24 APR 2026

MMA
LEGAL

Eastfield House Surgery
6 St John's Rd
Newbury
RG147LW

Date 21/04/2026

Ref: 100109

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Ms Williamina Noble
Client Reference: 100109
Client Address: 11 Bronte Rise, Newbury, RG14 7UG
Date of Birth: 17/02/1971
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

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

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

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history

THIS PAGE IS RESERVED FOR OFFICIAL OBSERVATIONS
CETTE PAGE EST RESERVEE AUX OBSERVATIONS OFFICIELLES (11)
•THERE ARE NO OFFICIAL OBSERVATIONS•
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
P
GBR
538698825
NOBLE
WILLIAMINA ROBERTSON
BRITISH CITIZEN
17 FEB / FEV 71
F GLASGOW
23 SEP / SEPT 16 HMPO
23 SEP / SEPT 26
P<GBRNOBLE<<WILLIAMINA<ROBERTSON<<<<<<<<<<
5386988256GBR7102176F2609234<<<<<<<<<<<<<<04

Subject Access Request

iGPR

Patient	Ms Mena Noble
Date of birth	17-Feb-1971 (age 55)
Gender	F
NHS number	4002130924
Patient's address	11 Bronte Rise Greenham Newbury Berkshire RG14 7UG
Date range selected	Full record
Organisation	MMA
Reference	100109

THIRD PARTY COPY

Problems

Active

10-Nov-2025 Dr Kelvin Badham (KJB)
Squamous cell carcinoma of skin
SCC??

03-Nov-2025 Dr Kelvin Badham (KJB)
Foot callus
right

05-Jun-2020 Dr Kelvin Badham (KJB)
Helicobacter pylori antigen test
positive, stool

21-May-2020 Mr PCTI DOCMAN (DME4810A)
***** syndrome
pathogenic MSH2 gene, adenocarcinoma bowel aged 48

10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Cancer of bowel
transverse colon

10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Hospital acquired pneumonia
post emergency hemicolectomy

10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Colostomy

13-Nov-2018 Mrs Tracey Ball (TB)
Mammography not attended
dna any session

13-May-2015 Dr Helen Wallis (HW)
Vaginal hysterectomy
conservation of ovaries [and ovaries/adenexa removed 2025] Complex Atypical Hyperplasia

Significant Past

03-Nov-2025 Dr Kelvin Badham (KJB)
Shoulder pain
LEFT

28-Oct-2025 Dr Kelvin Badham (KJB)
Chronic anxiety
some social anxiety with mild agoraphobia

16-Jun-2025 Mr PCTI DOCMAN (DME4810A)
CLO test positive
H. pylori test on OGP +ve (and some gastritis with tiny ulcer)

16-Jun-2025 Mr PCTI DOCMAN (DME4810A)
Helicobacter pylori gastrointestinal tract infection
H. pylori +ve CLO OGD 2025

22-Aug-2023 Dr Kelvin Badham (KJB)
Triple therapy helicobacter pylori

02-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Gastroscopy abnormal
= gastritis, CLO +ve

02-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Helicobacter pylori gastrointestinal tract infection
CLO +ve

02-Oct-2021 Mr PCTI DOCMAN (DME4810A)
CLO test positive

10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Extended right hemicolectomy
for transverse colon bowel Ca

08-Sept-2017 Mrs Liz Pope (EAP)
Osteotomy of bone of foot (Right)
3rd metatarsal

03-Mar-2017 Dr Helen Wallis (HW)
Helal metatarsal osteotomy
basal osteotomy 3rd metatarsal

10-Nov-2011 Mrs Julia Anderson (JA)
Cervical smear refused
Non Responder

09-Apr-2003 Dr Helen Wallis (HW)
Gastritis unspecified

Minor Past

20-Sept-2024 Dr Kelvin Badham (KJB)
Actinic keratosis

25-Jan-2023 Dr Kelvin Badham (KJB)
Foot pain (Bilateral)
neuropathic

09-Mar-2022 Mrs Tracey Ball (TB)
Vomiting

11-Nov-2019 Mrs Tracey Ball (TB)
Skin and subcutaneous tissue infections
skin infection next to stoma

22-Mar-2018 Dr Peter Hetherington (PLGH)
Paronychia of finger

15-Dec-2017 Dr Carolynne Christie (CC)
Paronychia of finger

30-Mar-2016 Dr Helen Wallis (HW)
Olecranon bursitis (Left)

25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
C/O: a rash

25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
Verruca plantaris (Right)

10-Mar-2015 Dr Helen Wallis (HW)
Dysmenorrhoea (Worse)

10-Mar-2015 Dr Helen Wallis (HW)
Dyspepsia

03-Nov-2014 Dr Helen Wallis (HW)
Piles - haemorrhoids

11-Oct-2014 Dr Bruce Letham (BBL)
Keratoacanthoma

25-Oct-2013 Dr Ursula Treadgold (UT)
Infective otitis externa

05-Feb-2013 Dr Katie Beale (KB)
Did not attend - no reason

10-Aug-2011 Dr Helen Wallis (HW)
Did not attend - no reason

02-Dec-2009 Dr Katie Beale (KB)
Divergent squint

23-Apr-2009 Dr D J Davies (DJD)
Boil NOS

22-Apr-2009 Dr D J Davies (DJD)
Did not attend - no reason

09-May-2008 Dr Helen Wallis (HW)
Helicobacter serology positive

23-Apr-2008 Dr D J Davies (DJD)
Epigastric pain

05-Feb-2008 Dr Helen Wallis (HW)
Epigastric pain

10-Aug-2007 Dr Helen Wallis (HW)
Abdominal pain

02-Apr-2007 Dr Helen Wallis (HW)
Wax in ear

02-Apr-2007 Dr Helen Wallis (HW)
Hand eczema

THIRD PARTY COPY

30-Jan-2007 Dr Bruce Letham (BBL)
Suspected UTI

14-Dec-2006 Dr D J Davies (DJD)
Infected sebaceous cyst

08-Dec-2006 Dr J Paton (JP)
Epigastric pain

15-Mar-2004 Dr Helen Wallis (HW)
***** - means NOS

04-Sept-2002 Dr Helen Wallis (HW)
Anxiety with depression

04-Sept-2002 Dr Helen Wallis (HW)
Pompholyx unspecified feet

Consultations

24-Apr-2026 Miss Jodi Strong (JES4810) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document — Medical report received
MMA (24-Apr-2026)

22-Apr-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
My Keeping Well and Safe Letter Talking Therapies Mental Health
Additional — Clinical letter

30-Mar-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
Clinical letter Royal Berkshire Hospital Plastic surgery
Additional — Seen in plastic surgery clinic

25-Mar-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
Clinic Letter Royal Berkshire Hospital Dermatology
Additional — Seen in plastic surgery clinic
Problem — Squamous cell carcinoma of skin

06-Mar-2026 Ms Gemma Bell (GB4810) Eastfield House SurgeryAdministration note

Document — Prescription request
Pillsorted (06-Mar-2026)

25-Feb-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
Discharge summary West Berkshire Community Hospital Plastic Surgery Service
Additional — Seen by plastic surgery service

16-Feb-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
Clinical letter Royal Berkshire Hospital Dermatology
Additional — Seen in dermatology clinic

09-Feb-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional — Attachment
Clinical letter Royal Berkshire Hospital Plastics
Additional — Seen in plastic surgery clinic

09-Feb-2026 Mrs Jo Booth (JB4810) Awaiting clinical code migration to EMIS Web

Comment — Email sent to outside agency (finding) pharmacy.fp715@nhs.net
Comment — Comment: Dear *****, RE: Mena Noble, 17-Feb-1971, 400 213 0924, Female Hello, Please can you send prescription B7D876-K81002-DC6CEV back to spine and let us know once done please? Sent to you by accident Regards, ***** Eastfield House Surgery

09-Feb-2026 Mrs Jo Booth (JB4810) Awaiting clinical code migration to EMIS Web

Comment — Email encounter from ***** (procedure)
Comment — Comment: 09/02/2026 10:57 from pharmacy.fp715@nhs.net Have returned Kind regards *****

COPY
DRAFT
TRIAL

05-Feb-2026 Ms Gemma Bell (GB4810) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Prescription request *Patient Choice (05-Feb-2026)*

22-Jan-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Dermatology*
Additional	Seen in dermatology clinic

22-Jan-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Dermatology*
Additional	Seen in dermatology clinic

19-Jan-2026 Mrs Zoe Calow (ZC4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, The prescribing service for Stoma, Urology and TAI appliances has changed. Appliance Management Service (AMS) will now prescribe these appliances, NOT your GP. Please see the following website for more details Appliance Management Service (AMS) - Stay Well This site contains patient information leaflets and contact details of the service. AMS will contact you to explain how it works. Their telephone number should you wish to contact them is 0800 138 8336. Kind regards Eastfield House Surgery SMS sent on 19/01/2026 14:34:50

13-Jan-2026 Ms Gemma Bell (GB4810) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Prescription request *Patient Choice(13-Jan-2026)*

12-Jan-2026 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Dermatology*
Additional	Seen by dermatologist

29-Dec-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge letter West Berkshire Community Hospital Podiatry*
Additional	Subject declined referral to service

12-Dec-2025 Mrs Zoe Calow (ZC4810) Awaiting clinical code migration to EMIS Web

Comment	Comment - Replied to appointment invite - declined invitation
Comment	Seasonal influenza vaccination declined

09-Dec-2025 Mrs Zoe Calow (ZC4810) Awaiting clinical code migration to EMIS Web

Comment	Comment Patient sent invitation to book an appointment at 11:13 AM on Dec 04 via Anima.
Comment	Comment Contacted via SMS.
Comment	Comment ----------
Comment	Comment SMS message:
Comment	Comment "Dear Patient, according to our records you have not yet had your flu vaccine
Comment	Comment this season, we are running at clinic on Saturday 20th December this maybe your
Comment	Comment last chance to book. Please book using the following link or decline : {{link}}.
Comment	Comment - Eastfield House Surgery"
Comment	Influenza vaccination invitation third short message service text message sent
Appointment invite parameters	Appointment invite parameters Double appointment: No
Appointment invite parameters	Appointment invite parameters Location: Eastfield House Surgery
Appointment invite parameters	Appointment invite parameters Delivery: In-person
Appointment invite parameters	Appointment invite parameters Type: Anima flu only 18 to 64 years self book

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09-Dec-2025 Ms Gemma Bell (GB4810) Eastfield House SurgeryAdministration note

Comment	Telephone encounter - To discuss issue with getting the Fluoraracil 5% cream.
Comment	Comment Managed to locate stock at Thatcham Pharmacy - urgently requested script to be issued and sent.
Comment	Comment Confirmed patient would need a delivery
Comment	Comment Email sent to Thatcham pharmacy with the patient details and delivery request.
Comment	Comment Patient very grateful.

05-Dec-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Administrative letter Talking Therapies Mental Health*
Additional	Administration

04-Dec-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Did not attend letter Talking Therapies Mental Health*
Additional	DNA - Did not attend

18-Nov-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Dermatology*
Additional	Seen in fast track suspected skin cancer clinic
Medication	Medication (NOT ISSUED) Fluorouracil 5% cream Apply Thinly Once A Day lesion (as per dermatology), for 4 weeks (this will cause local inflammation, wash finger used to apply cream thoroughly after application), 40 gram
Comment	Comment Efudix is for forearms (not for the face lesion, which is going to be surgically delt with)
Problem	Squamous cell carcinoma of skin

10-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	Fast track referral for suspected skin cancer *2WW - RBFT - Malignant Melanoma & SCC Suspected Referral*
Problem	Squamous cell carcinoma of skin SCC??

10-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Problem	Shoulder pain Left
History	History has Phth appointment 20.11.25, will let me know if wishes GHJ steroid injection.
History	History Has Talking therapies appointment this month, she is not sure "if it's for me" but will try

10-Nov-2025 Ms Debbie Rawlings (DJR) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please find attached patient information leaflet for your Fast Track Referral. Kind regards To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-9uspntfv5p Eastfield House Surgery Sent on 10/11/2025 at 12:47

10-Nov-2025 Ms Debbie Rawlings (DJR) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please find attached your fast track referral paperwork. We will also be sending you separately a patient information leaflet with details on the referral process. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-ju63xgbcgq Kind regards Eastfield House Surgery Sent on 10/11/2025 at 12:48

10-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Fast track referral for suspected skin cancer . *Referral Type: Outpatient*
Document	e-RS Letter (10-Nov-2025) *NHS e-Referral UBRN 000466319432 for Fast track referral for suspected skin cancer*

05-Nov-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Radiology Report Royal Berkshire Hospital X Ray*
Comment	Plain X-ray of shoulder joint normal (Left)

04-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral to physiotherapy service . *Referral Type: Outpatient*

THIRD PARTY COPY

04-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral to podiatry service . *Referral Type: Outpatient*

03-Nov-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Administrative letter Talking Therapies Mental Health*
Additional	Administration

03-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	Refer to podiatry *Ref - Podiatry Referrals - NO Diabetes v7*
History	History Right foot Plantar keratosis previously seen pods to pair back, previous osteotomy Right 3rd MT (letter enclosed dated 25.04.2017, neuropathic pain feet (due to previous chemotherapy). Thank you for your assessment and help with painful thick plantar keratosis
Problem	Foot callus right

03-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	Referral to physiotherapy service *Ref - AQP Physiotherapy Service Referral*
Comment	Comment Left shoulder painful with movements and if sleeping on L side. Possible trigger was reaching directly forward, but no trauma. C-spine OK. No signif tender, but indicates both anterior and scapular region. O/E no deformity. mild to moderate reduction internal and external rotation. Abduction limited to 70 degrees. Impingment testing difficult. Xray requested, to consider GHJ steroid injection? thank you for help with diagnosis and management

03-Nov-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
Medication	Medication (NOT ISSUED) Flucloxacillin 500mg capsules One To Be Taken Four Times A Day, 20 capsule
Problem	Shoulder pain LEFT
History	History Right handed
History	History recalls reaching out in front of her and sudden pain L shoulder, not settling
History	History distal OK
History	History R shoulder OK
Examination	Examination C-spine OK
Examination	Examination in pain with movement L shoulder
Comment	Comment Left shoulder painful with movements and if sleeping on L side. Possible trigger was reaching directly forward, but no trauma. C-spine OK. No signif tender, but indicates both anterior and scapular region. O/E no deformity. mild to moderate reduction internal and external rotation. Abduction limited to 70 degrees. Impingment testing difficult. Xray requested, she to consider GHJ steroid injection?
Comment	Comment PhTh refer
Comment	Comment already ha GP appointment next week to review face lesion?
History	History see consult 23.1.23, PHx bilat osteotomies and perif neuropathic pain
History	Foot callus plantar surface, 3rd MT head region
History	History Right foot Plantar keratosis previously seen pods to pair back, previous osteotomy Right 3rd MT (letter enclosed dated 25.04.2017, previous pods intervention), neuropathic pain feet (due to previous chemotherapy). Refer Pods agreed to try to helphelp again with painful thick plantar keratosis
Problem	Foot callus

THIRD PARTY COPY

28-Oct-2025 Mrs Zoe Calow (ZC4810) Awaiting clinical code migration to EMIS Web

Comment	Comment Patient sent invitation to book an appointment at 2:42 PM on Oct 28 via Anima.
Comment	Comment Contacted via SMS.
Comment	Comment ----------
Comment	Comment SMS message:
Comment	Comment "Dear Patient, according to our records you have not yet had your flu vaccine
Comment	Comment this season, we are running at clinic on Saturday 1st November, this maybe your
Comment	Comment last chance to book. Please book using the following link or decline : {{link}}.
Comment	Comment - Eastfield House Surgery"
Comment	Influenza vaccination invitation second short message service text message sent
Appointment invite parameters	Appointment invite parameters Double appointment: No
Appointment invite parameters	Appointment invite parameters Location: Eastfield House Surgery
Appointment invite parameters	Appointment invite parameters Delivery: In-person
Appointment invite parameters	Appointment invite parameters Type: Anima 65 and over flu only and Anima covid self book

28-Oct-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

Problem	Chronic anxiety some social anxiety with mild agoraphobia
History	History prevoiusly suffered anxiety, but not treated for years
History	History she and ***** think slowly over recent years she has been more anxious about leaving the house, would rather avoid doing so
History	History Somewhat due to stoma and the social concerns about this, but sometimes when out just "too loud and too busy"
History	History can still leave the house OK
History	History Mood OK, she not overly worried about it herself, but ***** commented that she is on edge if leaving house
Comment	Comment Agreed trial Talking Therapies....not had before
Comment	Comment discussed graded exposure, try not to avoid otherwise worse with time etc
Comment	Comment no Rx for now, but could consider SSRI for anxiety
History	History Note taking Amitrip for long term neuropathic pain feet (since 2017)
History	History Also has some shoulder pain recently
Comment	Comment booked F2F to r/v

28-Oct-2025 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Talking Therapies 0300 365 2000 , Kelvin Badham Eastfield House Surgery Sent on 28/10/2025 at 15:41

28-Oct-2025 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, see me, booked 5-00pm Mon 3.11.25 Kelvin Badham Eastfield House Surgery Sent on 28/10/2025 at 15:43

27-Oct-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Bowel Cancer Screening*
Additional	Clinical letter

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LIBRARY

22-Oct-2025 Mrs Louise Kelly (LDK4810) Awaiting clinical code migration to EMIS Web

History	History	Request submitted 22/10/2025, 11:03:16
History	History	Summary
History	History	Mena has acne affecting her head and neck. Specifically, she mentions the
History	History	following: Head and Neck: lips. Additional location details: "just below left
History	History	lower lip, small pimple appeared last week which has changed and gone black in
History	History	areas ". She has mild symptoms. It developed over the course of weeks. Skin
History	History	changes started less than 1 day ago. No family history to note. She is not
History	History	pregnant. Potential causes listed below.
History	History	Mena has acne affecting her head and neck. Specifically, she mentions the
History	History	following:
History	History	* Head and Neck: lips.
History	History	Additional location details: "just below left lower lip, small pimple appeared
History	History	last week which has changed and gone black in areas ".
History	History	Image Provided - Yes
History	History	Mena has uploaded an image - see below.
History	History	Symptoms - Mild
History	History	Systemic symptoms present: muscle pain, joint pain.
History	History	Symptoms of hyperandrogenism: excessive hair growth.
History	History	* Hirsutism was described in the following areas: face.
History	History	She reports no scarring.
History	History	No change in pigmentation.
History	History	Not painful.
History	History	No seborrhea.
History	History	She has been through the menopause.
History	History	She has mild symptoms.
History	History	She does not describe any additional symptoms.
History	History	Pregnancy - No
History	History	She is not pregnant.
History	History	Onset - Weeks
History	History	It developed over the course of weeks.
History	History	Skin changes started less than 1 day ago.
History	History	No previous flare-ups.
History	History	Cause
History	History	Mena is currently taking: amitriptline .
History	History	No OTC medication.
History	History	She has not recently added or changed any medications.
History	History	She does not report any allergies.
History	History	She has not had any recent UV exposure.
History	History	No recent change in detergent or cleaning products.
History	History	Underlying cause is unknown.
History	History	Family hx - No
History	History	No family history to note.
History	History	ICE
History	History	Significant impact on daily life - "Just makes you worry that it is more than a
History	History	spot by how it looks".
History	History	Mena has no additional comments.
History	Excessive hair growth	
History	Myalgia	
History	Joint pain	
History	eConsultation via online application	
Examination	Examination	No examination performed - virtual assessment
Follow up	Follow up	10 minute In-person appointment booked for 22 Oct 25, 11:50 am
Follow up	Follow up	Media notes:
Follow up	Follow up	The images attached to this Request have been compressed to meet the requirements of the EHR. Full quality images are retained and can be viewed within Anima.
Appointment details	Appointment details	Double appointment: No
Document	Sign off message *sign_off_message*	

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22-Oct-2025 Dr Yasmin Ohlsson (YO) Eastfield House SurgeryGP Surgery

History	History 1 week lesion on left chin
History	History Not painful but does bleed
History	History Getting bigger
History	History Says was not there a week ago
History	History Also noticed a lump in her neck for the past 2 nweeks
History	History Getting bigger
History	History Painful
History	History No fever
History	History Did have a ?cyst in the same region years ago
Examination	Examination Spot like lesion on left chin with some dried blood on it. Slightly tender
Examination	Examination Almond-sized swelling to back of neck on the R near occiput - slightly tender, not fluctuant - no erythema or heat
Comment	Comment Lesion on chin looks like an infected spot
Comment	Comment Unsure whether lesion on her neck is a LN or a cyst
Comment	Comment In view of stoma and bowel resections, agreed try to avoid oral abx - try fucidin for 7 days to lesion on skin
Comment	Comment Hopefully swelling to back of neck reduces once infection clears
Comment	Comment In view of PMH of cancer, booked in for review with OGP 10th Nov - thanks Kel - to ensure swelling has settled
Comment	Comment Clear on when to seek furtehr advcie anjd when needs urgent review

13-Oct-2025 Dr Helen Clarke (HC) Awaiting clinical code migration to EMIS Web

History	History Request submitted 13/10/2025, 08:41:08
History	History Summary Mena would like to discuss a new problem: "Left upper arm pain- constant burning". Pt describes the new problem as "Upper left arm- burning pain, any slight pressure causing pain to radiate to shoulder blade- i.e if I sit back on sofa pain/ burning travels to shoulder blade, I can lift arm to ear level tho lowering it feels heavy & pain- ". Pt is unsure what the cause of the new problem might be.
History	History Symptoms This has been affecting them for 1 - 2 weeks.
History	History Red Flags - None Pt does not report any red flag symptoms.
History	History Social - Good Used to smoke, but quit. Overall, Mena's social health is good. Does not drink alcohol.
History	History ICE Moderate impact on daily life (scored 2 / 5, 0 = minimal impact, 5 = extreme impact) Moderately worried about problem (scored 2 / 5, 0 = not worried, 5 = extremely worried) Details of life impact: "It is restricting myself with daily tasks" Additional details: "I thought it was maybe a pulled muscle, tho this seems prolonged & worry it is nerve damage / pain like I suffer in my feet/ legs ." The help pt would like is "To assess it and diagnose with what is causing this ." - No additional questions. No additional information.
History	Non-drinker
History	Former smoker
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up 10 minute in-person appointment booked for 17 Oct 25, 04:40 pm
Appointment details	Appointment details Double appointment: No
Document	Sign off message *sign_off_message*

13-Oct-2025 Ms Alisha Banbury (AB4810 2) Awaiting clinical code migration to EMIS Web

History	History Request submitted 13/10/2025, 10:07:04
History	History Summary Mena is having problems with feelings of depression and anxiety. She reports no immediate threat of suicide, self-harm, or new or worsening confusion. PHQ2 score of 6. PHQ9 score of 21 indicates severe depression. GAD2 score of 6. GAD7 score of 21 indicates severe anxiety.
History	History Overview Mena is having problems with feelings of depression and anxiety. She reports no immediate threat of suicide, self-harm, or new or worsening confusion.
History	History PHQ9 - 21 PHQ9 score of 21 indicates severe depression. PHQ2 score of 6.

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History	History Low mood - Yes She reports low mood: "I feel fine at home- it's when I attempt to go out, anxiety/ fear and panic.".
History	History * Has had low mood for more than 4 weeks ("A while...since having cancer/ chemo/ ileostomy - this has had a major impact on me how I see me"). * Experienced low mood almost every day of the past 2 weeks.
History	History Anhedonia - Yes Anhedonia was noted: "I have tried different interests tho things get tedious,I can't concentrate/ focus".
History	History * Anhedonia for more than 4 weeks ("Long time...I just sit and do nothing and the time goes by"). * Has felt reduced enjoyment almost every day of the past 2 weeks.
History	History Fatiguability - Yes Mena has been feeling tired: "Always feeling fatigued-no engery".
History	History * Increased tiredness for more than 4 weeks ("Difficult, I have had Ops in-between which hinders things."). * Felt more tired almost every day of the past 2 weeks.
History	History Concentration problems - Yes Increased difficulty in concentration: "I get annoyed, things irritate me more so no ***** now things get tedious".
History	History * Difficulty in concentration for more than 4 weeks ("A while"). * Occurred almost every day of the past 2 weeks.
History	History Appetite - No Mena's appetite has not been affected.
History	History Worthlessness - Yes Reported feelings for worthlessness: "feel like I am just wasting away".
History	History * Feelings of worthlessness for more than 4 weeks ("Long time"). * Felt almost every day of the past 2 weeks.
History	History Thoughts of self harm - No No reports of thoughts of self harm.
History	History Psychomotor retardation - Yes Reports psychomotor retardation: "Yes, movement - feel everything is a effort".
History	History * Present for more than 4 weeks ("Few weeks ?!"). * Felt almost every day of the past 2 weeks.
History	History GAD7 - 21 GAD7 score of 21 indicates severe anxiety.
History	History * GAD2 score of 6.
History	History Anxiety - Yes Reported feeling more anxious: "Myself, going out house as I see home as my Safe space(not vulnerable) Meeting or being around people / crowds".
History	History * Increased anxiety for more than 4 weeks ("Quite a few months"). * Has felt more anxious almost every day of the past 2 weeks.
History	History Worried without control - Yes She has struggled to control her worrying.
History	History * Present for more than 4 weeks ("Long time, I bite my nails badly."). * Unable to control worrying almost every day of the past 2 weeks.
History	History Excessive worrying - Yes Excessive worry: "My health, dealing with people ".
History	History * Has been worrying excessively for over 4 weeks ("). * Felt worried on almost every day of the past 2 weeks.
History	History Trouble relaxing - >;4 weeks Difficulty relaxing for more than 4 weeks ("Long time, I").
History	History * Trouble relaxing almost every day of the past 2 weeks.
History	History Restlessness - >;4 weeks Increased restlessness for more than 4 weeks ("Qiluite a few werks").
History	History * Felt restless almost every day of the past 2 weeks.
History	History Irritability - Yes Increased irritability: "Can be the slightest of things, things annoy/ irritate me now. Can be people talking to how they do something".
History	History * Increased irritability for more than 4 weeks ("Months"). * Felt irritable almost every day of the past 2 weeks.
History	History Fear - Yes Increased feelings of fear: "Cancer and the outside world".
History	History * Increased fear for more than 4 weeks ("All time"). * Felt fearful almost every day of the past 2 weeks.

PATIENT COPY

History	History Social History History of mental health problems: "Not me Family member/ s". Reported major life changes: Over the past few years - myself & family members have All gone through traumatic things...I look at that as nothing in comparison to our lives as ***** in care.". Mena has supportive ***** she can talk to. Denies recreational drug use.	
History	History ICE Mena has some additional comments: "i find it difficult to leave the house for social,/ shopping . to the point i agree on outings when it comes to it i can't , i make excuses.. when i have attempted i feel anxiety with fear/ nerve pains going up my legs to my abdomen i have never experienced this with a continual feeling of needing to go for a toilet ,(pee) which just dribbles and sweating..".	
History	H/O: psychiatric disorder	
History	Frightened	
History	Irritability	
History	Agitation	
History	Feeling stressed	
History	Worrying	
History	Feeling nervous	
History	Motor retardation	
History	No thoughts of deliberate self harm	
History	Low self-esteem	
History	Appetite normal	
History	Middle insomnia	
History	Reduced concentration	
History	Fatigue	
History	Loss of interest in previously enjoyable activity	
History	Depressed mood	
History	PHQ-2 (patient health questionnaire 2) score	6
History	Patient Health Questionnaire Nine Item score	21
History	GAD-2 (generalised anxiety disorder 2) scale score	6
History	Generalised anxiety disorder 7 item score	21
History	eConsultation via online application	
Examination	Examination No examination performed - virtual assessment	
Follow up	Follow up Invite sent to book appointment between 13/10/2025 and 08/12/2025	
Appointment details	Appointment details Double appointment: No	
Appointment details	Appointment details Location: Eastfield House Surgery	
Appointment details	Appointment details Type: Anima routine book ahead f2f and Anima routine book ahead tel	
Appointment details	Appointment details User: Dr Kelvin Badham	
Document	Sign off message *sign_off_message*	

09-Oct-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic

06-Oct-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Gynaecology*
Additional	Benign cyst of ovary

16-Sept-2025 Ms Gemma Bell (GB4810) Eastfield House SurgeryAdministration note

Comment	Comment Email request received via email from Pharamcy 2 U as below;
Comment	Comment Urgent PN sent to OGP to advise on how to proceed.
Comment	Comment Email response to P2U advising this has been actioned and sent to the GP to review and proceed accordingly.
Document	Request form or letter sent by mail/email *Pharmacy 2 U (16-Sep-2025)*
History	History [Linctus issued 15mg/5ml, **note this is different strength to previous codeine script**]

THIRD PARTY COPY

16-Sept-2025 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Comment Patient sent invitation to book an appointment at 4:43 pm on 16 Sept via Anima.
Comment	Comment Contacted via SMS.
Comment	Comment ----------
Comment	Comment SMS message:
Comment	Comment "Dear {{name}}, you are entitled to a free flu vaccine this Autumn. Please book
Comment	Comment an appointment using the link: {{link}}. Eastfield House Surgery"
Comment	SMS (short message service) text message sent to patient
Comment	Influenza vaccination invitation first short message service text message sent
Appointment invite parameters	Appointment invite parameters Double appointment: No
Appointment invite parameters	Appointment invite parameters Location: Eastfield House Surgery
Appointment invite parameters	Appointment invite parameters Type: Anima flu only 18 to 64 years self book
Document	Chat history *Chat history*

01-Sept-2025 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Comment Patient sent message at 11:58 am on 01 Sept via Anima.
Comment	Comment Contacted via email.
Comment	Comment ----------
Comment	Comment Email message:
Comment	Comment "Dear {{name}}, (Our records indicate that we do not have a blood pressure
Comment	Comment reading for you within the last 5 years. It is important to check your blood
Comment	Comment pressure within this time frame and let your surgery have the result as the UK
Comment	Comment has high rates of undiagnosed high blood pressure which if left untreated can
Comment	Comment lead to strokes and heart attacks. There are also not necessarily any warning
Comment	Comment signs of high blood pressure which you can rely on, to know if it is a problem
Comment	Comment for you. If you do have a blood pressure monitor at home, please submit your
Comment	Comment readings via our website or contact our receptionist. How to measure your blood
Comment	Comment pressure at home https://youtu.be/GSNZVaW1Wg4 If you do not have a blood
Comment	Comment pressure machine at home, the local pharmacies can complete a blood pressure
Comment	Comment reading for you. The following local pharmacies are running a blood pressure
Comment	Comment measuring service which can be a walk in service: Boots Retail Park, Boots Town
Comment	Comment Centre,, Washcommon and Day *****. The British Heart Foundation gives fantastic
Comment	Comment evidenced advice on all matters about diet and exercise for being heart healthy
Comment	Comment including recipe finders Recipe finder - BHF Use the advanced filter to get
Comment	Comment suggestions closest to your food preferences High blood pressure (Hypertension)
Comment	Comment - causes and symptoms - BHF Manage your blood pressure at home - BHF The NHS
Comment	Comment encourages everyone to know your blood pressure numbers as it could save your
Comment	Comment life – or the life of someone you love Thank you for arranging to have your
Comment	Comment blood pressure readings) Eastfield House, Surgery"
Comment	Email sent to patient
Document	Chat history *Chat history*
Document	Message attachment *Message attachment*

THIRD PARTY COPY

20-Aug-2025 Mrs Louise Kelly (LDK4810) Awaiting clinical code migration to EMIS Web

History	History This request was submitted on behalf of Mena by ***** ***** (Staff Member at EASTFIELD HOUSE SURGERY - Receptionist)
History	History Request submitted 20/08/2025, 10:08:12
History	History Confirmation Mena has confirmed they have no clinical concerns about their health or condition.
History	History Question Mena has a question about their medication: "patient recently discharged from hospital was given coedeine and paracetamol and would like some more prescribed see discharge notes" Their question: "please could patient have more coedeine and paracetamol following discharge from hospital for ovarian cysts".
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up No action required.
Document	Sign off message *sign_off_message*

15-Aug-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Summary Royal Berkshire Hospital Gynaecology*	
Additional	Discharge summary report	
Examination	Body weight	64.2 kg
Examination	Standing height	163 cm
Examination	Body mass index	24.16 kg/m2

14-July-2025 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, The MHRA have issued a warning about weight loss injections interacting with the *****. We are aware that some patients may be obtaining the injection without our knowledge, so are sending this to all women of child bearing age. If you are using the weight loss jab, please do not rely on the oral *****. If you need to discuss an alternative ***** please book a routine appointment with a nurse. Eastfield House Surgery SMS sent on 14/07/2025 12:20:01

30-Jun-2025 Mrs Maggie Pearce (MP4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, You have medication issued to your chosen pharmacy, the tracking number is below 05BF01-K81002-CD420B Thanks, ***** ***** Eastfield House Surgery Sent on 30/06/2025 at 11:31

18-Jun-2025 Mrs Andrea Allan (AA) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear MS NOBLE, The FREE NHS app is developing new features to track when your prescriptions are ready to collect or dispatched for delivery, as well as accessing your GP health records including blood results, viewing your appointments and many other useful healthcare features. https://www.nhs.uk/nhs-app Eastfield House Surgery SMS sent on 18/06/2025 13:08:02

16-Jun-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Sigmoidoscopy Report West Berkshire Community Hospital Endoscopy*
Additional	Endoscopy

16-Jun-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Gastroscopy Report West Berkshire Community Hospital Endoscopy*
Additional	Gastroscopy
Problem	CLO test positive H. pylori test on OGP +ve (and some gastritis with tiny ulcer)
Problem	Helicobacter pylori gastrointestinal tract infection H. pylori +ve CLO OGD 2025
Medication	Medication (NOT ISSUED) Amoxicillin 250mg/5ml oral suspension 20ml (1000mg) PO BD for 2 weeks, 600 ml
Medication	Medication (NOT ISSUED) Metronidazole 200mg/5ml oral suspension 10ml (400mg) PO BD for 2 weeks, 200 ml
Medication	Medication (NOT ISSUED) Lansoprazole 30mg gastro-resistant capsules One To Be Taken Twice A Day for 4 weeks, then reduce to one once a day, 84 capsule

THERAPY COPY

05-Jun-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic

06-May-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email requesting prescription Patient Choice Admin*
Additional	Administration

06-May-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Colorectal*
Additional	Seen in colorectal clinic
Problem	Malignant tumour of intestine
Comment	Comment discharged from colorectal f/u as 5 years with no sign of recurrence

07-Apr-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Patient Choice Pharmacy service*
Additional	Pharmacy

24-Mar-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Gynaecology*
Additional	Seen in gynaecology clinic

10-Mar-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Berkshire Hospital Gynaecology Outpatient*
Additional	Clinical letter

07-Mar-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review done

06-Mar-2025 Ms Andrea Barnes (AB4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Our records indicate that you have not had a blood pressure reading in the last 5 years. Please can you arrange a BP test at a local Pharmacy and ask for the results to be sent to Eastfield House. Alternatively consider buying a BP monitor for home readings. You may submit readings via our website https://eastfieldhousesurgery.co.uk/form-blood-pressure-review Please could you also provide us with a weight and height measurement. Kind Regards Eastfield House Surgery SMS sent on 06/03/2025 10:00:39

17-Feb-2025 Mrs Chaanah Barclay (CDB4810) Eastfield House SurgeryTelephone consultation

Comment	Comment Spoke to pt regarding Actikerall- pt struggling to find someone to supply.
Comment	Comment Thatcham Pharmacy can order- pt informed.
Comment	Comment Thinks she may have left rx with Boots- will go back and get it.
Comment	Comment Any problems to let us know.

23-Jan-2025 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Administrative letter Royal Berkshire Hospital RBFT Urology Outpatient Clinic Letter*
Additional	Administration

PATIENT COPY

14-Jan-2025 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

13-Jan-2025	Lab Results	B12 & FOLATE A1C3; Not on thyroid medication; left sided abdo pain ?cause, Hx-More in Notepad		
		Serum ferritin(KJB4810) - Normal:		
		Serum TSH level(KJB4810) - Normal:		
		B12 & FOLATE(KJB4810) - Normal:		
		Serum vitamin B12	248 ng/L	(Range: 200 - 900)
		Serum folate Serum folate of less than 3 ug/L is used as a guide to indicate folate deficiency. However, there is an indeterminate zone with folate levels of 3-4.5 ug/L, so low folate should be interpreted as suggestive of deficiency and not diagnostic.	7.2 ug/L	(Range: 3 - 20.5)
		CALCIUM(KJB4810) - Normal:		
		Serum calcium	2.55 mmol/L	(No range available)
		Serum adjusted calcium conc	2.55 mmol/L	(Range: 2.2 - 2.6)
		Serum albumin	44 g/L	(Range: 35 - 50)
		CREATININE AND ELECTROLYTES, BLOOD(KJB4810) - Satisfactory, K+ 5.5:		
		Serum sodium	141 mmol/L	(Range: 133 - 146)
		Serum potassium	**5.5 mmol/L**	**(Range: 3.5 - 5.3)**
		Serum creatinine	88 umol/L	(Range: 49 - 90)
		eGFRcreat (CKD-EPI)/1.73 m*2 eGFR results in the range 60 to 90 ml/min DO NOT necessarily indicate abnormal renal function in the absence of albuminuria (normal urine ACR < 3 mg/mmol) NICE no longer recommends adjusting eGFR for African-Caribbeans (NG203, updated August 2021).	**65 mL/min**	**(Range: 90 - 120)**
		C-REACTIVE PROTEIN(KJB4810) - Satisfactory, CRP 6:		
		Serum C reactive protein level	**5.8 mg/L**	**(No range available)**
		Full blood count - FBC(KJB4810) - Satisfactory:		
		Total white cell count	7.2 10*9/L	(Range: 4 - 11)
		Haemoglobin estimation	**166 g/L**	**(Range: 115 - 165)**
		Platelet count	227 10*9/L	(Range: 150 - 450)
		Red blood cell (RBC) count	5.14 10*12/L	(Range: 3.5 - 5.5)
		Haematocrit	**0.501 Ratio**	**(Range: 0.37 - 0.47)**
		Mean corpuscular volume (MCV)	97.3 fL	(Range: 75 - 105)
		Mean corpusc. haemoglobin(MCH)	32.3 pg	(Range: 26 - 35)
		Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 290 - 350)
		Red blood cell distribut width	13.2 %	(Range: 11 - 15)
		Mean platelet volume	11.5 fL	(Range: 8.2 - 11.9)
		Neutrophil count	4.9 10*9/L	(Range: 2 - 7.5)
		Lymphocyte count	1.6 10*9/L	(Range: 1 - 4)
		Monocyte count	0.6 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.1 10*9/L	(No range available)
		Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)
		LIVER FUNCTION TEST(KJB4810) - Normal:		
		Serum total bilirubin level	10 umol/L	(No range available)
		Serum alkaline phosphatase	113 u/L	(Range: 30 - 130)
		Serum ALT level	23 u/L	(No range available)

14-Jan-2025 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

13-Jan-2025	Lab Results	HBA1C FOR DM DIAGNOSIS A1C3; Not on thyroid medication; left sided abdo pain ?cause, Hx-More in Notepad		
		HBA1C FOR DM DIAGNOSIS(KJB4810) - Normal:		
		HbA1c level - IFCC standardised Result does not support diagnosis of T2DM. Not recommended for diagnosis in pregnancy, in acutely unwell patients and when type 1 diabetes mellitus is suspected. See HbA1c in Diagnosis (WHO,2011) for limitations.	36 mmol/mol	(Range: 20 - 41)

THIS PART OF

10-Jan-2025 Mrs Jo Booth (JB4810) Awaiting clinical code migration to EMIS Web

History	History This request was submitted on behalf of Mena by ***** Banbury (Staff Member at EASTFIELD HOUSE - SURGERY - Receptionist)
History	History Request submitted 10/01/2025, 10:11:33
History	History Summary Mena would like to discuss: "illostomy rectal pressure " Details: "pt has called the hospital as advised by gp on Monday due to pressure in back, pain. etc (please see anima req from 6/1. the hospital have said that she has been discharged and is no longer under their care so needs to go back to the GP. "
History	History History Mena has had the problem for over 2 weeks: "on going " She says nothing makes the problem better. Exacerbating factors: "sitting down " Moderate impact on daily life (scored 3 / 5, 0 = minimal impact, 5 = extreme impact) She has not had the problem before.
History	History Treatments She has not tried any treatments for the problem.
History	History ICE Very worried about problem (scored 4 / 5, 0 = not worried, 5 = extremely worried) Expectations following encounter: "advice on what to do next ". She does not know what might be causing the problem. No additional comments.
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up 10 minute In-person appointment booked for 10 Jan 25, 11:10 am
Appointment details	Appointment details Description: If you are attending a face to face appointment with a respiratory infection, please wear a face covering to help protect staff from infections. If you do not have a face mask or alternative, please ask for one at reception.
Appointment details	Appointment details Double appointment: No
Document	Signoff Email to Patient *signoff_email_to_patient.html*

10-Jan-2025 Dr Anne Maloney (AM) Eastfield House Surgery GP Surgery

History	History ongoing rectal sx, feels 'constipated', pressure symptoms
History	History called hosp but told she has been d/c back to GP
History	History has USS appt next week? unsure what of
History	History has had extended hemicolectomy with end ileostomy - has rectal stump & gets mucus & occ tiny stool. At xmas time, noticed bright red blood on wiping - first episode.
History	History different for her
History	History ileostomy is working normally, no blood
History	History appetite normal
Examination	Examination abod - discomfort over left side from LIF upwards, no guarding or rigidity, no mass
Examination	Examination no groin nodes
Examination	Examination anal area ?piles - DRE no mass
Examination	Examination quite complex problems & difficult to do full assesment in urgent appt - I will refer back urgently or 2ww.
Examination	Examination if pain deteriorates, will need admission, explained & safetynetted
Test Request	Unknown specimen
Comment	Comment Colorectal team RBH urgent. I would be grateful if you could see Mena urgently. She is under your care with complex colorectal symptoms following colorectal cancer. in the last week she has developed left sided pain and discomfort also had an episode of pr bleeding a couple of weeks ago. She is still eating and drinking normlaly and her ileostomy is working. exam shows generalised left sided discomfort on palpation with no guarding or rigidity. DRE is normal, she has some piles or prolapse at the anus. I have requested blood tests. Kind regards.

10-Jan-2025 Dr Anne Maloney (AM) Awaiting clinical code migration to EMIS Web

Comment	Blood test requested
Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, I have referred you for an urgent blood test. Please make an appointment for this at West Berkshire Community Hospital by phoning 01189047900 at 8am on your next available morning. You will not need a form as this has been sent electronically. ***** Maloney Eastfield House Surgery

PATIENT COPY

10-Jan-2025 Mrs Louisa Ong (LO4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please find attached letter regarding your Urgent GP referral To view your attachment, please follow this link: (link will autogenerate here) Kind Regards Eastfield House Surgery Attachments: MN.pdf

10-Jan-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral to colorectal surgery service *Referral Type: Outpatient*
Document	e-RS Letter (10-Jan-2025) *NHS e-Referral UBRN 000445634116 for Referral to colorectal surgery service*

06-Jan-2025 Mrs Judith Wallis (JW4810) Awaiting clinical code migration to EMIS Web

History	History This request was submitted on behalf of Mena by ***** ***** (Staff Member at EASTFIELD HOUSE SURGERY - Receptionist)
History	History Request submitted 06/01/2025, 10:50:27
History	History Summary Mena would like to discuss: "ILOSTEMY RECTAL PRESSURE" Details: "Its been over a week and, never this bad before, rectal pressure, very painful, pain radiating to lower back and bottom"
History	History History Mena has had the problem for 1 - 2 weeks. Exacerbating factors: "sitting down" She has had the problem before. Moderate impact on daily life (scored 3 / 5, 0 = minimal impact, 5 = extreme impact) Alleviating factors: "sit on a hot water bottle"
History	History Treatments Treatment the last time she had the problem: "never this bad and usually settles down in a couple of days" She has not tried any treatments for the problem.
History	History ICE Very worried about problem (scored 4 / 5, 0 = not worried, 5 = extremely worried) Expectations following encounter: "see GP ASAP". She does not know what might be causing the problem. No additional comments.
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up 10 minute In-person appointment booked for 06 Jan 25, 04:40 pm
Appointment details	Appointment details Description: If you are attending a face to face appointment with a respiratory infection, please wear a face covering to help protect staff from infections. If you do not have a face mask or alternative, please ask for one at reception.
Appointment details	Appointment details Double appointment: No
Document	Signoff Email to Patient *signoff_email_to_patient.html*

06-Jan-2025 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

History	History could not get the effudix
History	History is awaiting colorectal f/u
History	History last colonoscopy 18 mnths ago was very uncomfortable, but no sign of Ca
History	History Is potentially going to have hysterectomy + toptal bowel clearance this year, to reduce risk of future Ca
History	History currently has some lumbar spine pain, better moving around or with heat
History	History lower limbs normal
Problem	***** syndrome
Comment	Comment she going to chase colorectal team/nurses, as due f/u
Problem	Colostomy
Problem	Malignant tumour of intestine
Problem	Extended right hemicolectomy

06-Nov-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic

25-Sept-2024 Miss Ellie Hawkins (EMH4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, You have requested Efudix cream through pharmacy2U. Unfortunately there is a manufacturing issue with this item at the moment and all local pharmacies are unable to get hold of it. We are trying to source an alternative and we will contact you when we do. Thanks, Eastfield House Surgery

THIRD PARTY COPY

20-Sept-2024 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

History	History going to come in as I cannot tell from photos

20-Sept-2024 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Problem	Actinic keratosis
History	History sun damaged skin
History	History several AKs, 3 on back of hands, one left cheek region
Examination	Examination no skin cancer seen, but sun damaged skin+
Examination	Examination examined back = no lesions of concern
Comment	Comment explained sun damage and 'pre-cancer' lesions, need treatment
Comment	Comment explained how to treat
Comment	Comment encourged to seek r/v for any new lesions of concern or if these do not heal, because skin cancer likely at some time in the future
Comment	Comment PIL from patient.co.uk

11-Sept-2024 Dr Harry Thangavel (Thangavel) Awaiting clinical code migration to EMIS Web

History	History Request submitted 11/09/2024, 14:15:39
History	History Overview Mena has eczema affecting her upper body (including arms, chest, back). Specifically, she mentions the following: Right Arm: forearm and wrist. She has provided additional details about the location: "skin flare ups- very itchy and they go red and a dry/ sore. on my lower arm out of one of these spots has grown a wart like looking thing ?! skin creams that have been prescribed in past have no affect.". Mena has uploaded an image of her eczema - see below. Overall, her eczema is approximately affecting 2% of her body. POEM score (Patient Oriented Eczema Measure) of 13 - moderate. Self-rated SCORAD (Scoring Atopic Dermatitis) score of 48.4 - severe. Overall, her Dermatology Life Quality Index (DLQI) is 6 - moderate effect.
History	History Summary Mena has eczema affecting her upper body (including arms, chest, back). Specifically, she mentions the following:
History	History * Right Arm: forearm and wrist.
History	History She has provided additional details about the location: "skin flare ups- very itchy and they go red and a dry/ sore. on my lower arm out of one of these spots has grown a wart like looking thing ?! skin creams that have been prescribed in past have no affect.". Mena has uploaded an image of her eczema - see below.
History	History Coverage % - 2 Overall, her eczema is approximately affecting 2% of her body.
History	History POEM - Moderate POEM score (Patient Oriented Eczema Measure) of 13 - moderate.
History	History * Itch every day of the past 7 days. * Dry skin every day of the past 7 days. * Difficulty sleeping on 1-2 of the past 7 days. * Bleeding on 1-2 of the past 7 days. * Cracked skin on 1-2 of the past 7 days. * Ooze/crusting on 1-2 of the past 7 days. * Flaking skin on 1-2 of the past 7 days.
History	History SCORAD - Severe Self-rated SCORAD (Scoring Atopic Dermatitis) score of 48.4 - severe.
History	History * Severe dryness. * Itching scored as 7 out of 10 (10 = worst imaginable). * Sleeplessness scored as 5 out of 10 (10 = worst imaginable). * Moderate redness. * Moderate swelling. * Moderate ooze/crusting. * Moderate lichenification. * Mena self-scored the state of her eczema: Mild scratch marks.
History	History Self-Management 5 flareups in the past month. Always applies emollient after washing. Mena is prescribed a regular emollient: "oilatum cream ". She applies it 5 times per day. She is not prescribed a regular topical steroid. No triggers.
History	History DLQI - Moderate Overall, her Dermatology Life Quality Index (DLQI) is 6 - moderate effect.
History	History * Asked questions about impact of eczema on life over the past week: Mild pain and soreness. * Somewhat self-conscious about eczema. * Mild interference with going shopping and housework. * Mild influence on clothing choices. * Mild impact on social activities. * Mild difficulty in doing sport.
History	History ICE She is confident in managing her eczema. She has no suggestions as to how to improve her confidence. Mena has additional comments: "i am concerned more for the crusty growth like on my lower right arm ".
History	Loss of confidence

THIS IS A COPY

History	Thickening of skin
History	Dry skin
History	Skin discharge
History	Erythema
History	Initial insomnia
History	Itching of skin
History	POEM - Patient-Oriented Eczema Measure
History	Dermatology life quality index
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up Invite sent to book appointment between 11/09/2024 and 09/10/2024
Follow up	Follow up Media notes: The images attached to this Request have been compressed to meet the requirements of the EHR. Full quality images are retained and can be viewed within Anima.
Appointment details	Appointment details Double appointment: No
Appointment details	Appointment details Location: Eastfield House Surgery
Appointment details	Appointment details Type: Anima Routine Book Ahead F2F and Anima Routine Book Ahead Tel
Appointment details	Appointment details User: Dr Kelvin Badham
Document	Signoff Email to Patient *signoff_email_to_patient*

10-Sept-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Report West Berkshire Breast Screening service Breast screening service*
Additional	Seen by breast screening service
Additional	Mammography normal

02-Sept-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter*
Additional	Seen in gynaecology clinic

22-Aug-2024 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Additional	Protocol entry Alert displayed - Add controlled drug (v18.3) (Ardens)

22-Aug-2024 Mrs Jo Booth (JB4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, A prescription has been issued for you to Boots Retail Park, reference E7FECD-K81002-B7591H Regards, ***** Eastfield House Surgery

20-Aug-2024 Miss Jodi Strong (JES4810) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	FP92A - prescription exempt certificate *FP92A - prescription exempt certificate (20-Aug-2024)*

THIS IS A DRAFT COPY

01-Aug-2024 Dr Shalim Zorana (SZN4810) Awaiting clinical code migration to EMIS Web

History	History This request was submitted on behalf of Mena by ***** ***** (Staff Member at EASTFIELD HOUSE SURGERY - Receptionist)
History	History Request submitted 01/08/2024, 09:46:12
History	History Summary Mena would like to discuss: "Pain relief ovarian cyst" Details: "patient has an ovarian cyst she has spoken to her surgeon and has operation later this year, surgeon advised codiene to relieve pain but she needs to speak to her GP first"
History	History History Mena has had the problem for over 2 weeks: "year" She says nothing makes the problem better. Exacerbating factors: "sitting down" Moderate impact on daily life (scored 3 / 5, 0 = minimal impact, 5 = extreme impact) She has not had the problem before.
History	History Treatments She feels no improvement following treatment. Treatment details: "paracetamol"
History	History ICE Very worried about problem (scored 5 / 5, 0 = not worried, 5 = extremely worried) Expectations following encounter: "telephone call". Mena has an idea of what might be causing the problem: "ovarian cyst" No additional comments.
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up 10 minute Telephone appointment booked for 01 Aug 24, 02:50 pm
Appointment details	Appointment details Description: If you are being seen for a urinary or abdominal problem, please provide a urine sample for your appointment. Labelled sample pot available at Reception desk.
Appointment details	Appointment details Double appointment: No
Document	Signoff Email to Patient *signoff_email_to_patient*

01-Aug-2024 Dr Emma Featherstone (EVF) Eastfield House SurgeryTelephone consultation

History	History tel call
History	History seen gynae few days ago
History	History ongoing left sided pain, has ovarian cyst. known about and is awaiting oophrectomy
History	History has got larger on last scan
History	History pain is not acute, has had pain for sometime, dull pain. sometimes at night
History	History disucssed safety net advice. if inc in pain/ more acute for review etc.
History	History discussed possibility ovarian torsion etc
History	History agree to tissue codeine as syrup as had before. aware of possible se. disucssed again
History	History to use prn and paracet regularly. tolerance and dependency to opiates also disucssed

30-July-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter*
Additional	Seen in colorectal clinic

11-Jun-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Berkshire Colorectal*
Additional	Seen in colorectal clinic

10-Jun-2024 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

08-Jun-2024	Lab Results	C-REACTIVE PROTEIN Repeat . **C-REACTIVE PROTEIN**(KJB4810) - Normal:		
		Serum C reactive protein level	3.3 mg/L	(No range available)

06-Jun-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic

THIRD PARTY COPY

29-May-2024 Ms Andrea Barnes (AB4810) Awaiting clinical code migration to EMIS Web

Comment	Blood test requested
Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Your GP would like you to make an appointment for a blood test at West Berkshire Community Hospital using the following link: https://myappointments.online or you can call 01189047900. No form is needed as this has been sent electronically. Kind Regards Eastfield House Surgery
Comment	Comment repeat CRP in 2 weeks - SZ 17.05.24 12;39 - From PD

23-May-2024 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review done

17-May-2024 Dr Shalim Zorana (SZN4810) Awaiting clinical code migration to EMIS Web

16-May-2024 Lab Results APTT Left calf tenderness ; .

Plasma D-dimer concentrationD-DIMER NEGATIVE The negative predictive cut off value for DVT and PE is 500 ng/mL FEU (or 10x age in years over age 50 if agreed in local clinical guidlines). A D-Dimer result when used to screen for deep vein thrombosis and pulmonary embolus can only be fully interpreted when combined with a clinical score. A negative D-Dimer does not exclude DVT/PE in the presence of a moderate/high clinical score. A positive DDimer result may be of no discriminatory value for DVT/PE when tested in pregnancy, during active infection, post transfusion, post op, age >70 years old, in acute renal failure or advanced malignancy. D-Dimers should not be repeated within 48 hours unless being used to monitor DIC.(SZ4810) - negative:

APTT(SZ4810) - Satisfactory:

APTT NOTE: New ***** instrumentation in use from 30/08/23 Please check for updated ranges on individual tests or refer to recent communications for further details.	35.3 s	(Range: 26.4 - 35.9)
APTT ratio Coagulation Screen (APTT and PT) and INR results cannot be reliably interpreted in the presence Direct Oral Anticoagulants (DOAC) eg Dabigatran, Rivaroxaban, Apixaban and Edoxaban.	1.14	(Range: 0.85 - 1.15)

CREATINE KINASE(SZ4810) - Satisfactory:

Serum creatine kinase level	55 u/L	(Range: 25 - 200)

C-REACTIVE PROTEIN(SZ4810) - raised - no signs of acute infection:

Serum C reactive protein level	**29 mg/L**	**(No range available)**

Full blood count - FBC(SZ4810) - wcc just above normal:

Total white cell count	**11.2 10*9/L**	**(Range: 4 - 11)**
Haemoglobin estimation NOTE: New ***** instrumentation in use from 23/11/2023.	157 g/L	(Range: 115 - 165)
Platelet count	281 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count 4.80 10*12/L	4.8 10*12/L	(Range: 3.5 - 5.5)
Haematocrit	**0.476 Ratio**	**(Range: 0.37 - 0.47)**
Mean corpuscular volume (MCV)	99.2 fL	(Range: 75 - 105)
Mean corpusc. haemoglobin(MCH)	32.7 pg	(Range: 26 - 35)
Mean corpusc. Hb. conc. (MCHC)	330 g/L	(Range: 290 - 350)
Red blood cell distribut. width	13.7 %	(Range: 11 - 15)
Mean platelet volume, 12.0 fL	**12 fL**	**(Range: 8.2 - 11.9)**
Neutrophil count	**8.8 10*9/L**	**(Range: 2 - 7.5)**
Lymphocyte count	1.6 10*9/L	(Range: 1 - 4)
Monocyte count	0.8 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

Prothrombin time(SZ4810) - Satisfactory:

Prothrombin time NOTE: New ***** instrumentation in use from 30/08/23 Please check for updated ranges on individual tests or refer to recent communications for further details.	11.6 s	(Range: 10.5 - 14.7)
Prothrombin time ratio	0.96	(Range: 0.87 - 1.21)

16-May-2024 Ms Kath Minchin (KATH) Eastfield House SurgeryGP Surgery

Comment	Comment unable to get blood- previous chemo, no appts available at WBCH until next week. GP will try today. advised to try and get well hydrated.

16-May-2024 Mr Samuel Vickers (SAVIC) Eastfield House SurgeryGP Surgery

History	History Bloods taken from right ACF
History	History Hands washed
History	History Site cleaned with alochol swab
History	History First time success
History	History Uncomplicated procedure.

15-May-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *NHS 999 Report NHS 999 NHS 999*
Additional	Out of hours report

THIS PARTY COPY

15-May-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *NHS 111 Report NHS 111 NHS 111*
Additional	NHS 111 Report

15-May-2024 Mrs Alison Ebbatson (AJE) Awaiting clinical code migration to EMIS Web

History	History This request was submitted on behalf of Mena by ***** ***** (Staff Member at EASTFIELD HOUSE SURGERY - Receptionist)
History	History Request submitted 15/05/2024 13:29:48
History	History Summary Mena would like to discuss: "Blood clot on left leg " Details: "Rang 111: They suggest to ring the doctor. Should be a report on file but there is nothing in her records as yet. Started Sunday evening. Cramping pains. Came up with bruise on calf. Since then breathless and leg is very sore. Since Sunday has been hobbling about and not walking properly. Still in a lot of pain. Trying to keep leg elevated. "
History	History History Exacerbating factors: "Walking" Significant impact on daily life (scored 5 / 5, 0 = minimal impact, 5 = extreme impact) Mena has had the problem for 1 - 3 days. Alleviating factors: "Aspirin. " She has not had the problem before.
History	History Treatments She feels no improvement following treatment. Treatment details: "Just the aspirin"
History	History ICE Moderately worried about problem (scored 2 / 5, 0 = not worried, 5 = extremely worried) Expectations following encounter: "See GP to see what the cause is for leg pain. Appointment f to f". She does not know what might be causing the problem. No additional comments.
History	eConsultation via online application
Examination	Examination No examination performed - virtual assessment
Follow up	Follow up No action required.
Document	Signoff Email to Patient *Signoff Email to Patient*

15-May-2024 Dr Shalim Zorana (SZN4810) Eastfield House SurgeryGP Surgery

History	History Cramping pain in the Lt calf for the past 3 days
History	History suddne onset
History	History difficult to walk to start with but have gradually eased
History	History alsp noticed some bruising in the leg
History	History havent done neything different
History	History started taking aspirin yesterday
History	History was given to her for cancer prevention in the past
History	History no swelling or redness of the leg
Examination	Examination Lt calf- no swelling or redness, tender in the calf region - faint bruising
Examination	Examination Rt calf normal
Comment	Comment Lt calf - no signs of DVT other than tenderness
Comment	Comment stop aspirin and to arrange for urgent bloods
Test Request	Unknown specimen

26-Mar-2024 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number: +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Solutions4Health have been commissioned by West Berks Council to deliver NHS Health Checks to some of our patients. You will be contacted by them with an offer of a health check, and your GP would encourage you to take up this offer. Please see attached leaflet which explains more about the programme. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-egbgrvhb64 Eastfield House Surgery SMS sent on 26/03/2024 18:01:10

09-Jan-2024 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Colorectal*
Additional	Seen in colorectal clinic

28-Dec-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Bowel Cancer Screening*
Additional	Administration

PATIENT COPY

13-Nov-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *RBFT Gynaecology Outpatient Clinic Letter Royal Berkshire RBFT Gynaecology Outpatient Clinic Letter .*
Additional	Seen by obstetrician and gynecologist
Comment	Comment LEFT ADENEXAL MASS

23-Oct-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Gynaecology*
Additional	Seen in gynaecology clinic

29-Sept-2023 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Seasonal influenza vaccination declined *Patient has declined the appointment booking invite.*

29-Sept-2023 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Influenza vaccination invitation second short message service text message sent (situation)
Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, You have been identified as a patient who is recommended to have a flu & covid vaccine this Autumn. We have a limited number of appointments on 7th September at Eastfield House. To respond: https://accurx.nhs.uk/c/p-2mcu3ybunn (Expires in 7 days) Eastfield House Surgery SMS sent on 29/09/2023 21:51:02

15-Sept-2023 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Our appointment system is changing from 26th September. We are moving to an online clinical Triage system called Anima, for same day access. You will need an email address to register for this service. Please act now so you are ready for our go live date. Please visit our website for further information or pop into the surgery for more details. https://www.eastfieldhousesurgery.co.uk/practice_news/changes-coming-to-how-patients-can-request-an-appointment/ Eastfield House Surgery SMS sent on 15/09/2023 10:01:28

04-Sept-2023 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Influenza vaccination invitation first short message service text message sent (situation)
Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, You are eligible for a flu and covid vaccination this Autumn. Please make an appointment in one of our joint flu & covid clinics at Eastfield House Surgery using the link provided. To book: https://accurx.nhs.uk/c/p-5t87mr96tg (Expires in 7 days) Eastfield House Surgery SMS sent on 04/09/2023 16:53:01

22-Aug-2023 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

Problem	Helicobacter pylori antigen test
History	History seems a recurrence (previously treated years ago)
Comment	Comment Rx
Comment	Comment agreed
Comment	Comment (still not clear if this is what was causing symptoms, so hopefully Rx will help)

22-Aug-2023 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, prescription for omeprazole + metronidazole + amoxicillin sent to Boots retail park Thanks, Kelvin Badham Eastfield House Surgery
Problem	Triple therapy helicobacter pylori

18-Aug-2023 Ms Justine Durham (JD4810) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Lloyd George record folder *Additional notes - Lloyd George record folder*

18-Aug-2023 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

	Problem	Helicobacter pylori antigen test
17-Aug-2023	Lab Results	H pylori antigen test upper abdo pain, PHx H. pylori, upper abdo pain, PHx H. pylori NIL **H pylori antigen test**(KJB4810) - H. pylori +ve, pt aware: H pylori antigen test DETECTED (No range available)

COPY

18-Aug-2023 Mrs Tania Coker-Davies (TCD) Awaiting clinical code migration to EMIS Web

Comment	Influenza vaccination invitation first SMS text message sent
Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, You have been identified as somone who is eligible for a flu vaccine this Autumn. Your GP invites you to make an appointment at Eastfield House on Saturday 23rd September. To book: https://accurx.nhs.uk/c/p-r4p3d5j4a9 (Expires in 7 days) Eastfield House Surgery SMS sent on 18/08/2023 16:44:02

14-Aug-2023 Miss Renee Allan (RA4810) Awaiting clinical code migration to EMIS Web

Comment	Referral for smoking cessation service offered
Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, If you are considering quitting smoking, please see details below: A free 12-week stop smoking service is available in your area, please call 0800 622 6360/0118 449 2026 to book your appointment or visit www.smokefreelifeberkshire.com for more info. Eastfield House Surgery SMS sent on 14/08/2023 10:59:10

14-Aug-2023 Ms Debbie Rawlings (DJR) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please call the Gynaecology department at the Royal Berkshire Hospital on 0118 322 8964 regarding your referral. Many thanks Eastfield House Surgery

11-Aug-2023 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
History	History with *****
History	History note had blood tests June = OK
History	History had CT and colonoscopy recently = OK, except some diversion colitis (related to stoma)
History	History however months of crampy abdo pain, upper and left sided, ie not just epigastric, but in the distribution of the transverse decending colon (PHx extended R hemicollectomy). Stoma working well and not painful.
History	History note PHx H. pyolri +ve, she wonders about this
History	History note taking aspiron
History	History note Dr EVF tried PPI in May, but after a month made no difference, so stopped
Examination	Examination abdo non-distended
Examination	Examination stoma looks good
Examination	Examination modest tender epigastric/L hypochondrial/left lower abdo. No mass. No flank tender
Examination	Examination BS active normal
Comment	Comment Seems likely related to previous bowel Ca surgery
Comment	Comment trial buscopan, as does sound colic like. Explained don't over do as can cause constipation (she not currently concerned about this as stoma outout put tends to be loose)
Comment	Comment check H. pylori again
Comment	Comment she to contact colorectal team for F2F review, as they only did on telephone, welcome to call us if cannot get through/get appotinment
Problem	Foot pain (Bilateral) neuropathic
Comment	Comment see previous
Comment	Comment amitrip helpful? but ?any SEs

TRIAL COPY

11-Aug-2023 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

13-Jun-2023 Lab Results Full blood count - FBC FBC Clinical Details: colorectal cancer; UE Clinical Detail-More in Notepad

Se CEA (carcinoembrynic Ag) lvCEA level in smokers may be up to 6.5 ug/L.(KJB4810) - from secondary care 13.06.2023:

Full blood count - FBC(KJB4810) - from secondary care 13.06.2023:

Total white cell count	8.3 10*9/L	(Range: 4 - 11)
Haemoglobin estimation	149 g/L	(Range: 115 - 165)
PLATELETS	236 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.58 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.442 ratio	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	96.5 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH)	**32.5 pg**	**(Range: 27 - 32)**
Mean corpusc. Hb. conc. (MCHC)	337 g/L	(Range: 300 - 360)
Red blood cell distribut width	14.2 %	(Range: 11 - 15)
Mean platelet volume	12.2 fL	(No range available)
Neutrophil count	5.3 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.4 10*9/L	(Range: 1 - 4)
Monocyte count	0.5 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

Urea and electrolytes(KJB4810) - from secondary care 13.06.2023:

Serum sodium	140 mmol/L	(Range: 133 - 146)
Serum potassium, 4.0 mmol/L	4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	2.9 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	72 umol/L	(Range: 45 - 84)
eGFRcreat (CKD-EPI)/1.73 m*2 eGFR results in the range 60 to 90 ml/min DO NOT necessarily indicate abnormal renal function in the absence of albuminuria (normal urine ACR < 3 mg/mmol) NICE no longer recommends adjusting eGFR for African-Caribbeans (NG203, updated August 2021).	**83 mL/min**	**(Range: 90 - 120)**

LIVER FUNCTION TEST(KJB4810) - from secondary care 13.06.2023:

Serum albumin	44 g/L	(Range: 35 - 50)
Serum total bilirubin level	8 umol/L	(No range available)
Serum alkaline phosphatase	109 u/L	(Range: 30 - 130)
Serum ALT level	14 u/L	(No range available)

25-July-2023 Miss Renee Allan (RA4810) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447979003208
Comment SMS text message sent to patient "Dear Ms Noble, Please follow the link below to fill out our annual patient survey. Your feedback is important to us! https://forms.gle/cyY6btogTCiUBXsf6 Eastfield House Surgery SMS sent on 25/07/2023 14:49:00

06-July-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Result West Berkshire Community Hospital Endoscopy
Additional Colonoscopy

06-July-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter
Additional Seen in colorectal clinic

27-Jun-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Royal Berkshire Hospital Colorectal
Additional Seen in colorectal clinic

07-Jun-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Boots Audiological service
Additional Seen in audiology clinic

07-Jun-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Boots Diagnostic audiology service
Additional Seen in audiology clinic

TRUE COPY

31-May-2023 Mrs Sharon Horner (SNH) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Its ***** week 5th – 11th June and we have included the link to the West Berks website with all the information regarding FREE events throughout West Berkshire and Reading for unpaid ***** ***** Week 5-11 June 2023 - Free ***** Events in West Berkshire	West Berkshire Directory SMS sent on 31/05/2023 10:41:20

24-May-2023 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review

04-May-2023 Mrs Andrea Allan (AA) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please find attached your referral paperwork from the GP. To view your attachment, please follow this link: (link will autogenerate here) Thanks, Eastfield House Surgery Attachments: MB.pdf

04-May-2023 Dr Emma Featherstone (EVF) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Gynaecological referral . *Referral Type: Outpatient*
Document	e-RS Letter (04-May-2023) *NHS e-Referral UBRN 000406739468 for Gynaecological referral*

30-Apr-2023 Dr Emma Featherstone (EVF) Awaiting clinical code migration to EMIS Web

27-Apr-2023 Lab Results	Urinary MC&S suprapubic pain NIL	
	Urinary MC&S(EVF4810) - Satisfactory:	
	Urine culture No growth	(No range available)
	Urine culture The accuracy of this result assumes that this is a true MSU specimen.	(No range available)

27-Apr-2023 Dr Emma Featherstone (EVF) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
History	History ongoing long term symptoms discomfort lower abdo discomfort. seen urology/ colorectal thought maybe secondary to residual stool in bowel. had scans and investigations
History	History has further fu arrange in June
History	History mild dysuria
History	History urine dip protein nil else. not enough to send today
History	History being in sample tomorrow to send for msu
History	History note. was due to be seen gynae referred genetic clinic 2020 for removal ovaries as at inc risk ovarian cancer (***** syndrome)
History	History not heard re this. to chase up for her
History	History mild dyspepsia ?
History	History on aspirin
History	History trial omeprazole.
History	History no dysphagia weight loss

27-Apr-2023 Mrs Andrea Allan (AA) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Email encounter *Email encounter to Gynae RBH re. missed appt(27-Apr-2023)*

27-Feb-2023 Mrs Katerina Melicharek (KM4810A) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, To request your medication online (no access info required) Please go to www.eastfieldhousesurgery.co.uk and Click on the small envelope icon with the word 'message' beneath it. Fill in the form with patient details as requested and in the dialogue box state medication required. Prescriptions are normally available for collection within 3 working days once authorised by your GP. Thanks, ***** reception team Eastfield House Surgery

THIS IS A PRIVACY COPY

17-Feb-2023 Mrs Liz Pope (EAP) Awaiting clinical code migration to EMIS Web

Comment	Smoking cessation advice
Comment	Patient mobile telephone number +447979003208
Comment	SMS text message sent to patient Dear Ms Noble, Our records indicate that you are a current smoker and your GP would like to offer you free advice on how to Quit. Please click on the link below for further information https://www.smokefreelifeberkshire.com/ If your smoking status is incorrect, please contact our reception team on 01635 41495.

25-Jan-2023 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Colorectal surgery*
Additional	Seen in colorectal clinic

25-Jan-2023 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Problem	Foot pain (Bilateral) neuropathic
History	History previous osteotomy of both feet, 2017
History	History persist. neuropathic type pain globally in both feet since - ie nothing new
History	History note also had chemo 2019, although these symptoms seem to pre-date this
History	History Can be mild, but currently with cold weather more notiable
History	History keeps feet warm as she can which is helpful
History	History can impact on sleep
History	History No PHx DM
Examination	Examination Bilateral feet well perfused, good pulses
Examination	Examination both feet are warm today, as she wearing slippers (despite 0C outside)
Examination	Examination no red/swelling/specific tenderness
Examination	Examination does not have much padding soles
Comment	Comment chat about options. She not interested in seeing surgeons or having injections - and I think this would not be likely to help
Comment	Comment good cushiopning, eg trainers etc
Comment	Comment keep warm the obvious thing, thick socks etc
Comment	Comment would like to try Rx. needs liquid as stoma. Discussed neuromodulating agents, wil try amitrip as has had 30mg in the past without any SEs
Comment	Comment let me know

06-Dec-2022 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Urology*
Additional	Seen in urology clinic
Comment	Ultrasonography of bilateral kidneys = normal

03-Dec-2022 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime	Medication review
Review	

07-Nov-2022 External User () Awaiting clinical code migration to EMIS Web

Procedure	Seasonal influenza vaccination given by pharmacist (situation) (Left upper arm structure)
Document	Administration of vaccine *Notification of Vaccination (07-Nov-2022)*

01-Oct-2022 External User () Awaiting clinical code migration to EMIS Web

Comment	Pharmacy Service | Administered by ***** Schultz | Vaccination Provider ODS Code: H7Y0M
Document	Administration of vaccine *Notification of Vaccination (01-Oct-2022)*
30-Sept-2022 Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Pfizer Ltd,05-Dec-2022,GD6797,Left upper arm structure)

27-Sept-2022 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic
Comment	Comment abdo pain improved, decided against any colostomy reversal
Problem	Colostomy

17-Sept-2022 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *NHS 111 Report NHS 111 NHS 111*
Additional	NHS 111 Report

THIRD PARTY COPY

16-Sept-2022 Ms Jane Morgan (JEM4810) Eastfield House SurgeryTelephone consultation

History	History Pt reports the sensation of pressure in her pelvic region for approx 1 week
History	History Pain worse on her left side on palpation
History	History Pain also across lower back region
History	History Pt able to empty her bladder as normal
History	History No UTI symptoms (no urgency, no burning, no stinging)
History	History Illeostomy as normal
History	History Pt feels well in herself
History	History Eating and drinking as normal
History	History No other new symptoms of concern reported
Comment	Comment Advised I will discuss with Dr Badham regarding F2F and urinalysis and callback

16-Sept-2022 Ms Jane Morgan (JEM4810) Eastfield House SurgeryTelephone call to a patient

History	History Following discussion with Dr Badham - advises f2f today with a GP
History	History Pt happy with this

16-Sept-2022 Dr Katie Beale (KB) Eastfield House SurgeryGP Surgery

History	History 1 week hx lower abdo central and lif discofort /pressure
History	History has an ileostomy for bowel cancer which is working well. some stranguary but no other urinary symptoms . no discharge
Examination	Examination abdo soft. slight lower abdo discomfort
Examination	Examination apyrexial
Examination	Examination urine dip leucocytes ++
Comment	Comment treat for uti. inb will need review . has a follow up surgical appt soon, will mention symptoms then

03-Aug-2022 Mrs Alison Ebbatson (AJE) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, As discussed please send up to three good quality photos for the Dr to view before ringing you. Regards Reception team TO RESPOND, please follow this link: (link will autogenerate here) Eastfield House Surgery

03-Aug-2022 Mrs Teresa Butler (TMB) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Ms Noble, As discussed please send up to three good quality photos for the Dr to view before ringing you. Regards Reception team Eastfield House Surgery Response: Patient attached photo or document
Additional	Additional https://web.accurx.com/api/conversation/patientupload/3395/35230996/h685d8djm3
Additional	Additional https://web.accurx.com/api/conversation/patientupload/3395/35230996/8f9c3cqqry
Additional	Additional https://web.accurx.com/api/conversation/patientupload/3395/35230996/h7esh72mp6

03-Aug-2022 Dr Katie Beale (KB) Eastfield House SurgeryGP Surgery

History	History tel call
History	History painful spot on right index finger ,pipjt.
History	History insect bite 3/52 ago, has been up and down since then and discharged pus last week.
History	History feels hot and tender and getting bigger again
Comment	Comment for fluclox, wants medicine due to colostomy . review inb or worse

17-July-2022 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Radiology Report Royal Berkshire Hospital Radiology*
Additional	Xray report received
Comment	Foot X-ray (Right) = OK (screw from previous R 3rd MT osteotomy)

PATIENT COPY

04-July-2022 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
Medication	Medication (NOT ISSUED) Fifty:50 ointment (Ennogen Healthcare Ltd) Three Times A Day, 500 gram
History	History Helal metatarsal osteotomy Right 3rd MT 2017 (also had L done later). Now pain and callus palntar surface in the region of the head of the 3rd MT R foot. ? related to previous op.
Examination	Examination Looks like hard callus plantar surface.
Examination	Examination (note scar on the dorsal foot from op)
Comment	Comment general advice, moisturise/soften
Comment	Comment Xray - if any suggestion ortho problem then re-refer, if not and not settling with moisturise consider podiatry r/v

12-Jun-2022 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review

31-May-2022 Mrs Julia Anderson (JA) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census
Comment	Comment Questionnaire: Ethnicity Questionnaire
Comment	Comment Currently *****: England
Comment	Comment Ethnic group: White

02-May-2022 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient We need up-to-date ethnicity details from our patients to help us manage our COVID-19 response. This information will also be helpful in managing your health in the future. Please follow this link to update your ethnicity: https://www.eastfieldhousesurgery.co.uk/navigator/register-your-ethnicity. You need internet on your phone otherwise you can open the link on a computer or you can contact reception on 01635 41495. Thank you. Eastfield House Surgery.

09-Mar-2022 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Our records indicate that you are a current smoker. Your GP would like to offer you advice to quit smoking via this link: https://www.nhs.uk/smokefree www.mygp.io/*****

09-Mar-2022 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Smoking cessation advice No additional comment entered

05-Mar-2022 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

09-Mar-2022	Problem	Vomiting
	Document	OOH report
		OOH report (05-Mar-2022)

01-Mar-2022 Mrs Zoie Knight (ZK) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Ms Noble, Please use the attached link to submit up to 5 photographs of the affected area as requested by your GP. Regards, Zoie Eastfield House Surgery Response: Patient attached photo or document
Additional	Additional https://chain.accurx.com/api/patientupload/3395/35230996/yxawz6cvf2
Additional	Additional https://chain.accurx.com/api/patientupload/3395/35230996/vrx8ep8pq9

28-Feb-2022 Mrs Zoie Knight (ZK) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Please use the attached link to submit up to 5 photographs of the affected area as requested by your GP. TO RESPOND, please follow this link: (link will autogenerate here) Regards, Zoie Eastfield House Surgery

TRIAL COPY

28-Feb-2022 Dr Rehala Choudhry (RC4810) Eastfield House SurgeryGP Surgery

History	History - triage call due to covid19
History	History - spoke with ptx
History	History - noticed rash on the right hand this morning
History	History - rash looks a bit scaly, itchy ++
History	History - no recent changes to foods/creams/washing powders etc
History	History - well in self otherwise
History	History - photo's reviewed - ring shaped lesion on dorsum of hand seen,central sparing - looks fungal
Comment	Comment - antifungal cream tds for a week,if sx no better tcb or sooner if sos

28-Feb-2022 Dr Rehala Choudhry (RC4810) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number: 07979003208
Comment	SMS text message sent to patient Dear Ms Noble, Can you pls send me a photo of the rash. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Dr CHOUDHRY Eastfield House Surgery

28-Feb-2022 Dr Rehala Choudhry (RC4810) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Ms Noble, Can you pls send me a photo of the rash. Thanks, Dr CHOUDHRY Eastfield House Surgery Response: Patient attached photo or document
Additional	Additional https://chain.accurx.com/api/patientupload/3395/35230996/dngdmdatr8
Additional	Additional https://chain.accurx.com/api/patientupload/3395/35230996/drkkwttxsc

09-Feb-2022 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient We would like to invite you to our next Patient Participation Group Meeting on 15/03/22 at 6.30pm at Eastfield House Surgery. All patients welcome. Please reply WILL BE ATTENDING if you would like to attend.

21-Dec-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient We need up-to-date ethnicity details from our patients to help us manage our COVID-19 response. This information will also be helpful in managing your health in the future. Please follow this link to update your ethnicity: https://www.eastfieldhousesurgery.co.uk/navigator/register-your-ethnicity. You need internet on your phone otherwise you can open the link on a computer or you can contact reception on 01635 41495. Thank you. Eastfield House Surgery. Please DO NOT REPLY to this text.

09-Dec-2021 External User () Awaiting clinical code migration to EMIS Web

Procedure	Seasonal influenza vaccination given by pharmacist (situation) (Left upper arm structure)
Document	Administration of vaccine *Notification of Vaccination (09-Dec-2021)*

23-Nov-2021 Mrs Zoe Calow (ZC4810) Awaiting clinical code migration to EMIS Web

Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative** SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.:

16-Nov-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Influenza vaccination invitation first short message service text message sent *No additional comment entered*

16-Nov-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Our records indicate that you have not had a flu vaccine this year. Please use online access or call Eastfield House to make an appointment. Please note our last flu clinic in 2021 will be 11th December 2021.

TRUE COPY

05-Nov-2021 External User () Eastfield House SurgeryExternally entered note

Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Pfizer Ltd,25-Nov-2021,FH3220,Left arm)
Comment	Comment: Informed consent given for treatment
Comment	Comment: Pharmacy Service | Administered by DEAL, ***** (Reg Code: 81Y2713E) | Vaccination Provider ODS Code: H7Y0M

11-Oct-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Report West Berkshire Breast Screening service Breast screening service*
Additional	Mammography normal

07-Oct-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Hospital Colorectal surgery*
Additional	Seen in colorectal clinic
Comment	Comment: suggested PPI and they to arrange OGD
Comment	Comment: (I note she has not requested lansoprazole for over 6 mnths, so re-issued)

04-Oct-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Nhs Foundation Trust Colorectal surgery*
Additional	Seen in colorectal clinic

02-Oct-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Report Royal Berkshire Hospital Gastroscopy*
Additional	Seen in gastroscopy clinic
Problem	Gastroscopy abnormal = gastritis, CLO +ve
Problem	Helicobacter pylori gastrointestinal tract infection - CLO +ve
Problem	CLO test positive
Medication	Medication: (NOT ISSUED) Amoxicillin 250mg/5ml oral suspension 10ml (500mg) PO TDS, 300 ml
Medication	Medication: (NOT ISSUED) Clarithromycin 250mg/5ml oral suspension 10ml PO BD, 140 ml

07-Sept-2021 Mrs Julia Anderson (JA) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number: 07979003208
Comment	SMS text message sent to patient: Dear Ms Noble, You will shortly be invited to attend for breast screening, which is an important routine screening for breast cancer. Your GP strongly recommends that you attend your appointment. Thanks, Eastfield House Surgery

23-Aug-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient: Our next Patient Participation Group meeting is tomorrow evening, 24th August at 6.30 pm. Please come and join us in Eastfield House car park for surgery updates and patient feedback.

