...																
Mother <u>S/N Present</u>		Date and Time of Injury <u>27.9.96 11am</u> Accident Emergency (Casualty) <u>(Casualty)</u>																
Tel. No. <u>11.30am</u>		Place of Injury: Work <u>(Home) (Indoor)</u> Road Traffic																
Arrival <u>11.30am</u> Seen <u>11.50</u> Discharged <u>12.00</u>		Drugs: Penicillin Allergy <u>NO</u> Insulin <u>NO</u> Steroid <u>NO</u> A.T.S. <u>✓</u>																
Referred by G.P. YES <u>(NO)</u> Other <u>(Other)</u>		Medicines Prescribed DOSE GIVEN BY																
DIAGNOSIS:		T. P. B.P.																
HISTORY / COMPLAINT: Pink bead stuck in <u>(ear)</u> nostril. Removed with forceps.																		
SITES X-RAYED: X-RAY FINDINGS: COMMENT:																		
Doctors' Signature <u>C. Tipton</u> Print Name For Legal Reasons <u>C.M. TIPTON</u>																		
THB(MR)5A (Rev.3/94)		Name and Address of Family Doctor:																
Tetanus Vaccination 1st Covered 2nd Booster		Dr Mitchell																
To: G.P. Discharged OP Clinic Ward No. Other Hospital		CODE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A</td> <td>P</td> <td>V</td> </tr> <tr> <td>B</td> <td>Q</td> <td>W</td> </tr> <tr> <td>C</td> <td>R</td> <td>X</td> </tr> <tr> <td>D</td> <td>S</td> <td>Y</td> </tr> <tr> <td>E</td> <td>T</td> <td>Z</td> </tr> </table>		A	P	V	B	Q	W	C	R	X	D	S	Y	E	T	Z
A	P	V																
B	Q	W																
C	R	X																
D	S	Y																
E	T	Z																

53



Your Ref:

Our Ref: PJF/AMC 050294

Enquiries to:

September 26th, 1996

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Dr D G [REDACTED]
Health Centre
[REDACTED] Street
CRIEFF

Dear Dr [REDACTED]

Alexis Prowse - 91E [REDACTED] Street, Crieff

I carried out an excision of this young girl's discharging sinus from the left side of the neck. I removed an ellipse of skin together with granulation tissue just deeper to it. The granulation tissue tract led to a cervical lymph node which I also excised. All the resected tissues have been sent for histology. The wound has been closed with absorbable 5/0 Dexon sutures.

I have not made any appointment to follow Alexis up in the Surgical Clinic but I expect she will be seen at some stage by Dr [REDACTED] Menzies on behalf of the Paediatricians.

Yours sincerely

Mr [REDACTED] Fok
Consultant Surgeon

cc Dr Protheroe
Community Paediatrician
Drumhar Health Centre
Perth

AM		FILE	✓
AEM		FILE	
DGM	✓	FILE	
EJB		LETTER	
GS		SATIS	
CMT		ABNORMAL	
REG		APPOINTMENT	
		PROBLEM	

1/10/96

YOUR [REDACTED] IN HEALTH

54

FILE	✓
NOTES	
PHONE	
LETTER	
SATIS	
ADNORMAL	
PROGNOSIS	
PROBLEM	

27/9/96



Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 628502

DISCHARGE SUMMARY
PAEDIATRIC WARDS

TO: DR MITCHELL

SURNAME	<u>PROUSE</u>	CHI	<u>0166</u>
FIRST NAME	<u>AGELIS</u>	DATE OF BIRTH	<u>050294</u>
ADDRESS	<u>9115 KING ST. CRIEFF</u>	PH	<u>7 343</u>
ADMITTED	<u>26.9.96</u>	DISCHARGED	<u>26.9.96</u>
SYMPTOMS		DIAGNOSIS	
		<u>Excision of lymph node</u>	

TREATMENT/RECOMMENDATIONS/INVESTIGATIONS

Atiyacel muckochin - increased & drained after
which continued to discharge
readmitted for excision of node - day case
closed wound - dissolvable sutures
blood noticed - routine ward testing - sample sent

DRUGS ON DISCHARGE:

DOSE	NO OF TIMES DAILY	NO DA'

FOLLOW UP 6-8 WEEKS

NAME EVELYN MENZIES
CONSULTANT DR MACRAE

DATE TYPED
SIGNATURE

em

55



Your Ref:

Our Ref:

EMM/CS

050294/0166

Enquiries to:

16th September 1996

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Dr D G [redacted]
Health Centre
[redacted] Street
CRIEFF

Dear Dr [redacted]

Alexis Prowse, 91E [redacted] Street, Crieff (dob 5.2.94)

We have arranged for Alexis to be admitted to ward 10 on Thursday 26th September to have her lesion excised.

We will keep you informed of her further progress.

Yours sincerely

A handwritten signature, likely of Dr E Menzies, written in ink.

Dr E Menzies
Staff Grade Paediatrician to Dr R A Wilkie

copy to: Dr D Protheroe, Consultant Community Paediatrician, Drumhar Health Centre, Perth

AM		FILE	✓
AEM	✓	NOTES	
DGM	✓	PHONE	
EJB		LETTER	
GS	✓	SATIS	
CMT	✓	ABNORMAL	
REG		APPOINTMENT	
		PROBLEM	

20/9/96

YOUR [redacted] IN HEALTH

56



Your Ref:

Our Ref:

 EM/DP 050294/0166
 Enquiries to:

 Perth Royal Infirmary
 Perth PH1 1NX
 Telephone: 01738 623311
 Fax: 01738 473278

 Clinic 12th September 1996
 Typed 16th September 1996

 Dr. [REDACTED]
 Health Centre,
 [REDACTED] Street,
 CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

I reviewed Alexis in the Clinic today. As you know she had a lymph node in her neck incised and drained. This grew mycobacterium avium species. Since the operation her neck has continued to fill up and discharge. I am going to contact Mr. Fok again to see if they would actually excise this lesion. We will arrange review of Alexis once we know what Mr. Fok is doing.

Yours sincerely,

 [REDACTED] MENZIES,
 Staff Grade Paediatrician to Dr. Valerie J. Marrian.

 Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
 Mr. Fok, Consultant Surgeon, PRI.

AM		FILE	✓
AEM	✓	NOTES	
DGM	✓	PHONE	
EJB		LETTER	
GS	✓	SATIS	
CMT	✓	ABNORMAL	
REC		APPOINTMENT	
		PROBLEM	

20/9/96

YOUR [REDACTED] IN HEALTH

57



Your Ref:
EM/DP 050294/0166
Our Ref:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Enquiries to:

16th August, 1996

Dr. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

AM	✓	FILE	
AEM	✓	NOTES	
DGM		PHONE	
EJB	✓	LETTER	
GS		SATIS	
CMT	✓	ABNORMAL	
REG		APPOINTMENT	
		PROBLEM	

19/8/96

Dear Dr. [REDACTED]

Alexis Prowse, 91E [REDACTED] Street, Crieff. DOB 5.2.94

We now have the final report on this girl's left submandibular cervical lymph node abscess. The organism previously reported has been identified as mycobacterium avium complex.

Alexis will be followed up in Dr. Marrian's Clinic.

Yours sincerely,

[REDACTED] MENZIES,
Staff Grade Paediatrician to Dr. Valerie J. Marrian.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
Mr. Fok, Consultant Surgeon, PRI.

YOUR [REDACTED] IN HEALTH

58



Your Ref:
VJM/DP 050294/0166
Our Ref:

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Enquiries to:

Dictated 5th August, 1996
Typed 7th August, 1996

Dr. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse, 9 Addison Terrace, Crieff. DOB 5.2.94

Further to my letter of 29.7.96 about this girl whose left submandibular cervical lymph node abscess was incised and drained on 10.7.96, histology revealed an intense chronic inflammatory infiltrate with numerous epithelioid granulomata and multinucleate cells some of which were Langhans type giant cells with areas of necrosis including caseation. Small numbers of acid fast bacilli were identified on Ziehl-Neelsen staining.

Culture yielded a growth of a mycobacterium species, identification and sensitivity to follow.

There was no evidence of any other infection, blood cultures were sterile after 2 days, EBV, mycoplasma and CMV IgM were negative as were CFT to psittacosis (chlamydia group) and Q fever (C.Burnetii phase 1+2). Surprisingly the C Reactive Protein was <10 mg/l.

Yours sincerely,

Valerie J. Marrian
VALERIE J. MARRIAN,
Consultant Paediatrician.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
Mr. Fok, Consultant Surgeon, PRI.

AM	☒	
AEM	☒	
DGM	☐	
EJB	☒	
GS	☒	
CMT	☒	
REG	☐	

9-8-96

YOUR [REDACTED] IN HEALTH



Your Ref:

Our Ref: RKS/AMC 050294/0166

Enquiries to:

July 26th, 1996

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

Dr D G [REDACTED]
Health Centre
[REDACTED] Street
CRIEFF

Dear Dr [REDACTED]

Alexis Prowse - 9 Addison Terrace, Crieff

I reviewed this child in the clinic today on behalf of Mr [REDACTED] following her incision and drainage of abscess in the neck a few weeks ago. On examination today the wound has healed quite well, although the surrounding area is still red and inflamed. There is some induration felt. The microbiology swab that was sent for culture and sensitivity at the time of the incision and drainage reported there was no organisms grown but the results for the acid fast bacilli are still awaited. Meanwhile, today I have sent the patient to Ward 10 to be reviewed by the Paediatricians as requested by them. I shall keep you informed of the results of any further investigations that may be done.

Yours sincerely

R K SIDDHESHWAR
Surgical Registrar to Mr [REDACTED]

AM	☒	FILE	☒
AEM	☒	NOTES	
DCM		PHONE	
EJB	☒	LETTER	
GS	☒	SATIS	
CMT	☒	ABNORMAL	
REG		APPOINTMENT	
		PROBLEM	

5/8/96

YOUR [REDACTED] IN HEALTH

60



Your Ref:
VJM/DP 050294/0166

Our Ref:

Enquiries to:

Dictated 29th July, 1996
Typed 31st July, 1996

Dr. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Perth Royal Infirmary
Perth PH1 1NX
Telephone: 01738 623311
Fax: 01738 473278

AM	☒	FILE	☒
AP	☒	NOTES	☐
DO	☒	PHONE	☐
EJ	☐	LETTER	☐
GP	☒	SATIS	☐
AC	☐	ADNORMAL	☐
FE	☐	APPOINTMENT	☐
		PROBLEM	☐

21/8/96

Dear Dr. [REDACTED]

Alexis Prowse, 9 Addison Terrace, Crieff. DOB 5.2.94

DIAGNOSIS: Left submandibular cervical lymphadenitis, atypical mycobacterium.

DATE OF ADMISSION: 9.7.96 **DATE OF DISCHARGE:** 11.7.96

REFERRAL: Emergency to A&E at 1143 hours. Had been referred to OPD by Dr. [REDACTED] on 17.6.96, defaulted first appointment offered on 5.7.96, awaiting new appointment.

HISTORY: Lump on left side of neck for 10 weeks, slowly increasing in size becoming increasingly red over the last 3 weeks.
No improvement after 4 courses of antibiotics, Amoxycillin, Augmentin, Amoxycillin and Erythromycin.
Also having regular Paracetamol.
No preceding upper respiratory or dental infection.
Variable fever and systemic upset.
[REDACTED] reported reluctance to pass urine which was dark and musty, GP unable to obtain MSU before treating.

PAST HISTORY: No previous illness.
Born in PRI [REDACTED] had urinary infection at 19 weeks treated with Augmentin, haemoglobin 9.8 g/dl at 28 weeks treated with Ferrous Sulphate and Folic Acid, preterm labour at 29 weeks treated with Ritadrine and given Betamethasone. Induction of labour at 38 weeks, SVD, Apgar scores 7, 8 and 9, no active resuscitation required.
Birth weight 3.08 kg 25th percentile, length 50.5 cms 75th percentile, head circumference 34 cms 50th percentile. No neonatal problems. Bottle fed SMA, given oral Vitamin K 2mgs 2 doses.
Clicky left hip stable on orthopaedic review and ultrasound normal.

FAMILY & SOCIAL HISTORY: [REDACTED] aged 7, bilateral hydronephrosis, re-implantation of ureter, attends Paediatric Clinic.
[REDACTED] aged 6, healthy.
No record of any other [REDACTED] although new-born record indicates girls born in 1985 and 1987.
[REDACTED] Lorraine Townsley aged 30, past history of post natal depression.
[REDACTED] Prowse, woodcutter.

YOUR [REDACTED] IN HEALTH

61

EXAMINATION: Weight 13.5 kg 50th percentile, height 92.8 cms 75-90th percentile, head circumference 47.7 cms 25th percentile.
 Temperature 34.9°C, bright, alert.
 2x2cm tender red fluctuant and indurated circular mass under left mandible.
 No other cervical or generalised lymphadenopathy.
 Left tympanic membrane scarred, pink peripherally with reduced light reflex.
 Throat and right tympanic membrane healthy.
 Mouth and teeth normal.