10-Aug-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient: You will shortly be called for breast screening which is a routine procedure for screening for breast cancer. Your GP strongly recommends that you attend your appointment. PLEASE DO NOT REPLY TO THIS TEXT. www.mygp.io/*****

23-Jun-2021 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

History	History: i cannot see letter, but had CT and then f/u stoma nurse
History	History: also seen surgeon
History	History: basically has hernia associated with stoma that causes her some pain
History	History: taking paracetmol, but stoma nurse suggested add something else
History	History: stool tends to be on loose side form stoma (long term, since creation)
Comment	Comment: add some codeine, warned potential SEs

THIS IS ONLY A COPY

22-Jun-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Royal Berkshire Hospital Colorectal surgery
Additional Seen in colorectal clinic

11-Jun-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Outpatient Urology Royal Berkshire Nhs Foundation Trust Urology
Additional Seen in urology clinic

02-Jun-2021 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
Patient Participation Group Meeting on 15/6/21 at 6.30pm
at Eastfield House. All patients welcome. Please reply
WILL BE ATTENDING if you would like to attend:.

30-Apr-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical letter Royal Berkshire Nhs Foundation Trust Colorectal
Additional Seen in colorectal clinic

24-Apr-2021 External User () Eastfield House SurgeryExternally entered note

Procedure Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,31-Jul-2021,PW40041,Left arm)
Comment Comment Informed consent given for treatment
Comment Comment Open access service | Administered by LETHAM, ***** (Reg Code: 2481692) | Vaccination Provider ODS Code: F9M9C

16-Apr-2021 Miss Heather Oakley (HO) Awaiting clinical code migration to EMIS Web

Comment Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent *COVID-19 vaccination SMS invite for Second Dose sent*

15-Apr-2021 Miss Heather Oakley (HO) Awaiting clinical code migration to EMIS Web

Comment Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent *COVID-19 vaccination SMS invite sent*

12-Apr-2021 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review Medication review

12-Mar-2021 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

Lab Results SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negativeSARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.:

07-Feb-2021 External User (), Eastfield House SurgeryExternally entered note

Procedure Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,31-May-2021,PV46663,Left arm)
Comment Vaccination *Informed consent given for treatment*
Comment Comment Open access service | Administered by IRFAN, Abid (Reg Code: 4207117) | Vaccination Provider ODS Code: F9M9C

08-Jan-2021 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Result Royal Berkshire Hospital Colonoscopy
Additional Colonoscopy

14-Dec-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Royal Berkshire Hospital Colorectal surgery
Additional Seen in colorectal clinic

11-Dec-2020 Mrs Tracey Ball (TB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report
Additional NHS 111 report received abdo pain

TRIAL COPY

11-Dec-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

History	History	abdo pain today, quite general, ?any indigestion
History	History	?some nausea, but drinking and eating
History	History	stoma functioning as normal, good output, no blood
History	History	no fever - has checked
History	History	no urine symptoms
History	History	stopped lansoprazole mnths ago, just when ran out after H. pylori treatment
History	History	note still has ovaries (PHx hysterectomy for atypical hyperplasia)
Comment	Comment	has surgical f/u Monday
Comment	Comment	restart lansoprazole (but it is not clear that this is definitely indigestion)
Comment	Comment	safetynet, needs urgent sugical r/v if deteriorating eg fever, vomit/poor drink, stoma not functioning etc

26-Nov-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

Problem	Vaginal hysterectomy	
Test Request	Unknown specimen	
History	History	no periods years due to hysterectomy
History	History	flushes, sweats, ?menopause
History	History	some impact on sleep, but difficult to say if related or due to stressors of cancer diagnosis and treatment, + pandemic
Comment	Comment	no recent bloods so will check fSH
Comment	Comment	she not sure wants treatment anyway, will look at PILs via patient.co.uk

11-Nov-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Outpatient Colorectal Royal Berkshire Nhs Foundation Trust Colorectol*
Additional	Clinical letter

30-Sept-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review

07-Sept-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

Problem	Colostomy	
History	History	phone as pandemic
History	History	last two days some abdo pains
History	History	at times under L breast
History	History	other times lower
History	History	some nausea, but no vomit, and eating as normal
History	History	drinking
History	History	no fever
History	History	stoma = normal output, not constipated or too runny
History	History	due for routine CT scan next wk
Comment	Comment	agreed that for now no further inx required
Comment	Comment	expect to settle 1-2 days
Comment	Comment	however cannot exclude all problems (eg discussed adhesions)
Comment	Comment	Must seek r/v if fever, unwell, vomit, cannot E&D, hydration issues, stoma reduced output (or excessive), etc, and may need A&E for blood tests if these +/- signif pain

14-Aug-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical letter Royal Berkshire Nhs Foundation Trust Gastroenterology*
Additional	Administration

07-Aug-2020 Mrs Karen Hatherall (KMH) Eastfield House SurgeryGP Surgery

Comment	Blood sample taken

12-Jun-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Oncology Royal Berkshire Nhs Foundation Trust Oncology*
Additional	Seen in oncology clinic

09-Jun-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone call from a patient

History	History	capsules throat stoma undigested, so swap prep

PATIENT COPY

08-Jun-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone call to a patient

Problem	Helicobacter pylori antigen test
History	History explained result +ve.
Comment	Comment treatment explained
Comment	Comment would not normally do 'test of cure' after, but given circumstances (she had no symptoms, has bowel ca) she welcome to request

05-Jun-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Outpatient Urology Royal Berkshire Nhs Foundation Trust Cytology*
Additional	Cytology report

05-Jun-2020 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

	Problem	Helicobacter pylori antigen test positive, stool
02-Jun-2020	Lab Results	H pylori antigen test ***** syndrome, bowel Ca, PHx of H. pylori **H pylori antigen test**Detected by EIA HELICOBACTER COMMENTS: Consistent with current H.pylori infection.(KJB4810) - H. pylori +ve:

27-May-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone call to a patient

History	History pt aware to collect pot/form/bag to check for on going H. pylori

21-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service

21-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service
Problem	***** syndrome pathogenic MSH2 gene, adenocarcinoma bowel aged 48
Medication	Medication (NOT ISSUED) Aspirin 75mg dispersible tablets ONE TO BE TAKEN DAILY, 56 tablet
Problem	Malignant tumour of intestine
Comment	Comment previous H pylori antibody test was positive

04-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

27-May-2020	Regime Review	Medication review
	Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
	Additional	Seen by genetics service
	Medication	Medication (NOT ISSUED) Aspirin 75mg dispersible tablets Two (150mg) TO BE TAKEN DAILY (for cancer prevention), 112 tablet
	Test Request	Unknown specimen

04-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service

04-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service

04-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service

04-May-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Result Oxford University Hospital Genetics*
Additional	Clinical letter

THIS IS A PRIVATE COPY

29-Apr-2020 Ms Angela Slattery (AS) Eastfield House SurgeryTelephone call to a patient

Comment	Comment p/call to discuss 'Sheilding' letter. Advice give. Patient has received parcels also on line shopping..

27-Mar-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Oncology Royal Berkshire Nhs Foundation Trust Radiology*
Additional	Seen in radiology department

06-Mar-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Nuffield Orthopaedic Centre Genetics*
Additional	Seen by genetics service

04-Mar-2020 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

03-Mar-2020	Lab Results	Serum C reactive protein level LRTI ChemoTh exactly 3 wks ago 01635 41495		
		Serum C reactive protein level(KJB4810) - Satisfactory:		
		eGFRcreat (CKD-EPI)/1.73 m*2Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor: for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(KJB4810) - Satisfactory:		
		Liver function test(KJB4810) - Satisfactory:		
		Serum total bilirubin level	4 umol/L	(Range: <21)
		Serum alkaline phosphatase	**124 iu/L**	**(Range: 35 - 104)**
		Serum ALT level	14 iu/L	(Range: <34)
		Serum total protein	68 g/L	(Range: 63 - 83)
		Serum albumin	43 g/L	(Range: 38 - 51)
		Serum globulin	25 g/L	(Range: 20 - 36)
		Urea and electrolytes(KJB4810) - Satisfactory:		
		Serum sodium	142 mmol/L	(Range: 133 - 146)
		Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
		Serum urea level	**1.9 mmol/L**	**(Range: 2.5 - 7.8)**
		Serum creatinine	79 umol/L	(Range: 45 - 84)
		AKI warning stage	1	(No range available)

03-Mar-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
History	History finished last chemoT exactly 3 wks ago (11.2.20)
History	History chesty cough >1 wk
History	History actually was worse last week, not quite clear why she did not call for urgent r/v last week
History	History no fever now
History	History E&D some
History	History midl SOBOE?
History	History but still chesty cough
Examination	Examination alert, bright, chatty, smiles
Examination	Examination throat clear, mmm
Examination	Examination chesty sounding cough
Examination	Examination T36.7C
Examination	Examination PR98
Examination	Examination sat 98% (also)
Examination	Examination well perfused/warm perif
Examination	Examination no resp distress
Examination	Examination chest clear, no creps or wheeze
Comment	Comment looks quite well but slighlty high pulse and chesty sounding cough
Comment	Comment oral Abx start ASAP
Comment	Comment get bloods today, immediately
Comment	Comment safetynet, any deterioration -> A&E promptly

03-Mar-2020 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

	Lab Results	Full blood count - FBC LRTI ChemoTh exactly 3 wks ago 01635 41495		
		Full blood count - FBC(KJB4810) - Satisfactory:		
		Haemoglobin estimation	116 g/L	(Range: 115 - 165)
		Total white cell count	8.92 10*9/L	(Range: 4 - 11)
		Platelet count	301 10*9/L	(Range: 150 - 450)
		Red blood cell (RBC) count	4.05 10*12/L	(Range: 3.8 - 5.8)
		Haematocrit	**0.363 L/L**	**(Range: 0.37 - 0.47)**
		Mean corpuscular volume (MCV)	90 fL	(Range: 76 - 98)
		Mean corpusc. haemoglobin(MCH)	28.6 pg	(Range: 27 - 32)
		Mean corpusc. Hb. conc. (MCHC)	320 g/L	(Range: 300 - 360)
		Neutrophil count	5.53 10*9/L	(Range: 2 - 7)
		Lymphocyte count	2.14 10*9/L	(Range: 1 - 4)
		Monocyte count	**1.05 10*9/L**	**(Range: 0.2 - 0.8)**
		Eosinophil count	0.15 10*9/L	(No range available)
		Basophil count	0.05 10*9/L	(No range available)

03-Mar-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone consultation

Comment	Comment explained neutrophils OK, but still safetynet as usual

PART COPY

14-Feb-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Additional Seen in oncology clinic

31-Jan-2020 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Bowel Cancer, recovering from surgery, undergoi...; Duration 31-Jan-2020 - 05-Apr-2020)
Comment Comment request via P. note :

24-Jan-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Royal Berkshire Nhs Foundation Trust Oncology
Additional Seen in oncology clinic

16-Jan-2020 Mrs Karen Hatherall (KMH) Eastfield House SurgeryTelephone call to a patient

Additional NHS Health Check telephone invitation - no answer

09-Jan-2020 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Emergency Discharge Summary Royal Berkshire Nhs Foundation Trust A & E
Additional Discharge summary report

07-Dec-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review Medication review

06-Dec-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Additional Seen in oncology clinic

29-Nov-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Additional Letter encounter

25-Nov-2019 Mrs Sharon Horner (SNH) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document Personal Independence Payment claim form
Put in Kels tray

14-Nov-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

12-Nov-2019 Lab Results FAECES ROUTINE SAMPLE FOR PCR Country visited: no
FAECES ROUTINE SAMPLE FOR PCR(KJB4810) - Faecal = No infection detected:

ENTERIC PATHOGEN DETECTION Final report	(No range available)
GIARDIA LAMBLIA: NOT detected by PCR	(No range available)
CRYPTOSPORIDIUM SPECIES: NOT detected by PCR	(No range available)
CAMPYLOBACTER SPECIES: NOT detected by PCR	(No range available)
SALMONELLA SPECIES: NOT detected by PCR	(No range available)
SHIGELLA/EIEC SPECIES: NOT detected by PCR	(No range available)
VEROCYTOTOXIN: NOT detected by PCR	(No range available)

11-Nov-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request Unknown specimen
Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Bowel Cancer, recovering from emergency surgery...; Duration 11-Nov-2019 - 09-Feb-2020)
Comment Comment stool requested by stoma nurses, as stoma output too liquid
Comment Comment just starting chemo, does not want to risk it
Assessment Seasonal influenza vaccination declined
History History started coamixclav 2 days ago (OOHs) for possible stoma site skin infection

09-Nov-2019 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

11-Nov-2019 Problem Skin and subcutaneous tissue infections skin infection next to stoma
Document OOH report
OOH report (09-Nov-2019)

THIRD PARTY COPY

01-Nov-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *DNA Letter Royal Berkshire Hospital Colorectal*
Additional	DNA hospital appointment

01-Nov-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *DNA Letter Royal Berkshire Hospital Colorectal*
Additional	DNA hospital appointment

31-Oct-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Oncology*
Additional	Seen in oncology clinic

30-Oct-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Oncology*
Additional	Seen in oncology clinic

28-Oct-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Regime Review	Medication review

11-Oct-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

History	History stoma requires empty 5x/day, stoma nurse keeping and eye
History	History some ?indigestion/epidastric/heartburn with belches. No vomiting but nausea at time
History	History no general AP
History	History no fever
History	History E&D OK
History	History PUing OK
History	History no NSAIDs
Examination	Examination alert, looks well considering all she has been through
Examination	Examination T36.6C
Examination	Examination PR80
Examination	Examination well perfused
Examination	Examination abdo not tender, but indicates epigastric
Examination	Examination stoma sight Ok, bowel semiliquid stool
Comment	Comment Aware not to overdo codiene as cause nausea/upset
Comment	Comment safsetynet, needs to seek prompt r/v if deteriorating
History	History with ****, supportive
Problem	Colostomy
Problem	Extended right hemicolectomy
Problem	Hospital acquired pneumonia
Problem	Cancer of bowel

02-Oct-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Intensive care Unit*
Additional	Administration

26-Sept-2019 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

27-Sept-2019	Additional	Dressing of wound
	Document	OOH report *OOH report (26-Sep-2019)*

26-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Summary/Report Royal Berkshire Hospital Respiratory*
Additional	Discharge summary report

THIRD PARTY COPY

26-Sept-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryTelephone call from a patient

09-Oct-2019	Regime Review	Medication review
	Problem	Cancer of bowel
	Assessment	Cancer care review
	History	History Obviously shock diagnosis and has been through a lot, ICU for pneumonia post-op
	History	History recovering at ***** house
	Comment	Comment let us know if needs anything
	Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Bowel cancer, recovering from emergency surgery...; Duration 10-Sep-2019 - 10-Nov-2019)*

10-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Outpatient Gastroenterology Royal Berkshire Nhs Foundation Trust Gastroenterology*
	Additional	Seen in gastroenterology clinic

10-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Inpatient Discharge Summary Royal Berkshire Nhs Foundation Trust General Surgery*
	Additional	Seen in general surgery clinic
	Problem	Cancer of bowel transverse colon
	Problem	Hospital acquired pneumonia post emergency hemicolectomy
	Problem	Extended right hemicolectomy for transverse colon bowel Ca
	Problem	Colostomy

09-Sept-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

	Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: significant abdominal symptoms, undergoing inve...; Duration 06-Sep-2019 - 15-Sep-2019)*
	History	History bloods in A&E over the weekend OK - CRP was still 20
	History	History still some red PR blood
	History	History started bowel prep today, for scopes tomorrow
	Examination	Examination PR78
	Examination	Examination sat 99%
	Examination	Examination well perfused
	Examination	Examination T36.0C
	Comment	Comment just came to request note for work

06-Sept-2019 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

09-Sept-2019	Additional	NHS 111 report received
	Document	Clinical document *(06-Sep-2019) Clinical document*

06-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Discharge Summary/Report Royal Berkshire Hospital Accident & Emergency*
	Additional	Discharge summary report

06-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Report South Central Ambulance Service Unscheduled Care*
	Additional	Unscheduled care report

06-Sept-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Discharge Summary/Report Royal Berkshire Hospital Accident & Emergency*
	Additional	Discharge summary report

PATIENT COPY

28-Aug-2019 Dr Carolynne Christie (CC) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC On thyroxine?: No
Full blood count - FBC(CC) - Normal:

Haemoglobin estimation	127 g/L	(Range: 115 - 165)
Total white cell count, 7.60 10*9/L	7.6 10*9/L	(Range: 4 - 11)
Platelet count	302 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.24 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.393 L/L	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	93 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH), 30.0 pg	30 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 300 - 360)
Neutrophil count	5.19 10*9/L	(Range: 2 - 7)
Lymphocyte count	1.44 10*9/L	(Range: 1 - 4)
Monocyte count	0.79 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.14 10*9/L	(No range available)
Basophil count	0.04 10*9/L	(No range available)

28-Aug-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Lab Results CALCIUM. On thyroxine?: No
Serum C reactive protein level(KJB4810) - CRP 29, improved a little compared to July.
Serum TSH level(KJB4810) - Normal:
eGFRcreat (CKD-EPI)/1.73 m*2Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor: for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(KJB4810) - Normal:
CALCIUM.(KJB4810) - Normal:

Serum calcium	2.47 mmol/L	(No range available)
Serum adjusted calcium conc	2.58 mmol/L	(Range: 2.2 - 2.6)
Serum albumin	40 g/L	(Range: 38 - 51)

Liver function test(KJB4810) - Normal:

Serum total bilirubin level	5 umol/L	(Range: <21)
Serum alkaline phosphatase	80 iu/L	(Range: 35 - 104)
Serum ALT level	8 iu/L	(Range: <34)
Serum total protein	66 g/L	(Range: 63 - 83)
Serum globulin	26 g/L	(Range: 20 - 36)

Urea and electrolytes(KJB4810) - Normal:

Serum sodium	142 mmol/L	(Range: 133 - 146)
Serum potassium, 4.0 mmol/L	4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 45 - 84)

28-Aug-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Lab Results Erythrocyte sedimentation rate. On thyroxine?: No
Erythrocyte sedimentation rate(KJB4810) - Borderline ESR/suggestive of mild inflammation, in keeping with other recent blood tests:

22-Aug-2019 Dr Carolynne Christie (CC) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral Fast track referral for suspected colorectal cancer . *Referral Type: Outpatient*
Document e-RS Letter (22-Aug-2019)
NHS e-Referral UBRN 000334218738 for Fast track referral for suspected colorectal cancer

21-Aug-2019 Dr Carolynne Christie (CC) Eastfield House SurgeryGP Surgery

Test Request Unknown specimen

21-Aug-2019 Dr Carolynne Christie (CC) Eastfield House SurgeryGP Surgery

History History sytmoms again the same pre weekend
History History gets gurgling spreads over abdomen pain worse afterwards .. agree poss ahesion
History History however note wcc for bloods again
History History also new sytmosn of loss of wt and brigh red bleediong x 1
History History really worried still in view of history of *****
History History refer under 2 week rule

THIS COPY IS PART

20-July-2019 Dr Matthew Degnan (MD) Awaiting clinical code migration to EMIS Web

19-July-2019	Lab Results	Serum C reactive protein level · recurrent lower abdo pain, ?adhesions	
		Serum C reactive protein level(MD4810) - raised inflammatory marker, antibiotics prescribed:	
		eGFRcreat (CKD-EPI)/1.73 m*2Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor: for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(MD4810) - Satisfactory:	
		Liver function test(MD4810) - Satisfactory:	
		Serum total bilirubin level	3 umol/L (Range: <21)
		Serum alkaline phosphatase	100 iu/L (Range: 35 - 104)
		Serum ALT level	13 iu/L (Range: <34)
		Serum total protein	**61 g/L (Range: 63 - 83)**
		Serum albumin	**35 g/L (Range: 38 - 51)**
		Serum globulin	26 g/L (Range: 20 - 36)
		Urea and electrolytes(MD4810) - Normal:	
		Serum sodium	145 mmol/L (Range: 133 - 146)
		Serum potassium	5.3 mmol/L (Range: 3.5 - 5.3)
		Serum urea level	3.2 mmol/L (Range: 2.5 - 7.8)
		Serum creatinine	76 umol/L (Range: 45 - 84)

19-July-2019 Dr Matthew Degnan (MD) Awaiting clinical code migration to EMIS Web

Lab Results	Full blood count - FBC recurrent lower abdo pain, ? adhesions		
	Full blood count - FBC(MD4810) - consistent with a bacterial infection, script sent for trimethoprim, Pt aware:		
	Haemoglobin estimation	129 g/L	(Range: 115 - 165)
	Total white cell count	**17.69 10*9/L**	**(Range: 4 - 11)**
	Platelet count	**543 10*9/L**	**(Range: 150 - 450)**
	Red blood cell (RBC) count	4.28 10*12/L	(Range: 3.8 - 5.8)
	Haematocrit, 0.400 L/L	0.4 L/L	(Range: 0.37 - 0.47)
	Mean corpuscular volume (MCV)	94 fL	(Range: 76 - 98)
	Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
	Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 300 - 360)
	Neutrophil count	**14.92 10*9/L**	**(Range: 2 - 7)**
	Lymphocyte count	1.54 10*9/L	(Range: 1 - 4)
	Monocyte count	**0.92 10*9/L**	**(Range: 0.2 - 0.8)**
	Eosinophil count	0.26 10*9/L	(No range available)
	Basophil count	0.05 10*9/L	(No range available)

04-July-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
History	History · no report yet from urology, however cystoscopy a few wks ago apparently OK
History	History USS urinary tract OK
History	History symptoms continue, similar, good days and bad days - up to several hrs of symptoms, suprapubic
History	History still get the impression urine related
History	History bowel normal
History	History no N&V
History	History weight stable
Examination	Examination well today
Comment	Comment 1) recheck MSU dip (as cystoscopy could have triggered UTI??)
Comment	Comment 2) ?diagnosis of adhesions due to previous hysterectomy?? - but does level of discomfort warrant diagnostic laprascope??
Comment	Comment 3) buscopan did not help, trial naproxen
Comment	Comment 4) rpt bloods to make sure no signif inflam
Comment	Comment 5) await uro report, but what next? - wait and see vs refer general surgeon, even though no bowel symptoms??

16-Jun-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Berkshire Independent Hospital Urology*
Additional	Seen in urology clinic
Comment	Diagnostic cystoscopy using flexible instrument Normal

18-May-2019 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

Document	Clinical document *(18-May-2019) Clinical document*

12-Apr-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Berkshire Independent Hospital Urology*
Additional	Seen in urology clinic

26-Mar-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Comment	Comment nil new today, just wanted to discuss USS report (despite having been told by secs it was OK)
Comment	Comment has urology appoiunt 12.04.2019

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14-Mar-2019 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional Attachment
Result Royal Berkshire Hospital Radiology
Additional Comment Additional
US urinary tract

07-Mar-2019 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document Referral letter
re suprapubic discomfort

07-Mar-2019 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document Letter sent to patient
CAB - enclosing appointment request details

07-Mar-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral Urology referral . *Referral Type: Outpatient*
Document e-RS Letter (07-Mar-2019)
NHS e-Referral UBRN 000324088872 for Urology referral

05-Mar-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

01-Mar-2019 Lab Results HbA1c levl - IFCC standardised on going suprabubic region dyscomfort
HbA1c levl - IFCC standardised(KJB4810) - Normal:

04-Mar-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

01-Mar-2019 Lab Results Se CA 125 level on going suprabubic region dyscomfort
Se CA 125 level Immunoassay results from different manufacturers may not give comparable results. Please note that a normal CA125 does not exclude ovarian cancer. Women with normal CA125 and relevant symptoms should be assessed clinically.(KJB4810) - Normal:

02-Mar-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

01-Mar-2019 Lab Results Serum C reactive protein level on going suprabubic region dyscomfort
Serum C reactive protein level(KJB4810) - Satisfactory (CRP 7):
GFR calculated abbreviatd MDRDeGFR estimated by 4vMDRD (ID-MS aligned). For Afro-Caribbeans eGFR should be multiplied by 1.212.(KJB4810) - Satisfactory:
Liver function test(KJB4810) - Satisfactory:

Serum total bilirubin level	5 umol/L	(Range: <21)
Serum alkaline phosphatase	79 iu/L	(Range: 35 - 104)
Serum ALT level	11 iu/L	(Range: <34)
Serum total protein	65 g/L	(Range: 63 - 83)
Serum albumin	49 g/L	(Range: 38 - 51)
Serum globulin	**16 g/L**	**(Range: 20 - 36)**

Serum cholesterol/HDL ratio(KJB4810) - Satisfactory:

Serum cholesterol/HDL ratio	1.9 ratio	(No range available)
Serum HDL cholesterol level	1.83 mmol/L	(Range: >1.7)
Serum cholesterol	3.4 mmol/L	(No range available)
Se non HDL cholesterol level	1.6 mmol/L	(No range available)

Urea and electrolytes(KJB4810) - Satisfactory:

Serum sodium	143 mmol/L	(Range: 133 - 146)
Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	3.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	70 umol/L	(Range: 45 - 84)

01-Mar-2019 Dr Kelvin Badham (KJB) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC on going suprabubic region dyscomfort
Full blood count - FBC(KJB4810) - Normal:

Haemoglobin estimation	139 g/L	(Range: 115 - 165)
Total white cell count	8.78 10*9/L	(Range: 4 - 11)
Platelet count	264 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.48 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.421 L/L	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	94 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH), 31.0 pg	31 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	330 g/L	(Range: 300 - 360)
Neutrophil count	6.02 10*9/L	(Range: 2 - 7)
Lymphocyte count	1.92 10*9/L	(Range: 1 - 4)
Monocyte count	0.62 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.19 10*9/L	(No range available)
Basophil count	0.03 10*9/L	(No range available)

COPY

18-Feb-2019 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

History	History see previous presentation, urine grew nothin	
History	History suprapubic dyscomfort, more to the left?	
History	History does have feeling that it is urinary related	
History	History for some time	
History	History bowel OK	
History	History no vomit	
History	History no weight loss	
History	History PHx hysterectomy, still has ovaries, no prolapse symptoms	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Examination	Examination abdo NAD, no mass, no tender, but indicates lower suprapubic and LIF regoin (more than right)	
Examination	O/E - pulse rate	70 beats/min
Examination	Urine dipstick test = NAD today	
Comment	Comment get bloods	
Comment	Comment request USS	
Comment	Comment refer urology (but of course could be ovarian??)	

31-Dec-2018 Dr Matthew Degnan (MD) Awaiting clinical code migration to EMIS Web

28-Dec-2018	Lab Results	Urine culture On antibiotics?: No ?recurrent UTI
		Urine culture No significant growth(MD4810) - No infection detected:

28-Dec-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen	
History	History Kef seemed to work well within 1-2 days of starting	
History	History finished 10 days ago approx	
History	History now return of symptoms, no fever, no flank pain but suprapubic discomfort	
Examination	Examination dipstick not highly suggestive today	
Comment	Comment treat again	
Comment	MSU sent to lab.	
Comment	Comment see if recurrent symptoms/inb	

11-Dec-2018 Mrs Tracey Ball (TB) Awaiting clinical code migration to EMIS Web

Document	Clinical document *(11-Dec-2018) Clinical document*	

11-Dec-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *NHS 111 Report NHS OOH OOH*	
Additional	Unscheduled care report	

11-Dec-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

History	History suprapubic pain 3 days	
History	History nil else? no fever	
History	History bowel normal, no diarrhoea, BO today	
History	History no vomiting	
History	History urine OK?	
History	History nil PV (PHx hysterectomy, still has ovaries)	
History	History able to work	
History	History no FHx urine stones	
Examination	Examination T36.6C	
Examination	O/E - pulse rate	74 beats/min
Examination	Oxygen saturation at periphery	99 %
Examination	Examination well perfused	
Examination	Examination mild tender only - suprapubic, and less so L flank region	
Examination	Examination not distended, no LSKK, no mass, no palpable bladder	
Examination	Urine leucocyte test = ++ , otherwise nil, no blood	
Comment	Comment nitrof	
Comment	Comment see prompt if deterioration, or see inb few days	

11-Dec-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Comment	Comment says cannot take caps, wants liquid, nitrof liq costs £450!	

16-Oct-2018 Dr Matthew Degnan (MD) Eastfield House SurgeryGP Surgery

History	Paronychia of finger
History	History R middle finger.
History	History Pt is a nail-biter, aware needs to stop.
Comment	Comment 7-10 days topical fusidic acid.

LIBRARY COPY

07-Sept-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: dental pain; Duration 03-Sep-2018 - 09-Sep-2018)*
History	History dental pain - tooth extracted 4 days ago R maxillary, pain still, r/v by dentist last night, told no complications, just pain, told to get own analgesia
History	History taking only paracet
History	History has tolerated codiene fine in the past
History	History also - work have basically let her go on the basis of the time she had off last week and this week
Comment	Comment safetynet, see dentist PRN
Examination	Examination no facial swelling (despite what booking says)
Examination	Examination T36.6C

23-July-2018 Dr Matthew Degnan (MD) Eastfield House SurgeryGP Surgery

History	Constipation
History	History lower abdo pains for 3/52, worse last 24 hrs.
History	History Mild intermittent nausea but still eating well.
History	History Opening bowels daily.
History	History Intermittent bloating.
Examination	Examination dull to percussion LIF, faecal loading palpable.
Examination	Examination Reduced BS.
Comment	Comment Disimpaction regimen of movicol.
Comment	Comment Adv to have minimum 2 litres fluid daily in the hot weather.
Comment	Comment rinb.

21-Jun-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

18-May-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

30-Apr-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryAdministration note

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Post-op foot surgery, with complications includ..; Duration 02-Apr-2018 - 17-Jun-2018)*
Comment	Comment request via P.note

17-Apr-2018 Ms Angela Slattery (AS) Eastfield House SurgeryGP Surgery

Comment	Comment patient came in today to have genetic bloods done again with No samples & equipment, apparently last samples sent got lost?
Comment	Comment she has now given another copy of paper work for Dr Badham to fill in. I will contact her to re-book apptm when done. Also for her to receive proper posting parcel to send off again..
Comment	Comment p/note to gp

03-Apr-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Orthopaedics BEALE K*
Additional	Letter encounter

29-Mar-2018 Mrs Liz Pope (EAP) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Test request *Copy of blood form from Genetics, *****'s Hospital*

27-Mar-2018 Ms Angela Slattery (AS) Eastfield House SurgeryGP Surgery

Examination	Blood sample taken
Comment	Comment for genetics patient sent off

22-Mar-2018 Dr Peter Hetherington (PLGH) Eastfield House SurgeryGP Surgery

Problem	Paronychia of finger
History	History Widespread fungal nail inf (chews them..) & likely secondary bact inf now at pulp of 1.
Comment	Comment Rx 1w fluclox & 1m oral terbin, then review re response & need for extending course terbin - warned may need up to 6m say...

HARD COPY

08-Mar-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

History	History will give us another nail sample when she can get one
History	History note amitrip 20mg had no effect, no SEs
Comment	Comment will try amitrip 30mg, advice given

20-Feb-2018 Mrs Jacquie McLaren (JMCL) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Letter sent to patient *Nail sample*

08-Feb-2018 Dr Emma Featherstone (EVF) Eastfield House SurgeryGP Surgery

History	History further flare of paronychia finger as before
History	History nail beginnning to grow
History	History now finger tip red inflammed and tender again
History	History for further ab
History	History sos

07-Feb-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Contact Royal Berkshire Hospital Sample not processed*
Additional	Administration

07-Feb-2018 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

17-Jan-2018	Lab Results	SAMPLE NOT PROCESSED ?fungal nails **SAMPLE NOT PROCESSED**See laboratory comment(HKMW4810) - Dr has written to the patient repeat sample - inadequately labelled:

16-Jan-2018 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

Additional	Needs influenza immunisation
Additional	Seasonal influenza vaccination (sanofi pasteur,31-Jul-2018,P3H373V,GMS,Left arm)
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: foot surgery - postoperative; Duration 04-Jan-2018 - 15-Feb-2018)*
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: postoperative - foot surgery - nonunion of meta...; Duration 04-Jan-2018 - 04-Apr-2018)*
History	History needs further cert as foot surgery has not been successful - nonunion of foot bones following 2nd procedure
History	History poor sleep
History	History wakes early feeling exhausted
History	History Life stressful recently
History	History no benefits as has lost her job now due to ill health
Examination	Examination ?fungal nails - very damaged nailbeds
Test Request	Unknown specimen

05-Jan-2018 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Problem	Paronychia of finger
Comment	Comment flare again
Comment	Comment coamoxy well tolerated last time
Problem	Hand eczema (++, due to working in kitchen)
Comment	Comment advice+

04-Jan-2018 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Radiology BEALE K*
Additional	Seen in orthopaedic clinic

15-Dec-2017 Dr Carolynne Christie (CC) Eastfield House SurgeryGP Surgery

Problem	Paronychia of finger
History	History very swollen finger 3rd red infected
History	History caused by biting nails
History	History slighht tender along finger as well
Examination	Examination swollen erythemouts aroind nail also tender to mcp jt
Comment	Comment advised needs to elevate when can
Comment	Comment needs 10 days 2 rx given as travelling to scotland cant take tablets

THIRD PARTY COPY

01-Dec-2017 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: post foot operation; Duration 01-Dec-2017 - 07-Jan-2018)*
History	History works on her feet
History	History still too much pain if mobile to allow her to work
Examination	Examination scar fine, no sign of infection
Comment	Comment has ortho f/u Jan
Comment	Comment note fluclox given as per OOHs as she cannot take tabs/caps

29-Nov-2017 Dr Helen Clarke (HC) Awaiting clinical code migration to EMIS Web

Document	OOH report *OOH report (29-Nov-2017)*

03-Nov-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Radiology BEALE K*
Additional	Seen in orthopaedic clinic

23-Oct-2017 Dr Helen Wallis (HW) Eastfield House SurgeryAdministration note

History	History requesting cert
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: postoperative; Duration 21-Oct-2017 - 10-Nov-2017)*

20-Oct-2017 Dr Carolynne Christie (CC) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: post foot operation; Duration 20-Oct-2017 - 10-Nov-2017)*

03-Oct-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire Hospital Orthopaedics BEALE K*
Additional	Letter encounter

11-Sept-2017 Dr Katie Beale (KB) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: post foot operation; Duration 09-Sep-2017 - 21-Oct-2017)*
History	History codeine not controlling the pain following foot op. for short term use of tramadol. warned re s/e etc

09-Sept-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Inpatient Discharge Summary Royal Berkshire Nhs Foundation Trust ***** ***** Beale*
Additional	Letter encounter

08-Sept-2017 Mrs Liz Pope (EAP) Eastfield House SurgeryGP Surgery

Problem	Osteotomy of bone of foot (Right) 3rd metatarsal

02-Aug-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Letter BHFT Podiatry Amrita Damani*
Additional	Seen by podiatrist

01-Aug-2017 Dr Kelvin Badham (KJB) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: foot disorder (left), awaiting surgery; Duration 01-Aug-2017 - 30-Sep-2017)*
Comment	Comment has op date for Left foot = 8.9.17

18-July-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

17-July-2017 Dr Helen Clarke (HC) Eastfield House SurgeryAdministration note

History	History duplicate fit note issued. See PN

12-July-2017 Mrs Pamela McNish (PM) Eastfield House SurgeryGP Surgery

Comment	Solar keratosis
Comment	Mentor topic printed: Actinic Keratosis, PILSL554 (Version=41)
Comment	Cryotherapy to actinic keratosis, 1 pinna, adv re blistering
Comment	Comment LN2 x 5s

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06-July-2017 Dr Helen Wallis (HW) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Orthopaedic referral . *Referral Type: Outpatient*

05-July-2017 Dr Helen Wallis (HW) Eastfield House SurgeryAdministration note

Referral	Orthopaedic referral . *Referral Type: Outpatient*
Document	e-RS Letter (05-Jul-2017) *NHS e-Referral UBRN 000293874460 for Orthopaedic referral*

03-July-2017 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History Unable to work due to severe pain now in L foot
History	History Has been on altered duties but was only doing washing up
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: foot disorder; Duration 03-Jul-2017 - 03-Aug-2017)*
Document	eMED3 (2010) duplicate issued, not fit for work *Fit Note Document (Diagnosis: foot disorder; Duration 03-Jul-2017 - 03-Aug-2017)*

13-Jun-2017 Mrs Pamela McNish (PM) Eastfield House SurgeryTelephone call to a patient

Comment	Comment Message left re cryo appoint Wed 12th July or to attend tomorrow for assessment but I think would be better after antibiotics if less painful

13-Jun-2017 Mrs Jacquie McLaren (JMCL) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Letter sent to consultant *Osteotomy 3rd metatarsal of right foot*

13-Jun-2017 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

Comment	Comment Back at work and L foot v painful now - I will write to Mr Arvind re further surgery for L foot
History	History sore area L pinna - has had crusty area there for few weeks
History	History past 48h has become very inflamed++ - unable to lie on that side
Examination	Examination keratotic area L pinna with surrounding induration
Examination	Examination ??infected - extremely painful
Comment	Comment Has follow up with Mr Arvind 18/7/17 - I will write to ask regarding L foot - similar issue

06-Jun-2017 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral letter *re plantar keratosis*

06-Jun-2017 Dr Carolynne Christie (CC) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Refer to podiatry . *Referral Type: Outpatient*

23-May-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Podiatry BEALE K*
Additional	Seen in orthopaedic clinic

18-May-2017 Dr Peter Hetherington (PLGH) Eastfield House SurgeryGP Surgery

Problem	Helal metatarsal osteotomy
Document	eMED3 (2010) new statement issued, may be fit for work *Fit Note Document (Diagnosis: Helal metatarsal osteotomy; Duration 04-May-2017 - 05-Jun-2017)*
History	History Cert to back up graded rtw. Doing well now we feel.

27-Apr-2017 Dr Miranda Gough (MCG) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: recovering post foot surgery; Duration 27-Apr-2017 - 04-May-2017)*
Problem	Helal metatarsal osteotomy
History	History doing well since the plaster has been off but foot still stiff and pain if walks too far
History	History ankle feels stiff and sore, ? from the way she has been walking
History	History ***** a kitchen, long shifts, on her feet all day
History	History doesn't feel can go back yet
Examination	Examination foot looks good
Examination	Examination wound healed well
Examination	Examination some stiffness around the ankle, but no tendenress to palpation or swelling
Comment	Comment agree antoher week off work
Comment	Comment continue with gentle stretches and mobilisation
Comment	Comment if needs a phased return to work/ altered hours let us know

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25-Apr-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K*
Additional	Letter encounter

12-Apr-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Change of details Eastfield House Surgery Administration.*
Additional	Administration

12-Apr-2017 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History Has been injecting heparinoids to ant abdo wall - now ahs small tender swelling L ant abdo fat pad	
History	History Only has 5 days left of injectables	
History	History Due removal of cast in 8 days	
History	History will continue to wiggle her toes regularly	
History	History mobile with crutches	
Examination	Examination R BK POP	
Examination	Examination able to wiggle toes and tense calf	
Examination	Examination small tender cystric swelling L ant abd wall	
Examination	Examination several bruises all over lower abd wall	
Assessment	Rolls own cigarettes	50 g/week
Assessment	Alcohol screen - AUDIT C completed	
Assessment	Alcohol consumption	2 U/week
Additional	Smoking cessation advice	
Additional	Alcohol use disorder identificatn test consumptn questionnre	2 /12
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: postoperative; Duration 12-Apr-2017 - 26-Apr-2017)*	

12-Apr-2017 Mrs Tracey Ball (TB) Eastfield House SurgeryAdministration note

Assessment	Current smoker	
Assessment	Cigarette smoker	15 /day

24-Mar-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

21-Mar-2017 Dr Helen Wallis (HW) Eastfield House SurgeryAdministration note

History	History needs a cert
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: postoperative; Duration 03-Mar-2017 - 14-Apr-2017)*

09-Mar-2017 Mrs Sandra Goosey (SG) Eastfield House SurgeryHospital outpatient report

Comment	Comment pt asking for codeine, from recent discharge- checked, ok.

03-Mar-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Inpatient Discharge Summary Royal Berkshire NHS Trust Orthopaedics *****, *****, Beale*
Additional	Letter encounter

24-Feb-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Berkshire NHS Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

07-Feb-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K*
Additional	Seen in orthopaedic clinic

31-Jan-2017 Mrs Liz Pope (EAP) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral letter *pain underneath metatarsal heads both feet*

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17-Jan-2017 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History has seen orthotics and given insoles which didn't help
History	History standing all day at work - works as a chef
History	History not paid for any time off - has had to take 2w off work unpaid
Document	eMED3 (2010) new statement issued, may be fit for work *Fit Note Document (Diagnosis: toe deformity awaiting surgical opinion; Duration 17-Jan-2017 - 17-Feb-2017)*
Referral	Orthopaedic referral . *Referral Type: Outpatient*
Document	e-RS Letter (17-Jan-2017) *NHS e-Referral UBRN 000286996719 for Orthopaedic referral*

16-Jan-2017 Dr Helen Wallis (HW) Eastfield House SurgeryTelephone call to a patient

History	History missed appt today at the surgery
History	History foot xray is normal
History	History has had X2 weeks off work
History	History works on her feet in the kitchen
History	History Has seen podiatry and has some insoles
History	History nothing really helps
History	History shooting pains like burning
History	History has used hemp cream
Comment	Comment ??Mortons neuroma - I will see her mane

06-Jan-2017 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Result Royal Berkshire Hospital Radiology Beale, ******
Additional	Seen in radiology department

04-Jan-2017 Dr Peter Hetherington (PLGH) Eastfield House SurgeryGP Surgery

Test Request	Unknown specimen
History	History CO ongoing bilat foot pain. In the past (eg June 15 & Jul 16) has been ascribed to verrucae but I doubt this is the case. Looks more like tender callus forming over prominent MT heads. On her feet all day in job as chef.
Comment	Comment For XR & then review. May need re-ref. to surg podiatry service (S Kriss et al)?

05-Oct-2016 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

Additional	Seasonal influenza vaccination (Sanofi Pasteur MSD,31-May-2017,N2A331M,GMS,Left arm)	
History	History still has central abdo pains epigastrium to low abdomen	
History	History no change in bowel habit	
History	History has tried to eat better this week	
History	History BO every day X1 - no change	
History	History no urinary sx - sometimes nocturia - no recent change	
History	History less nauseated	
History	History also pain in low back	
Examination	Examination min tender LIF and epigastrium	
Examination	Examination PV - healthy well-oestrogenised vagina, no cystocoele, no masses	
Assessment	Cigarette smoker	15 /day
Additional	Smoking cessation advice	
Comment	Comment suggest restart omep	
Comment	Comment poss IBS sx - no ev of other bowel pathology	

03-Oct-2016 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

30-Sept-2016 Lab Results	Thyroid function test		
	Serum C reactive protein level(HKMW4810) - Normal:		
	GFR calculated abbreviatd MDRD>90 eGFR: If of Afro-Caribbean origin multiply by 1.2(HKMW4810) - Normal:		
	Thyroid function test(HKMW4810) - Normal:		
	Serum TSH level, 1.90 mu/L	1.9 mu/L	(Range: 0.27 - 4.2)
	Renal function tests(HKMW4810) - Normal:		
	Serum sodium	143 mmol/L	(Range: 133 - 146)
	Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
	Serum urea level	2.8 mmol/L	(Range: 2.8 - 7.8)
	Serum creatinine	66 umol/L	(Range: 44 - 80)
	Liver function test(HKMW4810) - Normal:		
	Serum total protein	63 g/L	(Range: 63 - 82)
	Serum albumin	43 g/L	(Range: 35 - 50)
	Serum globulin	20 g/L	(Range: 17 - 35)
	Serum bilirubin level	10 umol/L	(No range available)
	Serum alkaline phosphatase	63 iu/L	(Range: 30 - 130)
	Serum ALT level	24 iu/L	(No range available)

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03-Oct-2016 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

30-Sept-2016 Lab Results	HbA1c levl - IFCC standardised **HbA1c levl - IFCC standardised**HbA1c: Range given is target range for patients with DM. WHO standards for diagnosis of DM: HbA1c 48 mmol/mol and above diagnostic of DM HbA1c 42 47 mmol/mol high risk of DM(HKMW4810) - Normal not diabetic:	

30-Sept-2016 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Radiology Royal Berkshire NHS Trust Radiology Beale, ******	
Additional	Seen in radiology department	

30-Sept-2016 Dr Anne Maloney (AM) Eastfield House SurgeryGP Surgery

History	History lower abdo discomfort, aching, legs ache, no energy, 4d+	
History	History worried about eating ahbits, works long hours & cant get a break to eat.	
History	History BOR, no diarrhoea, feels nauseated, no upper GI Sx	
History	History no cough, SOB	
History	History no urinary Sx or vag d/c - hyst next year	
History	Cigarette smoker	15 /day
Examination	Blood oxygen saturation	99 %
Examination	Examination chest monophonic wheeze R MZ, nil else	
Examination	Examination abdo gen tender lower abdo, no guarding or rigidity	
Comment	Comment check urine dip, bloods & CXR, see OGP with results please	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Test Request	Unknown specimen	

30-Sept-2016 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Lab Results	Full blood count - FBC **Full blood count - FBC**(HKMW4810) - Normal:		
	Haemoglobin estimation	146 g/L	(Range: 115 - 160)
	Total white cell count, 8.70 10*9/L	8.7 10*9/L	(Range: 4 - 10.5)
	Platelet count	188 10*9/L	(Range: 145 - 400)
	Mean corpuscular volume (MCV)	97.5 fL	(Range: 80 - 101)
	Haematocrit, 0.440	0.44	(Range: 0.36 - 0.46)
	Red blood cell (RBC) count	4.52 10*12/L	(Range: 4 - 5.2)
	Mean corpusc. haemoglobin(MCH)	32.3 pg	(Range: 27 - 35)
	Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 310 - 360)
	Neutrophil count	6.07 10*9/L	(Range: 1.8 - 7.5)
	Lymphocyte count	1.84 10*9/L	(Range: 1.3 - 4)
	Monocyte count	0.66 10*9/L	(Range: 0.2 - 0.8)
	Eosinophil count	0.09 10*9/L	(Range: 0.02 - 0.4)
	Basophil count	0.02 10*9/L	(No range available)

27-July-2016 Mrs Pamela McNish (PM) Eastfield House SurgeryGP Surgery

Comment	Verruca plantaris (Bilateral)	
Comment	Comment large areas of callosity, painful to walk	
Comment	Comment Adv re poor response, try 3 treatments	

01-Apr-2016 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Letter BHFT Physiotherapy ***** Groves*	
Additional	Discharge summary report	

31-Mar-2016 Dr Helen Wallis (HW) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Refer to physiotherapist . *Referral Type: Outpatient*	

30-Mar-2016 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History has woken up with a lump on her L elbow	
History	History slightly painful	
Problem	Olecranon bursitis (Left)	
Comment	Mentor topic printed: Olecranon Bursitis (Student's Elbow), PILSL496 (Version=39)	
Comment	Comment advice	
Examination	Examination T 36.6	
Examination	Examination nontender L olecranon bursitis	
Assessment	Alcohol screen - AUDIT C completed	
Additional	Alcohol use disorder identificatn test consumptn questionnre	1 /12
Document	Refer to physiotherapist *Emis-PhysioReferral*	

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11-Nov-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter West Berkshire Community Hospital Podiatry*
Additional	Seen by podiatrist

17-Aug-2015 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History hand eczema ++
History	History also very bitten nails
History	History has not been back to work as thought she was signed off till 25th Aug
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: postoperative; Duration 13/08/2015 - 25/08/2015)*
Medication	Medication (NOT ISSUED) Hydrocortisone 1% cream Apply Thinly Twice A Day As Directed, 30 gram
Examination	Examination very dry hand eczema - no sign of any infection today

27-July-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter The Churchill Hospital Oncology*
Additional	Seen in oncology clinic

13-July-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter The Churchill Hospital Oncology*
Additional	Seen in oncology clinic

13-July-2015 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History Has been cleaning at work
History	History very stressed
History	History stomach pains - assoc nausea, no vomit
History	History BOR, no change
History	History biting her nails
History	History not entitled to sick pay as hasn't been there long enough - sainsburys - has been working there 9 months
History	History hysterectomy 3m ago
History	History has had omep in past which helped
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: stress; Duration 13/07/2015 - 13/08/2015)*
Comment	Comment went back to work last week for 1 day following hysterectomy
Comment	Comment hasn't been back since - has been waiting for an appointment with me

09-July-2015 Dr Sanjeev Agrawalla (SANJ) Eastfield House SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: D&V; Duration 09/07/2015 - 14/07/2015)*
History	History D&V past week, sx now settled however still not right - ***** food, med3, advice

25-Jun-2015 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral letter *re verruca*

25-Jun-2015 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Awaiting collection:letter to *CAB - enclosing appointment request details*

25-Jun-2015 Dr Sanjeev Agrawalla (SANJ) Eastfield House SurgeryGP Surgery

Problem	C/O: a rash
History	History on hands - itchy, longstanding - scaly - online shopper at sainsburys - oe likely fungal - try creams and rv asd
Problem	Verruca plantaris (Right)
History	History causing pain, was referred to podiatry last year however mixup so never went - keen for further referral
Problem	Vaginal hysterectomy
History	History abd discomfort past week - assoc with increased activities, some temp sx hwoever otherwise well, no bleeding, wounds intact
History	History oe abd tender however no rebound, haemodynamically stable, pulse reg 76/min, apyrexial
History	History options and advice, med3 and rv ogp next week safetynetting
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Vaginal hysterectomy; Duration 25/06/2015 - 05/07/2015)*

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25-Jun-2015 Dr Sanjeev Agrawalla (SANJ) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Refer to podiatry . *Referral Type: Outpatient*
Document	CAB Letter (25-Jun-2015)
	CAB UBRN 000266507245 for Refer to podiatry

09-Jun-2015 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History 4 weeks postop - vaginal hysterectomy and ovaries left in situ
History	History was getting severe dysmenorrhoea
History	History feeling so much better
History	History feeling restless past week
History	History has been resting - needs cert for 2w then 1m light duties only
Document	eMED3 (2010) new statement issued, not fit for work
	Fit Note Document (Diagnosis: postoperative; Duration 09/06/2015 - 23/06/2015)
Problem	Vaginal hysterectomy
Examination	Examination nontender abdomen

19-May-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment
	Outpatient Dermatology Royal Berkshire NHS Trust Dermatology Beale, null
Additional	Seen in dermatology clinic

14-May-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment
	*Inpatient Discharge Summary Royal Berkshire NHS Trust Gynaecology *****, *****, Beale*
Additional	Discharge summary report

13-May-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment
	*Inpatient Discharge Summary Royal Berkshire Hospital Gynaecology *****, *****, Beale*
Additional	Discharge summary report

16-Apr-2015 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment
	Clinical Letter West Berkshire Community Hospital Gynaecology
Additional	Letter encounter

18-Mar-2015 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral letter
	re menorrhagia and dysmenorrhoea

18-Mar-2015 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Letter sent to patient
	CAB - enclosing appointment request details

18-Mar-2015 Mrs Debbie Morris (DM) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Dictated on tape:letter to
	Sainsbury's

17-Mar-2015 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History no longer vomiting - some improvement in epigatric pain
History	History central abdo pains - started during the night last night and has been unable to sleep
History	History due period but hasn't started yet
History	History increased urinary freq, sometimes dysuria
History	History BOR every day - no blood or mucus
Examination	Examination T 37.0
Examination	Examination urine NAD
Examination	Examination PV bulky uterus+++
Examination	Examination feels like fundus above umbilicus
Examination	Examination tender
Test Request	Unknown specimen
Comment	Comment letter to Sainsburys online shopper manager

17-Mar-2015 Dr Helen Wallis (HW) Eastfield House SurgeryAdministration note

Referral	Gynaecological referral . *Referral Type: Outpatient*
Document	CAB Letter (17-Mar-2015)
	CAB UBRN 000262869590 for Gynaecological referral

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12-Mar-2015 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

11-Mar-2015	Lab Results	Full blood count - FBC		
		Full blood count - FBC(HKMW4810) - Satisfactory:		
		Haemoglobin estimation	136 g/L	(Range: 115 - 160)
		Total white cell count, 8.10 10*9/L	8.1 10*9/L	(Range: 4 - 10.5)
		Platelet count	198 10*9/L	(Range: 145 - 400)
		Mean corpuscular volume (MCV)	100.4 fL	(Range: 80 - 101)
		Haematocrit	0.417	(Range: 0.36 - 0.46)
		Red blood cell (RBC) count	4.15 10*12/L	(Range: 4 - 5.2)
		Mean corpusc. haemoglobin(MCH)	32.6 pg	(Range: 27 - 35)
		Mean corpusc. Hb. conc. (MCHC)	325 g/L	(Range: 310 - 360)
		Neutrophil count	4.98 10*9/L	(Range: 1.8 - 7.5)
		Lymphocyte count	2.27 10*9/L	(Range: 1.3 - 4)
		Monocyte count	0.69 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.11 10*9/L	(Range: 0.02 - 0.4)
		Basophil count	0.04 10*9/L	(No range available)

12-Mar-2015 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

11-Mar-2015	Lab Results	Blood haematinic levels		
		Blood haematinic levels(HKMW4810) - Satisfactory:		
		Serum ferritin	25 ug/L	(Range: 13 - 150)
		Serum C reactive protein level(HKMW4810) - Satisfactory:		

10-Mar-2015 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

Additional	No consent - influenza imm.		
Additional	Seasonal influenza vaccination declined		
History	History Has continued to have pains		
History	History thinks it's her stomach - has been vomiting		
History	History unable to go to work - online shopper for Sainsburys - night shifts - has been threatened as not working quickly enough and facing disciplinary - thinks may be stress related		
History	History Never drinks		
History	History Takes soluble paracetamol for pains - avoids NSAIDs - can't swallow tablets		
History	History no haematemesis		
History	History agg by food		
History	History had H pylori in past and triple therapy		
Examination	Examination very tender in epigastrium, no mass		
Examination	Examination generalised RUQ and central abdo tenderness		
Examination	O/E - weight	57.5 kg	
Examination	Body mass index	20.5 kg/m2	
Problem	Dysmenorrhoea (Worse)		
History	History congestive dysmenorrhoea		
History	History increased flow in past few months		
History	History reg cycle - once a month - last 6 days		
Test Request	Unknown specimen		
Problem	Dyspepsia		

05-Mar-2015 Dr Matthew Degnan (MD) Eastfield House SurgeryGP Surgery

History	Dysmenorrhoea	
History	History periods heavier and more painful over last few months.	
History	History Still regular.	
History	History No bloating.	
History	History Pain starts in lower abdo about 1/52 before period starts, continues through period.	
Comment	Comment adv re NSAIDs.	
Comment	Comment Trial tran acid for next period.	
Comment	Comment rinb.	
Assessment	Alcohol screen - AUDIT C completed	
Additional	Alcohol use disorder identificatn test consumptn questionnre	1 /12

31-Dec-2014 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter West Berkshire Community Hospital Podiatry*
Additional	Seen by podiatrist

25-Nov-2014 Mrs Pamela McNish (PM) Eastfield House SurgeryGP Surgery

Comment	Skin lesion ?keratocanthoma - awaiting results
Comment	Comment Exc 1w ago
Comment	[V]Removal of sutures - partly removed already
Comment	Comment Fragile wound, leave undisturbed for 4d, review if worried, no inflammation

03-Nov-2014 Mrs Karen Winsor (KEW) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral letter *Chiropody-Podiatry Referral*

THIRD PARTY COPY

03-Nov-2014 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History has had very thickened skin on hands - oilatum helps - intermittent
History	History new job at sainsburys as home shopping assistant
History	History also has thickened patch of skin++ plantar area both feet
History	History awaiting removal of keratoacanthoma on forehead - 18/11/14 - WBCH
History	History Has had fresh blood PR last week - all settled now
History	History BOR, alt dle,
Examination	Examination large kreatoacanthoma forehead
Examination	Examination bilat very hard skin patches over metatarsal heads L&R 2/3rd, tender, low arches
Examination	Examination PR several supf piles, no fissure, none bleeding
Examination	Examination PR no mass, no blood
Problem	Piles - haemorrhoids
Referral	Refer to podiatry . *Referral Type: Outpatient*
Document	e-RS Letter (03-Nov-2014) *NHS e-Referral UBRN 000258270100 for Refer to podiatry*

03-Nov-2014 Dr Helen Wallis (HW) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	Refer to podiatry . *Referral Type: Outpatient*

27-Oct-2014 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Outpatient Dermatology Royal Berkshire NHS Trust Dermatology Beale, null*
Additional	Seen in dermatology clinic

13-Oct-2014 Mrs Liz Pope (EAP) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	2 week rule referral *fast growing lesion central forehead*

13-Oct-2014 Mrs Liz Pope (EAP) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Document	Letter sent to patient *patient survey*

13-Oct-2014 Dr Bruce Letham (BBL) Eastfield House SurgeryAwaiting clinical code migration to EMIS Web

Referral	2 week rule referral - skin . *Referral Type: Outpatient*
Document	CAB Letter (13-Oct-2014) *CAB UBRN 000257512919 for 2 week rule referral - skin*

11-Oct-2014 Dr Bruce Letham (BBL) Eastfield House SurgeryGP Surgery

Problem	Keratoacanthoma
Social	Cigarette smoker 15 /day
Additional	Smoking cessation advice
History	History 2 weeks fast growing lump Central forehead - discharged initially green then white
History	History No Lump before
Examination	Examination Clinically Keratoacanthoma
Examination	Examination ? Infected lesion
Comment	Comment Cannot take tabs - oral antibiotics & Refer 2 week rule
Comment	Comment Cancel if better
Comment	Comment Rash wrists legs earlier in year [? was Lichen planus

18-Aug-2014 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Berkshire Health Care* *****
Additional	Letter encounter

02-Apr-2014 Dr Emma Featherstone (EVF) Awaiting clinical code migration to EMIS Web

24-Mar-2014	Lab Results	Microbiology **Microbiology**Reported by: Dr A.R. ***** Cytomegalovirus IgM: Negative Antistreptolysin O titre: 100 EB VCA IgG: POSITIVE EBV IgM: Negative EBNA IgG: POSITIVE Parvovirus IgG: POSITIVE Parvovirus IgM: Negative Suggests past (NOT recent) infection with Epstein Barr virus Antibody to Parvovirus B19 DETECTED Suggests past (NOT recent) infection with Parvovirus Normal ASO titre: < 201 If onset is recent, consider sending a convalescent sample. Final report.(EVF4810) - Satisfactory.

DRAFT COPY

26-Mar-2014 Dr Katie Beale (KB) Awaiting clinical code migration to EMIS Web

24-Mar-2014	Lab Results	Protein electrophoresis		
		Protein electrophoresis(KB4810) - Satisfactory:		
		Serum protein electrophoresis Normal pattern. No paraprotein detected.		(No range available)
		IgG(KB4810) - Satisfactory:		
		IgA(KB4810) - Satisfactory:		
		IgM(KB4810) - Satisfactory:		

25-Mar-2014 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

24-Mar-2014	Lab Results	Renal function tests		
		Renal function tests(HKMW4810) - Satisfactory:		
		Serum sodium	138 mmol/L	(Range: 133 - 146)
		Serum potassium	5.3 mmol/L	(Range: 3.5 - 5.3)
		Serum urea level	3.5 mmol/L	(Range: 2.8 - 7.8)
		Serum creatinine	69 umol/L	(Range: 44 - 80)
		Liver function test(HKMW4810) - Satisfactory:		
		Serum total protein	63 g/L	(Range: 63 - 82)
		Serum albumin	40 g/L	(Range: 35 - 50)
		Serum globulin	23 g/L	(Range: 17 - 35)
		Serum bilirubin level	7 umol/L	(No range available)
		Serum alkaline phosphatase	67 iu/L	(Range: 30 - 130)
		Serum ALT level	22 iu/L	(No range available)
		Serum C reactive protein level(HKMW4810) - Satisfactory:		
		GFR calculated abbreviatd MDRDeGFR: If of Afro-Caribbean origin multiply by 1.2(HKMW4810) - Satisfactory:		

25-Mar-2014 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

24-Mar-2014	Lab Results	Full blood count - FBC		
		Full blood count - FBC(HKMW4810) - Satisfactory:		
		Haemoglobin estimation	133 g/L	(Range: 115 - 160)
		Total white cell count, 9.10 10*9/L	9.1 10*9/L	(Range: 4 - 10.5)
		Platelet count	184 10*9/L	(Range: 145 - 400)
		Mean corpuscular volume (MCV)	99.6 fl	(Range: 80 - 101)
		Haematocrit	0.401	(Range: 0.36 - 0.46)
		Red blood cell (RBC) count	4.03 10*12/L	(Range: 4 - 5.2)
		Mean corpusc. haemoglobin(MCH)	33.1 pg	(Range: 27 - 35)
		Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 310 - 360)
		Neutrophil count, 6.40 10*9/L	6.4 10*9/L	(Range: 1.8 - 7.5)
		Lymphocyte count, 1.70 10*9/L	1.7 10*9/L	(Range: 1.3 - 4)
		Monocyte count, 0.90 10*9/L	**0.9 10*9/L**	**(Range: 0.2 - 0.8)**
		Eosinophil count, 0.10 10*9/L	0.1 10*9/L	(Range: 0.02 - 0.4)
		Basophil count, 0.00 10*9/L	0 10*9/L	(No range available)

19-Mar-2014 Dr Anne Maloney (AM) Eastfield House SurgeryGP Surgery

History	History rash started on arms/wrists 3m ago
History	History gradually moving proximally, itchy
History	History initially red & sore then becomes scaly.
History	History ***** ?strep infection
Test Request	Unknown specimen
Test Request	Unknown specimen
Test Request	Unknown specimen
Examination	Examination erythematous lesions scattered papules, some scale esp on older lesions
Comment	Comment PLEVA /PLC ??LP - nil in mouth, ??psoriasis - nil in scalp etc.
Comment	Comment top steroid, look for underlying cause, see me 4w

17-Mar-2014 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

History	History still has lesions R forearm
History	History now also on lower limbs
History	History still itchy
History	History red then turn scaley and fade
History	History now present since new yesr - gradually spreading
History	History no preceding URTI
Examination	Examination blanching scaley individual lesions - R forearm and face, R lower leg
Comment	Comment ?? guttate psoriasis but appear to *****
Comment	Comment no real improvement with eumovate
Comment	Comment Please could AM see to assist with diagnosis

22-Jan-2014 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Referral Form NHS Berkshire Smoking Cessation*
Additional	Referral

22-Jan-2014 Ms Angela Slattery (AS) Eastfield House SurgeryGP Surgery

Examination	Referral to smoking cessation advisor

THIS IS A PART COPY

21-Jan-2014 Dr Helen Wallis (HW) Eastfield House SurgeryGP Surgery

Social	Cigarette smoker	15 /day
Social	Alcohol consumption	4 U/week
Additional	Smoking cessation advice	
Additional	Health ed. - alcohol	
Additional	Trying to give up smoking	
Examination	O/E - weight	57 kg
Examination	Body mass index	20.3 kg/m2
Examination	Examination no ***** seen	
Examination	Examination psmall 2-3mm patches red and scaley, sl raised	
Examination	Examination icthyotic palms	
Examination	Examination poss ecematous	
Assessment	Alcohol screen - AUDIT C completed	
Result	Alcohol use disorder identificatn test consumptn questionnre	4 /12
History	History itchy rash hands and forearms past 3w	
History	History spreading to lower limbs	

09-Dec-2013 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter EASTFIELD HOUSE SURGERY ***** Identification*
Additional	Letter encounter from patient

25-Oct-2013 Dr Ursula Treadgold (UT) Eastfield House SurgeryGP Surgery

History	History Past few days itchy right ear and muffled hearing
History	History Sore in front of the ear also
Examination	Examination Right ear otitis externa, inflamed ear canal and some discharge, drum normal
Examination	Examination Gland in front of ear enlarged
Comment	Comment Advice
Problem	Infective otitis externa

05-Feb-2013 Dr Katie Beale (KB) Awaiting clinical code migration to EMIS Web

Problem	Did not attend - no reason

10-Nov-2011 Mrs Julia Anderson (JA) Awaiting clinical code migration to EMIS Web

Additional	Additional Smear Non-responder Patient 4908.rtf

20-Oct-2011 Mrs Julia Anderson (JA) Awaiting clinical code migration to EMIS Web

Additional	Additional Recall-Personal Smear Patient 4908.rtf

29-Sept-2011 Mrs Julia Anderson (JA) Awaiting clinical code migration to EMIS Web

Additional	Recall-Normal smear Patient 4908.rtf *Recall-Normal smear Patient 4908.rtf*

10-Aug-2011 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Did not attend - no reason

27-July-2011 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

History	History epigastric pains rad to back and lower back. no BO past week. Has been eating properly but poor appetite. smoker 15/day. drinks few beers at weekend. 10pints.
History	History no BO past week. single episode fresh red blood last week
Examination	Examination apyrexial, tender epigastrium, no mass, PR small amount hard stool, no blood, healthy perianal skin, no fissures
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg
Medication	Medication Laxido Orange Oral Powder Sachets Sugar Free
Comment	Comment review 2w
Additional	Medication review

22-Nov-2010 Mr PCTI DOCMAN (DME4810A) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Flu Vaccination Notification Boots Immunisation*
Additional	Seasonal influenza vaccin given by other healthcare provider

19-Oct-2010 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional	Patient File Attachment *TR CONSULTATION 16 8 10(TRCONSULTATION16810.tif)*

THIRD PARTY COPY

02-Dec-2009 Dr Katie Beale (KB) Awaiting clinical code migration to EMIS Web

Problem	Divergent squint
History	History contact of hep c,female,sexual *****.nom known blood exchange .concerned ,wants to be tested for hep c.contact in aug.also left lazy eye as a child
History	History had op ?what ,recently over the last year feels eyesight has changed.needs opticians appt
Examination	Examination left divergent squint.
Comment	Comment review with opticians appt

23-Apr-2009 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

Medication	Medication Augmentin 250/62 Sf Sugar Free Suspension 250
Problem	Boil NOS
History	History sub mental tender swelling chin swollen t36 not toxic min malaise

22-Apr-2009 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

Problem	Did not attend - no reason

30-Mar-2009 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

History	History dental abscess
History	History has appt booked w dentist. has taken ibuprofen. has had prev dental abscess
Medication	Medication Amoxicillin Oral Suspension 250 mg/5 ml

23-Feb-2009 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

26-Sept-2008 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional	Patient File Attachment *RBH CS 2-9-08(RBHCS2908.tif)*

25-Sept-2008 Mrs Debbie Morris (DM) Awaiting clinical code migration to EMIS Web

Additional	Smear Result Negative - 3or5 year recall Patient 4908.rtf *Smear Result Negative - 3or5 year recall Patient 4908.rtf*

02-Sept-2008 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Template entry	Template entry Cervical neoplasia screen G.P.Surgery
Template entry	Template entry Cervical smear taken Dr H *****

02-Sept-2008 Dr Bruce Letham (BBL) Awaiting clinical code migration to EMIS Web

23-Sept-2008 Lab results	Lab results
23-Sept-2008	**Cerv Smear-negative**NO DYSKARYOTIC CELLS SEEN. NO ENDOCERVICAL/METAPLASTIC CELLS SEEN. Management suggested: repeat in 3 yearsSATISFACTORY:

27-Aug-2008 Mrs Julie Herbert (JH) Awaiting clinical code migration to EMIS Web

Additional	2nd personal smear letter *2nd personal smear letter*

03-July-2008 Ms Christine Gore (CANG) Awaiting clinical code migration to EMIS Web

Additional	1st personal smear letter.rtf *1st personal smear letter*

09-May-2008 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Helicobacter serology positive
Medication	Medication Clarithromycin Tablets 500 mg
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg
Comment	Comment doesnt like taking tablets but prepared to try

06-May-2008 Mrs Julie Herbert (JH) Awaiting clinical code migration to EMIS Web

Additional	Recall - Abnormal smear history letter Patient 4908.rtf *Recall - Abnormal smear history letter Patient 4908.rtf*

THIRD PARTY COPY

24-Apr-2008 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

29-Apr-2008	Lab results	Lab results		
28-Apr-2008	Lab results	Lab results		
26-Apr-2008	Lab results	Lab results		
	Lab results	Lab results		
29-Apr-2008		**Microbiology**Reported by: ***** ***** Helicobacter antibody: POSITIVE Antibody to Helicobacter pylori DETECTED Final report.SATISFACTORY, H pylori positive:		
28-Apr-2008		**Liver function test**REPEAT TEST, specimen damaged. repeat sample if no better.		
		Serum total protein Haemolysed Specimen		(No range available)
		Serum albumin Haemolysed Specimen		(No range available)
		Serum globulin Haemolysed Specimen		(No range available)
		Serum bilirubin level Haemolysed Specimen		(No range available)
		Serum alkaline phosphatase Haemolysed Specimen		(No range available)
		ALT/SGPT serum level Haemolysed Specimen		(No range available)
25-Apr-2008		**Full blood count - FBC**SATISFACTORY:		
		Haemoglobin estimation	15.1 g/dL	(Range: 11.5 - 16)
		Total white cell count	8.59 10*9/L	(Range: 4 - 10.5)
		Platelet count	214 10*9/L	(Range: 145 - 400)
		Mean corpuscular volume (MCV)	95.7 fL	(Range: 80 - 98)
		Haematocrit	0.441	(Range: 0.36 - 0.46)
		Red blood cell (RBC) count	4.61 10*12/L	(Range: 4 - 5.2)
		Mean corpusc. haemoglobin(MCH)	32.8 pg	(Range: 25 - 35)
		Mean corpusc. Hb. conc. (MCHC)	34.2 g/dL	(Range: 31 - 36)
		Neutrophil count	5.85 10*9/L	(Range: 1.8 - 7.5)
		Lymphocyte count	2.11 10*9/L	(Range: 1.3 - 4)
		Monocyte count	0.48 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.13 10*9/L	(Range: 0.02 - 0.4)
		Basophil count	0.02 10*9/L	(No range available)

23-Apr-2008 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

Medication	Medication Omeprazole Dispersible (Gastro-Resistant) Tablets
Problem	Epigastric pain
History	History epigastric pain persists as feb visit but no diarrh cont smoke wt loss 1st 6months
History	History abdo nad mln tender epigastrium for HB AB test ppi see 2w

03-Apr-2008 Mrs Julie Herbert (JH) Awaiting clinical code migration to EMIS Web

Additional	Recall - Abnormal smear history letter.Patient 4908.rtf
	Recall - Abnormal smear history letter.Patient 4908.rtf

05-Feb-2008 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Epigastric pain
History	History vomiting and diarrhoea since past 5d. worse past 3d. severe pain and vomiting about every 6h. no better w ranitidine which has had for similar pain in past. last vomited 2d ago. smokes 15/day. alc 10 units week (beer)
Examination	Examination mln tender epigastruim. also tender over xiphisternum. apyrexial, no mass
Medication	Medication Ranitidine Effervescent Tablets 150 mg

10-Aug-2007 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Abdominal pain
History	History temp and vomiting past 3d. dark urine, incr freq, no dysuria. no diarrhoea, app poor. pain L upper quadrant and lower ant chest
Examination	Examination tender L upper quadrant, rattling chest, pyrexial
Examination	Examination no lower abdo t'ness, no guarding, no mass
Medication	Medication Co-Amoxiclav 250/62 Sugar Free Suspension 250 mg
Comment	Comment assume pyelonephritis as tender LUQ.