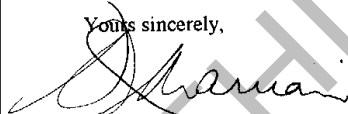
INVESTIGATIONS: Hb 11.1 g/dl, RBC $4.31 \times 10^{12}/l$, HCT 0.322, MCV 74.7 fl.
 WBC 5.6, Neutrophils 2.6, Lymphocytes 2.6, Monocytes 0.2, Eosinophils 0.1, Basophils $0.1 \times 10^9/l$.
 Platelets $289 \times 10^9/l$.
 Serum sodium 137, Potassium 3.8, Chloride 111, Urea 3.1 mmol/l, Creatinine 46 umol/l.
 Throat swab - moderate haemophilus influenzae sensitive to Amoxycillin, Augmentin, Erythromycin, Cephalexin.
 Swab from abscess - WBC ++, no organisms on direct film, bacterial culture negative.
 Biopsy sent for AAFB.
 Multistix urinalysis - moderate ++ blood, otherwise negative, pH 6, specific gravity 1.025.
 Repeat urinalysis the next day - trace non haemolysed blood only which persisted until discharge, urinalysis otherwise remaining negative.

TREATMENT: 10.7.96 - Incision and drainage of abscess under GA, Surgeon Mr. Blondal, Anaesthetist Dr. Elsdon, multiple biopsies and swabs taken, small Proflavine wick inserted.
 Pre-operative Trimeprazine 3.75 mg by mouth.
 Paracetamol 120 mg 2 doses for wound pain.
 EMLA cream twice topically before venepuncture and insertion of IV cannula.

PROGRESS: Uneventful, remained afebrile.
 A moderate amount of pus drained from abscess with only minimal seepage after.
 Recovered very quickly from anaesthetic, eating and drinking normally by afternoon.
 Required 2 doses of Paracetamol for mild discomfort.
 Wound satisfactory when redressed before discharge, no further packing required.
 The haematuria on admission with persistent trace at discharge is unexplained but may require further investigation.

FOLLOW UP: Surgical review on 26.7.96.
 Returned to the Ward for repeat full blood count and for specimen to be sent to Mycobacterial Reference Laboratory.
 Hb 11.3 g/dl, RBC $4.42 \times 10^{12}/l$, HCT 0.332, MCV 75 fl.
 WBC 7, Neutrophils 3, Lymphocytes 3.5, Monocytes 0.3, Basophils $0.2 \times 10^9/l$.
 Platelets $291 \times 10^9/l$.
 Paediatric follow up to be arranged when Mycobacterial results available.

Yours sincerely,



VALERIE J. MARRIAN,
 Consultant Paediatrician.

Copy to Dr. D. Protheroe, Community Child Health, Drumhar Health Centre.
 Mr. J. Fok, Consultant Surgeon, PRI.

62 p Perth Royal Hospital

USE ☐ POINT PEN AND BLOCK LETTERS

Accident and Emergency No. ☐ Surname Prowse 050294 D. of B.

Maiden Name M Lorraine Tamsley Age 21 First Name Alexis C. State

Next of Kin and Relationship (Contacted YES / NO) Address 9 Addison Sex

Occupation Crieff

Tel. No. 01764 656 115 Date and Time of Injury 9/1/96 Accident Emergency MPI No. (last 4 digits)

Date 9/1/96 Times (24hr. clock) 11.43 Referred by G.P. Transport Ambulance Place of Injury: Work School Home (Indoor) Road Traffic

Arrival 11.43 Seen 11.43 Discharged 11.43 Y/N NO Other NO Drugs: Penicillin Allergy NO Insulin NO Steroids NO A.T.S.

DIAGNOSIS: awaiting feed of appointment

T. 34 P. 96 B.P. 120/70

HISTORY / COMPLAINT: Since 10 weeks swelling & red, was on antibiotics for 3-4 weeks, finished 1 week ago, since 2 days getting worse again.

PMH: Healthy Meds: None

DE: approx 1.5 x 1.5 red lump (lymph nodes normal, lump hard, no redness around)

SITES X-RAYED: Of arranged

X-RAY FINDINGS: 12.7.96

MENT: 12 noon

to go to ward for 1x to be taken off as of today

Doctors' Signature WACKER

Print Name For Legal Reasons WACKER

THB(MR)5A (Rev.3/94)

Tetanus Vaccination 1st Covered 2nd Booster

To: G.P. Discharged OP Clinic W.D.10 Other Hospital

Name and Address of Family Doctor: Dr. Mitchell H.C. Crieff

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

63

MJ

PERTH ROYAL INFIRMARY 17.06.96
PAEDIATRIC

0 5 0 2 9 4 0 1 6 6

PROUSE
ALEXIS9 ADDISON TERRACE
CRIEFF
PH7 3AT

05.02.94

Dear Dr

This little girl was brought along by her [REDACTED] who are concerned about the swelling at the lower angle of her left jaw which has been present for some 5 or 6 weeks now. On examination I first thought this was an infected lymph node however her [REDACTED] report that it is growing fairly rapidly and that she is now having difficulty chewing because of it. She was also rather unwell today and was lethargic and febrile with a high pulse. Examination of her ENT and chest was negative however [REDACTED] reports that she has been reluctant to pass urine and that her urine has been dark and musty. Unfortunately I was unable to obtain a specimen however I have treated her as if a UTI. I would be very grateful to have your opinion re this swelling in her neck.

Many thanks for seeing her.

Yours sincerely

DR [REDACTED]

24 MONTHS EXAMINATION

ALEXIS PROWSE CHI No. **050294**

Address **9 ADDISON TERRACE CRITCH**

Place of Examination **HOME** G.P. **[REDACTED]**

DEVELOPMENTAL EXAMINATION

	Yes	No	H	O
MOTOR	Walks and runs, without falling	☐	☐	☐
	Walks downstairs alone	☐	☐	☐
	Kicks [REDACTED] forward	☐	☐	☐
ADAPTIVE	Builds 6-7 cube tower	☐	☐	☐
	Imitates a circular stroke and a straight line	☐	☐	☐
	Turns pages singly	☐	☐	☐
LANGUAGE AND HEARING	Joins 2-3 words	☐	☐	☐
	Names 3-5 pictures or objects	☐	☐	☐
	Vocalises all needs	☐	☐	☐
SOCIAL	Intelligibility	☐ Good ☐ Fair ☐ Poor		
	Uses toys meaningfully	☐	☐	☐
	Manages spoon efficiently	☐	☐	☐
	Manages cup efficiently	☐	☐	☐
	Indicates need for toilet by day STARTED	☐	☐	☐

H=Hearsay; O=Observed; N=Normal; D=Doubtful; A=Abnormal

Behaviour

Sleep ☐ N ☐ D ☐ A

Level of activity ☐ N ☐ D ☐ A

Temper ☐ N ☐ D ☐ A

Daytime Care — ☒ Nursery ☐ Other ☒ **father**

Physical Examination

Appearance ☐ N ☐ D ☐ A Nutritional state ☐ N ☐ D ☐ A

Weight(g) **14kg** Height(cm) **91.5cm** OFC(cm) **49**

Hearing ☐ N ☐ D ☐ A Squint ☐ N ☐ D ☐ A

Action taken

Nil (for routine 3 year examination) ☐

Referral to Screening Clinic ☐

Not Screened ☐

Reason: ☐

Comment (include any persistent feature which should have been lost e.g. tip-toeing)

Conclusion N ☒ D ☐ A ☐

MEDICAL STAFF ONLY

Genitals	N	D	A
Gait	N	D	A
Congenital abnormalities	N	D	A
3-Hole Formboard — 2 trials	Yes / No		

Diagnosis **KE ASTHMA** Coded Yes/No

Hospital attendances since last visit **KE** Date **15/3/96**

Signature **Lesley Hawifon**

A156F

65 CR156741C Hospital

USE ☐ POINT PEN AND BLOCK LETTERS

Accident and Emergency No. 11889113 Surname PROWSE 5/2/94 D. of B.

Maiden Name Age First Name ALEXIS RONA C. State

Address 9 Addison Terr. F. Sex

--- Child

Occupation Child MPI No. (last 4 digits)

Date and Time of Injury 25/8/95 Accident Emergency Casual

Tel. No.:

Date Times (24hr. clock) Referred by Transport

Arrival Seen Discharged G.P. Ambulance

10:45 12:30 12:35 12:40 YES/NO Other

Place of Injury: Work Home (Indoor) Road Traffic

Other (Specify)

Drugs: Penicillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

① middle finger wasp sting

T. P. B.P.

HISTORY / COMPLAINT:

on middle finger with wasp

1/2 hour ago

Now has swelling of finger and partially on palm of hand.

Child not distressed - happy & alert.

Mother has used anti-histamine cream.

Advised to or use vinegar

Advised re sticky sweets etc. at this time of year.

if not settled to come

SITES X-RAYED:

X-RAY FINDINGS:

COMMENT:

Doctor's Signature K. KALAME

Print Name For Legal Reasons COWIE

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster
To: G.P.		Discharged	
OP Clinic			
Ward No.			
Other Hospital			

Name and Address of Family Doctor:

DR Penny CHe

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

66

ENCOUNTER SHEET

DATE 10 05 95

TIME 00 05

REGISTERED GP Pwmb

NAME Alexis Howse

ADDRESS 9 Addison Tce

D OF B

HOME VISIT



CCH



PHONE ADVICE



OTHER

HISTORY

OK calms woke screaming

EXAMINATION

Flushed Apyrexial Miserable

Both ear drums red & hot

DIAGNOSIS

Bilateral otitis media

TREATMENT

Susp erythromycin 125mg qds

FOLLOW UP

YES



WHEN

NO



WHERE

VISITING DOCTOR

Am

J.L.P.	
M.H.W.	
D.G.M.	☒
E.B.	
TRAINEE	☒
10/5/95	

67

USE ☐ POINT PEN AND BLOCK LETTERS

Accident and Emergency No. <u>282195</u>				Surname <u>PROWSE</u> D. of B. <u>050294</u>			
Maiden Name <u>CRIEFF</u>				First Name <u>ALEXIS</u> C. State <u>...</u>			
Age <u>5mths</u>				Address <u>9, ADDISON TERRACE, CRIEFF.</u> Sex <u>...</u>			
and Relationship (Contacted YES / NO) <u>Mum S/A. - Present.</u>				Occupation <u>Baby</u> MPI No. (last 4 digits) <u>...</u>			
Tel. No.: <u>...</u>				Date and Time of Injury <u>PM 5/4/95</u> Accident ☒ Emergency ☐ Casual ☐			
Date <u>5/4/95</u>		Times (24hr. clock) Arrival <u>1820</u> Seen <u>1825</u> Discharged <u>1830</u>		Referred by G.P. <u>YES</u> ☒ NO ☐		Transport <u>Other</u>	
DIAGNOSIS:				Place of Injury: Work ☐ Home (Indoor) ☒ Road Traffic ☐			
T. <u>...</u> P. <u>...</u> B.P. <u>...</u>				Drugs: Penicillin Allergy ☐ Insulin ☐ Steroids ☐ A.T.S. ☐			
HISTORY / COMPLAINT:				MEDICINES PRESCRIBED DOSE GIVEN BY			
Spilled some bleach on legs & Mum worried in case she may have swallowed some.				of child appears undistressed. mouth & throat - no evidence of burns.			
SITES X-RAYED:				Doctors' Signature <u>I.H. Wishart</u>			
X-RAY FINDINGS: <u>Mum reassured</u>				Print Name For <u>I.H. WISHART</u>			
COMMENT: <u>but review for</u>				Legal Reasons <u>...</u>			
THB(MR)5A (Rev.3/94)				Name and Address of Family Doctor: <u>DR PENNY, CHC,</u>			
Tetanus Vaccination		1st Covered 2nd Booster		CODE		A P V	
To: G.P.		Discharged		B Q W		C R X	
OP Clinic		...		D S Y		E T Z	
Ward No.		...		...		...	
Other Hospital		...		...		...	