02-Apr-2007 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Wax in ear
History	History bilat waxy ears, R sore since tried to lift out wax w cotton bud
Examination	Examination no OE. pinna min inflamed on R. both canals full of wax
Medication	Medication Olive Oil.Ear Drops
Problem	Hand eczema
History	History very dry, scaley hands, some cracking. longstanding, no better w vaseline at night
Medication	Medication Clobetasol Propionate Ointment 0.05 %
Medication	Medication Aqueous Cream

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30-Jan-2007 Dr Bruce Letham (BBL) Awaiting clinical code migration to EMIS Web

Problem	Suspected UTI	
Medication	Medication Cefalexin Oral Suspension 250 mg/5 ml	
History	History 2 days Lain under L Ribs	
History	History No anorexia No Nausea . Urinary frequency & Urgency	
Examination	Examination Pain L Hypochondrium ***** - Mild Tender L Loin & L Hypochondrium	
Examination	Examination Chest clear p 70 reg	
Template entry	Cigarette smoker	20 per day
Template entry	Smoking cessation advice	
Template entry	Ideal weight	64.6 Kg
Template entry	Alcohol consumption	4 units/week
Template entry	Urine protein test = +	
Template entry	Urine glucose test negative	
Template entry	Urine blood test = negative	
Comment	Comment Not Take tabs Fluids	
Comment	Comment See if not Clear	
Comment	Comment MSU - She ring	
Comment	Comment Advice re Cx Smear	

30-Jan-2007 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

02-Feb-2007	Lab results	Lab results
02-Feb-2007		**Microbiology**Reported by: Dr Nilangi Virgincar WBCs 719 per cu mm (0 - 40) RBCs 134 per cu mm (0 - 45) Epithelial cells: 18 per cu mm (0 - 100) 1. >100,000 organisms/ml Escherichia coli 2. 3. 4. 1. 2. 3. 4. Trimethoprim S Amoxicillin S Nitrofurantoin S Cephradine S Final reportON CORRECT TREATMENT, CONFIRMS INFECTION:

14-Dec-2006 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

Medication	Medication Flucloxacillin Oral Suspension 250 mg/5 ml	
Problem	Infected sebaceous cyst	
History	History inf sebcyst nape no all stomach settled adv cont ranitidine with ab see if needs exc	

13-Dec-2006 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

19-Dec-2006	Lab results	Lab results		
14-Dec-2006	Lab results	Lab results		
	Lab results	Lab results		
19-Dec-2006		**Microbiology**Reported by: Helicobacter antibody: Equivocal Please repeat if clinically indicated Final report.NO INFECTION DETECTED:		
15-Dec-2006		**Full blood count - FBC**NORMAL:		
		Haemoglobin estimation	14.5 g/dL	(Range: 11.5 - 16)
		Total white cell count	8.32 10*9/L	(Range: 4 - 10.5)
		Platelet count	204 10*9/L	(Range: 145 - 400)
		Mean corpuscular volume (MCV)	**98.2 fL**	**(Range: 80 - 98)**
		Haematocrit	0.433	(Range: 0.36 - 0.46)
		Red blood cell (RBC) count	4.41 10*12/L	(Range: 4 - 5.2)
		Mean corpusc. haemoglobin(MCH)	32.9 pg	(Range: 25 - 35)
		Mean corpusc. Hb. conc. (MCHC)	33.5 g/dL	(Range: 31 - 36)
		Neutrophil count	6.32 10*9/L	(Range: 1.8 - 7.5)
		Lymphocyte count	1.4 10*9/L	(Range: 1.3 - 4)
		Monocyte count	0.5 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.09 10*9/L	(Range: 0.02 - 0.4)
		Basophil count	0.01 10*9/L	(No range available)
		Renal function testsNORMAL:		
		Serum sodium	143 mmol/L	(Range: 134 - 145)
		Serum potassium	5.1 mmol/L	(Range: 3.6 - 5.3)
		Serum urea level	3.1 mmol/L	(Range: 2.8 - 7)
		Serum creatinine	90 umol/L	(Range: 62 - 133)
		Liver function testNORMAL:		
		Serum total protein	**62 g/L**	**(Range: 63 - 82)**
		Serum albumin	41 g/L	(Range: 35 - 49)
		Serum globulin	21 g/L	(Range: 17 - 35)
		Serum bilirubin level	5 umol/L	(No range available)
		Serum alkaline phosphatase	82 iu/L	(Range: 38 - 126)
		ALT/SGPT serum level	27 iu/L	(Range: <56)

08-Dec-2006 Dr J Paton (JP) Awaiting clinical code migration to EMIS Web

Problem	Epigastric pain
History	History worsening over last few months
History	History not much alcohol, nausea, occ vomiting
Examination	Examination tender epigastrium,
Examination	Examination chest clear,
Medication	Medication Ranitidine Effervescent Tablets 150 mg
Comment	Comment check h pylori

PART COPY

13-Dec-2005 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
X-RAY-NORMAL-9-12-05(XRAYNORMAL91205.tif)

08-Dec-2005 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
WESTCALL-ROUTINE-7-12-05(WESTCALLROUTINE71205.tif)

11-July-2005 Mrs Julie Herbert (JH) Awaiting clinical code migration to EMIS Web

Additional 2nd PERSONAL SMEAR LETTER
2nd PERSONAL SMEAR LETTER

03-Apr-2004 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
X RAY NORMAL 15-3-04(XRAYNORMAL15304.tif)

24-Mar-2004 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
WBH X-RAY 15-3-04 NORMAL(WBHXRAY15304NORMAL.tif)

15-Mar-2004 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem ***** - means NOS
History History thrown out of nightclub and ran away from *****, who then restrained her with handcuffs, thrown onto ground.
Examination Examination abrasions X3 R side of face, not KO'd, minor bruising lower limbs, L elbow swollen and tender with min movement. ??#
Comment Comment MIU with card

05-Nov-2003 Mrs Julie Herbert (JH) Awaiting clinical code migration to EMIS Web

Additional 1ST PERSONAL SMEAR LETTER
1ST PERSONAL SMEAR LETTER

20-Aug-2003 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

Medication Medication Flucloxacillin Capsules 250 mg
History History urgent appt.....
History History inf shin -injury few days ago no alls no meds

09-Apr-2003 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem Gastritis unspecified
Medication Medication Cimetidine Tablets 400 mg
Medication Medication Clobetasol Propionate Ointment 0.05 %

12-Nov-2002 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
CMHN-SEWELL-01-11-02(CMHNSEWELL011102.tif)

31-Oct-2002 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
NCMHS-SEWELL-17-10-02(NCMHSSEWELL171002.tif)

21-Oct-2002 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
*CARE-LINK-*****-SEWELL-07-10-02(CARELINKWORKERSEWELL071002.tif)*

17-Oct-2002 Any Doctor (or unspecified) (C564) Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
*VARE-LINK-*****-SEWELL-07-10-02(VARELINKWORKERSEWELL071002.tif)*

30-Sept-2002 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem Anxiety with depression improving feels calmer but sleep still poor try taking citalopram in am

11-Sept-2002 Mrs Jackie Steed (JS) Awaiting clinical code migration to EMIS Web

Additional Depression wishing for counselling
Depression wishing for counselling

11-Sept-2002 Mrs Jackie Steed (JS) Awaiting clinical code migration to EMIS Web

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04-Sept-2002 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Problem	Anxiety with depression	
Medication	Medication	Citalopram Hydrobromide Tablets 10 mg
Medication	Medication	Amitriptyline Hydrochloride Tablets 10 mg
Medication	Medication	Clobetasol Propionate Ointment 0.05 %
Additional	O/E - pompholyx feet	
Problem	Pompholyx unspecified feet	

16-Apr-2002 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Medication Medication Magnesium Trisilicate Mixture Liquid

25-May-2000 Dr D J Davies (DJD) Awaiting clinical code migration to EMIS Web

03-Dec-1999 Dr Helen Wallis (HW) Awaiting clinical code migration to EMIS Web

Medications (inc. issues)

Acute

16-Apr-2026 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

06-Mar-2026 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

06-Feb-2026 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

14-Jan-2026 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

08-Dec-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

03-Nov-2025 Flucloxacillin 500mg capsules
20 capsule - One To Be Taken Four Times A Day

02-Nov-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

21-Sept-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

12-Aug-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

17-July-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

10-Jun-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

06-May-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

08-Apr-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

07-Mar-2025 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

16-Apr-2026 Brava elastic tape 12070 (Coloplast Ltd)
60 plaster - use as directed

16-Sept-2022 Nitrofurantoin 25mg/5ml oral suspension sugar free
280 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

Repeat

22-Apr-2026 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

16-Apr-2026 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

16-Apr-2026 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

11-Mar-2026 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

06-Mar-2026 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

06-Mar-2026 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

THIRD PARTY COPY

06-Feb-2026 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

06-Feb-2026 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

28-Jan-2026 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

14-Jan-2026 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

14-Jan-2026 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

18-Dec-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

13-Dec-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

08-Dec-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

08-Dec-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

12-Nov-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

02-Nov-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

02-Nov-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

16-Oct-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

21-Sept-2025 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

21-Sept-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

21-Sept-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

15-Sept-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

12-Aug-2025 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

12-Aug-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

12-Aug-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

12-Aug-2025 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

12-Aug-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

17-July-2025 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

17-July-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

17-July-2025 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

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30 device - As Directed

15-July-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

10-Jun-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

10-Jun-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

10-Jun-2025 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

10-Jun-2025 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

10-Jun-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

08-May-2025 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

07-May-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

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06-May-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

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150 ml - 5 ml (25mg) To Be Taken At Night

12-Feb-2025 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

22-Jan-2025 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

22-Jan-2025 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

22-Jan-2025 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

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150 ml - 5 ml (25mg) To Be Taken At Night

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25 gram - As Directed

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08-Nov-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

06-Nov-2024 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

06-Nov-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

06-Nov-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

06-Nov-2024 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

21-Oct-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

02-Oct-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

02-Oct-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

02-Oct-2024 Brava ostomy powder 1907 (Coloplast Ltd)
25 gram - As Directed

02-Oct-2024 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

05-Sept-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

30-Aug-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

30-Aug-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

30-Aug-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

05-Aug-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

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26-July-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

26-July-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

26-July-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

03-July-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

21-Jun-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

21-Jun-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

21-Jun-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

05-Jun-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

23-May-2024 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

23-May-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

23-May-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

23-May-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

01-May-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

17-Apr-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

17-Apr-2024 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

17-Apr-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

17-Apr-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

06-Apr-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

13-Mar-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

13-Mar-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

13-Mar-2024 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

13-Mar-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

23-Feb-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

21-Feb-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

21-Feb-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

21-Feb-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

01-Feb-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

17-Jan-2024 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

17-Jan-2024 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

17-Jan-2024 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

04-Jan-2024 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

07-Dec-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

07-Dec-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

07-Dec-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

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04-Dec-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

13-Nov-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

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2 x 25 gram - As Directed

05-Nov-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

10-Oct-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

10-Oct-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

10-Oct-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

05-Oct-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

11-Sept-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

08-Sept-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

08-Sept-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

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40 device - As Directed

17-Aug-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

10-Aug-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

10-Aug-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

10-Aug-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

27-July-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

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150 ml - 5 ml (25mg) To Be Taken At Night

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40 device - As Directed

05-July-2023 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

05-July-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

05-July-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

08-Jun-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

24-May-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

24-May-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

24-May-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

24-May-2023 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

10-May-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

24-Apr-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

24-Apr-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

24-Apr-2023 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

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40 device - As Directed

04-Apr-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

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22-Mar-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

22-Mar-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

22-Mar-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

01-Mar-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

14-Feb-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

14-Feb-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

14-Feb-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

22-Apr-2026 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

25-Jan-2023 Amitriptyline 25mg/5ml oral solution sugar free
150 ml - 5 ml (25mg) To Be Taken At Night

13-Jan-2023 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

13-Jan-2023 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

13-Jan-2023 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

03-Dec-2022 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

03-Dec-2022 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

03-Dec-2022 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

04-Nov-2022 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

04-Nov-2022 Brava ostomy powder 1907 (Coloplast Ltd)
2 x 25 gram - As Directed

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100 ml - ASD

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100 ml - ASD

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40 device - As Directed

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100 ml - ASD

11-Feb-2022 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

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100 ml - ASD

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40 device - As Directed

02-Nov-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

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100 sachet - As Directed

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40 device - As Directed

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100 ml - ASD

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100 ml - ASD

08-Apr-2021 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

08-Apr-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
40 device - As Directed

12-Feb-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

11-Feb-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

11-Feb-2021 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

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14-Jan-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

08-Jan-2021 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

08-Jan-2021 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

03-Dec-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

03-Dec-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

03-Nov-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

28-Oct-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

28-Oct-2020 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

28-Oct-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

02-Oct-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
10 device - As Directed

30-Sept-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

30-Sept-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

07-Sept-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

07-Sept-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

04-Aug-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
10 device - As Directed

31-July-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

31-July-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

03-July-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

03-July-2020 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

03-July-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

29-May-2020 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

29-May-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

29-May-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

22-Apr-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

22-Apr-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

19-Mar-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

18-Mar-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

18-Mar-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

04-Mar-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

25-Feb-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

25-Feb-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

24-Jan-2020 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

24-Jan-2020 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

24-Jan-2020 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

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16-Dec-2019 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

16-Dec-2019 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

07-Dec-2019 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

16-Apr-2026 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
50 ml - ASD

07-Dec-2019 Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)
100 ml - ASD

21-Sept-2025 Trio Pearls sachets TR205 (Trio Healthcare Ltd)
100 sachet - As Directed

28-Oct-2019 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

09-Oct-2019 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

16-Apr-2026 SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)
30 device - As Directed

Past

09-Dec-2025 Fluorouracil 5% cream Acute Medication (Past)
40 gram - Apply Thinly Once A Day lesion (as per dermatology), for 4 weeks (this will cause local inflammation, wash finger used to apply cream thoroughly after application)

02-Dec-2025 Fluorouracil 5% cream Acute Medication (Past)
40 gram - Apply Thinly Once A Day lesion (as per dermatology), for 4 weeks (this will cause local inflammation, wash finger used to apply cream thoroughly after application)

09-Dec-2025 Fluorouracil 5% cream Acute Medication (Past)
40 gram - Apply Thinly Once A Day lesion (as per dermatology), for 4 weeks (this will cause local inflammation, wash finger used to apply cream thoroughly after application)

10-Nov-2025 Cleen Ready-to-use 133ml enema (Recordati Pharmaceuticals Ltd) Acute Medication (Past)
1 enema - As Directed

10-Nov-2025 Loperamide 2mg capsules Acute Medication (Past)
30 capsule - One To Be Taken After Each Loose Motion, up to four times per day, PRN only - not for regular everyday use

10-Nov-2025 Cleen Ready-to-use 133ml enema (Recordati Pharmaceuticals Ltd) Acute Medication (Past)
1 enema - As Directed

10-Nov-2025 Loperamide 2mg capsules Acute Medication (Past)
30 capsule - One To Be Taken After Each Loose Motion, up to four times per day, PRN only - not for regular everyday use

03-Nov-2025 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

03-Nov-2025 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

22-Oct-2025 Fusidic acid 2% cream Acute Medication (Past)
30 gram - Apply Three Times A Day For a Week

22-Oct-2025 Fusidic acid 2% cream Acute Medication (Past)
30 gram - Apply Three Times A Day For a Week

16-Sept-2025 Codeine 15mg/5ml linctus sugar free Acute Medication (Past)
200 ml - 10ml (30mg) PO up to TDS (if paracetamol alone is not enough)

16-Sept-2025 Codeine 15mg/5ml linctus sugar free Acute Medication (Past)
200 ml - 10ml (30mg) PO up to TDS (if paracetamol alone is not enough)

14-Sept-2025 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
600 ml - 20 ML (1g) PO up to FOUR TIMES A DAY if REQUIRED

14-Sept-2025 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

14-Sept-2025 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

14-Sept-2025 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
600 ml - 20 ML (1g) PO up to FOUR TIMES A DAY if REQUIRED

30-Jun-2025 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
84 capsule - One To Be Taken Twice A Day for 4 weeks, then reduce to one once a day

30-Jun-2025 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
600 ml - 20ml (1000mg) PO BD for 2 weeks

30-Jun-2025 Metronidazole 200mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml (400mg) PO BD for 2 weeks

30-Jun-2025 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
600 ml - 20ml (1000mg) PO BD for 2 weeks

30-Jun-2025 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
84 capsule - One To Be Taken Twice A Day for 4 weeks, then reduce to one once a day

PATIENT COPY

30-Jun-2025 Metronidazole 200mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml (400mg) PO BD for 2 weeks

22-Jan-2025 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

22-Jan-2025 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

10-Jan-2025 Scheriproct ointment (Karo Healthcare UK Ltd) Acute Medication (Past)
30 gram - Apply Twice A Day

10-Jan-2025 Scheriproct ointment (Karo Healthcare UK Ltd) Acute Medication (Past)
30 gram - Apply Twice A Day

06-Jan-2025 Fluorouracil 0.5%/ Salicylic acid 10%cutaneous solution Acute Medication (Past)
25 ml - Apply Once A Day for up to 8 weeks, as directed. (this will cause local inflammation)

06-Jan-2025 Fluorouracil 0.5%/ Salicylic acid 10%cutaneous solution Acute Medication (Past)
25 ml - Apply Once A Day for up to 8 weeks, as directed. (this will cause local inflammation)

07-Dec-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

06-Nov-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

02-Oct-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

25-Sept-2024 Efudix 5%cream (Viatris UK Healthcare Ltd) Acute Medication (Past)
40 gram - Apply Thinly Once A Day for up to four weeks, to the lesion. (this will cause inflammation)

25-Sept-2024 Efudix 5%cream (Viatris UK Healthcare Ltd) Acute Medication (Past)
40 gram - Apply Thinly Once A Day for up to four weeks, to the lesion. (this will cause inflammation)

20-Sept-2024 Efudix 5%cream (Viatris UK Healthcare Ltd) Acute Medication (Past)
40 gram - Apply Thinly Once A Day for up to four weeks, to the lesion. (this will cause inflammation)

30-Aug-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

22-Aug-2024 Galcodine 15mg/5ml linctus (Thornton & Ross Ltd) Acute Medication (Past)
2000 ml - Codiene 10ml (30mg) PO up to TDS for pain, if paracetamol alone not enough

22-Aug-2024 Galcodine 15mg/5ml linctus (Thornton & Ross Ltd) Acute Medication (Past)
2000 ml - Codiene 10ml (30mg) PO up to TDS for pain, if paracetamol alone not enough

20-Aug-2024 Co-codamol 30mg/500mg/5ml oral solution sugar free Acute Medication (Past)
150 ml - 5ml PO up to TDS PRN if required (note: CONTAINS PARACETAMOL)

20-Aug-2024 Co-codamol 30mg/500mg/5ml oral solution sugar free Acute Medication (Past)
150 ml - 5ml PO up to TDS PRN if required (note: CONTAINS PARACETAMOL)

01-Aug-2024 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

01-Aug-2024 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

26-July-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

21-Jun-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

23-May-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

17-Apr-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

13-Mar-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

21-Feb-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

17-Jan-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

11-Jan-2024 Dioralyte oral powder sachets plain (Dendron Brands Ltd) Acute Medication (Past)
18 sachet - Dissolve One Sachet in 200ml Of Water And Take As Often As Directed

11-Jan-2024 Dioralyte oral powder sachets plain (Dendron Brands Ltd) Acute Medication (Past)
18 sachet - Dissolve One Sachet in 200ml Of Water And Take As Often As Directed

10-Jan-2024 Loperamide 2mg orodispersible tablets sugar free Acute Medication (Past)
18 tablet - One PO PRN after each watery/very loose motion

10-Jan-2024 Loperamide 2mg orodispersible tablets sugar free Acute Medication (Past)
18 tablet - One PO PRN after each watery/very loose motion

07-Dec-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

13-Nov-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

10-Oct-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

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08-Sept-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

22-Aug-2023 Amoxicillin 250mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 20ml (1g) PO BD

22-Aug-2023 Metronidazole 200mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml To Be Taken Three Times A Day

22-Aug-2023 Metronidazole 400mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

22-Aug-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

22-Aug-2023 Amoxicillin 250mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 20ml (1g) PO BD

22-Aug-2023 Metronidazole 200mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml To Be Taken Three Times A Day

22-Aug-2023 Metronidazole 400mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

22-Aug-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

16-Aug-2023 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
1000 ml - 20 ML (1 G) PO FOUR TIMES A DAY AS REQUIRED

16-Aug-2023 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
1000 ml - 20 ML (1 G) PO FOUR TIMES A DAY AS REQUIRED

11-Aug-2023 Buscopan 10mg tablets (Opella POM UK Ltd) Acute Medication (Past)
56 tablet - PRN UP TO THREE TIMES A DAY FOR ABDO SPASM

11-Aug-2023 Buscopan 10mg tablets (Opella POM UK Ltd) Acute Medication (Past)
56 tablet - PRN UP TO THREE TIMES A DAY FOR ABDO SPASM

10-Aug-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

05-July-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

24-May-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

10-May-2023 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

10-May-2023 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

27-Apr-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

27-Apr-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

27-Apr-2023 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

24-Apr-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

22-Mar-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

14-Feb-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

13-Jan-2023 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

03-Dec-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

07-Nov-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
20 plaster - use as directed

04-Nov-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

07-Dec-2024 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
60 plaster - use as directed

30-Sept-2022 Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd) Acute Medication (Past)
0.3 ml - 0.3 ml Intramuscular

30-Sept-2022 Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd) Acute Medication (Past)
0.3 ml - 0.3 ml Intramuscular

14-Sept-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

09-Sept-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

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14-Aug-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

03-Aug-2022 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
500 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

03-Aug-2022 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
500 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

07-July-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

04-July-2022 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 gram - Apply Three Times A Day

04-July-2022 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 gram - Apply Three Times A Day

04-July-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

04-July-2022 Fifty:50 ointment (Ennogen Healthcare International Ltd) Acute Medication (Past)
500 gram - Three Times A Day

17-Jun-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

14-Sept-2022 Brava elastic tape 12070 (Coloplast Ltd) Acute Medication (Past)
40 plaster - use as directed

28-Feb-2022 Clotrimazole 1%cream Acute Medication (Past)
20 gram - Apply Three Times A Day

28-Feb-2022 Clotrimazole 1%cream Acute Medication (Past)
20 gram - Apply Three Times A Day

05-Nov-2021 Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd) Acute Medication (Past)
0.3 ml - 0.3 ml by Intramuscular Injection

05-Nov-2021 Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd) Acute Medication (Past)
0.3 ml - 0.3 ml by Intramuscular Injection

28-Oct-2021 Lansoprazole 30mg orodispersible tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day for several weeks, then reduce to once a day

28-Oct-2021 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
300 ml - 10ml (500mg) PO TDS

28-Oct-2021 Clarithromycin 250mg/5ml oral suspension Acute Medication (Past)
140 ml - 10ml PO BD

10-Oct-2021 Lansoprazole 30mg orodispersible tablets Repeat Medication (Past)
56 tablet - One To Be Taken Each Morning

28-Oct-2021 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
300 ml - 10ml (500mg) PO TDS

28-Oct-2021 Clarithromycin 250mg/5ml oral suspension Acute Medication (Past)
140 ml - 10ml PO BD

23-Jun-2021 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

23-Jun-2021 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
1000 ml - 20 ML (1 G) PO FOUR TIMES A DAY AS REQUIRED

23-Jun-2021 Codeine 25mg/5ml oral solution Acute Medication (Past)
500 ml - 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.

23-Jun-2021 Paracetamol 250mg/5ml oral suspension sugar free Acute Medication (Past)
1000 ml - 20 ML (1 G) PO FOUR TIMES A DAY AS REQUIRED

24-Apr-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

24-Apr-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

12-Apr-2021 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

11-Feb-2021 Brava ostomy powder 1907 (Coloplast Ltd) Repeat Medication (Past)
2 x 25 gram - As Directed

07-Feb-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

07-Feb-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

21-Jan-2021 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

THIRD PARTY COPY

28-Oct-2021 Lansoprazole 30mg orodispersible tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day for several weeks, then reduce to once a day

11-Dec-2020 Lansoprazole 30mg orodispersible tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day for several weeks, then reduce to once a day

05-Dec-2020 Quadrivalent influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes (Sanofi) Acute Medication (Past)
1 pre-filled disposable injection - 1

05-Dec-2020 Quadrivalent influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes (Sanofi) Acute Medication (Past)
1 pre-filled disposable injection - 1

28-Oct-2020 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

24-Sept-2020 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

22-July-2020 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

03-July-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

09-Jun-2020 Lansoprazole 30mg orodispersible tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

09-Jun-2020 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
300 ml - 20ml (1g) PO BD

09-Jun-2020 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
300 ml - 20ml (1g) PO BD

09-Jun-2020 Lansoprazole 30mg orodispersible tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

08-Jun-2020 Amoxicillin 500mg capsules Acute Medication (Past)
28 capsule - Two PO BD

08-Jun-2020 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

08-Jun-2020 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

08-Jun-2020 Amoxicillin 500mg capsules Acute Medication (Past)
28 capsule - Two PO BD

08-Jun-2020 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

08-Jun-2020 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
14 capsule - One To Be Taken Twice A Day

29-May-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

27-May-2020 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

21-May-2020 Aspirin 75mg dispersible tablets Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN DAILY

12-Apr-2021 Aspirin 75mg dispersible tablets Repeat Medication (Past)
112 tablet - Two (150mg) TO BE TAKEN DAILY (for cancer prevention)

22-Apr-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

18-Mar-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

03-Mar-2020 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Three Times A Day

03-Mar-2020 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Three Times A Day

25-Feb-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

25-Feb-2020 Brava ostomy powder 1907 (Coloplast Ltd) Repeat Medication (Past)
2 x 25 gram - As Directed

24-Jan-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

24-Jan-2020 Option soft convex ileostomy bag with filter and soft touch closure, midi SC25-4315KV 25mm plateau, cut to fit 15mm-24mm Opaque (Oakmed Ltd) Repeat Medication (Past)
40 device - As Directed

24-Jan-2020 Brava ostomy powder 1907 (Coloplast Ltd) Repeat Medication (Past)
2 x 25 gram - As Directed

24-Jan-2020 Remove adhesive remover spray apple OPA50 (Respond Healthcare Ltd) Repeat Medication (Past)
100 ml - As Directed

24-Jan-2020 Secura barrier film wipes 66800712 (Smith & Nephew Healthcare Ltd) Repeat Medication (Past)
50 device - As Directed

PATIENT COPY

16-Dec-2019 Option soft convex ileostomy bag with filter and soft touch closure, midi SC25-4315KV 25mm plateau, cut to fit 15mm-24mm Opaque (Oakmed Ltd) Repeat Medication (Past)
40 device - As Directed

16-Dec-2019 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

03-July-2020 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

07-Dec-2019 Option soft convex ileostomy bag with filter and soft touch closure, midi SC25-4315KV 25mm plateau, cut to fit 15mm-24mm Opaque (Oakmed Ltd) Repeat Medication (Past)
40 device - As Directed

24-Jan-2020 Option soft convex ileostomy bag with filter and soft touch closure, midi SC25-4315KV 25mm plateau, cut to fit 15mm-24mm Opaque (Oakmed Ltd) Repeat Medication (Past)
40 device - As Directed

07-Dec-2019 Pelican Platinum with Vitamin E barrier film wipes 130300E (Pelican Healthcare Ltd) Repeat Medication (Past)
30 sachet - As Directed

28-Nov-2019 Loperamide 1mg/5ml oral solution sugar free Repeat Medication (Past)
300 ml - 2mg (10mg) PO after each watery/very loose motion (stoma)

28-Nov-2019 Loperamide 1mg/5ml oral solution sugar free Acute Medication (Past)
300 ml - 2mg (10mg) PO after each watery/very loose motion (stoma)

11-Nov-2019 Loperamide 2mg orodispersible tablets sugar free Repeat Medication (Past)
5 x 12 tablet - One PO PRN after each loose stoma motion, PRN

11-Feb-2021 Brava ostomy powder 1907 (Coloplast Ltd) Repeat Medication (Past)
2 x 25 gram - As Directed

24-Jan-2020 Secura barrier film wipes 66800712 (Smith & Nephew Healthcare Ltd) Repeat Medication (Past)
50 device - As Directed

11-Nov-2019 Loperamide 2mg orodispersible tablets sugar free Acute Medication (Past)
5 x 12 tablet - One PO PRN after each loose stoma motion, PRN

11-Nov-2019 Brava ostomy powder 1907 (Coloplast Ltd) Acute Medication (Past)
2 x 25 gram - As Directed

11-Nov-2019 Secura barrier film wipes 66800712 (Smith & Nephew Healthcare Ltd) Acute Medication (Past)
50 device - As Directed

28-Oct-2019 Remove adhesive remover spray apple OPA50 (Respond Healthcare Ltd) Repeat Medication (Past)
100 ml - As Directed

11-Oct-2019 Gaviscon Advance Oral suspension Acute Medication (Past)
300 ml - 10ml QDS PRN

11-Oct-2019 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

11-Oct-2019 Lansoprazole 15mg orodispersible tablets Acute Medication (Past)
56 tablet - One Or Two To Be Taken Each Day

11-Oct-2019 Gaviscon Advance Oral suspension Acute Medication (Past)
300 ml - 10ml QDS PRN

11-Oct-2019 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

11-Oct-2019 Lansoprazole 15mg orodispersible tablets Acute Medication (Past)
56 tablet - One Or Two To Be Taken Each Day

11-Oct-2019 Lansoprazole 15mg orodispersible tablets Acute Medication (Past)
56 tablet - One Or Two To Be Taken Each Day

09-Oct-2019 Remove adhesive remover spray apple OPA50 (Respond Healthcare Ltd) Repeat Medication (Past)
100 ml - As Directed

24-Jan-2020 Remove adhesive remover spray apple OPA50 (Respond Healthcare Ltd) Repeat Medication (Past)
100 ml - As Directed

22-July-2019 Trimethoprim 200mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

22-July-2019 Trimethoprim 200mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

04-July-2019 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Three Times A Day PRN

04-July-2019 Naproxen 250mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Three Times A Day PRN

28-Dec-2018 Cefalexin 250mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml PO TDS

28-Dec-2018 Cefalexin 250mg/5ml oral suspension Acute Medication (Past)
200 ml - 10ml PO TDS

28-Dec-2018 Keflex 250mg/5ml oral suspension (Flynn Pharma Ltd) Acute Medication (Past)
200 ml - 10Ml PO TDS

11-Dec-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - ONE TO BE TAKEN TWO TIMES A DAY

11-Dec-2018 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - ONE TO BE TAKEN TWO TIMES A DAY

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28-Dec-2018 Keflex 250mg/5ml oral suspension (Flynn Pharma Ltd) Acute Medication (Past)
200 ml - 10Ml PO TDS

11-Dec-2018 Keflex 250mg/5ml oral suspension (Flynn Pharma Ltd) Acute Medication (Past)
200 ml - 10Ml PO TDS

16-Oct-2018 Fusidic acid 2% cream Acute Medication (Past)
30 gram - Apply Four Times A Day for 10 days

16-Oct-2018 Fusidic acid 2% cream Acute Medication (Past)
30 gram - Apply Four Times A Day for 10 days

07-Sept-2018 Codeine 15mg tablets Acute Medication (Past)
56 tablet - 1 - 2 FOUR TIMES A DAY AS REQUIRED

07-Sept-2018 Codeine 15mg tablets Acute Medication (Past)
56 tablet - 1 - 2 FOUR TIMES A DAY AS REQUIRED

23-July-2018 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
20 sachet - Take The Contents Of 4 Sachets Dissolved In Water On First Day, Increase In Steps Of 2 Sachets Daily To Max. 8 Sachets Daily.

23-July-2018 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
20 sachet - Take The Contents Of 4 Sachets Dissolved In Water On First Day, Increase In Steps Of 2 Sachets Daily To Max. 8 Sachets Daily.

22-Mar-2018 Terbinafine 250mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

22-Mar-2018 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
500 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

22-Mar-2018 Flucloxacillin 250mg/5ml oral solution Acute Medication (Past)
500 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

22-Mar-2018 Terbinafine 250mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

08-Mar-2018 Amitriptyline 10mg tablets Acute Medication (Past)
84 tablet - 3 PO nocte

08-Mar-2018 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 10 MLS THREE TIMES DAILY

08-Mar-2018 Amitriptyline 10mg tablets Acute Medication (Past)
84 tablet - 3 PO nocte

08-Feb-2018 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 10 MLS THREE TIMES DAILY

16-Jan-2018 Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes Acute Medication (Past)
1 pre-filled disposable injection - For Intramuscular Injection

16-Jan-2018 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1-2 at night as required for sleep

16-Jan-2018 Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes Acute Medication (Past)
1 pre-filled disposable injection - For Intramuscular Injection

16-Jan-2018 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1-2 at night as required for sleep

05-Jan-2018 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 ml - AS DIRECTED

05-Jan-2018 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 10 MLS THREE TIMES DAILY

05-Jan-2018 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 ml - AS DIRECTED

15-Dec-2017 Co-amoxiclav 400mg/57mg/5ml oral suspension sugar free Acute Medication (Past)
140 ml - 5MLS TDS

15-Dec-2017 Co-amoxiclav 400mg/57mg/5ml oral suspension sugar free Acute Medication (Past)
140 ml - 5MLS TDS

08-Mar-2018 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 10 MLS THREE TIMES DAILY

15-Dec-2017 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
300 ml - 10 MLS THREE TIMES DAILY

01-Dec-2017 Flucloxacillin 250mg/5ml oral solution sugar free Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

01-Dec-2017 Flucloxacillin 250mg/5ml oral solution sugar free Acute Medication (Past)
200 ml - Two 5ml Spoonfuls To Be Taken Four Times A Day

11-Sept-2017 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 -2 FOUR TIMES A DAY FOR PAIN

11-Sept-2017 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 -2 FOUR TIMES A DAY FOR PAIN

13-Jun-2017 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

13-Jun-2017 Erythromycin ethyl succinate 250mg/5ml oral suspension Acute Medication (Past)
140 ml - One 5ml Spoonful To Be Taken Four Times A Day

13-Jun-2017 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

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13-Jun-2017 Erythromycin ethyl succinate 250mg/5ml oral suspension Acute Medication (Past)
140 ml - One 5ml Spoonful To Be Taken Four Times A Day

09-Mar-2017 Codeine 30mg tablets Acute Medication (Past)
28 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours

09-Mar-2017 Codeine 30mg tablets Acute Medication (Past)
28 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours

05-Oct-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

05-Oct-2016 Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes Acute Medication (Past)
1 pre-filled disposable injection - For Intramuscular Injection

05-Oct-2016 Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes Acute Medication (Past)
1 pre-filled disposable injection - For Intramuscular Injection

05-Oct-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

17-Aug-2015 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 ml - AS DIRECTED

17-Aug-2015 Betamethasone valerate 0.1%cream Acute Medication (Past)
30 gram - twice a daysp

17-Aug-2015 Betamethasone valerate 0.1%cream Acute Medication (Past)
30 gram - twice a daysp

17-Aug-2015 Hydrocortisone 1%cream Acute Medication (Past)
30 gram - Apply Thinly Twice A Day As Directed

17-Aug-2015 Oilatum cream (Thornton & Ross Ltd) Acute Medication (Past)
500 ml - AS DIRECTED

13-July-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

13-July-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

09-July-2015 Lotriderm cream (Organon Pharma (UK) Ltd) Acute Medication (Past)
30 gram - Apply Thinly Twice A Day As Directed

09-July-2015 Lotriderm cream (Organon Pharma (UK) Ltd) Acute Medication (Past)
30 gram - Apply Thinly Twice A Day As Directed

25-Jun-2015 Lotriderm cream (Organon Pharma (UK) Ltd) Acute Medication (Past)
30 gram - Apply Thinly Twice A Day As Directed

17-Mar-2015 Mefenamic acid 250mg capsules Acute Medication (Past)
60 capsule - Two To Be Taken Three Times A Day After Food

17-Mar-2015 Mefenamic acid 250mg capsules Acute Medication (Past)
60 capsule - Two To Be Taken Three Times A Day After Food

10-Mar-2015 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

10-Mar-2015 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

05-Mar-2015 Tranexamic acid 500mg tablets Acute Medication (Past)
30 tablet - Two To Be Taken Three Times A Day

05-Mar-2015 Tranexamic acid 500mg tablets Acute Medication (Past)
30 tablet - Two To Be Taken Three Times A Day

11-Oct-2014 Erythromycin ethyl succinate 250mg/5ml oral suspension Acute Medication (Past)
100 ml - One 5ml Spoonful To Be Taken Four Times A Day

11-Oct-2014 Erythromycin ethyl succinate 250mg/5ml oral suspension Acute Medication (Past)
100 ml - One 5ml Spoonful To Be Taken Four Times A Day

19-Mar-2014 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - apply daily to affected areas

19-Mar-2014 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - apply daily to affected areas

21-Jan-2014 Clobetasone 0.05%ointment Acute Medication (Past)
30 gram - Apply Thinly Twice A Day

21-Jan-2014 Clobetasone 0.05%ointment Acute Medication (Past)
30 gram - Apply Thinly Twice A Day

21-Jan-2014 Cetirizine 10mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Each Day

21-Jan-2014 Cetirizine 10mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Each Day

25-Oct-2013 Gentisone HC ear drops (Advanz Pharma) Acute Medication (Past)
10 ml - Put 2 drops in right ear canal alone twice daily

25-Oct-2013 Gentisone HC ear drops (Advanz Pharma) Acute Medication (Past)
10 ml - Put 2 drops in right ear canal alone twice daily

01-May-2012 Piriton 2mg/5ml syrup (Haleon UK Trading Ltd) Acute Medication (Past)
150 ml - 10 ML AT NIGHT

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UNCONTROLLED

01-May-2012 Piriton 2mg/5ml syrup (Haleon UK Trading Ltd) Acute Medication (Past)
150 ml - 10 ML AT NIGHT

27-July-2011 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

27-July-2011 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
20 sachet - 1 TWICE A DAY

27-July-2011 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

27-July-2011 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
20 sachet - 1 TWICE A DAY

23-Apr-2009 Augmentin 250/62 SF oral suspension (GlaxoSmithKline UK Ltd) Acute Medication (Past)
200 ml - TWO 5 ML TEASPOONSFUL THREE TIMES A DAY

23-Apr-2009 Augmentin 250/62 SF oral suspension (GlaxoSmithKline UK Ltd) Acute Medication (Past)
200 ml - TWO 5 ML TEASPOONSFUL THREE TIMES A DAY

30-Mar-2009 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
100 ml - TAKE ONE 5 ML SPOONFUL THREE TIMES A DAY

30-Mar-2009 Amoxicillin 250mg/5ml oral suspension Acute Medication (Past)
100 ml - TAKE ONE 5 ML SPOONFUL THREE TIMES A DAY

02-Sept-2008 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - 1 ONCE DAILY

02-Sept-2008 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

02-Sept-2008 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - 1 ONCE DAILY

02-Sept-2008 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

09-May-2008 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - 1 ONCE DAILY

09-May-2008 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

09-May-2008 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

09-May-2008 Clarithromycin 500mg tablets Repeat Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

09-May-2008 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

09-May-2008 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

09-May-2008 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

09-May-2008 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

09-May-2008 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 ONCE DAILY

23-Apr-2008 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
14 tablet - OM

09-May-2008 Omeprazole 20mg dispersible gastro-resistant tablets Acute Medication (Past)
28 tablet - 1 ONCE DAILY

05-Feb-2008 Ranitidine 150mg effervescent tablets Acute Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

05-Feb-2008 Ranitidine 150mg effervescent tablets Acute Medication (Past)
60 tablet - ONE TO BE TAKEN TWICE A DAY

10-Aug-2007 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
100 ml - ONE 5 ML TEASPOONFUL THREE TIMES A DAY

10-Aug-2007 Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free Acute Medication (Past)
100 ml - ONE 5 ML TEASPOONFUL THREE TIMES A DAY

02-Apr-2007 Aqueous cream Acute Medication (Past)
500 gram - AS DIRECTED

02-Apr-2007 Clobetasol 0.05%ointment Acute Medication (Past)
30 grams - APPLY TWICE A DAY

02-Apr-2007 Olive oil ear drops Acute Medication (Past)
10 ml - TWICE A DAY

02-Apr-2007 Aqueous cream Acute Medication (Past)
500 gram - AS DIRECTED

02-Apr-2007 Clobetasol 0.05%ointment Acute Medication (Past)
30 grams - APPLY TWICE A DAY

02-Apr-2007 Olive oil ear drops Acute Medication (Past)
10 ml - TWICE A DAY

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30-Jan-2007 Cefalexin 250mg/5ml oral suspension Acute Medication (Past)
140 mls - 5 mls four times a day

30-Jan-2007 Cefalexin 250mg/5ml oral suspension Acute Medication (Past)
140 mls - 5 mls four times a day

14-Dec-2006 Flucloxacillin 250mg/5ml oral suspension Acute Medication (Past)
200 ml(s) - TWO TEASPOONSFUL FOUR TIMES A DAY

14-Dec-2006 Flucloxacillin 250mg/5ml oral suspension Acute Medication (Past)
200 ml(s) - TWO TEASPOONSFUL FOUR TIMES A DAY

08-Dec-2006 Ranitidine 150mg effervescent tablets Acute Medication (Past)
60 tablets - ONE TO BE TAKEN TWICE A DAY

08-Dec-2006 Ranitidine 150mg effervescent tablets Acute Medication (Past)
60 tablets - ONE TO BE TAKEN TWICE A DAY

20-Aug-2003 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - ONE TO BE TAKEN FOUR TIMES A DAY

20-Aug-2003 Flucloxacillin 250mg capsules Acute Medication (Past)
28 capsule(s) - ONE TO BE TAKEN FOUR TIMES A DAY

09-Apr-2003 Cimetidine 400mg tablets Acute Medication (Past)
40 tablets - ONE TO BE TAKEN TWICE A DAY

09-Apr-2003 Clobetasol 0.05% ointment Acute Medication (Past)
30 grams - APPLY TWICE A DAY

30-Sept-2002 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet(s) - 1 -3ON

30-Sept-2002 Citalopram 10mg tablets Acute Medication (Past)
28 tablet(s) - ONE TO BE TAKEN DAILY

30-Sept-2002 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet(s) - 1 -3ON

30-Sept-2002 Citalopram 10mg tablets Acute Medication (Past)
28 tablet(s) - ONE TO BE TAKEN DAILY

09-Apr-2003 Clobetasol 0.05% ointment Acute Medication (Past)
30 grams - APPLY TWICE A DAY

04-Sept-2002 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet(s) - 1 -3ON

04-Sept-2002 Citalopram 10mg tablets Acute Medication (Past)
28 tablet(s) - ONE TO BE TAKEN DAILY

04-Sept-2002 Clobetasol 0.05% ointment Acute Medication (Past)
30 grams - APPLY TWICE A DAY

16-Apr-2002 Magnesium trisilicate oral suspension Repeat Medication (Past)
500 ml - 10 ml four times a day as required

16-Apr-2002 Magnesium trisilicate oral suspension Repeat Medication (Past)
500 ml - 10 ml four times a day as required

09-Apr-2003 Cimetidine 400mg tablets Acute Medication (Past)
40 tablets - ONE TO BE TAKEN TWICE A DAY

18-Sept-1999 Cimetidine 400mg tablets Acute Medication (Past)
28 tablets - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

Allergies

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Vaccinations

12-Dec-2025 Mrs Zoe Calow (ZC4810)
Seasonal influenza vaccination declined
Comment

09-Dec-2025 Mrs Zoe Calow (ZC4810)
Influenza vaccination invitation third short message service text message sent
Comment

28-Oct-2025 Mrs Zoe Calow (ZC4810)
Influenza vaccination invitation second short message service text message sent
Comment

16-Sept-2025 Mrs Liz Pope (EAP)
Influenza vaccination invitation first short message service text message sent
Comment

29-Sept-2023 Mrs Liz Pope (EAP)
Influenza vaccination invitation second short message service text message sent (situation)
Comment

29-Sept-2023 Mrs Liz Pope (EAP)
Seasonal influenza vaccination declined
Patient has declined the appointment booking invite.
Comment

04-Sept-2023 Mrs Liz Pope (EAP)
Influenza vaccination invitation first short message service text message sent (situation)
Comment

01-Sept-2023 Mrs Liz Pope (EAP)
Influenza vaccination invitation first short message service text message sent

18-Aug-2023 Mrs Tania Coker-Davies (TCD)
Influenza vaccination invitation first SMS text message sent
Comment

07-Nov-2022 External User ()
Seasonal influenza vaccination given by pharmacist (situation) (Left upper arm structure)
Procedure

30-Sept-2022 External User ()
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Pfizer Ltd,05-Dec-2022,GD6797,Left upper arm structure)
Procedure

09-Dec-2021 External User ()
Seasonal influenza vaccination given by pharmacist (situation) (Left upper arm structure)
Procedure

16-Nov-2021 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation first short message service text message sent
No additional comment entered
myGP

05-Nov-2021 External User ()
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Pfizer Ltd,25-Nov-2021,FH3220,Left arm)
Procedure

24-Apr-2021 External User ()
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,31-Jul-2021,PW40041,Left arm)
Procedure

16-Apr-2021 Miss Heather Oakley (HO)
Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
COVID-19 vaccination SMS invite for Second Dose sent
Comment

15-Apr-2021 Miss Heather Oakley (HO)
Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
COVID-19 vaccination SMS invite sent
Comment

07-Feb-2021 External User ()
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,31-May-2021,PV46663,Left arm)
Procedure

07-Feb-2021 External User ()
Informed consent given for treatment
Comment

05-Dec-2020 Mrs Karen Tunstall (KT)
Administration of first inactivated seasonal influenza vaccination (Sanofi,U4A061V,30-Jun-2021)

05-Dec-2020 Mrs Karen Tunstall (KT)
Influenza vaccination consent given

05-Dec-2020 Mrs Karen Tunstall (KT)
Needs influenza immunisation

22-Nov-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation third short message service text message sent (finding)
No additional comment entered

04-Nov-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation third short message service text message sent (finding)
No additional comment entered

04-Nov-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation third short message service text message sent (finding)
No additional comment entered

30-Oct-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation third short message service text message sent (finding)
No additional comment entered

21-Oct-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation second short message service text message sent
No additional comment entered

09-Sept-2020 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation first short message service text message sent
No additional comment entered

11-Nov-2019 Dr Kelvin Badham (KJB)
Seasonal influenza vaccination declined
Assessment

14-Oct-2019 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation first short message service text message sent
No additional comment entered

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16-Jan-2018 Dr Helen Wallis (HW)
Needs influenza immunisation
Additional

16-Jan-2018 Dr Helen Wallis (HW)
Seasonal influenza vaccination (sanofi pasteur,31-Jul-2018,P3H373V,GMS,Left arm)
Additional

28-Sept-2017 Mr Patient Care Messaging (PCM)
Influenza vaccination invitation first short message service text message sent
No additional comment entered

05-Oct-2016 Dr Helen Wallis (HW)
Seasonal influenza vaccination (Sanofi Pasteur MSD,31-May-2017,N2A331M,GMS,Left arm)
Additional

05-Oct-2016 Mrs Laura Hutchinson (LMMH)
Needs influenza immunisation

10-Mar-2015 Dr Helen Wallis (HW)
No consent - influenza imm.
Additional

10-Mar-2015 Dr Helen Wallis (HW)
Seasonal influenza vaccination declined
Additional

22-Nov-2010 Mr PCTI DOCMAN (DME4810A)
Seasonal influenza vaccin given by other healthcare provider
Additional

Referrals

10-Nov-2025 Dr Kelvin Badham (KJB)
Fast track referral for suspected skin cancer
. Referral Type: Outpatient

04-Nov-2025 Dr Kelvin Badham (KJB)
Referral to physiotherapy service
. Referral Type: Outpatient

04-Nov-2025 Dr Kelvin Badham (KJB)
Referral to podiatry service
. Referral Type: Outpatient

10-Jan-2025 Dr Kelvin Badham (KJB)
Referral to colorectal surgery service
. Referral Type: Outpatient

04-May-2023 Dr Emma Featherstone (EVF)
Gynaecological referral
. Referral Type: Outpatient

22-Aug-2019 Dr Carolynne Christie (CC)
Fast track referral for suspected colorectal cancer
. Referral Type: Outpatient

07-Mar-2019 Dr Kelvin Badham (KJB)
Urology referral
. Referral Type: Outpatient

06-July-2017 Dr Helen Wallis (HW)
Orthopaedic referral
. Referral Type: Outpatient

05-July-2017 Dr Helen Wallis (HW)
Orthopaedic referral
. Referral Type: Outpatient

06-Jun-2017 Dr Carolynne Christie (CC)
Refer to podiatry
. Referral Type: Outpatient

17-Jan-2017 Dr Helen Wallis (HW)
Orthopaedic referral
. Referral Type: Outpatient

31-Mar-2016 Dr Helen Wallis (HW)
Refer to physiotherapist
. Referral Type: Outpatient

25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
Refer to podiatry
. Referral Type: Outpatient

17-Mar-2015 Dr Helen Wallis (HW)
Gynaecological referral
. Referral Type: Outpatient

03-Nov-2014 Dr Helen Wallis (HW)
Refer to podiatry
. Referral Type: Outpatient

03-Nov-2014 Dr Helen Wallis (HW)
Refer to podiatry
. Referral Type: Outpatient

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13-Oct-2014 Dr Bruce Letham (BBL)
2 week rule referral - skin
. Referral Type: Outpatient

24-Apr-2002 Mrs Rosemary Hinchliff (RGH)
Community Chiropody Referral
fissure on plantar aspect of feet. Referral Type: Outpatient

Test Requests

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Test Results

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14-Jan-2025 Dr Anne Maloney (AM)
Result: Serum ferritin *(KJB4810) - Normal*

14-Jan-2025 Dr Anne Maloney (AM)
Result: Serum TSH level *(KJB4810) - Normal*

14-Jan-2025 Dr Anne Maloney (AM)
Result: B12 & FOLATE *(KJB4810) - Normal*

Serum vitamin B12	248 ng/L	(Range: 200 - 900)
Serum folate Serum folate of less than 3 ug/L is used as a guide to indicate folate deficiency. However, there is an indeterminate zone with folate levels of 3-4.5 ug/L, so low folate should be interpreted as suggestive of deficiency and not diagnostic.	7.2 ug/L	(Range: 3 - 20.5)

14-Jan-2025 Dr Anne Maloney (AM)
Result: CALCIUM *(KJB4810) - Normal*

Serum calcium	2.55 mmol/L	(No range available)
Serum adjusted calcium conc	2.55 mmol/L	(Range: 2.2 - 2.6)
Serum albumin	44 g/L	(Range: 35 - 50)

14-Jan-2025 Dr Anne Maloney (AM)
Result: CREATININE AND ELECTROLYTES, BLOOD *(KJB4810) - Satisfactory, K+ 5.5*

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	**5.5 mmol/L**	**(Range: 3.5 - 5.3)**
Serum creatinine	88 umol/L	(Range: 49 - 90)
eGFRcreat (CKD-EPI)/1.73 m*2 eGFR results in the range 60 to 90 ml/min DO NOT necessarily indicate abnormal renal function in the absence of albuminuria (normal urine ACR < 3 mg/mmol) NICE no longer recommends adjusting eGFR for African-Caribbeans (NG203, updated August 2021).	**65 mL/min**	**(Range: 90 - 120)**

14-Jan-2025 Dr Anne Maloney (AM)
Result: C-REACTIVE PROTEIN *(KJB4810) - Satisfactory, CRP 6*

Serum C reactive protein level	**5.8 mg/L**	**(No range available)**

14-Jan-2025 Dr Anne Maloney (AM)
Result: Full blood count - FBC *(KJB4810) - Satisfactory*

Total white cell count	7.2 10*9/L	(Range: 4 - 11)
Haemoglobin estimation	**166 g/L**	**(Range: 115 - 165)**
Platelet count	227 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	5.14 10*12/L	(Range: 3.5 - 5.5)
Haematocrit	**0.501 Ratio**	**(Range: 0.37 - 0.47)**
Mean corpuscular volume (MCV)	97.3 fL	(Range: 75 - 105)
Mean corpusc. haemoglobin(MCH)	32.3 pg	(Range: 26 - 35)
Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 290 - 350)
Red blood cell distribut width	13.2 %	(Range: 11 - 15)
Mean platelet volume	11.5 fL	(Range: 8.2 - 11.9)
Neutrophil count	4.9 10*9/L	(Range: 2 - 7.5)
Lymphocyte count	1.6 10*9/L	(Range: 1 - 4)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

14-Jan-2025 Dr Anne Maloney (AM)
Result: LIVER FUNCTION TEST *(KJB4810) - Normal*

Serum total bilirubin level	10 umol/L	(No range available)
Serum alkaline phosphatase	113 u/L	(Range: 30 - 130)
Serum ALT level	23 u/L	(No range available)

14-Jan-2025 Dr Anne Maloney (AM)
Result: HBA1C FOR DM DIAGNOSIS *(KJB4810) - Normal*

HbA1c levl - IFCC standardised Result does not support diagnosis of T2DM. Not recommended for diagnosis in pregnancy, in acutely unwell patients and when type 1 diabetes mellitus is suspected. See HbA1c in Diagnosis (WHO,2011) for limitations.	36 mmol/mol	(Range: 20 - 41)

10-Jun-2024 Dr Kelvin Badham (KJB)
Result: C-REACTIVE PROTEIN*(KJB4810) - Normal*

Serum C reactive protein level	3.3 mg/L	(No range available)

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: Plasma D-dimer concentration*D-DIMER NEGATIVE The negative predictive cut off value for DVT and PE is 500 ng/mL FEU (or 10x age in years over age 50 if agreed in local clinical guidlines). A D-Dimer result when used to screen for deep vein thrombosis and pulmonary embolus can only be fully interpreted when combined with a clinical score. A negative D-Dimer does not exclude DVT/PE in the presence of a moderate/high clinical score. A positive DDimer result may be of no discriminatory value for DVT/PE when tested in pregnancy, during active infection, post transfusion, post op, age >70 years old, in acute renal failure or advanced malignancy. D-Dimers should not be repeated within 48 hours unless being used to monitor DIC.(SZ4810) - negative*

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: APTT*(SZ4810) - Satisfactory*

APTT NOTE: New ***** instrumentation in use from 30/08/23 Please check for updated ranges on individual tests or refer to recent communications for further details.	35.3 s	(Range: 26.4 - 35.9)
APTT ratio Coagulation Screen (APTT and PT) and INR results cannot be reliably interpreted in the presence Direct Oral Anticoagulants (DOAC) eg Dabigatran, Rivaroxaban, Apixaban and Edoxaban.	1.14	(Range: 0.85 - 1.15)

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: CREATINE KINASE*(SZ4810) - Satisfactory*

Serum creatine kinase level	55 u/L	(Range: 25 - 200)

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: C-REACTIVE PROTEIN*(SZ4810) - raised - no sugns of acute infection*

Serum C reactive protein level	**29 mg/L**	**(No range available)**

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: Full blood count - FBC*(SZ4810) - wcc just above normal*

Total white cell count	**11.2 10*9/L**	**(Range: 4 - 11)**
Haemoglobin estimation NOTE: New ***** instrumentation in use from 23/11/2023.	157 g/L	(Range: 115 - 165)
Platelet count	281 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count, 4.80 10*12/L	4.6 10*12/L	(Range: 3.5 - 5.5)
Haematocrit	**0.476 Ratio**	**(Range: 0.37 - 0.47)**
Mean corpuscular volume (MCV)	99.2 fL	(Range: 75 - 105)
Mean corpusc. haemoglobin(MCH)	32.7 pg	(Range: 26 - 35)
Mean corpusc. Hb. conc. (MCHC)	330 g/L	(Range: 290 - 350)
Red blood cell distribut width	13.7 %	(Range: 11 - 15)
Mean platelet volume, 12.0 fL	**12 fL**	**(Range: 8.2 - 11.9)**
Neutrophil count	**8.8 10*9/L**	**(Range: 2 - 7.5)**
Lymphocyte count	1.6 10*9/L	(Range: 1 - 4)
Monocyte count	0.8 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

17-May-2024 Dr Shalim Zorana (SZN4810)
Result: Prothrombin time*(SZ4810) - Satisfactory*

Prothrombin time NOTE: New ***** instrumentation in use from 30/08/23 Please check for updated ranges on individual tests or refer to recent communications for further details.	11.6 s	(Range: 10.5 - 14.7)
Prothrombin time ratio	0.96	(Range: 0.87 - 1.21)

18-Aug-2023 Dr Kelvin Badham (KJB)
Result: H pylori antigen test*(KJB4810) - H. pylori +ve, pt aware*

H pylori antigen test DETECTED		(No range available)

11-Aug-2023 Dr Harry Thangavel (Thangavel)
Result: Se CEA (carcinoembrynic Ag) lv*CEA level in smokers may be up to 6.5 ug/L.(KJB4810) - from secondary care 13.06.2023*

11-Aug-2023 Dr Harry Thangavel (Thangavel)
Result: Full blood count - FBC*(KJB4810) - from secondary care 13.06.2023*

Total white cell count	8.3 10*9/L	(Range: 4 - 11)
Haemoglobin estimation	149 g/L	(Range: 115 - 165)
PLATELETS	236 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.58 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.442 ratio	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	96.5 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH)	**32.5 pg**	**(Range: 27 - 32)**
Mean corpusc. Hb. conc. (MCHC)	337 g/L	(Range: 300 - 360)
Red blood cell distribut width	14.2 %	(Range: 11 - 15)
Mean platelet volume	12.2 fL	(No range available)
Neutrophil count	5.3 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.4 10*9/L	(Range: 1 - 4)
Monocyte count	0.5 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

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11-Aug-2023 Dr Harry Thangavel (Thangavel)
Result: Urea and electrolytes *(KJB4810) - from secondary care 13.06.2023*

Serum sodium	140 mmol/L	(Range: 133 - 146)
Serum potassium, 4.0 mmol/L	4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	2.9 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	72 umol/L	(Range: 45 - 84)
eGFRcreat (CKD-EPI)/1.73 m*2 eGFR results in the range 60 to 90 ml/min DO NOT necessarily indicate abnormal renal function in the absence of albuminuria (normal urine ACR < 3 mg/mmol) NICE no longer recommends adjusting eGFR for African-Caribbeans (NG203, updated August 2021).	**83 mL/min**	**(Range: 90 - 120)**

11-Aug-2023 Dr Harry Thangavel (Thangavel)
Result: LIVER FUNCTION TEST *(KJB4810) - from secondary care 13.06.2023*

Serum albumin	44 g/L	(Range: 35 - 50)
Serum total bilirubin level	8 umol/L	(No range available)
Serum alkaline phosphatase	109 u/L	(Range: 30 - 130)
Serum ALT level	14 u/L	(No range available)

30-Apr-2023 Dr Emma Featherstone (EVF)
Result: Urinary MC&S *(EVF4810) - Satisfactory*

Urine culture No growth	(No range available)
Urine culture The accuracy of this result assumes that this is a true MSU specimen.	(No range available)

23-Nov-2021 Mrs Zoe Calow (ZC4810)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative *SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.*

12-Mar-2021 Mrs Tracey Ball (TB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative *SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.*

05-Jun-2020 Dr Kelvin Badham (KJB)
Result: H pylori antigen test *Detected by EIA HELICOBACTER COMMENTS: Consistent with current H.pylori infection.(KJB4810) - H. pylori +ve*

04-Mar-2020 Dr Kelvin Badham (KJB)
Result: Serum C reactive protein level *(KJB4810) - Satisfactory*

04-Mar-2020 Dr Kelvin Badham (KJB)
Result: eGFRcreat (CKD-EPI)/1.73 m*2 *Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor: for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(KJB4810) - Satisfactory*

04-Mar-2020 Dr Kelvin Badham (KJB)
Result: Liver function test *(KJB4810) - Satisfactory*

Serum total bilirubin level	4 umol/L	(Range: <21)
Serum alkaline phosphatase	**124 iu/L**	**(Range: 35 - 104)**
Serum ALT level	14 iu/L	(Range: <34)
Serum total protein	68 g/L	(Range: 63 - 83)
Serum albumin	43 g/L	(Range: 38 - 51)
Serum globulin	25 g/L	(Range: 20 - 36)

04-Mar-2020 Dr Kelvin Badham (KJB)
Result: Urea and electrolytes *(KJB4810) - Satisfactory*

Serum sodium	142 mmol/L	(Range: 133 - 146)
Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	**1.9 mmol/L**	**(Range: 2.5 - 7.8)**
Serum creatinine	79 umol/L	(Range: 45 - 84)
AKI warning stage	1	(No range available)

03-Mar-2020 Dr Kelvin Badham (KJB)
Result: Full blood count - FBC *(KJB4810) - Satisfactory*

Haemoglobin estimation	116 g/L	(Range: 115 - 165)
Total white cell count	8.92 10*9/L	(Range: 4 - 11)
Platelet count	301 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.05 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	**0.363 L/L**	**(Range: 0.37 - 0.47)**
Mean corpuscular volume (MCV)	90 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH)	28.6 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	320 g/L	(Range: 300 - 360)
Neutrophil count	5.53 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.14 10*9/L	(Range: 1 - 4)
Monocyte count	**1.05 10*9/L**	**(Range: 0.2 - 0.8)**
Eosinophil count	0.15 10*9/L	(No range available)
Basophil count	0.05 10*9/L	(No range available)

14-Nov-2019 Dr Kelvin Badham (KJB)
Result: FAECES ROUTINE SAMPLE FOR PCR *(KJB4810) - Faecal = No infection detected*

ENTERIC PATHOGEN DETECTION Final report	(No range available)
GIARDIA LAMBLIA: NOT detected by PCR	(No range available)
CRYPTOSPORIDIUM SPECIES: NOT detected by PCR	(No range available)
CAMPYLOBACTER SPECIES: NOT detected by PCR	(No range available)
SALMONELLA SPECIES: NOT detected by PCR	(No range available)
SHIGELLA/EIEC SPECIES: NOT detected by PCR	(No range available)
VEROCYTOTOXIN: NOT detected by PCR	(No range available)

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28-Aug-2019 Dr Carolynne Christie (CC)
Result: Full blood count - FBC*(CC) - Normal*

Haemoglobin estimation	127 g/L	(Range: 115 - 165)
Total white cell count, 7.60 10*9/L	7.6 10*9/L	(Range: 4 - 11)
Platelet count	302 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.24 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.393 L/L	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	93 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH), 30.0 pg	30 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 300 - 360)
Neutrophil count	5.19 10*9/L	(Range: 2 - 7)
Lymphocyte count	1.44 10*9/L	(Range: 1 - 4)
Monocyte count	0.79 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.14 10*9/L	(No range available)
Basophil count	0.04 10*9/L	(No range available)

28-Aug-2019 Dr Carolynne Christie (CC)
Result: Serum C reactive protein level*(KJB4810) - CRP 29, improved a little compared to July*

28-Aug-2019 Dr Carolynne Christie (CC)
Result: Serum TSH level*(KJB4810) - Normal*

28-Aug-2019 Dr Carolynne Christie (CC)
Result: eGFRcreat (CKD-EPI)/1.73 m^2*Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(KJB4810) - Normal*

28-Aug-2019 Dr Carolynne Christie (CC)
Result: CALCIUM.*(KJB4810) - Normal*

Serum calcium	2.47 mmol/L	(No range available)
Serum adjusted calcium conc	2.58 mmol/L	(Range: 2.2 - 2.6)
Serum albumin	40 g/L	(Range: 38 - 51)

28-Aug-2019 Dr Carolynne Christie (CC)
Result: Liver function test*(KJB4810) - Normal*

Serum total bilirubin level	5 umol/L	(Range: <21)
Serum alkaline phosphatase	80 iu/L	(Range: 35 - 104)
Serum ALT level	8 iu/L	(Range: <34)
Serum total protein	66 g/L	(Range: 63 - 83)
Serum globulin	26 g/L	(Range: 20 - 36)

28-Aug-2019 Dr Carolynne Christie (CC)
Result: Urea and electrolytes*(KJB4810) - Normal*

Serum sodium	142 mmol/L	(Range: 133 - 146)
Serum potassium, 4.0 mmol/L	4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 45 - 84)

28-Aug-2019 Dr Carolynne Christie (CC)
Result: Erythrocyte sedimentation rate*(KJB4810) - Borderline ESR/suggestive of mild inflammation, in keeping with other recent blood tests*

20-July-2019 Dr Kelvin Badham (KJB)
Result: Serum C reactive protein level*(MD4810) - raised inflammatory marker, antibiotics prescribed*

20-July-2019 Dr Kelvin Badham (KJB)
Result: eGFRcreat (CKD-EPI)/1.73 m^2*Note eGFR now reported by CKD-EPI calculation from 11th June 2019. Note new factor for African-Caribbeans (not mixed race), multiply eGFR by 1.159.(MD4810) - Satisfactory*

20-July-2019 Dr Kelvin Badham (KJB)
Result: Liver function test*(MD4810) - Satisfactory*

Serum total bilirubin level	3 umol/L	(Range: <21)
Serum alkaline phosphatase	100 iu/L	(Range: 35 - 104)
Serum ALT level	13 iu/L	(Range: <34)
Serum total protein	**61 g/L**	**(Range: 63 - 83)**
Serum albumin	**35 g/L**	**(Range: 38 - 51)**
Serum globulin	26 g/L	(Range: 20 - 36)

20-July-2019 Dr Kelvin Badham (KJB)
Result: Urea and electrolytes*(MD4810) - Normal*

Serum sodium	145 mmol/L	(Range: 133 - 146)
Serum potassium	5.3 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	3.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 45 - 84)

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19-July-2019 Dr Kelvin Badham (KJB)
Result: Full blood count - FBC *(MD4810) - consistent with a bacterial infection, script sent for trimethoprim, Pt aware*

Haemoglobin estimation	129 g/L	(Range: 115 - 165)
Total white cell count	**17.69 10*9/L**	**(Range: 4 - 11)**
Platelet count	**543 10*9/L**	**(Range: 150 - 450)**
Red blood cell (RBC) count	4.28 10*12/L	(Range: 3.8 - 5.8)
Haematocrit, 0.400 L/L	0.4 L/L	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	94 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 300 - 360)
Neutrophil count	**14.92 10*9/L**	**(Range: 2 - 7)**
Lymphocyte count	1.54 10*9/L	(Range: 1 - 4)
Monocyte count	**0.92 10*9/L**	**(Range: 0.2 - 0.8)**
Eosinophil count	0.26 10*9/L	(No range available)
Basophil count	0.05 10*9/L	(No range available)

05-Mar-2019 Dr Kelvin Badham (KJB)
Result: HbA1c levl - IFCC standardised *(KJB4810) - Normal*

04-Mar-2019 Dr Kelvin Badham (KJB)
Result: Se CA 125 level *Immunoassay results from different manufacturers may not give comparable results. Please note that a normal CA125 does not exclude ovarian cancer. Women with normal CA125 and relevant symptoms should be assessed clinically (KJB4810) - Normal*

02-Mar-2019 Dr Kelvin Badham (KJB)
Result: Serum C reactive protein level *(KJB4810) - Satisfactory (CRP 7)*

02-Mar-2019 Dr Kelvin Badham (KJB)
Result: GFR calculated abbreviatd MDRD *eGFR estimated by 4vMDRD (ID-MS aligned). For Afro-Caribbeans eGFR should be multiplied by 1.212. (KJB4810) - Satisfactory*

02-Mar-2019 Dr Kelvin Badham (KJB)
Result: Liver function test *(KJB4810) - Satisfactory*

Serum total bilirubin level	5 umol/L	(Range: <21)
Serum alkaline phosphatase	79 iu/L	(Range: 35 - 104)
Serum ALT level	11 iu/L	(Range: <34)
Serum total protein	65 g/L	(Range: 63 - 83)
Serum albumin	49 g/L	(Range: 38 - 51)
Serum globulin	**16 g/L**	**(Range: 20 - 36)**

02-Mar-2019 Dr Kelvin Badham (KJB)
Result: Serum cholesterol/HDL ratio *(KJB4810) - Satisfactory*

Serum cholesterol/HDL ratio	1.9 ratio	(No range available)
Serum HDL cholesterol level	1.83 mmol/L	(Range: >1.7)
Serum cholesterol	3.4 mmol/L	(No range available)
Se non HDL cholesterol level	1.6 mmol/L	(No range available)

02-Mar-2019 Dr Kelvin Badham (KJB)
Result: Urea and electrolytes *(KJB4810) - Satisfactory*

Serum sodium	143 mmol/L	(Range: 133 - 146)
Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	3.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	70 umol/L	(Range: 45 - 84)

01-Mar-2019 Dr Kelvin Badham (KJB)
Result: Full blood count - FBC *(KJB4810) - Normal*

Haemoglobin estimation	139 g/L	(Range: 115 - 165)
Total white cell count	8.78 10*9/L	(Range: 4 - 11)
Platelet count	264 10*9/L	(Range: 150 - 450)
Red blood cell (RBC) count	4.48 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.421 L/L	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	94 fL	(Range: 76 - 98)
Mean corpusc. haemoglobin(MCH), 31.0 pg	31 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	330 g/L	(Range: 300 - 360)
Neutrophil count	6.02 10*9/L	(Range: 2 - 7)
Lymphocyte count	1.92 10*9/L	(Range: 1 - 4)
Monocyte count	0.62 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.19 10*9/L	(No range available)
Basophil count	0.03 10*9/L	(No range available)

31-Dec-2018 Dr Kelvin Badham (KJB)
Result: Urine culture *No significant growth (MD4810) - No infection detected*

07-Feb-2018 Dr Helen Wallis (HW)
Result: SAMPLE NOT PROCESSED *See laboratory comment (HKMW4810) - Dr has written to the patient repeat sample - inadequately labelled*

03-Oct-2016 Dr Anne Maloney (AM)
Result: Serum C reactive protein level *(HKMW4810) - Normal*

03-Oct-2016 Dr Anne Maloney (AM)
Result: GFR calculated abbreviatd MDRD *>90 eGFR: If of Afro-Caribbean origin multiply by 1.2 (HKMW4810) - Normal*

03-Oct-2016 Dr Anne Maloney (AM)
Result: Thyroid function test *(HKMW4810) - Normal*

Serum TSH level, 1.90 mu/L	1.9 mu/L	(Range: 0.27 - 4.2)

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03-Oct-2016 Dr Anne Maloney (AM)
Result: Renal function tests *(HKMW4810) - Normal*

Serum sodium	143 mmol/L	(Range: 133 - 146)
Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	2.8 mmol/L	(Range: 2.8 - 7.8)
Serum creatinine	66 umol/L	(Range: 44 - 80)

03-Oct-2016 Dr Anne Maloney (AM)
Result: Liver function test *(HKMW4810) - Normal*

Serum total protein	63 g/L	(Range: 63 - 82)
Serum albumin	43 g/L	(Range: 35 - 50)
Serum globulin	20 g/L	(Range: 17 - 35)
Serum bilirubin level	10 umol/L	(No range available)
Serum alkaline phosphatase	63 iu/L	(Range: 30 - 130)
Serum ALT level	24 iu/L	(No range available)

03-Oct-2016 Dr Anne Maloney (AM)
Result: HbA1c level - IFCC standardised *HbA1c: Range given is target range for patients with DM. WHO standards for diagnosis of DM: HbA1c 48 mmol/mol and above diagnostic of DM HbA1c 42 47 mmol/mol high risk of DM (HKMW4810) - Normal not diabetic*

30-Sept-2016 Dr Anne Maloney (AM)
Result: Full blood count - FBC *(HKMW4810) - Normal*

Haemoglobin estimation	146 g/L	(Range: 115 - 160)
Total white cell count, 8.70 10*9/L	8.7 10*9/L	(Range: 4 - 10.5)
Platelet count	188 10*9/L	(Range: 145 - 400)
Mean corpuscular volume (MCV)	97.5 fL	(Range: 80 - 101)
Haematocrit, 0.440	0.44	(Range: 0.36 - 0.46)
Red blood cell (RBC) count	4.52 10*12/L	(Range: 4 - 5.2)
Mean corpusc. haemoglobin(MCH)	32.3 pg	(Range: 27 - 35)
Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 310 - 360)
Neutrophil count	6.07 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	1.84 10*9/L	(Range: 1.3 - 4)
Monocyte count	0.66 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.09 10*9/L	(Range: 0.02 - 0.4)
Basophil count	0.02 10*9/L	(No range available)

12-Mar-2015 Dr Helen Wallis (HW)
Result: Full blood count - FBC *(HKMW4810) - Satisfactory*

Haemoglobin estimation	136 g/L	(Range: 115 - 160)
Total white cell count, 8.10 10*9/L	8.1 10*9/L	(Range: 4 - 10.5)
Platelet count	198 10*9/L	(Range: 145 - 400)
Mean corpuscular volume (MCV)	100.4 fL	(Range: 80 - 101)
Haematocrit	0.417	(Range: 0.36 - 0.46)
Red blood cell (RBC) count	4.15 10*12/L	(Range: 4 - 5.2)
Mean corpusc. haemoglobin(MCH)	32.6 pg	(Range: 27 - 35)
Mean corpusc. Hb. conc. (MCHC)	325 g/L	(Range: 310 - 360)
Neutrophil count	4.98 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.27 10*9/L	(Range: 1.3 - 4)
Monocyte count	0.69 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.11 10*9/L	(Range: 0.02 - 0.4)
Basophil count	0.04 10*9/L	(No range available)

12-Mar-2015 Dr Helen Wallis (HW)
Result: Blood haematinic levels *(HKMW4810) - Satisfactory*

Serum ferritin	25 ug/L	(Range: 13 - 150)

12-Mar-2015 Dr Helen Wallis (HW)
Result: Serum C reactive protein level *(HKMW4810) - Satisfactory*

02-Apr-2014 Dr Anne Maloney (AM)
Result: Microbiology *Reported by: Dr A.R. ***** Cytomegalovirus IgM: Negative Antistreptolysin O titre: 100 EB VCA IgG: POSITIVE EBV IgM: Negative EBNA IgG: POSITIVE Parvovirus IgG: POSITIVE Parvovirus IgM: Negative Suggests past (NOT recent) infection with Epstein Barr virus Antibody to Parvovirus B19 DETECTED Suggests past (NOT recent) infection with Parvovirus Normal ASO titre: < 201 If onset is recent, consider sending a convalescent sample. Final report. (EVF4810) - Satisfactory*

26-Mar-2014 Dr Anne Maloney (AM)
Result: Protein electrophoresis *(KB4810) - Satisfactory*

Serum protein electrophoresis Normal pattern. No paraprotein detected.		(No range available)

26-Mar-2014 Dr Anne Maloney (AM)
Result: IgG *(KB4810) - Satisfactory*

26-Mar-2014 Dr Anne Maloney (AM)
Result: IgA *(KB4810) - Satisfactory*

26-Mar-2014 Dr Anne Maloney (AM)
Result: IgM *(KB4810) - Satisfactory*

25-Mar-2014 Dr Anne Maloney (AM)
Result: Renal function tests *(HKMW4810) - Satisfactory*

Serum sodium	138 mmol/L	(Range: 133 - 146)
Serum potassium	5.3 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	3.5 mmol/L	(Range: 2.8 - 7.8)
Serum creatinine	69 umol/L	(Range: 44 - 80)

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25-Mar-2014 Dr Anne Maloney (AM)
Result: Liver function test *(HKMW4810) - Satisfactory*

Serum total protein	63 g/L	(Range: 63 - 82)
Serum albumin	40 g/L	(Range: 35 - 50)
Serum globulin	23 g/L	(Range: 17 - 35)
Serum bilirubin level	7 umol/L	(No range available)
Serum alkaline phosphatase	67 iu/L	(Range: 30 - 130)
Serum ALT level	22 iu/L	(No range available)

25-Mar-2014 Dr Anne Maloney (AM)
Result: Serum C reactive protein level *(HKMW4810) - Satisfactory*

25-Mar-2014 Dr Anne Maloney (AM)
Result: GFR calculated abbreviatd MDRDe *GFR: If of Afro-Caribbean origin multiply by 1.2(HKMW4810) - Satisfactory*

25-Mar-2014 Dr Anne Maloney (AM)
Result: Full blood count - FBC *(HKMW4810) - Satisfactory*

Haemoglobin estimation	133 g/L	(Range: 115 - 160)
Total white cell count, 9.10 10*9/L	9.1 10*9/L	(Range: 4 - 10.5)
Platelet count	184 10*9/L	(Range: 145 - 400)
Mean corpuscular volume (MCV)	99.6 fL	(Range: 80 - 101)
Haematocrit	0.401	(Range: 0.36 - 0.46)
Red blood cell (RBC) count	4.03 10*12/L	(Range: 4 - 5.2)
Mean corpusc. haemoglobin(MCH)	33.1 pg	(Range: 27 - 35)
Mean corpusc. Hb. conc. (MCHC)	332 g/L	(Range: 310 - 360)
Neutrophil count, 6.40 10*9/L	6.4 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count, 1.70 10*9/L	1.7 10*9/L	(Range: 1.3 - 4)
Monocyte count, 0.90 10*9/L	**0.9 10*9/L**	**(Range: 0.2 - 0.8)**
Eosinophil count, 0.10 10*9/L	0.1 10*9/L	(Range: 0.02 - 0.4)
Basophil count, 0.00 10*9/L	0 10*9/L	(No range available)

23-Sept-2008 Dr Bruce Letham (BBL)
Result: Cerv Smear-negative *NO DYSKARYOTIC CELLS SEEN. NO ENDOCERVICAL/METAPLASTIC CELLS SEEN. Management suggested: repeat in 3 years SATISFACTORY*

29-Apr-2008 Dr Helen Wallis (HW)
Result: Microbiology *Reported by: ***** ***** Helicobacter antibody: POSITIVE Antibody to Helicobacter pylori DETECTED Final report.SATISFACTORY, H pylori positive*

28-Apr-2008 Dr Helen Wallis (HW)
Result: Liver function test *REPEAT TEST, specimen damaged. repeat sample if no better*

Serum total protein Haemolysed Specimen	(No range available)
Serum albumin Haemolysed Specimen	(No range available)
Serum globulin Haemolysed Specimen	(No range available)
Serum bilirubin level Haemolysed Specimen	(No range available)
Serum alkaline phosphatase Haemolysed Specimen	(No range available)
ALT/SGPT serum level Haemolysed Specimen	(No range available)

25-Apr-2008 Dr Helen Wallis (HW)
Result: Full blood count - FBC *SATISFACTORY*

Haemoglobin estimation	15.1 g/dL	(Range: 11.5 - 16)
Total white cell count	8.59 10*9/L	(Range: 4 - 10.5)
Platelet count	214 10*9/L	(Range: 145 - 400)
Mean corpuscular volume (MCV)	95.7 fL	(Range: 80 - 98)
Haematocrit	0.441	(Range: 0.36 - 0.46)
Red blood cell (RBC) count	4.61 10*12/L	(Range: 4 - 5.2)
Mean corpusc. haemoglobin(MCH)	32.8 pg	(Range: 25 - 35)
Mean corpusc. Hb. conc. (MCHC)	34.2 g/dL	(Range: 31 - 36)
Neutrophil count	5.85 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.11 10*9/L	(Range: 1.3 - 4)
Monocyte count	0.48 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.13 10*9/L	(Range: 0.02 - 0.4)
Basophil count	0.02 10*9/L	(No range available)

02-Feb-2007 Dr Helen Wallis (HW)
Result: Microbiology *Reported by: Dr Nilangi Virgincar WBCs 719 per cu mm (0 - 40) RBCs 134 per cu mm (0 - 45) Epithelial cells: 18 per cu mm (0 - 100) 1. >100,000 organisms/ml Escherichia coli 2. 3. 4. 1. 2. 3. 4. Trimethoprim S Amoxicillin S Nitrofurantoin S Cephradine S Final report ON CORRECT TREATMENT, CONFIRMS INFECTION*

19-Dec-2006 Dr Helen Wallis (HW)
Result: Microbiology *Reported by: Helicobacter antibody: Equivocal Please repeat if clinically indicated Final report.NO INFECTION DETECTED*

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15-Dec-2006 Dr Helen Wallis (HW)
Result: Full blood count - FBC *NORMAL*

Haemoglobin estimation	14.5 g/dL	(Range: 11.5 - 16)
Total white cell count	8.32 10*9/L	(Range: 4 - 10.5)
Platelet count	204 10*9/L	(Range: 145 - 400)
Mean corpuscular volume (MCV)	**98.2 fL**	**(Range: 80 - 98)**
Haematocrit	0.433	(Range: 0.36 - 0.46)
Red blood cell (RBC) count	4.41 10*12/L	(Range: 4 - 5.2)
Mean corpusc. haemoglobin(MCH)	32.9 pg	(Range: 25 - 35)
Mean corpusc. Hb. conc. (MCHC)	33.5 g/dL	(Range: 31 - 36)
Neutrophil count	6.32 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	1.4 10*9/L	(Range: 1.3 - 4)
Monocyte count	0.5 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.09 10*9/L	(Range: 0.02 - 0.4)
Basophil count	0.01 10*9/L	(No range available)

13-Dec-2006 Dr Helen Wallis (HW)
Result: Renal function tests *NORMAL*

Serum sodium	143 mmol/L	(Range: 134 - 145)
Serum potassium	5.1 mmol/L	(Range: 3.6 - 5.3)
Serum urea level	3.1 mmol/L	(Range: 2.8 - 7)
Serum creatinine	90 umol/L	(Range: 62 - 133)

13-Dec-2006 Dr Helen Wallis (HW)
Result: Liver function test *NORMAL*

Serum total protein	**62 g/L**	**(Range: 63 - 82)**
Serum albumin	41 g/L	(Range: 35 - 49)
Serum globulin	21 g/L	(Range: 17 - 35)
Serum bilirubin level	5 umol/L	(No range available)
Serum alkaline phosphatase	82 iu/L	(Range: 38 - 126)
ALT/SGPT serum level	27 iu/L	(Range: <56)

Other Items

10-Feb-2110	Recall	Primary Care Group *Admin Tag - DO NOT REMOVE*
10-Nov-2025	Read Code	Admin. reminder Task sent to admin team about referral
03-Nov-2025	Read Code	Admin. reminder Task sent to admin team about referral
03-Nov-2025	Read Code	Test Request : XR Shoulder Lt
11-Jun-2025	Read Code	Johns ***** adjusted clinical groups system score ACG 09 9
16-May-2025	Read Code	Johns ***** adjusted clinical groups system score, 0 ACG09
13-Jan-2025	Read Code	Serum ferritin (KJB4810) - Normal 53 ug/L
13-Jan-2025	Read Code	Serum TSH level (KJB4810) - Normal 1.75 mIU/L
10-Jan-2025	Read Code	Test Request : Haemoglobin A1C (HbA1c)
10-Jan-2025	Read Code	Test Request : Vitamin B12/Folate profile
10-Jan-2025	Read Code	Test Request : Calcium adjusted
10-Jan-2025	Read Code	Test Request : Creatinine & Electrolytes Profile, Blood
10-Jan-2025	Read Code	Test Request : C-reactive protein (CRP)
10-Jan-2025	Read Code	Test Request : Full blood count
10-Jan-2025	Read Code	Test Request : Ferritin
10-Jan-2025	Read Code	Test Request : Liver profile
10-Jan-2025	Read Code	Test Request : Thyroid
14-Nov-2024	Read Code	Johns ***** adjusted clinical groups system score ***** - Medium ACG 9
12-Oct-2024	Read Code	Did not attend - no reason

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22-May-2024	Read Code	Test Request : C-reactive protein (CRP)
22-May-2024	Read Code	Unknown specimen
16-May-2024	Read Code	Plasma D-dimer concentration (SZ4810) - negative 437 ng/mL FEU
16-May-2024	Read Code	Did not attend - no reason
16-May-2024	Read Code	Test Request : APTT
16-May-2024	Read Code	Test Request : Creatine kinase
16-May-2024	Read Code	Test Request : C-reactive protein (CRP)
16-May-2024	Read Code	Test Request : Plasma D-dimer concentration
16-May-2024	Read Code	Test Request : Full blood count
16-May-2024	Read Code	Test Request : Prothrombin Time (PT)
16-May-2024	Read Code	Unknown specimen
15-May-2024	Read Code	Test Request : APTT
15-May-2024	Read Code	Test Request : Creatine kinase
15-May-2024	Read Code	Test Request : C-reactive protein (CRP)
15-May-2024	Read Code	Test Request : Plasma D-dimer concentration
15-May-2024	Read Code	Test Request : Full blood count
15-May-2024	Read Code	Test Request : Prothrombin Time (PT)
17-Oct-2023	Read Code	Immediate ***** medium ACQ
03-Oct-2023	Read Code	Enhanced review not indicated before granting access to own health record
11-Aug-2023	Read Code	Test Request : Helicobacter pylori stool antigen
13-Jun-2023	Read Code	Se CEA (carcinoembrynic Ag) lv (KJB4810) - from secondary care 13.06.2023 CEA level in smokers may be up to 6.5 ug/L. 3.4 ug/L
27-Apr-2023	Read Code	Test Request : Mid-Stream Urine C and S
23-Nov-2022	Read Code	Enhanced review indicated before granting access to own health record Patient access pre-switch on work
04-July-2022	Read Code	Test Request : XR Foot Rt
05-Feb-2021	Read Code	Short message service text message sent to patient Appt reminder Feb 07 11:40am Eastfield House. Please wear a face covering when attending your appointment. Flu Vaccinations are at Eastfield House and Covid vaccinations will be held at Newbury Racecourse. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
04-Dec-2020	Read Code	Short message service text message sent to patient Appt reminder Dec 05 10:00am Dr ***** *****. Please wear a face covering if you are attending the surgery. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
03-Dec-2020	Read Code	Short message service text message sent to patient Appt reminder Dec 05 10:00am Dr ***** *****. Please wear a face covering if you are attending the surgery. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
26-Nov-2020	Read Code	Test Request : Follicle stimulating hormone
26-Nov-2020	Read Code	Test Request : Haemoglobin A1c
26-Nov-2020	Read Code	Test Request : Full blood count
26-Nov-2020	Read Code	Test Request : Liver profile

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26-Nov-2020	Read Code	Test Request : Lipid: non-fasting profile
26-Nov-2020	Read Code	Test Request : TFT: screen or diagnosis
26-Nov-2020	Read Code	Test Request : Urea & electrolytes profile
22-Nov-2020	Read Code	Short message service text message sent to patient We note that you have still not had a flu vaccination this year. We are holding a flu clinic on Saturday 5th December at Eastfield House. Please use online access or call Eastfield House Surgery to book an appointment.
09-Nov-2020	Read Code	Short message service text message sent to patient For any questions regarding the new Covid-19 restrictions from 5/11/20, please visit the government website https://bit.ly/34Qf1wU. For support with getting food and medication or for money worries due to Covid-19, call the community support hub on 01635503579. If you still have any questions, please call our social prescriber on 0163541495. Thank you. www.mygp.io/*****
04-Nov-2020	Read Code	Short message service text message sent to patient We still have some flu vaccines available for our drive-through flu clinic on Saturday 14th November at Newbury *****. You can make an appointment using online access or by phoning 01635 41495
30-Oct-2020	Read Code	Short message service text message sent to patient Your GP strongly recommends that you have a flu jab this season. Our drive-through flu clinic will be on Saturday 14th November at NEWBURY *****. Please use online access to book an appointment or call 01635 41495.
21-Oct-2020	Read Code	Short message service text message sent to patient As a patient at high risk of complications from Covid-19, all members of your household are entitled to a free flu jab. Please ask them to call 01635 41495 to book an appointment. www.mygp.io/*****
21-Oct-2020	Read Code	Short message service text message sent to patient As a patient at high risk of complications from Covid-19, all members of your household are entitled to a free flu jab. Please ask them to call 01635 41495 to book an appointment. www.mygp.io/*****
21-Oct-2020	Read Code	Short message service text message sent to patient Your GP has recommended that you to have a flu jab due to you being in a clinical risk group. Appointments are available this Saturday 24th October at Eastfield House Surgery. Please book using online access or phone 01635 41495. Vaccines are in short supply so we recommend booking asap.
09-Sept-2020	Read Code	Short message service text message sent to patient Please call reception on 01635 41495 to book your free NHS Flu jab. Any one who ***** you is also entitled to a free NHS Flu jab this year so please encourage them to book an appointment. Thank you. Eastfield House Surgery.
06-Aug-2020	Read Code	Short message service text message sent to patient Appt reminder Aug 07 11:40am Mrs ***** Hatherall Eastfield House. We strongly recommend that you wear a face covering to your appointment to help protect staff and patients from COVID-19. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
04-May-2020	Read Code	Test Request : H.pylori Faecal Antigen
09-Apr-2020	Read Code	High risk category for developing complication from COVID-19 infection Synchronised entry with NHS Shielded Patient List. Central analysis of NHS Data has indicated the patient may have these risks: "Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic and related tissue"(2020-01-28)"
23-Mar-2020	Read Code	Short message service text message sent to patient Our records indicate that you are a current smoker. Your GP would like to invite you to visit our website to find out how you can be supported to give up smoking using the following link: https://eastfieldhousesurgery.co.uk/digitalpractice/advice-and-help Information can also be found on the following website: https://www.smokefreelifeberkshire.com/ www.mygp.io/*****
23-Mar-2020	Read Code	Smoking cessation education No additional comment entered
20-Mar-2020	Read Code	High risk category for developing complication from COVID-19 infection Synchronised entry with NHS Shielded Patient List
20-Mar-2020	Read Code	Smoking cessation advice No additional comment entered
20-Mar-2020	Read Code	Short message service text message sent to patient Our records indicate that you are a current smoker. Your GP would like to invite you to visit our website to find out how you can be supported to give up smoking using the following link: https://eastfieldhousesurgery.co.uk/digitalpractice/advice-and-helpInformation can also be found on the following website: https://www.smokefreelifeberkshire.com/ www.mygp.io/*****

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03-Mar-2020	Read Code	Serum C reactive protein level (KJB4810) - Satisfactory 16 mg/L
03-Mar-2020	Read Code	eGFRcreat (CKD-EPI)/1.73 m*2 (KJB4810) - Satisfactory 76 mL/min/1.73 m2
03-Mar-2020	Read Code	Test Request : C-reactive protein (CRP)
03-Mar-2020	Read Code	Test Request : Full blood count
03-Mar-2020	Read Code	Test Request : Liver profile
03-Mar-2020	Read Code	Test Request : Urea & electrolytes profile
03-Mar-2020	Read Code	Systolic arterial pressure 118 mmHg
03-Mar-2020	Read Code	Diastolic arterial pressure 70 mmHg
11-Nov-2019	Read Code	Test Request : Faecal culture
14-Oct-2019	Read Code	SMS text message sent to patient From Eastfield House Surgery. You are eligible for a free flu vaccination. Please call 01635 41495 to book an appointment. Please do not reply to this text.
26-Sept-2019	Read Code	Cancer short term health assessment
28-Aug-2019	Read Code	Serum C reactive protein level (KJB4810) - CRP 29, improved a little compared to July 29 mg/L
28-Aug-2019	Read Code	Serum TSH level (KJB4810) - Normal 1.88 mu/L
28-Aug-2019	Read Code	eGFRcreat (CKD-EPI)/1.73 m*2 (KJB4810) - Normal 80 mL/min/1.73 m2
28-Aug-2019	Read Code	Erythrocyte sedimentation rate (KJB4810) - Borderline ESR/suggestive of mild inflammation, in keeping with other recent blood tests 11 mm/h
22-Aug-2019	Read Code	Test Request : Calcium adjusted
22-Aug-2019	Read Code	Test Request : C-reactive protein (CRP)
22-Aug-2019	Read Code	Test Request : Erythrocyte sedimentation rate (ESR)
22-Aug-2019	Read Code	Test Request : Full blood count
22-Aug-2019	Read Code	Test Request : Liver profile
22-Aug-2019	Read Code	Test Request : TFT: screen or diagnosis
22-Aug-2019	Read Code	Test Request : Urea & electrolytes profile
22-Aug-2019	Read Code	Unknown specimen
21-Aug-2019	Read Code	Test Request : Calcium adjusted
21-Aug-2019	Read Code	Test Request : C-reactive protein (CRP)
21-Aug-2019	Read Code	Test Request : Erythrocyte sedimentation rate (ESR)
21-Aug-2019	Read Code	Test Request : Full blood count
21-Aug-2019	Read Code	Test Request : Liver profile
21-Aug-2019	Read Code	Test Request : TFT: screen or diagnosis
21-Aug-2019	Read Code	Test Request : Urea & electrolytes profile
19-July-2019	Read Code	Serum C reactive protein level (MD4810) - raised inflammatory marker, antibiotics prescribed 45 mg/L
19-July-2019	Read Code	eGFRcreat (CKD-EPI)/1.73 m*2 (MD4810) - Satisfactory 80 mL/min/1.73 m2

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18-July-2019	Read Code	SMS text message sent to patient Appt reminder Jul 19 9:05am Ms Test Blood Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
17-July-2019	Read Code	SMS text message sent to patient Appt reminder Jul 19 9:05am Ms Test Blood Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
04-July-2019	Read Code	Test Request : C-reactive protein (CRP)
04-July-2019	Read Code	Test Request : Full blood count
04-July-2019	Read Code	Test Request : Liver profile
04-July-2019	Read Code	Test Request : Urea & electrolytes profile
04-July-2019	Read Code	Unknown specimen
04-July-2019	Read Code	Test Request : C-reactive protein (CRP)
04-July-2019	Read Code	Test Request : Full blood count
04-July-2019	Read Code	Test Request : Liver profile
04-July-2019	Read Code	Test Request : Urea & electrolytes profile
25-Mar-2019	Read Code	SMS text message sent to patient Appt reminder Mar 26 8:30am Dr Kelvin Badham Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL.
01-Mar-2019	Read Code	Serum C reactive protein level (KJB4810) - Satisfactory (CRP 7) 7 mg/L
01-Mar-2019	Read Code	GFR calculated abbreviatd MDRD (KJB4810) - Satisfactory 77 mL/min/1.73 m2
01-Mar-2019	Read Code	Se CA 125 level (KJB4810) - Normal 27 ku/L
01-Mar-2019	Read Code	HbA1c levl - IFCC standardised (KJB4810) - Normal 33 mmol/mol
18-Feb-2019	Read Code	Test Request : CA 125
18-Feb-2019	Read Code	Test Request : C-reactive protein (CRP)
18-Feb-2019	Read Code	Test Request : Haemoglobin A1c
18-Feb-2019	Read Code	Test Request : Full blood count
18-Feb-2019	Read Code	Test Request : Liver profile
18-Feb-2019	Read Code	Test Request : Lipid: non-fasting profile
18-Feb-2019	Read Code	Test Request : Urea & electrolytes profile
18-Feb-2019	Read Code	Test Request : US Pelvis
18-Feb-2019	Read Code	Test Request : US Urinary tract
18-Feb-2019	Read Code	Systolic blood pressure 116 mmHg
18-Feb-2019	Read Code	Diastolic blood pressure 78 mmHg
04-Jan-2019	Read Code	SMS text message sent to patient Please call Eastfield House Surgery on 41495 to book or decline your seasonal flu vaccination.
28-Dec-2018	Read Code	Test Request : Urine culture: MSU
27-Dec-2018	Read Code	SMS text message sent to patient Our records show that you have not had your seasonal flu vaccination. Please call Eastfield House on 01635 41495 to book or decline your invitation.
13-Dec-2018	Read Code	SMS text message sent to patient Our records show that you have not had a flu vaccine this year.Please call Eastfield House 41495 to book or decline an appointment.

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11-Dec-2018	Read Code	Systolic blood pressure 118 mmHg
11-Dec-2018	Read Code	Diastolic blood pressure 74 mmHg
10-Dec-2018	Read Code	SMS text message sent to patient It has been recommended that you have a flu vaccine this winter. Please call Eastfield House on 41495 to arrange an appointment.
06-Dec-2018	Read Code	SMS text message sent to patient You are eligible for a free Flu vaccine. Please call Eastfield House Surgery to book an appointment.
27-Nov-2018	Read Code	SMS text message sent to patient Please call Eastfield House to make an appointment for your flu vaccination. Appointments are available weekdays and Saturday 1st December.
19-Nov-2018	Read Code	SMS text message sent to patient Please call Eastfield House on 41495 to make an appointment for your flu vaccination. Appointments are available this Saturday 24th November.
19-Nov-2018	Read Code	SMS text message sent to patient Please call Eastfield House on 41495 to make an appointment for your flu vaccination. Appointments are available this Saturday 24th November.
13-Nov-2018	Read Code	Mammography not attended dna any session
20-Apr-2018	Read Code	Did not attend - no reason
19-Apr-2018	Read Code	SMS text message sent to patient Appt reminder Apr 20 9:40am Dr Kelvin Badham Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
18-Apr-2018	Read Code	SMS text message sent to patient Appt reminder Apr 20 9:40am Dr Kelvin Badham Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
16-Apr-2018	Read Code	SMS text message sent to patient Appt reminder Apr 17 10:50am Mrs Angela Slattery Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
13-Apr-2018	Read Code	SMS text message sent to patient Appt reminder Apr 17 10:50am Mrs Angela Slattery Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
26-Mar-2018	Read Code	SMS text message sent to patient Appt reminder Mar 27 10:10am Mrs Angela Slattery Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
26-Feb-2018	Read Code	Did not attend - no reason
23-Feb-2018	Read Code	SMS text message sent to patient Appt reminder Feb 26 10:20am Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
19-Feb-2018	Read Code	Test Request : Mycology: Nail
19-Feb-2018	Read Code	Unknown specimen
16-Jan-2018	Read Code	Test Request : Mycology: Nail
15-Jan-2018	Read Code	SMS text message sent to patient Appt reminder Jan 16 3:20pm Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
12-Jan-2018	Read Code	SMS text message sent to patient Appt reminder Jan 16 3:20pm Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
30-Nov-2017	Read Code	SMS text message sent to patient Appt reminder Dec 01 10:30am Dr Kelvin Badham Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
28-Sept-2017	Read Code	SMS text message sent to patient From Eastfield House Surgery. Please call 01635 41495 to book your FREE flu jab - ignore if already booked. Please do not reply to this text. Thank you.
31-July-2017	Read Code	SMS text message sent to patient Appt reminder Aug 01 9:00am Dr Kelvin Badham Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.

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11-July-2017	Read Code	SMS text message sent to patient Appt reminder Jul 12 5:20pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
07-July-2017	Read Code	SMS text message sent to patient Appt reminder Jul 12 5:20pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
17-May-2017	Read Code	SMS text message sent to patient Appt reminder May 18 10:10am Dr ***** Hetherington Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
26-Apr-2017	Read Code	SMS text message sent to patient Appt reminder Apr 27 10:20am Dr Miranda ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
12-Apr-2017	Read Code	Preferred method of contact: unknown
03-Mar-2017	Read Code	Helal metatarsal osteotomy basal osteotomy 3rd metatarsal
16-Jan-2017	Read Code	Did not attend - no reason
13-Jan-2017	Read Code	SMS text sent to patient Appt reminder Jan 16 10:00am Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
13-Jan-2017	Read Code	SMS text sent to patient Appt reminder Jan 16 10:40am Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
04-Jan-2017	Read Code	Test Request : XR Foot Lt
04-Jan-2017	Read Code	Test Request : XR Foot Rt
04-Oct-2016	Read Code	SMS text sent to patient Appt reminder Oct 05 9:00am Dr ***** ***** Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
30-Sept-2016	Read Code	Serum C reactive protein level (HKMW4810) - Normal 0.4 mg/L
30-Sept-2016	Read Code	GFR calculated abbreviatd MDRD (HKMW4810) - Normal 84 mL/min/1.73 m2
30-Sept-2016	Read Code	HbA1c levl - IFCC standardised (HKMW4810) - Normal not diabetic 32 mmol/mol
30-Sept-2016	Read Code	Test Request : TFT: screen or diagnosis
30-Sept-2016	Read Code	Test Request : Urea & electrolytes profile
30-Sept-2016	Read Code	Test Request : XR Chest
30-Sept-2016	Read Code	Test Request : C-reactive protein (CRP)
30-Sept-2016	Read Code	Test Request : Haemoglobin A1c
30-Sept-2016	Read Code	Test Request : Full blood count
30-Sept-2016	Read Code	Test Request : Liver profile
30-Sept-2016	Read Code	Test Request : TFT: screen or diagnosis
30-Sept-2016	Read Code	Test Request : Urea & electrolytes profile
30-Sept-2016	Read Code	Test Request : XR Chest
30-Sept-2016	Read Code	Test Request : C-reactive protein (CRP)
30-Sept-2016	Read Code	Test Request : Haemoglobin A1c
30-Sept-2016	Read Code	Test Request : Full blood count
30-Sept-2016	Read Code	Test Request : Liver profile
10-Aug-2016	Read Code	Did not attend - no reason

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09-Aug-2016	Read Code	SMS text sent to patient Appt reminder Aug 10 5:40pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
05-Aug-2016	Read Code	SMS text sent to patient Appt reminder Aug 10 5:40pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text back CANCEL. NO OTHER REPLIES PLEASE.
26-May-2016	Read Code	SMS text sent to patient Hi
26-May-2016	Read Code	SMS text received from patient Who this..
17-May-2016	Read Code	Did not attend - no reason
16-May-2016	Read Code	SMS text sent to patient Appt reminder May 17 8:40am Dr ***** Beale Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text CANCEL. Sorry NO OTHER msgs *****.
03-May-2016	Read Code	SMS text sent to patient Appt reminder May 04 5:30pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text CANCEL. Sorry NO OTHER msgs *****.
29-Apr-2016	Read Code	SMS text sent to patient Appt reminder May 04 5:30pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text CANCEL. Sorry NO OTHER msgs *****.
12-Apr-2016	Read Code	SMS text sent to patient Appt reminder Apr 13 4:30pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text CANCEL. Sorry NO OTHER msgs *****.
08-Apr-2016	Read Code	SMS text sent to patient Appt reminder Apr 13 4:30pm Mrs ***** Mcnish Eastfield House. To cancel-if appt in less than 4hrs call 01635 41495. If longer text CANCEL. Sorry NO OTHER msgs *****.
27-Oct-2015	Read Code	SMS text sent to patient Eastfield House Surgery is starting text service for patient appt. reminders & health info. Our records show this is a shared mobile number. If you do not want to receive these texts please text back OPT OUT. Thanks
01-July-2015	Read Code	Patient allocated named accountable general practitioner
30-Jun-2015	Read Code	Informing patient of named accountable general practitioner
26-Jun-2015	Read Code	Patient allocated named accountable general practitioner
17-Jun-2015	Read Code	Cervical smear screen admin. HA RECENTLY CEASED - NO CERVIX
13-May-2015	Read Code	Vaginal hysterectomy - conservation of ovaries [and ovaries/adenexa removed 2025] Complex Atypical Hyperplasia
17-Mar-2015	Read Code	Test Request : US Pelvis
11-Mar-2015	Read Code	Serum C reactive protein level (HKMW4810) - Satisfactory 2.6 mg/L
10-Mar-2015	Read Code	Test Request : C-reactive protein (CRP)
10-Mar-2015	Read Code	Test Request : Ferritin
10-Mar-2015	Read Code	Test Request : Full blood count
06-Mar-2015	Read Code	Cervical smear screen admin. HA FINAL NON RESPONDER
13-Aug-2014	Read Code	Did not attend - no reason
01-July-2014	Read Code	Cervical smear screen admin. HA ROUTINE
23-Jun-2014	Read Code	Did not attend - no reason
24-Mar-2014	Read Code	Serum C reactive protein level (HKMW4810) - Satisfactory 2.1 mg/L
24-Mar-2014	Read Code	GFR calculated abbreviatd MDRD (HKMW4810) - Satisfactory eGFR: If of Afro-Caribbean origin multiply by 1.2 60 mL/min/1.73 m2
24-Mar-2014	Read Code	IgG (KB4810) - Satisfactory 6.9 g/L
24-Mar-2014	Read Code	IgA (KB4810) - Satisfactory 1.29 g/L
24-Mar-2014	Read Code	IgM (KB4810) - Satisfactory 0.78 g/L

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19-Mar-2014	Read Code	Test Request : C-reactive protein (CRP)
19-Mar-2014	Read Code	Test Request : Full blood count
19-Mar-2014	Read Code	Test Request : Liver profile
19-Mar-2014	Read Code	Test Request : Protein electrophoresis, serum
19-Mar-2014	Read Code	Test Request : Urea & electrolytes profile
19-Mar-2014	Read Code	Test Request : ASO (Antistreptolysin O)
19-Mar-2014	Read Code	Test Request : CMV (Cytomegalovirus) IgM
19-Mar-2014	Read Code	Test Request : EBV (Epstein Barr virus) serology
19-Mar-2014	Read Code	Test Request : Parvovirus PCR
19-Mar-2014	Read Code	Test Request : Protein electrophoresis, urine
21-Jan-2014	Read Code	Systolic blood pressure 110 mmHg
21-Jan-2014	Read Code	Diastolic blood pressure 70 mmHg
29-Nov-2013	Read Code	Is a *****
05-Jun-2013	Read Code	Did not attend - no reason
20-Mar-2013	Read Code	Smoking cessation advice Stop smoking Advice & Support letter sent
11-Mar-2013	Read Code	QDiabetes (QDScore) type 2 diabetes 10 year risk Added via Batch Data Management 0.1 %
05-Sept-2012	Read Code	Implied consent for core Summary Care Record dataset upload Added by computer system (SCR)
27-July-2012	Recall	Medication Review
10-Nov-2011	Read Code	Cervical smear refused Non Responder
23-Feb-2009	Read Code	Medication review with patient
02-Sept-2008	Read Code	Cervical neoplasia screen (GMS)
02-Sept-2008	Read Code	Cervical smear taken (Dr H *****)
02-Sept-2008	Read Code	Cervical smear: negative (Endocervical Cells Absent,Dr H *****) 08/25854
27-Aug-2008	Read Code	Cervical smear refused
24-Apr-2008	Read Code	Tissue Transglutaminase SATISFACTORY 1
30-Jan-2007	Read Code	Systolic blood pressure 110 mm Hg
30-Jan-2007	Read Code	Diastolic blood pressure 74 mm Hg
13-Dec-2006	Read Code	GFR calculated abbreviatd MDRD 67 mL/min/1.73 m2
13-Dec-2006	Read Code	Erythrocyte sedimentation rate NORMAL 1 mm/h
14-Nov-2005	Read Code	Notes summary on computer hn
25-Aug-2005	Read Code	Cervical smear non-responder HA LETTERS ONLY RE HW
20-July-2005	Read Code	Notes summary on computer pt did not leave practice
11-July-2005	Read Code	Cervical smear refused
01-Sept-2003	Read Code	Notes summary on computer

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27-July-2000	Read Code	Cervical smear non-responder H A letter retuned ?moved away
08-Apr-1998	Read Code	Cervical smear non-responder (G.P.Surgery)
23-Apr-1997	Read Code	New patient screen Eligible
11-Mar-1997	Read Code	Cervical neoplasia screen (*****)
11-Mar-1997	Read Code	Cerv.smear: mild dyskaryosis (*****)
06-Jun-1995	Read Code	Cervical neoplasia screen (GMS)
06-Jun-1995	Read Code	Cervical smear: negative (GMS)
28-Dec-1994	Read Code	Cigarette smoker 15 /day
28-Dec-1994	Read Code	O/E - weight 60.33 Kg
28-Dec-1994	Read Code	Body Mass Index 21.5
28-Dec-1994	Read Code	Ideal weight 64.6 Kg
28-Dec-1994	Read Code	No FH: Ischaemic heart disease
28-Dec-1994	Read Code	Health ed. - smoking
28-Dec-1994	Read Code	Health ed. - alcohol
28-Dec-1994	Read Code	Current smoker
28-Dec-1994	Read Code	Alcohol consumption - 3 units/week
28-Dec-1994	Read Code	O/E - height 167.64 cm
28-Dec-1994	Read Code	Systolic blood pressure 105 mm Hg
28-Dec-1994	Read Code	Diastolic blood pressure 65 mm Hg
17-Aug-1990	Read Code	Cervical neoplasia screen (GMS)
17-Aug-1990	Read Code	Cervical smear: negative 90/26134

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Attachments

Medical report received
24-Apr-2026 Miss Jodi Strong (JES4810)
Additional: Medical report received
MMA (24-Apr-2026)
Filename: mn.pdf
Extension:.tif
Pages:

24 APR 2026

MMA
LEGAL

Eastfield House Surgery
6 St John's Rd
Newbury
RG147LW

Date 21/04/2026

Ref: 100109

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Ms Williamina Noble
Client Reference: 100109
Client Address: 11 Bronte Rise, Newbury, RG14 7UG
Date of Birth: 17/02/1971
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

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

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

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history

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Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

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

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[redacted]

THIRD PARTY

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below			**(the "Client")**
Full Name:		Williami	Noble
Date of Birth:		17/2/197	
Previous Names (if any):			
Current Address:		11 Bronte	ise Newbury RG14 7UG

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SRA Number: 8000579

Zoho Sign Document ID: 4AE803519-CCEI6QIXTZKH15XA9LE7TUJO1TBSVRGQ3V0FVIA4K-E

Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	admin@mmalegalsolicitors.co.uk
Telephone Number	0330 341 3679
CHI / NHS Number (if known):	

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1. **STATUS AND CONSTRUCTION**

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

1.1.1. UK GDPR

1.1.2. Data Protection Act 2018

[redacted] confidentiality

1.1.4. Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. **APPOINTMENT**

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

2.1.1. An application to Redress Scotland;

2.1.2. Any review, reconsideration or appeal;

2.1.3. Evidence gathering and submission;

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2.1.4. Any associated advisory, compensatory r restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and privat bodies including (without limitation):

3.1.1. Local Authorities and Councils

3.1.2. NHS Boards and GP Practices

3.1.3. Health & Social Care Partnerships

3.1.4. Integration Joint Boards

3.1.5. Religious bodies and orders

3.1.6. Residential and foster care providers

3.1.7. Education authorities and schools

3.1.8. Government departments

3.1.9. Archive services

3.1.10. Insurers holding historical liability files

3.1.11. Successor, merged or restructured publi bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handr itten;

3.2.2. Stored off-site by contractors;

3.2.3. Held by dissolved or reconstituted insti ions;

3.2.4. Transferred following statutory reorgani tion.

3.3. The Client requests that records not be withhelc blely on administrative grounds such as archival storage or institutional restruct ng including, for example:

3.3.1. The institution has closed or restructured

3.3.2. Records are archived or require manual r deval;

3.3.3. Records are held by insurers or successo odies;

3.3.4. Retrieval involves time or administrative urden.

4. SPECIAL CATEGORY DATA – EXPLICIT CON ENT

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4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

4.1.1. Physical and mental health records

4.1.2. Psychiatric and psychological reports

4.1.3. Therapy and counselling notes

4.1.4. CAMHS records

4.1.5. Social work and safeguarding files

4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.
This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data

5.1.2. [redacted] investigation material

5.1.3. [redacted] investigations

5.1.4. Statements and intelligence logs

5.1.5. Outcome decisions

including records held by:

5.1.6. [redacted] Scotland

5.1.7. Any predecessor Scottish [redacted] force

5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

7.1.1. Identify the specific statutory exemption relied upon;

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7.1.2. Explain how that exemption applies to the particular Record;

7.1.3. Confirm why partial disclosure is not possible;

7.1.4. Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

8.2.1. An internal template form has not been used;

8.2.2. The Authority is considered "out of date" within internal policy;

8.2.3. Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good [redacted] reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	

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Zoho Sign Document ID: 4AE803519-CCEI6QIXTZKH15XA9LE7TUJO1TBSVRGQ3V0FVIA4K-E

Signature	Williamina Noble
Print Name	Williamina Noble
Date	Feb 16 2026 15:35 GMT

Witness	
Name	[redacted]
Address	MMA Legal Stok SK1 1RY
Occupation	File Handler
Signature	James Thompson
Date	16/2/2026

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Zoho Sign

Generated on Feb 19, 2026 22:57 GMT

Certificate of Completion

Summary

Document ID: 4AE803519-CCEI6QIXTZKH15XA9LE7TUJO1TBSV RGQ3V0FVIA4K-E

Document name: REDRESS REDO

Sent by: [redacted]

Organization: MMA Legal Limited

Sent on: Feb 16, 2026 12:31:47 GMT

Completed on: Feb 16, 2026 17:55:39 GMT

Sign order: Sequential

No. of documents: 1

Time zone: Europe/London (GMTZ)

Signers: 2

Receives a copy: 0

Approvers: 0

Witnesses: 0

Recipient reviewers: 0

Recipients

Signer

Williamena Noble
mena.noble@rocketmail.com
|+44-07979003208

Signature
Williamena Noble

Emailed on: Feb 16, 2026 12:31:48 GMT

Viewed on: Feb 16, 2026 12:48:22 GMT

Terms agreed on: Feb 16, 2026 15:35:17 GMT

Signed on: Feb 16, 2026 15:35:31 GMT

Sent via SMS on: Feb 16, 2026 12:31:48 GMT

Accessed from: 94.196.11.179

Device used: Mobile

Authentication type: None

Signer [redacted]
matt.bell@mmalegal.co.uk

Signature
Matthew [redacted]

Emailed on: Feb 16, 2026 15:35:31 GMT

Viewed on: Feb 16, 2026 17:55:29 GMT

Terms agreed on: Feb 16, 2026 17:55:32 GMT

Signed on: Feb 16, 2026 17:55:39 GMT

Accessed from: 212.54.135.150

Device used: Web

Authentication type: None

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Legal Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'I agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'I agree' button.

Electronic documents

Please note that MMA Legal Limited ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from admin@mmalegalsolicitors.co.uk. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to admin@mmalegalsolicitors.co.uk informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

To advise MMA Legal Limited of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at admin@mmalegalsolicitors.co.uk

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Edge. Zoho Sign is also available on iOS and Android devices.

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Scotland's Redress Scheme

Williamina Noble
11 Brontë Rise
Newbury
West Berkshire
RG14 7UG

16th February 2026

Dear Williamina,

I am writing to confirm that we have received your application for Scotland's Redress Scheme. Your application reference number is : SPP486198

Your application will be assigned to a designated case [redacted] who will be responsible for working on your application and will be a point of contact throughout the process.

Please note that due to the high volumes of redress applications received, the time taken to have applications assigned to a case worker is taking longer than we would like. Whilst we cannot provide a timescale for how long it may take to have your application assigned to a case [redacted] it may be helpful to be aware that we are currently assigning applications that were received in March 2025.

We would like to reassure you that we are working hard to ensure your application will be assigned at the earliest opportunity. You can continue to provide further information to the scheme in order to progress your application. You can also contact the team if you wish to discuss your application. They are here to help and answer any questions you may have.

We have reviewed the documents provided to date and provide a summary of the further information required below.

In summary:

- Certified ID – information sheet included
- Care records – information sheet included
- Supporting documentation
- Bank statement

Support service

We have a support service who can provide practical support with the application, emotional support through the process and support to access records. If you would

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Scottish Government
Riaghaltas na [redacted]
gov.scot

like to access support from our support service, please contact us on the details below.

Further Information

We are enclosing a copy of the Summary of Options guidance, and a flow chart providing information about the application process, which we send to all applicants.

We provide some further information about the documentation required to progress your application below:

Bank Statement

You have not provided your bank details. In order to ensure any payment is only received by applicants we will require a bank statement to confirm your account. We do not need to see any transactions, simply your name, address, sort code and account number. If you have any questions regarding this please do not hesitate to contact me.

Certified ID

This information is needed to confirm who you are.
You must do this by providing a certified copy of your identification documents.

I have enclosed/attached an information sheet regarding the types of identification required by the scheme and how to get them certified.

Care Records

For individually assessed payment applications, you need to provide one document to show you were in the care of each relevant care setting you mention in your application.
Please see page 22 of the "Help to Apply" guidance.

I enclose information sheet regarding the different ways to access care records.

Supporting Documents

For individually assessed payment applications, you need to provide at least one document that supports your statement of abuse.
You can [redacted] more about documents you can use on page 33 of the "Help to Apply" guidance.

Further help and support

If you have any questions about the contents of this letter, require additional copies of application forms, or require any further support concerning your application, please don't hesitate to get in contact with us.

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Attachment
22-Apr-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
My Keeping Well and Safe Letter Talking Therapies Mental Health
Filename: D10_K81002_4908_f3d0bb61-7529-4397-b281-c55e42784f30.TIF.XX2
Extension:.tif
Pages:

NHS
Talking Therapies
Berkshire Healthcare

Phone: 0300 365 2000 (option 2)
Email: talkingtherapies@berkshire.nhs.uk

Emailed to Client

PRIVATE AND CONFIDENTIAL
Ms Mena Noble
11 BRONTE RISE
GREENHAM
NEWBURY
BERKSHIRE
RG14 7UG

22/04/2026

NHS No: 400 213 0924

Dear Ms Noble

Your treatment with NHS Berkshire Talking Therapies

Thank you for attending your recent appointment where we talked through the below 'My Keeping Well and Safe Plan'.

I look forward to speaking with you again on 28/04/2026 at 5:30pm via video consultation.

Sometimes people with anxiety and/or depression experience thoughts about harming themselves or ending their lives, this can make day-to-day life a challenge.

We want to support you to be able to look after yourself and keep yourself safe so that you can get the most out of your treatment with us. Following our appointment today I wanted to share the below plan with both you and your GP. *Please print this out if you can and keep the safety plan in a safe and accessible place in case you ever feel like you are in a crisis.*

My Keeping Well and Safe Plan

What are the signs that I am feeling worse?

- Ø High levels of anger

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Ø Talking really fast

Ø Fidgeting

Ø Pacing

Ø Be rude

Who would I call? If they are not available who else?

Which of these support numbers would you call/text?

GP: Y

The below are available 24/7:

NHS 111: Y

SHOUT (text SHOUT to 85258): Y

Samaritans on 116 123: Y

If you need immediate help, call emergency services on 999: Y

See helpful Booklet: CopingSuicidalThoughts.pdf

THIRD PARTY COPY

Practical things/activities I can do when struggling (what has worked before)?

- Ø **Gardening**
- Ø **Spending time in the garden**
- Ø **Spending time with dog**

What else could I be doing to keep myself/others safe?

- Ø Feel safe at home

I look forward to working with you,

Yours sincerely,

[redacted] Roodenberg

NHS Berkshire Talking Therapies

CC: Dr 6 St. Johns Road Newbury RG14 7LW 0163541495

THIRD PARTY COPY

Berkshire Healthcare Charity reg 1049733
disability confident LEADER
VETERAN AWARE
Stonewall
Care Quality Commission Inspected and rated Outstanding

Attachment
30-Mar-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Plastic surgery
Filename: D10_K81002_4908_2a6dc084-c47f-455d-ad43-03d870dad432.TIF.XX2
Extension: tif
Pages:

Ms [redacted] Teo
Consultant Plastic Surgeon
MBChB MSc FRCS(Plast) DipHandSurg (UK)

NHS
Royal Berkshire
NHS Foundation Trust
Department of Plastic Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 7139
Email: rbb-tr.cat1@nhs.net

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

30th March 2026

IT/modl/38425685 MRN:981612

Dear Ms Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

Diagnosis:

25.02.26- WLE SCC left lower lip and local flap
19.02.26- skin MDT left lower lip SCC pT1. VHRFU in dermatology

PLAN:
Massage scars
Derm f/u

Background:
09.12.25- Shave C&C lesion left lower lip- regressing keratoacanthoma.
Nerve pain in feet
No prev diagnosis of skin cancer
[redacted] syndrome
Bowel CA (treated with surgery) - stoma in situ
Hysterectomy

Meds:
Amitriptyline
NKDA

Social:
Not in employment
Lives alone, independent ADL
Avoids sun, burns easily

It was a pleasure seeing you again at West Berkshire hospital. You had undergone a wide local excision and local flap reconstruction by my [redacted] Mr Kain last month. The specimen removed has shown a squamous cell carcinoma with clear margins. On examination you have a healed local flap on your left lower lip. There is some tightness as expected with the timing of surgery. There were no lesions of concern and no lymphadenopathy.

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We have had discussion regarding squamous cell carcinomas and the importance of self surveillance, sun protection and vitamin-D supplementation. I have advised that you massage the scar twice a day to help it settle and soften. I see that dermatology have plans to follow you up in the clinic. As such I will discharge you from the plastic surgery service and leave you in their capable hands. I wish you all the very best. Kind regards

Yours sincerely

Electronically signed

Ms [redacted] Teo
Consultant Plastic Surgeon
MBChB MSc FRCS(Plast) DipHandSurg (UK)

CC: POOLED LIST EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
25-Mar-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinic Letter Royal Berkshire Hospital Dermatology
Filename: D10_K81002_4908_170d0584-f954-4c48-9fe1-355382abf523.TIF.XX2
Extension:.tif
Pages:

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

25th March 2026 SG/modl/38389203 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I am writing to you with regards to the lesion you the care of the plastic surgery team from your chin. These results came back as a type of skin cancer called squamous cell carcinoma. More information on the diagnosis can be read from www.bad.org.uk website, under patient information leaflet read on squamous cell carcinoma. You have been discussed at our recent MDT meeting and it was advised that we keep you under surveillance in particular for the lesion excised under the care of the plastic surgery team from the face. You also have a history of Lynch syndrome and had several keratoacanthoma excised in the past. I would encourage you to self assess your skin on a regular basis as well as use adequate sun protection measures towards sun-exposed areas. In case you have any concerns with regard to any new suspicious lesion please do not hesitate to contact your GP surgery immediately. I have requested a follow-up appointment in the dermatology clinic within the next three-months. Please do not hesitate to contact me if you have any query.

Yours sincerely

Electronically signed

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] and understanding.

CC: POOLED LIST EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Please note that this letter has been produced using the trusts electronic dictation system. Although every attempt has been made to avoid mistakes, there may be a chance of some wording and contextual errors. If there are any discrepancies or questions please don't hesitate to contact the department for these to be clarified.

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Prescription request
06-Mar-2026 Ms Gemma Bell (GB4810)
Additional: Prescription request
Pillsorted (06-Mar-2026)
Filename: M.N.pdf
Extension: tif
Pages:

Outlook

Prescription Request | 955813 | Mena Noble

From Patient Choice <admin@patientchoice.net>
Date Fri 06/03/2026 13:11
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

This message originated from outside of NHS.net Connect. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Date: **06/03/2026**

Prescription Clerk

Eastfield House Surgery

Eastfield House,

Newbury, Berkshire, RG14 7LW

patientchoice

Reference: 955813

THIRD PARTY COPY

PRESCRIPTION REQUEST

Patient Details:

Name: **Mena Noble**

Date of Birth: **17/02/1971**

NHS Number: **400 213 0924**

On behalf of your patient, we have been instructed to supply the following items. Please issue a prescription for the items listed below:

Product	SKU	Quantity
SenSura Mio light convex ileostomy bag, midi, Starter hole 10mm-23mm, Neutral grey--10 Pack	**16621/CTF 25mm**	**3**
Brava elastic tape--20 Pack	**12070**	**3**
Peel-Easy medical adhesive remover spray--50 ML	**300714**	**1**
-- Complimentary Item -- Free disposal bags--30 Pack *Complimentary item: no prescription required*	**BB158**	**6**

-- Complimentary Item -- Free dry wipes (WIP21V)--30 Pack *Complimentary item: no prescription required*	WIP21V / NM-GEND-WIPES	10

How to Send the Prescription

For prompt processing, please send the prescription via:

EPS (Electronic Prescription Service):

Patient Choice Ltd (FWN89)
Search under "Appliance Contractors", not Pharmacies

Post:

FREEPOST PATIENT CHOICE
(No further address details required)

If there are any issues or queries, please call us immediately at 01268 777 633.

On behalf of your patient, thank you in advance for your help and support.

Patient Choice Ltd

Warren House, 10-20 Main Road, Hockley, Essex, SS5 4QS

Tel: 01268 777633 **Email:** admin@patientchoice.net

SystmOne: 0113 205 0080 EMIS: 0330 024 1270 Vision: 0207 501 7000

NHS
Providing NHS services

Patient Choice
patientchoice
Powering better prescription delivery

Tel: 01268 777 633 Freephone: 0800 862 0686
www.patientchoice.net

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Attachment
25-Feb-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge summary West Berkshire Community Hospital Plastic Surgery Service
Filename: D10_K81002_4908_3fa1bfa2-427d-4703-a4d1-5013749eaa6e.TIF.XX2
Extension:.tif
Pages:

Royal Berkshire Hospital NHS
NHS Foundation Trust

DISCHARGE SUMMARY:

London Road
Reading
RG1 5AN

Telephone: 0118 322 5111
Date: 25/02/2026 17:58:12

Dr: EASTFIELD HOUSE SURGERY , Pooled List
EASTFIELD HOUSE SURGERY

6 ST. JOHNS ROAD

NEWBURY

RG14 7LW

GP Telephone: 01635 41495

Dear Dr EASTFIELD HOUSE SURGERY , Pooled List,

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Patient Demographics

Name: NOBLE, MENA **Date of Birth:** 17/02/1971 **Gender:** Female **Address:** 11 Bronte Rise,Greenham,NEWBURY,RG14 7UG	**NHS Number:** 400 213 0924 **Other Identifier (MRN):** 0981612 **Home Telephone:** 07979003208 **Mobile Telephone:** 07979003208

Admission Details	Discharge Details
Date: 25/02/2026 12:43:08 **Source:** Usual Place of Residence **Consultant:** [redacted] **Lead Consultant Speciality:** Plastic Surgery **Ward:** WBCH DSU	**Date:** 25/02/2026 17:57:00 **Destination:** Usual Place of Residence **Discharged by:** Yu , Jinsun **Outcome:** Discharged with Consent

Summary

Diagnosis:
No ranking:
25-Feb-2026 (1781907014) : Squamous cell carcinoma (Confirmed) - Presented On: 25-Feb-2026

Procedures:
None

Clinical Summary:
Excision recurrent SCC left lower lip + local hatchet flap

Plan and Requested Actions:
1. NO HEAVY LIFTING/STOOPING
2. PDC 1 week wound check + photos please
3. OPD Mr KAIN 3-4 weeks

Ward Nurse Contributions: patient received back onto ward after procedure.
observations stable.
wound site slightly oozing so applied pressure. bleeding stopped.
discharge information given and report explained.
inco sheet and gauze given

Safety Alerts:
04/05/2020 - Isolation precautions (Confirmed)

Past Medical History:

16/04/2015 - Dysmenorrhea (Confirmed)
16/04/2015 - Menorrhagia (Confirmed) - Presented On: 16/04/2015

Medications and Medical Devices

Allergies: NKA.
Weight: No measured or estimated weight recorded
Height: No measured or estimated height recorded
BSA: No measured or estimated BSA recorded

No relevant medication details

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Prescriber: **Smartcard ID:** **Contact Number:**

Pharmacy Use Only

Screened by:		**Dispensed by:**		**Checked by:**	

Additional Pharmacy Information

MDS :
Community Pharmacy :
Patient Comments :
Pharmacist Contact : 0118 322 5111 bleep

Title : Medicines Helpline
If you have any question about your medications after you have left hospital, our pharmacists are able to help you. This service is free and confidential. Contact 0118 322 7642, email: medicines.information@royalberkshire.nhs.uk

AKI Warning Stage:-

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Attachment
16-Feb-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Dermatology
Filename: D10_K81002_4908_de312070-d26b-4c48-b9cc-929b5abdd719.TIF.XX2
Extension:.tif
Pages:

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

16th February 2026 SG/modl/37950442:MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I am writing to you with the skin biopsy results of the lesion excised from your back and the histology report confirmed the presence of a keratoacanthoma " regressing stage '. It has been completely excised and no further treatment is required. I hope the treated site has healed well and more information on the diagnosis can be read from dermnetnz.org website for more information.
The recurrent lesion involving your left lower lip was also excised under the care of the plastic surgery team and when the histopathology results become available there will update you with those .
I would advise that you self assess your skin on a monthly basis and if you have any concerns with regard to any suspicious lesion in future please do not hesitate to promptly contact your GP surgery .
Any atypical mole changing in shape and colour, any fast growing lesion, any lesion which does not heal within 6 weeks warrants a clinical review therefore please contact your GP. I do hope the treated site has healed well.
I would advise you to use adequate sun protection measures towards sun-exposed areas. At this stage we do not feel we need to see you again, and you have been discharged to the primary care.

Yours sincerely

Electronically signed

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] and understanding.

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CC: POOLED LIST EASTFIELD HOUSE SURGERY
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

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Attachment
09-Feb-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Plastics
Filename: D10_K81002_4908_58cd6324-978b-4109-bf3a-bb874cd0c389.TIF.XX2
Extension:.tif
Pages:

Ms [redacted] Teo
Consultant Plastic Surgeon
MBChB MSc FRCS(Plast) DipHandSurg (UK)

NHS
Royal Berkshire
NHS Foundation Trust
Department of Plastic Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 7139
Email: rbb-tr.cat1@nhs.net

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

9th February 2026 IT/modl/37853840 MRN:981612

Dear Ms Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

Diagnosis:
Awaiting WLE?SCC/KA left lower lip +/- local flap

Background:
09.12.25- Shave C&C lesion left lower lip- regressing keratoacanthoma.
Nerve pain in feet
No prev diagnosis of skin cancer
[redacted] syndrome
Bowel CA (treated with surgery) - stoma in situ
Hysterectomy

Meds:
Amitriptyline
NKDA

Social:
Not in employment
Lives alone, independent ADL
Avoids sun, burns easily

It was a pleasure meeting you and your [redacted] at West Berkshire hospital this morning. To recap our consultation you are a 54-year-old lady from Scotland originally who has been referred via dermatology with a lesion on your left lower lip. This had developed a few months ago and you underwent a shave curettage and cautery on 9th December 2025. The histopathology had shown a likely regressing keratoacanthoma. Unfortunately this has regrown very rapidly. Your past medical history and medications are listed above. You state you burn very easily having fair skin and red hair and generally avoid the sun.

On examination on your left lower lip on the skin bearing portion inferior to the vermilion border there is an oval 12 x 10 mm nodular keratotic lesion. This is mobile with no intra oral extension. There was no lymphadenopathy. I have explained that this is likely to be a keratoacanthoma or squamous cell carcinoma. We have agreed to put you forward for a wide local excision where we excise the lesion with a rim of healthy looking tissue an either close the wound directly or utilise skin from the surrounding area termed a local flap. Potential risks of surgery include damage to

THIRD PARTY COPY

surrounding structures, infection, pain, bleeding, unexpected histology, incomplete margins, poor cosmesis and the need for further treatment. I have placed you on the waiting list and look forward to seeing you in due course.

Yours sincerely

Electronically signed

Ms [redacted] Teo
Consultant Plastic Surgeon
MBChB MSc FRCS(Plast) DipHandSurg (UK)

CC: POOLED LIST EASTFIELD HOUSE SURGERY
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Prescription request
05-Feb-2026 Ms Gemma Bell (GB4810)
Additional: Prescription request
Patient Choice (05-Feb-2026)
Filename: Mena Noble.pdf
Extension:.tif
Pages:

Outlook

Prescription Request | 938647 | Mena Noble

From Patient Choice <admin@patientchoice.net>
Date Thu 05/02/2026 09:18
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

This message originated from outside of NHS.net Connect. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Date: **05/02/2026**

Prescription Clerk

Eastfield House Surgery

Eastfield House,

Newbury, Berkshire, RG14 7LW

patientchoice

Reference: 938647

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PRESCRIPTION REQUEST

Patient Details:

Name: **Mena Noble**

Date of Birth: **17/02/1971**

NHS Number: **400 213 0924**

On behalf of your patient, we have been instructed to supply the following items. Please issue a prescription for the items listed below:

Product	SKU	Quantity
SenSura Mio light convex ileostomy bag, midi, Starter hole 10mm-23mm, Neutral grey--10 Pack	**16621/CTF 25mm**	**3**
Brava elastic tape--20 Pack	**12070**	**3**
Peel-Easy medical adhesive remover spray--50 ML	**300714**	**1**
-- Complimentary Item -- Free disposal bags--30 Pack *Complimentary item: no prescription required*	**BB158**	**6**

-- Complimentary Item -- Free dry wipes (WIP21V)--30 Pack *Complimentary item: no prescription required*	WIP21V / NM-GEND-WIPES	10

How to Send the Prescription

For prompt processing, please send the prescription via:

EPS (Electronic Prescription Service):

Patient Choice Ltd (FWN89)
Search under "Appliance Contractors", not Pharmacies

Post:

FREEPOST PATIENT CHOICE
(No further address details required)

If there are any issues or queries, please call us immediately at 01268 777 633.

On behalf of your patient, thank you in advance for your help and support.

Patient Choice Ltd

[redacted] House, 10-20 Main Road, Hockley, Essex, SS5 4QS

Tel: 01268 777633 **Email:** admin@patientchoice.net

SystmOne: 0113 205 0080 EMIS: 0330 024 1270 Vision: 0207 501 7000

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patientchoice
Powering better prescription delivery

Tel: 01268 777 633 Freephone: 0800 862 0686
www.patientchoice.net

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Attachment
22-Jan-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Dermatology
Filename: D10_K81002_4908_c5a9ad5e-f0a8-41d0-b4a1-ab497c5bd226.TIF.XX2
Extension:.tif
Pages:

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

POOLED LIST [GP] EASTFIELD HOUSE
SURGERY
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

22nd January 2026 SG/modl/37687169 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

It was a pleasure to see Mrs noble in the general dermatology clinic. In 2025, had a keratoacanthoma shave excised and treated with 3 cycles of curettage and cautery from her left lower lip. She tells me a few weeks after the surgery the lesion instantly they recurred. After obtaining her permission a full skin check was performed with the following findings

Diagnosis :
A 8 mmx 8 mm nodular keratotic lesion, left lower lip; recurrent keratoacanthoma, rule out a keratoacanthoma like -squamous cell carcinoma
B 10 mm x 10 mm red plaque left mid back clinically consistent with a regressing keratoacanthoma, unknown duration but thinks it might be present for several weeks

On a full skin check no other concerns. She has a history of Lynn syndrome as well as bowel cancer. She has a stoma in place. Ms Noble has a background of Lynch syndrome, bowel cancer (surgical management) andprevious hysterectomy. Ms Noble does not have any known medication allergies. She takesregular amitriptyline. Ms Noble has a background of actinic keratoses, she reports have not been
treated by any topical treatments yet. She denies any personal history of skin cancer. She reports. she burns quickly in the sun therefore wears factor 50 throughout all summer months. She has never lived abroad and previously worked in hospitality (indoors).

WHO performance status 0. She is not on oral anticoagulants. She has no cardiac implant device in place. She has no known allergies.

Management :
-she will be referred to the plastic surgery team for excisional biopsy of the lesion, below her left lower lip
-she was placed on an urgent dermatology surgery list for excisional biopsy 4 mm margin of the plaque involving her left mid back? Regressing keratoacanthoma//rule out a squamous cell carcinoma
Photos of both lesions have been uploaded to EPR

PATIENT COPY

-importance of regular self assessment of skin as well as regular use of sun protection measures to all sun-exposed areas was discussed

Follow up:
Pending skin biopsy results from both plastic surgery team and dermatology

Mole checking:
Monitor your skin regularly to look out for any signs that the moles may be turning into skin cancers. This involves checking all your skin including hairline, soles of feet, armpits, and buttocks. You must check for asymmetry, irregular edges, colour changes and an increase in size of the mole. To do this, you can use the 'ABCDE' guide, used by healthcare professionals when diagnosing dysplastic naevus. This guide looks for the following features of a mole:
1. Asymmetry – the two halves of the area differ in their shape.
2. Border – the edges of the area may be irregular or blurred, and sometimes show notches.
3. Colour – this may be uneven. Different shades of black, brown, and pink may be seen.
4. Diameter – most melanomas are at least 6 mm in diameter.
5. Evolution – rapid changes in a pre-existing mole.

Vitamin D information
Vitamin D advice:
The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with vitamin D deficiency. Individuals avoiding all sun exposure should consider having their serum Vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and increasing their intake of foods high in Vitamin D such as oily fish, eggs, meat.

Sun protection:
Sun protection measures were discussed, these include wearing Sunblock SPF 50 to all sun-exposed areas from the month of March till October as well as whilst abroad on sunny holidays; encouraged to wear large brimmed hats and long-sleeved clothes

Yours sincerely

Electronically signed

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] *and understanding.*

THIRD PARTY COPY

CC: MS MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

Please note that this letter has been produced using the trusts electronic dictation system. Although every attempt has been made to avoid mistakes, there may be a chance of some wording and contextual errors. If there are any discrepancies or questions please don't hesitate to contact the department for these to be clarified.

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Attachment
22-Jan-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Dermatology
Filename: D10_K81002_4908_2a372c38-b2e8-47ac-b292-e026952a5128.TIF.XX2
Extension:.tif
Pages:

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

POOLED LIST [GP] EASTFIELD HOUSE
SURGERY
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

22nd January 2026 SG/modl/37687170 MRN:981612

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

KA/ SCC- 2WW:
Dear plastic surgery colleagues
I would be grateful if you could kindly see this 54-year-old lady in your clinic. She presented today with an 8 mm x 8 mm nodular keratotic lesions suspicious of a recurrent keratoacanthoma/rule out a keratoacanthoma like squamous cell carcinoma. In November 2025, at the same site she had a keratoacanthoma removed by shave excision and 3 cycles of curettage and cautery, within 1 week the lesion recurred. She has a past medical history of bowel cancer for which she has had surgery and has a stoma in place. She has been diagnosed with [redacted] syndrome. She is not on oral anticoagulants. She has no pacemaker nor icd in place. She has no known allergies. WHO performance status is 0. I would appreciate your help in performing an excisional biopsy with regard to the suspicious recurrent lesion below her left lower lip. Photos are available on EPR.
Thank you very much for your help and support.

Yours sincerely

Electronically signed

Dr. [redacted] Goldwag
Locum Consultant Dermatologist

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] and understanding.

CC: MS MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

CC: CAT1_PLASTICS POOL
CAT01 PLASTICS
ROYAL BERKSHIRE HOSPITAL
[E-SEND]

Please note that this letter has been produced using the trusts electronic dictation system. Although every attempt has been made to avoid mistakes, there may be a chance of some wording and contextual errors. If there are any discrepancies or questions please don't hesitate to contact the department for these to be clarified.

THIRD PARTY COPY

Prescription request
13-Jan-2026 Ms Gemma Bell (GB4810)
Additional: Prescription request
Patient Choice(13-Jan-2026)
Filename: MN PChoice.pdf
Extension:.tif
Pages:

Outlook

Prescription Request | 924108 | Mena Noble

From Patient Choice <admin@patientchoice.net>
Date Tue 13/01/2026 10:39
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

This message originated from outside of NHS.net Connect. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Date: **13/01/2026**

Prescription Clerk

Eastfield House Surgery

Eastfield House,

Newbury, Berkshire, RG14 7LW

patientchoice

Reference: 924108

THIRD PARTY COPY

PRESCRIPTION REQUEST

Patient Details:

Name: **Mena Noble**

Date of Birth: **17/02/1971**

NHS Number: **400 213 0924**

On behalf of your patient, we have been instructed to supply the following items. Please issue a prescription for the items listed below:

Product	SKU	Quantity
SenSura Mio light convex ileostomy bag, midi, Starter hole 10mm-23mm, Neutral grey--10 Pack	**16621/CTF 25mm**	**3**
Brava elastic tape--20 Pack	**12070**	**3**
Peel-Easy medical adhesive remover spray--50 ML	**300714**	**1**
-- Complimentary Item -- Free disposal bags--30 Pack *Complimentary item: no prescription required*	**BB158**	**6**

-- Complimentary Item -- Free dry wipes (WIP21V)--30 Pack *Complimentary item: no prescription required*	**WIP21V / NM-GEND-WIPES**	**10**

How to Send the Prescription

For prompt processing, please send the prescription via:

EPS (Electronic Prescription Service):

Patient Choice Ltd (FWN89)
Search under "Appliance Contractors", not Pharmacies

Post:

FREEPOST PATIENT CHOICE
(No further address details required)

If there are any issues or queries, please call us immediately at 01268 777 633.

On behalf of your patient, thank you in advance for your help and support.

Patient Choice Ltd
[redacted] House, 10-20 Main Road, Hockley, Essex, SS5 4QS
Tel: 01268 777633 **Email:** admin@patientchoice.net
SystmOne: 0113 205 0080 EMIS: 0330 024 1270 Vision: 0207 501 7000

NHS
Providing NHS services

Patient Choice
patientchoice
Powering better prescription delivery

Tel: 01268 777 633 Freephone: 0800 862 0686
www.patientchoice.net

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THIRD PARTY COPY

Attachment
12-Jan-2026 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Dermatology
Filename: D10_K81002_4908_ac33bccf-4163-4883-a3a3-f5fd81241be7.TIF.XX2
Extension:.tif
Pages:

Dr [redacted]
Dermatology Clinical Fellow

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

12th January 2026

NC/modl/37530465:MRN:981612

Dear Ms Noble,

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

MANAGEMENT PLAN:
No further treatment indicated.

FOLLOW UP:
Discharged.

I now have the results following the Shave, Curettage and Cautery procedure you had to the lesion on your left lower lip and left neck. The left lower lip lesion has returned showing a benign noncancerous growth, called a keratoacanthoma. The left neck lesion has returned showing a benign warty lesion. These are not harmful nor do they harm your general health, and the procedure you would have had would have been sufficient to treat this. I propose no further treatment. I hope you find these results reassuring. Further information on these can be found on the following website (British Association of Dermatologists):
https://cdn.bad.org.uk/uploads/2021/12/19174026/Keratoacanthoma-PIL-Aug-2023.pdf

Yours sincerely

Electronically signed

Dr [redacted]
Dermatology Clinical Fellow

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] and understanding.

CC: K LOUISE BEALE [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

Please note that this letter has been produced using the trusts electronic dictation system. Although every attempt has been made to avoid mistakes, there may be a chance of some wording and contextual errors. If there are any discrepancies or questions please don't hesitate to contact the department for these to be clarified.

THIRD PARTY COPY

Attachment
29-Dec-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge letter West Berkshire Community Hospital Podiatry
Filename: D10_K81002_4908_bb52f342-e22d-4250-8aa0-6ce695a578fe.TIF.XX2
Extension:.tif
Pages:

NHS
Berkshire Healthcare
NHS Foundation Trust

Podiatry Clinic
West Berkshire Community Hospital
London Road
Thatcham
Berkshire
RG18 3AS
Tel :- 0118 9046 333

Email :-
PodiatryNewbury@berkshire.nhs.uk

Dr EASTFIELD HOUSE
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

29 December 2025

Dear Dr EASTFIELD HOUSE,

Discharge Notification

Name: Ms Mena NOBLE **NHS No:** 400 213 0924 **DOB:** 17 Feb 1971
Address: 11 Bronte Rise, Greenham, NEWBURY, Berkshire, RG14 7UG

The above patient has been discharged from the Podiatry Service because of the reason below:

- The patient failed to respond to the letter requesting them to call within 2 weeks to book their initial appointment.

Comment

If you wish to discuss the action we have taken or feel that there is further information that we should have relating to this patient, please contact us.

Yours sincerely,

Podiatry Service

THIRD PARTY COPY

disability confident LEADER · VETERAN AWARE · RACE EQUALITY MATTERS · TRAILBLAZER · Care Quality Commission Inspected and rated Outstanding

NoExcuse ForAbuse We will be polite and kind and we expect you to treat our staff in the same way. We will take action against anyone who is verbally, racially, physically or sexually abusive, including stopping access to our services.

Attachment
05-Dec-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Administrative letter Talking Therapies Mental Health

Filename: D10_K81002_4908_668c1610-9b64-48cf-b270-5972721a307a.TIF.XX2
Extension: tif
Pages:

NHS
Talking Therapies
Berkshire Healthcare

Phone: 0300 365 2000 (option 2)
Email: talkingtherapies@berkshire.nhs.uk

Emailed to client
PRIVATE & CONFIDENTIAL
Ms Mena Noble
11 BRONTE RISE
GREENHAM
NEWBURY
BERKSHIRE
RG14 7UG

05/12/2025

NHS No: 400 213 0924

THIRD PARTY COPY

Dear Ms Noble,

Your treatment with NHS Berkshire Talking Therapies

Thank you for attending your recent wellbeing assessment. We would like to welcome you to our NHS Berkshire Talking Therapies service and let you know that you are on our waiting list.

The current waiting time for this treatment is approximately 18 weeks.

What happens next

Once you have reached the top of our waiting list and an appointment is available, our Admin Team will contact you to book your assessment appointment. Please note this may be a Booking Link sent to you by SMS. When choosing your appointment, your options are not limited by your locality in Berkshire, so you are able to choose any suitable appointment in any locality.

This is a one-off appointment between the hours of 9am – 4pm to discuss how else we can help you and to discuss therapy options if required.

Whilst you wait

Whilst awaiting therapy, you can sign up to the SilverCloud Self-Management Toolkit. The toolkit is an interactive programme with activities to complete to help you to manage your mood, by focusing on wellbeing, challenging unhelpful thoughts, planning and communication.

The programme is also very flexible so you can make it fit your lifestyle. You're welcome to

Berkshire Healthcare Charity
disability confident LEADER
VETERAN AWARE
Stonewall TOP 100 EMPLOYER
CareQuality Commission Inspected and rated Outstanding

complete as much or little as you wish. Your engagement with the programme will not impact your place on the waitlist. Please note: the programme is not monitored by our therapists and if you need immediate support please use the 'urgent help' contact details provided. At the end of the programme there will be an opportunity to share feedback on your experiences or in a follow-up call. This is an optional process and if you do not wish to take part in this your care with Talking Therapies will not be impacted.

What to expect from therapy

Our therapists offer treatment via video consultation and face to face. Video is easy to use and can be just as effective as face-to-face treatment. We encourage you to try video in the first instance, however, if you would prefer a face-to-face appointment, you can let our admin team know your preferred option.

Visit our website to find out more about what to expect from your treatment with us https://talkingtherapies.berkshirehealthcare.nhs.uk/getting-support/what-to-expect/

Need to cancel?

If you decide you no longer want to be on our waitlist for treatment, please contact us on **0300 365 2000 (option 2).**

We welcome your feedback

At any point in your treatment journey you can share anonymous feedback with us here http://an.iwgc.link/smcp9

Get urgent help

- Contact your GP practice
- Out of hours, call NHS 111
- In an emergency dial 999

The Samaritans offer a free listening service, open 24 hours. Call 116 123 or email [redacted]

More questions?

Search our online FAQ's https://talkingtherapies.berkshirehealthcare.nhs.uk/faq

Yours sincerely,

NHS Berkshire Talking Therapies

CC Eastfield House Surgery

THIRD PARTY COPY

6 St. Johns Road
Newbury
Berkshire
RG14 7LW

THIRD PARTY COPY

Attachment
04-Dec-2025 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Did not attend letter Talking Therapies Mental Health
Filename: D10_K81002_4908_a5c62417-142d-45f7-b6d8-3507a63f7679.TIF.XX2
Extension:.tif
Pages:

NHS
Talking Therapies
Berkshire Healthcare

Phone: 0300 365 2000 (option 2)
Email: talkingtherapies@berkshire.nhs.uk

Emailed to client
PRIVATE AND CONFIDENTIAL

04/12/2025

NHS No: 400 213 0924

Dear Mena

Your NHS Berkshire Talking Therapies assessment

Thank you for referring to NHS Berkshire Talking Therapies, we hope you are keeping well.

You completed your assessment with us on 20/11/2025. We arranged a follow-up call on 04/12/2025 to discuss next steps, unfortunately we were unsuccessful in contacting you.

Next Steps

As we have not been able to reach you, we will close your current referral with us. If you would still like to access NHS Berkshire Talking Therapies, you can complete our online referral form by **searching 'Talking Therapies' online or via NHS Talking Therapies Online Referral Form**. Alternatively, you can call our friendly team on **0300 365 2000 (option 2).**

We welcome your feedback

We would appreciate any feedback you can give so we can continue to improve the support we offer our clients http://an.iwgc.link/smcp9

If you have any queries please do not hesitate to contact us.

Yours sincerely,

NHS Berkshire Talking Therapies

CC Dr [GP_REG_LNAME]
6 St. Johns Road

THIRD PARTY COPY

Attachment
18-Nov-2025 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Clinical Letter Royal Berkshire Hospital Dermatology

Filename: D10_K81002_4908_b2af3346-c2f5-4d4a-bad1-c44cdf7d3eb9.TIF.XX2
Extension: tif
Pages:

Dr [redacted]
Dermatology Clinical Fellow

NHS
Royal Berkshire
NHS Foundation Trust

Department of Dermatology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8145 – option 1

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

18th November 2025 NC/modl/36988343 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

DIAGNOSIS:
1. Left lateral neck, 5x6mm,?Keratoacanthoma/SCC.
2. Left cutaneous lower lip, 7x7mm ~ need to rule out BCC.
3. Wide actinic field over upper arm.

MANAGEMENT PLAN:
1. Referral for excision under 2 week wait pathway of left lateral neck lesion.
2. Referral for shave C+Cx3 of left cutaneous lower lip lesion.
3. Clinical photographs uploaded to patient's record with consent via bleepa.
4. **GP to please prescribe a course of Efudix cream (5-fluorouracil),** to apply to all patches of dry, red, scaly skin on the upper arms.
   a. We have advised patient to apply this once a day for 4 weeks.
   b. We have given patient information leaflet on Efudix cream and the expected skin changes including temporary redness and inflammation.
5. Skin surgery leaflet given to patient.
6. Please perform regular self-examinations of your skin. If you notice any new or changing lesions, we advise you to see your GP for further evaluation.
7. Sun safety advice can be read here: https://cdn.bad.org.uk/uploads/2025/06/13101737/How-to-reduce-the-risk-of-developing-skin-cancer-PIL-Jan-2025.pdf.

FOLLOW-UP:
Based on histology results

I reviewed Ms Noble in 2 week wait dermatology clinic, with my consultant Dr Karatolias.

Ms Noble was referred for a raised non-healing lesion just below her lower lip on the left side. She reports this lesion appeared approximately 6 weeks ago, initially as a pimple. She had intermittently scabbed over and become more palpable. She reports she had applied a course of topical Fucibet and had also received a course of oral flucloxacillin which has not made any significant changes to the appearance of the lesion. Yesterday she accidentally fell over and hit this lesion, it bled significantly and has now has scabbed over again.

Ms Noble has a background of Lynch syndrome, bowel cancer (surgical management) and previous hysterectomy. Ms Noble does not have any known medication allergies. She takes regular amitriptyline. Ms Noble has a background of actinic keratoses, she reports have not been treated by any topical treatments yet. She denies any personal history of skin cancer. She reports she burns quickly in the sun therefore wears factor 50 throughout all summer months. She has never lived abroad and previously worked in hospitality (indoors).

On examination today, with my consultant Dr Karatolias, we noted a 7x7 mm lesion with rolled borders and a central haemorrhagic crust on the left cutaneous lower lip. We explained to Ms Noble that we would like to refer her for a Shave procedure to help determine whether this may represent a basal cell carcinoma. We also noted a nodular lesion on the left lateral neck, measuring 5x6 mm, with a hyperkeratotic centre and irregular peripheral telangiectasia. Ms Noble reports that this lesion has been present for a similar duration (approximately 6 weeks) and is otherwise asymptomatic. We have advised referral for a more urgent excision of this lesion to rule out malignancy. In addition, we observed a wide actinic field across Ms Noble's upper arms, with multiple areas of dry, scaly, erythematous skin. We have advised Ms Noble to obtain Efudix from her GP and to apply it to the specific affected areas once daily for 4 weeks, as discussed, for treatment of these actinic changes.

Yours sincerely

Electronically signed

Dr [redacted]
Dermatology Clinical Fellow

PS
For medication requests and recommendations back to your GP, please allow at least 14 days from receipt of this letter, for your surgery to process the correspondence and take the necessary action(s). Many thanks for your [redacted] and understanding.

CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

Please note that this letter has been produced using the trusts electronic dictation system. Although every attempt has been made to avoid mistakes, there may be a chance of some wording and contextual errors. If there are any discrepancies or questions please don't hesitate to contact the department for these to be clarified.

THIRD PARTY COPY

Fast track referral for suspected skin cancer
10-Nov-2025 Dr Kelvin Badham (KJB)
Additional: Fast track referral for suspected skin cancer
2WW - RBFT - Malignant Melanoma & SCC Suspected Referral
Filename: Fast track referral for suspected skin cancer NOBLE, Mena (Ms) 1232 10-Nov-2025.rtf
Extension:.tif
Pages:

URGENT SUSPECTED CANCER REFERRAL FOR MALIGNANT MELANOMA AND SCC CANCER REFERRAL FORM

Royal Berkshire NHS
NHS Foundation Trust

Date of GP decision to refer: 10-Nov-2025

Refer via ERS RBFT - Urgent Suspected Cancer Skin Referrals for Royal Berkshire NHS Foundation Trust - RHW
Please send as an attachment within 24 hours. If the ERS is unavailable please email to
rbb-tr.urgent-suspected-cancer-referrals@nhs.net (you should request a [redacted] Receipt if sending by email)

NOTE: This form is NOT for use for patients aged <16 years.

PATIENT DETAILS –Patient must provide a current telephone number they can be contacted 08:00 - 17:00.	GP Details
Last name: Noble First name: Mena Sex: Female DOB: 17-Feb-1971 NHS No: 400 213 0924 Address: 11 Bronte Rise Greenham Newbury Berkshire RG14 7UG TEL (Day): (Evening): 07979003208 MOB: 07979003208 Email: mena.noble@rocketmail.com Ethnicity: White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census Patient agrees to telephone message being left? Y N Transport required? Y N Language/hearing issues or interpreter needed? Y N Learning difficulties? Y N Mental capacity assessment required? Y N Known safeguarding concerns? Y N Performance status (0 = no impairment, 4 = severe) 0 1 2 3 4	GP name and initials: BADHAM, Kelvin (Dr) Practice Code: K81002 Address: Eastfield House Surgery 6 St Johns Road Newbury Berkshire RG14 7LW TEL: 01635 41495 FAX: Practice email: bobicb-bw.eastfieldhouse@nhs.net **ESSENTIAL INFORMATION REQUIRED (PLEASE ATTACH)** Current medication Allergies Current active problems and Past Medical History Typed referral letter optional **DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL** Is the patient aware cancer is suspected? Y N Patient given urgent referral information sheet Y N Dates unavailable in the next 14 days

BASAL CELL CARCINOMA: routine referral unless particular concern that delay may have significant impact because of site/size (high risk, i.e. near a sensitive site such as eye, nostril, in the pinna; or is a large size >2 cm)

SYMPTOMS AND CLINICAL EXAMINATIONS	**SITE AND SIZE, PLEASE [redacted] ON DIAGRAM**
Type of suspected cancer	

If you have a problem completing this pro forma please email us at berkshiredocuments@nhs.net Do NOT send referrals or patient details to this email address

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High risk BCC (see above)
Skin lesion raises suspicion of squamous cell carcinoma
Pigmented or non-pigmented lesion suggestive of nodular Melanoma
Clinical features/dermoscopy suggest Malignant Melanoma

Major features (2 points each):	Minor features (scoring 1 point each):
change in size	largest diameter 7 mm or more
irregular shape	inflammation
irregular colour	oozing
	change in sensation

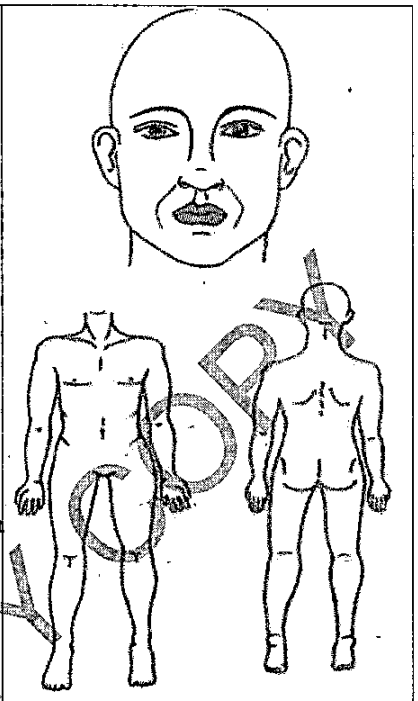
Total score

Refer all suspicious pigmented lesions with a score >3

Other (please detail in referral letter why urgent suspected cancer referral needed)

Please state why you think this is a skin cancer in the box below.
(include symptoms, duration, risk factors, clinical & dermoscopic signs)
Information is mandatory, referral will returned if [redacted] left blank:

(Photo attached) 8mm diameter, raised non-healing lesion left face (patient says only present for 4 weeks, but ?longer). Despite topical and oral antibiotics no improvement or healing. Clinically I cannot exclude SCC. PHx [redacted] Syndrome and bowel cancer.



I have explained to the patient that they may have cancer and I am referring them on the **Urgent Suspected Cancer Referral Pathway and provided the Patient information leaflet** https://thamesvalleycanceralliance.nhs.uk/cwt-info-for-patients/	Yes

Accessible Information Needs (AIS):				
Author:			Date Uploaded:	February 2019
Author Title:			Review Date:	February 2021
Ratifying Committee:				
Date Ratified:				
				BRW151

THIRD PARTY COPY

Consultations

If you have a problem completing this pro forma please email us at berkshiredocuments@nhs.net Do NOT send referrals or patient details to this email address

No consultations recorded.

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Nov-2025	Shoulder pain	LEFT	
03-Nov-2025	Foot callus	right	
28-Oct-2025	Chronic anxiety	some social anxiety with mild agoraphobia	
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	[and ovaries/adenexa removed 2025] Complex Atypical Hyperplasia	

Significant Past

Date	Problem	Associated Text	Date Ended
16-Jun-2025	Helicobacter pylori gastrointestinal tract infection	H. pylori +ve CLO OGD 2025	08-Sep-2025
16-Jun-2025	CLO test positive	H. pylori test on OGP +ve (and some gastritis with tiny ulcer)	08-Sep-2025
22-Aug-2023	Triple therapy helicobacter pylori		15-Nov-2023
02-Oct-2021	CLO test positive		25-Dec-2021
02-Oct-2021	Helicobacter pylori gastrointestinal tract infection	CLO +ve	25-Dec-2021
02-Oct-2021	Gastroscopy abnormal	= gastritis, CLO +ve	25-Dec-2021
10-Sep-2019	Extended right hemicolectomy	for transverse colon bowel Ca	01-Apr-2025
08-Sep-2017	Osteotomy of bone of foot	3rd metatarsal	02-Dec-2017
03-Mar-2017	Hetal metatarsal osteotomy	basal osteotomy 3rd metatarsal	11-Aug-2017
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

HTD PART COPY

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Cleen Ready-to-use 133ml enema (Recordati Pharmaceuticals Ltd)	As Directed	1 enema	10-Nov-2025
Loperamide 2mg capsules	One To Be Taken After Each Loose Motion, up to four times per day, PRN only - not for regular everyday use	30 capsule	10-Nov-2025
Flucloxacillin 250mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Four Times A Day	200 ml	03-Nov-2025
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	02-Nov-2025
Fusidic acid 2% cream	Apply Three Times A Day For a Week	30 gram	22-Oct-2025
Flucloxacillin 500mg capsules	One To Be Taken Four Times A Day	20 capsule	
Nitrofurantoin 25mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	280 ml	

Repeat

Drug	Dosage	Quantity	Last Issued On
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	50 ml	02-Nov-2025
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	30 device	02-Nov-2025
Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	16-Oct-2025
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	21-Sep-2025
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	25 gram	12-Aug-2025

Allergies

No allergies recorded.

NOBLE, Mena (Ms) 17-Feb-1971 400 213 0924

THIRD PARTY COPY

If you have a problem completing this pro forma please email us at berkshiredocuments@nhs.net Do NOT send referrals or patient details to this email address

e-RS Letter (10-Nov-2025)
10-Nov-2025 Ms Debbie Rawlings (DJR)
Additional: e-RS Letter (10-Nov-2025)
NHS e-Referral UBRN 000466319432 for Fast track referral for suspected skin cancer
Filename: 2511101249_NHS e-RS Letter.rtf
Extension: tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000466319432**	Age:	**54y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**10-Nov-2025**	UBRN Created	
Priority:	**2 Week Wait**	Referral letter created	
Referred by:	**BADHAM, Kelvin (Dr)**	Letter last modified	**10-Nov-2025**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action **Management Advice**
Request action Comments

THIRD PARTY COPY

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Cleen Ready-to-use 133ml enema (Recordati Pharmaceuticals Ltd)	As Directed	1 enema	10-Nov-2025
Loperamide 2mg capsules	One To Be Taken After Each Loose Motion, up to four times per day, PRN only - not for regular everyday use	30 capsule	10-Nov-2025
Flucloxacillin 250mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Four Times A Day	200 ml	03-Nov-2025
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	02-Nov-2025
Fusidic acid 2% cream	Apply Three Times A Day For a Week	30 gram	22-Oct-2025
Flucloxacillin 500mg capsules	One To Be Taken Four Times A Day	20 capsule	
Nitrofurantoin 25mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	280 ml	

Repeat

Drug	Dosage	Quantity	Last Issued On
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	50 ml	02-Nov-2025
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	30 device	02-Nov-2025
Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	16-Oct-2025
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	21-Sep-2025
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	25 gram	12-Aug-2025

Past

Drug	Dosage	Quantity	Last Issued On
Codeine 15mg/5ml linctus sugar free	10ml (30mg) PO up to TDS (if	200 ml	16-Sep-2025

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	paracetamol alone is not enough)		
Paracetamol 250mg/5ml oral suspension sugar free	20 ML (1g) PO up to FOUR TIMES A DAY if REQUIRED	600 ml	14-Sep-2025
Codeine 25mg/5ml oral solution	5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.	500 ml	14-Sep-2025
Lansoprazole 30mg gastro-resistant capsules	One To Be Taken Twice A Day for 4 weeks, then reduce to one once a day	84 capsule	30-Jun-2025
Metronidazole 200mg/5ml oral suspension	10ml (400mg) PO BD for 2 weeks	200 ml	30-Jun-2025
Amoxicillin 250mg/5ml oral suspension	20ml (1000mg) PO BD for 2 weeks	600 ml	30-Jun-2025

Clinical record details

Consultations

Problems
Active

Date	Problem	Associated Text	Date Ended
03-Nov-2025	Shoulder pain	LEFT	
03-Nov-2025	Foot callus	right	
28-Oct-2025	Chronic anxiety	some social anxiety with mild agoraphobia	
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	[and ovaries/adenexa	

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removed 2025] Complex
Atypical Hyperplasia

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
03-Mar-2020	O/E - blood pressure reading	118/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
13-Oct-2025	Non-drinker			

Smoking

Date	Description
13-Oct-2025	Former smoker

Non-Therapeutic Drug Use

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thumbnail_IMG_1194.jpg
Fast track referral for suspected skin cancer NOBLE, Mena (Ms) 1232 10-Nov-2025.rtf

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Attachment
05-Nov-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Radiology Report Royal Berkshire Hospital X Ray
Filename: D10_K81002_4908_b87f6bec-7fc0-41ca-8da0-2e3abf9c7fa6.TIF.XX2
Extension:.tif
Pages:.

Radiology Department

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Radiology Report

05 November 2025

EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Dear Clinician

Re: MS MENA NOBLE DOB: 17/02/1971 Hospital No: 981612 NHS No: 4002130924
Address: 11 Bronte Rise, Greenham, NEWBURY, RG14 7UG

Examination: XR Shoulder Lt Ordered By: Dr Kelvin Badham

Examined On: 05/11/2025 Reported On: 05/11/2025

Report No: 3277204741

REPORT START

XR258172893 05/11/2025 XR Shoulder Lt

Clinical History:
?frozen shoulder, left. PHx bowel cancer

Findings:
Left shoulder.

No significant bone or joint abnormality is identifed. Specifically, no plain film evidence of malignancy.

Mr [redacted] Mansell
RA72024
Reporting Radiographer

*****Please be aware there is a small inherent error rate when interpreting medical images*****

*****If the clinical team wishes to provide further information which may alter the interpretation of this examination or, if the report does not fit with the clinical picture, please contact the radiology department*****

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FINAL REPORT
Dictating Radiologist Mansell , [redacted]
Verifying Radiologist Mansell , [redacted]
Verify Date/Time: 05.11.2025 10:38

REPORT END

THIRD PARTY COPY

Attachment
03-Nov-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Administrative letter Talking Therapies Mental Health
Filename: D10_K81002_4908_c7267c17-3ee1-4380-b248-bb8e7b0cf0e8.TIF.XX2
Extension:.tif
Pages:

NHS
Talking Therapies
Berkshire Healthcare

Phone: 0300 365 2000 (option 2)
Email: talkingtherapies@berkshire.nhs.uk

Eastfield House Surgery
6 St. Johns Road
Newbury
Berkshire
RG14 7LW

03/11/2025

To whom it may concern,

RE: Mena Noble **DOB:** 17/02/1971 **NHS No:** 400 213 0924
ADDRESS: 11 BRONTE RISE GREENHAM NEWBURY BERKSHIRE RG14 7UG

NHS Berkshire Talking Therapies referral

Your above patient has contacted NHS Berkshire Talking Therapies today to book an initial assessment appointment. We aim for this to take place within the next 3 - 4 weeks (depending on your patient's availability and requirements).

Should you have any further queries regarding your patient, please do contact us on the above number.

Yours sincerely,

Administration Team

NHS Berkshire Talking Therapies

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Refer to podiatry
03-Nov-2025 Dr Kelvin Badham (KJB)
Additional: Refer to podiatry
Ref - Podiatry Referrals - NO Diabetes v7

Filename: Refer to podiatry NOBLE, Mena (Ms) 1954 03-Nov-2025.rtf
Extension:.tif
Pages:

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Podiatry Referrals – Patients with NO Diabetes

Referral Template for referrers in Oxfordshire

V 7 EMIS Web
Approved by BOB ICB May 2017 OCCG
Approved by BBO LMC May 2017
Published June 2025

This referral form is for patients who do NOT have diabetes – please refer patients with Diabetes using the dedicated referral form "Podiatry Referrals – Patients with Diabetes"

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Patient's Details				Patient's Background and Culture	
Forename	Mena			Ethnicity	White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census
Surname	Noble			1st Language	unknown
Known as	Mena			Interpreter Required?	Y N - No Interpreter needed found.
DOB	17-Feb-1971	Age	54y	GP Details	
Sex	Female	Title	Ms		
NHS No	400 213 0924			Usual GP	Badham
Address & Postcode	11 Bronte Rise, Greenham, Newbury, Berkshire, RG14 7UG			GP Address	Eastfield House Surgery 6 St Johns Road, Newbury, Berkshire, RG14 7LW
Hosp No				GP Tel No	01635 41495
Email	mena.noble@rocketmail.com			Practice Email	

Phone Numbers		Preferred Number(s)	Can leave messages ?	Referral Dates	
Home	07979003208			Referral Date	03-Nov-2025
Work				Date Received	
Mobile	07979003208				

Name of Referrer (if not GP)	
Referrer	GP DN PN Other -
Has the patient attended Podiatry Department before? (coded contacts may appear below)	Yes No
Any mobility issues?	
Transport needed?	

If you have a problem completing this pro forma please email us at bobicb.gpproformas@nhs.net
Do NOT send referrals or patient details to this email address

Coded Risk Factors
Previous contact with Podiatry (last 3 codes) No events found
13-Oct-2025 **Former smoker** :
12-Apr-2017 **Alcohol consumption** : 2 U/week

Community Podiatry Referrals

Please refer according to urgency

Urgent Referrals (patient to be seen within a week) **Email** referral (consider phoning us)	**Routine Referrals**	**Home Visits**
Podiatry Head Office - Tel 01865 902 016 08.00 - 16.30 Mon - Fri Podiatry@oxfordhealth.nhs.uk (exempt from e-RS referral requirement)	e-Referral Service Podiatry	Patients must be **strictly** housebound (unable to leave even by ambulance) and must have an open wound/active ulceration according to our criteria – please call first

e-Referral Service Clinic Types

At Risk Foot		Biomechanical	Nail Surgery	
Additional risk factors (if present)		Refer using e-RS to Connect Health and complete the additional section below Do NOT refer to Connect Health if the patient needs assessment for an At Risk Foot issue or Nail Surgery	Ingrowing / deformed toenails requiring SURGICAL removal under local anaesthetic (Routine Podiatry treatment - corns, callus, nail cutting etc. - will NOT be available with this referral)	
	Ischaemia		No active infection (otherwise refer to the At Risk clinic instead – see left)	
	Immune Compromised		Safe for local anaesthetic? (3% Scandonest – Mepivacaine plain)	Yes No
	Neuropathy		Granulation tissue present?	Yes No
	Ulcer(s) – on the Foot only (below the ankle, not needing *emergency* assessment)			
	*Ulcer(s) – Foot AND Leg (ankle or above)			
	Infection present *but not spreading*			
	Corns / Callus			

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*Combined Leg and Foot Ulceration – leg ulceration should be assessed and managed under the Leg Ulcer pathway. We will dress leg ulcers if we are treating foot ulcers, provided that the patient does not require

compression therapy. Referrals for leg ulcers can be made to secondary care or Tissue Viability (see OCCG referral form).

Additional information for Biomechanical Referrals (no need to complete unless referring to the MSK [redacted]		
Factors influencing Provider choice		
Please indicate any preference for provider location / service	WBCH	
Transport required	Yes No	
Patient's preference (if none is stated, the patient will be offered the first available appointment)		First available appointment (any location, patient would prefer to travel to be seen sooner)
		Nearest appointment venue (may be a longer waiting list, but shorter travel)
Triage Overview & Prioritisation		
Provisional diagnosis e.g. Back Pain / Osteoarthritis be very **brief** in this box, add detail below	**thick plantar keratosis, previous osteotomy 3rd MT (letter enclosed dated 25.04.2017, neuropathic pain feet (due to previous chemotherapy)**	
Significant distress	Compromising safety	Affecting recreational activities
Disturbing sleep	Significantly restricting daily activities	
Off work because of this?	No	Yes – for
Registered [redacted]	No	Yes

Narrative of referral

Please include:

- A description of the problems / history
- Signs / examination findings
- Relevant investigations
- Current management or treatments
- Any significant comorbidities

	Please tick here if you are sending any additional documents
	Please tick here if the narrative of your referral is in merged consultations below

Type your letter in the row below, not in a separate document

Right foot Plantar keratosis previously seen pods to pair back, previous osteotomy Right 3rd MT (letter enclosed dated 25.04.2017, neuropathic pain feet (due to previous chemotherapy). Thank you for your assessment and help with painful thick plantar keratosis

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If you have a problem completing this pro forma please email us at bobicb.gpproformas@nhs.net
Do NOT send referrals or patient details to this email address

Coded foot examination findings			
This section of the template will populate as much coded information as possible If your coded data do not appear, please email the GP Pro Formas Team with details			
Right Foot			Left Foot
Peripheral Pulses N.B. some patients will have only global statements, some details and some both			
No global assessments found	Global assessments of peripheral pulses	No global assessments found	
Pulses - details			
No events found	Femoral	No events found	
No events found	Popliteal	No events found	
No events found	Posterior Tibial	No events found	
No events found	Dorsalis Pedis	No events found	
Monofilament testing			
No events found		No events found	
Vibration Sensation			
No events found		No events found	
Ankle Brachial Pressure Indices			
No events found	Posterior Tibial ABPI	No events found	
No events found	Dorsalis Pedis ABPI	No events found	
No events found	Doppler phases	No events found	

Consultations (last 3 unless altered)

Date	Consultation Text
03-Nov-2025 17:04	GP Surgery (Eastfield House Surgery) BADHAM, Kelvin (Dr)
Problem	**Shoulder pain** *(First)* LEFT
History	Right handed
	recalls reaching out in front of her and sudden pain L shoulder, not settling
Medication	(NOT ISSUED) Flucloxacillin 500mg capsules One To Be Taken Four Times A Day.

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		20 capsule
		Flucloxacillin 250mg/5ml oral solution Two 5ml Spoonfuls To Be Taken Four Times A Day 200 ml
Test Request		Radiology General Diagnostics - Unknown specimen
		Test Request : XR Shoulder Lt
History		see consult 23.1.23, PHx bilat osteotomies and perif neuropathic pain
		Foot callus plantar surface, 3rd MT head region
03-Nov-2025		Docman DOCMAN, PCTI (Mr)
Additional		Attachment Administrative letter Talking Therapies Mental Health
		Administration
28-Oct-2025 15:43		Accurx Consultation BADHAM, Kelvin (Dr)
Comment		Patient mobile telephone number 447979003208
		SMS text message sent to patient Dear Ms Noble,see me, booked 5-00pm Mon 3.11.25Kelvin BadhamEastfield House SurgerySent on 28/10/2025 at 15:43

15-Aug-2025 **Body mass index** : 24.16 kg/m2

15-Aug-2025 **Standing height** : 163 cm

15-Aug-2025 **Body weight** : 64.2 kg

Last Smoking Cessation Advice: 14-Aug-2023 : **Referral for smoking cessation service offered**

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Nov-2025	Shoulder pain	LEFT	
28-Oct-2025	Chronic anxiety	some social anxiety with mild agoraphobia	
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	[and ovariies/adenexa removed 2025] Complex Atypical Hyperplasia	

Significant Past

Date	Problem	Associated Text	Date Ended
16-Jun-2025	Helicobacter pylori gastrointestinal tract infection	H. pylori +ve CLO OGD 2025	08-Sep-2025
16-Jun-2025	CLO test positive	H. pylori test on OGP +ve (and some gastritis with tiny ulcer)	08-Sep-2025
22-Aug-2023	Triple therapy helicobacter pylori		15-Nov-2023
02-Oct-2021	CLO test positive		25-Dec-2021
02-Oct-2021	Helicobacter pylori gastrointestinal tract infection	CLO +ve	25-Dec-2021

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02-Oct-2021	Gastroscopy abnormal	= gastritis, CLO +ve	25-Dec-2021
10-Sep-2019	Extended right hemicolectomy.	for transverse colon bowel Ca	01-Apr-2025
08-Sep-2017	Osteotomy of bone of foot	3rd metatarsal	02-Dec-2017
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	11-Aug-2017
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Flucloxacillin 250mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Four Times A Day	200 ml	03-Nov-2025
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	02-Nov-2025
Fusidic acid 2% cream	Apply Three Times A Day For a Week	30 gram	22-Oct-2025
Flucloxacillin 500mg capsules	One To Be Taken Four Times A Day	20 capsule	
Nitrofurantoin 25mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	280 ml	

Repeat

Drug	Dosage	Quantity	Last Issued On
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	50 ml	02-Nov-2025
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	30 device	02-Nov-2025
Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	16-Oct-2025
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	21-Sep-2025
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	25 gram	12-Aug-2025

Allergies

No allergies recorded.

NOBLE, Mena (Ms) 17-Feb-1971 400 213 0924

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Referral to physiotherapy service
03-Nov-2025 Dr Kelvin Badham (KJB)
Additional: Referral to physiotherapy service
Ref - AQP Physiotherapy Service Referral
Filename: Referral to physiotherapy service NOBLE, Mena (Ms) 2002 03-Nov-2025.rtf
Extension:.tif
Pages:

Berkshire West AQP MSK Physiotherapy Service – Referral Form

Aim and objective of the service

The aim of the service is to provide physiotherapy assessment, treatment, advice and education for patients with acquired musculo conditions in a primary care setting in the most efficient and effective way, based on the best available evidence. The service will p alternative to hospital-based treatment for the majority of patients being referred by GPs for MSK physiotherapy.