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Tel:669392
Fax:640518

FEI/gem/95/P/4

Dr. Isles

Ryehill Health Centre
St [REDACTED] St
DUNDEE

17 February 1995

Miss [REDACTED]
Allocations Co-ordinator
Housing Department
Georgian Lane
PERTH
PH1 5LG

Dear Miss [REDACTED]

ASSESSMENT FOR REHOUSING

Re - Alexis [REDACTED] Prowse 9 Addison Terrace, Crieff

I have examined the available information with regard to the application by the above named on health grounds and would advise:

NO medical priority

Yours sincerely

Robert E. Isles

[REDACTED] E Isles
SENIOR CLINICAL MEDICAL OFFICER

cc Dr [REDACTED] Crieff HC

J.L.P.	
I.H.W.	✓
D.G.M.	
E.B.	
TRAINEE	✓
3/3/95	

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SECTION C

TO BE COMPLETED BY GENERAL PRACTITIONER
AND SENT ON FOR THE COUNCIL'S MEDICAL ADVISER

Diagnosis

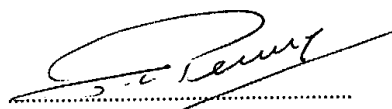
1 year old
No major medical problems
Tendency to recurring chest & ear infections

Degree of
Disability

Comments

Signed

Name



J.C. PENNY

2/2/95

Please Forward To:

Dr F Isles
Ryehill Health Centre
St. [redacted] Street
DUNDEE DD1 4JH
(Telephone 0382 69392)

70

RECALL EXAMINATION

Name Alexis Prowse CHI No.

Address

Place of Examination GP GP PennyReason for Recall: hearingFindings: also sticky eyes R & Lhearing MR ✓✓
MEG ✓✓26.02 lbs11.8 kg

Action Taken:

Signature: S. ToddDate: 30/01/95

*Please attach to child's previous surveillance records.

THB(MR)56H

10

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8 MONTHS EXAMINATION

Alexis PROUSE CHI No.

Address

Place of Examination at my G.P. Penryn

DEVELOPMENTAL EXAMINATION

MOTOR	Stands briefly, hands held, or longer with minimal axillary support	☒ Yes ☐ No	☒ H ☐ O
	Prone — pivots, rolls to supine	☒ Yes ☐ No	☒ H ☐ O
	Sits without support	☒ Yes ☐ No	☒ H ☐ O
ADAPTIVE	Holds a cube in each hand and retains them	☒ Yes ☐ No	☐ H ☒ O
	Secures string of ring	☒ Yes ☐ No	☐ H ☒ O
	Picks up pellet by raking — may use pincer	☒ Yes ☐ No	☐ H ☒ O
SOCIAL	Free and varied vocalisation	☒ Yes ☐ No	☒ H ☐ O
	Chews stodgy food with bits	☒ Yes ☐ No	☐ H ☒ O
	Stretches for objects out of reach	☒ Yes ☐ No	☐ H ☒ O

PHYSICAL EXAMINATION

Appearance Cons with family ☒ N ☐ D ☐ A

Nutritional state ☒ N ☐ D ☐ A

Weight — gms 9.80

Height — cms 74.5 cm

O.F.C. — cms 45.7 cm

Muscle tone — Floppy / Stiff / nil noted ☒ N ☐ D ☐ A

Posture — vertical susp. normal ☒ Yes ☐ No

If "No" specify

Eyes ☒ N ☐ D ☐ A

Genitals ☒ N ☐ D ☐ A

Hips ☒ N ☐ D ☐ A

Reflexes — righting reflex ☒ Present ☐ Absent

'sideways parachute'

Bicep jerks Absent ☒ Normal ☐ Brisk

Knee jerks Absent ☒ Normal ☐ Brisk

Ankle clonus Present ☒ Absent

Congenital abnormalities

Other abnormalities

Hearing MR ☒ N ☐ D

Behaviour MEG ☒ 40

Diagnosis Excitatory Coded

no happy rock (Amox)

Hospital attendances since last visit

Referral to Dr. SmithRecall interval 5 days

56E

72

ENCOUNTER SHEET

DATE 14/12/94 TIME
 PATIENT alexis Prouze
 ADDRESS 9 Addison Tce.
 D.O.B. Cretz

GP PwM

CONSULTATION

PHONE ADVICE ☐
 HOME VISIT ☒
 D.C.M. ☐
 OTHER ☐

HISTORY

Persistent cough
 + sore lvs.

EXAMINATION

Lom.

chest -

DIAGNOSIS

1
 2
 3

TREATMENT

Augmentin

REFERRAL

INVESTIGATION ☐
 SPECIALIST/HOSPITAL ☐
 NURSE/HEALTH VIS ☐
 SOCIAL WORKER ☐

FOLLOW UP

NO ☐
 YES ☐

WHEN
 WHERE

FROM DOCTOR ON CALL:-

WJW

ENCOUNTER SHEET

DATE 5.6.94

TIME 19⁰⁰

REGISTERED GP

Penny.

NAME

Alexis
Elena Prout. (baby girl)
(mum)

ADDRESS

9 Addison Terrace

D OF B

4 months old.

HOME VISIT



CCH



PHONE ADVICE



OTHER

HISTORY

Crying, cough, runny nose today.

Did not take last bottle.

Bit warm. Vomiting wet nappies

EXAMINATION

Crying but settles well. Looks tired.

rash. chest clear throat pink ears pink.

abdo soft

irritable.

DIAGNOSIS

Viral illness

TREATMENT

Reassured.

Don't over dress.

Phone if T↑ or further unwell

FOLLOW UP

YES



WHEN

NO



WHERE

Unless no better tomorrow
→ bring to surgeryVISITING DOCTOR

Paul Schlegel

J.L.P.	
I.H.W.	✓
D.G.M.	✓
E.B.	✓
TRAINEE	✓
6/6/94	

✓ 74 + [REDACTED]

8 WEEKS EXAMINATION

Name ALEXIS PACE CHI No.
 Address 9, ADOLPH WILSON, CHURCH
 Place of Examination 265 G.P. PLANNY
SURGERY

DEVELOPMENTAL EXAMINATION

Pull to sit – head lag decreasing	☒ Yes ☐ No	H O
Ventral Suspension—Head briefly to horizontal	☒ Yes ☐ No	H O
Intent regard to [REDACTED] face	☒ Yes ☐ No	H O
Follows dangling object past midline	☒ Yes ☐ No	H O
Responds to unseen [REDACTED] voice	☒ Yes ☐ No	H O
Startles to loud noise	☒ Yes ☐ No	H O
Social smiles	☒ Yes ☐ No	H O
Responds vocally	☒ Yes ☐ No	H O

PHYSICAL EXAMINATION

Wt. 6.54 gms. Ht. 62.5 cms. O.F.C. 41 cms.

Appearance Dry skin - few N D A
petechiae, erythema
 Nutritional State ☒ N D A
 Posture ☒ N D A
 Tone ☒ N D A
 Eyes (inspection and red reflexes) ☒ N D A
 Cardiovascular System – Heart ☒ N D A
 – Femorals ☒ N D A
 Hips (Ortolani test) ☒ N D A
 Testes N D A
 Congenital Abnormalities ~~Yes~~ / No
 Feeding problems ~~Yes~~ / No

SMA + Milupa.
 Sleeps well.

Due 1st Triple Prio.
 Advise to stop fabric conditioner
 + biological powder.

Diagnosis NN Code

Hospital attendances since last visit Clicking hip -

Referral to nil abnormal found

Recall interval 8/12

Signature M. B. [REDACTED] Date 2/5/96

THB(MR)56D

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YOUR PARTNER IN HEALTH

Your Ref.

Our Ref.

KMB/FSW

05 02 94/0166

Enquiries to:-

Perth Royal Infirmary
Perth PH1 1NX
Telephone 0738 23811
Fax: 0738 28502

27th April, 1994.

Dr. J.L. [REDACTED]
Health Centre,
[REDACTED] Street,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Prowse (was Townsley), 9 Addison Terrace, Crieff.

This child has had no problems since last seen. Clinical examination to-day is entirely normal. Full range of movement. No further clicking can be detected. I have not arranged to review the child routinely, but would happily see her again should there be any concerns.

Yours sincerely,

[REDACTED] M. [REDACTED]
Acting Consultant Orthopaedic Surgeon.

J.L.P.	
I.H.W.	✓
D.G.M.	✓
TRAINEE	
29/4/94	

NATIONAL HEALTH SERVICE TRUST

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ENCOUNTER SHEET

DATE

22/4/74

TIME

6.30 PM

REGISTERED GP J.P.

NAME

Baby Townsley

ADDRESS

9 Addison Terrace

D OF B

5/2/74

HOME VISIT

☒

CCH

☐

PHONE ADVICE

☐

OTHER

☐HISTORYSwollen right eye
passing off.EXAMINATION

Child responsive - smiling

[R] eye not blood shot or in fact

DIAGNOSIS

Residual swelling.

? Δ - possibly pressure effect.

TREATMENT

No [redacted] at present.

Will notify if not settling.

FOLLOW UP

YES

☐

WHEN

NO

☒

WHERE

VISITING DOCTOR

Am

J.L.P.	
I.H.W.	☒
D.G.M.	☒
TRAINEE	☒
23/4/74.	

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Your Ref.

Our Ref.

KMB/AR 05 02 94/0166

Enquiries to:-

23rd March, 1994

Perth Royal Infirmary
Perth PH1 1NX
Telephone 0738 23311
Fax: 0738 28502

Dr. J. L. [REDACTED]
Health Centre,
CRIEFF.

Dear Dr. [REDACTED]

Alexis Townsley, 9 Addison Terrace, Crieff.

Ultrasound confirms the fact that both hips are in joint with no evidence of subluxation.

In view of this I have reassured her [REDACTED] However I think we should keep her under review and see her again in one month.

Yours sincerely,

K. M. [REDACTED]
TEMPORARY CONSULTANT IN ORTHOPAEDICS

J.L.P.	✓
I.H.W.	✓
D.G.M.	✓
TRAINEE	✓
25/3/94	



TAYSIDE HEALTH BOARD

R5197

CP2

APPENDIX B2: CASE CONFERENCE

1 MINUTE

(i)	Conference Type: Review/Transfer	Date: 17 December 1997	
Subject Child(ren):-		DoB:-	
	Prowse	01.08.87	
	Prowse	16.02.89	
	Prowse	15.01.90	
	Alexis Fiona Prowse	05.02.94	
(ii)	Chair: Mr Napier Office: Colonsay Resource Centre Perth Tel No: (01738) 626940	SW District: Perth & Kinross Director: Mrs Bridgeford Office: Rosslyn House Perth Tel No: (01738) 476700	
(iii)	Participants Present		
Name	Designation	Agency	
Report Submitted (Y/N)			
Ms E Watson	Senior Social Worker	Kilwinning	N
Mr D McRitchie	Manager for Social Work	North Ayrshire	N
Mr R Smith	Counsellor, Tay Project	Fraserfield House, Dundee	Y
Mrs Gellately	Child Protection Officer	Greiff Primary School	N
Dr Downie	Paediatrician	Drumbar Health Centre	N
Mrs Harrison	Health Visitor	Kings St HC, Greiff	N
Mrs J Smith	Senior Social Worker	SWD, Greiff	N
Ms I Bruce	Social Worker	SWD, Greiff	Y
Mr Prowse	Father		
Miss Townsley	Mother		
Mrs Wilkie	Minute Taker		
(iv)	Absent/Unable to Attend		
Name	Designation	Agency	
Report Submitted (Y/N)			
Dr Tipton	GP	Health Centre, Greiff	N
CAFSES	Tayside Police	Barrack Street HQ	N
CC: Miss Davidson Out of Hours			

NB Attach all previous sections - Chair to check information for correctness at outset

FORM B2 CP1 DOC

(v) Summary of Discussion (to be [REDACTED] in conjunction with all previous sections)

Current Position

Mr Napier made introductions and noted that the children were placed on the Register due to a risk of sexual abuse from Mr Prowse, who has in the past sexually abused his own children from a previous marriage. Mr Prowse and Miss Townsley moved to Kilwinning on 27/28 November 1997 and there was concern that the children would be at further risk due to no-one knowing the children and the history of the case. The meeting was arranged in order to discuss the case with the Social Work Department from Kilwinning and decide how best to deal with the transfer.

History

Miss Townsley is from a travelling family background and her family live in the west but they are far from being supportive. Mr Prowse, Miss Townsley and the children previously lived in various parts of the country and have been in Crieff since November 1992. Mr Prowse at that time went to the Social Work Department and made them aware of his presence and his past offences. The last review was held on 4 November 1997 and it was decided that the children should remain on the Register until the family move to Kilwinning and that this review meeting should be held to decide whether the children's names should be transferred from the Register in Perth & Kinross to the Register in Kilwinning.

The main concern regarding the children was that they were moving to an area where they were not known. Miss Townsley has a drink problem and has been away from the home on a few occasions leaving Mr Prowse in sole charge of the children. Social Workers in Crieff feel that if any of the parents are left in sole charge of the children then the children are at risk but as a couple they seem to work well together and it is felt that the children are less vulnerable. They also intimated that they had contingency plans that if Mr Prowse was left in sole care of the children again, the children would be removed.

Housing

Mr Prowse said that the reason they moved to Kilwinning was that his landlady had decided to sell the property they were living in on a month to month lease in Crieff and the 3 apartment house became available in Kilwinning. He also mentioned that after 6 months there may be a possibility of extending the lease to 5 years.