The Service has five key objectives:

a) Timely and effective triage – risk assessment and self-management guidance.
b) High quality full assessment when appropriate.
c) Provision of high-quality interventions focused on education, exercise and lifestyle adjustment either in groups or individua appropriate.
d) Effective tracking and responsiveness to PROMS and PREMS.
e) Collaborative working with the 'Berkshire MSK Partnership' built around the needs of the patient.

Exclusion Criteria

Patients with 'Red Flag' symptoms set out below should not be referred to the service:

- Significant trauma
- Fall from over 2 metres
- High speed road traffic accident
- Bladder/bowel disturbance
- Gait disturbance
- Saddle anaesthesia
- Worsening neurological symptoms and signs
- Severe night pain
- Unwell, weight loss, anorexia, fever
- Previous history of cancer, steroids or HIV

Inclusion Criteria

- Berkshire West Residents
- Age: This has now been amended to accept children aged 5 and over (reduced from 14's and over)

MSK Women's health: any women's health issue that falls under an MSK presentation is now included, however, specific continenc should continue to be directed to the BHFT continence service.

Important – Please Read

- The data entered into Section One of this form is read automatically.
- This referral form must be completed in full and sent to the nominated provider via the email addres
- Please do not make any changes to the layout or wording in Section One as this may result in the fo being rejected. ***Mandatory fields must be completed (highlighted pink)***

On completion, please email this form to the selected provider, full premises details can be found h

Reading

Wokingham

West Berkshire

	03-Nov-2025	

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Full Name:	NOBLE, Mena (Ms)				
NHS Number:	400 213 0924				
Date of Birth:	17-Feb-1971				
Sex:	Female				
Ethnicity:	White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category census				
Address:	11 Bronte Rise Greenham Newbury Berkshire RG14 7UG				
Landline Tel:	07979003208				
Mobile Tel:	07979003208	**Happy to Receive Text Messages:**	Yes	No	
Work Tel:					
Email:	mena.noble@rocketmail.com				

Name:	Please Select: Badham
Practice Name:	Eastfield House Surgery
Practice Address:	6 St Johns Road Newbury Berkshire RG14 7LW
Practice Email:	bobicb-bw.eastfieldhouse@nhs.net
Practice Code:	K81002

		Yes / No						
Is the patient suitable for a virtual assessment? *If not, please provide details in Comments below*	**VIDEO**	Yes		**No**		**Tel:**	Yes	**No**
Does the patient require an interpreter?		Yes		**No**				
Main Language Spoken:	unknown							

Left shoulder painful with movements and if sleeping on L side. Possible trigger was reaching directly forward, but no trauma. C-sp OK. No signif tender, but indicates both anterior and scapular region. O/E no deformity. mild to moderate reduction internal and ext rotation. Abduction limited to 70 degrees. Impingment testing difficult. Xray requested, to consider GHJ steroid injection? Thank yo help with diagnosis and management

Onset	Severity of Symptoms:		**Due to this problem, the patient:**				
1 Week	**Mild**		**Can Work**	Yes		**No**	
1-4 Weeks	**Moderate**		**Can care for dependents**	Yes		**No**	
5-12 Weeks	**Severe**		**Requires a Chaperone**	Yes		**No**	
12 Weeks							

Recent Trauma		Post-Operation?	
Yes		**Yes**	
No		**No**	

Weight Bearing Status?				Has patient received an advice sheet?			
Full	**None**	**Part**			**Yes**	**No**	
Sleep disturbance							

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Yes		No			
Neck			Wrist		
Back			Hip		
Shoulder			Knee		
Elbow			Foot		
Hand			Ankle		
Other *(please provide specifics here)*					

Clinical History and Examination Findings

See below

Current Consultation

See below

Allergies and Sensitivities

See below

Medications

See below

Recent Diagnostic Tests

See below

Consultations

Date		Consultation Text
03-Nov-2025 17:04		GP Surgery (Eastfield House Surgery) BADHAM, Kelvin (Dr)
Problem		**Shoulder pain** *(First)* LEFT
History		Right handed
		recalls reaching out in front of her and sudden pain L shoulder, not settling
		distal OK
		R shoulder OK
Examination		C-spine OK
		in pain with movement L shoulder
Medication		(NOT ISSUED) Flucloxacillin 500mg capsules One To Be Taken Four Times A Day, 20 capsule
		Flucloxacillin 250mg/5ml oral solution Two 5ml Spoonfuls To Be Taken Four Times A Day 200 ml
Test Request		Radiology General Diagnostics - Unknown specimen
		Test Request : XR Shoulder Lt
Problem		**Foot callus** *(Review)*
History		see consult 23.1.23, PHx bilat osteotomies and perif neuropathic pain
		Foot callus plantar surface, 3rd MT head region

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		Right foot Plantar keratosis previously seen pods to pair back, previous osteotomy Right 3rd MT (letter enclosed dated 25.04.2017, previous pods intervention), neuropathic pain feet (due to previous chemotherapy). Refer Pods agreed to try to helphelp again with painful thick plantar keratosis		

Problems

Active

Date	Problem	Associated Text	Date Ended
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03-Nov-2025	Foot callus	right	
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Medication

Acute

Drug	Dosage	Quantity	Last Issued On
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Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	25 gram	12-Aug-2025

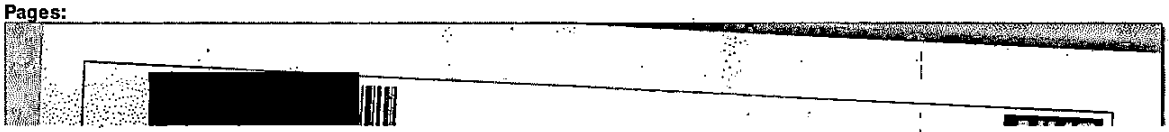
Allergies

No allergies recorded.

NOBLE, Mena (Ms) 17-Feb-1971 400 213 0924

THIRD PARTY COPY

Attachment
27-Oct-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Bowel Cancer Screening
Filename: D10_K81002_4908_248a739b-c289-4eee-991c-25cee028bcdd.TIF.XX2
Extension:.tif
Pages:



[redacted]
NHS No: 400 213 0924

27 October 2025

Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW

RECEIVED
30 OCT 2025

NHS

Bowel Cancer Screening Programme

Berkshire Bowel Cancer Screening Centre
Royal Berkshire Hospital
The Old Pathology Meeting Room
Level 2, South Block
Craven Road
Reading
Berkshire
RG1 5AN

Telephone 0118 322 7346

A38L-GP# 3918952/1/1

Dear Eastfield House Surgery

NHS Number: 400 213 0924 Date of Birth: 17/02/1971 Patient name: MS MENA NOBLE, at 11 BRONTE RISE, GREENHAM, NEWBURY, BERKSHIRE RG14 7UG

The patient named above has been discharged from their current round of Lynch syndrome colonoscopy surveillance. They have been notified of this discharge.

The individual attended an assessment appointment where they stated that they did not want to proceed with Lynch syndrome colonoscopy surveillance at this time.

If the individual would like to discuss having Lynch syndrome colonoscopy surveillance in the future, this can easily be arranged by calling our free helpline on 0800 707 60 60.

We will invite them to take part in Lynch syndrome colonoscopy surveillance again in 2 years' time, unless they have reached the age of 75 by then.

We offer colonoscopy surveillance every 2 years to people diagnosed with Lynch syndrome who are aged 25 to 74 or 35 to 74, depending on which genes are affected. People with Lynch syndrome who are aged 75 and over are not invited for surveillance, instead they can request a fitness assessment for colonoscopy every 2 years by calling the free helpline.

They have been advised to remain aware of the symptoms of bowel cancer, and to speak to their GP if they have any persisting bowel problems.

Yours sincerely

pp Mary M—

Dr [redacted] Langlands FRCP
Screening Centre Director

Recent Colonoscopy

THIRD PARTY

Sign off message
22-Oct-2025 Mrs Louise Kelly (LDK4810)
Additional: Sign off message
sign_off_message
Filename: sign_off_message_27507344-846d-4951-8ab6-80b5252c34bd.html
Extension: tif
Pages:

Dear Mena,

We have booked an in-person appointment at Eastfield House Surgery on Wed, 22 Oct at 11:50.

Kind regards,
[redacted]
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Sign off message
13-Oct-2025 Ms Alisha Banbury (AB4810 2)
Additional: Sign off message
sign_off_message
Filename: sign_off_message_9b2db534-5891-4f1e-a27a-5c7116871cf8.html
Extension:.tif
Pages:

Hi Mena,

We are inviting you to book an appointment between Mon, 13 Oct and Mon, 8 Dec.
You can book your appointment directly below.

Appointment Notes:
If you have an appointment for urinary issues or abdominal pain, please bring a urine sample with you. A labelled sample pot can be obtained from Reception.
If you are attending a face to face appointment with a respiratory infection, please wear a face covering to help protect staff from infections. If you do not have a face mask or alternative, please ask for one at reception.

Kind regards,
[redacted]
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Sign off message
13-Oct-2025 Dr Helen Clarke (HC)
Additional: Sign off message
sign_off_message
Filename: sign_off_message_2eb0085c-6bee-4c4a-acc8-c10fab17dd9d.html
Extension:.tif
Pages:

Hi Mena,

Weve reviewed your request, please [redacted] the following carefully.

We have booked an in-person appointment at Eastfield House Surgery on Fri, 17 Oct at 16:40.

Kind regards,
Dr [redacted]
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Attachment
09-Oct-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinic Letter Royal Berkshire Hospital Colorectal surgery

Filename: D10_K81002_4908_701d8ec4-84b6-4f20-9739-e3fedd86125c.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

9th October 2025 LG/modl/36560101 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I discussed with Mrs Noble in our telephone clinic appointment today. As you remember, she had an extended right hemicolectomy as an emergency in September 2019. Since then, she has been having abdominal pain on and off. For this she had multiple investigations.

I was happy to hear that since her surgery under the care of the gynaecology team in August 2025 she had no further symptoms. Currently, she is eating and drinking with no nausea or vomiting and manages to control her stoma output quite well.

In the context of the above, I a.m. happy to discharge Mrs Noble from our clinic back to your care. I have arranged her further colonoscopy in two years' time as recommended by genetic screening services.

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

THIRD PARTY COPY

CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
06-Oct-2025 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Clinical Letter Royal Berkshire Hospital Gynaecology
Filename: D10_K81002_4908_c8b7b6a3-0deb-4656-9908-90fc4314ec54.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Gynaecology
Royal Berkshire Hospital
London Road . Reading . RG1 5BS
Tel: 0118 322 8964
Email: rbb-tr.cat6@nhs.net

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

THIRD PARTY COPY

6th October 2025

RV/modl/36528931 MRN:981612

Dear Mena

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I write to inform you that the histology from the recent surgery was discussed in our MDT meeting today. The histology has confirmed both fallopian tubes showing normal features, smaller ovary within normal. The larger ovary had a benign ovarian fibroma.
In conclusion, it has been reported as a benign cyst. No further action is necessary.

Yours sincerely

Electronically signed

Miss Rajee Vijayanand
Consultant Gynaecologist

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

Chat history
16-Sept-2025 Mrs Liz Pope (EAP)
Additional: Chat history
Chat history
Filename: sent_sms_2025-09-16.txt
Extension:.tif
Pages:

Dear {{name}}, you are entitled to a free flu vaccine this Autumn. Please book an appointment using the link: {{link}}. Eastfield House Surgery

THIRD PARTY COPY

Request form or letter sent by mail/email
16-Sept-2025 Ms Gemma Bell (GB4810)
Additional: Request form or letter sent by mail/email
Pharmacy 2 U (16-Sep-2025)
Filename: M.N. 17.02.1971.pdf
Extension: tif
Pages:

Outlook

Dispensing Query – 3132446

From DISPENSARY, Pharmacy2u (PHARMACY2U) <pharmacy2u.dispensary@nhs.net>
Date Tue 16/09/2025 11:00
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

Good Morning

Patient Name: Ms Mena Noble
NHS Number: 4002130924
Order (internal use only): 164539431

Codeine 25mg/5ml oral solution is discontinued and the pharmacist has advised to either prescribe co-codamol effervescent – which substitutes the entire order (both Parcetamol suspension and Codeine solution), OR replacing codeine solution to tablet form for the alternative. Please can the GP's prefered alternative be requested and the repeat/RD updated to this for future orders.

Kind Regards,

[redacted]
Dispensing Assistant

Pharmacy 2U Take control of your healthcare

Great Place To Work. Certified MAY 2025-MAY 2026 UK

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Pharmacy2U Ltd | Registered in England & Wales No. 3802593 | Registered Office: Lumina, Park Approach, [redacted] Park, Leeds LS15 8GB | Tel 0113 265 0222 | VAT GB 734 3754 27

Regulated by the General Pharmaceutical Council – Superintendent Pharmacist: Phil Day MRPharmS (Reg. No. 2043558) | GPhC premises: 9010146 (Leeds), 9011308 (Bardon), 9011437 (Perivale)

THIRD PARTY COPY

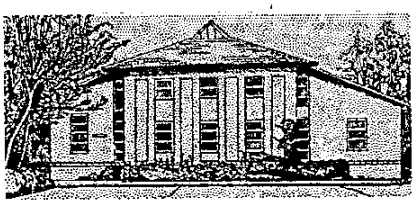
Chat history
01-Sept-2025 Mrs Liz Pope (EAP)
Additional: Chat history
Chat history
Filename: sent_email_2025-09-01.txt
Extension:.tif
Pages:

Dear {{name}}, (Our records indicate that we do not have a blood pressure reading for you within the last 5 years.
It is important to check your blood pressure within this time frame and let your surgery have the result as the UK has high rates of undiagnosed high blood pressure which if left untreated can lead to strokes and heart attacks. There are also not necessarily any warning signs of high blood pressure which you can rely on, to know if it is a problem for you.
If you do have a blood pressure monitor at home, please submit your readings via our website or contact our receptionist.
How to measure your blood pressure at home https://youtu.be/GSNZVaW1Wg4
If you do not have a blood pressure machine at home, the local pharmacies can complete a blood pressure reading for you. The following local pharmacies are running a blood pressure measuring service which can be a walk in service: Boots Retail Park, Boots Town Centre,, Washcommon and Day [redacted] British Heart Foundation gives fantastic evidenced advice on all matters about diet and exercise for being heart healthy including recipe finders Recipe finder - BHF Use the advanced filter to get suggestions closest to your food preferences High blood pressure (Hypertension) - causes and symptoms - BHF Manage your blood pressure at home - BHF
The NHS encourages everyone to know your blood pressure numbers as it could save your life â€" or the life of someone you love
Thank you for arranging to have your blood pressure readings) Eastfield House Surgery

THIRD PARTY COPY

Message attachment
01-Sept-2025 Mrs Liz Pope (EAP)
Additional: Message attachment
Message attachment
Filename: Message_attachment_150669d5.doc
Extension:.tif
Pages:

DR E V FEATHERSTONE
DR K J BADHAM
DR H [redacted]
DR H THANGAVEL
DR S ZORANA
DR M S GALLIVER



EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495

HOME BLOOD PRESSURE MONITORING

Please purchase a validated, above elbow blood pressure (BP) monitor from your pharmacist
Use the steps below to measure your blood pressure morning and evening for one week and input the readings on the Eastfield House website at:

- **eastfieldhousesurgery.co.uk**
- click on the 'Health Zone' tile
- click on the 'Reviews and Assessment Forms' tile
- click on 'Blood Pressure' and enter your results Alternatively, you can enter the link below into your web browser:

(The surgery has a limited number of blood pressure monitors available on loan for those who are unable to purchase their own, please speak to reception if this applies to you).

How to take your blood pressure reading

1. Push your sleeve up comfortably.
2. Before you take your readings, rest for five minutes
3. Make sure your arm is supported and that the cuff around your arm is at the same level as your heart.
4. Put the cuff on following the instructions that came with your monitor.
5. Take two readings, each about two minutes apart, and then note the lowest reading.
6. Record your reading, either in the memory of your monitor or on computer or paper. SEE WEBSITE TO RECORD STEPS THERE AS FOLLOWS: a) Click Health Review box, b) blood pressure, c) fill in form and submit.
7. If you are not able to access the website, please complete overleaf and hand this to reception

Tips to remember with these readings

- Do not be alarmed if you get an unexpected high reading – a one-off reading may be nothing to worry about. Measure your blood pressure again at another time, but if you find that it continues to be high after a period of time, see your doctor or nurse.
- Do not check your blood pressure too often – you may become worried or stressed about small changes in your reading. This can raise your blood pressure in the short-term. Worrying about your blood pressure reading may actually make it higher.
- For most people an ideal average home blood pressure is between 110/60-135/85
- If you have problems with your monitor, please visit your pharmacist to get this checked.

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HOME BLOOD PRESSURE MONITORING

Name .....

Date of birth .....

Smoking Status: ☐ **Smoker** ☐ **Never smoked** ☐ **Ex-smoker**

You should measure your blood pressure twice a day, ideally in the morning and in the evening, while you are sitting down quietly. Check the cuff is positioned correctly, as per the instructions.

Each time you take your blood pressure, you should take 2 readings, 1 minute apart and record the lowest reading. Measure your blood pressure twice daily for 7 days.

For most people an ideal average home blood pressure is between 110/60 and 135/85

Day	Date	Morning 1		Evening 1	
		Systolic	Diastolic	Systolic	Diastolic
1					
2					
3					
4					
5					
6					
7					

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Sign off message
20-Aug-2025 Mrs Louise Kelly (LDK4810)
Additional: Sign off message
sign_off_message
Filename: sign_off_message_6a83be14-2dae-4605-9159-cfb7aa849ff8.html
Extension:.tif
Pages:

Dear Mena,
Your request has been passed to your GP for review. You will be contacted once the GP has looked at your request and prepared an action plan for your care.

Kind regards,
[redacted]
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Attachment
15-Aug-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge Summary Royal Berkshire Hospital Gynaecology

Filename: D10_K81002_4908_f5988241-56ed-465a-acfc-98c8fc69aedf.TIF_XX2
Extension: tif
Pages:

Royal Berkshire Hospital NHS
NHS Foundation Trust

DISCHARGE SUMMARY:

London Road
Reading
RG1 5AN

Telephone: 0118 322 5111
Date: 16/08/2025 18:07:02

Dr. EASTFIELD HOUSE SURGERY , Pooled List
EASTFIELD HOUSE SURGERY

6 ST. JOHNS ROAD

NEWBURY

RG14 7LW

GP Telephone: 01635 41495

Dear Dr EASTFIELD HOUSE SURGERY , Pooled List,

Patient Demographics

Name: NOBLE, MENA **Date of Birth:** 17/02/1971 **Gender:** Female **Address:** 11 Bronte Rise,Greenham,NEWBURY,RG14 7UG	**NHS Number:** 400 213 0924 **Other Identifier (MRN):** 0981612 **Home Telephone:** (797) 900-3208 **Mobile Telephone:** 07979003208

Admission Details	Discharge Details
Date: 14/08/2025 07:42:35 **Source:** Usual Place of Residence **Consultant:** Vijayanand , Rajee **Lead Consultant Speciality:** Gynaecology **Ward:** [redacted]	**Date:** 15/08/2025 19:00:00 **Destination:** Usual Place of Residence **Discharged by:** Monaco , [redacted] **Outcome:** Discharged with Consent

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Summary

Diagnosis:
No ranking:
14-Aug-2025 (132536019) : Ovarian cyst (Confirmed) - Presented On: 14-Aug-2025

Procedures:
None

Clinical Summary:
Miss Noble underwent a day case procedure for an ovarian cyst removal with history of [redacted] syndrome. The procedure was done under GA and was uncomplicated with minimal blood loss. She has been prescribed 1 week of enoxaparin post-operatively for vte prevention. Specimen's taken were both tubes & ovaries and peritoneal fluid and have been sent via 2WW.

Did not pass urine post-operatively, was catheterised and subsequently passed TWOC on 15/8.

Plan and Requested Actions:
- 1 week enoxaparin for VTE prevention
- dressing to be removed after 5 days

Investigations and results:
Specimen's taken - both tubes & ovaries & peritoneal fluid. Await results.

Safety Alerts:
04/05/2020 - Isolation precautions (Confirmed)

Past Medical History:

16/04/2015 - Dysmenorrhea (Confirmed)
16/04/2015 - Menorrhagia (Confirmed) - Presented On: 16/04/2015

Medications and Medical Devices

Allergies: NKA
Measured Weight: 64.2 kg (Measured on 14/08/25)
Measured Height: 163 cm (Measured on 14/08/25)
Measured BSA: 24.16 kg/m2 (Measured on 14/08/25)

New Medication Prescribed Since Admission

Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue	Pharmacy Use only
codeine tablet	oral	30 mg	FOUR times a day As required for:	14	No	

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			pain			
	Indication: pain					
enoxaparin injection	subCUTANEOUS	40 mg	ONCE a day (evening)	7	No	
	Indication: VTE prophylaxis					
	Special Instructions: ** Inhixa **;					
lactulose liquid	oral	10 mL	THREE times a day As required for: constipation	0	No	OTC
	Indication: constipation					
paracetamol tablet	oral	1,000 mg	FOUR times a day	0	No	OTC
	Indication: pain					

Prescriber: [redacted] [redacted] **Smartcard ID:** KEMPC **Contact Number:**

Pharmacy Use Only

Screened by:	[redacted] Tehmina	**Dispensed by:**		**Checked by:**	

Additional Pharmacy Information

MDS : No
Community Pharmacy :
Patient Comments :
Pharmacist Contact : 0118 322 5111 bleep 673

Title : Medicines Helpline
If you have any question about your medications after you have left hospital, our pharmacists are able to help you. This service is free and confidential. Contact 0118 322 7642, email: medicines.information@royalberkshire.nhs.uk

BMI:24.16 kg/m2
AKI Warning Stage:-

Interpreter Required: No

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Attachment
16-Jun-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Sigmoidoscopy Report West Berkshire Community Hospital Endoscopy
Filename: D10_K81002_4908_8ffe3f6e-5520-458d-8b0b-befb562114fb.TIF.XX2
Extension:.tif
Pages:

West Berkshire Hospital NHS
NHS Trust

SIGMOIDOSCOPY REPORT - Modified

Name:	**MS Mena Noble (Female)**	Address:	**11 Bronte Rise**
Date of birth:	**17/02/1971 (54)**		**Greenham**
NHS No:	**400 213 0924**		**Newbury**
Hospital no:	**981612**		**RG14 7UG**

GP: **Eastfield House Surgery**
Eastfield House Surgery6 St.Johns Road,
Newbury,
Berkshire,
RG14 7LW

Procedure Date: **16 Jun 2025 (16:42 - 16:47)**
Priority: **Routine**
Status: **Outpatient**
Referring Hospital: **Royal Berkshire Hospital**
Referring Cons: **MR L GOIAN**

Indications
Cancer risk surveillance- High Risk
Co-morbidity: None
The patient is not taking anticoagulant or antiplatelet medication.
The patient is not taking potentially significant medication.
Allergies: none
Previous surgery: Extended right hemicolectomy
ASA Status: ASA 1 - Patient is normally healthy

Sub Indications
Lynch-like syndrome.

FIT result
FIT value unknown because FIT not done.

Report
Pre-procedure checklist completed
The patient has given consent.
1st Scope: Olympus Colon.
Scope guide used: Yes.
AI Software used: None.
Chromendoscopy used: None.
Insertion Technique: Gas insufflation.
Insufflation gas: Carbon dioxide.
Planned extent: Descending colon.
A digital rectal examination was performed. The sigmoidoscope was inserted via the anus to the Descending colon, insertion confirmed by reasonable confidence .The scope was retroflexed in the rectum.
Patient Management: Pulse oximetry, IV access and BP
Patient Sedation - Awake.
Procedure discomfort - Minimal: 1 or 2 episodes of mild discomfort with no distress.
Adverse events: None.

Follow up
Return to the GI surgeon.

Advice/comments
No polyps seen in the colon. Very friable bowel mucosa with mucosal blood at proximal descending (postop site)- pls see pics

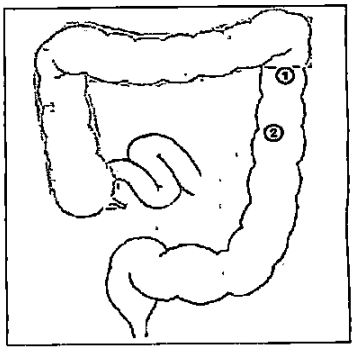
Pathway plan
Evidence of cancer? No
Patient informed? Yes
CNS/MDTC informed No

Bowel preperation
No preparation. Boston Bowel Prep Total Score 3 (Poor - Modified BBP)

Consultant/Endoscopist
Priority: Routine
Referral Type: Own trust
Referring Hospital: Royal Berkshire Hospital
List Consultant: Dr Dana [redacted]
Endoscopist No1: Dr Dana [redacted]
Nurses: S/N [redacted] Greenway
Mrs Margarida [redacted]
Ms [redacted]

Instrument
1st Scope : Olympus Colon

Premedication
Entonox (Oral)
Midazolam (IV) 2 mg



Dr Dana [redacted]
Gastroenterologist

THIRD PARTY COPY

Attachment
16-Jun-2025 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Gastroscopy Report West Berkshire Community Hospital Endoscopy
Filename: D10_K81002_4908_e8716be6-73e1-4e84-a6de-fffd8ed82659.TIF_XX2
Extension:.tif
Pages:

West Berkshire Hospital NHS
NHS Trust

GASTROSCOPY REPORT - Modified

Name:	MS Mena Noble (Female)	Address:	11 Bronte Rise Greenham Newbury RG14 7UG
Date of birth:	17/02/1971 (54)		
NHS No:	400 213 0924		
Hospital no:	981612		

GP: Eastfield House Surgery
Eastfield House Surgery6 St.Johns Road,
Newbury,
Berkshire,
RG14 7LW

Procedure Date: 16 Jun 2025 (16:29 - 16:35)
Priority: Routine
Status: Outpatient
Referring Hospital: Royal Berkshire Hospital
Referring Cons: MR K THIRUPPATHY

Indications
Abdominal pain
Co-morbidity: Previous bowel cancer
The patient is not taking anticoagulant or antiplatelet medication.
The patient is not taking potentially significant medication.
Allergies: none
ASA Status: ASA 1 - Patient is normally healthy

Report
Pre-procedure checklist completed
The patient has given consent.
1st Scope: Olympus Gastro.
AI Software used: None.
Chromendoscopy used: None.
Insufflation gas: Carbon dioxide.
Mucosal Visualisation: Excellent views of all areas.
Mucosal Cleaning: None.
Planned extent: D2.
J manoeuvre performed. The procedure was completed successfully to the D2.
Patient Sedation - Awake.
Procedure discomfort - Minimal: 1 or 2 episodes of mild discomfort with no distress.
Patient Management: Pulse oximetry, IV access and BP.
Adverse events: None.

Diagnoses
Whole upper gastro-intestinal tract normal.

Follow up
Return to the Mr Golan.

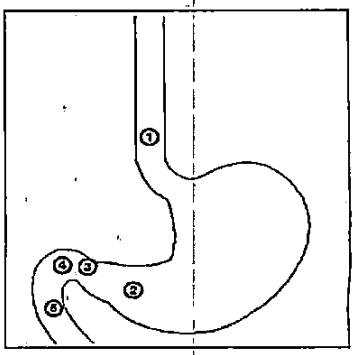
Advice/comments
Gastritis. Distorted pylorus with a tiny ulcer at this level. The rest of the examination was normal.
CLO test positive.
For GP: please prescribe triple therapy eradication for H Pylori infection (2 weeks of antibiotics instead of one)
Patient advised to stop smoking
Flexi sig to follow

Pathway plan
Evidence of cancer? No
Patient informed? Yes
CNS/MDTC informed No

Consultant/Endoscopist
Priority: Routine
Referral Type: Own trust
Referring Hospital: Royal Berkshire Hospital
List Consultant: Dr Dana [redacted]
Endoscopist No1: Dr Dana [redacted]
Nurses: S/N [redacted] Greenway
Mrs Margarida [redacted]
Ms [redacted]

Instrument
1st Scope : Olympus Gastro

Premedication
Lignocaine spray (Oral) 11 puffs
Midazolam (IV) 1 mg



Dr Dana [redacted]
Gastroenterologist

THIRD PARTY COPY

Attachment
05-Jun-2025 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Clinic Letter Royal Berkshire Hospital Colorectal surgery

Filename: D10_K81002_4908_65f36322-d6e8-41fd-b558-6015b5a8dc61.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

5th June 2025 KT/modl/35298031 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

PRESENTING COMPLAINT:
Epigastric pain which has been ongoing.

PREVIOUS HISTORY:
Lynch syndrome.

PREVIOUS OPERATION:
Extended right hemicolectomy with an end stoma.

PLAN:
Two-week wait OGD and colonoscopy and flexible sigmoidoscopy.

Thank you very much for referral of this lovely lady who is under follow-up for her bowel cancer. She presents today on the two-week wait pathway with severe epigastric pain which has been progressively getting worse. Having a look at the CT, there seemed to be a distended stomach. So just to ensure that there is no gastric outflow obstruction I have organised for her to have a gastroscopy and a flexi sig, but otherwise her weight and appetite remain steady. She is due for laparoscopy and oophorectomy. I have talked to her about reanastomosis at that time but she has been through this with Mr Goian and she is not keen to proceed with the operation. She worries that she is going to be incontinent. I have tried to explain to her that this is on the lower side but it can happen. We look forward to seeing her with the results of her OGD and flexible sigmoidoscopy.

Yours sincerely

Electronically signed

Mr Kumaran Thiruppathy FRCS MPhil MS BSc
Consultant Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
06-May-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Email requesting prescription Patient Choice Admin
Filename: D10_K81002_4908_8cdb1e70-e9c9-408e-b4ff-59cf86a7c651.TIF_XX2
Extension:.tif
Pages:

Outlook

Patient Choice (E) B1 Rx Request |787258|Mena Noble

From Patient Choice <admin@patientchoice.net>
Date Tue 06/05/2025 09:39
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

THIRD PARTY COPY

Date: 06 May 2025

patientchoice

Prescription Clerk
Eastfield House Surgery,
Eastfield House, 6 St Johns Road
Newbury
Berkshire
RG14 7LW

Reference: 787258

PRESCRIPTION REQUEST:

Your patient: Mena Noble; DoB: 17 Feb 1971; NHS Number: 400 213 0924

On behalf of your above-named patient we have been instructed to supply the following items and to request a prescription from you for them:

Code	TOTAL		Item Name
16621/CTF 25mm	30	DEVICES	SenSura Mio light convex ileostomy bag, midi, Starter hole 10mm-23mm, Neutral grey--10 Pack
CUTTING	0		** CUTTING REQUIRED ON ABOVE ITEM TO: 25 mm **
12070	60	DEVICES	Brava elastic tape--20 Pack
300714	50	ML	Peel-Easy medical adhesive remover spray--50 ML
1907	25	GRAMS	Brava ostomy powder--25 GRAMS
BB158	0		-- Complimentary Item -- Free disposal bags--30 Pack Complimentary item: no prescription required
WIP21V / NM-GEND-WIPES	0		-- Complimentary Item -- Free dry wipes (WIP21V)--30 Pack Complimentary item: no prescription required

To ensure prompt delivery for your patient please send the prescription directly to us by either:

EPS:

To: **Patient Choice Ltd (FWN89)** - Search under "Appliance Contractors", not Pharmacies

Post:

To: FREEPOST PATIENT CHOICE (No further address details required)

If there are any issues or queries please call us immediately on 01268 777 633

On behalf of your patient, thank you in advance for your help and support.

Patient Choice Ltd, [redacted] House 10-20 Main Road, Hockley, Essex, SS5 4QS
Tel: 01268 777633 **Email:** admin@patientchoice.net

SystmOne: 0113 205 0080 EMIS: 0330 024 1270 Vision: 0207 501 7000

NHS
Providing NHS services

Patient Choice

patientchoice

Powering better prescription delivery

Tel: 01268 777 633 Freephone: 0800 862 0686
www.patientchoice.net

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THIRD PARTY COPY

Attachment
06-May-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Colorectal
Filename: D10_K81002_4908_16f8c8d1-c934-40d3-8825-b15fed8ca16c.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

PARTY COPY

6th May 2025 CF/modl/34996560 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

GP ACTION:
Please note 'End of Treatment Summary' for this patient at the end of this letter (SCTID: 1324891000000103). Please record this as received. Patient may be eligible for 3-month contact. (SCTID: 1239881000000109) or cancer care review (SCTID:720006006). Please check your records.

DIAGNOSIS:
Extended right hemi with ileostomy, September 2019 for a pT3 N0 bowel cancer. Adjuvant FOLFOX completed in 2020.

It was nice to speak to you today in the Colorectal Nurse-led Follow-up Clinic. I was sorry to hear that you are still struggling with nerve pain. You have been trying amitriptyline which you tell me is not working well. You are currently waiting for a call back from your GP to see if anything else can be prescribed. Gabapentin was suggested before. I spoke to you and you say that the nerve pain started post your chemo but you also think that it may be connected to your gynaecological issues. Plan is for fallopian tube and ovary removal in August. I explained to you that you have now reached 5th year of your surveillance and we will not be ordering any more routine tests. On behalf of the Colorectal Team, I would like to wish you well with the future. Please do get back in touch if you need support with your stoma or would like another discussion about reversal. We will now discharge you from our service and we wish you well with the future.

Yours sincerely

Electronically signed

[redacted]
Clinical Nurse Specialist in Colorectal Cancer

THIRD PARTY COPY

PS
Please phone the Colorectal nurses if you experience any of the following symptoms below:-

- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating
- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness

Colorectal Cancer Nursing Team
0118 322 7182

Colorectal Cancer Treatment Summary
Age at diagnosis : 48
Mode of diagnosis : Emergency
Date of diagnosis : 11/09/2019 BST
Site of tumour : Transverse
Metastatic at diagnosis : No

Pathology
Invasive Adenocarcinoma : Moderately Differentiated
TNM Stage : PT3 PN0
No of Lymph nodes involved / retrieved : 0/28
Level / type of invasion : Extramural venous
KRAS / BRAF / NRAS: variant detected : Not Tested
MMR / MSI status: normal expression : No
Comments : [redacted] syndrome pathogenic variant identified in MSH2
HNPCC : Not Tested
FAP : Not Tested

Surgery
Surgery : Yes
Date of surgery : 11/09/2019 BST
Type of surgery : Extended Right Hemicolectomy
Ileostomy : Ileostomy

Oncology
Oncological Treatment : Yes
Adjuvant chemotherapy : Yes
Regime : folfox
Cycles/Months : 6
(5 F/U, Capecitabine, CAPOX, FOLFOX, immunotherapy - specify) : Had 6 cycles of folfox

Follow up
Follow up protocols : Standard bowel cancer
riskBucket_colorectal : Standard Bowel Cancer Follow-Up
OAFU discharge date : 06/05/2025 B

THIRD PARTY COPY

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
07-Apr-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Email Patient Choice Pharmacy service
Filename: D10_K81002_4908_3020c5e3-05db-4041-b7c4-d05c49fe72af.TIF.XX2
Extension:.tif
Pages:

Outlook

Patient Choice (E) B1 Rx Request |774146|Mena Noble

From Patient Choice <admin@patientchoice.net>
Date Mon 07/04/2025 13:38
To EASTFIELDRECEPTION (EASTFIELD HOUSE SURGERY) <bobicb-bw.eastfield.reception@nhs.net>

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

THIRD PARTY COPY

Date: 07 Apr 2025

Prescription Clerk
Eastfield House Surgery
Eastfield House, 6 St Johns Road
Newbury
Berkshire
RG14 7LW

Reference: 774146

PRESCRIPTION REQUEST:

Your patient: Mena Noble; DoB: 17 Feb 1971; NHS Number: 400 213 0924

On behalf of your above-named patient we have been instructed to supply the following items and to request a prescription from you for them:

Code	TOTAL		Item Name
16621/CTF 25mm	30	DEVICES	SenSura Mio light convex ileostomy bag, midi, Starter hole 10mm-23mm, Neutral grey--10 Pack
CUTTING	0		** CUTTING REQUIRED ON ABOVE ITEM TO: 25 mm **
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WIP21V / NM-GENO-WIPES	0		-- Complimentary Item -- Free dry wipes (WIP21V)--30 Pack Complimentary item: no prescription required

To ensure prompt delivery for your patient please send the prescription directly to us by either:

EPS:

To: **Patient Choice Ltd (FWN89)** - Search under "Appliance Contractors", not Pharmacies

Post:

To: FREEPOST PATIENT CHOICE (No further address details required)

If there are any issues or queries please call us immediately on 01268 777 633

On behalf of your patient, thank you in advance for your help and support.

Patient Choice Ltd, [redacted] House 10-20 Main Road, Hockley, Essex, SS5 4QS
Tel: 01268 777633 **Email:** admin@patientchoice.net

Providing NHS Services

SystmOne: 0113 205 0080 EMIS: 0330 024 1270 Vision: 0207 501 7000

Patient Choice

Tel: 01268 777 633 Freephone: 0800 862 0686
www.patientchoice.net

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Attachment
24-Mar-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Gynaecology
Filename: D10_K81002_4908_8384ac33-aa8b-462a-9ea1-cdd04a10bb5f.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Gynaecology
Royal Berkshire Hospital
London Road . Reading . RG1 5BS
Tel: 0118 322 8964
Email: rbb-tr.cat6@nhs.net

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

THIRD PARTY COPY

24th March 2025 RV/modl/34594231 MRN:981612

Dear Mena

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I write to inform you that the CA-125 done has been only marginally raised. In fact, it is lower than the value we saw in 2023.

Yours sincerely

Electronically signed

Miss Rajee Vijayanand
Consultant Gynaecologist

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

Attachment
10-Mar-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinic Letter Royal Berkshire Hospital Gynaecology Outpatient

Filename: D10_K81002_4908_b82d3e1d-f8c6-4d29-8b97-2fe8b47c9918.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Gynaecology
Royal Berkshire Hospital
London Road . Reading . RG1 5BS
Tel: 0118 322 8964
Email: rbb-tr.cat6@nhs.net

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

10th March 2025 RV/modl/34453663 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

This lady was reviewed today following a referral from the Colorectal Team. She was seen under Colorectal Team on 2nd September last year. She is going to be monitored as per the letter. In terms of her gynae operation as you are aware the patient had multiple abdominal surgeries including hysterectomy and known to have Lynch syndrome. She had a scan done at West Berkshire Hospital, unfortunately no results were uploaded, sadly the patient had to wait 40 minutes before being seen.

The scan showed previously noted cyst on the left adnexa, which was 2.4, now measuring 4.5 x 5.6. Her last CA125 was November 2023 when I saw her. I have given a repeat form. If she needs a surgery this will have to be a joint procedure with the Colorectal Team. I have duly consented her in the clinic and name added to the list.
She is fully aware that we may not be able to proceed with the operation and may not be able to remove the ovaries and tubes completely in case it is buried from adhesions from previous hysterectomy as well as right hemicolectomy, small intestinal resection and ileostomy. She has been consented and name added to the list for joint procedure.

Yours sincerely

Electronically signed

Miss Rajee Vijayanand
Consultant Gynaecologist

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CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

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Attachment
23-Jan-2025 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Administrative letter Royal Berkshire Hospital RBFT Urology Outpatient Clinic Letter
Filename: D10_K81002_4908_e546ade2-48a9-47f3-8ac0-06817a3267c6.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Urology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8629

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

23rd January 2025 AJ/modl/33958338 MRN:981612

Dear Mrs Noble,

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

I am pleased to say your ultrasound scan that we did of your kidneys because of your Lynch syndrome is perfect. I will arrange for you to have a further scan in 2 years' time and will write to you afterwards.

If you are waiting to hear from us regarding results and have not yet heard within the expected timeframe please call the admin department on 0118 322 8629.

Yours sincerely

Dictated but not signed by the clinician, for expediency

Mr [redacted] [redacted] MD FRCS (Urol)
Consultant Urologist

THIRD PARTY COPY

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

Signoff Email to Patient
10-Jan-2025 Mrs Jo Booth (JB4810)
Additional: Signoff Email to Patient
signoff_email_to_patient.html
Filename: signoff_email_to_patient_aed03942-79e0-4859-9510-1ba99d53a17b.html
Extension:.tif
Pages:

Hi Mena,

We have booked a in-person appointment on Fri, 10 Jan at 11:10.

Kind regards,

[redacted]
EASTFIELD HOUSE SURGERY

If you have an appointment for urinary issues or abdominal pain, please bring a urine sample with you. A labelled sample pot can be obtained from Reception. If you are attending a face to face appointment with a respiratory infection, please wear a face covering to help protect staff from infections. If you do not have a face mask or alternative, please ask for one at reception.

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e-RS Letter (10-Jan-2025)
10-Jan-2025 Mrs Louisa Ong (LO4810)
Additional:e-RS Letter (10-Jan-2025)
NHS e-Referral UBRN 000445634116 for Referral to colorectal surgery service

Filename: 2501101221_NHS e-RS Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000445634116**	Age:	**53y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**10-Jan-2025**	UBRN Created	
Priority:	**Urgent**	Referral letter created	
Referred by:	**BADHAM, Kelvin (Dr)**	Letter last modified	**10-Jan-2025**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

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Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Scheriproct ointment (Karo Healthcare UK Ltd)	Apply Twice A Day	30 gram	10-Jan-2025
Fluorouracil 0.5% / Salicylic acid 10% cutaneous solution	Apply Once A Day for up to 8 weeks, as directed. (this will cause local inflammation)	25 ml	06-Jan-2025
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	07-Dec-2024
Nitrofurantoin 25mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	280 ml	

Repeat

Drug	Dosage	Quantity	Last Issued On
Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	07-Dec-2024
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	25 gram	07-Dec-2024
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	50 ml	07-Dec-2024
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	30 device	07-Dec-2024
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	06-Nov-2024

Past

Drug	Dosage	Quantity	Last Issued On
Efudix 5% cream (Viatris UK Healthcare Ltd)	Apply Thinly Once A Day for up to four weeks, to the lesion. (this will cause inflammation)	40 gram	25-Sep-2024
Galcodine 15mg/5ml linctus [redacted] & [redacted] Ltd)	Codiene 10ml (30mg) PO up to TDS for pain, if paracetamol alone not enough	2000 ml	22-Aug-2024
Co-codamol 30mg/500mg/5ml oral solution sugar free	5ml PO up to TDS PRN if required	150 ml	20-Aug-2024

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Codeine 25mg/5ml oral solution	(note: CONTAINS PARACETAMOL) 5ml (25mg) PO up to TDS PRN. - for pain if paracetamol alone is not enough.	500 ml	01-Aug-2024

Clinical record details

Consultations

Problems
Active

Date	Problem	Associated Text	Date Ended
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Extended right hemicolectomy	for transverse colon bowel Ca	
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	

Allergies and intolerances

Allergies

Findings

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All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
03-Mar-2020	O/E - blood pressure reading	118/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
12-Apr-2017	Alcohol consumption	2	U/week	

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

Referral letter NOBLE, Mena (Ms) 1216 10-Jan-2025.rtf

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Referral letter
10-Jan-2025 Mrs Louisa Ong (LO4810)
Additional: Referral letter
Urgent Colorectal Referral - Mr Goian RBH
Filename: Referral letter NOBLE, Mena (Ms) 1216 10-Jan-2025.rtf
Extension: tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 44495
Email: bobicb-bw.eastfieldhouse@nhs.net

DR A B MALONEY
DR E V FEATHERSTONE
DR K J BADHAM
DR H CLARKE
DR H THANGAVEL
DR S ZORANA
DR M S GALLIVER

10 January 2025
GP Code: 894480
Ref: KB/LO

REFERRAL TO COLORECTAL TEAM
RBH

URGENT

Dear Mr Goian

Mena Noble DOB: 17-Feb-1971 Telephone No: 07979003208 07979003208
11 Bronte Rise Greenham Newbury RG14 7UG
NHS No: 400 213 0924

I would be grateful if you could see Mena urgently. She is under your care with complex colorectal symptoms following colorectal cancer. In the last week she has developed left sided pain and discomfort also had an episode of pr bleeding a couple of weeks ago. She is still eating and drinking normally, and her ileostomy is working. exam shows generalised left sided discomfort on palpation with no guarding or rigidity. DRE is normal, she has some piles or prolapse at the anus. I have requested blood tests.

Kind regards.

Yours sincerely

Kelvin Badham

Dr Kelvin Badham
(Dictated not signed)

THIRD PARTY COPY

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Extended right hemicolectomy	for transverse colon bowel Ca	
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	

Allergies

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Scheriproct ointment (Karo Healthcare UK Ltd)	Apply Twice A Day	30 gram	10-Jan-2025
Fluorouracil 0.5% / Salicylic acid 10% cutaneous solution	Apply Once A Day for up to 8 weeks, as directed. (this will cause local inflammation)	25 ml	06-Jan-2025
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Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	06-Nov-2024

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Signoff Email to Patient
06-Jan-2025 Mrs Judith Wallis (JW4810)
Additional: Signoff Email to Patient
signoff_email_to_patient.html
Filename: signoff_email_to_patient_7a351c4b-0e33-45ae-b296-f39af0209198.html
Extension:.tif
Pages:

Good morning/afternoon, Mera

As requested, we have booked a in-person appointment on Mon, 6 Jan at 1640.

If you have an appointment for urinary issues or abdominal pain, please bring a urine sample with you. A labelled sample pot can be obtained from Reception.

Kind regards,
Eastfield House Surgery

THIRD PARTY COPY

Attachment
06-Nov-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinic Letter Royal Berkshire Hospital Colorectal surgery

Filename: D10_K81002_4908_8635e445-d0f4-4272-af0b-322935fd8abb.TIF.XX2
Extension: tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

30th October 2024

VN/modl/33163456 MRN:981612

THIRD PARTY COPY

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

DIAGNOSIS:

4.5 years post extended right hemicolectomy and ileostomy for T3 N0 adenocarcinoma of the bowel followed by FOLFOX chemotherapy completed February 2020.

I am writing to you today with your most recent results for your bowel cancer surveillance. I am pleased to inform you that your blood tests are all within normal range including a CEA bowel cancer tumour marker of 2.9, normal range is 0 to 5 and also pleased to inform you that your CT scan has shown no evidence of recurrence of your bowel cancer. In accordance with our surveillance, we will ask you to have a blood test in April of next year and we will call you with the results and hope that we can discharge you from bowel cancer surveillance. If you have any concerns, please do not hesitate to contact us.

Yours sincerely

Electronically signed

[redacted] Newland BSc Hons, Dip HE, PG Dip
Colorectal Clinical Nurse Specialist

PS
Please phone the OAFU hotline if you experience any of the following symptoms below:
- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating

- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness
- If you need support to regain bowel control following your surgery or stoma reversal (please complete questionnaire below)

Please complete this bowel function questionnaire and call the OAFU hotline if you require help and support to regain bowel control after your surgery or stoma reversal

- Are you opening your bowels more than four times a day? Y / N
- Are you experiencing loose stool / diarrhoea often? Y / N
- Are you experiencing constipation? Y / N
- Are you experiencing urgency (rushing to the toilet) to open your bowels? Y / N
- Are you experiencing any leakage / faecal incontinence? Y / N
- Are you needing to open your bowels at night? Y / N
- Do you feel you have not completely emptied your bowel? Y /N

OAFU Hotline 0118 322 7182

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Signoff Email to Patient
11-Sept-2024 Dr Harry Thangavel (Thangavel)
Additional: Signoff Email to Patient
signoff_email_to_patient
Filename: signoff_email_to_patient_ed9c8b09-9be8-4d31-bd1e-c58d9b6faf35.txt
Extension:.tif
Pages:

Hi Mena,

We've looked at your request and the team have put together an action plan. Please [redacted] the following carefully. Expect a final confirmation message from us in Anima with relevant details (you'll get an e-mail notification as well - please ensure you check "Junk").

We have sent you an invitation to book an appointment between Wed, 11 Sept and Wed, 9 Oct. You can find the invitation on the dashboard of your Anima account.

Kind regards,
Dr [redacted] Thangavel
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Attachment
10-Sept-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Report West Berkshire Breast Screening service Breast screening service
Filename: D10_K81002_4908_ec9c6aaa-0e94-4630-832b-c720366bdd29.TIF.XX2
Extension:.tif
Pages:

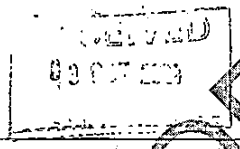
NHS BREAST SCREENING PROGRAMME WEST BERKSHIRE BSU

- EASTFIELD HOUSE SURGERY

NOBLE, MENA , MS

Screening Number: KRG158865
NHS Number: 400 213 0924
Address: 11 BRONTE RISE
: GREENHAM
: NEWBURY
: BERKSHIRE
: RG14 7UG
Telephone: 07979003208

Date of Birth: 17-Feb-1971
Age: 53



SCREENED - ROUTINE RECALL

Screened on: 10-Sep-2024

Opinion: No significant radiological abnormality

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Attachment
02-Sept-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter
Filename: D10_K81002_4908_2175e305-06b6-471c-a8ca-d0e34e86ccda.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

2nd September 2024 LG/modl/32635089 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

Presenting condition:
1. Previous emergency extended right hemicolectomy with end-ileostomy for obstructing moderately differentiated adenocarcinoma T3 N0 M0 – 11/09/2019. Neoadjuvant chemotherapy.
2. Probably left ovarian cyst

Investigations:
1. Colonoscopy – 06/07/2023 – diversion colitis only (procedure to proximal descending colon).

Past medical history:
1. [redacted] syndrome (on two yearly surveillance).
2. Previous vaginal hysterectomy for bleeding.
3. Recurrent chest infections.
4. Gastritis.

Plan:
- to proceed to left salpingo-oophorectomy.

I discussed with Mrs Noble in our telephone clinic appointment today and understandably she is not ready to go to such a major surgery to consider completion colo-proctectomy. She is managing very well and she is quite keen to continue with surveillance colonoscopy under general anaesthetic every two year.

Nevertheless, she is very keen to continue with plans for left salpingo-oophorectomy as already discussed with the gynaecology team.

I messaged Miss Rajee Vijayanand - her gynaecology consultant, in order to arrange her left salpingo-oophorectomy and I will offer support in theatre as needed.

We will keep you informed about Mrs Noble's progress.

THIRD PARTY COPY

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

FP92A - prescription exempt certificate
20-Aug-2024 Miss Jodi Strong (JES4810)
Additional:FP92A - prescription exempt certificate
FP92A - prescription exempt certificate (20-Aug-2024)
Filename: mn.pdf
Extension:.tif
Pages:

FP92A **Application for prescription charge exemption (medical)**

This form will be processed more quickly if you fill it in using BLACK INK in BLOCK CAPITALS inside the boxes

Making an Application

The patient should fill in Part 1 and Part 2. A doctor (or a member of the practice) should complete Part 3. When completed send the form to: NHS Business Services Authority, Prescription Exemption Applications, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN, in the envelope provided.
Note: We need your date of birth to ensure you are not already age exempt.

Part 1 ABOUT YOUR MEDICAL CONDITION

I declare that: (tick the box that applies) (but only one box)
I have:

- [x] A permanent fistula (for example caecostomy, colostomy, laryngostomy or ileostomy) requiring continuous surgical dressing or requiring an appliance.
- [ ] Epilepsy for which I need continuous anti-convulsive therapy.
- [ ] Diabetes mellitus and my treatment is not just by diet alone.
- [ ] Myxoedema (that is, Hypothyroidism requiring thyroid hormone replacement).
- [ ] Hypoparathyroidism.
- [ ] Diabetes insipidus or other forms of hypopituitarism.
- [ ] Forms of hypoadrenalism (including Addison's disease) for which specific substitution therapy is essential.
- [ ] Myasthenia gravis.
- [ ] A continuing physical disability which means I cannot to out without the help of another person. Temporary disabilities do not count even if they last for several months, or

I am undergoing treatment for:

- [x] Cancer:
  - including for the effects of cancer; or
  - the effects of current or previous cancer treatment.

Part 2 ABOUT YOU

Title: Mr [ ] Mrs [ ] Miss [x] Ms [ ] Other [ ]
Surname: NOBLE
First name: MENA
House No/Name: 11
Street: BRONTE RISE
GREENHAM
Town: NEWBURY
Postcode: RG14 7UG Date of Birth (IMPORTANT) 17 02 71
Telephone number in case we need to contact you: 07790 603208
Email address: mena.noble@rocketmail.com
NHS no. (from your medical card): 400 213 0924

PATIENT DECLARATION

This is my application for a prescription charge medical exemption certificate. I understand that the information I have provided will be used by the health services to check for fraud and incorrectness and to secure the effective and efficient delivery of prescribing and dispensing services. I understand this means that relevant information from this form will be disclosed to and by the NHS Business Services Authority, Department of Health, NHS England, NHS Protect and the Health and Social Care Information Centre and bodies performing functions on their behalf, and to the extent I need to I consent to this. I understand that the NHS Business Services Authority will use the information to process my application. They will not transfer my personal data outside of the European Economic Area. They may contact me to discuss my application and the quality of the service. My personal data will be deleted no later than 24 months after the certificate expires. Further details at www.nhsbsa.nhs.uk/privacypolicy.aspx. I declare that the information I have given on this form is correct and complete and I understand that if it is not appropriate action may be taken. NOTE: If the patient is unable to complete the form themselves the doctor (or a member of the practice) can do so on the patient's behalf and they must print their name in the patient signature box in part 2 and complete Part 3.

Signature M Noble Date 200824

FP92A1114

Part 3 DOCTOR'S STATEMENT

This form can be signed by a GP, hospital or service doctor. Also at the GP's discretion, by a member of the GP practice who can assess the patient's medical records to confirm the patient's statement.
Doctor or practice staff declaration: I confirm that the information given by the patient in Part1 is correct and that the information given in Part 2 is in accordance with the patient's records.

Position if not a doctor
Signature
Date 22/08/24

GP's or hospital doctor's stamp or service doctor's name, rank, and establishment
Dr K J Badham 6944
Eastfield House Surgery
6 St [redacted] Road
Newbury, Berkshire RG14 7LW
Tel: 01635 41495

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FP92A - 1 January 2009 Version 082015_002 Product Code: FP92A NHS

THIRD PARTY

Signoff Email to Patient
01-Aug-2024 Dr Shalim Zorana (SZN4810)
Additional: Signoff Email to Patient
signoff_email_to_patient
Filename: signoff_email_to_patient_31e27814-70b5-4324-8c36-5b6017d41072.txt
Extension:.tif
Pages:

Hi Mena,

We've looked at your request and the team have put together an action plan. Please [redacted] the following carefully. Expect a final confirmation message from us in Anima with relevant details (you'll get an e-mail notification as well - please ensure you check "Junk").

We have booked a telephone appointment on Thu, 1 Aug in the afternoon.

Kind regards,
Dr Shalim Zorana
EASTFIELD HOUSE SURGERY

THIRD PARTY COPY

Attachment
30-July-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter
Filename: D10_K81002_4908_31fe4b86-ea0a-4e52-84bc-c78ae0e408eb.TIF_XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

30th July 2024 LG/modl/32391590 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

Presenting condition:
1. Previous emergency extended right hemicolectomy with end ileostomy for obstructing moderately differentiated adenocarcinoma T3 N0 M0 – 11/09/2019. Neoadjuvant chemotherapy.
2. Probably left ovarian cyst

Investigations:
1. Colonoscopy – 06/07/2023 – diversion colitis only (procedure to proximal descending colon).

Past medical history:
1. [redacted] syndrome (on two yearly surveillance).
2. Previous vaginal hysterectomy for bleeding.
3. Recurrent chest infections.
4. Gastritis.

I reviewed Mrs Noble in clinic today. She has been seen in one of my [redacted] clinic for consideration of reversal of ileostomy at the same time with left oophorectomy which is planned by the gynaecology team.

We have discussed today about the opportunity of further reversal of her ileostomy and she is not very keen to pursue this as she feels that she has a good quality of life with the stoma.

We discussed again today the likelihood of developing further cancer in her remnant colon which is in the context of [redacted] syndrome about 15% at 10 years, 40% at 20 years and approximately 60% after 30 years (after the resection a colon cancer). Therefore, she will need routine surveillance with a colonoscopy every two years. I understand that she would prefer to have this under general anaesthetic.

In order to reduce the above risk, and in view of the fact that she does not wish to pursue distal of the ileostomy, we can consider removing the rest of the colon and rectum. We can do this at the same time with the left oophorectomy although this would be a significantly bigger operation which

carries risks of bleeding, infection, deep vein thrombosis, pulmonary embolism, anaesthetic risks, irregular heartbeat, heart attack, stroke, chest infections, intra-abdominal sepsis, need of further surgery and risk of damage to other intra-abdominal organs.. On a longer-term, risk of incisional hernia, chronic pain and no further possibility of reversal.

Understandably, Mrs Noble finds it difficult to make a decision today and therefore I will arrange a further telephone clinic appointment and depending on her decision we will arrange further joint surgery under my care or under gynaecology care.

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

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Attachment
11-Jun-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinic Letter Royal Berkshire Colorectal
Filename: D10_K81002_4908_39da12c4-7d1c-4392-b428-a896d9a00bcf.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

11th June 2024 CH/modl/32046902 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

THIRD PARTY COPY

DIAGNOSIS:

Extended right hemicolectomy and ileostomy September 2019 for a pT3 N0 bowel cancer
FOLFOX chemotherapy completed in February 2020.

It was nice to speak to you today in the Colorectal Nurse-Led Follow-up Clinic. I was pleased to inform you that your recent blood tests were all within normal range.

On discussion with you today, you informed me that you are well and have no concerns of note today. You are managing your stoma and in fact decided against having a reversal at the same time as your upcoming gynaecology operation. I have reassured you providing you remain well, a reversal is something that could happen at any point in the future..

In regard to your bowel cancer surveillance, you will be due a further CT scan and blood tests around October time. We will send a blood form nearer the time. If you can have the bloods taken around the date listed on the form and Radiology will contact you regarding the scan date. Once the results are back, we will catch up with you to go through them. If there are any problems before then, you can always contact our team.

Yours sincerely

Electronically signed

[redacted]
Clinical Nurse Specialist in Colorectal Cancer

PS

Please phone the Colorectal nurses if you experience any of the following symptoms below:-

- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating
- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness

Colorectal Cancer Nursing Team
0118 322 7182

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

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Attachment
06-Jun-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Colorectal surgery
Filename: D10_K81002_4908_ad58ab04-7d11-45bb-91a3-64e3778ced18.TIF.XX2
Extension: tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

6th June 2024

MP/modl/32010732 MRN:981612

Dear Ms Noble,

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

Reason for review
Extended right hemicolectomy and small bowel resection for pT3N0 tumour, September 2019.
End ileostomy in situ - considering reversal of stoma
Awaiting left oophorectomy under gynaecology team

Plan
For laparotomy +/- reversal of ileostomy (awaiting patient decision)
Joint case with gynaecologist for left ovarian cyst

It was a pleasure meeting you in the colorectal clinic. I was sorry to hear that you continue to have left sided lower abdominal and pelvic pain and are awaiting surgery under Miss Vijayanand for an enlarged left ovarian cyst. Reading through the correspondence on our clinical notes, I believe we are searching for a potential date for both gynaecology and colorectal surgeons to be free to operate on you.
From the bowel point of view, your latest surveillance CT scan last October did not highlight any bowel pathology or disease spread, and your CEA blood test on 21st May 2024 was normal at 2.7; which is all very reassuring. You have a stoma, an end ileostomy, which you have grown to like as you are fully confident in looking after it and allows you more control over your bowels. The stoma does at times produce too much output, and you are fully aware of how to modify your diet and take loperamide to reduce this output and avoid dehydration. Your latest blood tests in May showed normal renal function.

We discussed the possibility of reversing your stoma in order to restore gut continuity. We discussed what surgery entails with re-opening of the midline wound, freeing up the stoma and large bowel and creating a join. There is likely to be scar tissue which will need to be released. General risks of surgery include bleeding, infection, pain, injury to surrounding structures, intra-abdominal/pelvic fluid collections, blood clots, and general anaesthetic side effects. Most importantly though, specific to this operation, is the risk of leakage from the bowel join which may lead to sepsis, need for further surgery and back to a stoma, as well as poor bowel function with

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urgency and incontinence. You are parituclarly anxious about losing the control over your bowels and hence preferring to keep the stoma which you are able to manage well. With elective surgery there is a 1-2% risk of death too. You feel that you need more time to think about this. I explained that there is no harm with keeping a stoma as long as it does not cause repeated dehydration and kidney damage.
We did complete a consent form for a laparotomy +/- stoma reversal today as I believe the gynaecologist are keen to have our team present during surgery. You would like Mr Goian, who performed your original surgery, to perform this procedure too. We will request a pre-operative anaesthetic appointment in the meantime and liaise with Mr Goian and the gynaecologist to find a date for theatre.
As soon as you have decided what you prefer to do with the stoma, please do get in touch with Mr Goian's secretary.

Your sincerely

Marta Penna
Colorectal registrar

Yours sincerely

Electronically signed

Ms Marta Penna
Surgical Registrar

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

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Signoff Email to Patient
15-May-2024 Mrs Alison Ebbatson (AJE)
Additional: Signoff Email to Patient
Signoff Email to Patient
Filename: signoff_email_to_patient.txt
Extension:.tif
Pages:

Dear Mena,
This is to confirm, following our telephone call, that an urgent in-person appointment has been booked for you at the surgery today at 17.10

Kind regards,
[redacted]

THIRD PARTY COPY

Attachment
15-May-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
NHS 999 Report NHS 999 NHS 999
Filename: D10_K81002_4908_19301e13-cf4a-40e9-9522-a2407761f189.TIF.XX2
Extension:.tif
Pages:

NHS 999 Report - For Action

NOBLE, MENA *Born* **17-Feb-1971** *Gender* **Female** *NHS No.* **400 213 0924**		
Home Address **11 BRONTE RISE** **GREENHAM** **NEWBURY** **BERKSHIRE** **RG14 7UG**	*Home Phone* **07979003208** *Emergency Phone* **07979003208**	*GP Practice* **EASTFIELD HOUSE SURGERY** **EASTFIELD HOUSE SURGERY** **6 ST.JOHNS ROAD** **NEWBURY** **BERKSHIRE** **RG14 7LW** *Phone* **01635 41495**

Patient's Reported Condition

SUNDAY CRAMPED IN CALF, BRUISE CAME UP, CHESTY COU

Pathways Disposition

Dx06 - To Contact a Primary Care Service within 6 hours

Selected Service: GP - Eastfield House Surgery, St Johns Road, Newbury (Home GP) (169618)

Consultation Summary

Illness : LEG PAIN :
Warm to touch
Pain or swelling, knee or lower leg
Groin pain or swelling
New or worsening groin pain
Able to carry out some everyday activities
New leg pain
Fever at time of assessment or in last 12 hours
The DoS will return a suitable service that can manage the problem.

Pathways Assessment

The problem did not relate to labour or childbirth.
There was no blood loss.
An illness or health problem was the main problem. LEG PAIN :
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected: Lower Limb Pain or Swelling
The problem affected the lower leg only.
The problem affected the knee or lower leg.
The problem was not caused by twisting, or sudden movement of the knee.
The problem did not relate to a previously diagnosed leg ulcer.
There was groin pain or swelling.
There was no abdominal pain.
The individual had new or worsening groin pain.
There was no possibility of pregnancy.
They were still able to carry out some everyday activities.
There did not seem to be severe pain.
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
The individual had experienced new leg pain since symptom onset.
A leg had not suddenly become cold, pale, blue or grey.
There was no sudden onset of pain and swelling of an entire leg.
There had been no blackout or faintness.
There was no new shoulder tip pain.
There was a fever at the time of assessment or within the previous 12 hours.
There was no new vaginal discharge.
There was no new or worsening confusion.
The individual needs to contact a local service within 6 hours.

Advice Given

Drink lots of fluids, such as water or squash - take small sips if feeling sick.
Wear light clothing, don't try to cool down by cold sponging or fanning.
Feeling faint, about to pass out or collapse - CALL 999.
Becoming severely ill WITH new marks, like bruising or bleeding under the skin - CALL 999.
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.
Remove any jewellery or tight clothing from around the swelling.
Raise a swollen ankle or knee by sitting with the foot on a stool, or lying with it propped on pillows.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns call 999.
Remember to take a list of any current medications if you go to the out of hours surgery. PT STATED DEVELOPED AN EXCRUTIATING LEFT CALF PAIN WHILE JUST SITTING ON THE SOFA ON SUNDAY. SAYS HAS BEEN STRUGGLING FOR DAYS. PAIN STILL THERE BUT SUBSIDED ABIT. GOT A CHESTY COUGH AND HAVENT BEEN FEELING WELL THIS MORNING. MORE CONCERNED ABOUT THE LEG PAIN. PMHX AND MEDS ACCESSED VIA SCR WITH CONSENT, GP 6HOURS ARRANGED, WORSENING GIVEN.

Document Created	**15-May-2024, 11:18**
Document Owner	**South Central Ambulance Service**
Authored by	**Chinonso Esogibe - , SCAS 999 Service on 15-May-2024, 11:18**

Encounter Type	**NHS999 Encounter**
Encounter Time	**15-May-2024, 11:03 to 15-May-2024, 11:18**
Case Reference	**S2405150909**
Encounter Disposition	**To Contact a Primary Care Service within 6 hours**
Care Setting Location	**Incident Location**
	Address
	11

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Care Setting Address	**BRONTE RISE** **NEWBURY** **RG14 7UG**
Care Setting Type	

Document ID	**DA2536D0-C6C6-43C2-9B38-851FB362A230**	*Version* **1**
Primary Recipient	**GP - Eastfield House Surgery, St Johns Road, Newbury (Home GP)**	

THIRD PARTY COPY

Attachment
15-May-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
NHS 111 Report NHS 111 NHS 111
Filename: D10_K81002_4908_58a1412b-0940-4158-9c28-d1f4eaedbcf4.TIF_XX2
Extension:.tif
Pages:

NHS 111 Report - For Information

NOBLE, Mena *Born* **17-Feb-1971** *Gender* **Female** *NHS No.* **400 213 0924**
Local Patient ID **B0B70E31-7715-4144-8E3B-05C777DC3BA4**

Home Address
11 Bronte Rise
Newbury
Berkshire
RG14 7UG

Home Phone **07979003208**

GP Practice
Eastfield House Surgery (K81002)
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW
Phone **0163541495**

Patient's Reported Condition

sunday cramped in calf, bruise came up, chesty cou

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0121

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Warm to touch
Pain or swelling, knee or lower leg
New loss of bladder control
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: Symptoms: sunday cramped in calf, bruise came up, chesty cou Comments: sunday cramped in calf, bruise came up, chesty cough , breathlessness
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
User Comments: bringing up a lot of phlem
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Lower Limb Pain or Swelling
The problem affected the lower leg only.
The problem affected the knee or lower leg.
The problem was not caused by twisting, or sudden movement of the knee.
The problem did not relate to a previously diagnosed leg ulcer.
There was no groin pain or swelling.
There was new loss of bladder control.
Instructions given were: An emergency ambulance is being arranged.
User Comments: CAT 3/4 BREACHED AMBULANCE VALIDATION TIME FRAME, SENT AUTOMATICALLY. PATIENT AND SCENE NOT REASSESSED
There was no further information to help with dispatch.
It could not be confirmed if there was someone staying with the individual.
There was no safeguarding concern.
The scene was safe.
Swelling, general
User Comments: CAT 3/4 BREACHED AMBULANCE VALIDATION TIME FRAME, SENT AUTOMATICALLY. PATIENT AND SCENE NOT REASSESSED

Advice given:
Remove any jewellery or tight clothing from around the swelling.
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

Document Created	**15-May-2024, 11:38**
Document Owner	**SCAS111**
Authored by	**[redacted] Armitage - Assessed by, 1.Northern House (SCAS111) on 15-May-2024, 10:34**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**15-May-2024, 09:25 to 15-May-2024, 10:34**
Case Reference	**3905A759-5BA4-41A9-ABB7-24BD6E116D47**
Case ID	**5320076**
Encounter Disposition	**Emergency Ambulance Response (Category 3)**
Care Setting Location	**Incident Location**

THIRD PARTY COPY

	Visit Address
Care Setting Address	**11 Bronte Rise** **Newbury** **Berkshire** **RG14 7UG**
Care Setting Type	
Responsible Party	[redacted] **Black - Medical Director, SCAS111**

Document ID **D5C26606-15DE-45A7-A99B-43FE59BD3AEA** *Version* **1**

THIRD PARTY COPY

Attachment
09-Jan-2024 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Colorectal
Filename: D10_K81002_4908_46e7c1a2-294b-4dcb-9bdf-49166fe0c14d.TIF.XX2
Extension: tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
GREENHAM
NEWBURY
RG14 7UG

THIRD PARTY COPY

9th January 2024 CF/modl/31012695 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE GREENHAM NEWBURY RG14 7UG

DIAGNOSIS:

Extended right hemi plus small bowel resection September 2019 for a T3 N0 bowel cancer. Adjuvant FOLFOX completed February 2020.

It was nice to speak to you today in the Colorectal Nurse-Led Follow-up Clinic. I was pleased to tell you that your CT scan back in October shows no evidence of bowel cancer recurrence although some gynaecological issues were identified which you have been informed of. Apologies for the confusion, at the time of your appointment, I could not see your blood results, but they actually were available. They all were stable and did not give us any cause for concern, so you do not need to have another blood test. We spoke about your Ileostomy today. You tell me you have very, very loose output over Christmas and you felt that this was dehydrating you. You went to the pharmacy and got rehydration sachets. The output has thickened up a bit now. I encouraged you to be in contact with us or the Stoma Team or to seek medical advice if this occurs again. I have asked the Stoma Nurses to be in contact with you. You are still experiencing pressure from the back passage and have pain on the left side of your abdomen which you take painkillers for. You stick to a bland diet. You tell me today that you are expecting to hear about having a colonoscopy under general anaesthetic and that the Colorectal and Gynaecological Teams have been planning a joint procedure, but you have not heard anything. I have contacted Mr Goian and Mr Thiruppathy to chase. Hopefully, you will hear something soon, but please be in touch if you do not hear anything in the next 2 weeks or so. In terms of your next set of investigations, you will be due a blood test around the end of May. We will then phone you with the results. Should you have any concerns or queries, please do not hesitate to contact the CNS Team.

Yours sincerely

Electronically signed

[redacted]
Clinical Nurse Specialist in Colorectal Cancer

PS
Please phone the Colorectal nurses if you experience any of the following symptoms below:-

- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating
- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness

Colorectal Cancer Nursing Team
0118 322 7182

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
28-Dec-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Bowel Cancer Screening
Filename: D10_K81002_4908_3f65ccbe-e952-48fc-812b-50fb5ff05a3c.TIF.XX2
Extension:.tif
Pages:

GP Copy

NHS

Bowel Cancer Screening Programme

NHS No: 400 213 0924

28 December 2023

Berkshire Bowel Cancer Screening Centre
Royal Berkshire Hospital
The Old Pathology Meeting Room
Level 2, South Block
Craven Road
Reading
Berkshire
RG1 5AN

Telephone 0118 322 7346

Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

- 4 JAN 2024

THIRD PARTY COPY

Decision not to proceed

Dear Ms Mena Noble

Thank you for attending the screening practitioner clinic appointment 15/12/2023. As per our phone call, you have decided not to have a colonoscopy done at the moment.

You said you saw Consultant Mr Golan 10 days prior and was advised to cancel BCSP telephone appointment scheduled as you are already booked for Colonoscopy procedure under GA on 02/01/2024. You also said that you are waiting for hysterectomy + reversal of ileostomy.

You can always contact us within the next two years if you change your mind by phoning the above number.

You will be invited for screening in 2 years time under the Bowel Cancer Screening Programme.

You should continue to be aware of any bowel symptoms such as:
- A persistent change in bowel habit, especially going to the toilet more often or diarrhoea for several weeks;
- Bleeding from the back passage without any obvious reason;
- Abdominal pain especially if it is severe
- A lump in your abdomen

Please remember that these symptoms do not necessarily mean that you have bowel cancer, but if you have one or more of these symptoms for four to six weeks, you should see your GP.

Please do not hesitate to contact us if you need any further information. I will send a copy of this letter to your GP.

Yours sincerely

R. Macanas

[redacted] Macanas
Specialist Screening Practitioner

Attachment
13-Nov-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
RBFT Gynaecology Outpatient Clinic Letter Royal Berkshire RBFT Gynaecology Outpatient Clinic Letter
Filename: D10_K81002_4908_c18a54e7-b4a8-4437-859a-3aaeb4ee4eaf.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Gynaecology
Royal Berkshire Hospital
London Road . Reading . RG1 5BS
Tel: 0118 322 8964
Email: rbb-tr.cat6@nhs.net

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

13th November 2023

RV/modl/30676811 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

This lady was seen today. The CT of the thorax, abdomen and pelvis under the colorectal team for a follow-up of her colorectal cancer showed left adnexal structures bulky and possibly a left ovarian cyst, which is more prominent than previous scan.
The patient had a vaginal hysterectomy in 2015 for heavy menstrual bleeding, diagnosed with bowel cancer in 2019, which involved a right hemicolectomy along with small bowel resection and also had an ileostomy. She had three months of chemotherapy and under regular follow-up.
A pelvic ultrasound scan done on 14th September 2023 showed left adnexal masses. There was no CA-125 done, which was requested today.
I have explained to her because of the puckered and vertical midline scar along with ileostomy any form of surgical intervention is risky, we have to consider doing a joint procedure with the Colorectal Team on the background diagnosis of [redacted] syndrome. I will keep her updated once the Colorectal Team have contacted us and will arrange another follow-up.

Yours sincerely

Electronically signed

Miss Rajee Vijayanand
Consultant Gynaecologist

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
23-Oct-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Gynaecology

Filename: D10_K81002_4908_51f07e62-0b45-41b4-9164-24f89bb22749.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Gynaecology
Royal Berkshire Hospital
London Road . Reading . RG1 5BS
Tel: 0118 322 8964
Email: rbb-tr.cat6@nhs.net

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

23rd October 2023 BJ/modl/30558211 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

I conducted a telephonic consultation for this lady. She is 52 years of age and was diagnosed with [redacted] syndrome in 2020. She was referred to us from a Genetic Department of Oxford and was advised to have her ovaries and tubes removed. She was diagnosed with bowel cancer in 2019 and had an extensive surgery including removal of the transverse colon, small portion of the small bowel and temporary ileostomy in 2019. She also had three months of chemotherapy. She has a strong family history of cancer. Her [redacted] had bowel cancer. [redacted] died of uterine cancer. Her [redacted] had extensive lung cancer and [redacted] was diagnosed with kidney cancer. She had a vaginal hysterectomy 12 years ago for heavy bleeding. She had a mammogram for her breast last year which was normal. She is otherwise fit and well.

She had a recent abdominal scan that showed a diverticular disease and she is waiting for appointment from colorectal department. I have reviewed her pelvic ultrasound report. No ovaries were visible however there was a small left adnexal 2cm ? cyst was seen. She has two normal deliveries in the past and is not allergic to any medication. She is not on any medications at present.

I have discussed the option of removal of both ovaries and tubes; however, in view of her previous significant surgical history with a midline laparotomy scar and involvement of bowel, we will do this as a joined procedure with colorectal surgeon. I have informed her that there is a high risk of injury to the bowel, bladder and surrounding structures and ovaries maybe buried in adhesions. I am going to arrange a CT pelvis plus CA125 blood test and I will refer her to our MDT meeting in order to plan her surgery accordingly. She understands the management plan and will be contacted in due course.

Kind regards.