Social Work Contact - Kilwinning

Ms Watson of the Social Work Department in Kilwinning has visited the home and introduced herself and made it known that they were aware the family were living in the area and of the past history. At that time the children were not at school.

School

There was some confusion regarding the school they would be attending but they are now enrolled in the Blacklands Primary where they had settled well. Ms Watson said that the Social Work Department has a close liaison with Blacklands Primary and have had feedback from the school.

Health

Mrs [REDACTED] said that in the recent past there had been no issues raised regarding the children's health. Dr Tipton, GP had phoned to say that there had been no problems in the last 3 months and that any appointments made had been kept.

Tay Project

Mr Prowse has attended the Tay Project in Dundee and worked with Mr Ron [REDACTED] for 2 years on individual and group work addressing his offending behaviour. Mr [REDACTED] said that Mr Prowse had changed dramatically over the 2 years and that the Project Workers were happy for him to be in contact with his children because they were known by the Social Work Department and the teachers. If there were any changes in Mr Prowse's behaviour it would be noticed.

Mr Smith said that he has not seen Mr Prowse for a while and he is worried about how Mr Prowse is seeing himself in the capacity of sexual offending and if he feels he should be offending. Mr Prowse has a history of violence and he has shown while attending the Project that he is capable of controlling this. Mr Smith said he was worried that if there was not a similar project in Kilwinning that could give Mr Prowse a refresher course then he may re-offend. He was also worried that Mr Prowse was putting himself in situations where he was working with children within church and charity work.

Mr Prowse said that he was concerned that the last work he did with Mr Smith was about 2 years ago and that the report had been based on 5 minutes conversation prior to the case conference. He also said that as far as his work with the church and charities was concerned the church were aware of the specifics of his offences and he was asked to help out. He said that the children like to go to church and that of the 6 children involved 4 of them were his own and he took exception to Mr Smith saying he was re-offending. Mr Smith said that he had not said Mr Prowse was re-offending but that some of the risk factors which had previously made Mr Prowse offend had, in fact, returned and put him at a higher risk.

Other Agencies

Ms Watson asked if there were any safeguards they could put in place. It was suggested that Miss Townsley ask about programmes to help her with her alcohol problem. It was also suggested that they work with the children to make them aware of their father's offending behaviour and give them information. Mr Prowse, when asked if the children knew of his sexual offences, said that to his knowledge he did not think they knew in detail of his offences, but they often asked about continued Social Work involvement. He said that he has asked them to relate to the Social Workers as someone who is there for them should anything happen. Mr Smith said that he did not think that Mr Prowse was the best person to tell the children. Ms Watson said that she felt concerned that the children appear to be programmed to say the right things to the Social Workers and the words used by the children were words which Mr Prowse has used. It was felt that work should be done, particularly in respect of the older children, to make them more aware of Mr Prowse's offending behaviour in order to increase their self protection.

Mr Prowse confirmed that he would use a counselling service similar to that of the Tay Project in Kilwinning. He added that he knows he is a risk to the children and he continues to use the work he did with the Tay Project. Ms Townsley is in the process of discussing future counselling with her current counsellor.

Legal Status

The children remain on Supervision Orders. A Children's Hearing is to take place today. The recommendation is that the Orders be transferred to North Ayrshire.

Summary

Mr Napier noted that whilst living within Perth & Kinross there have been a range of concerns for all the children. These concerns are in relation to Mr Prowse's sexual offences against children and due to Ms Townsley's alcohol problem. Mr Prowse has, at times, had sole care of the children for fairly lengthy periods. There are also recent concerns in relation to Mr Prowse possibly re-offending.

Child Protection Registration

Mr Napier advised that if the children were still living in Crieff, they would remain on the Child Protection Register. However, now that they have moved, their names will be transferred to North Ayrshire's Child Protection Register. This view was endorsed by those present and it was agreed that a meeting will be held in the near future with Social Workers from both Crieff and Kilwinning.

(vi)

Recommendations and Agreed Tasks:**Person/Agency Responsible:**

All children to be removed from Child Protection Register in Perth & Kinross and placed on the Child Protection Register in North Ayrshire.

SWD, Perth & Kinross
SWD, North Ayrshire

Children's Hearing being held this afternoon for Supervision Requirements being transferred.

SWD, North Ayrshire

Children to be registered with GP at Kilwinning Medical Practice.



Mrs J Smith and Ms I Bruce to go to Kilwinning to hand over case.

SWD, Perth & Kinross

School, Health and Mr Smith to provide Kilwinning with information.

Tay Project/Crieff High School/Health Visitor

(vii) Should child(ren) be referred to the Reporter? (Y/N)

If Y, who will provide Report?

If N, state reasons why:

Is child(ren) subject to Statutory Care Order? (Y/N) Y

(viii) Was concern such that child(ren) has been registered (Y/N)

Date of Registration:

2 AREA OF IDENTIFIED ABUSE (See Guidelines)

Area of Abuse (1)

Area of Abuse (2)
(Optional)

3 IF OUTCOME DEREGISTRATION, REASONS

Please detail below:

4 OTHER DETAILS

(i) Dissent: None

(ii) Other:

5 CORE WORKERS

Case Co-ordinator:	Mrs J Smith	Keyworker:	Ms I Bruce
Office:	SWD, Crief	Office:	SWD, Crief
Tel No:	01764 652 332	Tel No:	01764 652 332
Other Core Workers or Agencies involved in Case:			
<u>Agency Name or Worker</u>	<u>Address</u>	<u>Tel No</u>	
<u>Name and Designation</u>			
Kilwinning, SWD	Kilwinning		

6 NEXT CONFERENCE

(i) Date of Next Conference:

(ii) Details of any other agencies or individuals to be invited:

(iii) Minute prepared by Mr Rhod Napier

Signature:



Designation: Service Manager (Young People)

Date: 7 January 1998

CONFIDENTIALITY

The information in this document is confidential to you and must not be disclosed to any other person or agency without the written consent of the Case Conference Chair.

NOTE TO ADDRESSEES

If you disagree with any aspect of this report you should contact the Chairperson immediately in writing.

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TAYSIDE REGIONAL COUNCIL SOCIAL WORK DEPARTMENT
CHILD PROTECTION INFORMATION

APPENDIX B1: REFERRAL/INVESTIGATION

1. SUBJECT CHILD

Unique No:	Date of Referral: 09.02.94
Surname: PROWSE	Alias:
Forename(s): ALEXIS [REDACTED]	Alias:
Sex (M/F): FEMALE	DoB (d/m/y): 05.02.94
Home Address (before removal to Care, Hospital or Place of Safety): 9 ADDISON TERRACE, CRIEFF	
Current Address: (if different from above)	
Previous Addresses: 19 ARNBRO CARAVAN SITE, CRIEFF	

2. CHILD'S LIVING GROUP

[REDACTED] OR SUBSTITUTE	[REDACTED] OR SUBSTITUTE
Surname: TOWNSLEY Alias: Maiden Name: Forename(s): LORRAINE DoB (d/m/y): 05.04.66	Surname: PROWSE Alias: Forename(s): [REDACTED] DoB (d/m/y): 02.01.56
Relationship to Child: Natural [REDACTED] ☒ [REDACTED] ☐ Relative [REDACTED] ☐ Co-Hab [REDACTED] ☐ Other [REDACTED] ☐ If Relative or Other please specify	Relationship to Child: Natural [REDACTED] ☒ [REDACTED] ☐ Relative [REDACTED] ☐ Co-Hab [REDACTED] ☐ Other [REDACTED] ☐ If Relative or Other please specify

3. OTHER CHILDREN (state relationship to subject child if not full [REDACTED] and if non-resident or deceased)

Name	Sex	DoB	Relationship	Location
[REDACTED] Prowse	Female	01.08.87	[REDACTED]	S/A
[REDACTED] Prowse	Female	16.02.89	[REDACTED]	S/A
[REDACTED] Prowse	Male	15.01.90	[REDACTED]	S/A

2.

4. OTHER SIGNIFICANT ADULTS (including natural [REDACTED] if not mentioned in 2)

Name	DoB	Address	Relationship to Child

5. CHILD PROTECTION REGISTER CHECK

Is/was child's name on Child Protection Register?: NO

If YES, which names?

Latest date of de-registration, if appropriate (d/m/y):

Details of Social Work Department's Records Check:

6. AGENCY LINKS

(i) CHILD'S GP

Name: Dr J [REDACTED]
 Address: Health Centre, [REDACTED] Street, Crieff
 Tel No: 0764 652456

(ii) CHILD'S HEALTH VISITOR

Name: Ms L [REDACTED]
 Address: Health Centre, [REDACTED] Street, Crieff
 Tel No: 0764 652456

(iii) CHILD'S [REDACTED]

Name:
 Address:
 Tel No:

3.

REFERRAL

Date of Referral (d/m/y): 09.02.94

Name of Referrer: Mr [REDACTED] Prowse

Agency:

Address: 9 Addison Terrace Crieff

Tel No: 655007

Details of Referral:

Telephone call from Mr Prowse stating that Ms Townsley had given birth to their [REDACTED] on Saturday 5 February 1994.

Specific Requests of Referrer:

Further action, if any, Referrer proposes to take:

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4.

8. INVESTIGATION OF THIS REFERRAL

(i) Were the [REDACTED] contacted regarding this incident? (Y/N):

If YES, Name of [REDACTED] Officer contacted:

Rank: No: Division:

Office: Tel No:

Time Contacted: Date Contacted:

(ii) Please indicate any information given by the [REDACTED] on this family (particularly if they have any knowledge of previous offences or violence within family and/or Schedule I offences):

(iii) Did the [REDACTED] indicate that they would investigate? (Y/N):

If YES, if possible give details of investigating [REDACTED] Officers

Name: Name:

Rank: Rank:

No: No:

Stationed at: Stationed at:

Commencement Date of Investigation (d/m/y):

(iv) Outcome (if proceeding please state):

(v) Known Offenders [Give details of any adult person who has been convicted of any offence against children]

Name:

Current Living Address:

Previous Offences: Date: Court:

Current Offence: Date: Court:

88

5.

9. FIRST MEDICAL INVESTIGATION

First Medical Investigation? (Y/N):	
Dr (Name):	Dr (Name):
Address:	Address:
Tel No:	Tel No:
Date (d/m/y):	Date (d/m/y):
Comment in respect of any injury, nature and extent: (opinion to be provided by medical practitioner)	

10. SECOND MEDICAL INVESTIGATION

Specialist Medical Investigation? (Y/N):	
Dr (Name):	Dr (Name):
Address:	Address:
Place of Examination:	
Date:	
Were X-rays or photographs taken? (Y/N):	
If YES, by whom?:	
OUTCOME (indicate one of the following): Definite Medical Evidence of Abuse ☐ Diagnosis Uncertain ☐ No Indication of Abuse ☐	

N B Written medical comment on 'second stage' examination must be available.
 [Attach here but obtain permission before circulating to other systems.]

6.

11. REFERRAL TO REPORTER

Referral to Reporter? (Y/N):	YES
By Whom:	SOCIAL WORK DEPARTMENT
Date:	
Place of Safety? (Y/N):	NO
Outcome (if proceeding please state):	

12. SOCIAL WORK INVESTIGATION

(i) Date Investigation initiated (d/m/y): 11.02.94	
<u>Social Work Department Investigating Personnel</u>	
(1) Name:	Mike Lafferty
Office:	Crieff
Tel No:	0764 652332
(2) Name:	
Office:	
Tel No:	
<u>Investigation Co-ordinator</u>	
Name:	████ L █████
Office:	Crieff
Tel No:	0764 652332

90

7.

(ii) Summary of Action and Outcome of Investigation including an assessment of child and family circumstances.

(a) If appropriate, nature and circumstances of injury and from whom.

(b) If not injury, nature and circumstances of abuse, neglect or risk and from whom including an assessment of risk to child.

[If Place of Safety implemented, include specific reasons and evidence for doing so. State crucial facts, giving dates, place and name(s) of witness(es). State whether facts can be corroborated by witness(es) or whether hearsay. If no specific incident, but general concern for the child(ren)'s safety, list reasons for concern clearly below.]

(Continuation sheets to be attached)

Alexis was born in Perth Royal Infirmary on Saturday 5 April 1994. Her natural [REDACTED] Prowse was convicted of incest of his three teenage step-[REDACTED] of a previous marriage. Mr Prowse was sentenced to 2 year imprisonment in August 1984 and served 16 months. Mr Prowse formed a relationship with Ms Townsley in 1986 and had three other children, all of whom are registered on the Child Protection Register in Tayside and are subject of a home Supervision Order under Section 44(1)(a) of the Social Work (Scotland) Act 1968.

As a result of the above the family are visited on a fortnightly basis when the [REDACTED] are seen.

The family have recently moved into a flat from the caravan site and intend to make this more permanent as they are settled in the area.

Mr Prowse has had to give up his employment due to health reasons and is presently looking out other options with regards to employment.

I would recommend that Alexis' name be placed on the Child Protection Register and that she is to be visited along with the other children in the family.

8.

OUTCOME OF INVESTIGATION

Case Conference? (Y/N): YES

If N, please give reasons:

If Conference necessary, notify and/or invite the following within seven days:

<u>Name</u>	<u>Designation</u>	<u>Agency</u>
Dr J L [REDACTED]	GP	
Dr S [REDACTED]	CMO	
Ms L [REDACTED]	Health Visitor	

Social Work Department Investigating Personnel(1) Signature: *Richard B. Boff*

(2) Signature:

Designation: *Social Work*

Designation:

Date: *15.02.94*

Date:

Investigation Co-ordinator (signature): *Jack Lunn*Manager (signature): *R. Napier*

N B If Case Conference not necessary, please send copy of investigation together with reasons to Principal Officer (Child Protection)

01/91

APPENDIX B2: CASE CONFERENCE

1 MINUTE

I/23/94

(i)	Conference Type: INITIAL	Date: 16 March 1994																												
	Subject Child(ren):-	DoB:-																												
	ALEXIS PROWSE	05.02.94																												
(ii)	Chair: Mr R Napier Office: Rosslyn House Perth Tel No: (0738) 21191	SW District: Perth & Kinross Assist Director: Mrs B Bridgeford Office: Rosslyn House Perth Tel No: (0738) 21191																												
(iii)	Participants Present																													
	<table border="1"> <thead> <tr> <th>Name</th> <th>Designation</th> <th>Agency</th> <th>Report Submitted (Y/N)</th> </tr> </thead> <tbody> <tr> <td>Ms [REDACTED]</td> <td>Health Visitor</td> <td>Health Centre Crieff</td> <td>Y</td> </tr> <tr> <td>Mr Lafferty</td> <td>[REDACTED]</td> <td>Crieff SWD</td> <td>Y</td> </tr> <tr> <td>Mr [REDACTED]</td> <td>Senior [REDACTED]</td> <td>Crieff SWD</td> <td>N</td> </tr> <tr> <td>Mr Prowse</td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td>Ms Townsley</td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td>Alexis Prowse</td> <td>Child</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Designation	Agency	Report Submitted (Y/N)	Ms [REDACTED]	Health Visitor	Health Centre Crieff	Y	Mr Lafferty	[REDACTED]	Crieff SWD	Y	Mr [REDACTED]	Senior [REDACTED]	Crieff SWD	N	Mr Prowse	[REDACTED]			Ms Townsley	[REDACTED]			Alexis Prowse	Child			
Name	Designation	Agency	Report Submitted (Y/N)																											
Ms [REDACTED]	Health Visitor	Health Centre Crieff	Y																											
Mr Lafferty	[REDACTED]	Crieff SWD	Y																											
Mr [REDACTED]	Senior [REDACTED]	Crieff SWD	N																											
Mr Prowse	[REDACTED]																													
Ms Townsley	[REDACTED]																													
Alexis Prowse	Child																													
(iv)	Absent/Unable to Attend																													
	<table border="1"> <thead> <tr> <th>Name</th> <th>Designation</th> <th>Agency</th> <th>Report Submitted (Y/N)</th> </tr> </thead> <tbody> <tr> <td>Dr [REDACTED]</td> <td>Clinical Medical Officer</td> <td>Drumhar HC</td> <td>N</td> </tr> <tr> <td>Dr [REDACTED]</td> <td>General Practitioner</td> <td>Health Centre Crieff</td> <td>N</td> </tr> </tbody> </table>	Name	Designation	Agency	Report Submitted (Y/N)	Dr [REDACTED]	Clinical Medical Officer	Drumhar HC	N	Dr [REDACTED]	General Practitioner	Health Centre Crieff	N																	
Name	Designation	Agency	Report Submitted (Y/N)																											
Dr [REDACTED]	Clinical Medical Officer	Drumhar HC	N																											
Dr [REDACTED]	General Practitioner	Health Centre Crieff	N																											

NB Attach all previous sections - Chair to check information for correctness at outset

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(v) **Summary of discussion etc. (to be [REDACTED] in conjunction with all previous sections)**

Mr Napier welcomed everyone, made introductions and noted apologies.

Mr Napier explained that the reason for today's Conference was to decide whether Alexis's name should be placed on the Child Protection Register. Child protection issues had been identified at previous Case Conferences in relation to Alexis' three [REDACTED] and their names continue to be registered. It is the purpose of this Conference to discuss these issues and to decide if there is sufficient concern to warrant Alexis' name being placed on the Child Protection Register.

Amendment to Appendix B1 Report

It was noted that on page 7 line 1 of Appendix B1, Alexis' date of birth should [REDACTED] 5 February 1994 and not as shown.

REFERRAL

On 9 February 1994 Mr Prowse had telephoned the social work department to advise that Ms Townsley had given birth to their [REDACTED] Alexis [REDACTED] Prowse, on 5 February 1994.

It was noted that Alexis was born two weeks early but she appeared fine at birth. Mr Prowse informed the meeting that the doctors were a little concerned at the speed of the delivery and with one of her hips. An appointment with Dr Marrian, Consultant Paediatrician at PRI was arranged for earlier this month, unfortunately this was not kept but another appointment has been arranged and the [REDACTED] will ensure that Alexis attends.

Ms Townsley stated that she returned home from hospital 24 hours after Alexis was born. She reported that she had no problems with the birth and is keeping well.

HEALTH

Ms [REDACTED] Health Visitor, reported that she and her colleague are visiting the family home regularly and Alexis is gaining weight and feeding well on the bottle. It was noted however that Alexis has recently developed a chest infection and the family doctor has prescribed antibiotics and nose drops. Apart from this there are no concerns regarding Alexis.

SOCIAL WORK CONTACT

Mr Lafferty, [REDACTED] [REDACTED] stated that he visits the family on a fortnightly basis. On his visits to the family home he has seen Alexis and she has been fine. It was noted that the family had recently moved into a two bedroomed flat in Crieff. Alexis sleeps in one bedroom with her [REDACTED] and the other three children share a second bedroom. Prior to moving to this flat the family [REDACTED] a caravan site.

It was noted that Ms Townsley has had four children in eight years and appears to be coping well.

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2a

HOUSING

At last Case Conference the family were [REDACTED] a caravan but they recently moved into a two bedroomed flat at 9 Addison Terrace Crieff. Mr Prowse stated that the flat is rented privately with an indefinite lease. It is fully furnished, situated in a nice area, central for shops and [REDACTED] and the rear garden is walled providing extra security for the children. Both [REDACTED] are delighted with their new accommodation and although a bit cramped it is a vast improvement on [REDACTED] a caravan. No further pressure has been put on the local housing department at this time. Mr Prowse advised that the family have however been accepted on the waiting list for a 3/4 bedroomed house with Scottish Homes.

ALCOHOL ABUSE

When the family [REDACTED] the caravan site members of Ms Townsley's family also stayed there. It was noted that their presence influenced Ms Townsley and this pressured her to start drinking. The family have less contact with members of Ms Townsley's extended family. Ms Townsley advised that she stopped drinking when she discovered she was pregnant as it was making her sick. Mr Prowse reported that the last time Ms Townsley had a drink was at New Year when visiting friends in Grangemouth but she only consumed a small amount. Ms Townsley stated that she is not interested in drinking any more. Mr Lafferty reported that he had no reason to believe that Ms Townsley was still drinking.

PREVIOUS OFFENDING

Mr Lafferty reported that a referral was made to the Tay Project. They are working with Mr Prowse and at this point in time things are looking quite promising.

Mr Prowse stated that so far he has had two contacts with the Tay Project. The first meeting concentrated on the abuse which Mr Prowse had committed and the second covered the abuse which was around in his own family as a child. Other topics raised were Mr Prowse's attitudes to women and his present [REDACTED] and the children of their relationship. So far Mr Prowse feels positive about discussions. Whilst these meetings can be very challenging and prying he accepts that they are there to help him and he now realises that he wants to be helped.

Mr Napier stated he is pleased that Mr Prowse has made contact with the Tay Project and ongoing involvement is to be encouraged. Mr Lafferty reported that a request had been received from the Tay Project for a second [REDACTED] to be identified and become involved with their assessment of Mr Prowse. Mr Napier advised that this matter should be discussed with Mr [REDACTED] Senior [REDACTED]

REFERRAL TO REPORTER

Mr Napier felt it was appropriate that a referral be made to the Reporter to the Children's Panel and that Alexis be considered along with her other three [REDACTED]

2b

REGISTRATION

Mr Napier then asked the meeting to consider whether Alexis's name should be placed on the Child Protection Register.

Mr [REDACTED] Senior [REDACTED] [REDACTED] stated that as the issue regarding Mr Prowse's previous offending has not been resolved he felt that Alexis's name should be placed on the Child Protection Register.

Ms [REDACTED] Health Visitor, agreed with Mr [REDACTED] comments and she also felt that Alexis's name should be placed on the Child Protection Register.

Mr Lafferty, [REDACTED] [REDACTED] felt that as Mr Prowse's contact with the Tay Project is in its early stages it was appropriate at this time to place Alexis's name on the Child Protection Register.

Mr Napier then stated that it was unanimously agreed to place Alexis's name on the Child Protection Register.

Mr Prowse was disappointed at the decision and felt that the department should "give us a chance and don't put her name on". Mr Napier noted his comments and explained that it was his responsibility to consider the potential risks to Alexis and this included Mr Prowse's previous offending. Placing Alexis's name on the Register ensures that the SWD is consistent in its decision making by taking this step. Mr Napier went on to say that after a period of successful [REDACTED] [REDACTED] the Tay Project has been completed then serious consideration will be given to remove all the children's names from the Child Protection Register. He also felt it would be helpful to extend an invitation to the Tay Project to attend next Case Conference and report on Mr Prowse's progress.

It was agreed that Alexis would be reviewed along with her other three [REDACTED] on 1 June 1994.

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3

(vi)
Recommendations and Agreed Tasks: Person/Agency Responsible:

Alexis's name to be placed on the Child Protection Register SWD

Social work contact to be maintained on a fortnightly basis Mr Lafferty/SWD

Health Visitor to continue contact with Alexis

Ms [REDACTED]

[REDACTED] the Tay Project to continue

Mr Prowse/Tay Project

Request for additional [REDACTED] [REDACTED] to be identified to become involved in working with Mr Prowse and the Tay Project to be considered by SSW

Mr [REDACTED]

Invitation to be extended to Tay Project to attend next Review Conference and report on Mr Prowse's progress

SWD

(vii) Should Child(ren) be referred to the Reporter? (Y/N): YES

If Y ... who will provide Report?

If N ... state reasons why:

Is Child(ren) subject to Statutory Care Order? (Y/N): NO

(viii) Was concern such that Child(ren) has been Registered? (Y/N) YES

Date of Registration: 16 March 1994

2 AREA OF IDENTIFIED ABUSE (See Guidelines)

Area of Abuse [1] Sexual Level of Certainty: At Risk

Area of Abuse [2]
(Optional) Level of Certainty:

97

4

3 IF OUTCOME DEREGISTRATION, REASONS

Please detail below:

4 OTHER DETAILS

(i) Dissent: None

(ii) Other:

5 CORE WORKERS

Case Co-ordinator: Mr I [REDACTED] (SSW)

Keyworker: Mr M Lafferty (SW)

Office: Social Work Office Crieff

Office: Social Work Office Crieff

Tel No: 0764 652332

Tel No: 0764 652332

Other Core Workers or Agencies involved in Case:

<u>Agency Name or Worker Name and Designation</u>	<u>Address</u>	<u>Tel No</u>
Ms [REDACTED] Health Visitor	Health Centre Crieff	0764 652456
Dr [REDACTED] GP	Health Centre Crieff	0764 652456

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5

6 NEXT CONFERENCE

(i)	Date of Next Conference:	01 June 1994 at Crieff Social Work Office
(ii)	Details of any other agencies or individuals to be invited:	
(ii)	Minute prepared by Mr R Napier	
	Signature:	<i>R. Napier</i>
	Designation:	Manager (Children/Families/Young People) RN/JDN
	Date:	08 April 1994

CONFIDENTIALITY

The information in this document is confidential to you and must not be disclosed to any other person or agency without the written consent of the Case Conference Chairman.

NOTE TO ADDRESSEES

If you disagree with any aspect of this report you should contact the District Manager immediately in writing. If you agree with the content please return the acknowledgement below.