Yours sincerely

Electronically signed

Bismeen Jadoon

PATIENT COPY

Locum Consultant Gynaecologist

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Lloyd George record folder
18-Aug-2023 Ms Justine Durham (JD4810)
Additional: Lloyd George record folder
Additional notes - Lloyd George record folder
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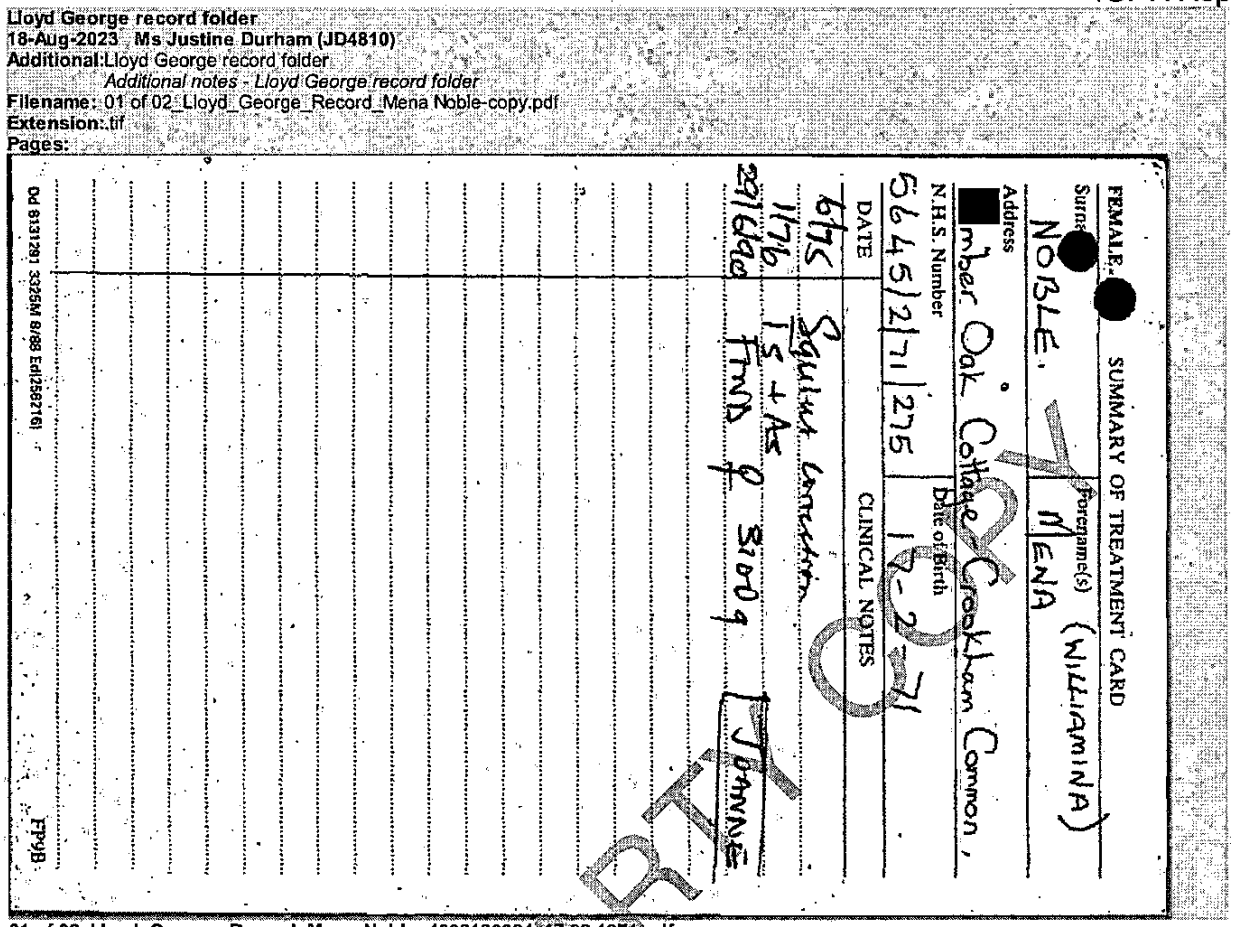
Extension:.tif
Pages:



FEMALE ● SUMMARY OF TREATMENT CARD

Surname: NOBLE. Forename(s): (WILLIAMINA) MENA

Address: [redacted] mber Oak Cottage Crookham Common,

N.H.S. Number: 564 5/2/71/275 Date of Birth: 1-2-71

DATE | CLINICAL NOTES

6/75 Squint correction
11/76 15 + As
29/6/90 FMD & sinog LJ Johnne

Od 8131281 3325M 8/88 Ed12562161 FP9B

THIRD PARTY

01 of 02_Lloyd_George_Record_Mena Noble_4002130924_17.02.1971.pdf
18-Aug-2023 Dr Data Migration (DTR)
Additional:01 of 02_Lloyd_George_Record_Mena Noble_4002130924_17.02.1971.pdf
01 OF 02 Lloyd George notes - CHECKED
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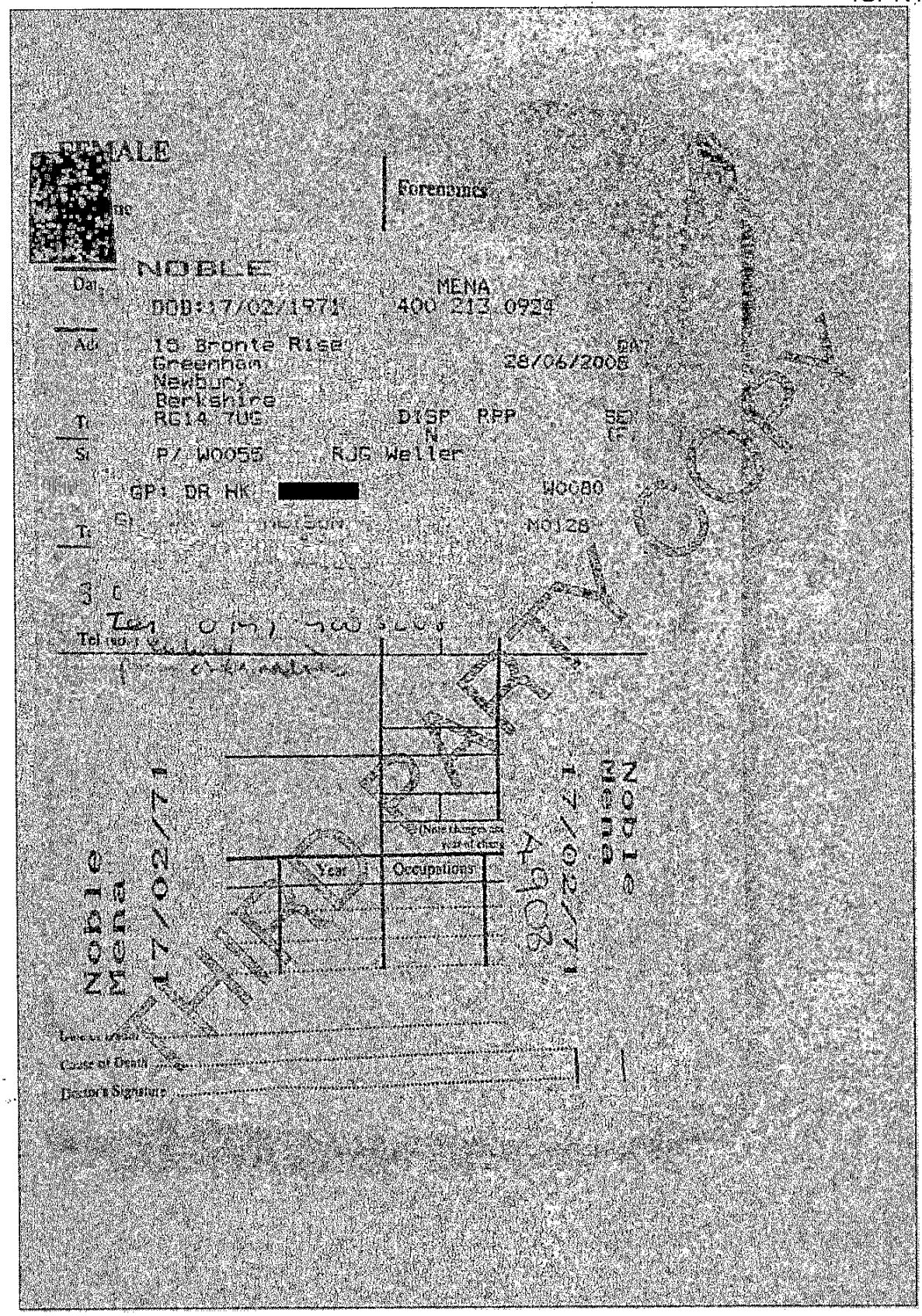
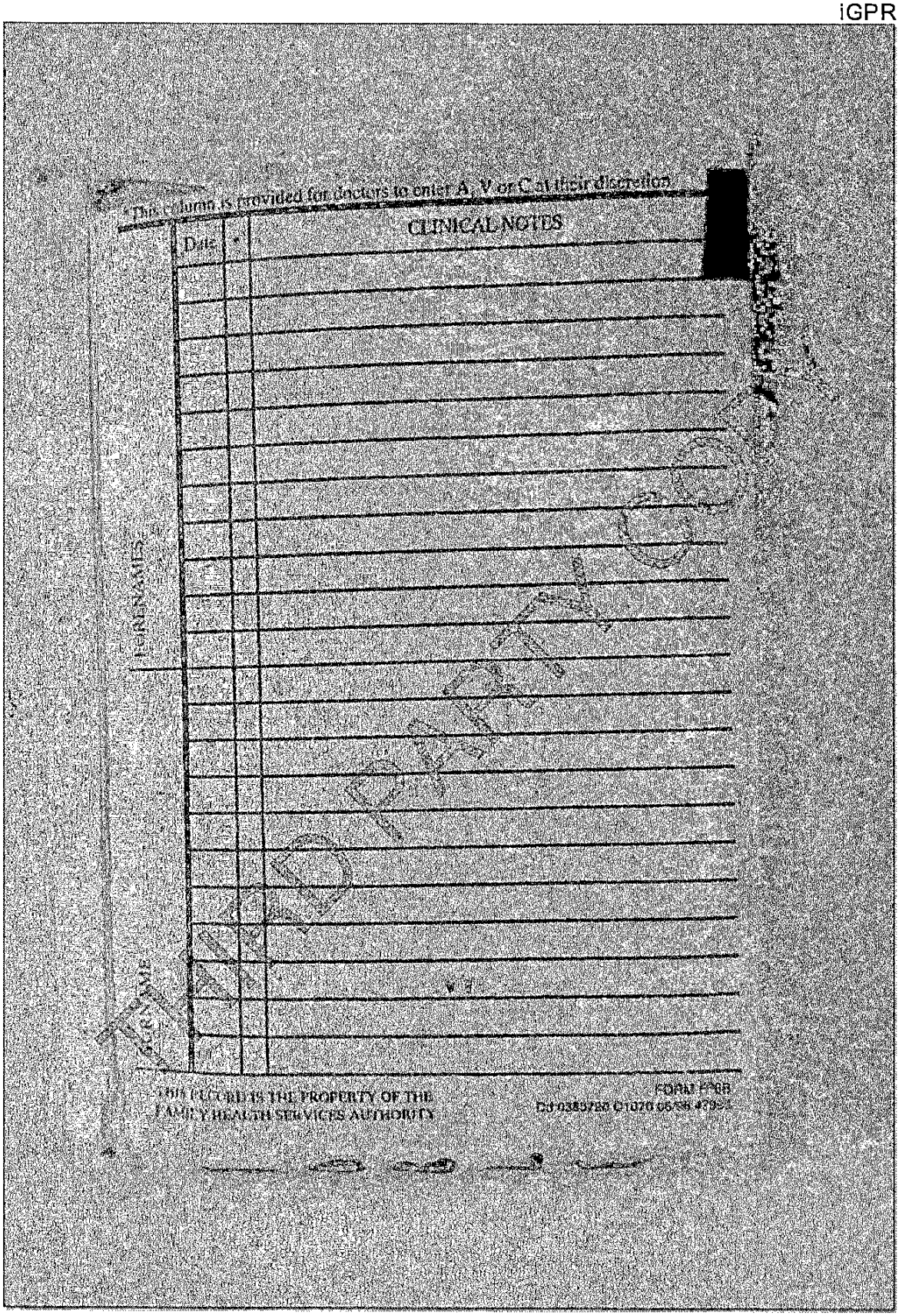

FEMALE
Forensics
NOBLE
MENA
DOB:17/02/1971
400 213 0924
18 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UE
28/06/2008
DISP PPP
P/ W0055
RJG Weller
GP: DR HK
W0080
NO126
Year
Occupations
Cause of Death
Doctor's Signature


* This column is provided for doctors to enter A, V or C at their discretion
CLINICAL NOTES
Date
SURNAME
FORENAMES
THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY
FORM FP38

DA7

Registration Details - Patient No: 7444

Personal details...		Address details...	
Date of birth	17/02/1971	Post Code	KA19 7HE
Sex	F	House Name Flat No	
Surname	Noble	No and Street	25 St Cuthberts Street
Previous Surname		Village	
Forenames	Mena	Town	MAYBOLE
Calling Name	Mena	County	
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			
CHI_NUMBER			

HA/HB Details...		Contact details...	
Trading [redacted]	Ayrshire & [redacted]	Home Tel No	
Registered GP	Dr Chaitanya Mudunuri	Work Tel No	
Usual GP	Dr Chaitanya Mudunuri	Mobile Tel No	
NHS Number		E Mail Address	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Home Address Details	
Long/Short stay or Dead	Short Stay	Home Name and No	15 Bronte Rise
Date of registration	16/08/2010	Home Street	
Home Village			
Home Town	Greenham		
Home County	Newbury		
Home Postcode	RG147UG		
Home GP Name	Dr [redacted]		
Home GP Code	00000		

Upload Consent		AMS\CMS Details	
AMS Consent		Yes	
CMS Status		Not Registered	
Pharmacy Details			
Compliance Check		Yes	

Medical Record

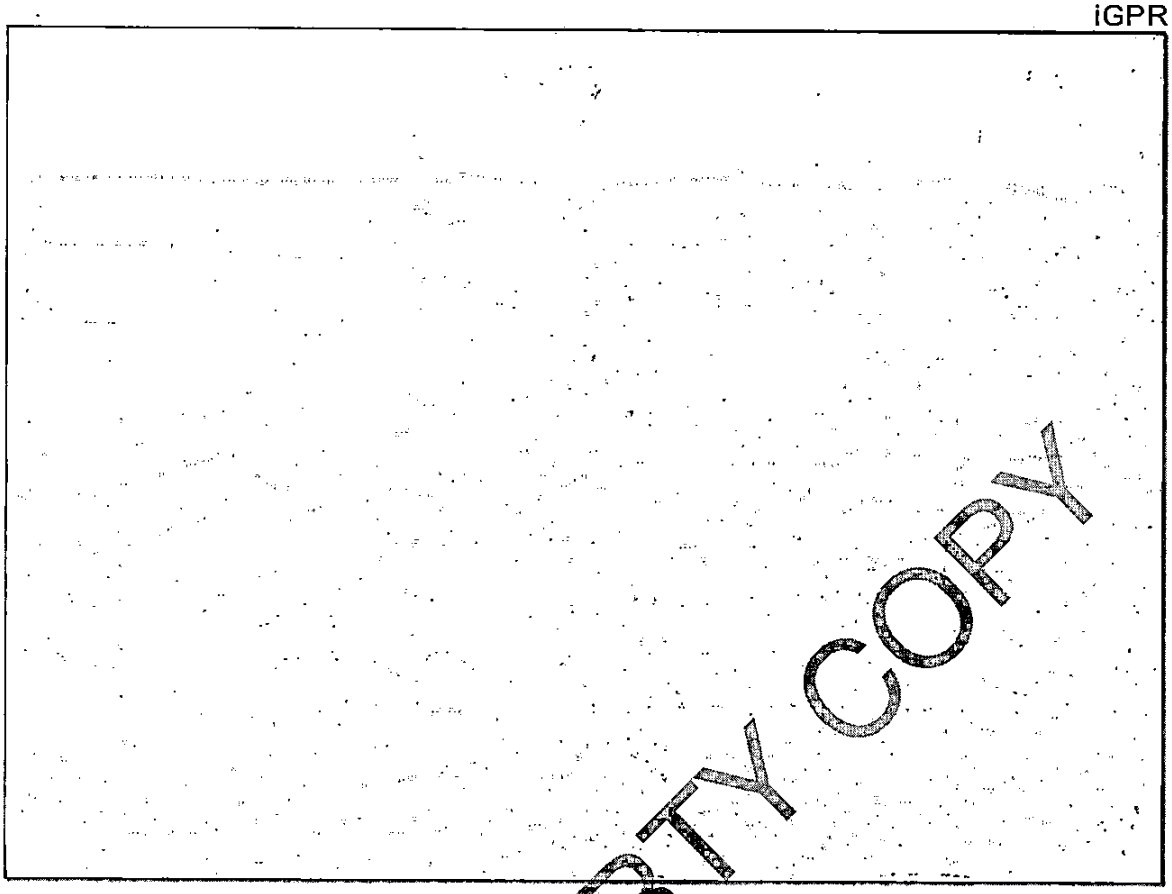
Attachments		Authorised By	Code
None			

Due Diary Entries		Authorised By	Code
17/02/2038	Influenza vaccination	Dr Mudunuri	65E..

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code

THIRD PARTY COPY



THIRD PARTY COPY

None

Drug Allergies	Authorised By	Code

None

Non Drug Allergies	Authorised By	Code

None

Family History	Authorised By	Code

None

Referrals	Authorised By	Code

None

Immunisations	Authorised By	Code

None

Health Status

Consultations	
16/08/2010	Dr Chaitanya Mudunuri at Dr Paton and [redacted]
Problem	T/R- pain and swelling lt upper jaw- tender over the maxillary area, swelling and tenderness around molars lt side of upper jaw
Comment	start abx, advised emergency dental appt if any worsening
Medication	Amoxicillin Oral Suspension Sugar Free 250 mg/5 ml 200 ml TWO 5 ML SPOONFULS TO BE TAKEN THREE TIMES A DAY

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
16/08/2010	Amoxicillin Oral Suspension Sugar Free 250 mg/5 ml TWO 5 ML SPOONFULS TO BE TAKEN THREE TIMES A DAY 200 ml	16/08/2010P	Dr Chaitanya Mudunuri	ACUTE

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

THIRD PARTY COPY

PATIENT SUMMARY- 1 of 3

EMIS no : 7681
Name : Miss Mena Noble
Age : 34 years
D.O.B. : 17.02.1971 NHS No. : 4002130924
Address : Po Box 4005 Bracknell
Post Code : RG12 7TD

Records at :
Telephone number :
NHS number : 4002130924
Hospital Number(s) :
Trading [redacted] : Berkshire FHSA
Registering Dr : Dr D Metson
Usual Dr : Dr D Metson
Dispensing? :
RPP/Road [redacted] :
Walking quarters :
Residential Inst. :
Special dist/Blocked :
29.6.2005 Registration status : Records sent back to FHSA

ACTIVE PROBLEMS
None Recorded

SIGNIFICANT (NOT ACTIVE) PROBLEMS
04.09.2002 Anxiety with depression :
11.09.2002 [X]Depression NOS :wishing for counselling

ALLERGIES
None Recorded

DISEASES OR OPERATIONS
1975 Correction of Squint
2000 Miscarriage :
04.09.2002 Anxiety with depression :
11.09.2002 [X]Depression NOS :wishing for counselling
15.03.2004 [redacted] - other means NOS :

HEALTH STATUS

	NPHC done	:-	-
	Personal status	:-	-
	Occupations	:-	-
	CHS Status	:-	-
	smear taken	:-	-
	Last Smear	:-	-
	Drug allergy ?	:-	-
	No drug allergy?	:-	-
	O/E - weight	:-	-
	O/E - height	:-	-
	Body Mass Index	:-	-
	Ideal Weight	:-	-
	Waist size	:-	-
	Ethnic Groups	:-	-
	Diet ?	:-	-
	leaflet ?	:-	-
	Alcohol Intake	:-	-
11.4.2005	BP	:125/73 mm Hg	
11.4.2005	Diastolic	:73 mm Hg	
	Smoking Status	:-	-
	age started	:-	-
	age stopped	:-	-
	Smoking advice	:-	-
	Exercise grading	:-	-

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Page:2 Patient No:7681 Miss Mena Noble

Exercise Advice	:-	-	-
Leaflet ?	:-	-	-
Activate Referra	:-	-	-
Urine Protein	:-	-	-
Urine Glucose	:-	-	-
[redacted]	:-	-	-
Rubella status	:-	-	-
FH:IHD<60	:-	-	-
FH: CVA/stroke	:-	-	-
FH:Diabetes	:-	-	-
FH: Asthma	:-	-	-
Referral: smok c	:-	-	-
start of sm cess	:-	-	-

FAMILY HISTORY
None Recorded

PRESENT MEDICATION
There are no Prescriptions for Miss Mena Noble

Past Medication

Last Issue	Item
11.4.2005	Paracetamol Soluble Tablets 500 mg 2 qds prn 60 tablets
18.4.2005	Aqueous Cream top 500 gram(s)
18.4.2005	Eumovate Cream 0.05 % top bd 30 grams

IMMUNISATIONS
None Recorded

DIARY ENTRIES AND FOLLOW UP.
17.2.1975 Booster Measles/Mumps/Rubella Vaccn
17.2.1975 [redacted] Triple Dtap+Polio Vaccination
15.2.1976 New patient screen
17.2.1986 Tet/low dose diphtheria vac
28.1.2046 Elderly Health Assessment

ALL ENTRIES (EXCEPT VALUES)

1975	Correction of Squint	:
1990	Female [redacted]	:
17.08.1990	Cervical smear: negative	:
06.06.1995	Cervical smear: negative	:
1997	Female [redacted]	:
11.03.1997	Cerv.smear: mild dyskaryosis	:
08.04.1998	Cervical smear non-responder	:h a letter returned
2000	Miscarriage	:
04.09.2002	Anxiety with depression	:
11.09.2002	[X]Depression NOS	:wishing for counselling
15.03.2004	[redacted] - other means NOS	:
11.04.2005	Current smoker	:
15.04.2005	RECALL - ROUTINE RECALL - NO APPT:	
10.05.2005	Notes summary on computer	:

All consultations

18.4.2005
G.P.Surgery
dr [redacted]

E: ?ezcema on hands and feet itchy ++ for 1-2 /52
since in hostel. no obvious cause
O: skin dry +, with ezcema ?pomph
Rx: Aqueous Cream
Eumovate Cream 0.05 %

THIRD PARTY COPY

P: try above, see sos

11.4.2005
G.P.Surgery
Dr thelma [redacted]

Rx: Paracetamol Soluble Tablets 500 mg
T: Current smoker
P: [redacted] [redacted] thursday 07.04.05 c/o headaches right side of the face and temporal region, no ear disch, rhinitis+ no fever. pain eases with paracetamol,
no significant medical past; not on any medication; no known allergies.
D: BP 125 mm Hg / 73 mm Hg HR:75/min

Biological Values		Value	Units	Ab
17.8.1990	Cervical smear: negative			
6.6.1995	Cervical smear: negative			
11.3.1997	Cerv.smear: mild dyskaryosis			
11.4.2005	Blood Pressure	125/73	mmHg	
	Text : HR:75/min			

THIRD PARTY COPY

NEW PATIENT QUESTIONNAIRE
EASTHAMPSTEAD SURGERY

Date	11-04-05
Name	
Sex	M/F
Previous name	
Date of birth	17-02-71
Occupation	

Hometel -

Mobile	0
e-mail	

Height	5'5"
Weight	9-5

Status	Single	✓
	Married	
	Divorced	
	Widowed	
	Separated	

Do you have any children?	Yes	No
How many?	2	

Year of last tetanus booster	not sure
Year of last rubella (German measles)	

Have you ever smoked?	Yes
Do you smoke now?	yes
How many a day?	20
Would you like to discuss your smoking?	-

Do you drink alcohol?	Yes
How much per week?	3/4 Pints
Glasses wine	-
Pints beer	3
Measures spirits	-

Do you take regular exercise?	Yes

Do you use illicit drugs?	NO

Have you had major surgery?	NO
If so please list with year of procedure	

Do you take medication?	NO
If so please list with doses if known	

Have you had any of the following?	
Stroke	NO
Heart attack	NO
TB	NO
Epilepsy	NO
Diabetes	NO
Ulcers	NO
Asthma	NO
Eczema	NO

Have your [redacted] or [redacted] had a heart attack or stroke before the age of 60?	NO

Do you have any allergies?	NO
If so please list	

For men

Do you examine your testicles?	
Do you require [redacted]	

For women

Do you examine your breasts?	
Do you require [redacted]	NO
When was your last smear?	7yrs
Was it normal?	yes
Have you had a hysterectomy?	NO
If so were your ovaries removed?	

For all

What is your ethnic origin?	white British
Where were you born?	GLASGOW

Do you have a disability?	NO
If so, what?	

Do you have a [redacted]	NO
If so, what is their name?	
What is their tel. no.?	
What is their relationship to you?	

May we leave messages for you on your answerphone?	

Surgery use only

Action by nurse	Inits
Refer immunisation	
Refer asthma	
Refer doctor	
Advice only	

Action by Dr	Inits
Rx to be entered on comp	
Enter [redacted] codes	
Make appt with dr	
other	

Thank you.

May we remind you that everyone over the age of 65 and anyone with heart, lung or kidney disease may have a flu jab in the Autumn.

TRUE COPY
THIRD PARTY

West Berkshire Council

Berkshire Healthcare NHS

NHS Trust

Miss Mena Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Newbury Community Mental HealthService
Pelican Lane
Newbury
Berkshire RG14 1NP

Please ask for:
Day Care – Hilltop:01635 31031
Day Treatment – George House:01635 40558
Community Teams: 01635 40558
Fax: 01635 522948

THIRD PARTY COPY

1st November 2002

Dear Mena,

I have received no response from you to my invitation to make a follow-up appointment. I understand you may feel you no longer need to see me presently.

Please do not hesitate to consult your doctor, should your future needs change, when consideration may be given to services appropriate to those needs.

My best wishes for your future.

Yours sincerely,

Keith Sewell

[redacted] Sewell
Community Mental Health Nurse

cc: Dr. H[redacted]

Miss Mena Noble
15 Bronte Rise
Greenham
Newbury
Berks
RG14 7UG

Newbury Community Mental Health Service
Pelican Lane Newbury
Berkshire RG14 1NP

Our Ref: KS/rw
Your Ref:
Please ask for:
Day Care - Hilltop: 01635 31031
Day Treatment - George House: 01635 40559
Community Teams: 01635 40558
Extended Hours Service 01635-38001/38804
Fax: 01635 522948
e-mail:

17 October 2002

Dear Mena

You did not attend your follow-up appointment on 17 October 2002 and I have not heard from you. Please do not hesitate to contact me on 01635 40558, within the next 2 weeks, if you wish to make a further appointment.

I look forward to hearing from you.

Yours sincerely

[redacted] **Sewell**
CPN Primary Care Link [redacted]
[redacted]

THIRD PARTY COPY

West Berkshire COUNCIL

Berkshire Healthcare NHS

NHS Trust

Newbury Community Mental Health Service
Pelican Lane
Newbury Berkshire
RG14 1NP
Your Ref:
Our Ref:
Day Care – Hilltop: 01635-31031
Day Treatment – George House: 01635-40558
Community Teams: 01635-40558
Fair Mile Social Work: 01491-651-281
Fax: 01635-522-948

Dr H[redacted]
Eastfield House Surgery
6, St[redacted] Road
Newbury
Berkshire

07 October 2002

Dear Dr [redacted]

Re: Miss Mena Noble D.O.B 17-2-71
15, Bronte Rise, Greenham, Newbury, RG14 7UG

Thank you for referring Miss Noble who I assessed on 2nd October 2002. She reports she has found recent family problems stressful and generally finds relationships difficult. Prior to referral she had felt irritable with her children but she feels this has improved since taking 20 mg Citalopram and 10 mg Amitriptyline daily.

Born in Glasgow she says she has few childhood memories. It appears her [redacted] died before Miss Noble was 2 years old and her [redacted] abused alcohol and was not available to Miss Noble, her 4 elder [redacted] and 2 elder [redacted]. After her [redacted] death the family split up and she was put into Social Services care. Eventually at about 3 years old she was [redacted] by her [redacted] and his [redacted]. When 5 years old was diagnosed with a "lazy eye" and had surgery. She says [redacted] was "alright" but struggled with schoolwork and tended to be aggressive and rebellious. By 12 years old she was considered "out of parental control" and moved to a children's home [redacted] away. She recalls feeling very hurt. At one of the homes she met her elder [redacted] Gavin. It appears they were classed as "naughty children". At secondary [redacted] she reports she could do as she liked and frequently truanted but managed a few exam passes. She was aggressive at home and threatened with imprisonment.

At 16 years old she moved south and [redacted] her [redacted] working as a kennel maid but came into conflict with her employer. She moved with her [redacted] to Newbury and began to enjoy her passion for partaking in sports. In 1988 she met [redacted] It appears he has a genetic condition, Familial rectal pain syndrome. The relationship was volatile. In 1989 Miss Noble had an unplanned pregnancy and [redacted] was born in 1990. Having the same syndrome as her [redacted] she frequently experienced convulsions. The relationship deteriorated and the couple separated. There followed a long period of Miss Noble moving all over the country with her child, uncertain what she was looking for in life. She maintained a fierce independence and finds it difficult to trust others.

She maintained contact with [redacted] and had another unplanned pregnancy, when she considered a termination. The professionals involved suggested [redacted] or [redacted] which angered Miss

THIS IS A COPY

Noble. Their [redacted] was born in 1997 and despite the [redacted] being unwell due to the inherited syndrome, Miss Noble says she coped very well. She managed to be re-housed in this area and moved in with [redacted] Unfortunately the relationship again was volatile and he was very aggressive and she experienced domestic violence. She was given refuge accommodation, with her children in Bournemouth. During this period she had a brief relationship and became pregnant but had a termination in 2000. She moved back to this area and maintained contact with [redacted] but his aggression and violence continued, including [redacted] involvement. She then went into a local refuge with her children before being re-homed earlier this year. She managed a [redacted] course with distinction and is continuing study to become a sports instructor. She relies on Income Support and Disability Allowances for her [redacted] She has no debts. 2 months ago there was a family reunion, which her [redacted] did not attend; she felt angry. Shortly afterwards she learnt her elder [redacted] Gavin had sexually abused her [redacted] now in his twenties and this appears to have evoked angry feelings about her own unsatisfactory past. Miss Noble says she has used about quarter oz cannabis and nothing else. She has not used alcohol during this period. She smokes 20 cigarettes daily.

At interview she was casually but appropriately dressed and groomed. She gave intermittent eye contact but says she feels self-conscious about her "lazy eye". Subjectively she says her mood is improving and generally she feels calmer. Objectively she does not exhibit clinical symptoms of depression or mental disorder. She appears to have chronic low self-esteem and lacks assertiveness skills, tending to deal with conflict aggressively and continues to use cannabis as a regular basis.

We agreed the following plan:

1 Miss Noble will consult her doctor for guidance regarding continued medication. She currently is taking medication as prescribed but seems reluctant to continue.
2 I have offered follow up to allow her to express her feelings appropriately; explore issues of self-esteem and assertiveness. I have provided literature regarding assertiveness.
3 We discussed counselling for unresolved past issues but indicates she does not feel the need for this currently. We may explore future opportunities, including assertiveness training.
4 She indicates she will continue to reduce her use of cannabis.

Please do not hesitate to contact me should you require further information.

Kind regards
Yours sincerely

Keith Sewell

[redacted] Sewell
CPN Primary Care Link [redacted]

THIRD PARTY COPY

GEORGE HOUSE
NEWBURY MENTAL HEALTH UNIT
PELICAN LANE
NEWBURY RG13 1NP
TEL: Newbury 40558

CONFIDENTIAL REFERRAL

SURNAME: Noble FORENAME: Mena
D.O.B. 17.02.1971

ADDRESS: 15 Bronte Rise, Greenham, Newbury,
Tel. No:

NAME & ADDRESS OF G.P.:
Drs Weller, Shillam, Letham, [redacted] &
Eastfield House Surgery, 6 St [redacted] Road,
Newbury, Berks RG14 7LW

NAME OF REFERRER: Dr [redacted]

Date of referral: 11.9.2002

REASON FOR REFERRAL:

I would be grateful if you could see this 31 year old [redacted] of two, who has come requesting counselling.

Mena is the youngest in a large Glaswegan family. Due to circumstances of which she is unsure, she and the two youngest of her [redacted] were brought up in care. She only knew she had a [redacted] when she met him after transferring to a different childrens home.

She ran away from the childrens home when she was 16 and came to [redacted] her [redacted] in Southampton.

By the time she was 18 she was pregnant, and had her first [redacted] at 19. She and [redacted] stayed together for a couple of years and have maintained a relationship at a distance ever since. Nine years later she had second [redacted] with the same [redacted]

She was prompted to come and see me after discussing at a family gathering that one of her [redacted] now aged 34, had been sexually abusing his [redacted] who is now in his early twenties.

At the same time she is finding it more of a struggle bringing up her adolescent [redacted] and things have come to ahead.

IDENTITY COPY

THIRD PARTY COPY

EASTFIELD HOUSE RECEIVED - 1 APR 2004 SURGERY

Royal Berkshire and Battle NHS
Hospitals NHS Trust

Radiology Department

NOBLE, MENA
NHS Number:
MRN: 2540860
Date of Birth: 17/02/1971
Patient Location: WBH Radiology

Consultant / GP: Wallis, MK
Address: Eastfield House
6 St Johns Road
Newbury
RG14 7LW

General X-Ray Report

Procedure Name	Accession No.	Exam Date/Time
Elbow Left	XR-04-024350	15/03/2004 12:36:18

N.B.

FINAL REPORT
Dictating Radiologist Dr. Neil Derbyshire
Verifying Radiologist Neil Derbyshire
Verify Date/Time: 17.03.2004 09:04

NORMAL ☑
SATISFACTORY
SEE
SPEAK
LETTER

EASTFIELD HOUSE RECEIVED 22 MAR 2004

Royal Berkshire and Battle NHS
Hospitals NHS Trust

Radiology Department

NOBLE, MENA
NHS Number:
MRN: 2540660

Date of Birth: 17/02/1971
Patient Location: WBH Radiology

Consultant / GP: [redacted] HK

Address: Eastfield House
6 St.Johns Road
Newbury
RG14 7LW

General X-Ray Report

Procedure Name	Accession No.	Exam Date/Time
Elbow Left	**XR-04-024350**	**15/03/2004 12:36:18**

N.B.I.

NORMAL
SATISFACTORY
SEE
SPEAK
LETTER ☐

FINAL REPORT
Dictating Radiologist Dr. [redacted] Derbyshire
Verifying Radiologist [redacted] Derbyshire
Verify Date/Time: 17.03.2004 09:04

THIRD PARTY COPY

ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST
West Berkshire Hospital
Benham [redacted]
Thatcham
BERKSHIRE RG18 3AS

MENA NOBLE

She has starting to have paranoid ideas about her children, and has become very snappy with them and is having trouble sleeping. She recognises she finds it difficult to form lasting relationships.

However I think to her credit she is a very good [redacted] and she has managed to maintain a lasting relationship, albeit at a distance, with [redacted] and [redacted] [redacted]. She recently did a qualification in Sports Medicine at Newbury [redacted] and keeps herself very fit.

She is fiercly independent and does not like to ask for help and seldom comes to the surgery. As she has quite a few physical signs of depressive illness, I started her on Fluoxetine, and some Amitriptyline to help her sleep.

However both she and I recognise that the complexity of her background does need some form of counselling for which she is happy to attend.

Yours sincerely

DR [redacted]

THIRD PARTY COPY

FEMALE Surname NOBLE Forenames MENA. 76BT.

Address P.O. BOX 4005. BROCKEN.

National Health Service Number

Date of Birth 17.2.71.

Date	★	CLINICAL NOTES

THIRD PARTY COPY

★ This column has been provided for doctors to enter A, V or C at their discretion.

Printed for The Astron Group J193375 09/03

FORM FP8

Date	★	CLINICAL NOTES

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THIS RECORD IS THE PROPERTY OF THE NHS

NHS **Temporary services** GMS3/99 16243

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

Patient's details

Date if claim sent electronically

☐ Mr ☐ Mrs ☑ Miss ☐ Ms

Surname: NOBLE

Date of birth: 17/2/71

First names: MENA

NHS No.:

Previous surname/s: —

Home address:
15, BRONTE [redacted]
Greenham
Newbury
Postcode: RG14 7UQ
Telephone number: 01635 580036

Temporary address, *if applicable*:
C/O 3A HAWKINS WAY
WOOTTON
nr ABINGDON
Postcode: OX13 6UB
Telephone number: 07 979003208

Details of treatment should be sent to
Doctor's name and full address:
DR H.K WALLIS- EASTFIELD HOUSE ST. JOHNS RD Newbury - 01635 41495

THIRD PARTY COPY

Clinical records

9/12/08 Apt omeprazole 20mg
PR HP
Amoxycillin 500 mg tds Gum infection
250

Do not write on this tinted area

THIRD PARTY COPY

In case of queries, contact:
at:

01 Woman's hospital registration number | 02 Laboratory 30776 | 11 Code number of laboratory | Fold | 12 Slide serial number 90/26173

03 Woman's surname NOBLE | Previous surname

First names MENA

Full postal address LIMBER OAK. COTTAGE. CLEECHAM COMMON NEWBURY. post code

Date of birth 17/2/71 | 05 NHS number 564 5.2.71.275.

06 If hospital state consultant, clinic or ward, and hospital

A Name and address of sender if not GP

post code

07

B Name and address of GP Dr P.M. ROBERTSON BURLOWOOD SURGERY WHEELERS GREEN WAY. THATCHAM BERKS post code RG13 4YF

08 GP's FPC code R33

09 Source of smear: GP 1 | NHS hospital 4 | NHS community clinic 2 | Private 5 | GUM clinic 3 | Other 6

10 1 4 | LOCAL 2 5 | CODES 3 6

...equest/report for cervical or vaginal cytology – GP's COPY

CLINICAL REPORT

Date of: 13 this test 17/8/90

14 LMP (1st day) 10/8/90

15 (last test ___/___/___

16 If no previous test please put X [X]

17 Reason for smear: routine call 1 | routine recall 2 | clinically indicated 3 | previous abnormal smear 4

18 Specimen type: cervical scrape 1 | other (specify) 2

19 Condition: pregnant 1 | post-natal (under 12 weeks) 2 | I.U.C.D. fitted 3 | ta[redacted] hormones (specify in 20) 4

20 Clinical data (including signs and symptoms, previous abnormal cytology with slide number, previous diagnosis and treatment)

Routine post natal

signature [redacted]

21 CYTOLOGY REPORT

NEGATIVE

22 Cytological pattern: inadequate specimen 1 | negative 6 | borderline changes 8 | mild dyskaryosis 3 | moderate dyskaryosis 7 | severe dyskaryosis 4 | severe dyskaryosis/ ? invasive carcinoma 5 | ? glandular neoplasia 6

23 Specific infection: trichomonas 1 | candida 2 | wart virus 3 | herpes 4 | actinomyces 5 | other (specify) 6

24 Management suggested: normal recall 1 | repeat smear in ___ months 2 | or after treatment 3 | gynaecological referral 4 | cancel recall 5

Signature [redacted] | date 24/9 [redacted]

THIRD PARTY COPY

01 Woman's hospital registration number

02 Laboratory 915776

11 Code number of laboratory

12 Slide serial number 95/14612 C

03 Woman's surname NOBLE Previous surname –

First names MENA

Full postal address 50 BUSCHELL ROAD

NEWBURY post code

04 Date of birth 17/2/71 05 NHS number 5645 121 7122

06 If hospital state consultant, clinic or ward, and hospital

A Name and address of sender if not GP

C95/14612
NOBLE, MENA
RBH

post code

07

B Name and address of GP

NORMAL SPEAK SEE NOTES FILE

Drs. WELLER, SHILLAM LETHAM & [redacted]
EASTFIELD HOUSE
ST. JOHNS ROAD
NEWBURY

post code

08 GP's FHSA code

L23

09 Source of smear: GP 1; NHS hospital 4; NHS Community Clinic 2; Private 5; GUM clinic 3; Other 6

10 LOCAL CODES: 1 4; 2 5; 3 6

Request/report for cervical or vaginal cytology – GP's COPY

CLINICAL REPORT

Date of:

13 This test 6/6/95

14 LMP (1st day) 20/5/95

15 last test /8/90

16 If no previous test please put X

17 Reason for smear: routine call 1; routine recall 2; clinically indicated 3; previous abnormal smear 4

18 Specimen type: cervical scrape 1; other (specify) 2

19 Condition: pregnant 1; [redacted] fitted 3; post-natal (under 12 weeks) 2; taking hormones (specify in 20) 4

20 Clinical data (including signs and symptoms, previous abnormal cytology with slide number, previous diagnosis and treatment)

Vaginal Discharge.

RECEIVED - 7 JUN 1995

signature

21 CYTOLOGY REPORT

NEGATIVE

Moderate smear quality

22 Cytological pattern: inadequate specimen 1; negative 2; borderline changes 8; mild dyskaryosis 3; moderate dyskaryosis 7; severe dyskaryosis 4; severe dyskaryosis/? invasive carcinoma 5; ? glandular neoplasia 8

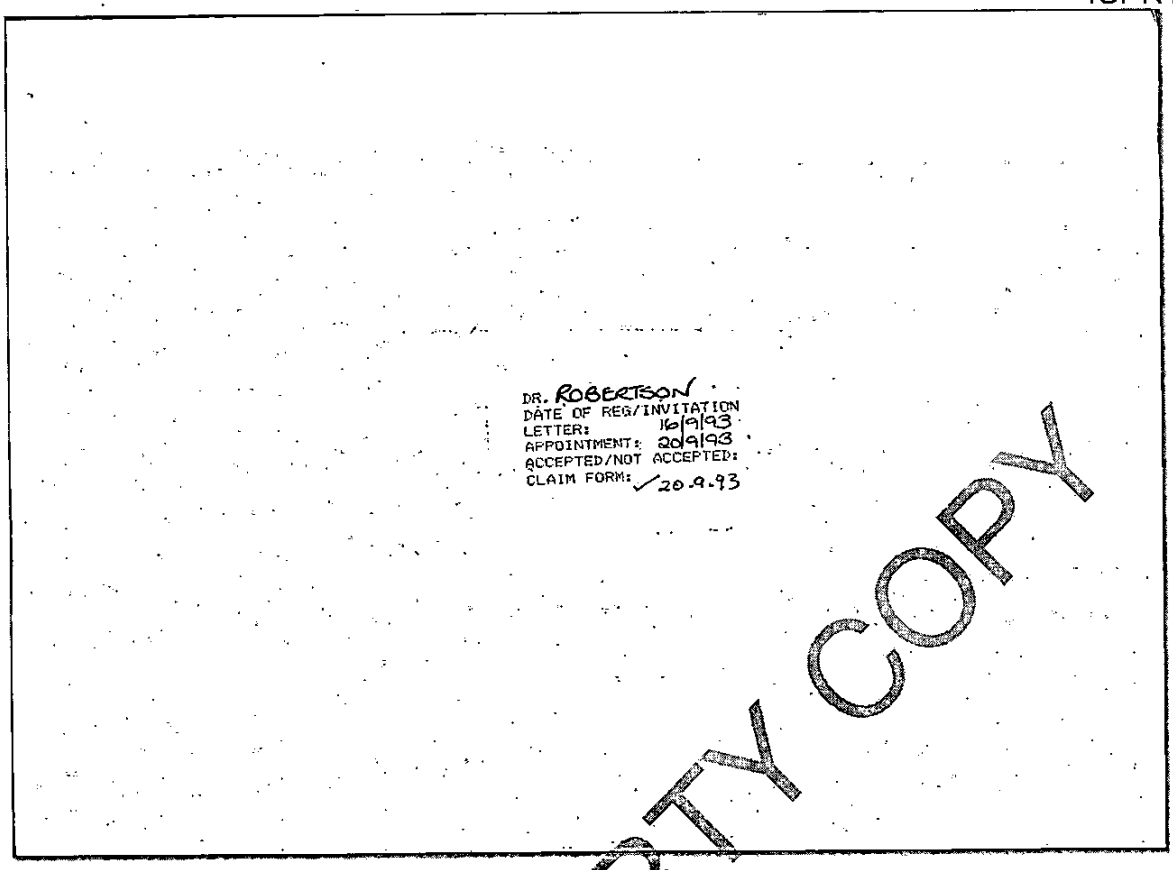
23 Specific infection: trichomonas 1; candida 2; wart virus 3; herpes 4; actinomyces 5; other (specify) 6

24 Management suggested: normal recall 1; repeat smear in months 2; or after treatment 3; gynaecological referral 4; cancel recall 5

Signature

date 14/07/95

THIRD PARTY COPY



THIRD PARTY COPY

PATIENT SUMMARY

EMIS no : 4908
Name : Ms Mena Noble
Age : 34 years
D.O.B. : 17.02.1971 NHS No. : 4002130924
Address : 15 Bronte Rise Greenham Newbury
Post Code : RG14 7UG

Records at :
Telephone number :
NHS number : 4002130924
Hospital Number(s) : /
Trading [redacted] : Berkshire FHSA
Registering Dr : Dr H K M [redacted]
Usual Dr : Dr H K M [redacted]
Dispensing? :
RPP/Road [redacted] :
Walking quarters :
Residential Inst. :
Special dist/Blocked :
13.4.2005 Registration status : Records sent back to FHSA

ACTIVE PROBLEMS
01.09.2003 Notes summary on computer :

SIGNIFICANT (NOT ACTIVE) PROBLEMS
None Recorded

ALLERGIES
None Recorded

DISEASES OR OPERATIONS
04.09.2002 Pompholyx unspecified :feet
04.09.2002 Anxiety with depression :
09.04.2003 Gastritis unspecified :
15.03.2004 [redacted] - means NOS

HEALTH STATUS

	New reg.check	:- - -
28.12.1994	BP	:105/65 mm Hg
28.12.1994	Smoking Status	:15 per day
	smoking advice	:- - -
	Smear Taken	:- - -
11.3.1997	Last Smear	:Cervical neoplasia screen
11.3.1997	Cervical smear result	:Cerv.smear: mild dyskaryosis
	Cx Smear refused	:- - -
28.12.1994	Weight	:60.33 Kg
28.12.1994	O/E - height	:Height 167.64 cm
28.12.1994	Body Mass Index	:21.5
	Wt reducing adv	:- - -
28.12.1994	Ideal Weight	:64.6 Kg
	Waist circumfere	:- - -
28.12.1994	Alcohol	:3 units/week
	advised alcohol	:- - -
	Has a [redacted]	:- - -
	Is a [redacted]	:- - -
	Occupations	:- - -
	Diet	:- - -
	advised diet	:- - -
	Exercise grading	:- - -
	Ex freq	:- - -
	advised exercise	:- - -
	Act for Health	:- - -
	Urine Protein	:- - -

THIRD PARTY COPY

DR R J G WELLER
DR G N SHILLAM
DR B B LETHAM
DR D J [redacted]
DR H K M [redacted]

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW
TEL: (01635) 41495
FAX: (01635) 522751

13 February, 1998

Miss M Noble
58 Sandleford Rise
NEWBURY
Berkshire RG14 7ES

Dear Mena

We are still waiting for you to make an appointment with our practice nurse to have a smear done. I think this would be very wise as a follow-up to the abnormal smear last year.

Do please make an appointment with the practice nurse and come to get your smear repeated.

Yours sincerely

Dr [redacted]

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01635522751 From: Adastra 11/02/98 04:13 Pg 13/14

Outcome :
Diagnosis : Chest infection.
Br Clin Find : Asked to review CXR. Cough with green phlegm + chest pain. CXR - left basal consolidation.
Drugs Issued : Amoxycillin 500mg tds (18) (MIU stock)
Further Action : to see own GP for review Thur/Fri or sooner if needed.

Follow-up : follow up message (Patient Advised To Contact Surgery)

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Royal Berkshire & Battle Hospitals NHS Trust - Pathology Service
Public Health Laboratory and Department of Microbiology
Royal Berkshire Hospital, Reading, Berkshire RG1 5AN
Telephone 0118-987-7718/7717

CPA Accredited Laboratory

SURNAME	FORENAME	SEX	DATE OF BIRTH	HOSPITAL No.	LAB No.
NOBLE	MENA	F	17.02.71	Z95187724	17449

HOME ADDRESS
WOMENS REFUGE

CONSULTANT/GP/WARD/DEPT
Dr N. [redacted]
Eastfield House Surgery

Microscopy: No Yeasts or Trichomonas vaginalis seen

Culture: Culture for Neisseria gonorrhoeae - NEGATIVE
Culture for Yeasts - NEGATIVE
No significant bacterial growth after 48 hours incubation

Suggest endocervical swab for chlamydia test.

NORMAL
SPEAK
SEE
NOTES
FILE

FINAL REPORT

MICROBIOLOGY	SPECIMEN TYPE	DATE TAKEN	DATE RECEIVED	DATE REPORTED
	Cervix	23.04.97	23.04.97	25.04.97

FEMALE

~~MARRIED~~ Surname: NOBLE | Forenames: Mena .

Address: Limber Oak Cottage . Crookham Common .

National Health Service Number: 564 5 | 2 | 71 | 275 | Date of Birth: 17 | 2 | 71 .

Date	★	CLINICAL NOTES
17.8.90.		No problems Breasts ✓✓ VE Normal size Uterus FP Q4 sent Cx smear taken POST NATAL
28/9/90		Cx smear 17/8/90 NEG - 90/26134

B.P. 110/60 Wt. 58.2.
ALB NEG SUG NEG.

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* This column has been provided for doctors to enter A, V or C at their discretion.

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Date	★	CLINICAL NOTES

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GYNAECOLOGICAL CYTOLOGY

HOSPIT/

USE BALLPOINT PEN FIRMLY

LAB. NU C97 03326

Surname MURLE

Forenames MONA

Previous Surname

Birth Date D 17 M 2 Y 71 ← CHI Number →

Date of Examination 11 03 97 Hospital Record Number

Permanent Address (with postal code) 38 Squire ST Postal Code

Address Results to be sent if different Postal Code

Previous Examination or Cytology Number

Date of Previous Examination

Name and Full Postal Address of G.P. TOWNE MAC Postal Code

Name and Address of Sender Postal Code

SENDER

		Reason for Smear		Date of L.M.P.	
G.P.	0	1st Ever Examination	1	No. of Pregnancies	/
F.P. Clinic	2	Routine Repeat	r2	Age at Menopause	
W.W. Clinic	3	Repeat of previous non-neg.	3	Radiation (Pelvic) YES 1	
Maternity	4	Other (specify)	4	Hormone Treatment YES 1	
Gynaecology	5				
G.U.M.	6				
Other	7				
Colposcopy	8				

[redacted]

	I.U.C.D.	Oral
Nil	1	1
Past	2	2
Current	3	3

Smear Type		Appearance of Cervix	
Cervical	1	Intact	1
Vaginal	2	Ectopy	2
Other	3	Infected	3
		Suspicious	4
		Malignant	5

Clinical Diagnosis and Comments MILD CIN

Clinician's Signature

Pathologist's Comments POSITIVE

Mild dyskaryosis in squamous cells.
Please repeat in six months' time.

Pathologist's Signature Dr GD [redacted] 21.03.97 Date

RESULT

FOR LAB USE ONLY			
Negative	1	Trich	1
Borderline	2	Yeast	2
Mild Dyskaryosis	3	Virus	3
Moderate	4		
Severe	5		
Other	6		
Unsatisfactory	7		

ADVICE

Routine Repeat in 3 years	1
Repeat in ..... 6 .. Months	2
Refer to Gynaecology/Colposcopy	3

THIRD PARTY

Hospital No. 19673

SURNAME (Block letters) [redacted]

FORENAMES [redacted]

Address/Ward/Hosp. [redacted]

Date of Birth 17.2.7[illegible]

Date of Collection 6.6.90

CONSULTANT/G.P. (with address for report) [redacted]

E.D.D. 15.7.90.

Haemoglobin 11.8 g/100 ml.

P.C.V. - % M.C.H.C. %

Film: -

Blood Group AB [redacted]

NO IMMUNE ANTIBODIES DETECTED

Reading Area Pathology Service Form 15

ANTE-NATAL BLOOD TESTS

Date of Receipt

WRH 365(NS) ANTE-NATAL TESTS

THIRD PARTY COPY

Normal		✓
T.C.U.		
Rec'd. - 9 JUN 1990		
File		✓
Enter & Destroy		
Notes Please		

CONFINEMENT AND PUERPERIUM

D[redacted] OF CONFINEMENT .....

PLACE .....

Notes:

NOTES ON PUERPERIUM:

INFANT:

Sex ..... Weight .....

Condition ..... Feeding .....

POST-NATAL EXAMINATION: Date .....

GENERAL SUMMARY
(with reference to [redacted] Pregnancies)

Signature .....

Address .....

NATIONAL HEALTH SERVICE, SCOTLAND

MATERNITY SERVICES RECORD CARD

Health Board for LANARKSHIRE DOB 17.2.71

PATIENT'S NAME WILLAMINA NOBLE Age 19.7.M

ADDRESS 50 CLELLAND PLACE EK Tel. No.....

Para. p.i.m. L.M.P. 10-9-89 E.D.D. 17-6-90 15-7-90 US

PRACTITIONER Dr Rumsey Tel. No.....

MIDWIFE C Dowding

ADDRESS ..... Tel. No.....

GENERAL MEDICAL HISTORY:

sft 6

m.c.l [redacted] NOH

c/c/c 4/52 28 days

Smoker 3-4 a day

PREVIOUS PREGNANCIES (if applicable)

PRESENT PREGNANCY:

Breasts ✓ Lungs clear

Heart Normal Rate Varicose Veins No

BLOOD

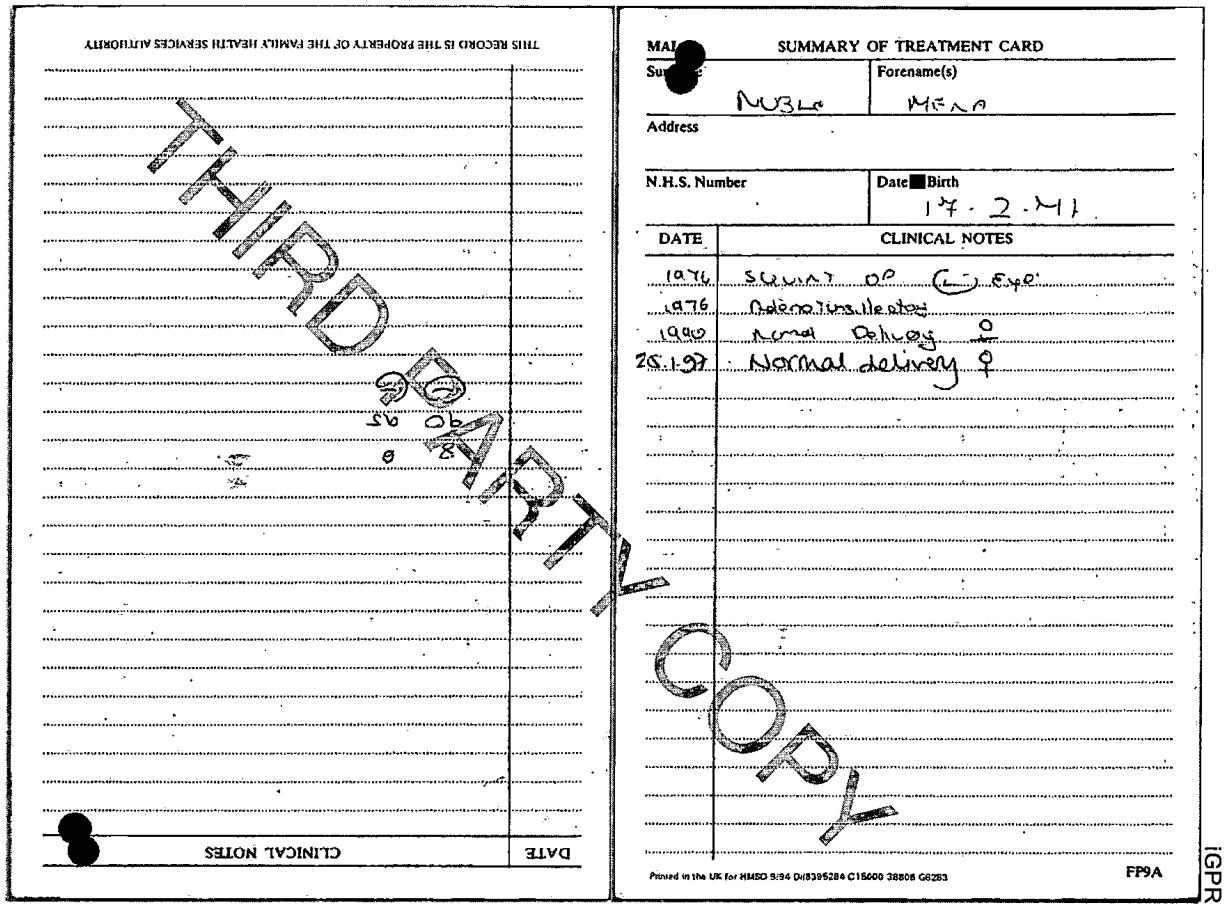
Haemoglobin [redacted] W.R. or K. Group AB Rh. Factor

Initial Visit	At 34/36th Week		
Date: 23/11/89	Date:		
Finding: 13.7	Finding:		

Initial Test	If negative Test at 34/36th Week
Date: 23/11/89	[redacted]
Finding: POS	Finding:
Antibodies: (If applicable)	Antibodies: (If applicable)

Date: Next Appointment	Date: Examination	B.P.	Urine: Alb.	Urine: Sugar	Weight	Oedema	Height of Fundus (weeks)	Presentation and Position	Foetal Heart	Drugs	REMARKS	Initials Dr. or M.W.
	12-4-90	130/80	C	t	70 kg		26 wks	V/Lie		FA-	check urine	(1) SA
											Date: Scan	
	19.4.90	128/64	N	N	71.4		28	V/Lie		FeF yesterday	Fetal heart not heard → R/sh	(1) CA
	26.4.90	110/70	N	N	71.2	ankles	29	/			Had U/S scan + CTG. Normal. ongoing pregnancy.	(1) EG

XHIBIT



THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

DATE | CLINICAL NOTES

THIRD COPY

MAL[redacted] SUMMARY OF TREATMENT CARD

Su[redacted] NUBLE | Forename(s) MENA

Address

N.H.S. Number | Date [redacted] Birth 17.2.41

DATE	CLINICAL NOTES
1976	SWINE OP (L) EYE
1976	Adenotonsillectomy
1980	Normal delivery ♂
25.1.97	Normal delivery ♀

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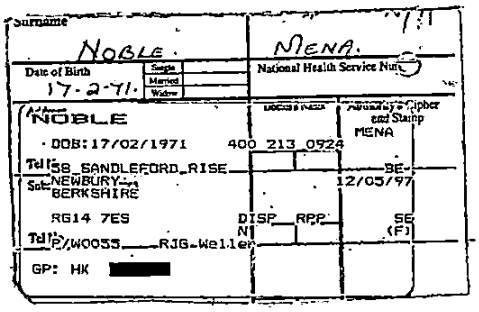
FP9A

iGPR Report



Surname			
NOBLE		MENA	
Date of Birth 17-2-71	Single / Married / Widow	National Health Service No.	
NOBLE			Authority's Cipher and Stamp MENA
DOB:17/02/1971		400 213 0924	
Td 58 SANDLEFORD RISE			SE-
Sub NEWBURY BERKSHIRE			12/05/97
RG14 7ES	DISP N	RPP	SE (F)
Td P/W0055 RJG-Weller			
GP: HK [redacted]			

THIRD PARTY COPY

FPL 4-6-90

FEMALE

NOBLE Mena. (WILLIAMINA)

Limber Oak Cottage, Crookham Com.

National Health Service Number S645 271 275 Date of Birth 17 2 71.

Date	★	CLINICAL NOTES
		DR: PM [redacted]
		DATE OF REG./INVITATION LETTER:
		APPOINTMENT: 6/6/90.
		ACCEPTED/NOT ACCEPTED:
		CLAIM FORM: ✓
6/6/90		FP24 signed ✓.
19 yr		PMH Sgmnt of Ts + As 1974 1976
		DH Personal Soc. Allergies NK
		FH NK
		SH Lives ♀ boyfriend 34/40 pregnant Smokes 4/day — adv. Alcohol - n.i. Exercise NA
		LP No smear

★ This column has been provided for doctors to enter A, V or C at their discretion.

Varicella Rubella immun. Tetanus 1985.

FORM FP8

THIRD PARTY COPY

FP 24 signed ✓

Date	★	CLINICAL NOTES
		Sin tum
		34/40 WM Ht 163cm
		Kick anter ✓ B.P. 120/65 Wt 71
		F=35
		Cephs ALB NIL SUG NIL
		FH - Decline
		B.P. 110/60 WT 72.9.
20.6.90		37 | 38 cmd ALB NAD SUG
		Ceph NE
		FHHR FM good. Hbv
29/6/90	L	FTND @ 3160g JOANNE
		Bottle feeding
3/7/90	V	No problems BP 100/65.
		Dextra min Abd ✓
9/7/90	V	No problems
		Requests loz
		No contraindications.
		Maxolon 2.1x3 Stock D21
		Baby exam

★ This column has been provided for doctors to enter A, V or C at their discretion.

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COPY

[redacted]

FEMALE ● Surname NOBLE | Forenames ~~ANNA~~ & MONA

Address 60 Nightingales. Newbury.

National Health Service Number [redacted] Date of Birth 17.2.71.

Date	★	CLINICAL NOTES
16 NOV 1989		ex Glasgow. 18/12 ago.
		p/H — mild relent.
6/4 —		
		Comp. ? 10.9.89. nausea. Health concerns,
		menarche age 13yrs.
		nausea. few weeks
		? 9kg by Xmas. Hb - 8-10/40 trips interm.
		? actn — ex 6/4.
20 NOV 1989		? 10/40. wk a week.
		EDD ? 17.6.90. baffin. 12wks.
		p/H & spirit aversion.
		TSH's. Smoke - 15/day.
6/52		110/70. 59 kg. Mum, mum & 11yr old neices
		HS ok. live c sister.
		Anx knows myst 2/52.
DEC 1989		? 12. 12/60. 61.0kg. NAD.
		wl pulp. 4wks.
		Wk rule out. Pick up ILMP

★ This column has been provided for doctors to enter A, V or C at their discretion.

FORM FP8

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Date	★	CLINICAL NOTES
DEC 89		ad L Bk pt yesterday, no diff. dry skin ++. Appears comfy!
-5 JAN 1990		? 116/60. 61.0 kg NAD
		18 tbe — USC. 22/1/90.
		Resumed 5mg od (500) 3.10 pm.
23 JAN 1990		USC. EDD 15.7.90.
		15. 100/60. 61.0 kg. NAD
		16 tbe.
29 JAN 1990		Coy ad complaining yesterday. Calc start date on Parentrol
27 FEB 1990		20.
6.3.90		DNA. Rx been started.
27 MAR 1990		24. 116/60 NAD. 61.0 kg.
		24 tbe 2 days MAT.
10.4.90.		DNA.
? 10.4.90		32 ★ Admitted to hospital: Started 5 mg Pred. Pred 5 mg. Rx over phone 'all OK'.
		116/70. 59.0 kg NAD.
		32. C 1 tbe 'Feels 1 day'
		last dose.
		ad Cook Ltd Comm → Ward.
		See Resume. Letter.

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Hospital No.
RN
Lock Lette
REN/
ddress
ard/Hosp.
x M. F.

28 JUN 1990

Mrs
Limber Oak Cottage
Cookham Comm

Date of Birth 12-2-11

Date of Collection 27-6-90

CONSULTANT/G.P. (with address for report)
DR
BUR OOD SURGERY
WHEELERS GREEN WAY
THATCHAM, BERKS

VENOUS BLOOD

Lab. No.

ALL REQUESTS (WOMEN)
Pregnant NO YES EDD 15-2-90

Patient tested: 24-11-89

VDRL, TPHA	NEGATIVE
HBsAg	NEGATIVE
Rubella antibody	DETECTED

Repeat test not required within this pregnancy

Reading Area
Pathology Service

WRH 395 (NS)

ANTE-NATAL SEROLOGY

Date of Receipt

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Normal

T.C.U.

30 JUN 1990

Exam:31/10/98 Rep:03/11/98 DR N RAHIM . LK
Korner : A

WEST BERKSHIRE IMAGING DEPT.Newbury DGH

Surname : NOBLE Clin. : SHILLAM G N 10SJ
Forename: MENA Source: GP
D.o.B. : 17/02/1971 R.No. : T000076604 (98N013496

EASTFIELD HOUSE, ST JOHNS RD NEWBURY, BERKS

CHEST XRAY.

Normal heart size. Lungs clear. No lymphadenopathy.

NORMAL SPEAK SEE NOTES FILE

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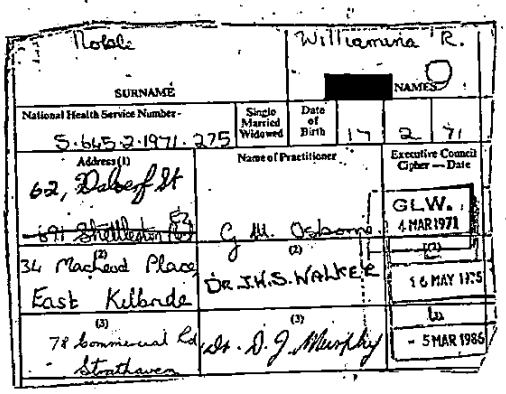

SURNAME	NAMES
Natale	Williamina R.

National Health Service Number	Single / Married / Widowed	Date of Birth			
S.645.2.1971.275			17	2	71

Address(1)	Name of Practitioner	Executive Council Cipher — Date
62, Dalserf St ~~691 Strathclyde Rd~~	C. M. Osborne	GLW. 4 MAR 1971
(2) 34 Macleod Place East Kilbride	(2) DR. J.H.S. WALKER	(2) 16 MAY 1975
(3) 78 Commercial Rd Strathaven	(3) Dr. D. J. Murphy	(3) - 5 MAR 1986

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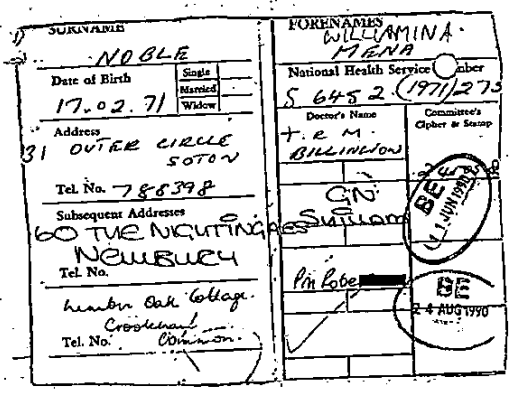
SURNAME
NOBLE
Date of Birth
17.02.71
Single
Married
Widow
Address
31 OUTER CIRCLE
SOTON
Tel. No. 785398
Subsequent Addresses
60 THE NIGHTING
NEWBURY
Tel. No.
Linden Oak Cottage
Crookham Common
Tel. No.
FORENAMES
WILLIAMINA
MENA
National Health Service Number
5 645 2 (1971) 27 3
Doctor's Name
T. E. M.
BILLINGTON
Committee's Cipher & Stamp
GN
Pin Robe
BE
24 AUG 1990

THIRD PARTY COPY

FAMILY HISTORY

Please tick appropriate boxes

Which of your blood relations have suffered from the following

Heart attack	☐	Cancer	☐
Diabetes	☐	High blood pressure	☐
Asthma	☐	Tuberculosis	☐
Stroke	☐ N/A	Other serious illness	☐

VACCINATIONS Which vaccinations have you had and when?

Diphtheria	☐	Polio	☑
German measles	☐	Tetanus	☑
Typhoid	☐	Measles	☑
Cholera	☐	BCG	☑
Yellow fever	☐	MMR	☐
Whooping cough	☑		☐

FOR FEMALE PATIENTS ONLY

Have you had any children? ☑ give ages 2.

Have you had a miscarriage? ☐ date

Have you had a [redacted] ☐ date

Have you had a hysterectomy? ☐ date

Which method of [redacted] are you using at present?

NONE.

When was your last smear test? August 1990

DO NOT COMPLETE THIS SECTION

Urine		Glucose		Albumin	
BP		Weight		Height	

Date

GG 1084—B.P./June 1991

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NEW PATIENT INFORMATION CARD

Date 15th may 02.

Surname NOBLE

First name(s) MENA

Full address FLAT 4 21 Rectory Rd.

CRUMPSALL

Tel. no. home — work —

Marital status Single Date of birth 17-02-71

Country of origin Scotland Sex FEMALE.

Occupation Mother

GENERAL HISTORY

Have you had any serious illnesses or operations, X-rays or similar tests and when?

Left eye operation. 4/5 years old

Squint - Esotropia

Do you suffer from indigestion, e.g. heartburn? N/A

What medicines are you taking? N/A

Have you any allergies to medicines or anything else? N/A

How much tobacco or cigarettes do you smoke? 10

How much alcohol do you consume per week? (quantity)

Wine — Beer N/A Spirits —

A service provided by Glaxo Laboratories

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Notes / Other Information

NEW PATIENT EXAMINATION RECORD

General

Surname NOBLE Forenames MENA Sex Female

Address 128 Hill lodge hotel
- hill lane, Shirley
Southampton Telephone Number —

Date of Birth 17/2/71 Country of Origin Scotland Marital Status Single

Children M [ ] F [✓] Occupation —

Social Circumstances

Employment — Housing B&B

Health

Smoker YES/NO no./day 15

Past smoker YES/NO no./day — quit (year) —

Alcohol units/week —

Diet mixed/vegetarian/vegan/other: —

Medications NONE

This service for general practitioners is provided with the compliments of Fisons plc, Pharmaceutical Division, manufacturers of

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Medical History

past illnesses	year	operations	year	allergies
Diabetes		squint amechen age 5.		none known
Jaundice				
Epilepsy				
Rh Fever				
Migraine				
Asthma				
Eczema				
Other:				

Immunisation

Polio Triple-	year ✓	Tetanus	year ✓87	MMR	year ✓	BCG	year ✓

Family Medical History

	hereditary diseases	serious illnesses	year	cause of death	year
father	well ?			cancer	73
[redacted]	—				
[redacted]	well				
[redacted]	well.				
children					

NEW PATIENT EXAMINATION

Physical

height 164 — weight 8½ ~ 55kg.

Cardiovascular

BP 120/60.

Urinalysis

albumin Trace glucose NAD

Females

	year
cervical smear GP	90
breast screening/ examination	

Obstetric History

	year	year	year
live births	29.1.90		
miscarriages			
Rh			

Ref. 788398 QE3

FEMALE

Surname	Forenames
Miss Noble.	Mena

Address

31. Outer Circle Sol. 6GN.

National Health Service Number

Date of Birth

7.2.71.

Date	★	CLINICAL NOTES Kennels
Lyd	24.5.88.	
		Rash on hands + forearm of
		feet
		? Eczema 1% HC Cream

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FORM FP8

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Date	★	CLINICAL NOTES

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SURNAME (BLOCK LETTERS)

TITLE (Miss) NOBLE			
FORENAMES (BLOCK LETTERS) MENA			
DATE OF BIRTH	SINGLE		N
6724 17.2.71	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		
ALLERGIES.....		SPECIAL HAZARDS	
ADDRESS		D	M
C/O DOUGING 1. 321 BILSLAND DR 620 9LS		LETOLME	
O/L 38 SHONA ST 2.		BE 14 6	97
3.			

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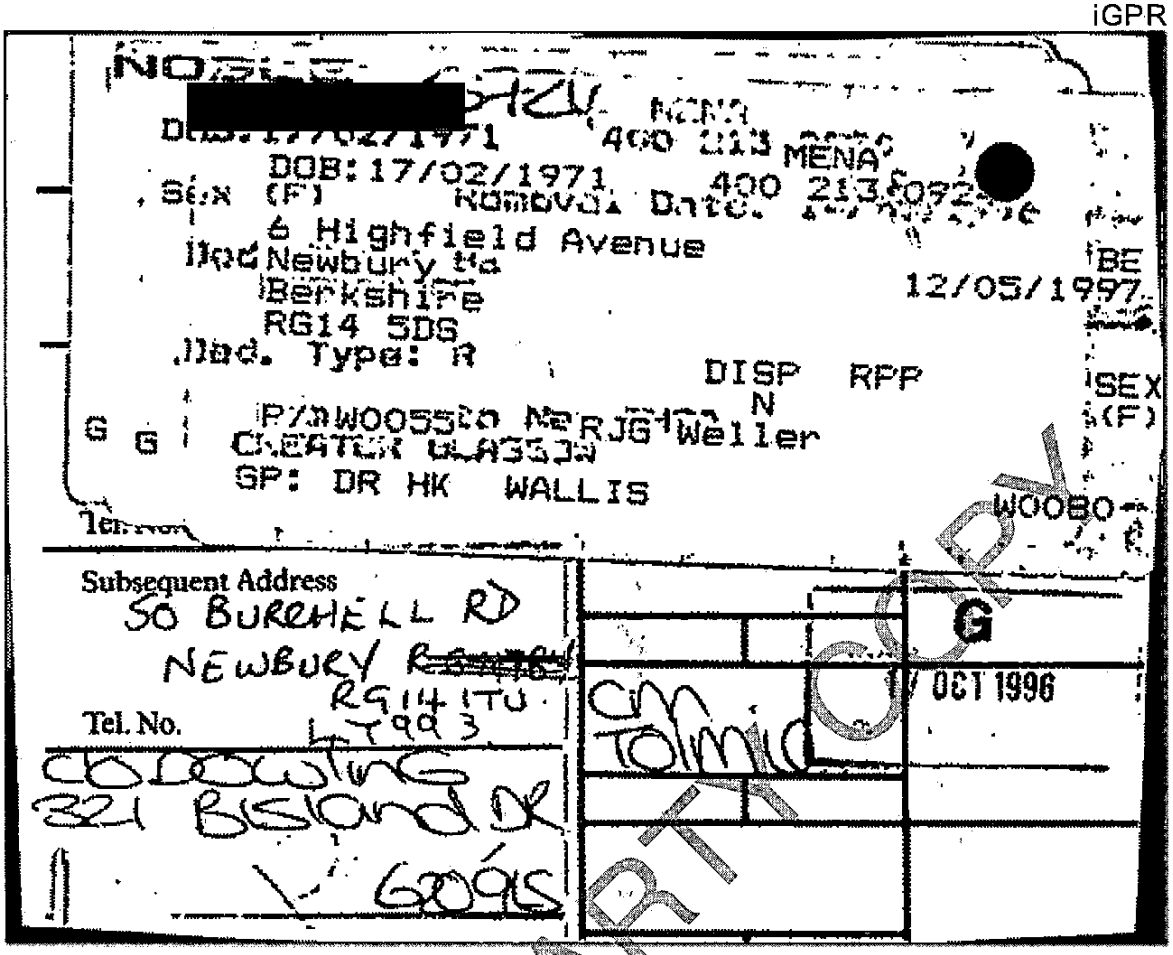

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
17/9/36		Conjunctivitis conjunctivae	
		treated ⓒ Eye / puffy	
		N11 ar [illegible]	
		Chloramphenicol see 2/3 days	
		see.	
24/11/36		Stych lemons hand	
		Rx Amidazolla 350 mgs	
		3 mgs ADS 5/-	
		Diarrhoea visits Ext / week	
		Microwave x1	
		Lemons and Eggs	
29/1/37		Harmed both [illegible] one	
		? has had Amidazolla Ext	
Spa		now Rx of exciting with	
		to be Lemon / Stych	
		hypothyroidism Lemon	
		& Fish would like which	
		may be Chickpeas Alert	
		W/o photo Trials in	
		2 weeks Hoffman Cnt	
		Alert. Rx. Flucloxacillin	
		Smg 250 mgs QDS 10/7	
		Re Antibiotic + Angel scale	

THIRD PARTY COPY

FEMALE

SURNAME: NOBLE

[redacted] NAMES: WILLIAMINA

ADDRESS: 34, M'LEOD PLACE, E/K.

Date of Birth: 10 | 2 | 71

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
22/10/87		Gen Gen Medical — Request [illegible] — Uterine NAD.	
24/11/82		6st 4'7" Well —	Medical
1/3/83		Carrier clear to feet.	
21/7/83	Routine	Athletes foot.	Carrier
13/9/83	—	Bad [redacted] Pedis	Nystaform HC
		See 210	
29/9/88		Tinea improved.	
12/1/84		Social Work Dept.	
		Aged 12 yrs Ht 5 ft.	
		(L) Convergent Squint - attends Vics	
		eye dept.	
		Pulse clear. Heart sounds pure	
		Abdomen.	
		Throat clear.	
[redacted]		All ok Form Signed	
5/9/86	db	Rheumy Nurse (L) eye [illegible]	
		basil & oxygen myopia	
		U/A (N) 6/6	
		" (L) 6/24 → 6/18 Corrects	
		fundi + ants segments	
		N → appears	

*In C.F. Column, which is for cases of certified incapacity only, practitioners

SPECIMEN COPY

FEMALE

SURNAME	NAMES
[redacted] NOBLE	[redacted] WILLIAMINA

ADDRESS 78 Commercial Road, Strathaven.

Date of Birth: 17 | 2 | 71

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		S645.2.1971.275	
		see surgery re SOS esp LV tear	
6/2/82		Letter sent 16/2/82.	
30/11/83	✓	c/o sm rect jar 39.5 ↑ for 1 day fever ↓ Temp + Sclera for chk for jaun Sym-improv ↑ 26 Jan ex ↑ rec WM ↑ menses	
26.28		addn hepat bds present ↑ 6/7 ago for Annual medical. WNL	
		Has assaulted last Fri Bruised scalp (crown) & Lelbow.	

Dr D.J. MURPHY.

This person has been placed on your list in accordance with your acceptance and this card should be used until her medical record envelope is sent to you. It should then be placed in the envelope.

Date 15 JAN 1985

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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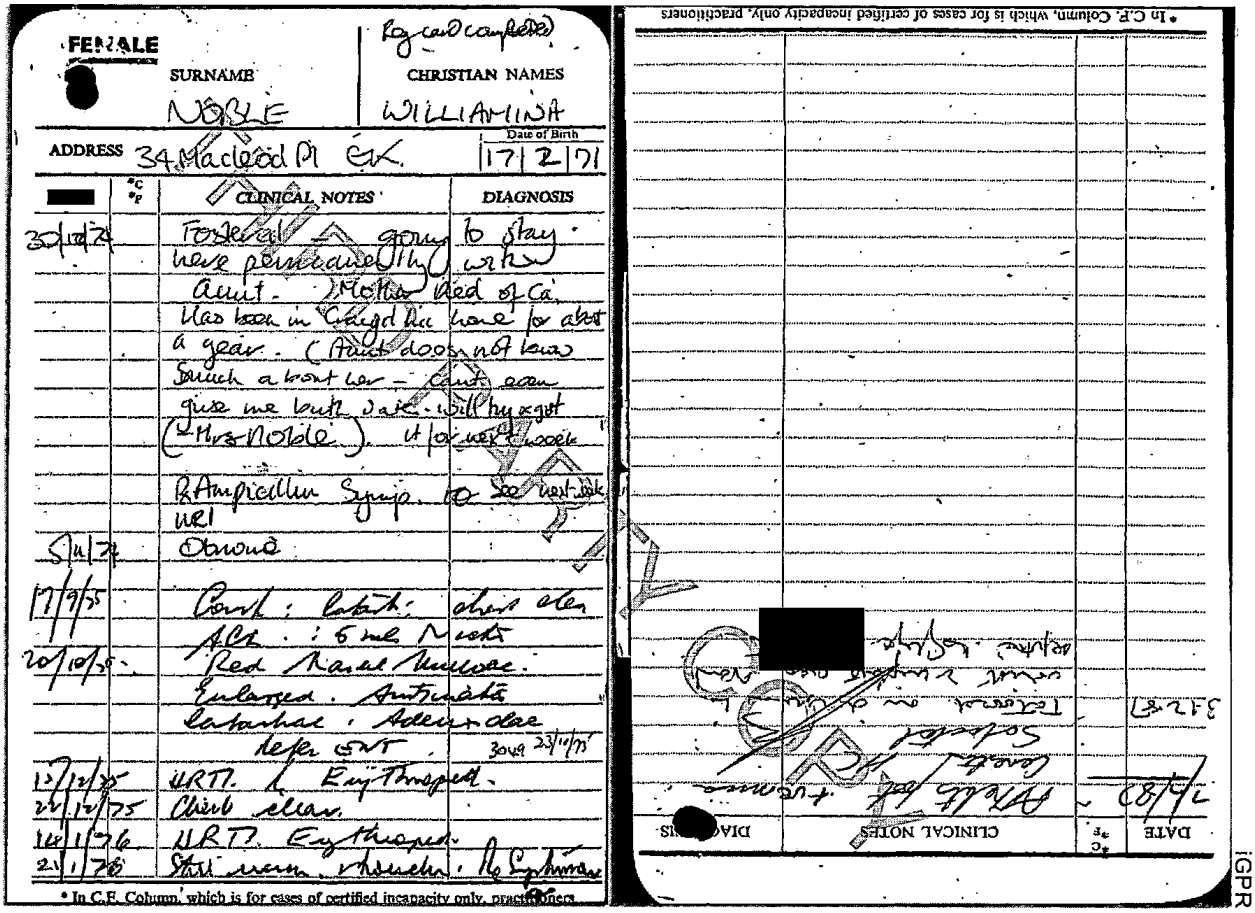

FEMALE

[redacted]

SURNAME: NOBLE

CHRISTIAN NAMES: WILLIAMINA

Reg card completed

ADDRESS: 34 Macleod Pl EK.

Date of Birth: 17/2/71

	°C °F	CLINICAL NOTES	DIAGNOSIS
30/12/74		Foster child — going to stay here permanently with Aunt. Mother died of Ca. Has been in Guyana for about a year. (Aunt does not know much about her — can't even give me birth date. Will try to get (Mrs Noble). U/I for next week	
		Rx Ampicillin Syrup. 100 See next book URI	
5/1/75		Otorrhoea	
17/9/75		Cough: Lobar: chest clear	
20/10/75		ASR: 5 mls Nasty	
		Red Nasal Mucosa.	
		Enlarged. Anterior Lobar.	
		Lobar. Adeno + clear	
		Refer ENT. 3049 23/11/75	
12/12/75		URTI. Eye Prospect.	
24/12/75		Chest clear.	
16/1/76		URTI. Eye Prospect.	
21/1/76		Still worse. Nausea. No Symptoms	

• In C.F. Column, which is for cases of certified incapacity only, practitioners

• In C.F. Column, which is for cases of certified incapacity only, practitioners

iGPR Report

DATE	°C °P	CLINICAL NOTES	DIAGNOSIS
8/11/76		Complains of pain in left knee. Gives way, locks.	Internal derangement
19/[illegible]/76		Referred [illegible]	
3/12/76		Seen by Mr [illegible]	
10/5/77		Re-referred to Physiotherapy	
31.5.77		Seen by [illegible]	
1.7.77		Operation performed	Internal derangement
14.7.77		Discharged	
11/8/78		Knee locked	NAD
5/2/79		Seen by Mr [illegible]	
		Referred to Physiotherapy for [illegible]	
		Discharged to [illegible]	
7/5/79		Knee locks slightly	Normal
10/6/79		Seen by Mr [illegible]	Patellofemoral
26/8/79		Knee much improved	
		Discharged	
13/5/80		Thought [illegible]	Early [illegible]
		[illegible]	
22/10/80		[illegible]	

THIRD PARTY

iGPR Report

DATE	100½	Weight	B.P.	Urine	Hb	NOTES	V.E.	Smear	Breasts	METHOD
[redacted]										
4-7-90			100/55			Post natal				Nuvaring 21x3
	152		100/60	✓		N. problems	✓	✓	✓	CT
8.10.90		57.25	110/60			LMP 4.10.90 no headache				Nuvaring 21 x 4.
						no B-TB.				
[redacted]										

Eversley, 501 London Road, [redacted] Heath, Surrey 01-684 1172 C

NOT PART OF

age

[redacted] **RECORD** Dr. Pine

Mrs./Miss MENA NOBLE

D. of B. 17.2.71

Special Observations:

History:

Headache/Migraine	Lenses
Epilepsy	Jaundice
V.V's/phlebitis	P.E.T.
Depression	Smoking
Other illness/opns	Allergies
Drugs	

Family History:

C.V. Disease	Diabetes

Gynæcological History:

Cycle:		Reg	Irreg
Loss:	H. M. L.	Dysmen:	
P.M.T.:		Discharge:	
Pelvic infection:			
Sexual problems:			

Initial Examination:

Vagina:			Discharge
Cervix:	Healthy		Erosion
Uterus:	Small	Normal	Bulky
	A/V	Mid	R/V
	Mobile		Fixed
Adnexae:			
Breasts:			V.V's:

Rubella State:

Vaccinated < Y / N Antibodies /

Date of Vaccination .....

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iGPR Report

FEMALE SUMMARY OF TREATMENT CARD

Surname	Forename(s)
NOBLE	Mena

Address Woodland Sunset, Frogham Common, THATCHAM, RG19 8DH

N.H.S. Number	Date of Birth
213 0924	17/2/01

DATE	CLINICAL NOTES
1975	squint correction (L)
1990	@ FTND 9
1998	FTND 9
2000	miscarriage

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DATE	CLINICAL NOTES

SAMPLE ONLY

FEMALE Surname NOBLE Forenames 4908 Mena

Address

15 Browne Rise Greenham Newbury

National Health Service Number [redacted] Date of Birth 17 2 71

Date	★	CLINICAL NOTES
11.2.02		Reg'd with Dr Hawkins Willcome Lister Centre
		Mum + ca uteris Ht late 30's. HT 168
		ALLERGIES none WT 56kg
		OCCS gym instructor BP 116/60
		SMOKES 15/day PEFR
		ALCOHOL <5U/week POLIO
		SMEAR TET
		URINE ALB SUGAR
21.2.02		DNA Reg check
16.4.02		AF book - nasty cor + chicken also deep RSsaves. — abdo pain epigastrium → bloating + bubbling had it bfr takes gaviscon PE mid epigastric tenderness ? gurgling / mass → mag trisil.

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Date	★	CLINICAL NOTES

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FP1 29 12 02

FEMALE Surname NOBLE. Forenames MENA.

Address THATCHAM.
WOODLAND SUNSET. CLOOICHAM COMMON.

National Health Service Number

Date of Birth 17.02.71.

Date	★	CLINICAL NOTES 0797 .900 3208
		DR P.N ROBERTSON
		DATE OF REG/INVITATION
		APPOINTMENT:
		ACCEPTED/NOT ACCEPTED
4.9.02	A	Req counselling
		discovered mother age 34
		has been sexually abusive
		nephews in past (now
		>20 yrs old).
		Brought up in care
		Difficulty forming r'ships
		Paranoid ideas
		Shoppy i kids
		Poor sleep
		long chat
		Fluoxetine 20mg/d

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Date	★	CLINICAL NOTES
20.9.02	A	Counselling c Kieth Sewell re 2/7. feels alot calmer

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FEMALE | Surname: NOBLE | Forenames: Mena

Address: ~~58 Somerford Rise~~

National Health Service Number: 400 213 0924 | Date of Birth: 17-2-71

Date	★	CLINICAL NOTES
July 98		HA [redacted] le exsmear
Oct 98		HA letter re ex smear (due 5/97)
21.10.98	V.	Lower back pain 2/7 (cough). Lobadil T bd overnight.
		Rt. side of chest - worse on movement & deep breath.
		Pulse 120/m. Temp. 37.8 with full expansion. Wheezy.
		Given pct for home. CXR Cardiff (50)
31.10.98		New Docs Base Consultation
10.11.98		DNA for Exsmear
May 99		BHA linear letter
8.9.99		Intermittent pain in Rt hypochondrium
		for 2/7. Pain relief for
		paracetamol & 2 hourly.
		Paracetamol - no vomiting.
		Appetite good - observed by
		Dad.
		Bowels - NAD. LMP 2-3/52 ago.
		Abdo WNL.
		? Cholecystitis - Ultrasound (GP)
		Scan 09.