5/90

Please do not write on this tear off slip

99

DISTRIBUTION

Dr [REDACTED] Clinical Medical Officer Drumhar HC Perth
Dr [REDACTED] General Practitioner Health Centre [REDACTED] St Crieff
Miss [REDACTED] Clinical Nurse Manager Drumhar HC Perth
Ms [REDACTED] Health Visitor Health Centre [REDACTED] St Crieff
Mr [REDACTED] SSW Crieff Social Work Office
Mr Lafferty SW Crieff Social Work Office
Mr Napier Manager (Children/Families/Young People)
Mr Frew Group Manager (Children/Families/Young People)
Mr Gilruth Assistant Principal Officer (Child Protection)
OOHS Co-ordinator St Leonards House St Leonards Terr Dundee
Mr Prowse/Ms [REDACTED] (as per Mr Lafferty SW)
J Nisbet CP Admin

THIRD PARTY COPY

100

RN/LW

8 March 1994

Dr J L [REDACTED]
 General Practitioner
 Health Centre
 [REDACTED] Street
 CRIEFF
 PH7 3SA

Notes P
*16/3/94 Notes not found & presumed to
 be until today. too late to
 to complete form. minimum
 information available in any case*

House
 Colonsay Street

Tel 0738 26940

Dear Dr [REDACTED]

Child Protection

Child(ren) ALEXIS PROWSE dob 5.2.94

Address 9 ADDISON TERRACE CRIEFF

You are invited to attend a Case Conference which is scheduled to
 take place regarding the above named child(ren) at:

SOCIAL WORK DEPARTMENT BROICH TERRACE CRIEFF

on WEDNESDAY 16 MARCH 1994 at 2.30PM

when Child Protection Registration will be considered.

It would be appreciated if the attached reply slip could be
 completed and returned.

If you have any queries please contact Mr Lafferty on
 0764 652332.

Yours sincerely

pp R. Napier
 Mr R Napier
 Manager
 Children/Families/Young People

J.L.P.	
I.H.W.	✓
D.G.M.	✓
TRAINEE	✓
10.3.94	

Director

101

CONFIDENTIAL

From: Dr [REDACTED]
GP
Health Centre
Crieff

To: Leigh Willoughby
Child Protection Admin
Colonsay Resource Centre
37-39 Colonsay Street
PERTH PH1 3TU

Child(ren): Alexis Prowse Date of Birth: 5.2.94

Address: 9 Addison Terrace Crieff

Number of Contacts:

Physical Health:

Emotional Problems:

Adverse Factors:

Prognosis:

I will be **able/unable** to attend the Conference.

Date _____ Signature _____

NB Copies will be distributed to all members of a Case Conference or Review as well as the [REDACTED] if they attend the Case Conference

Test letter

10-Mar-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional: Test letter

Result (Original destroyed)

Filename: 00HLT001.tif

Extension: .tif

Pages:

Ayrshire & Acute Hospitals NHS Trust		Area Laboratory	
PROWSE	Patient No. 0502940166	Clinician	Dr P E Muirhead
ALEXIS	Unit No.	Request Location	The Oxenward Surgery
106 MAIN STREET	DOB 06/02/1994		3 Oxenward
KA13 6HW	Sex F		Kilwinning
This Report To Dr P E Muirhead GP, Kilwinning: Oxenward Surgery			
White blood cells	Result		
	0 / cubic mm.		
Culture yields :	No growth		

Normal:	☒	Phone patient
File	☒	Summary
Date:	15 MAR 2000	Initials
Records		
Appointment:		

Lab No **M.00.217997.0** Date/Time Coll **13/03/2000** Authorised By **G** **14/03/2000**

Printed **14/03/2000 09:50** Sample **Mld stream urine** Page **1 OF 1**

Other Attachment letter

10-Mar-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Additional: Other Attachment letter

Printouts from previous practices (Originals destroyed)

Filename: 00HLT002.tif

Extension: .tif

Pages:

Prowse, Alexis [REDACTED]

DoB: 05/02/1994

Report Valid On 23/01/06 13:09

Saltcoats Group Practice

Page number 1

Registration

Miss Alexis [REDACTED] Prowse

5 Milfarm Dairy Road

ARDROSSAN

AYRSHIRE

KA22 7NT

Telephone: 464055

Contact: ?

Contact/Relship: ?

Email: ?

CHI Number: 0502940166

NHS Number: 394/94/013

Occupation:

Registered GP: Dr P Monaghan

Registered: 05/03/2001

Confirmed: 21/03/2001

BMI: 16.5

Height: 1.28 m

Weight: 27 kg

Service Code: Permanent

DoB: 05/02/1994

Age: 11

Marital Status: Single

Seen By GP: Dr P Monaghan

Records Received: 12/04/2001

BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review	Interval
------------------	-------------------------	-------	------	-------	--------	----------

Adverse Reactions

Code	Description
------	-------------

Clinical / User Marker

01/03/2001	High	Child in [REDACTED]
06/10/1996	High	[D]Swelling, mass or lump in neck Excision lymph node
31/07/1996	High	Acute lymphadenitis Submandibular cervical lymphadenitis - atypical mycobacterium
01/03/1994	High	At risk violence in the home
01/03/1994	High	Child on protection register
05/02/1994	High	Clicking hip
05/02/1994	High	Ultrasound scan
	NAD	

Summary Sheet: Practice Summary

Printed at 23/01/2006 13:09:05

Prowse, Alexis [REDACTED]

Saltcoats Group Practice

DoB: 05/02/1994

Report Valid On 23/01/06 13:05

Page number 1

Registration

Miss Alexis [REDACTED] Prowse

Service Code: Permanent

5 Millfarm Dalry Road

DoB: 05/02/1994

ARDROSSAN

Age: 11

AYRSHIRE

KA22 7NT

Telephone: 464055

Contact: ?

ContactRelship: ?

Email: ?

CHI Number: 0502940166

NHS Number: 394/94/013

Patient ID:

Dispensing: No

Occupation:

Road: 0 Water: 0 FootPath: 0

Registered GP: Dr P Monaghan

Marital Status: Single

Repeat Consultation: ?

Seen By GP: Dr P Monaghan

Registered: 05/03/2001

Confirmed: 21/03/2001

Acute Consultation: ?

Records Received: 12/04/2001

BMI: 16.5

Height: 1.28 m

Weight: 27 kg

BP: 0/0

Parity: 0

Gravida: 0

Priority Clinical / User Marker

01/03/2001 High Child in [REDACTED]

06/10/1996 High [D]Swelling, mass or lump in neck

Left

Excision lymph node

31/07/1996 High Acute lymphadenitis

Submandibular cervical lymphadenitis - atypical mycobacterium

01/03/1994 High At risk violence in the home

01/03/1994 High Child on protection register

05/02/1994 High Clicking hip

05/02/1994 High Ultrasound scan

NAD

Repeat Medication

Drug/Preparation

Quantity/Dose/Frequency

Start

Last

Interval

Pres. Review

Adverse Reactions

[REDACTED] Code Description

Clinical / User Marker

06/03/2001 Medium Patient reg. form sent to HB

Screening**Referrals**

Date Rec. Priority Provider

Speciality

Nature

Type

Ref. Appt.

Reason For Referral

Referred By

Attendance Type

Acute Prescriptions

Drug/Preparation

Quantity/Dose/Frequency

Date

Inactive Repeat Drugs

Intervals

Summary Sheet: Data Protection

Printed at 23/01/2006 13:05:02

Prowse, Alexis [REDACTED]
DoB: 05/02/1994

Report Valid On 23/01/06 13:05

Saltcoats Group Practice
Page number 2

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review
------------------	-------------------------	-------	------	-------	--------

Last Encounter

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====

Screening:

Clinical / User Markers:

Clicking hip - -

Ultrasound scan - - NAD

At risk violence in the home - -

Child on protection register - -

Acute lymphadenitis - - Submandibular cervical lymphadenitis - atypical mycobacterium

[D]Swelling, mass or lump in neck - Left - Excision lymph node

Child in [REDACTED] - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====

Screening:

Clinical / User Markers:

Summary Sheet: Data Protection

Printed at 23/01/2006 13:05:02

Prowse, Alexis [REDACTED]
DoB: 05/02/1994

Report Valid On 23/01/06 13:05

Saltcoats Group Practice
Page number 3

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====
Automatically generated by transaction

Screening:

Clinical / User Markers:

Patient reg. form sent to HB - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====
=====
=====

Appointments List

Prowse, Alexis [REDACTED]

DoB: 05/02/1994

Report Valid On 22/05/01 16:00

Saltcoats Group Practice

Page number 1

Registration

Miss Alexis [REDACTED] Prowse
5 Millfarm Dalry Road
ARDROSSAN
AYRSHIRE

Service Code: Permanent

DoB: 05/02/1994

Age: 7

Telephone: 464055

Contact: ?

KA22 7NT

CHI Number: 0502940166

NHS Number: 394/94/013

Registered GP: Dr P Monaghan

Marital Status: Single

Seen By GP: Dr P Monaghan

Registered: 05/03/2001

Confirmed: 21/03/2001

Records Received: 12/04/2001

BMI: 16.5

Height: 1.28 m

Weight: 27 kg

BP: 0/0

Repeat Medication

Drug/Preparation

Quantity/Dose/Frequency

Start

Last

Interval

Pres. Cons.

Adverse Reactions

[REDACTED] Code Description

Clinical / User Marker

05/02/1994	High	Clicking hip	
05/02/1994	High	Ultrasound scan	
		NAD	
01/03/1994	High	At risk violence in the home	
01/03/1994	High	Child on protection register	
31/07/1996	High	Acute lymphadenitis	
		Submandibular cervical lymphadenitis - atypical mycobacterium	
06/10/1996	High	[D]Swelling, mass or lump in neck	Left
		Excision lymph node	
01/03/2001	High	Child in [REDACTED]	

Summary Sheet: Practice Summary

Printed at 22/05/01 16:00:17

Other Attachment letter**10-Mar-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)****Additional:**Other Attachment letter

GP notes (Originals retained in Lloyd George)

Filename: 00HLT003.tif**Extension:**.tif**Pages:**

		National Health Service Number	
SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS		Surname (Block Letters)	Forenames (Block Letters)
		Prowse Alexis	
		Address	
		26 Pollock Cres. Kilwinning	Date of Birth
			5.2.91
Date			
Birth	Clicky hips ultra sound N.A.D.		
	SMOKER		
	VIOLENCE WITHIN FAMILY 4/11		
March 94	Gov. Care Register Child Protection register		
31st July 96	① submandibular cervical lymphadenitis atypical mycobacterium		
6.1.96	Further swelling on left side of neck. excision lymph node.		
Feb 98	my.		
2/00	Updated		
3.01.	IN FOSTER CARE		
Family History		6 obstetrics	

National Health Service Number		Date of Birth	
Prowse		5.2.94	
Miss Alexis			
D.O.B.: 5/2/94			
7 Addison Terrace			
Crieff PH7 3AT			
Tel:..... NHS:394.94.013			
15768 Fam GP JP			

Date	CLINICAL NOTES
4.3.94	1/2 SVD at PRT - to return at 6/52 ? cause ? creaky hips Snuffy - difficulty feeding (bottle) Chest clear but usp^+ + exp^+ grunt Rx Ephedrine nose drops
9.5.94	Worse. Now has creps both bases Rx Amoxil
15/5/94	Snuffy, coughing, feeding poorly. Afebrile. ENT - good colour. no resp distress Chest clear. Advise. return Epi g. see 1-4/4.
5/5/94	DNA.
13/5/94	Due 1st immunisation but snuffy cold at present. Chest ✓ Rx Amoxil para.
20/5/94	Cold better. 1st TV photo HB.
24/5/94	H "off colour" ? found lost night. No Dor ✓ No cough O/R. / happy & active baby TPR ✓ RS ✓ ENT ✓ injection sites ✓ Respiratory system good
25/5/94	SW Debra report - see "Lama"

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	.	
6.6.94	H	Rattly cough + temp - Off food. Had doctor out night - O/E Alert. Fontanelle - Chest clear. Ears - Rx Amoxic 125.
23/6/94	H	Chesty cold. Amoxic
15/7/94		Mild (L) AOM. Rx Erythro 125g/5ml.
22/7/94		Mild diarrhoea up to 4/2 Could wear O/E. Temp - T ^o - Ate - EMT - Advice re fluids. Prop erythro.
3.8.94	H	(L) TM slightly inflamed. Baby not febrile or ill. Parents report was cross + all through night. Temp - prob ^{ly} viral - to use Calpol
9/8/94		Came for T/A / Hib / Polio. Had shot in Amoxic for ear infection. - Ear VMD Postpone for 5/2
14/8/94	H	Ears improved. Still some cough. TM - Clear for vac ⁿ next wk
27/8/94	H	Still cough, holding ear again (L) TM pink. (R) normal Erythro 125g/5ml + Calpol.
5/9/94	H	Still irritable, crying + holding ears (observed) O/E TM's both still pink ? further antibiotics required. Appt made in a gen.
5/9/94		Generally unwell. Getting catarrhal chd. Temp - Chest - clear. Wt. unwell. 2nd T/A - E44479M. Polio - APT 178/04. Hib - Jo326.

* This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		PROUSE	ALEXIS
		Address 9 ADDISON TERRACE CREEK, PNT. 3AT	Date of Birth 5/2/94
Date			
10/10/94	4	Amoxic Syt for ear infection & LOM.	
28/10/94		3rd TV polio + Hib Triadentyl cream for nappy rash.	
4/11/94		SWD report	
10/11/94		Nappy rash again. Triadentyl cream.	
12/11/94		Not sleeping. Sleeps OK from 6am → 12 midday. Teething & cold Chest clear. No Rx req'd.	
8/12/94	4	Chesty cold - a few scattered rhonchi present. Has been on Amoxic Syt weekend (4 days ago) but tending to bring it up. Tongue clear & moist. Change to Erythromycin 125, tan	
23/12/94		Triadentyl cream.	
30/1/95		Oro chloromycetin - sticky mucus	
2/2/95		Houseing form completed	
3/2/95	6	Croupy cough. ENT - chest clear. Adrenaline	
18/2/95		Chesty cold & conjunctivitis Chest [redacted] Rx Amoxic Syt. Pneumonia:	
24/2/95		Sth & h's cough. Chest clear. Healthy looking child. No Rx.	

*This column has been provided for doctors to enter A, V or C at their discretion

Date	.	
28/2/95	H	Still coughing although looks quite well. Chest - scattered rhonchi present Afebrile Rx. Erythromycin 125mg tds. Lx 5 days - pr.
10/3/95	H	Usual catarrhal self Afebrile T _{max} trace - Chest clear. Rx. Indofeel elix. 500mg qid
21/3/95	H	D+V 1/2. T _{max} - Afebrile - Chest clear Advice.
14/4/95		Social Work Report sent.
25/5/95		D+V
2/6/95		Chesty cold + cough. Chest clear. Rx. Dioxalol Syri 125mg tds.
12/7/95		Daktarin cream for nappy rash
13/9/95	H	Feverish cold. O/E. Advice only
9/10/95		Chesty cold. Amoxic Syri.
20/10/95		Cough persists. Nocturnal mostly. Chest clear Try salbutamol Syri 2-5ml at night - see when bottle finished
7/11/95		Salbutamol has helped. Cough persists → greenish Sputum at times O/E NAD Rx salbutamol 5mls twice erythromycin 125mg tds x 4

*This column has been provided for doctors to enter A, V or C at their discretion

National Health
Service Number

CLINICAL NOTES

PROUSE (rs)
Miss Alexis Fiona
D.O.B.: 5/ 2/94
91E King Street
Drieff PH7 3HD
Tel: NHS: 394.94.013
15768 Fam GP GS

Date of Birth

5.2.94

Date	
15/11/95	c/t Salbutamol qid until all better as
6/12/95	Acute gastroenteritis Sister had it Abdo was BS Ore. Advice
21.12.95	Not seen Burning up last night. Father happy to keep using Calpol.
22/1/96	mmR but still wheezy at times
25/1/96	Unill. Anticellul Advice
14/2/96	Coryza just now. Cough + fever Rattle chest. Used brother's inhaler - Turbo settled immediately! - R Bricanyl Turbo (152) + erythromycin 125mg.
17.2.96	- lethargic, febrile. P 80/min Ears - Throat 87% inflamed. Chest ✓ Reluctant to PU but not to dysuria when PU'ing. Urine dark & musty. Bowels ✓. Rx. Co-amoxiclav - Firm lump. lower angle @ jaw ? inf lymph node ?? but growing ++ → Surgeons

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Printed by HMSO Scotland Dd 8391959 6/95 (095228)

*This column has been provided for doctors to enter A, V or C at their discretion

Page 407 of 429

		National Health Service Number		559163.																																			
CLINICAL NOTES		Surname (Block Letters)		Forenames (Block Letters)																																			
		PROWSE		ALEXIS																																			
		Address			Date of Birth																																		
		26 Pollock Cres. Kilwinning			5.2.94																																		
Date	.																																						
		<table border="1"> <tr> <td colspan="6">IMMUNISATIONS</td> </tr> <tr> <td colspan="2"></td> <td>25/4/94</td> <td>25/5/94</td> <td>25/6/94</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">DTP & POLIO</td> <td>1ST</td> <td>2ND</td> <td>3RD</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>25/4/95</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">MMR</td> <td></td> <td></td> <td>BOOSTER</td> <td colspan="2"></td> </tr> </table>				IMMUNISATIONS								25/4/94	25/5/94	25/6/94			DTP & POLIO		1ST	2ND	3RD					25/4/95					MMR				BOOSTER		
IMMUNISATIONS																																							
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DTP & POLIO		1ST	2ND	3RD																																			
		25/4/95																																					
MMR				BOOSTER																																			
2.398		REGISTRATION OVERDUE - Preschool Booster + MMR Booster letter sent.																																					

		National Health Service Number	CVI comp
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		Prowse	Alexis
		Address	Date of Birth
		26 Pollock Crescent	5.2.94
Date	.		
	✓	on reg book	
	✓	nurse's book	
	✓	CHS claimed	
17/2/99		works on fuel. - salaried (Pore ap)	
		20.2.111. was considered w/o if possible	
5499		DNA	
15.04.99		red spots on face	
		chickenpox - confirmed by Dr. Davidson. Advice. CH	
	✓	Notified chickenpox	
29.04.99		fell at school on Tuesday, grazed knee during week.	
		large lump on left lower ribs, subcutaneous, bruising visible	
		briefly discussed with Dr. Murdoch → refer A&E, tested ✓ CH	
14.3.2000		Itchy + sore PU	
		Red on + off	
		MSU upst but no urinary sympts	
		Rx candelan SDs	
5.6.00		PR tick, o/c nil to see	
		Bowels none to [REDACTED], not constipated	
		not OK BA not roan on veg, poor OK	
		A caustic H cream B10P	
		to watch for worms, hygiene stressed from	
15.10.00		varicella (V) tick	
		→ Salutar	
		CR 46 Clinic INO	
2/2/01		discharge Medical - 28.2.131 90th.	
	4y	90th,	

*This column has been provided for doctors to enter A, V or C at their discretion

IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters) PROWSE	Forename (Block letters) ALEXIS
	Address	
	Date of Birth 5.2.94	

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Meas- les	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.	20.5.95			→		C	22.1.96	
Date							19.3.98	
Manufacturer & Batch No.	5.9.94			→			HP 46570	
Date								
Manufacturer & Batch No.	28.10.94			→				
Date	19/3/98	19/3/98		19/3/98		ALLERGIES & HYPERSENSITIVITIES		
Manufacturer & Batch No.	EVANS	EX016A		SCB 3125DA				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	Typhoid	Cholera	HIB	Exer
Date						
Manufacturer & Batch No.					20.5.95	y/n.
Date						
Manufacturer & Batch No.					5.9.94	
Date						
Manufacturer & Batch No.					28.10.94	
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						

IMMUNOLOGICAL STATUS				
	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

CERVICAL CYTOLOGY

**MAMMO-
GRAPHY**

**CHEST
X-RAY**

OTHERS

Printed for the Stationery Office No 945720A 6/07 (71A12)

Pages:

Begin record:

QDK

CHI: 0502940166

NHS: 394/94/013

Name: Prowse
Alexis

-2011 11/8 16440

Dr Fidalgo

The information enclosed is a reproduction of the medical information for the patient that is held electronically.

[X] Please file as appropriate into the paper record for the patient.

[] This is the full medical record for the patient.

THIRD PARTY COPY

CROSSHOUSE ~~THE AYR HOSPITAL~~ Ward 5A
NHS Ayrshire & Arran DISTRICT NURSE REFERRAL FORM SSAU

Address: XXH 537348 PROWSE ALEXIS 59B SEATON TERRACE IRVINE KA12 0SS 05/02/1994 DR. D CUNNINGHAM THE SURGERY 9 FREW TERRACE CH1 0502940166		D of A: 31/7/06 D of D: 1/8/06 Aileen Kean Address: Tel No: 01294 - 276001 Diagnosis: Head injury. Soft tissue injury to neck/back (fell off bike) Skull x-ray + C-spine - NAD.	
Treatment in Hospital: Overnight observation following head injury (fell off bike) Skull x-ray + C-spine - NAD.			
Suggested Treatment on Discharge: Regular analgesia + regular gentle mobilising			
Patient/Family Awareness: Carer aware			
Drug Therapy: Paracetamol 1g Ibuprofen 400mg } PRR		Services Required:	
Ability Assessment: Mobilise as able		Additional Information:	

Follow-up Appointment: No FU

Ward Staff: S/N J M Aught

LAAC HEALTH TEAM



**Looked After and Accommodated Children (LAAC)
Administration Block
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS**

Dr McSherry & [REDACTED]
9 Frew Terrace
Irvine
KA12 9DZ

Date 21st June 2007
Your Ref
Our Ref AMcA

Enquiries to [REDACTED] McArthur
Extension 3480
Direct line 01294 323480
E-mail [REDACTED]

Dear Colleague

Re: Alexis Prowse, C/o 59B Seaton Terrace, Irvine

The above named young lady was recently referred to the LAAC Health Team due to concerns about weight loss and attitude to food.

Residential unit staff advise that Alexis first changed her diet approximately 12 months ago when she decided to eat a more healthy diet in an attempt to lose some weight. She also joined a local gym at the same time and her new regime of healthy eating and exercise led to her success in losing weight. However it was noted approximately 6 months ago by staff that Alexis had become more faddy about food and she reported that she had lost her appetite. Staff began to monitor her food intake and for some time have been concerned by her apparent limited intake. Fairly recently she attended your practice and was prescribed anti biotics for a throat infection. She has recovered from this bout of illness however staff again feel that she has taken a long time to recover and have attributed this to her poor diet.

Having met with Alexis on 18.06.07 to discuss concerns about her ongoing weight loss it was noted that she presented as tired, lethargic and pale in colour. She confirmed that she does not like to eat as this makes her feel bloated and nauseous. As a result she admitted that she does make herself vomit approximately 50% of the time when she has eaten. She states that she eats when she is feeling pressured into doing so by unit staff however, conversely, staff do not report any evidence of Alexis vomiting following consumption of food. Alexis advises that she has noted a deterioration in her skin, hair and nails but reports that her periods remain regular if somewhat heavy and frequent.

I understand that unit staff intend to make an appointment with Alexis to discuss the above concerns and this letter is by way of providing further information.

Please do not hesitate to make contact at the above number if I can be any assistance.

Yours sincerely

McArthur
[REDACTED] McArthur
Young Persons Worker
LAAC Health Team

LOCATION/ REPORT ADDRESS HAEMATOLOGY <i>Frew Terr.</i> CROSSHOUSE HOSPITAL		SURNAME PROWSE		3380.	
		FORENAME ALEXIS		SEX F	
		D.O.B./AGE 05.02.94		HOSPITAL No. ZC07700566	
CONSULTANT <i>Unit Secretary MC</i>		SAMPLE DATE 25.06.07	DATE RECEIVED 27.06.07	REPORT DATE 03.07.07	
Coeliac Serology (by Elia) TTG Ab (IgA) 0.3 (0.0-7.0) U/ml TTGU Ab : Tissue Transglutaminase Ab PLEASE NOTE CHANGE IN METHOD PLEASE NOTE NEW NORMAL RANGE Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0					
 673380					
 Greater Glasgow and Clyde		CLINICAL IMMUNOLOGY LABORATORY NORTH GLASGOW UNIVERSITY HOSPITAL DIVISION WESTERN INFIRMARY GLASGOW G11 6NT Consultant: Dr A.M.		 LAB No. 46207 AUTHORISED BY Auto Check 356	

FREW TERRACE SURGERY
9 Frew Terrace, Irvine, KA12 9DY
Tel: 01294-272326 Fax: 01294-312614

Dr D [REDACTED] Dr P [REDACTED] Dr C McHugh, Dr G [REDACTED] P MacKay, Dr D McNab & Dr T [REDACTED]
Practice Manager: Mrs M McCallum

Date as Postmark

Alexis Frouse
59b Seaton Terrace

IRVINE

KA12 0SS

Dear [REDACTED] *uardian*

We are increasingly concerned about the number of people who fail to attend for appointments that have been arranged for them at our surgery. We understand that in some circumstances there may be a genuine reason for failing to attend. However, in many cases this is not so.

We try to set a high standard of care for our patients and when some patients repeatedly fail to attend their appointments it makes it much more difficult for other patients to get an appointment with their doctor.

I notice that you have failed to attend for appointments on *1/2/08*, *7/2/08* and if you continue to do so it may necessary to ask for your name to be removed from our list.