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Maybe IBS.

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Date	★	CLINICAL NOTES
Oct 99		HA letter re Cx smear
3.12.99	A	Daughter Chloe age 34/12
		o/D carbamazepine last
		week - admitted RBH
		Mum thinks she was
		deliberately poisoned by Joanne
		9 year old sister.
		Joanne now staying in
		Crookham c her father/g father
		NOT been to school
		Mum can't talk to her
		doctor doesn't know
		who to turn to or how to
		help daughter
		2/7 IV
		Bandanna
		? psych/family therapy
		?? NAT
25.5.00		Assaulted 24hr + ago.
		c/o sore head acc'd dizziness
		bruising (R) frontal region
		min. swelling + tenderness.

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THIS REPORT

FEMALE	Surname	Forenames
[redacted]	NOBLE	MENA HW

Address WOMENS REFUGE.
~~Tel BURCHELL RD NEWBURY~~ BERKS

National Health Service Number	Date of Birth
H00 213 0924	17-2-71

Date	★	CLINICAL NOTES
23-4-97		MEG
28-4-97		AO NoK yer 14/52 postnatal.
		No SI since.
		Rox postnatally for ?cervicitis
		Now again discharge PV
		O/E: Cervicitis
		endocx swab.
		metronidazole
		doxycycline.

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Date	★	CLINICAL NOTES
7.5.97	A	Swab results clear [redacted] Malathion 9queous & soln
13.5.97	I	Cx smear 11.3.97 → mild dyskaryosis. Needs repeat in ~4/12 Patient informed - 2.6.97.
13.6.97	A	Nausea & vomit since y'day diarrhoea urinary Sx Urine - nil since Stloe ~5/12 Not sexually active since. Urine dipstick dx. bowels - constipated. APP → Dental abscess. amoxycillin 250mg tds (x21)
Sept 97		1st letter re cx smear (12 recall)
10.10.97		2nd letter re cx smear
15.12.97		Personal smear letter
13.2.98		Person at home letter
17.3.98	I	Re smear - no reply
20.3.98	I	Re smear - no reply.
8-4-98		Send HA letter Surg re cx smear

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FEMALE	Surname	Forenames
[redacted]	NOBLE	MENA

Address: FLAT 4 50 BURCHELL ROAD RG13 1TU
136-138 NEWTOWN RD. NEWBURY RG14 7BD

National Health Service Number	Date of Birth
S 645/2/77/275	17.02.71

Date	★	CLINICAL NOTES
Reg 28.09.94		FH HT ALLERGIES WT JOB BP SMOKES +0 = 5 10 PEFR ALCOHOL POLIO GYNAE TET CX SMEAR URINE ALB SUGAR
3.10.94		DNA for reg check
29.12.94		Letter for Cx smear
1/2/95		First letter sent for smear
9.5.95		2nd letter sent for smear
6.6.95		Urine urgency slight dysuria 3-4 T.
		white/yellow discharge - on + off. 1 tab
		Condom use Comfort
		Nonoxynol lubricant
		OK U/S - Oxytetracycline 500

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Date	★	CLINICAL NOTES
		Ulcer (1) Mild Iran [redacted]
		LMP 20.5.95
		VE Ut RIV NIS admitted NM
		Ox — ?dysplasia Cx ?Condyloma
		Cervix I biopsy Hist MAP MJK
		Cx Smear 1 contact 1 MAP
		Referred Duncan Clinic 20 Baker Street (2) urgent
13.6.95		See Letter dictation
		DNA
17.7.95	P	Malaise in Queens — Head Ache
23.3.96		Request Emergency Colposcopy
		LMP 25.4.96 unprotected intercourse
		? other Unprotected intercourse
		LIC GOA PSW x1.
FP1001		65 HSIF M30 Dg 1 Syll
		Implant
		Dg eczema hand 3/52 Treated COD
		Examine ant + Ensille

★ This column has been provided for doctors to enter A,V or C at their discretion.

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

Printed in the UK for HMSO 07/94 D.8430686 C60000. 39625

THIRD PARTY COPY

FP8 160 4/9 3 [redacted]

FEMALE	Surname	Forenames
[redacted]	NOBLE	MENA [redacted]

Address: Lumber Oak Cottage, Crookham Common.

National Health Service Number: [redacted]

Date of Birth: 17/2/41.

Date	★	CLINICAL NOTES
		[redacted]
20.9.93		N/P clock

THIRD PARTY COPY

★ This column has been provided for doctors to enter A,V or C at their discretion.

FORM FP8

Date	★	CLINICAL NOTES

THIRD PARTY COPY

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Printed in the UK for HMSO 05/93 D.8399387 C33.000. 36625

(V) 4 2 92

FEMALE Surname: NOBLE | Forenames: MENA

Address: 26 BOND RD. SO1 4LP

National Health Service Number | Date of Birth: 17.02.71

Date	★	CLINICAL NOTES No phone
4:2:92		letter, Q, appt (5:2:92) given
5.2.92		DNA - N/P medical
5.2.92		- daughter Joanne DNA for 1st DPT & MMR - please remind
24.3.92		- please remind re daughters 2nd DPT & POLIO & DNA

★ This column has been provided for doctors to enter A,V or C at their discretion.

FORM FP8

THIRD PARTY COPY

Date	★	CLINICAL NOTES

THIRD PARTY COPY

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Printed in the UK for HMSO 05/91 D.8260509 C140000. 36625

FEMALE Surname: Noble | Forenames: Mena

Address: 19 Kilmington Drive Manchester -8

National Health Service Number | Date of Birth: 17-2-71

Date	★	CLINICAL NOTES
		Registd 4-2-93 No Phone.
5.2.93		New Pt Single. Unemployed
		Smokes 15/day
		C/bks-oh Reamenorrhoea.
		Wt 62
		Ht 5'1 5" BP 105/65
		BMI (23)
		Sec'nd op (L) Eye. 1976
		F/H. nil of note.
		C-Smear Ass Stelw 1990 Normal
		Urine NAD Sugar No Protein
		Vag Discharge Nil Gen Sp. Hygiene (1)

★ This column has been provided for doctors to enter A,V or C at their discretion.

FORM FP8

THIRD PARTY COPY

Date	★	CLINICAL NOTES

THIRD PARTY COPY

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Printed in the UK for HMSO 09/92 D.8260509 C60,000, 38625

Reg 19/[redacted]/91

FEMALE Surname: NOBLE. Forenames: MENA

Address: 128/130 HILL LODGE HOTEL, HILL LANE, SHIRLEY, SOUTHAMPTON

National Health Service Number

Date of Birth: 17/02/1971

Date	★	CLINICAL NOTES
19-9-91		[illegible]

THIRD COPY

★ This column has been provided for doctors to enter A,V or C at their discretion.

FORM FP8

Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A,V or C at their discretion.

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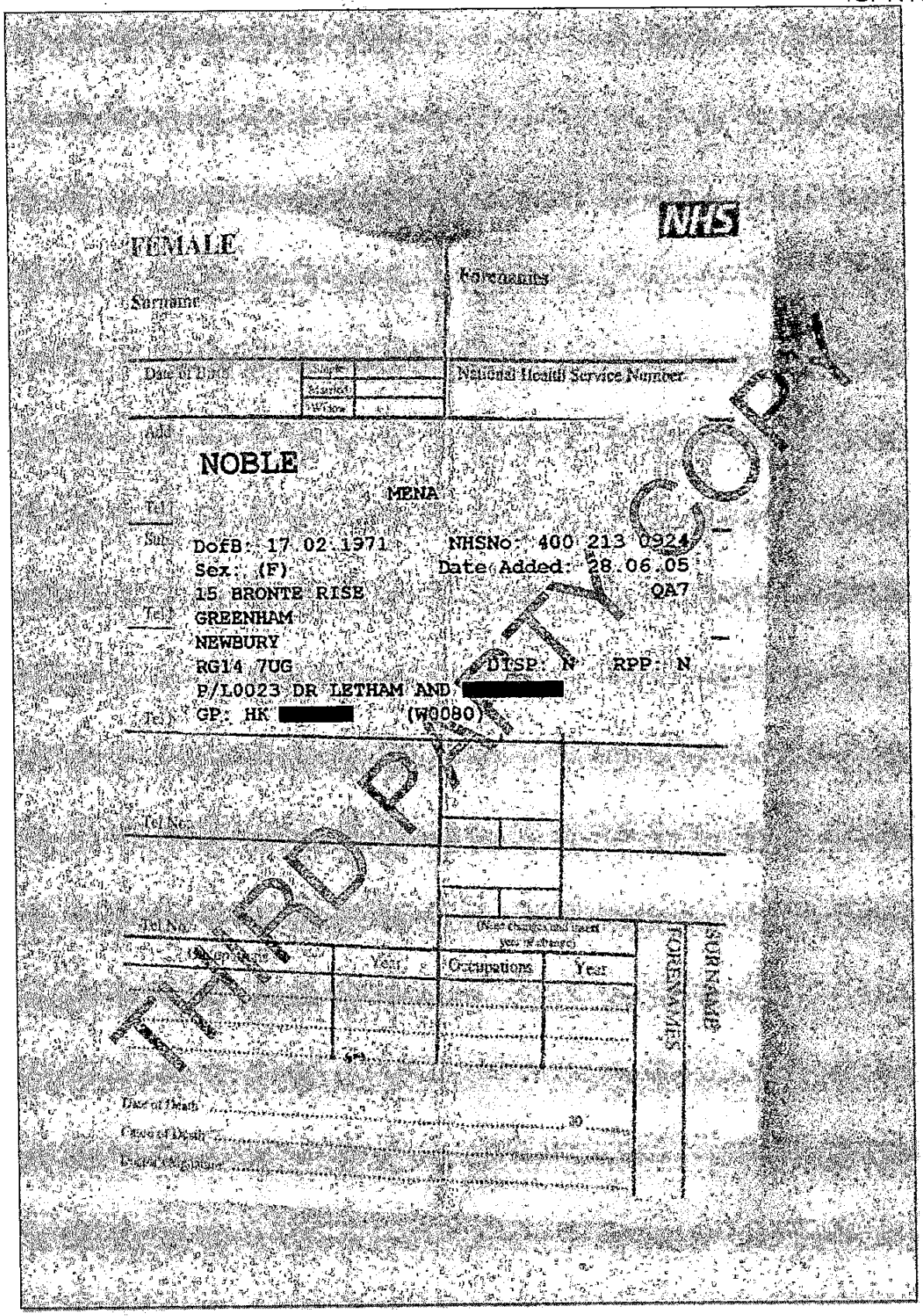
THIRD PARTY COPY

02 of 02_Lloyd_George_Record_Mena Noble_4002130924_17.02.1971.pdf
18-Aug-2023 Dr Data Migration (DTR)
Additional:02 of 02_Lloyd_George_Record_Mena Noble_4002130924_17.02.1971.pdf
02 of 02 - CHECKED
Filename: 02 of 02_Lloyd_George_Record_Mena Noble_4002130924_17.02.1971.pdf
Extension:tif
Pages:



FEMALE

NHS

Forenames

Surname

Date of Birth

Single

Married

Widow

National Health Service Number

Add

NOBLE

MENA

Tel

Sur

DofB: 17 02 1971 NHSNo: 400 213 0924

Sex: (F) Date Added: 28 06 05

15 BRONTE RISE QA7

Tel

GREENHAM

NEWBURY

RG14 7UG DISP: N RPP: N

P/L0023 DR LETHAM AND [redacted]

Tel GP: HK [redacted] (W0080)

Tel No

Tel No

Occupations Year

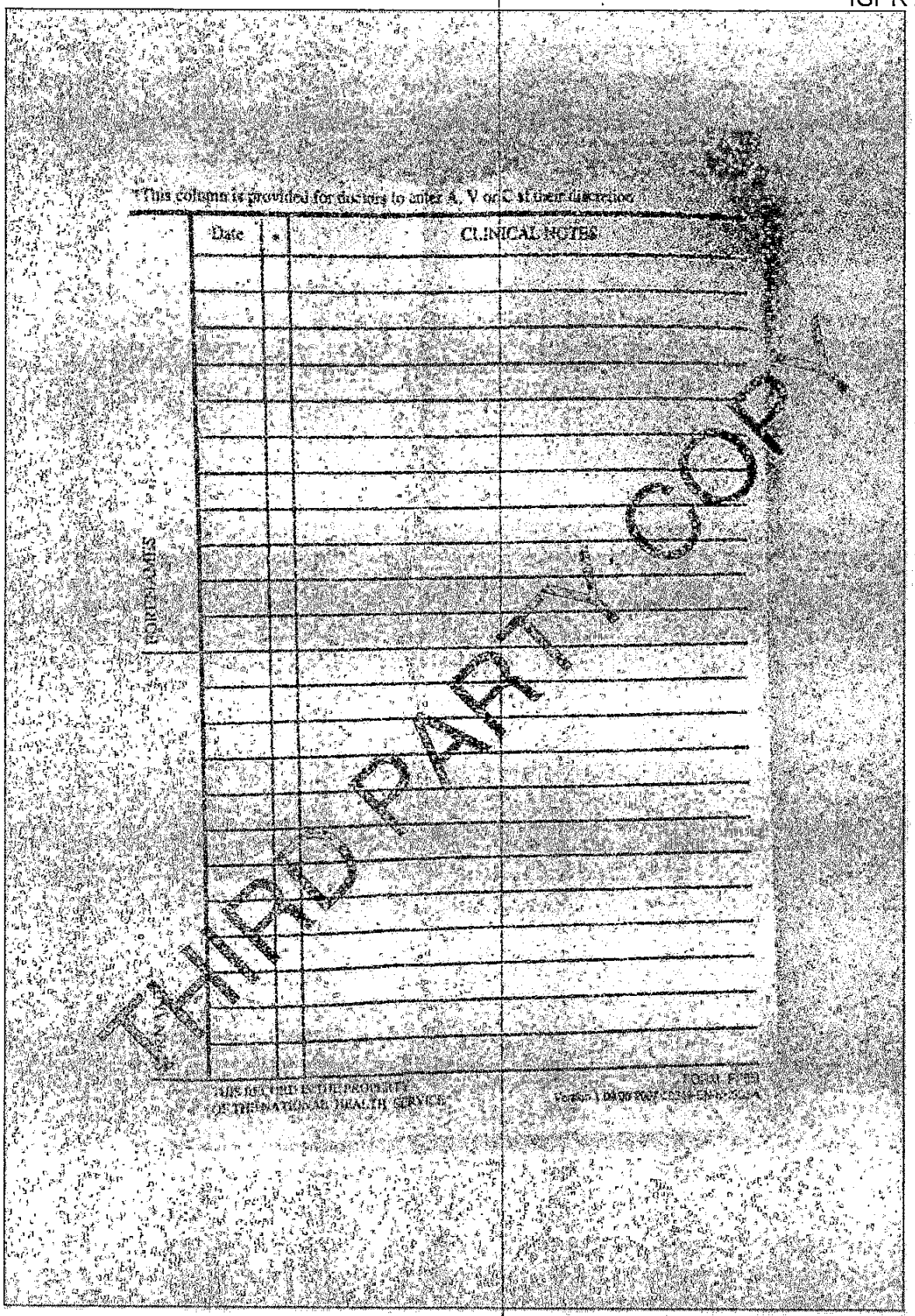
Occupations Year

FORENAMES

SURNAME

Date of Death 20

Cause of Death



*This column is provided for doctors to enter A, V or C at their discretion

Date	*	CLINICAL NOTES

FORENAME(S)

THIS RECORD IS THE PROPERTY OF THE NATIONAL HEALTH SERVICE

FORM E(PR)

SPECIMEN COPY

The Queen [redacted] Hospital

Our Ref: MR/AW
Your Ref:
Enquiries to: Ext: 0541

YORKHILL
GLASGOW G3 8SJ
Telephone: 0141-201 0550

5th Feruary, 1997.

Dr. C. Tolmie,
Maryhill Health Centre,
41 Shawpark Street,
GLASGOW,
G20 9DR.

Dear Dr. Tolmie,

Mena Noble - D.O.B. 17/2/71 - Hospital No. 77662
0/1, 38 Shuna Street, Glasgow, G20 9QB.

The result of the high vaginal swab which was taken on 21st January, 1997, on the above patient has shown the presence of anaerobic organisms sensitive to Metronidazole. I would be grateful, therefore, if you could prescribe a course of antibiotics.

I have asked the patient to call in and see you.

Yours sincerely,

Dr. M.A.K. Raja,
Registrar to Dr. Chatfield (Locum)

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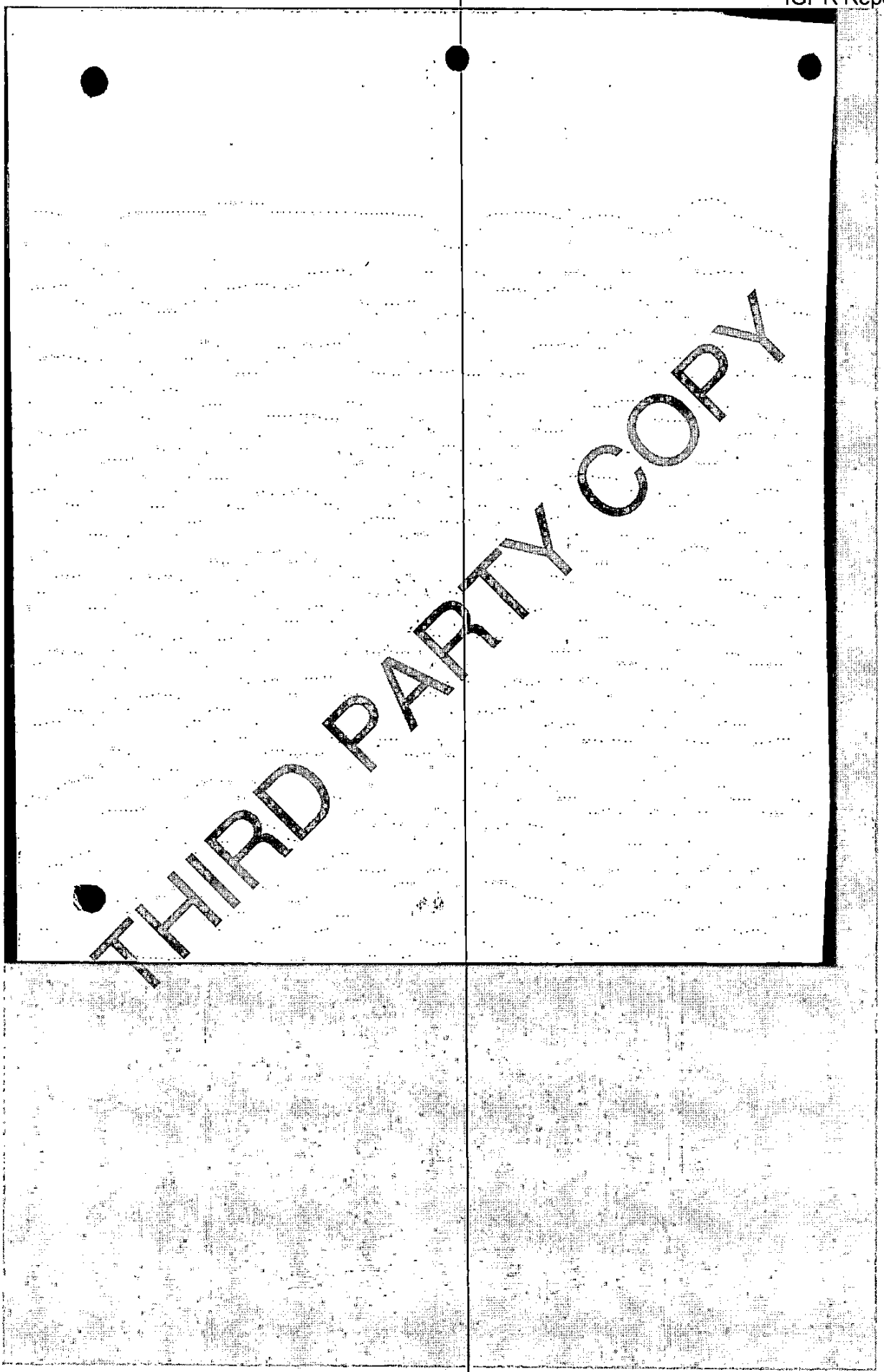

THIRD PARTY COPY

DR. [redacted] M. TOLMIE

TEL.. 0141 531 8855
FAX. 0141 531 8773

MARYHILL HEALTH CENTRE,
41 SHAWPARK STREET,
GLASGOW G20 9DR.

Ms Mena Noble
0/1 38 Shuna Street
Glasgow
G20

13.2.97

Dear Mena,

We have received a letter from the Ques[redacted] hospital saying that a vaginal swab which they took on 21st January has shown an infection. If you still have any irritation or discharge in this area, you should take the tablets that I have prescribed on the enclosed prescription. It is important that you do not take alcohol while taking these tablets.

If you have no vaginal symptoms, then I do not think that you will need to take the antibiotics.

If you have any questions about this, please don't hesitate to make an appointment to come and see me.

Yours sincerely,

Dr A [redacted]
(Locum to Dr Tolmie)

THIRD PARTY COPY

The Queen [redacted] Hospital

Our Ref: WRC/EH
Your Ref:
Enquiries to: Ext.No.0541

YORKHILL
GLASGOW G3 8SJ
Telephone: 0141-201 0550

2nd August 1996

Dr [redacted] Tolmie
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

7 AUG 1996

Dear Dr Tolmie

RE: MENA NOBLE DOB 17/2/71 H/N 77662
C/O DOWLING 321 BILSLAND DRIVE GLASGOW G20 9LS

I saw this lady at my Antenatal Clinic on 30/7/96 at 12+ weeks gestation. Blood pressure was 130/65 and urinalysis was negative. Routine booking bloods have been taken and AFP/HCG screening test has been arranged.

I am happy to undergo shared antenatal care and have arranged to see her back in the Clinic in 12 weeks' time.

Yours sincerely

Rob Chatfield

Rob Chatfield
Consultant Obstetrician & Gynaecologist

THIRD PARTY COPY

DR. [redacted] M. TOLMIE

TEL. 0141 531 8655
FAX. 0141 531 8773

MARYHILL HEALTH CENTRE,
41 SHAWPARK STREET,
GLASGOW G20 9DR.

Dr [redacted]
Eastfield House
St Johns Road
Newbury
Berkshire
England

Dear Dr [redacted]

Re: Mena Noble Berkshire Women's Aid P.O. Box 5565 Newbury R914 SWH

I enclose a copy of Mena's recent post natal smear report. Unfortunately I have not been able to contact Mena to give her the result and would be grateful if you could pass this on to her.

Yours sincerely,

Dr C M Tolmie

DR. [redacted] M. TOLMIE

TEL.. 0141 531 8855
FAX. 0141 531 8773

MARYHILL HEALTH CENTRE,
41 SHAWPARK STREET,
GLASGOW G20 9DR.

Mr [redacted] Tunn
c/o Glasgow District Council Housing Offices
Gairbraid Avenue
Maryhill
Glasgow
G20

Dear Mr Tunn,

Re: Mena Noble 0/1 38 Shuna Street Glasgow D.O.B. 17.2.71

This young woman has recently given birth to her second child. Currently she is experiencing problems with rats in her house, and is advised that the environmental health officers are attempting to deal with this problem. I am sure you will agree that it is an unsatisfactory environment for a new [redacted]

In addition, Ms Noble is suffering threats both to herself and to her family which is having a significant effect on her psychological well-being.

I would therefore be grateful if you could give your urgent consideration to rehousing this family.

I hope this information is of help to you.

Kind regards.

Yours sincerely,

Dr A [redacted]

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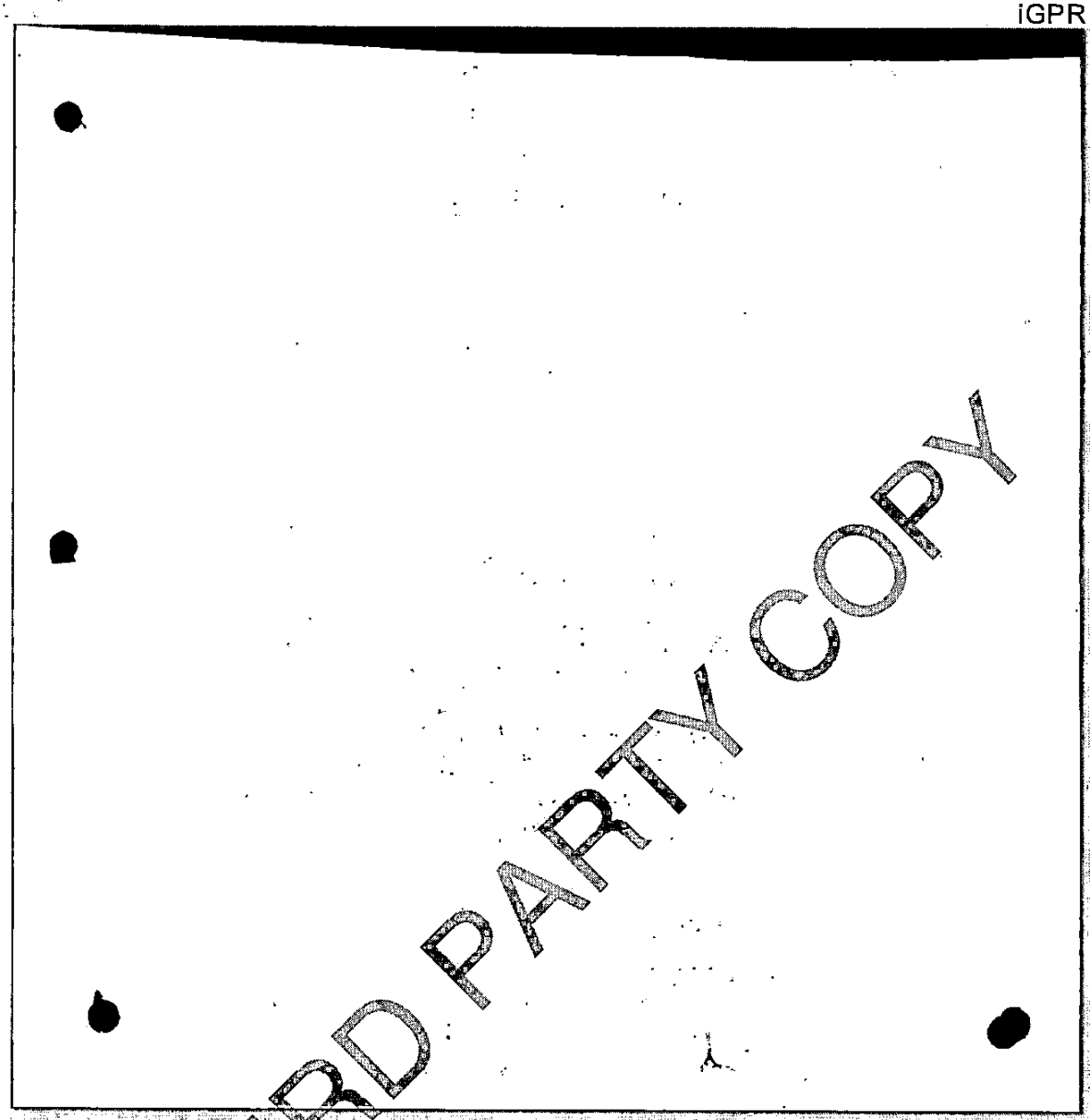


THIRD PARTY COPY

Ms Mena Noble
~~136-138 Newtown Road~~ 50 Brechell Rd
Newbury
Berkshire
RG14 7BY

13th June 1995

Dear Ms Noble

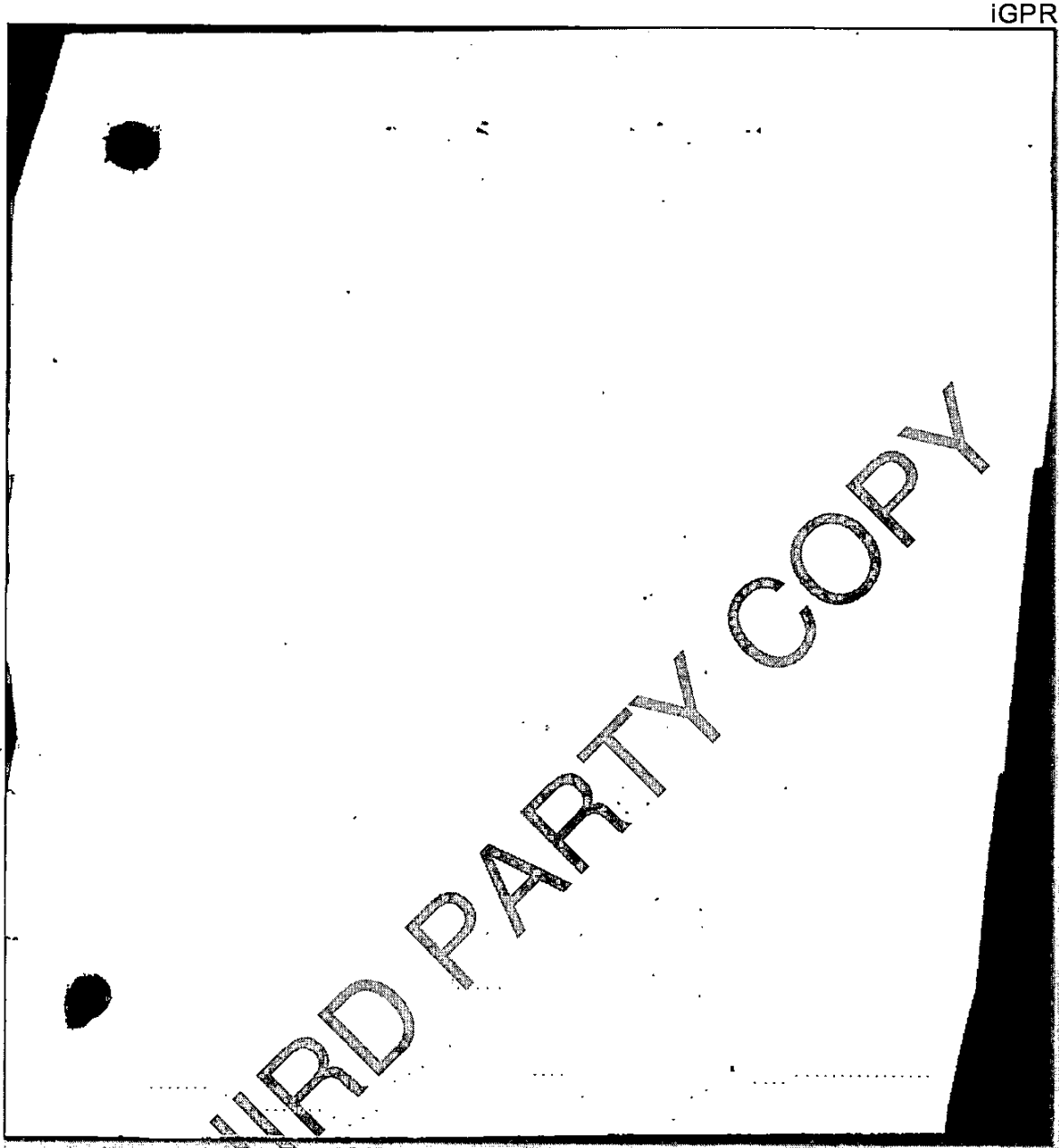
I am happy to report that your urine test and swab were normal. We still await your smear result and this does take several weeks to process.

I hope your symptoms are much better.

Yours sincerely

DR B B LETHAM

THIRD PARTY COPY



THIRD PARTY COPY

DR. R.J.G. WELLER
DR. G.N. SHILLAM
DR. B.B. LETHAM
DR. D.J. [redacted]

KENDRICK HOUSE,
THE WHARF,
NEWBURY,
BERKSHIRE,
RG14 5AT
TEL: NEWBURY 41495

Dr P [redacted]
Burdwood Surgery
Station Road
THATCHAM
Berks

30th May 1990

Dear [redacted]

Re: Mena NOBLE
Formerly of 60 The Nightingales Newbury Berks
d.o.b. 17.2.71

This 19 year old lady who is pregnant has recently moved to Crookham Common, and I have therefore suggested that she registers with yourselves.

She was uncertain of her dates but has an ultra-sound [redacted] of 15.7.90. She was admitted to a hospital in Scotland because of lack of foetal movements 4 weeks ago and kept overnight. Her movements have been reasonable since but I have asked her to do a kick chart. Unfortunately she has continued to smoke. She previously [redacted] her [redacted] but is now [redacted] her [redacted]

Her practice antenatal care has been rather intermittent as she has had two trips to Scotland in recent times. She is booked for a midwife delivery at the RBH. I have asked her to come and see you next week.

Best Wishes.

Yours sincerely

Dr G N Shillam

THIRD PARTY COPY

DOLLOND & AITCHISON

To. DR. B. LETHAM.
Eastfield House Surgery.
6 St Johns Rd. Newbury.

From. O.O. N.J. Alwell.

DOLLOND & AITCHISON
32A NORTHBROOK STREET
NEWBURY
BERKSHIRE
RG13 1DJ

Patient. Miss Mena NOBLE. D.O.B. 17/02/71
50 Burchill Rd. Speen.
Newbury. RG14 1TU.

EYE EXAM. 6th June 95.

Vision.		Rx.		Acuity	Opthalmoscopy.
R.E.	6/5.	R.E.	+1.25 DS	6/5	Both eyes normal.
L.E.	6/24.	L.E.	+3.00 DS.	6/18.	

Miss Noble has no visual problems but is concerned about her large left exotropia. This was operated on at the Glasgow Royal Infirmary when she was 5. I have explained to her this vision cannot be improved. She is interested in a cosmetic improvement in her squint so would like to discuss this with yourself.

Many thanks.
N.J. Alwell.

THIRD PARTY COPY

Dr P Robertson
Burdwood Surgery
Station Road
[redacted]
Berks

30th May 1990

Dear Peter

Re: Mena [redacted]
Formerly [redacted] 60 The Nightingales Newbury Berks
d.o.b. 17.2.71

This 19 year old lady who is pregnant has recently moved to Crookham Common, and I have therefore suggested that she registers with yourselves.

She was uncertain [redacted] her dates but has an ultra-sound EDD of 15.7.90. She was admitted to a hospital in Scotland because [redacted] lack of foetal movements 4 weeks ago and kept overnight. Her movements have been reasonable since but I have asked her to do a kick chart. Unfortunately she has continued to smoke. She previously lived with her sister, but is now living with her boyfriend.

[redacted] practice antenatal care has been rather intermittent as she has had two trips to Scotland in recent times. She is booked for a midwife delivery at the RBH. I have asked [redacted] to come and see you next week.

Best Wishes.

Yours sincerely

Dr G I Shillam

THIRD PARTY COPY

IGPR Report

GREATER GLASGOW HEALTH BOARD
THE MATERNITY/PAEDIATRICS UNIT

Rutherglen Maternity Hospital

120 STONELAW ROAD
RUTHERGLEN
G73 2PG

Telephone: 041-647 0011

Your Ref .....
Our Ref JM/MW/25029A
If 'phoning ask for:-

(dictated 12.5.90)

29th May 1990

Dr. D.T. Ramsay,
[redacted] Lea Medical Centre,
Calderwood,
East Kilbride.

Dear Dr. Ramsay,

Williamina Noble,
50 Clelland Place, East Kilbride, G74
Date of Birth - 17.2.71

Williamina Noble was seen here on the 19th April. She was about 27 weeks by her dates and had felt decreased fetal movements. She had recently moved up from England where she had had an argument with her [redacted]. We made a booking here and she went home on the 20th April. Her ultrasonic scan showed a 27 week [redacted] with no other abnormality and an upper placenta.

I understand she has again moved out of our area.

Kind Regards.

Yours sincerely,

31 MAY 1990

J. Mowat
Consultant Obstetrician

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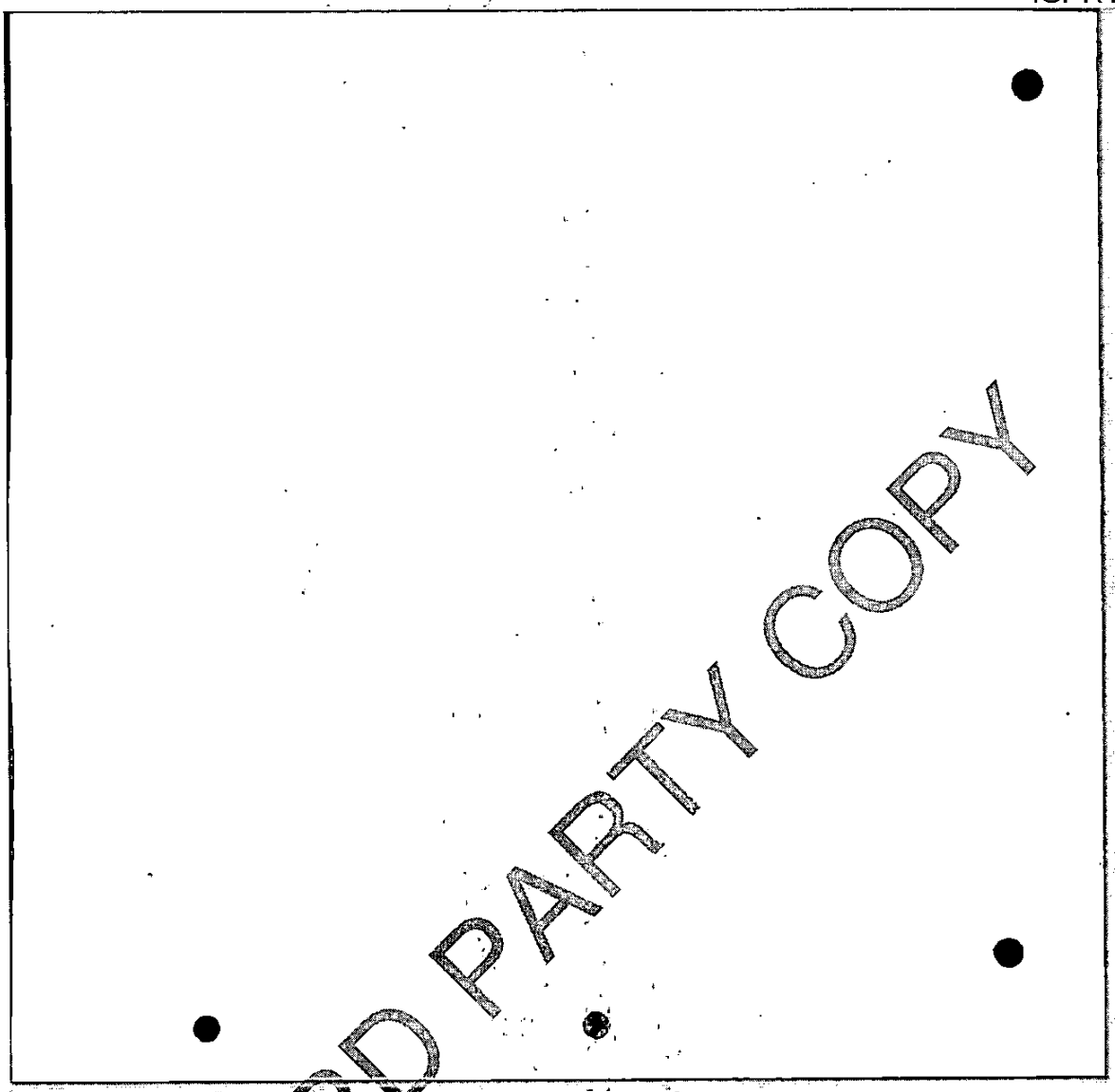

THIRD PARTY COPY

AJT/NA E.N.T. UNIT

TO:

Dr. Ramsay,
[redacted] Lea Medical Centre,
East Kilbride.

HAIRMYRES HOSPITAL,
EAST KILBRIDE.
LANARKSHIRE.
Telephone: EK 20292

Date: 27th February, 1976.

Dear Doctor,

Your patient Williamina Noble,
Address 34 Macleod Place, East Kilbride,
was admitted to ward 11 on 9.2.76 and discharged on 13.2.76
The following is a summary of the case record:

Principal Diagnosis: Adenoidectomy,
Other Cautery.

This wee girl's nose has been a lot better since her operation. I carried out skin testing as a follow up but she showed no allergies.

Yours sincerely,

A. J. Tear

THIRD PARTY COPY

[redacted]
Phone No.:
041-445 2466

SOUTHERN GENERAL HOSPITAL
GLASGOW, G51 4TF

20th June, 1975.

Dr [redacted]
Alison Lea Medical Centre,
Calderwood. E.K.

Dear Dr [redacted]

Wilhelmina Noble, 34 McLeod Place,
Calderwood. E.K.

This child had an operation for correction of squint on 17.6.75, recession/resection 3 mm and 6 mm respectively left eye

The post operative course was satisfactory and he was discharged on 18.6.75 to use Gutt. Chloromycetin and return to the eye clinic for review.

Yours sincerely,

L. Y. M.

24 JUN 1975

3[redacted]76
LYM/MC

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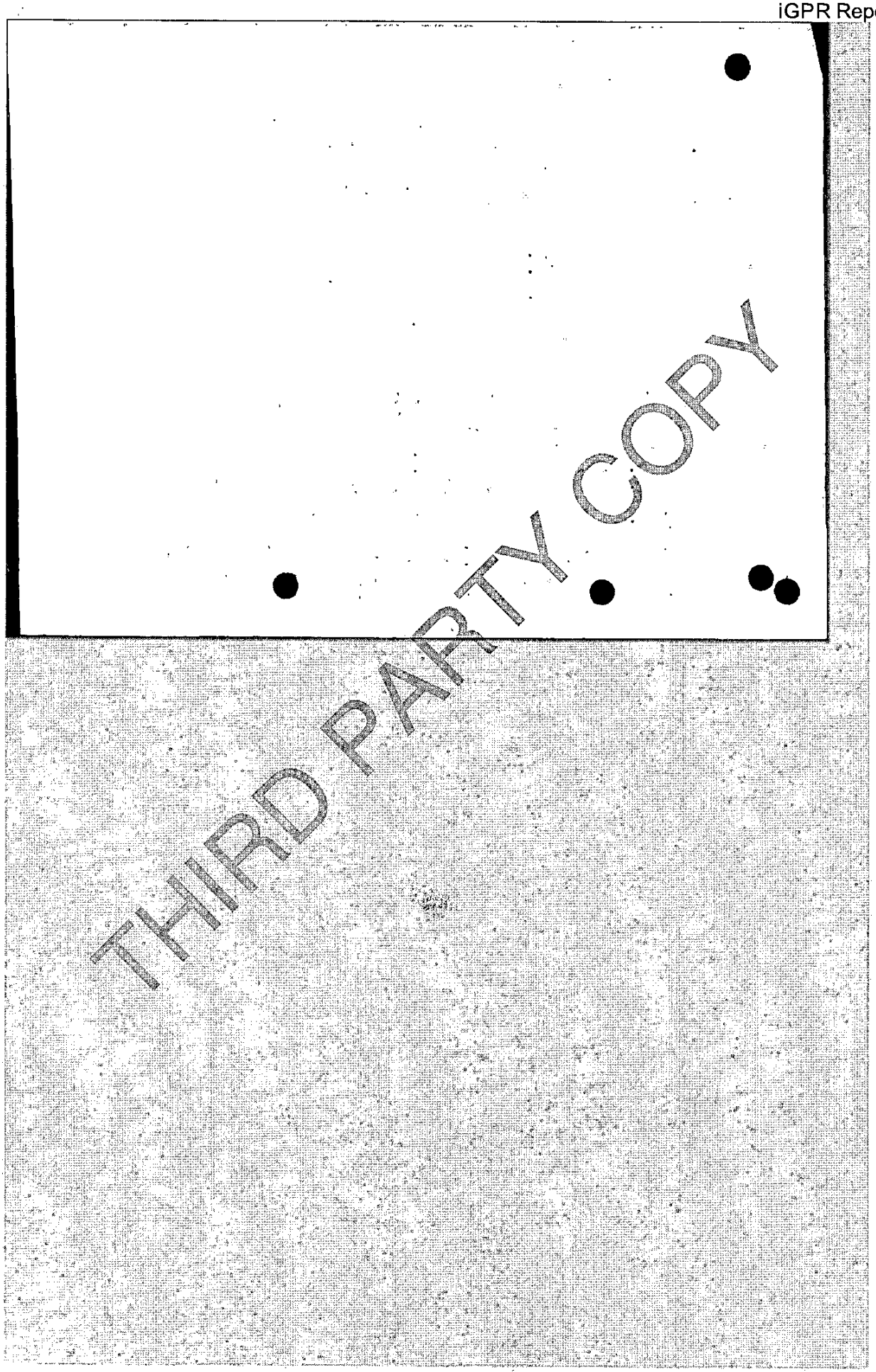

THIRD PARTY COPY

In order to bring our records up to date as required by the Health Service White Paper we would be grateful if you would fill in the following questionaire as fully as you can, and bring it with you to the Registration clinic. If you have any difficulty, please ask the reception staff or docotor for help in filling it in.
Thank you for your cooperation.

----------O----------

NAME (in full) miss mena noble

MARITAL STATUS- Married (Single) Widowed Divorced Separated

ADDRESS (with postcode if known 19 Kilmington DR, cheetham hill Manchester M8 7RP

DATE OF BIRTH 17-02-71

TELEPHONE NUMBER. N/A

EMPLOYMENT.

PREVIOUS OPERATIONS (with dates)

SERIOUS ILLNESSES IN THE PAST (with dates) N/A. Squint op (L) Eye 1976

ARE YOU TAKING ANY TABLETS OR MEDICINE (Incl. the pill)? WHAT ARE THEY? N/A

ARE YOU ALLERGIC TO ANY TABLETS OR MEDICINES? N/A

DO YOU SMOKE? (Yes)/No HOW MANY A DAY? 15

DO YOU DRINK ALCOHOL? (Yes)/No. HOW MUCH EACH DAY? not very often

IS THERE ANY FAMILY HISTORY OF ANY ILLNESS? no

HAVE YOU HAD ANY INJECTIONS IN THE LAST 5 YEARS? IF SO, WHICH ONES? No

LADIES ONLY

HOW MANY CHILDREN DO YOU HAVE.? one

HAVE YOU EVER HAD A SMEAR TEST? yes WHEN WAS IT? August 1990

WAS IT NORMAL? yes

.....

We now have to invite all new patients to attend a Registration clinic for a health check when they first join the practice.
Your appointment for the Registration clinic is at.....o'clock on .....
IF this date or time is not suitable, please let the receptionist know. She will make another appointment for you.
Please bring a sample of urine with you.

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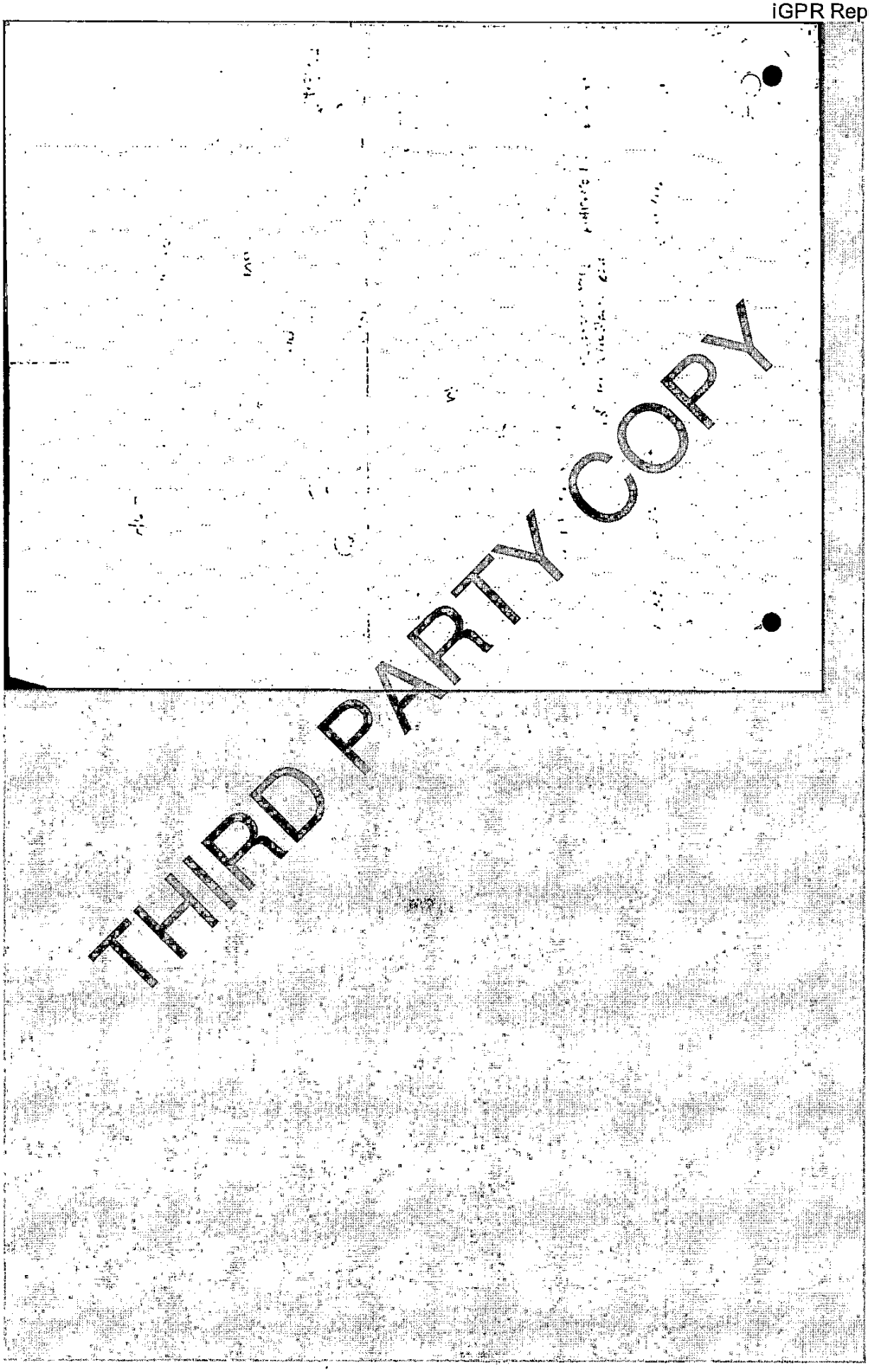

THIRD PARTY COPY

LANARKSHIRE HEALTH BOARD. [redacted] KILBRIDE DISTRICT.

E.N.T. UNIT

AJT/NA
187119

HAIRMYRES HOSPITAL
EAST KILBRIDE,
GLASGOW G75 8RG
TEL. NO.: E.K. 20292

12th January, 19 76

Dr. Ramsay,
[redacted] Lea Medical Centre,
East Kilbride.

Dear [redacted]

Williamina Noble
34 Macleod Place, East Kilbride

This wee girl has indeed a wet allergic looking inferior turbinate. She also has a deviated septum. Her tonsils were big but not infected and she had a little fluid in both ears. I think that there is no question that she should have her adenoids out and her inferior turbinates cauterised. After this is done I will do some skin testing and see if we can find out the offending allergen.

Kind regards,

Yours sincerely,

A. J. Tear

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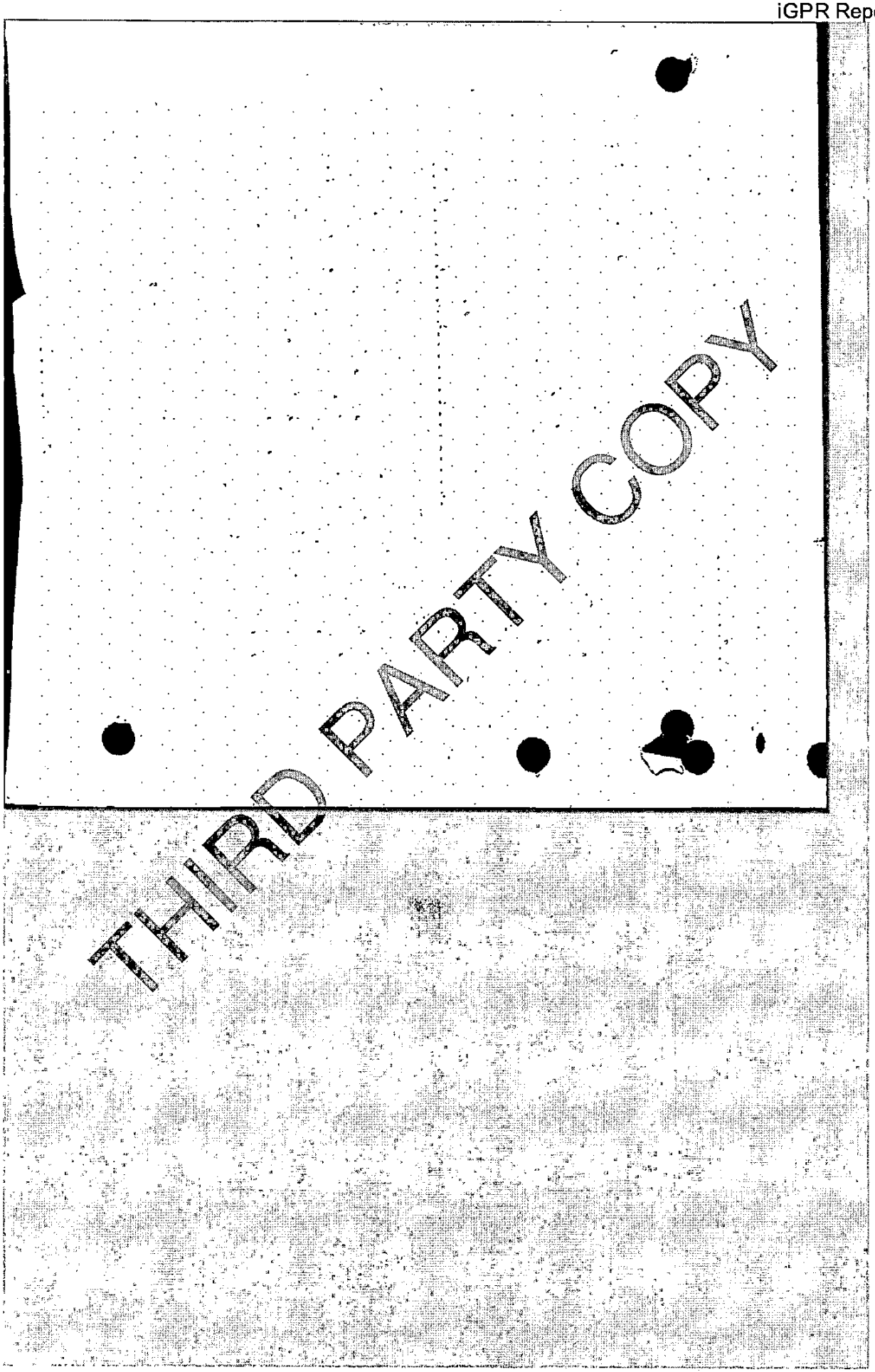
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PATIENT MEDICAL DETAILS issued 28/06/94 at THATCHAM HEALTH CENTRE

Ms NOBLE MENA Dob: 17/02/1971 FEMALE ID No.: 60335
TIMBER OAK COTTAGE CROOKHAM COMMON NEWBURY BERKS BERKSHIRE
Post Code : RG158DH Tel No.:
Marital Status: ..... NHS No.: S645/2/71/27 Dispensing Status
Hospital No. : .... Usual Dr seen : Dr P.M.Robertson

Blood Group : no record
Allergies : no record
Intolerances : no record

Cervical smear:	17/08/90 NEGATIVE	DUE 16/08/95
Contraception :	17/08/90 CONTRACEPTION ORAL PRESCRIBED	DUE 17/08/91
Blood Pressure:	08/10/90 110/ 60	DUE 07/10/93
	06/06/90 120/ 65	
Smoking :	20/09/93	15/day
Alcohol :	20/09/93 ALCOHOL NON-DRINKER	
Recall :	no record	
Immunisation :	First POLIO	DUE 18/04/71
	Booster TETANUS	DUE 30/12/94
	Rubella test	REQUIRED
	Rubella vacc	REQUIRED
Weight/Height :	20/09/93 60.30Kg 28/09/93 167.0cm BMI: 21.6	
Test-results :	no record	
Investigations:	no record	

Disabilities :

Repeat Medication Frm Strngth Unit Dosage Days Qty Op Rp Is
Repeat till:

Date	Medical History Summary	Comment	Priority
01/06/75	SQUINT OPERATION		3
01/01/76	TONSILLECTOMY & ADENOIDECTOMY		3
29/06/90	NORMAL DELIVERY	3100G-JOANNE	3

Further Details

iGPR Report

CLINICAL NOTES

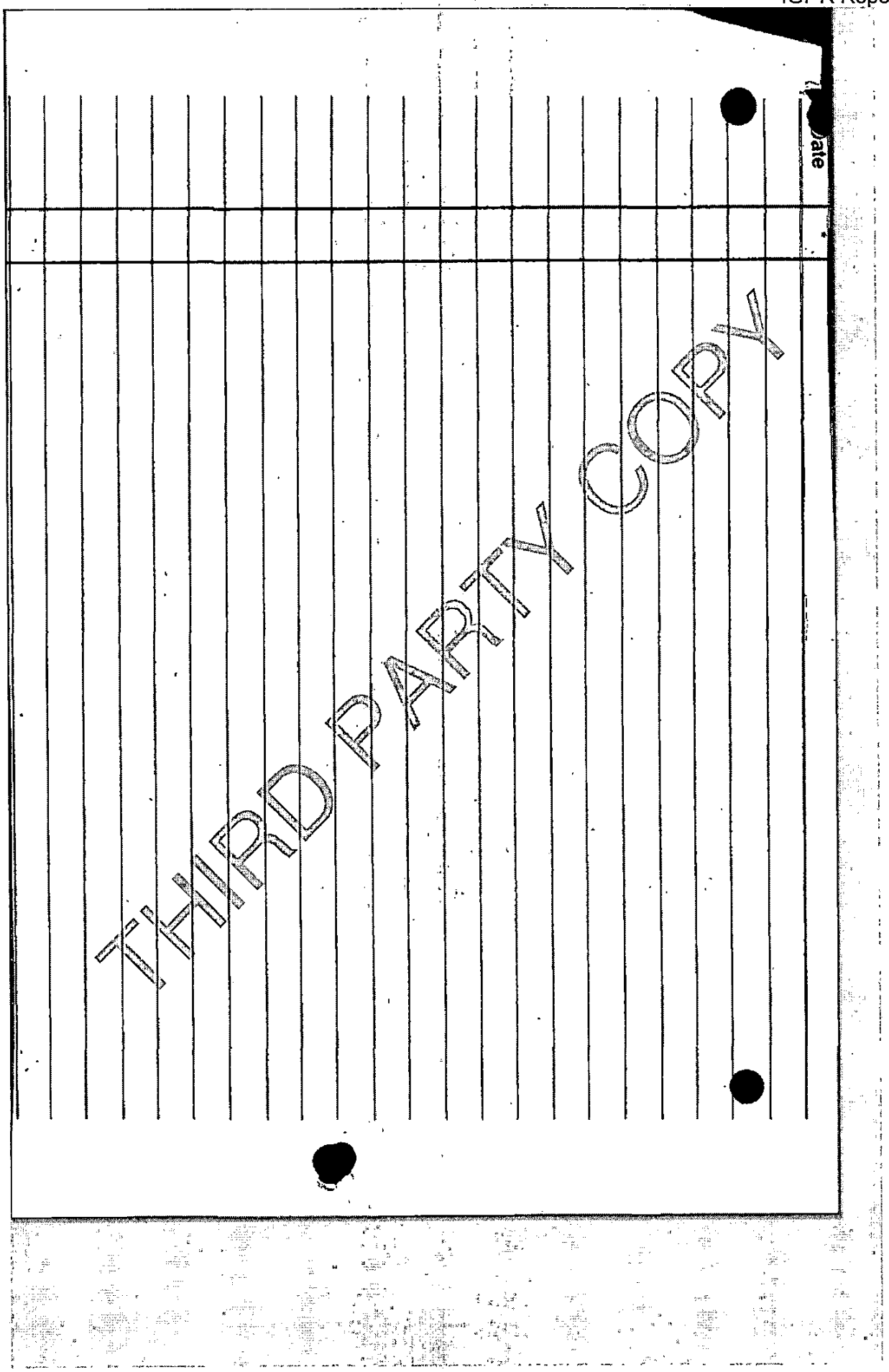
Surname (Block Letters)	Forenames (Block Letters)
NOBLE	MEMA

Address

Date of Birth: 17/2/71

Date		
		Ag [illegible] Ag [illegible]
21/6/96		LMP 31/7/96
27/6/96		
11/7/96		[illegible]
4/9/96		[illegible]
27/1/97	JV	PV
3/11/97	V	— No reply. [illegible]
7/2/97		Well. Baby feeding well.
		C/O offensive P.V. discharge
		— HVS — [illegible]
		[redacted] in 1 Tab TID (28) [illegible]
1/3/97		PV [illegible]
		HVS RV
		[illegible]
26/3/97		[redacted] [illegible]
1/4/97		Letter to [illegible], [illegible]
18/4/97		Letter sent c/o Sister returned today — "gone away"

THIRD PARTY COPY


ate
THIRD PARTY COPY

WEST BERKSHIRE PRIORITY CARE SERVICE - N H S TRUST

REFERRAL FOR CHIROPODY ADVICE OR TREATMENT

PATIENTS FULL NAME **Mena NOBLE** DATE OF BIRTH 17.02.71

ADDRESS 15 Bronte Rise
Newbury, Berks
POST CODE RG14 7UG

TEL NO:
DOCTOR: Dr H[redacted]
ADDRESS
Drs Welter, Shillam, Letham
[redacted] & [redacted]
Eastfield House, St Johns Rd
Newbury RG14 7LW

Nature of problems on the foot (e.g. pain on walking, sepsis etc)
This lady has nasty deep fissures on the plantar aspect of her feet and quite a nasty corn on the right foot. These impair her ability to train as a Gym Instructor which she is doing at [redacted]

Relevant medical history (e.g. Diabetes, CVA, Rheumatoid Arthritis etc)

Current medication and any allergies

Please tick as appropriate

1. The patient is capable of making own way to a clinic
2. The patient would need transport to come to a clinic (Please give reason)
3. The patient never leaves home for any reason (housebound)
   Domiciliary assessment required

REFERRED BY: Dr [redacted]
TEL NO: 41495
DATE: 24th April 2002

Please return this form to: Chiropody Clinic
Newbury District Hospital
Andover Road, Newbury RG14 6LS
Tel: (01635) 32500 ext 2211

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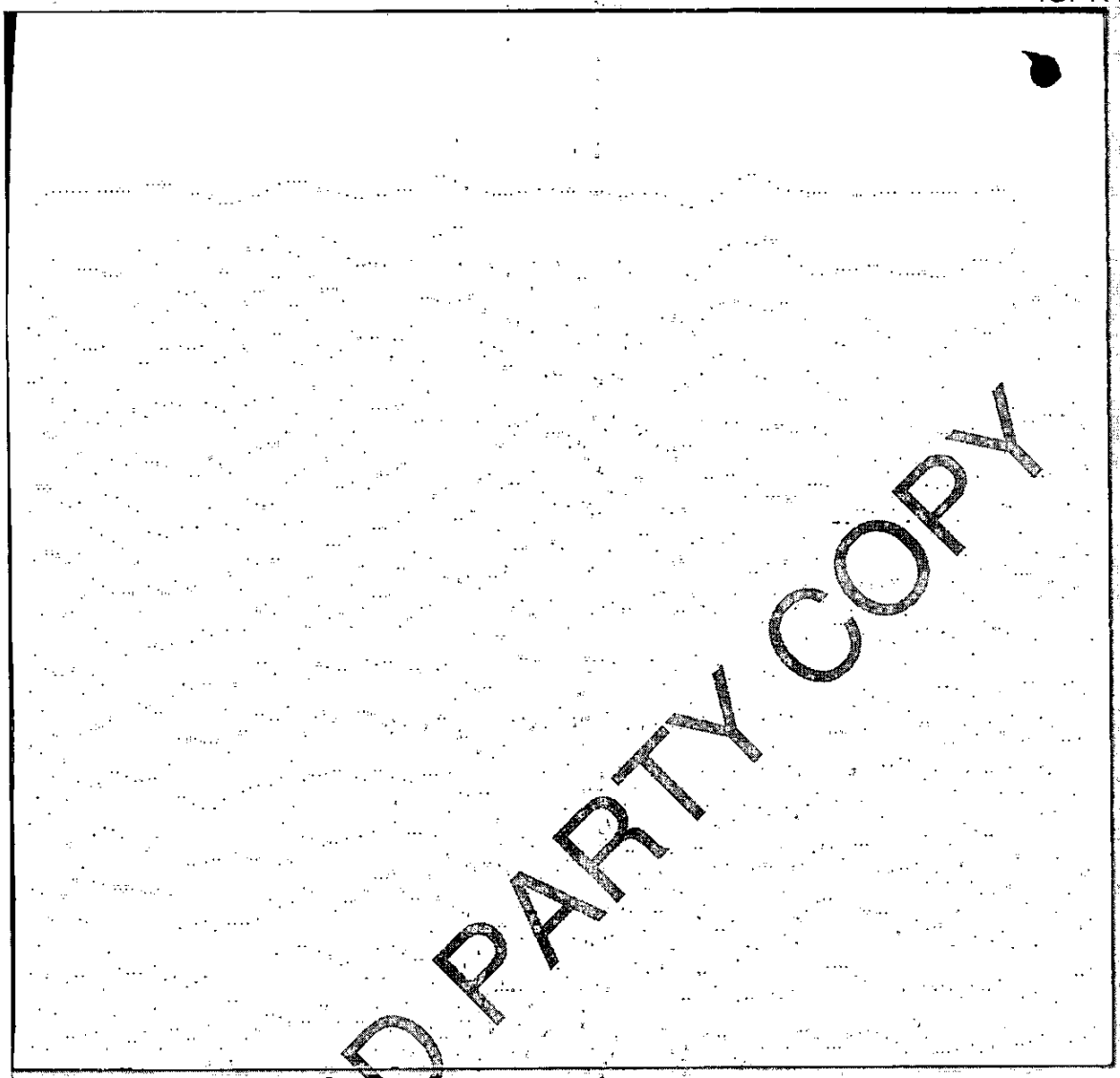

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GP. : [redacted]
Type: Dental --Base Visit
Mena Noble/F/17-Feb-1971 (Age: 29 years)

HOME ADDRESS	CURRENT LOCATION
Woodland Sunset	Woodland Sunset
Crookham Common	Crookham Common
THATCHAM	THATCHAM
Berks	Berks
RG19 8DH	RG19 8DH
01635 863434	01635 863434

Call No : 19666
Date : 25-Jan-2001
Received : 23:46
Passed : 23:46
Assessed : __:__
Advised : 23:50
Arrived : 00:06
Started : 00:06
Finished : 00:06
Action Dr : Dummy0

Source : Same [redacted]

Call Details :
Had 4 teeth out Tuesday - tonight crying in pain.

NORMAL
TCU
FILE
NOTES PERTAINING TO
Read 29 JAN 2001
PUPIL FOLD
OWNER
COMPUTER

Assessing Dr's Notes :

Outcome :
Diagnosis : Teeth extraced 2/7. Aspirin. No allergies.
Drugs Issued : For Trandadol (6)

No Immediate Follow-Up Anticipated:

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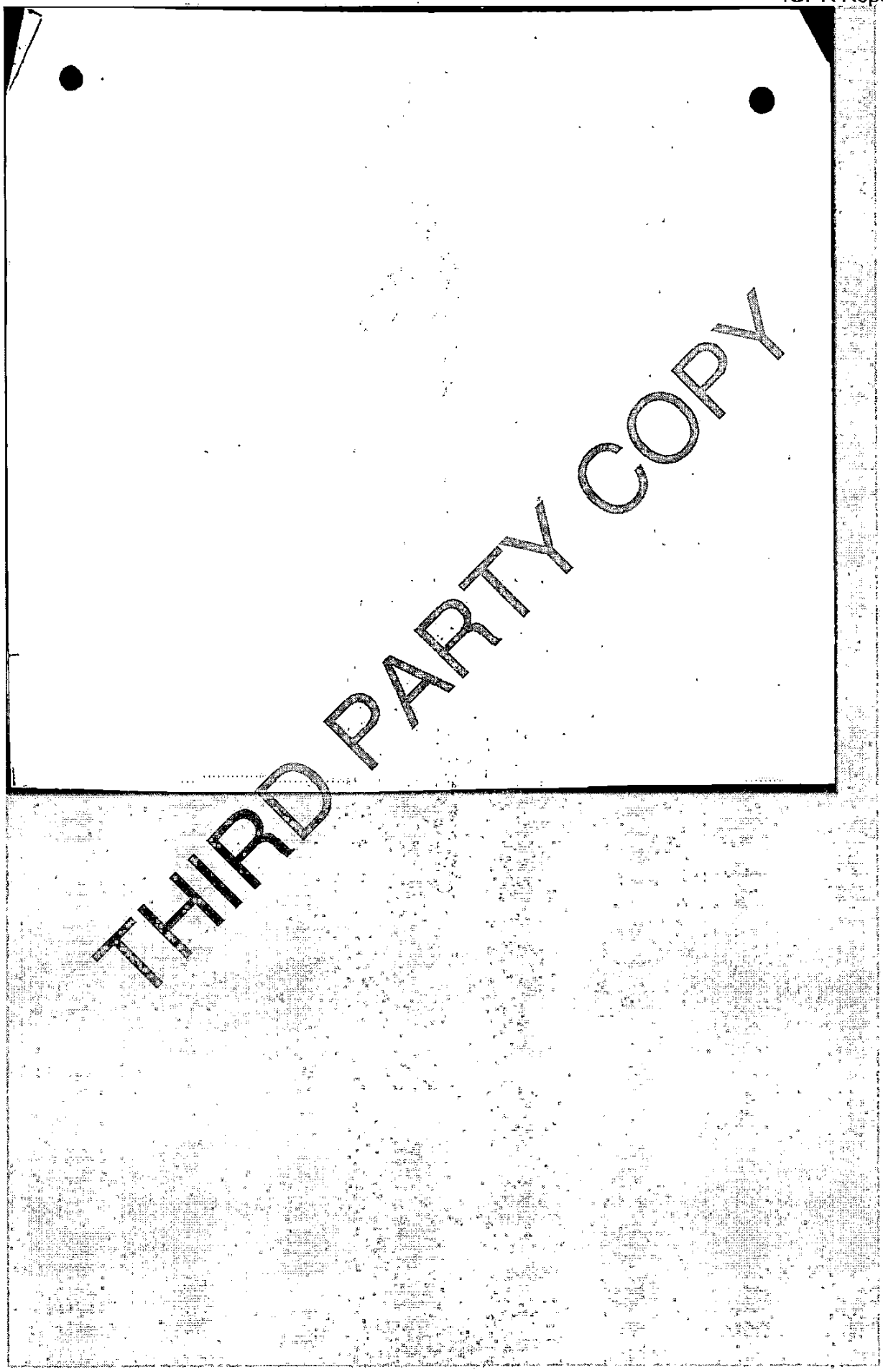

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Visit Report

Address and Telephone numbers

Woodland Sunset Crookham Common Thatcham Berkshire RG19 8DH
Telephone - home 07979003208
All Other identifiers Records - No relevant data available.

Significant Medical History

All Medical History Records - No relevant data available.

Other Medical History

27/02/2001 Lloyd George+problem summary up to date Mrs. [redacted] Vennard
05/12/2000 Miscarriage Mrs. [redacted] Vennard
11/1998 Chest infection Mrs. [redacted] Vennard
01/1997 FTND - Full term normal delivery Mrs. [redacted] Vennard
06/1990 FTND - Full term normal delivery Mrs. [redacted] Vennard
01/1976 Tonsillectomy and adenoidectomy Mrs. [redacted] Vennard
06/1975 Operations on muscle of the eye NOS for squint Mrs. [redacted] Vennard

Recent Consultations (Last 3 months)

All Consultation Records - No relevant data available.

Family History

All Family History Records - No data available.

Lifestyle Information

Last 1 Occupation Records - No data available.
Last 2 Smoking Records - No data available.
Last 2 Alcohol Records - No data available.

Examination Details

Last 3 Blood pressure Records - No data available.
Last 1 Weight Records - No data available.
Last 1 Height Records - No data available.
Last 1 PF current Records - No data available.
Last 1 Urinalysis - Glucose Records - No data available.
Last 1 Urinalysis - Protein Records - No data available.

Allergies and Intolerances

All Allergy and Intolerance Records - No data available.
All Allergy and Intolerance non drug Records - No data available.

Recent Acute Medication

All Acute and Repeat Issue Therapy Records - No relevant data available.

Current Repeat Medication

All Repeat Masters Records - No relevant data available.

[redacted]

All Acute and Repeat Issue Therapy Records - No relevant data available.

Investigations

All Test results - All Records - No relevant data available.

Imaging

All Test results - All Records - No relevant data available.

Other Diagnostic Tests

All Test results - All Records - No relevant data available.

THIRD PARTY COPY

Visit Report

Address and Telephone numbers

Woodland Sunset Crookham Common Thatcham Berkshire RG19 8DH
Telephone - home 07979003208
All Other identifiers Records - No relevant data available.

Significant Medical History

All Medical History Records - No relevant data available.

Other Medical History

27/02/2001 Lloyd George+problem summary up to date Mrs. [redacted] Vennard
05/12/2000 Miscarriage Mrs. [redacted] Vennard
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Last 2 Alcohol Records - No data available.

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Last 1 Weight Records - No data available.
Last 1 Height Records - No data available.
Last 1 PF current Records - No data available.
Last 1 Urinalysis - Glucose Records - No data available.
Last 1 Urinalysis - Protein Records - No data available.

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All Allergy and Intolerance non drug Records - No data available.

Recent Acute Medication

All Acute and Repeat Issue Therapy Records - No relevant data available.

Current Repeat Medication

All Repeat Masters Records - No relevant data available.

[redacted]

All Acute and Repeat Issue Therapy Records - No relevant data available.

Investigations

All Test results - All Records - No relevant data available.

Imaging

All Test results - All Records - No relevant data available.

Other Diagnostic Tests

All Test results - All Records - No relevant data available.

THIRD PARTY COPY

ENCOUNTER FORM printed 24/04/97 at EASTFIELD HOUSE

Miss NOBLE MENA Dob: 17/02/1971 FEMALE ID No.: 4908
6 HIGHFIELD AVENUE NEWBURY BERKSHIRE
Post code : RG14 5DS Tel No.:
Marital Status: ..... NHS No.: 400 213 0924 Dispensing Status
Hospital No. : .... Usual Dr seen : DR H.K.M.WALLIS

Blood Group : no record
Allergies : no record
Intolerances : no record

Cervical smear: 06/06/95 ~~NEGATIVE~~ 110397 MJ 70997 DUE ~~05/06/98~~
Contraception : no record
Blood Pressure: 28/12/94 105/ 65 DUE 27/12/99
Smoking : 28/12/94 15/day
Alcohol : 28/12/94 3/wk
Recall : no record
Immunisation : no record
Weight/Height : 28/12/94 60.33Kg 28/12/94 167.6cm BMI: 21.5
Test-results : no record
Investigations: no record

Date	Medical History Summary	Comment	Priority
28/12/94	FAMILY HISTORY	NIL	1

Repeat Medication Frm Strngth Unit Dosage Days Qty Op Rp Is
Repeat till:

Last issued Acute Medication Frm Strngth Unit Dosage Days Qty Op Rp Is

FILED PRIMARY COPY

National Health Service Number

Surname (Block Letters): NOBLE.
Forenames (Block Letters): WILLIAMINA

CLINICAL NOTES

Address: 50 Clelland Place
Date of Birth: 17.2.71

Date	
10/4/90	New Registrate / Medical. /Also BN. Patient
	Single / Current Cycle
	Not getting Married. : Staying at Aunt. (Also Nokia)
	Married for 8 Yrs.
	No Symptoms Pet
	6 Yr months Pregnant ; wee Back R'Ches

Burdwood Patient Report

Address

Woodland Sunset Crookham Common Thatcham Berkshire RG19 8DH
Telephone - home 07979003208

Significant Medical History

All Medical History Records - No relevant data available.

Other Medical History

27/02/2001 Lloyd George+problem summary up to date Mrs. [redacted] Vennard
05/12/2000 Miscarriage Mrs. [redacted] Vennard
11/1998 Chest infection Mrs. [redacted] Vennard
01/1997 FTND - Full term normal delivery Mrs. [redacted] Vennard
06/1990 FTND - Full term normal delivery Mrs. [redacted] Vennard
01/1976 Tonsillectomy and adenoidectomy Mrs. [redacted] Vennard
06/1975 Operations on muscle of the eye NOS for squint Mrs. [redacted] Vennard

Family History

All Family History Records - No data available.

Lifestyle Information

Last 1 Occupation Records - No data available.
Last 1 Smoking Records - No data available.
Last 1 Passive smoking Records - No data available.
Last 1 Alcohol Records - No data available.
Last 1 Exercise Records - No data available.
Last 1 Diet Records - No data available.
Last 1 [redacted] Records - No data available.

Examination Details

Last 10 Blood pressure Records - No data available.
Last 1 Weight Records - No data available.
Last 1 Height Records - No data available.
Last 1 PF current Records - No data available.
Last 1 Urinalysis - Glucose Records - No data available.
Last 1 Urinalysis - Protein Records - No data available.

Immunisations

All Immunisations Records - No data available.

Investigations

All Test results - All Records - No relevant data available.

Imaging

10/1998 Standard chest X-ray Normal Mrs. [redacted] Vennard

Other Diagnostic Tests

All Test results - All Records - No relevant data available.

Allergies & Intolerances

All Allergy and Intolerance Records - No data available.
All Allergy and Intolerance non drug Records - No data available.

Current Repeat Medication

All Repeat Masters Records - No relevant data available.

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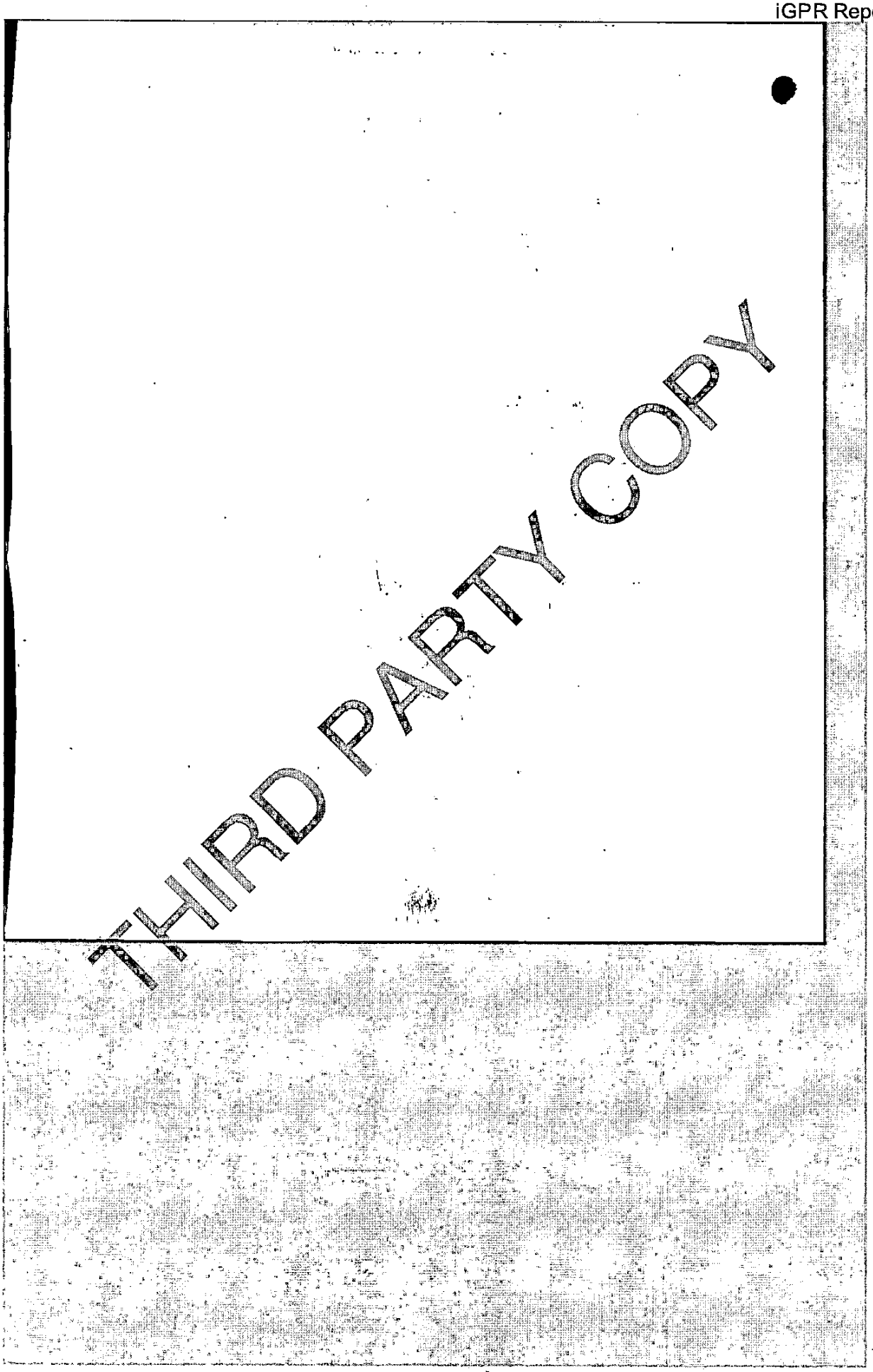

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14.

LANARKSHIRE HEALTH BOARD

HOSPITAL INTERIM DISCHARGE NOTIFICATION AND PRESCRIPTION FORM
(A FULL CASE REPORT WILL FOLLOW)

Hospital ... HAIRMYRES ... Consultant . MR. SRI : ...

To Doctor .. CAMPSAIL ...