Yours sincerely

Tricia [REDACTED]

Tricia [REDACTED]
Receptionist

Branch Surgery: 4 Lanfine Way, Girdle Toll, Irvine, KA11 1BT Tel:01294 216433 Fax: 01294 211294



NHS Ayrshire & General Hospital Division**PROWSE**

Patient No. : 0502940166

ALEXIS

Unit No. : CHAE06034097

59 SEATON TERR

DOB : 05/02/1994

IRVINE

Sex : F

Area Laboratory

Clinician : Dr P MacKay

Location : The Surgery

9 Frew Terrace

Irvine

HaematologyThis Report To : **Dr P MacKay GP, Irvine: Frew Terrace Surgery**

	Result	Units	Normal Range
Hb	13.4	g/dl	11.5-16.4
WBC	8.2	$\times 10^9/l$	4.0-11.5
Plts	258	$\times 10^9/l$	150-450
RBC	4.86	$\times 10^{12}/l$	3.90-5.60
Hct	0.400		0.350-0.500
MCV	83	fl	79-100
MCH	27.6	pg	25.0-32.0
MCHC	33.3	g/dl	30.0-36.0
Neutrophils	4.1	$\times 10^9/l$	1.5-7.5
Lymphocytes	3.2	$\times 10^9/l$	1.5-4.0
Monocytes	0.5	$\times 10^9/l$	0.2-1.0
Eosinophils	0.3	$\times 10^9/l$	0.0-0.5
Basophils	0.0	$\times 10^9/l$	0.0-0.1

Date Collected : 25/06/2007

Sample Type : Blood

Time Collected : 17:30

Lab No. : B.07.259822

Printed : 26/06/2007 11:27

If you have received this report in error, please return to the Haematology Laboratory

NHS Ayrshire & General Hospital Division**PROWSE****Patient No** 0502940166**Area Laboratory**
Dr P MacKay**Haematology****ALEXIS****DOB** 05/02/1994**Request Location****The Surgery****59 SEATON TERR****Sex****F****9 Frew Terrace****IRVINE****Irvine****This Report To** **Dr P MacKay GP, Irvine: Frew Terrace Surgery****Tissue Transglutaminase Antibodies****Sample sent to an external Lab. A final report will follow.****Lab No** B.07.673380**Date/Time Coll** 26/06/2007 17:30**Printed** 27/06/2007 10:05**Page** 1 OF 1**If you have received this report in error, please return to the Haematology Laboratory**

NHS Ayrshire & General Hospital Division**Area Laboratory Clinical Biochemistry****PROWSE****Patient No. 0502940166****Clinician****Dr P MacKay****ALEXIS****Unit No. CHAE06034097****Request Location****The Surgery****59 SEATON TERR****DOB 05/02/1994****9 Frew Terrace****IRVINE****Sex F****Irvine****This Report To Dr P MacKay GP, Irvine: Frew Terrace Surgery****Blood Specimen****Fres T4 16.0 pmol/l TSH 1.99 mU/l****Lab No B.07.259822****Date/Time Coll 25/06/2007 17:30****Printed 26/06/2007 13:47****Page 1 OF 1****If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

NHS Ayrshire & Arran General Hospital Division

Area Laboratory

Haematology

PROWSE

ALEXIS

69 SEATON TERR

IRVINE

Patient No.: 0502940166

Unit No.: CHAE06034097

DOB: 05/02/1994

Sex: F

Clinician: Dr P MacKay

Location: The Surgery

9 Frew Terrace

Irvine

This Report To: Dr P MacKay GP, Irvine: Frew Terrace Surgery

ESR	N/A	mm/hr	Insufficient Samp.	
	Result	Units	Normal Range	
Hb	13.4	g/dl	11.5-16.4	
WBC	8.2	$\times 10^9/l$	4.0-11.5	
Plts	258	$\times 10^9/l$	150-450	
RBC	4.86	$\times 10^{12/l}$	3.90-5.60	
Hct	0.400		0.350-0.500	
MCV	83	fl	79-100	
MCH	27.6	pg	25.0-32.0	
MCHC	33.3	g/dl	30.0-36.0	
Neutrophils	4.1	$\times 10^9/l$	1.5-7.5	
Lymphocytes	3.2	$\times 10^9/l$	1.5-4.0	
Monocytes	0.5	$\times 10^9/l$	0.2-1.0	
Eosinophils	0.3	$\times 10^9/l$	0.0-0.5	
Basophils	0.0	$\times 10^9/l$	0.0-0.1	

Date Collected: 25/06/2007

Sample Type: Blood

Time Collected: 17:30

Lab No.: B.07.259822

Printed: 26/06/2007 14:34

If you have received this report in error, please return to the Haematology Laboratory

NHS Ayrshire & General Hospital Division**Area Laboratory Clinical Biochemistry****PROWSE****Patient No. 0502940166****Clinician****Dr P MacKay****ALEXIS****Unit No. CHAE06034097****Request Location****The Surgery****59 SEATON TERR****DOB 05/02/1994****9 Frew Terrace****IRVINE****Sex F****Irvine****This Report To Dr P MacKay GP, Irvine: Frew Terrace Surgery****Blood Specimen**

Urea	1.8	Lo mmol/l	Creatinine	47	Lo µmol/l	
Sodium	143	mmol/l	Potassium	N/A	mmol/l	Delayed In Transit
Chloride	102	mmol/l	Bicarbonate	26	mmol/l	
Total Bilirubin	5	µmol/l	Alkaline Phos.	143	U/l	
AST	17	U/l	ALT	7	Lo U/l	
Total Protein	74	g/l	Albumin	44	g/l	
Globulin	30	g/l	CRP	<5	mg/l	

Lab No B.07.259822**Date/Time Coll 25/06/2007 17:30****Printed 26/06/2007 11:33****Page 1 OF 1****If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

Ayrshire & Acute Hospitals NHS Trust		Area Laboratory		Microbiology
PROWSE	<i>Patient No.</i> 0502940166	<i>Clinician</i> Dr G		
ALEXIS	<i>Unit No.</i> CHAE06034097	<i>Request Location</i> The Surgery		
59 SEATON TERR	<i>DOB</i> 05/02/1994	9 Frew Terrace		
IRVINE	<i>Sex</i> F	Irvine		
<i>This Report To</i> Dr G GP, Irvine: Frew Terrace Surgery				
White blood cells	149	/ul (normal range 0-40/ul)	High	
Red blood cells (Non-haemolysed)	38	/ul (normal range 0-45/ul)		
Epithelial cells	67	/ul (normal range 0-55/ul)	High	
Casts	3	/ul (normal range 0-1/ul)	High	
No growth. Presence of pyuria may be caused by conditions other than UTI				
PROWSE ALEXIS 59 SEATON TERR IRVINE Only specimens with flagged WBC and/or BACTERIAL COUNT are cultured. <i>Date/Time</i> 25/03/2008 14:37 <i>Authorised By</i> <i>Printed</i> 26/03/2008 09:42 <i>Sample</i> Mid stream urine <i>Page</i> 1 OF 1 <i>Date</i> 26/03/2008 Red blood cells (Non-haemolysed) Epithelial cells If you have received this report in error, please return to the Microbiology Laboratory				

NHS Ayrshire & Arran General Hospital Division

Area Laboratory Blood Transfusion

PROWSE

Patient No.: 0502940186

Clinician: Dr D [REDACTED]

ALEXIS

Unit No.: CHAE08034097

Location: The Surgery

59 SEATON TERR

DOB: 05/02/1994

9 Frew Terrace

IRVINE KA12 0SS

Sex: F

Irvine

This Report To: Dr D Cunningham GP, Irvine: Frew Terrace Surgery

	Result	Units	Normal Range
Hb	13.2	g/dl	11.5-16.4
WBC	5.6	$\times 10^9/l$	4.0-11.5
Plts	289	$\times 10^9/l$	150-450
RBC	4.72	$\times 10^{12/l}$	3.90-5.00
Hct	0.410		0.350-0.500
MCV	87	fl	79-100
MCH	28.0	pg	25.0-32.0
MCHC	32.0	g/dl	30.0-36.0
Neutrophils	2.3	$\times 10^9/l$	1.5-7.5
Lymphocytes	2.8	$\times 10^9/l$	1.5-4.0
Monocytes	0.3	$\times 10^9/l$	0.2-1.0
Eosinophils	0.3	$\times 10^9/l$	0.0-0.5
Basophils	0.0	$\times 10^9/l$	0.0-0.1

Date Collected: 23/06/2008

Sample Type: Blood

Time Collected: 17:00

Lab No.: B.08.257575

Printed: 24/06/2008 10:51

If you have received this report in error, please return to the Blood Transfusion Laboratory

NHS Ayrshire & [REDACTED] General Hospital Division **Area Laboratory** **Clinical Biochemistry****PROWSE***Patient No.* **0502940166***Clinician***Dr D [REDACTED]****ALEXIS***Unit No.* **CHAE06034097***Request Location***The Surgery****59 SEATON TERR***DOB* **05/02/1994****9 Frew Terrace****IRVINE KA12 0SS***Sex* **F****Irvine***This Report To* **Dr D [REDACTED] GP, Irvine: Frew Terrace Surgery****Blood Specimen****Free T4****13.1***pmp/l***TSH****1.78***mU/l**Lab No* **B.08.257576***Date/Time Coll* **23/06/2008 17:00***Printed* **24/06/2008 13:14***Page* **1 OF 1****If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

NHS Ayrshire & General Hospital Division

PROWSE

Patient No.: 0502940166

Area Laboratory

Blood Transfusion

ALEXIS

Unit No.: CHAE06034097

Clinician: Dr D

69 SEATON TERR

DOB: 05/02/1994

Location: The Surgery

IRVINE KA12 0SS

Sex: F

9 Frew Terrace

Irvine

This Report To: Dr D GP, Irvine: Frew Terrace Surgery

ESR	2	mm/hr		
		Result	Units	Normal Range
Hb		13.2	g/dl	11.5-16.4
WBC		5.6	$\times 10^9/l$	4.0-11.5
Plts		289	$\times 10^9/l$	150-450
RBC		4.72	$\times 10^{12/l}$	3.90-5.60
Hct		0.410		0.350-0.500
MCV		87	fl	79-100
MCH		28.0	pg	25.0-32.0
MCHC		32.0	g/dl	30.0-36.0
Neutrophils		2.3	$\times 10^9/l$	1.5-7.5
Lymphocytes		2.8	$\times 10^9/l$	1.5-4.0
Monocytes		0.3	$\times 10^9/l$	0.2-1.0
Eosinophils		0.3	$\times 10^9/l$	0.0-0.5
Basophils		0.0	$\times 10^9/l$	0.0-0.1

Date Collected: 23/06/2008

Sample Type: Blood

Time Collected: 17:00

Lab No.: B.08.257576

Printed: 24/06/2008 11:49

If you have received this report in error, please return to the Blood Transfusion Laboratory

NHS Ayrshire & [REDACTED] General Hospital Division

Area Laboratory

Clinical Biochemistry

PROWSE

Patient No. 0502940186

Clinician

Dr D [REDACTED]

ALEXIS

Unit No. CHAE06034097

Request Location

The Surgery

59 SEATON TERR

DOB 05/02/1994

9 Frew Terrace

IRVINE KA12 0SS

Sex F

Irvine

This Report To Dr D [REDACTED] GP, Irvine: Frew Terrace Surgery

Blood Specimen

Urea	3.7	mmol/l	Creatinine	51	μmol/l	
Sodium	141	mmol/l	Potassium	N/A	mmol/l	Delayed in Transit
Chloride	99	mmol/l	Bicarbonate	25	mmol/l	
Glucose	5.2	mmol/l	Total Bilirubin	6	μmol/l	
Alkaline Phos.	106	U/l	AST	16	U/l	
ALT	7	U/l	Total Protein	76	g/l	
Albumin	47	g/l	Globulin	29	g/l	

Lab No B.08.257676

Date/Time Coll 23/06/2008 17:00

Printed 24/06/2008 11:27

Page 1 OF 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

PATIENT SERVICES

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 577976
www.show.scot.nhs.uk/aaaht



AK/LH/537348

CHI No: 05029040166

ORTHOPAEDIC DEPARTMENT - MR A [REDACTED]

Direct Tel: 01563-577881

Fax: 01563-577976

2nd August 2006

Dr [REDACTED]
The Surgery
9 Frew Terrace
IRVINE

Dear Dr [REDACTED]

ALEXIS PROWSE, 59B SEATON TERRACE, IRVINE - DOB = 05.02.1994

Date of admission 31.07.06

Date of discharge 01.08.06

This child was admitted after she fell from a push bike injuring the right side of her head over the parietal bone. She was complaining of some neck pain. There was no neurovascular deficit. X-rays were normal and clinical examination was normal this morning. She has been discharged home.

Yours sincerely

Dictated but not checked or signed to avoid delay

A [REDACTED] MBBS FRCSI FRCS (Tra/Orth)
CONSULTANT ORTHOPAEDIC SURGEON

STA 5000

CHI: 0502940166

NHS: 394/94/013

Name: Prowse
Alexis

End Record.

THIRD PARTY COPY