... ANIGAN. LEA. MEDICAL

... CENTRE ... EAST. KILBRIDE

Your Patient:–

Surname	Forename	Address	D.O.B.	Unit No.
NOBLE	Williamina	34 MCNEOD PLACE EAST. KILBRIDE	17.2.41	

Will be discharged/transferred to ... on Date ...

Diagnosis/Treatment in Hospital ...

... Exposure and Staphylectomy ... Carious Teeth.

...

It is recommended that the following medicine be continued:–
(To be printed in BLOCK CAPITALS)

Name, Strength & Dose of Drug	Times of Administration: 8	10	12	2(14)	4(16)	6(18)	8(20)	10(22)	12(24)	DISPENSED BY PHARMACY: Strength	Number	Brand Name (for information only)
Penicillin V 250mg Oral			q	ds						5 Days		- Complete course supplied
										250mg	20	Apsin VK

The undernoted medication should cease on completion of the specified course(s) below:–
(To be printed in BLOCK CAPITALS)

Name, Strength & Dose of Drug	Times of Administration: 8	10	12	2(14)	4(16)	6(18)	8(20)	10(22)	12(24)	End of Treatment Date	DISPENSED BY PHARMACY: Strength	Number	Brand Name (for information only)

MEDICINE SENSITIVITY:–

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

Signature ... Status: ...

for ... Consultant. Date ...

Pharmacist's Signature: K Watt R.E.Asst

Date: 20/9/85

COPY

THIRD COPY

GLASGOW AND WEST OF SCOTLAND BLOOD TRANSFUSION SERVICE
LAW HOSPITAL, CARLUKE, LANARKSHIRE ML8 5ES
IMMUNOHAEMATOLOGY REFERENCE LABORATORY REPORT FORM

Tel Nos Wishaw 373315/8
STD Code (0698)
Telex No 779483

PATIENT'S NAME Surname NORLE Forename(s) WILLIAMINA Date of Birth 07/7/71 M/F Female
HOME ADDRESS 90 NOR [redacted] 50 Rhuvaal Dr EAST KILBRIDE Unit Number Ward
Report to be directed to ALISON LOCKHEAD GEN EAST KILBRIDE Date specimen drawn 12/4/90.
Name and address of Referring Hospital/ Laboratory/Practitioner DR D. RAMSAY ALISON LOCKHEAD GEN EAST KILBRIDE Previous BTS report Date previous report
Diagnosis Pregnant. Current/recent medication
Obstetric history -- If pregnant EDC July 90. Parity 0+0 Stillbirths Jaundiced [redacted] Previous HDN
Transfusion history -- Blood ☐ Date Blood products Date
Transfusion reaction -- Pyrexial ☐ Allergic ☐ Haemolytic ☐ Date of reaction Product used
Other Details
Signature of Medical Officer

CATEGORY OF SAMPLE
Routine ☑
Urgent ☐
Please phone result ☐
Matched/screened blood required ☐
Precise details of blood required 4 U G+ Kell-ve Rh-ve

REASON(S) FOR REFERRAL
Difficulty in ABO grouping ☐
Difficulty in Rh grouping ☐
Red cell grouping ☐
Difficulty in compatibility test ☐
Haemolytic disease of the newborn ☐
DAHGT positive ☐
Other (please specify)
Transfusion reaction ☐
Unidentified antibody ☐
Confirmation ☐
Repeat requested by BTS ☐
Routine ante-natal check ☐
Anti-D injection candidate ☐
Positive antibody screen ☐

SEROLOGICAL FINDINGS OF REFERRING LABORATORY

Cell Reactions

ABO	Rhesus					

DAHGT (Direct Coombs)	AHG	IgG	C3		

Source of reagents and techniques used

Serum Reactions

	No of RBC's Incompatible	No of RBC's Compatible	Strength of reaction	Information regarding techniques used
4°C			?	
20°C				
37°C Saline				
37°C Alb				
37°C Enz				
37°C AHG				

Enzyme used: Antibody specificity:

Other Details

INVESTIGATION REPORT -- FOR BTS USE ONLY

ABO	Rhesus	C	K	k	Fy[a]	Fy[b]	Jk[a]	Jk[b]	Le[a]	Le[b]	S	s	M	N	P1	Lu[a]
AB	POS NEG															

DAHGT (Direct Coombs)	AHG	IgG	C3		

IRL Ref No: 032701 8
Date Tested 19 APR 1990

Laboratory Findings
Rubella results to follow
NO RED CELL ANTIBODIES DETECTED.

Antibody Quantitation
Unless otherwise stated all samples are VDRL negative and HBsAg not detected.
Please repeat with ml clotted blood/ ml EDTA blood
Signature MMcAdam
Additional Comments

HAEMATOLOGY REPORT
Hb 11.6 g/dl
RBC 3.38 x 10^{12}/l
PCV 0.349 l/l
MCV 104 fl
MCHC 33 g/dl
WBC 12.2 x 10^9/l
Platelets x 10^9/l
[redacted] ↑MCV ? due to age of specimen

GLASGOW AND WEST OF SCOTLAND BLOOD TRANSFUSION SERVICE,
LAW HOSPITAL, CARLUKE, LANARKSHIRE ML8 5ER

Tel. Nos. Wishaw 5733[illegible]
STD Code (0698)
Telex No. 779483

ACCEPTABILITY OF SPECIMENS

It is the policy of this Regional Transfusion Centre that unless exceptional circumstances exist, serological testing will only be performed on specimens which comply with the following:

(i) **SPECIMEN IDENTIFICATION**

Specimens must carry the following information:

Full [redacted] name, surname and date of birth of patient and at least two of the following:–

- Hospital and Ward
- Hospital Unit Number
- Address

(ii) **SPECIMENS REQUIRED FOR SEROLOGICAL INVESTIGATIONS**

Compatibility Testing Only:– 10ml clotted specimen

Compatibility testing will only be performed on specimens of whole clotted blood. Plasma and specimens separated before receipt are totally unacceptable.

Full Blood Count:– 5ml EDTA specimen

Group and Antibody Screen:– 10ml clotted specimen

Antibody Investigation & Compatibility Testing:– 20ml clotted specimen

Serological Investigation of Suspected DAGT Positive Samples and/or Patients with AIHA

(a) Suspected "Warm" AIHA:– 20ml clotted specimen plus 15ml EDTA specimen.

(b) Suspected "Cold" AIHA:– 20ml clotted specimen (if not for subsequent compatibility testing, preferably serum separated at 37° C) plus 5ml EDTA specimen.

Serological Investigation of Suspected Transfusion Reaction:–

Pre transfusion specimen/s. 10ml post transfusion clotted specimen and 5ml EDTA specimen. Residues from all used and unused blood products presented for transfusion and all relevant information pertaining to the reaction.

Cytotoxic (HLA) Antibody Screen:– 10ml clotted specimen.

Platelet Antibody Screen:– 10ml clotted specimen plus 20ml EDTA specimen.

ADVANCE TELEPHONE NOTIFICATION IS REQUIRED REGARDING REQUESTS FOR URGENT INVESTIGATIONS AND COMPATIBILITY TESTS

IF DOUBTFUL CONCERNING THE TYPE OF SPECIMEN REQUIRED FOR A PARTICULAR INVESTIGATION, PLEASE CONTACT THE REGIONAL TRANSFUSION CENTRE PRIOR TO COLLECTION.

THIRD PARTY COPY

6d Rep 10m 11/88 (023319/1) (CRC supplied)

MATERNITY UNIT
ROYAL BERKSHIRE HOSPITAL
CRAVEN ROAD
READING BERKSHIRE
RG1 5AN

[redacted] AND [redacted] DISCHARGE SUMMARY

G.P. Dr [redacted] Date: 2 Jul 1990
THATCHAM HEALTH CENTRE
NEWBURY

Consultant: M GP-MIDWIFE

Re - Miss MENA NOBLE , Hosp No M081612, d.o.b. 17.02.71.
60 NIGHTINGALE GREENHAM NEWBURY Tel. No. : 34132

Discharge Address - LIMBER OAK COTTAGE CROOKHAM COMMON THATCHAM RG11 6HD.
Tel. No. :
Date of Discharge from Hospital : 02.07.90.

ANTE NATAL DETAILS
Para 0+ 0.; No complications.

LABOUR AND DELIVERY
Time and Date of Delivery.. 05.10 on 29.06.90
Onset of Labour..... Spontaneous
Duration of Labour..... 9 hrs 10 mins
Analgesia..... Inhalational; Pethidine
Mode of Delivery..... Cephalic - Spontaneous
Perineum..... Perineum Intact
Complications..... Non-perineal tear(Sutured).

PUERPERIUM
Haemoglobin..... Unknown
Anti-D..... Not required
Rubella Vaccination..... Not required
Proposed [redacted]... Undecided
Complications..... None.

Post Natal Appt.: G.P. - cervical smear not done antenatally

[redacted] DETAILS Hosp No K0897589
Sex..... Female
Gestation..... 37 weeks
Apgar at 1 & 5 mins..... 06 - 09
Birth Head Circumference... 35.5 cms
Weight at Birth..... 3100 grams
Weight at Discharge..... 3000 grams
Feeding at Discharge..... Bottle
Cord..... Not separated
Guthrie..... Not done
BCG Immunisation..... Not given
Congenital Abnormalities... None
Complications..... None.

Paediatric Follow Up..... None

REMARKS (including prescribed drugs)

Signed ..M.Black.....

WEST BERKS HEALTH AUTHORITY

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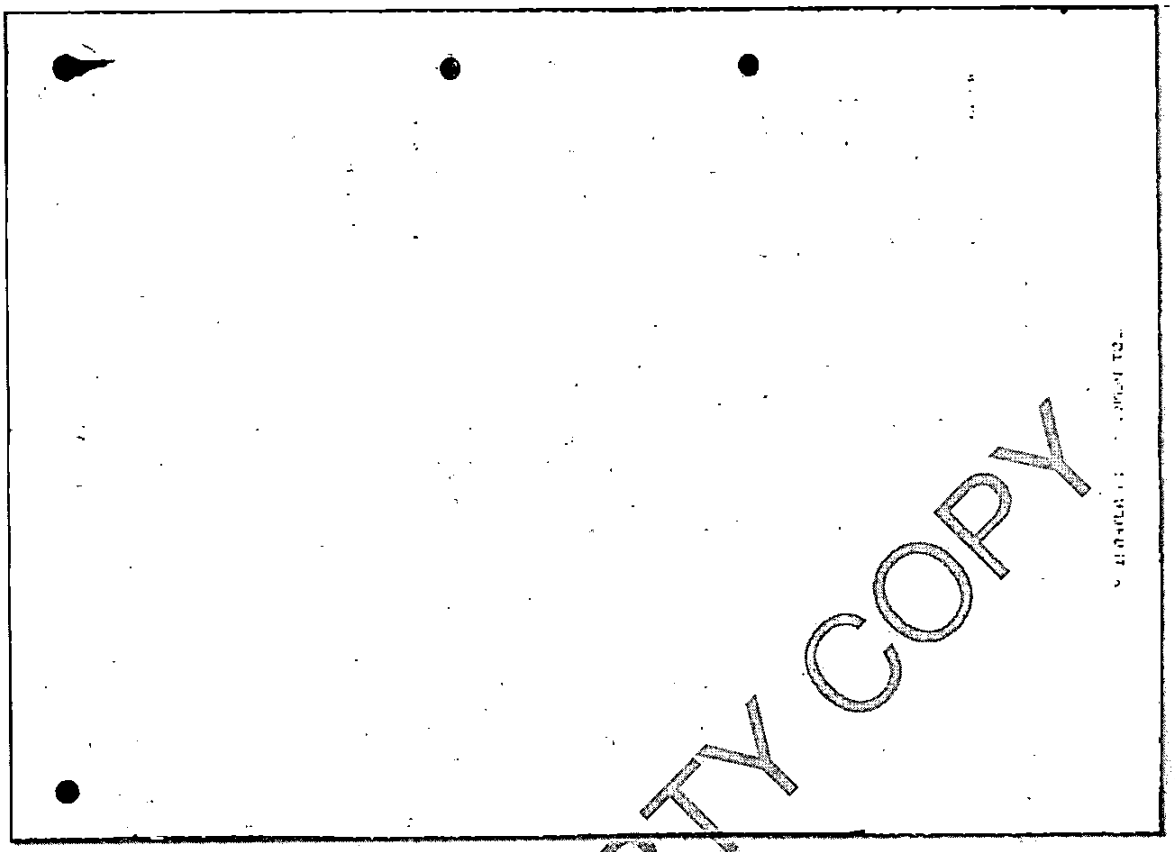

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CLINICAL DETAILS

Menstrual Cycle — LMP 3·5·96 [redacted] 8·2·97

Sure ☑ Not Sure ☐ Not known ☐

MEDICAL HISTORY
Rheumatic Fever
Diabetes
Pneumonia, Pleurisy
T.B.
Urinary Tract Infection
Other (specify)
Previous & Current Medication

nil of [redacted].

OPERATIONS [redacted] op.

FAMILY HISTORY — T.B. —

[redacted] —

Hypertension —

Diabetes —

Others Daughter has petit mal seizures. Partner is epileptic

OBSTETRIC HISTORY

Gravida — Para 1+0

Date	Place	Maturity in weeks	Labour: Spont. or Induced	Labour: Duration	Delivery: Spont.	Delivery: Operative	[redacted]: Alive S/B Miscar	[redacted]: Died 1st month	[redacted]: Died 1 mth to 1 yr	[redacted]: Sex	[redacted]: Weight	Complications
1990	Reading	37	S	9hr10	SVD		A			F	6lb12oz.	Joanne

ANTE-NATAL RECORD

Date	Maturity	Fundus	Presentation	Engaged Free	F.H.	Weight LBS/KGS	B.P.	Urine: Alb.	Urine: Sugar	Oedema	Blood: Haemoglobin	Blood: Antibodies
25.6.96	[illegible]	?3/P					130/70	—				
27.9.96	16+	16			FHH		105/60	no spec.				
24.9.96	20	20			FHH		110/70	NIL	NIL			
22.10.96	24+	24			FHH		120/70	NIL	NIL	NIL		
8.12.96	31+	33cm	br		FHH		125/70	no spec.				
14.1.97	36+	36	Oph	free	FHH		115/70	NIL	NIL			
21.1.97	37	37	L	L.	FHH		120/70	NIL	NIL			

COPY

Surname NOBLE | [redacted] Names MENA | Age

Blood Group | Rhesus | W.R. | Kahn [redacted]

Height | Shoe size

Reason for Booking | Special Points | Fit/Unfit for Inhalation Analgaesics

Drs. Signature

Present Pregnancy

History Unplanned - separated from partner

General Condition | Varicosities

Vag. Discharge

Breasts and Nipples

CVS | Teeth and Gums

Lungs | Remarks

Skeletal or other abnormalities

Date | Vaginal Examination

Date | Pelvic Assessment

Smokes 15/day. - advice

Attitude to Breast Feeding

Yes ☐

No ☐

Undecided ☐

ANTE NATAL RECORD

REMARKS	Return	Initials
Wishes to book QMH undecided re continuing with preg. to go home and think about options.	8	LP
well.	4	LP
[redacted] feeling movement as yet - reassurance given. FH ✓		
with sandal. Feeling down	4	LP
Well, active baby.	6	LP
lower abdo pain refer for fembrace. FMS+	2	LP
pelvic discomfort, f. MS+.	1	LP
Red/Brown P.V loss on sun am soaked pants, no pain		
refer to QMH FMS+	?	LP

JMcC/11837

COPY
DRY
EXAMINED

Partnership No.: R0061

BERKSHIRE
Health Authority

URGENT ACTION REQUIRED

Cervical Screening

To Doctor: Dr. PM [redacted]

Name: Mena NOBLE

NHS Number: 400 213 0924 Date of Birth: 17/02/1971

Date of Last Test: 11/03/1997 Result of Test: Mild dyskaryosis
Next Test Due Date: 11/03/2000

The above named person recently registered with your practice.

As the last test did not recommend routine recall could you please ensure appropriate action is taken.

THIRD PARTY COPY

Ms M Noble
60 Nightingales
NEWBURY
Berks

28th February 1990

Dear Mena

I was expecting to see you in the Antenatal Clinic yesterday. I have made you an appointment for the Antenatal Clinic in the Practice at 2.20 pm next Tuesday 6th March.

Please contact the Practice if this date is inconvenient.

Yours sincerely

Dr G N Shillam

THIRD PARTY COPY

QUEEN [redacted] HOSPITAL, GLASGOW **DISMISSAL SUMMARY** **PAEDIATRIC**

Surname: NOBLE
[redacted]name: MENA
[redacted]ddress: 0/1.38 SHUNA ST.
GLASGOW

Postcode: G2090B
Date of birth: 17/02/71 NO PHONE
General Practitioner: DR C TOLMIE
Address: MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
Postcode: G20

Hospital Number: 077662
Consultant: DR CHATFIELD
Date admitted: 24/01/97
Date of delivery: 25/01/97
Time of delivery: 07.10
Date discharged: 28 JAN 1997
Discharge address: HOME ADDRESS

PREGNANCY
Age: 25 Parity: 1.0 Gestation at delivery: 37 weeks
Marital status: SINGLE
Blood group: AB +VE
Rubella status: IMMUNE
Antenatal complications:

043172

LABOUR
Duration: 03.51
Induction: NONE
Acceleration: NONE
Delivery: SVD
Analgesic in labour: NONE
Anaesthetic for delivery: NONE
Placenta: COMPLETE
Membranes: COMPLETE
Blood loss: 0050 ml:
Perineum: INTACT
Complications in labour:
NIL

BIRTH
Sex: FEMALE
Outcome: LIVE BIRTH
Birthweight: 2640 GMS
Apgar 1 min: 9
5 min: 9

NEONATAL PERIOD
Feeding: A/F
Discharge wgt: N/W
Cord: ON
O.F.C.: 33.5
C.H.L.: 49 cms
BCG: NOT DONE
Guthrie: NOT DONE
Comments:
SBR, 132. TOTAL UNCON. 132, P.D. INFORMED.
FOR REPEAT TOMORROW BY COMMUNITY
J Taylor

PUERPERIUM
Postnatal exam: NAD
Drugs on Discharge: NIL
[redacted] choice: UNDECIDED
Comments: FIT FOR [redacted]

Hb. CHECKED 25-1-97
BLOOD GROUP AB POS
RUBELLA IMMUNE
J Taylor

THIS PAGE COPY

Maryhill Health Centre.
Shawpark St.
Maryhill
19/3/97.

Re: Mina Noble

Above Lady's smear Recorded as Positive on her P.N. Recall Examination Cervical smear to be followed up

Health Visitor.

THIRD PARTY COPY

DR. [redacted] M. TOLMIE

TEL.. 0141 531 8855
FAX 0141 531 8773

MARYHILL HEALTH CENTRE,
41 SHAWPARK STREET,
GLASGOW G20 9DR.

26th March 1997.

Mena Noble,
38 Shuna Street,
Glasgow G20

Dear Miss Noble,

The result of your cervical smear is now available.

Please contact the Receptionist as soon as possible.

Yours sincerely,

Dr. [redacted] M. Tolmie.

Eastfield House Surgery, 6 St Johns Road, NEWBURY, Berkshire RG14 7LW

FACSIMILE TRANSMISSION

From Dr. H. Wallis — No. of pages (including header) 1

Fax number: 01635 522751 — Tel: 01635-41495

To Dr Charlotte M. Tolmie

Fax number 0141-531-8793

Date 12th May 1997

MESSAGE.

Re: Mena NOBLE
Berkshire Women's Aid

Unfortunately Post natal smear Report was not included with your recent letter.
Can you please forward.
Many Thanks.

THIRD PARTY COPY

DR. [redacted] M. TOLMIE

TEL.. 0141 531 8855
FAX. 0141 531 8773

MARYHILL HEALTH CENTRE,
41 SHAWPARK STREET,
GLASGOW G20 9DR.

Dr [redacted]
Eastfield House
St Johns Road
Newbury
Berkshire
England

Dear Dr [redacted]

Re: Mena Noble Berkshire Women's Aid P.O. Box 5565 Newbury R914 SWH

I enclose a copy of Mena's recent post natal smear report. Unfortunately I have not been able to contact Mena to give her the result and would be grateful if you could pass this on to her.

Yours sincerely,

Dr C M Tolmie

THIRD PARTY COPY

DR R J G WELLER
DR G N SHILLAM
DR B B LETHAM
DR D J [redacted]
DR H K M [redacted]

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW
TEL: (01635) 41495
FAX: (01635) 522751

23 March, 1998

Miss Mena Noble
58 Sandleford Rise
Newbury
Berks RG14 5DS

Dear Mena

We still have not been able to take your cervical smear and I think it is very important for you to have this taken. If there is a problem, please do get in touch with me, otherwise could you make an appointment with the Practice Nurse to have your smear taken.

Yours sincerely

DR [redacted]

THIRD PARTY COPY

GP : [redacted] Type: Base Consultation

Mena Noble/F/17-Feb-1971 (Age: 27 years)

HOME ADDRESS
34 [redacted]in Gardens
NEWBURY
Berks

RG14 7SG
01635 30571

CURRENT LOCATION
Minor Injuries Unit
NDH

01635 30571

Call No : 59954
Date : 31-Oct
Received : 13:18
Passed : 13:18
Assessed : __:__
Advised : __:__
Arrived : __:__
Started : 13:20
Finished : 13:28

Action Dr : [redacted]

Source : Minor Injuries [redacted] [redacted] ext: 2209

Call Details :
Chest X-Ray.

NORMAL
SPEAK
SEE
NOTES
FILE

Assessing Dr's Notes :

RECEIVED FROM 11.02.1998 04:32 P.12

THIRD PARTY COPY

DR R J G WELLER
DR C N SHILLAM
DR B B LETHAM
DR D J [redacted]
DR H K M [redacted]

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW
TEL: (01635) 41495
FAX: (01635) 522751

15 December, 1997

Miss M Noble
58 Sandleford Rise
Newbury
Berks RG14 7ES

Dear Mena

I see from your notes that you should be having a smear at around this time. Your last smear was in March 1997 and a request was made that it should be repeated in six months, so it is actually due now.

Please could you make an appointment to have this done by our Practice Nurse.

Yours sincerely

DR [redacted]

THIRD PARTY COPY

Newbury District Hospital
Andover Road
NEWBURY
Berkshire
RG14 6LS

Telephone (01635) 32500
Fax No (01635) 580610

DR H. [redacted]
EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKS RG14 7LW

04-NOV-1998

Att. no. : N98011442

Re : MISS MENA NOBLE
34 BODIN GARDENS
SPRING [redacted] LANE
GREENHAM
RG14 7SG

d.o.b. 17FEB71

Dear Dr [redacted]

The above named attended the Minor Injuries Unit of this hospital at 12:39 on 31-OCT-1998.
The presenting complaint was CHEST X-RAY

Investigations : X-Ray

Diagnosis : CHEST INFECTION

Treatment : EXAMINED BY DR [redacted] AMOXIL 500MGS TDS

Immunisations : NIL

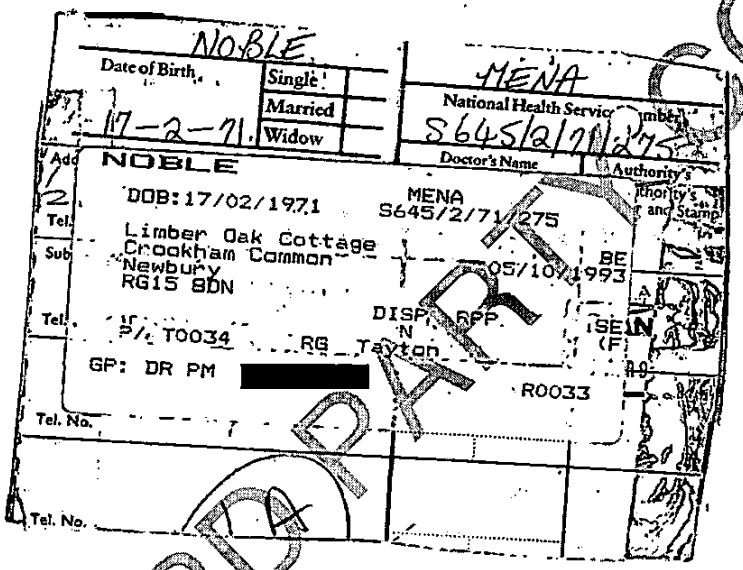
Outcome : The patient has been discharged from this department.

Yours sincerely

P. Williams

For and on behalf of Newbury District Hospital
Minor Injuries Unit

THIRD PARTY COPY



THIRD PARTY COPY

25.5.2000
G.P.Surgery
Dr D J [redacted]

3.12.1999
G.P.Surgery
Dr H K M [redacted]

Biological Values		Value	Units	Ab
17.8.1990	Cervical smear result			
17.8.1990	Cervical smear: negative Text : 90/26134			
28.12.1994	O/E - height	167.64	cm	
28.12.1994	Blood Pressure	105/65	mmHg	
28.12.1994	Cigarette smoker	15	/day	
28.12.1994	O/E - weight	60.33	Kg	
28.12.1994	Body Mass Index	21.5		!
28.12.1994	Ideal Weight	64.6	Kg	
28.12.1994	Alcohol Intake	3	units/week	
6.6.1995	Cervical smear: negative G.P.Surgery			
11.3.1997	Cerv.smear: mild dyskaryosis [redacted]			

THIRD PARTY COPY

MENA NOBLE

She has starting to have paranoid ideas about her children, and has become very snappy with them and is having trouble sleeping. She recognises she finds it difficult to form lasting relationships.

However I think to her credit she is a very good [redacted] and she has managed to maintain a lasting relationship, albeit at a distance, with [redacted] and [redacted] [redacted] She recently did a qualification in Sports Medicine at Newbury [redacted] and keeps herself very fit.

She is fiercly independent and does not like to ask for help and seldom comes to the surgery. As she has quite a few physical signs of depressive illness, I started her on Fluoxetine, and some Amitriptyline to help her sleep.

However both she and I recognise that the complexity of her background does need some form of counselling for which she is happy to attend.

Yours sincerely

DR [redacted] [redacted]

THIRD PARTY COPY

GEORGE HOUSE
NEWBURY MENTAL HEALTH UNIT
PELICAN LANE
NEWBURY RG13 1NP
TEL: Newbury 40558

SECURITY COPY

CONFIDENTIAL REFERRAL

SURNAME: Noble FORENAME: Mena
D.O.B. 17.02.1971

ADDRESS: 15 Bronte Rise, Greenham, Newbury,
Tel. No:

NAME & ADDRESS OF G.P.:
Drs Weller, Shillam, Letham, [redacted] & [redacted]
Eastfield House Surgery, 6 St [redacted] Road,
Newbury, Berks RG14 7LW

NAME OF REFERRER: Dr [redacted]

Date of referral: 11.9.2002

REASON FOR REFERRAL:

I would be grateful if you could see this 31 year old [redacted] of two, who has come requesting counselling.

Mena is the youngest in a large Glaswegan family. Due to circumstances of which she is unsure, she and the two youngest of her [redacted] were brought up in care. She only knew she had a [redacted] when she met him after transferring to a different childrens home.

She ran away from the childrens home when she was 16 and came to [redacted] her [redacted] in Southampton.

By the time she was 18 she was pregnant, and had her first [redacted] at 19. She and [redacted] stayed together for a couple of years and have maintained a relationship at a distance ever since. Nine years later she had second [redacted] with the same [redacted]

She was prompted to come and see me after discussing at a family gathering that one of her [redacted] now aged 34, had been sexually abusing his [redacted] who is now in his early twenties.

At the same time she is finding it more of a struggle bringing up her adolescent [redacted] and things have come to ahead.

Attachment
06-July-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Result West Berkshire Community Hospital Endoscopy
Filename: D10_K81002_4908_a1671ac5-fed9-496b-bec4-973632c94d1c.TIF.XX2
Extension:.tif
Pages:

COLO IP Operation Note — NOBLE, MS MENA - 0981612

Result type:	COLO IP Operation Note
Result date:	06 July 2023 15:21 BST
Result status:	Auth (Verified)
Result title:	Colonoscopy
Performed By:	Thiruppathy , Kumaran on 06 July 2023 15:25 BST
Verified by:	Thiruppathy , Kumaran on 06 July 2023 15:25 BST
Encounter Info:	7747709, WBCH, Day Case, 06/07/2023 -

Colonoscopy
Mr Ghosh/ Mr Thiruppathy
Failed to do report in Solus as will not allow progress.
Phosphate enema x1 used.
No sedation.
Went up to descending colon.
Diversion colitis found.
Patient withdrew consent.
Scope abandoned at proximal descending colon.
Repeat Scope in 2 years.

[redacted]

THIRD PARTY COPY
RECEIVED
07 JUL 2023

Printed by: Hives , [redacted]
Printed on: 06/07/2023 15:39 BST

Page1 of 1

Additional: Attachment
RBFT Colorectal Outpatient Clinic Letter Royal Berkshire RBFT Colorectal Outpatient Clinic Letter
Filename: D10_K81002_4908_8395181a-8dde-4a04-a9e1-a64482fa1627.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

MR LUCIAN GOIAN
COLORECTAL
ROYAL BERKSHIRE HOSPITAL
[E-SEND]

6th July 2023 KT/modl/30019302 MRN:981612

Dear Lucian

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

I have scoped this lady, who found her colonoscopy difficult to tolerate even though it was not particularly difficult scope. She has diversion colitis. We did not make it to the end of the colon due to her discomfort. She is known to suffer with [redacted] syndrome. We would be grateful if you could review her in clinic and discuss the pros and cons of an anastomosis versus removal of her left colon. We look forward to your input into her care.

Yours sincerely

Electronically signed

Mr Kumaran Thiruppathy FRCS MPhil MS BSc
Consultant Colorectal Surgeon

THIRD PARTY COPY

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
27-Jun-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Colorectal
Filename: D10_K81002_4908_810154d3-18f2-46bc-a71e-138931325acb.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

27th June 2023

CH/modl/29966489 MRN:981612

LIBRARY COPY

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

DIAGNOSIS:

Extended right hemicolectomy and small bowel resection in September 2019 for T3 N0 bowel cancer followed by FOLFOX chemotherapy completed in February 2020.

It was nice to speak to you today in the Colorectal Nurse-Led Follow-Up Clinic. I was pleased to inform you today that your recent CT scan shows no evidence of bowel cancer recurrence and your blood tests are within normal range.

I was sorry to hear that you are still struggling with your stoma output. You have not been able to establish your routine and unfortunately you are noticing that you need to keep a very bland diet in order to try and reduce the output. You are also getting pain and pressure from your back passage. You have tried to use some enemas but unfortunately this did not produce anything and actually aggravated your haemorrhoids which caused further pain and bleeding. I note that a colonoscopy has been requested for you at the beginning of the year. I suspect that this is delayed due to backlog in Endoscopy, however, I have contacted them and ask them to expedite this as soon as possible and you should hear directly from them. You think that you are perhaps putting a bit of weight on due to your need for a blanddiet. You are trying to keep active, although the pain that you are getting from your abdomen as well as your uncomfortable legs does not help with this. You have been put on amitriptyline for your legs which unfortunately is not making you feel particularly well. I note that you have seen My Cancer My Choices before and had some acupuncture and I have suggested perhaps reaching out to them again to see if you could use this treatment again.

In regard to your bowel cancer surveillance, you will be due a further blood test in the new year. We will send a blood form in the post if you could have the bloods taken around the date listed on the form and we will catch up with you afterwards to go through the results. I have encouraged you to contact us if you have any further problems.

Yours sincerely

Electronically signed

[redacted]
Clinical Nurse Specialist in Colorectal Cancer

PS
Please phone the Colorectal nurses if you experience any of the following symptoms below:-

- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating
- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness

Colorectal Cancer Nursing Team
0118 322 7182

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

This letter may be generated using voice to text software. Although this is advanced, if there are significant errors in this letter which need to be amended, please call the team on the above number and they can investigate further.

THIRD PARTY COPY

Attachment
07-Jun-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Boots Audiological service
Filename: D10_K81002_4908_b9de4553-cbcf-4a69-b97e-b3ef5da9ea84.TIF.XX2
Extension: tif
Pages:

Boots Hearingcare

3357158
Mena Noble
11 Bronte Rise
NEWBURY
Berkshire
RG14 7UG

Dear

Your patient (details shown above) attended a hearing care appointment on 07 Jun 2023 with our Hearing care Audiologist [redacted] in our Newbury - Northbrook St (in Boots UK).

During the consultation the following referable condition(s) were noted:

Medical Referral

☐ Rotary Vertigo
Any additional information shared is shown below
ict vertigo, but feels loss of balance sporadically.

☐ Troublesome Tinnitus which is described as Unilateral or pulsatile tinnitus lasting more than 5 minutes
Any additional information shared is shown below:
bilateral pulsable tinnitus, described as "the sea"

The screening results (if recorded) are shown overleaf.

In accordance with the NICE guideline [NG98]Published date: 21 June 2018 Hearing loss in adults: assessment and management your medical opinion is sought and if appropriate an onward referral to an ENT specialist.

Yours sincerely,

Lucy [redacted]

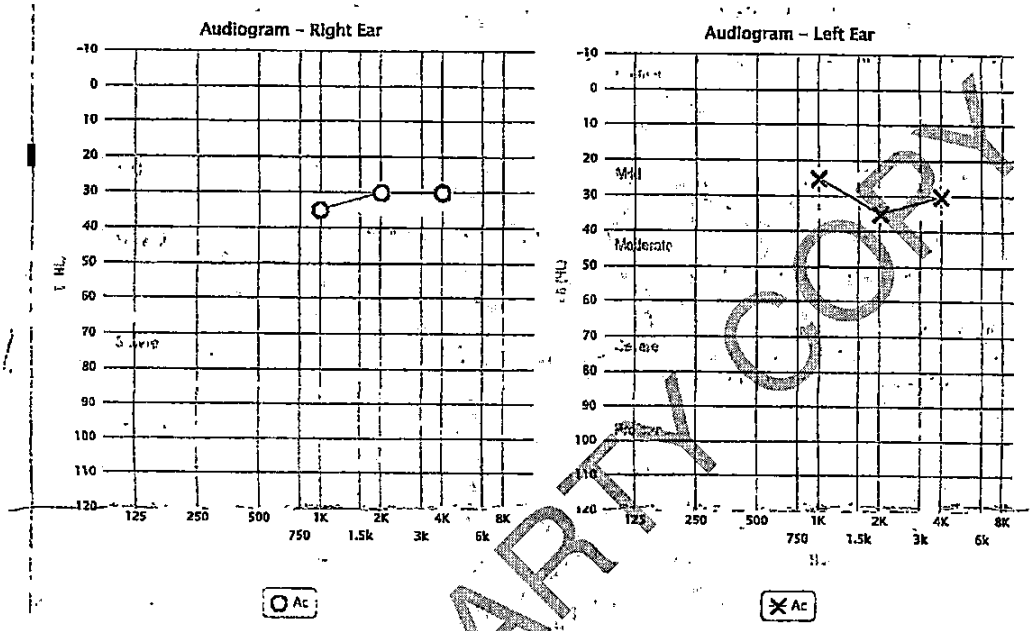
THIRD PARTY COPY

RECEIVED
11 JUL 2023

Boots Hearingcare

Client Name:	Mena Noble	Client No:	3357166
Test Date:	07/Jun/2023 11:31	HAA Name:	[redacted]
Audiometer Make:	GN-Otometrics	Audiometer Model:	Aurical2
Audiometer Serial Number:	926028	Audiometer Calibration due Date:	11/10/2023

Audiogram Results:



THIRD PARTY COPY

Attachment
07-Jun-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Boots Diagnostic audiology service
Filename: D10_K81002_4908_88f3ed61-eeb6-418e-933f-b438330a0a13.TIF.XX2
Extension:.tif
Pages:

Boots Hearingcare

3357156
Mena Noble
11 Bronte Rise
NEWBURY
Berkshire
RG14 7UG

Dear

Your patient (details shown above) attended a hearing care appointment on 07 Jun 2023 with our Hearing care Audiologist [redacted] in our Newbury - Northbrook St (in Boots UK)

During the consultation the following referable condition(s) were noted:

Medical Referral

☐ Rotary Vertigo
Any additional information shared is shown below:
not vertigo, but feels loss of balance sporadically.

☐ Troublesome Tinnitus which is described as Unilateral or pulsatile tinnitus lasting more than 5 minutes
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Yours sincerely,

Lucy [redacted]

THIRD PARTY COPY

RECEIVED
11 JUL 2023

e-RS Letter (04-May-2023)
04-May-2023 Mrs Andrea Allan (AA)
Additional:e-RS Letter (04-May-2023)
NHS e-Referral UBRN 000406739468 for Gynaecological referral

Filename: 2305041422_NHS e-RS Letter.rtf
Extension: tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000406739468**	Age:	**52y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**04-May-2023**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	**FEATHERSTONE, [redacted] (Dr)**	Letter last modified	**04-May-2023**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action **Management Advice**
Request action Comments

THIRD PARTY COPY

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Omeprazole 20mg dispersible gastro-resistant tablets	One To Be Taken Each Day	28 tablet	27-Apr-2023
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	24-Apr-2023
Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)	0.3 ml Intramuscular	0.3 ml	30-Sep-2022
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day	28 capsule	
Nitrofurantoin 25mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	280 ml	

Repeat

Drug	Dosage	Quantity	Last Issued On
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	2 x 25 gram	24-Apr-2023
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	100 ml	24-Apr-2023
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	24-Apr-2023
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	40 device	24-Apr-2023
Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	04-Apr-2023

Past

Drug	Dosage	Quantity	Last Issued On
Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)	0.3 ml by Intramuscular Injection	0.3 ml	05-Nov-2021
Lansoprazole 30mg orodispersible tablets	One To Be Taken Twice A Day for several weeks, then reduce to once a day	56 tablet	28-Oct-2021

THIRD PARTY COPY

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy,	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
03-Mar-2020	O/E - blood pressure reading	118/70	mmHg	

THIRD PARTY COPY

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
12-Apr-2017	Alcohol consumption	2	U/week	

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

Referral letter NOBLE, Mena (Ms) 1241 04-May-2023.rtf
D10_K81002_4908_b98f6785-95f4-4afc-a7ec-bf05847e376d.TIF.XX2
D10_K81002_4908_a6d0d89a-3175-4a9e-8783-4b6c2eebc4b6.TIF.XX2
D10_K81002_4908_575dce8e-cfc4-4d3f-806f-d6d8a7c9a190.TIF.XX2
D10_K81002_4908_957bcee9-1a06-4e5f-8e91-99965d672cf4.TIF.XX2
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D10_K81002_4908_1d75f486-8c18-48eb-a2a4-ee6bd78822f3.TIF.XX2
D10_K81002_4908_3ddf29ae-2b2d-4878-878a-dcce89ae2fdb.TIF.XX2

THIRD PARTY COPY

Referral letter
04-May-2023 Mrs Andrea Allan (AA)
Additional: Referral letter
gynaecology
Filename: Referral letter NOBLE, Mena (Ms) 1241 04-May-2023.rtf
Extension:.tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
Email: bobicb-bw.eastfieldhouse@nhs.net

DR A B MALONEY
DR E V FEATHERSTONE
DR K J BADHAM
DR H CLARKE
DR H THANGAVEL
DR S ZORANA
DR M S GALLIVER

4 May 2023
GP Code: 894480
Ref: CVF/AA

GYNAECOLOGY REFERRAL
RBH

ROUTINE

Dear [redacted]

Mena Noble DOB: 17-Feb-1971 Telephone No: 07979003208 07979003208
11 Bronte Rise Greenham Newbury RG14 7UG
NHS No: 400 213 0924

Please see attached letter from genetic clinic requesting a gynaecology outpatient appointment to discuss bilateral oophorectomy. Please note she did not receive notification of an appointment in 2021.

Many thanks for arranging this as soon as possible.

Yours sincerely

Kelvin Badham

Dr Kelvin Badham
(Dictated not signed)

THIRD PARTY COPY

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
05-Jun-2020	Helicobacter pylori antigen test	positive, stool	
21-May-2020	[redacted] syndrome	pathogenic MSH2 gene, adenocarcinoma bowel aged 48	
10-Sep-2019	Colostomy		
10-Sep-2019	Hospital acquired pneumonia	post emergency hemicolectomy	
10-Sep-2019	Cancer of bowel	transverse colon	
13-Nov-2018	Mammography not attended	dna any session	
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	

Allergies

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Omeprazole 20mg dispersible gastro-resistant tablets	One To Be Taken Each Day	28 tablet	27-Apr-2023
Brava elastic tape 12070 (Coloplast Ltd)	use as directed	60 plaster	24-Apr-2023
Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)	0.3 ml Intramuscular	0.3 ml	30-Sep-2022
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day	28 capsule	
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Repeat

Drug	Dosage	Quantity	Last Issued On
Brava ostomy powder 1907 (Coloplast Ltd)	As Directed	2 x 25 gram	24-Apr-2023
Peel-Easy medical adhesive remover spray 300714 (C D Medical Ltd)	ASD	100 ml	24-Apr-2023
Trio Pearls sachets TR205 (Trio Healthcare Ltd)	As Directed	100 sachet	24-Apr-2023
SenSura Mio light convex ileostomy bag with filter, midi 16621 Starter hole 10mm-23mm Neutral grey (Coloplast Ltd)	As Directed	40 device	24-Apr-2023

THIRD PARTY COPY

Amitriptyline 25mg/5ml oral solution sugar free	5 ml (25mg) To Be Taken At Night	150 ml	04-Apr-2023

THIRD PARTY COPY

Email encounter
27-Apr-2023 Mrs Andrea Allan (AA)
Additional: Email encounter
Email encounter to Gynae RBH re. missed appt(27-Apr-2023)
Filename: mn1.pdf
Extension:.tif
Pages:

Missed appointment query

EASTFIELDHOUSE (NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB - 15A) <bobicb-bw.eastfieldhouse@nhs.net>
Thu 27/04/2023 11:51
To: CAT6 (ROYAL BERKSHIRE NHS FOUNDATION TRUST) <rbb-tr.CAT6@nhs.net>

1 attachments (61 KB)
mn.pdf;

Dear Gynae admin team

NHS 400 213 0924 DOB 17-Feb-1971 (52y) MN

This lady was referred to gynae RBH by the oxford genetics clinic on 17/5/2020 (see letter docs) but never reecived an appointment.
Please can you chase this as she requires this appointment still.

Many thanks for your help with this.

Kind regards

Dr [redacted] Featherstone
(Dictated not signed)

Eastfield House Surgery
6 St Johns Road
Newbury RG14 7LW
Telephone: 01635 41495

THIRD PARTY COPY

Attachment
25-Jan-2023 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Colorectal surgery
Filename: D10_K81002_4908_2fef87e8-fcf8-45e7-b496-e8e1591e61df.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CNS Team: 0118 322 7182
Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

PATIENT COPY

4th January 2023 CH/modl/2926578/1 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

DIAGNOSIS:

Extended right hemicolectomy and small bowel resection in September 2019, for T3 N0 bowel cancer followed by FOLFOX chemotherapy completed in February 2020.

It was nice to speak to you today in the Colorectal Nurse-Led Follow-up Clinic. You are now around three years following completion of your bowel cancer treatment. I was pleased to inform you that some of your blood tests are within normal range. Unfortunately some of them had not been able to be reported. I have therefore sent you a further blood form and asked you to have them done as soon as you can and will update you with the results.

On discussion with you today, you informed me that you are managing your stoma well. Unfortunately, you are still getting some lower abdominal pain. You saw the surgeon about this who thought it might be residual motion or debris in the bowel and prescribed you some suppositories. You had a recent ultrasound of your kidneys, which did not show any concern and I therefore tend to agree with the surgeon and have suggested using the suppositories. You did confess that they did help clear a bit of motion before so hopefully this will happen again. You informed me that you are eating well, weight is stable. You are keeping active but you are more tired since treatment finished.

In regard to your bowel cancer surveillance, you will be due a further CT scan and blood tests around six months' time. We will send a blood form in the post for you to have bloods taken a week or two prior to the CT scan which I have requested for June time. We will then catch up following that to go through the results. Should you have any problems or concerns before then, please contact the CNS Team.

N:B: I am pleased to inform you that the recent blood tests you had were normal.

Yours sincerely

Electronically signed

[redacted]
Clinical Nurse Specialist in Colorectal Cancer

PS
Please phone the Colorectal nurses if you experience any of the following symptoms below:-

- A change in bowel habit
- Blood or mucous in the stool
- Mucous on or mixed with stool
- Abdominal pain, discomfort, excessive wind and bloating
- Unexplained weight loss
- Unexplained loss of appetite
- Unexplained fatigue / tiredness

Colorectal Cancer Nursing Team
0118 322 7182

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
06-Dec-2022 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Clinical Letter Royal Berkshire Hospital Urology
Filename: D10_K81002_4908_3076a2e2-d2a8-463a-8527-0de41991e47b.TIF.XX2
Extension: tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of Urology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8629

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

6th December 2022 AJ/modl/29182437 MRN:981612

Dear Ms Noble,

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

I am pleased to say your recent ultrasound scan shows that your kidneys are entirely normal. I think we can stretch the interval out a little bit now and I have put in a request for you to have a scan in two years' time and I will write to you with the result.

If you are waiting to hear from us regarding results and have not yet heard within the expected timeframe please call the admin department on 0118 322 8629.

Yours sincerely

Dictated but not signed by the clinician, for expediency

Mr [redacted] [redacted] MD FRCS (Urol)
Consultant Urologist

THIRD PARTY COPY

CC: EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

Administration of vaccine
07-Nov-2022 External User ()
Additional: Administration of vaccine
Notification of Vaccination (07-Nov-2022)
Filename: e773feee-6ccd-4c71-b2df-9248c0a68072.html
Extension:.tif
Pages:

Notification of Vaccination

Number of Attachments: 0

Patient demographics

Patient name	Mena Noble
Date of birth	17 Feb 1971
Sex	female
NHS number	4002130924
Patient address	11 Bronte Rise, Greenham, NEWBURY, Berkshire RG14 7UG

Attendance details

Date of contact	7 Nov 2022
Location of administration	Pharmacy
Organisation name	Boots
Organisation address	Unit 13 Newbury Retail Park, Pinchington Lane, Newbury, Berkshire
Organisation telephone	01635 569572
Organisation secure email	pharmacy.fp041@nhs.net

GP practice

GP ODS Code	K81002
GP Practice Name	Eastfield House Surgery
GP Practice Address	6 St Johns Road, Newbury, Berkshire RG14 7LW

Consent

Consent for treatment record	Consent given for seasonal influenza vaccination

Eligibility for treatment

Eligibility criteria	50 to 64 years old

Allergies and adverse reactions

Causative agent	No known allergy to administered vaccine

Immunisations

Procedure	Seasonal influenza vaccination given by pharmacist (situation) *SNOMED Code: 955691000000108*
Vaccine	Cell-based quadrivalent influenza vaccine (surface antigen, inactivated) suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd) *Patient contact in the event of recall is the responsibility of the vaccinating organisation*
Quantity	1 dose
Site	Left upper arm structure
Route	Intramuscular
Indication	50 to 64 years old
Administered by	Izabela [redacted] Rudnicka
Date of administration	7 Nov 2022

Information and advice given

Information and advice given	Patient advised the side effects of the vaccine and advised to see their registered GP if any of the symptoms last longer than the expected duration.

Administration of vaccine
01-Oct-2022 External User ()
Additional: Administration of vaccine
Notification of Vaccination (01-Oct-2022)
Filename: d4734d82-a111-426c-ae3d-6ac551c9e7bc.html
Extension:.tif
Pages:

Notification of Vaccination

Number of Attachments: 0

Patient demographics

Patient name	Given Name: Mena Family Name: Noble
Date of birth	17 February 1971
Sex	Female
NHS Number	4002130924
Patient address	RG14 7UG

GP practice

GP practice identifier	ODS Site Code: K81002
GP practice details	GP practice name: EASTFIELD HOUSE SURGERY

Consent

Consent for treatment record	Informed consent given for treatment

Immunisations

Vaccine product	Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)	40851611000001102
Manufacturer	Pfizer Ltd	
Batch number	GD6797	
Expiry date	05 Dec 2022	
Vaccine procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	1362591000000103
Site	Left upper arm structure	368208006
Route	Intramuscular	78421000
Indication	Disease outbreak	443684005
Dose	0.3 ml	258773002
Date Time	30-Sep-2022 12:34 (BST)	
Administered by	[redacted] Schultz	
Performing professional professional body identifier		

Attachment
27-Sept-2022 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Colorectal surgery

Filename: D10_K81002_4908_fc70a977-9a58-4b13-937c-62bc30b070c0.TIF.XX2
Extension:.tif
Pages:

NHS
Royal Berkshire
NHS Foundation Trust

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

EASTFIELD HOUSE SURGERY [GP]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
BERKSHIRE
RG14 7LW

27th September 2022 LG/modl/28925550 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

I have reviewed Mrs Noble in clinic today. Unfortunately, the message from my colorectal cancer specialist nurse [redacted] did not reach me and therefore Mrs Noble was booked in my clinic to discuss her reversal.

Mrs Noble is telling me that her symptoms have significantly improved after she had the treatment for Helicobacter pylori and she is now eating and drinking, with no nausea or vomiting, epigastric pain has settled and her stoma output is quite thick. Obviously, she does not want to explore any further reversal of ileostomy which is understandable.

Mrs Noble is complaining of some discomfort in the lower abdomen and I understand you have treated her recently for urinary tract infection.

On examination today the abdomen was soft, mildly tender across the lower abdomen, with no masses or hernia felt. PR examination revealed very hard pellets in the rectum.

I noticed that Oxford genetics services have recommended 2 yearly colonoscopies and she will have the next colonoscopy in January next year.

Therefore, I have discharged Mrs Noble from our clinic back to your care and she will remain under colorectal cancer specialist nurse follow-up clinic.

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

THIRD PARTY COPY

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
17-Sept-2022 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
NHS 111 Report NHS 111 NHS 111
Filename: D10_K81002_4908_aaa48c35-5153-4ca3-b4e0-f365075a159b.TIF.XX2
Extension:.tif
Pages:

NHS 111 Report - For Information

NOBLE, Mena *Born* **17-Feb-1971** *Gender* **Female** *NHS No.* **400 213 0924**
Local Patient ID **80B70E31-7715-4144-8E3B-05C777DC3BA4**

Home Address
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Home Phone **07979003208**

GP Practice
Eastfield House Surgery (K81002)
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW
Phone **0163541495**

Patient's Reported Condition

PRESCRIPTION

Case Summary

Disposition:
Home Management
Dx25

Selected care service:
Pharmacy - SCAS IUC - Berkshire West (For SCAS 111 use only)

Rationale:
Management of Prescription Request, Non-Controlled

Pathways Assessment:
Management of Prescription Request, Non-Controlled / Prescription Request, Other, Suspected
Clinical Consultation
Coronavirus risk was not identified.

Advice given:
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns call us back.

Adastra Assessment

History:Demographics confirmed with patient
consent gained or telephone consultation and to view SCR
PC: prescription request
HPC: as07979 003208er patient, prescribed antibiotics by GP- went to boots, prescription not there.
Did urine dip, WBC present
no Known drug allergies
PMH:- recovering from bowel cancer, has ileostomy, only takes liquid preparations for medication
does not rememebr which antibiotics prescribed
No prescription on SCR for antiblotics,
2 prescriptions sent on 16/09/2022- on EPS
Treatment:EPS identifiers given to patient for prescriptions issued on 16/09/2022
373EE-K81002-876584
93C52-K81002-8765AK
advised to present EPS identifiers to chemist- if no antibiotics included to call 111 for medical advice
worsening advice given- seek immediate medical advice if symptoms worsen call 111 for medical advice

History:Demographics confirmed with patient
consent gained or telephone consultation and to view SCR
PC: prescription request
HPC: as07979 003208er patient, prescribed antibiotics by GP- went to boots, prescription not there.
Did urine dip, WBC present
no Known drug allergies
PMH:- recovering from bowel cancer, has ileostomy, only takes liquid preparations for medication
does not rememebr which antibiotics prescribed
No prescription on SCR for antiblotics,
2 prescriptions sent on 16/09/2022- on EPS
12.34 called patient back- prescriptions at chemist for ileostomy
complains of nocturia, feels pressure on her back- has back pain
when standing, feels ok but needs to pass urine each time she sits
urine not smelly
no allergy to medication
no blood in urine
nohistory of kiney disease as per patient

Treatment:EPS identifiers given to patient for prescriptions issued on 16/09/2022
373EE-K81002-876584
93C52-K81002-8765AK
advised to present EPS identifiers to chemist- if no antibiotics included to call 111 for medical advice
worsening advice given- seek immediate medical advice if symptoms worsen call 111 for medical advice
12.39pm- prescription issued for trimethoprim 200mg BD for 3 days as per SCAN guidelines
not had treatment for UTI in past 3 months
worsening advise given - if syptoms do not improve with treatment within 48 hours, to seek medical advice by calling 111 if practice closed or to call own GP if open
Prescription Items:

THIRD PARTY COPY

[Electronic Prescription] Trimethoprim 50mg/5ml oral suspension sugar free (120) ml 20ml - TWICE a DAY - oral
Prescription generated by Pharmacist Awittor (Pharmacist)

Document Created	**17-Sep-2022, 13:48**
Document Owner	**SCAS111**
Authored by	**[redacted] Awittor - Assessed by, East Berkshire (SCAS111) on 17-Sep-2022, 12:47**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**17-Sep-2022, 09:03 to 17-Sep-2022, 12:47**
Case Reference	**D47A26B3-2277-4B6E-96A9-EBA89F272112**
Case ID	**1675300**
Encounter Disposition	**Home Management**
Care Setting Location	**Incident Location**
	Visit Address
Care Setting Address	**11 Bronte Rise Greenham Newbury Berkshire RG14 7UG**
Care Setting Type	
Responsible Party	**[redacted] Black - Medical Director, SCAS111**

Document ID **764906CE-4134-404D-8AC6-108D3C0B4C96** *Version* **1**

THIRD PARTY COPY

Attachment
17-July-2022 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Radiology Report Royal Berkshire Hospital Radiology
Filename: D10_K81002_4908_328bc111-c2f1-451f-bd25-aec31cb1e3c6.TIF.XX2
Extension:.tif
Pages:

Radiology Department

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Radiology Report

17 July 2022

EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Dear Clinician

Re: MS MENA NOBLE DOB: 17/02/1971 Hospital No: 981612 NHS No: 4002130924
Address: 11 Bronte Rise, NEWBURY, RG14 7UG

Examination: XR Foot Rt Ordered By: Dr Kelvin Badham

Examined On: 17/07/2022 Reported On: 17/07/2022

Report No: 1702024073

REPORT START

XR228121841 07/07/2022 XR Foot Rt

Clinical History:

Pain and swelling plantar surface of the R foot, approx over the head of the 3rd MT. PHx Right 3rd MT Helal osteotomy 2017

Findings:

Right foot.

A single screw is seen in the proximal shaft of the third metatarsal. The joint spaces are preserved throughout the right foot.

Specifically, the third metatarsophalangeal joint appears normal.

Mr [redacted]
Reporting Radiographer
Radiology Department

FINAL REPORT
Dictating Radiologist [redacted], [redacted] (Insourcing)
Verifying Radiologist [redacted], [redacted] (Insourcing)
Verify Date/Time: 17.07.2022 14:28

THIRD PARTY COPY

REPORT END

THIRD PARTY COPY

OOH report
05-Mar-2022 Mrs Tracey Ball (TB)
Additional:OOH report
OOH report (05-Mar-2022)
Filename: OOH report (05-Mar-2022).txt
Extension:.tif
Pages:

OOH ***
To: OOH Post Master
From: Westcall
At: EMIS
Subject: Mena Noble 17-Feb-1971 (Age: 51 years)
Priority: Routine
Call #: 13594 Received: 05-Mar-2022 11:53

Patients Name: Mena Noble
Date of birth: 17-Feb-1971 (Age: 51 years)
Gender: Female
Address: 11 Bronte Rise

Greenham

Berkshire RG14 7UG
Return Contact No:07979 003208
Tel No: 07979 003208
Mobile No: 07979 003208
Origin:
Case Type: Advice
Own Doctor:
Consulted by: Murugesan, Hemavathi

Received: 11:53
Advised: 13:00 Arrived PCC:
Cons Start: Cons End:

==========
Message to surgery:

GP Follow Up
==========
Clinical Codes:
R0701 [D]Vomiting
==========
Triage details:

History:

has been vomiting since 6am, almost everything she takes is back, almost every 20min, vomitus is clear food or what she drinks, no diarrhoea thro the stoma bag, Ileostomy for bowel cancer in situ & no loose stools noted so far still working normal, no feverr, no Urinary symptoms, no abd pain mild discomfort,
no URTI, still good urine output

THIRD PARTY COPY

otherwise well
not on Medication

Diagnosis:

vomiting;? viral gastroenteritis

Treatment:

reassure/ warning symptoms explained review in
next 4 hrs if no response

==========

Prescriptions:
Buccastem M 3mg tablets (Alliance Pharmaceuticals Ltd) 1 tablet - TWICE a DAY - buccal 8.00

==========

THIRD PARTY COPY

Administration of vaccine
09-Dec-2021 External User ()
Additional: Administration of vaccine
Notification of Vaccination (09-Dec-2021)
Filename: 0fb578fd-55af-4ff8-98a9-61e12eb1227c.html
Extension:.tif
Pages:

Notification of Vaccination

Number of Attachments: 0

Patient demographics

Patient name	Mena Noble
Date of birth	17 Feb 1971
Sex	female
NHS number	4002130924
Patient address	11 Bronte Rise, Greatham, NEWBURY, Berkshire RG14 7UG

Attendance details

Date of contact	9 Dec 2021
Location of administration	Pharmacy
Organisation name	Boots
Organisation address	Unit 13 Newbury Retail Park, Pinchington Lane, Newbury, Berkshire
Organisation telephone	01635 569572
Organisation secure email	pharmacy.fp041@nhs.net

GP practice

GP ODS Code	K81002
GP Practice Name	Eastfield House Surgery
GP Practice Address	6 St Johns Road, Newbury, Berkshire RG14 7LW

Consent

Consent for treatment record	Consent given for seasonal influenza vaccination

Eligibility for treatment

Eligibility criteria	50 to 64 years old

Allergies and adverse reactions

Causative agent	No known allergy to administered vaccine

Immunisations

Procedure	Seasonal influenza vaccination given by pharmacist (situation) *SNOMED Code: 955691000000108*
Vaccine	Fluceivax Tetra vaccine suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd) *Patient contact in the event of recall is the responsibility of the vaccinating organisation*
Quantity	1 dose
Site	Left upper arm structure
Route	Intramuscular
Indication	50 to 64 years old
Administered by	Izabela [redacted] Rudnicka
GPhC Registration number	2062421
Date of administration	9 Dec 2021

Information and advice given

Information and advice given	Patient advised the side effects of the vaccine and advised to see their registered GP if any of the symptoms last longer than the expected duration.

Attachment
11-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Report West Berkshire Breast Screening service Breast screening service
Filename: D10_K81002_4908_2c8a13c1-dc42-413a-9f24-718edb5f94f5.TIF.XX2
Extension:.tif
Pages:

NHS BREAST SCREENING PROGRAMME

WEST BERKSHIRE BSU

- BASTIAID HOUSE SURGERY

NOBLE, MENA (MS

RECEIVED
26 OCT 2021

Screening Number: KRG158865
NHS Number: 400 213 0924
Address: 11 BRONTE RISE
: GREENHAM
: NEWBURY
: BERKSHIRE
: RG14 7DG
Telephone: 07979003298

Date of Birth: 17-Feb-1971
Age: 50

SCREENED - ROUTINE RECALL

Screened on: 11-Oct-2021

Opinion: No significant radiological abnormality

THIRD PARTY

Attachment
07-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Colorectal surgery

Filename: D10_K81002_4908_126d7170-cc09-4ddd-be52-7a9262533cfb.TIF.XX2
Extension:.tif
Pages:

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

7th October 2021

LG/modl/27221665 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

I have reviewed Mrs Noble in clinic today due to persistent nausea, vomiting and epigastric pain. The pain that she is describing appearance sometimes after food although sometimes is getting worse with exercising.

The CT of the abdomen pelvis which has been done in June 2021 revealed no significant cause for the pain and no obvious midline incisional hernia. There is a small parastomal hernia which I think is not the cause for her symptoms. Her stoma is functional and passing loose stools which is normal for an ileostomy.

Although part of her epigastric pain could be put down to a musculoskeletal pain at the at the top of the laparotomy scar this would not explain the nausea and vomiting associated with epigastric discomfort. Therefore, in order to further investigate further her symptoms I am going to organise an OGD and I would appreciate if in the meantime you could prescribe a course of Omeprazole 20 mg, once daily (unfortunately the clinic but delayed and the hospital pharmacy was closed and patient felt more comfortable to pick up the prescription more locally).

I will chase the results of the OGD and arrange further management as necessary.

Yours sincerely

Electronically signed

THIRD PARTY COPY

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
04-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Nhs Foundation Trust Colorectal surgery
Filename: D10_K81002_4908_956b2d2a-0214-47c8-b520-7a7dd7f2dab4.TIF.XX2
Extension:.tif
Pages:

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CAT 3: 0118 322 6890
Endoscopy Unit: 0118 322 7459

CNS Team: 0118 322 7182

Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

4th October 2021

ND/modl/27211394 MRN:981612

Dear Ms Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

It was good to speak to you today on the telephone for your Colorectal Cancer Nurse-Led follow-up appointment. This was your slightly early 18-month appointment after a right hemicolectomy in September 2019 and chemotherapy completed in March 2020. I was pleased to tell you today that your recent blood results are stable with a CEA bowel cancer tumour marker of 3.4, which is within normal range. Your bowel function is stable, still a little loose. Your main problem at the moment is the pain you are experiencing due to your hernia, you were due to see Mr Goian in July, but unfortunately had not realised this was a face-to-face appointment and you are waiting to hear a new appointment date. This is significantly affecting your quality of life, you feel constantly nauseous, occasionally vomit, are in a lot of pain and cannot lift or carry much. We agreed today that I will speak to Mr Goian about getting that appointment made and he

will hopefully see you soon. In terms of bowel cancer follow-up, we will see you again in six months' time with the results of a CT scan and blood tests, which I will organise for you. If you have any questions in the meantime, please call us on 0118-322-7182.

Yours sincerely

Electronically signed

[redacted] Dann
Clinical Nurse Specialist in Colorectal Cancer

THIRD PARTY COPY

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
02-Oct-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Report Royal Berkshire Hospital Gastroscopy
Filename: D10_K81002_4908_7ab87019-25fd-4b94-8ea8-b897b09a5a1e.TIF.XX2
Extension:.tif
Pages:

Royal Berkshire Hospital

Royal Berkshire Hospital

GASTROSCOPY REPORT

Name: **Mena NOBLE (F)**
Date of birth: **17/02/1971**
NHS No: **400 213 0924**
Case note no.: **981612**

Address: **11 Bronte Rise**
Newbury
RG14 7UG

GP: **Dr SURGERY EASTFIELD HOUSE**
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW

Procedure date: **21st October 2021 (10:48)**
Priority: **Routine**
Hospital: **Not specified**

Consultant/Endoscopist
Mr Debasish[redacted]

Instrument
Olympus Gastro

Premedication
Lignocaine spray (Oral) 6 puffs

Indications
Abdominal pain and nausea and/or vomiting.

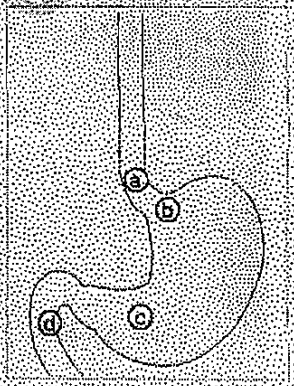
Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 38cm from the incisors.

Site c: Lower body
Gastritis: Flat erosive with no bleeding.
Specimens: Result of urease test proved positive for Helicobacter pylori.

Diagnosis
OESOPHAGUS: Normal.
STOMACH: Erosive gastritis.
DUODENUM: Normal.

Advice/comments
Mild erosive gastritis- CLO positive. Patient advised to contact GP for H. Pylori eradication medication - preferably in liquid form as she finds tablets have a quick transit into the stoma bag.

Follow up
Return to the GI surgeon - Mr Golan



a: *Lower oesophagus (photographed)*
b: *Upper body (photographed)*
c: *Lower body*
d: *Second part (photographed)*

22 OCT 2021

Mr Debasish[redacted]
Speciality Doctor
c.c. Noble, Mena

Royal Berkshire Hospital

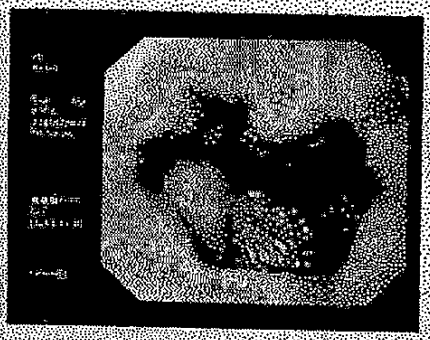
Royal Berkshire Hospital

GASTROSCOPY REPORT

Name: **Mena NOBLE (F)**
Date of birth: **17/02/1971**
NHS No: **400 213 0924**
Case note no: **981612**

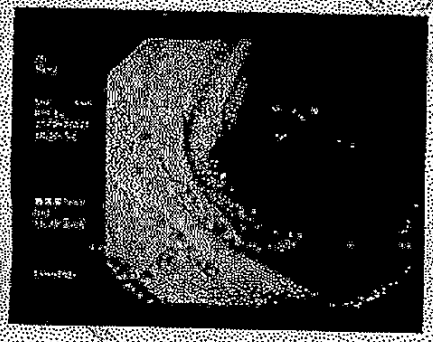
Address: **11 Bronte Rise**
Newbury
RG14 7UG

Procedure date: **21st October 2021 (10:48)**



Site a: Lower oesophagus

Site b: Upper body



Site d: Second part

Mr Debasish [redacted]
Speciality Doctor

Attachment
22-Jun-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Hospital Colorectal surgery
Filename: D10_K81002_4908_a0209c8e-0234-48a7-978b-a607520e923d.TIF;XX2
Extension: tif
Pages:

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CAT 3: 0118 322 6890
Endoscopy Unit: 0118 322 7459

CNS Team: 0118 322 7182

Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

22nd June 2021

CH/modl/26998946 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

It was nice to speak to you today in the Colorectal Nurse-led Follow-up Clinic. You are now over a year following your extended right hemicolectomy and small bowel resection in September 2019 for a pT3 N0 bowel cancer and completion of FOLFOX chemotherapy in March 2020. I was pleased to inform you today that the CT scan that was brought forward due to an abdominal discomfort shows no evidence of bowel cancer recurrence and has identified an incisional hernia which I will request Mr Goian to see you about to discuss treatment options. All of your blood tests are also within normal range.

On discussion with you today, you informed me that your stoma is active. It does have a tendency to be on the loose side but is manageable. I am sorry to hear that you are still getting quite a bit of upper abdominal pain and feeling of nausea. You have tried to see if there are certain foods that are having an impact on this but you are finding that most foods now are causing you discomfort. I have encouraged you to take regular painkillers. You are taking soluble paracetamol and in the past you have taken liquid codeine, which I have urged you to speak to your GP about restarting to help with the pain. As mentioned above as this is causing you considerable discomfort, I will request for you to see Mr Goian to discuss treatment options for this. In regard to your bowel cancer surveillance, we will continue and you will need a blood test around October time this year and we will contact you and I have sent out in the post for you and we will then contact you later on with the results. Should you need any further assistance do contact our CNS Team.

Yours sincerely

Electronically signed

[redacted]

THIRD PARTY COPY

Clinical Nurse Specialist in Colorectal Cancer

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
11-Jun-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Urology Royal Berkshire Nhs Foundation Trust Urology
Filename: D10_K81002_4908_9f0c34bf-f1ec-4e43-8938-411da79537d8.TIF.XX2
Extension:.tif
Pages:

Department of Urology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8629

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

11th June 2021 AJ/modl/26976162 MRN:981612

Dear Mrs Noble

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

Your recent ultrasound scan of your kidneys that we were asked to arrange by Oxford Genetics showed your kidneys are normal. I will arrange for you to have further ultrasound scan in about 18 months' time.

Yours sincerely

Dictated but not signed by the clinician, for expediency

Mr [redacted] MD FRCS (Urol)
Consultant Urologist

THIRD PARTY COPY

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Attachment
30-Apr-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Nhs Foundation Trust Colorectal
Filename: D10_K81002_4908_223be9f8-5ca7-40e8-9dbc-b0dd4ae61003.TIF.XX2
Extension:.tif
Pages:

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

30th April 2021 LG/modl/26884525 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

Presenting condition: Previous extended right hemicolectomy for T3 N0 M0 R0 EMVI positive adenocarcinoma of the transverse colon. (Surgery September 2019)

Plan: CT abdomen pelvis. Postponed reversal of ileostomy for the time being.

It was a pleasure to review Mrs Noble in clinic today. Mrs Noble is doing very well although she is complaining of occasional epigastric pain sometime worse with movement and straining which is associating mild nausea. Otherwise, Mrs Noble is eating and drinking and stoma is functional we thick content.

On examination today there was a slight fullness in the epigastric region at the right of the laparotomy scar. There was no obvious incisional hernia.

I have reassured Mrs Noble that the colonoscopy revealed no significant pathology.

Mrs Noble is telling me that at the moment she would not want to consider reversal of ileostomy as she would not want to go to our hospital admission and would not want to take the risks taking consideration she is mainly asymptomatic from the stoma point of the and she is managing well.

I think the decision is quite reasonable and therefore I am going to arrange the CT scan and if this is normal although advice regular pain control for the periods when she develops epigastric pain and am going to discharge her back to your care.

THIRD PARTY COPY

If in the future she is to want to consider further reversal of ileostomy I would be more than happy to see her again and arrange the above.

I understand she will see the gynaecologist shortly to consider bilateral tubo-oophorectomy and if she would want to consider the reversal of ileostomy at the same time I would be more than happy for a joint procedure with the gynaecology team.

Keep you informed about this patient's progress .

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Letter sent to patient
03-Feb-2021 Mr Joseph Maloney (JDPM)
Additional: Letter sent to patient
covid invite
Filename: covid invite.rtf
Extension:.tif
Pages:

DR A B MALONEY
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR H [redacted]
DR C WISEMAN

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TELEPHONE: (01635) 41495
www.eastfieldhousesurgery.co.uk

31 January 2021

Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Ms Noble

NHS number 400 213 0924

D.O.B 17-Feb-1971

We are delighted that you will be attending our COVID-19 Vaccination Clinic. , please make sure you have reminders set for both your first dose and second dose appointments. Please bring this letter with you to the appointment and complete the name and contact details of your [redacted] at the foot of this letter.

LOCATION REMINDER

Grandstand, Newbury Racecourse, Racecourse Road, Newbury, RG14 5AW

IMPORTANT INFORMATION
Please bring the enclosed form completed.

CLINIC SAFETY INFORMATION

- You ***must not attend*** if you or any of your household have **ANY** of the covid-19 symptoms **(temp OR cough OR loss OR change in taste OR smell)**, of if you've been told to isolate by track & trace – **PLEASE** call us to cancel so we can offer your slot to someone else.
- Please arrive on time & come alone if possible, [redacted] should wait in the car unless you need support to get to and from the building.
- Please wear a face covering / mask, apply hand gels on entry, keep to one way system and maintain social distancing at all times
- Wear clothing that allows for easy access to your upper arm
- Do not bring unnecessary bags or belongings to the clinic
- There will only be limited toilet facilities on site.

CLINIC INFORMATION
Parking
Please note that access to the racecourse is via the 'new bridge' at the Thatcham end of Hambridge Road. It is best accessed via the A4 from the [redacted] road traffic lights. Turn

THIRD PARTY COPY

into Hambridge Road and at the roundabout go straight across over the new bridge signposted for the racecourse. Follow the signage for the Covid clinic. Disabled parking spaces will be available for those less mobile patients.

How long will I wait?
We will be working as quickly as we possibly can, being mindful of social distancing and vaccine requirements. We hope to keep queues to a minimum but please do come prepared for inclement weather.

To avoid long queues, you should aim to arrive at the building entrance **no more than five minutes before your appointment time**. When in the queue please maintain social distancing.

Whilst we aim to keep to schedule, we will give priority to those with a disability and invite them in on arrival (subject to capacity). This may mean a slight delay for some.

Duration
We aim to get you through the vaccination process within 10 minutes. Following this you will be required to wait in an observation area for 15 minutes.

Will I be safe?
We are following all government advice to keep our patients and ourselves safe. Staff will be wearing Personal protective equipment in line with Public Health guidance. We will be operating a one-way system through the building. Hand gel will be provided and staff will be available to provide guidance and assistance

I have a [redacted] for someone in this cohort, can they have the vaccine?
Unfortunately not. [redacted] will be called at a later date.

LAWFUL DATA SHARING
I understand that by attending the COVID-19 Vaccine Clinic my data will be shared with my GP Practice, NHS England and the NHS Business Services Authority.
The legal basis for sharing this information is: Your name, address and information about your COVID-19 vaccination will be sent to your GP practice so they can update your health record.

This an exciting time for our staff and our community and we look forward to seeing you for your vaccination and anticipate a healthy and happy 2021!

Warmest regards,
Dr Kelvin Badham

1st Appointment 07-Feb-2021 11:40am
2nd Appointment – TBA

Please Complete:
[redacted] Name:
Relationship to patient:
[redacted] Phone number:

THIRD PARTY COPY

DR A B MALONEY
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR H [redacted]
DR C WISEMAN

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TELEPHONE: (01635) 41495
www.eastfieldhousesurgery.co.uk

[redacted] email:

THIRD PARTY COPY

Attachment
08-Jan-2021 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Result Royal Berkshire Hospital Colonoscopy
Filename: D10_K81002_4908_65abc7da-4f1e-4ff4-8250-ccdd559b7845.TIF.XX2
Extension:.tif
Pages:

Royal Berkshire Hospital

Royal Berkshire Hospital

COLONOSCOPY REPORT

Name: **Mena NOBLE (F)**
Date of birth: **17/02/1971**
NHS No: **400 213 0924**
Case note no.: **981612**

RECEIVED
11 JAN 2021

Address: **11 Bronte Rise**
Newbury
RG14 7UG

GP: **Dr SURGERY EASTFIELD HOUSE**
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW

Procedure date: **8th January 2021 (15:31)**
Hospital: **Not specified**

THIRD PARTY COPY

Indications
Bowel surveillance.

Report
Bowel preparation with phosphate enema x2 was good
The colon was insufflated with CO2.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the neo-terminal ileum, insertion confirmed by Anastomosis. The scope was retroflexed in the rectum,
There were no peri-operative complications.

Diagnosis
There is non specific erethematous colon mucosa probably due to non function..

Medication
Continue medication.

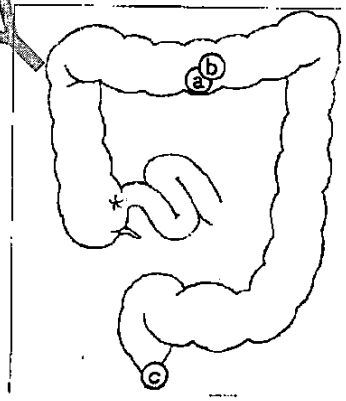
Advice/comments
There is non specific erethematous colon mucosa probably due to non function as previously had extended right hemi-colectomy. Mucus plugs noted however no lesion present. Extent of test is around mid transverse recongnised by surgical marks.

Follow up
Return to the Mr L Golan.

Consultant/Endoscopist
List consultant: Dr Nish [redacted]
Endoscopist No1: Dr Aadil Karim

Instrument
Olympus Colon

Premedication
Entonox (Oral)



a: *Mid transverse (photographed)*
b: *Mid transverse (photographed)*
c: *Rectum (photographed)*

Dr Aadil Karim
Endoscopy Fellow
c.c. Noble, Mena

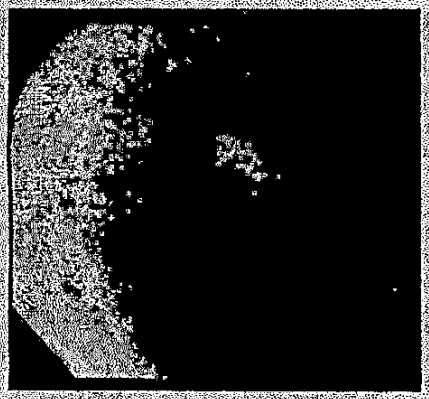
Royal Berkshire Hospital

Royal Berkshire Hospital

COLONOSCOPY REPORT

Name:	**Mena NOBLE (F)**	Address:	**11 Bronte Rise**
Date of birth:	**17/02/1971**		**Newbury**
NHS No:	**400 213 0924**		**RG14 7UG**
Case note no.:	**981612**		

Procedure date: **8th January 2021 (15:31)**



Site a: Mid transverse

Site b: Mid transverse

Site c: Rectum

Dr Aadil Karim
Endoscopy Fellow

Attachment
14-Dec-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Colorectal surgery
Filename: D10_K81002_4908_f0425abc-dec1-44a6-9ae2-05d88c374577.TIF.XX2
Extension:.tif
Pages:

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

14th December 2020 LG/modl/26621051 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

It was a pleasure to review Mrs Noble in clinic today where she came accompanied by her [redacted]. Mrs Noble had an extended right hemicolectomy and end ileostomy for obstructive colon tumour in September 2019. Postoperatively she had a difficult time with severe chest infection which required ICU admission and she has been in the hospital for 3 weeks.

Nevertheless, Mrs Noble has recovered well after her surgery and chemotherapy and now she is eating and drinking with no nausea or vomiting and stoma is functional. She is managing well with the stoma although she will want to contemplate having reversal surgery.

Mrs Noble has been diagnosed with [redacted] syndrome and therefore she will need regular colonoscopies. I understand that she will see our gynaecology [redacted] to consider prophylactic salpingo-oophorectomy.

We went through the risks and benefits of the procedure which include risk of bleeding, infection, deep vein thrombosis, pulmonary embolism, anaesthetic risks, chest infection, risk of leakage from the joint, risk of death. Mrs Noble understands the above and she wishes to consider surgery.

In the context of [redacted] syndrome I have recommended for Mrs Noble to have a colonoscopy to exclude any sinister pathology in the remnant colon or rectum. If we decide to go ahead with surgery will synchronise our operation with the gynaecology team to proceed to salpingo-oophorectomy at the same time.

I will see Mrs Noble in 2 months in the outpatient Department to discuss again about surgery.

THIRD PARTY COPY

We will arrange the above investigation and will keep you informed about this patient's progress.

Yours sincerely

Electronically signed

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Clinical document
11-Dec-2020 Mrs Tracey Ball (TB)
Additional: Clinical document
NHS 111 Report
Filename: NHS 111 Report2020-12-11.cdax
Extension:.tif
Pages:

Patient demographics				
Patient name	*Date of birth*	*Gender*	*NHS number*	*Other identifier*
NOBLE, Mena	**17-Feb-1971**	**Female**	*Verified* - **400 213 0924**	*Local identifier* - **B0B70E31-7715-4144-8E3B-05C777DC3BA4**

Home Address
11 Bronte Rise
Newbury
Berkshire
RG14 7UG

Visit Address
61 Dickens Walk
Newbury
Berkshire
RG14 7UQ

Home Phone **07979003208**
Mobile Phone **07979003208**
Emergency Phone **07979003208**

GP Practice
Eastfield House Surgery (K81002)

Address
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW

Phone **0163541495**

GP Practice Code
K81002

Document Created	**11-Dec-2020, 10:31**
Document Owner	**SCAS111**
Authored by	**[redacted] Kimonge - Assessed by, [redacted] Keynes (SCAS111) on 11-Dec-2020, 10:31**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**11-Dec-2020, 09:47 to 11-Dec-2020, 10:31**
Case Reference	**E4E2B6FB-A2E4-4B4A-9DE8-DB002A808A3E**
Case ID	**83362**
Encounter Identifier	**E4E2B6FB-A2E4-4B4A-9DE8-DB002A808A3E**
Encounter Disposition	**To contact a local service within 6 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **61 Dickens Walk** **Newbury** **Berkshire** **RG14 7UQ**
Care Setting Type	
Responsible Party	**[redacted] Black - Medical Director, SCAS111**

THIRD PARTY COPY

Patient's Reported Condition

abdo pain

Pathways Disposition

To contact a local service within 6 hours (Dx06)

Selected service: GP - Eastfield House Surgery, St Johns Road, Newbu

Consultation Summary

Illness
Cool or cold
Moderately severe pain
Pain, sudden onset
Able to carry out some normal activities
Constant pain for more than 4 hours

Pathways Assessment

An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: 'PAIN IN STOMACH'
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt cool or cold.
The individual was not a deathly colour.
Pathway selected - Abdominal Pain
There was no vomiting, diarrhoea, rectal bleeding, groin pain or groin swelling.
There was no vaginal bleeding, discharge or swelling.
There was no possibility of pregnancy.
The pain interfered with normal activity.
The pain had come on suddenly.
User Comments: THE PAIN WORKE HER UP AT 6AM
There was no ripping or tearing pain.
User Comments: 'CONSTANT BURNING'
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.
There was no crushing or severe aching chest, upper back or upper abdominal pain, or pain going to the arm, neck, jaw or shoulder.
The individual was still able to carry out some normal activities.
Childbirth had not occurred within the previous 6 weeks.
The individual had not ingested a harmful or toxic substance.
There had been no black and tarry or red/maroon bowel motions.
User Comments: THE OUTPUT FROM STOMA IS NORMAL
There had been no blackout or faintness.
There was no new shoulder tip or one-sided lower abdominal pain
User Comments: PAIN IS ACROSS LOWER ABDOMEN
There was no new or worsening confusion.
User Comments: SHE IS ALERT AND COHERENT
Breathing harder or faster when doing nothing was not described.
The individual did not use anticoagulant medication or have a bleeding/clotting disorder.
There was constant pain for 4 hours or more.
Instructions given were: The individual needs to contact a local service within 6 hours.
Directory of Services referral: GP - Eastfield House Surgery, St Johns Road, Newbury
Advice given: Medication, pain and/or fever, abdominal/urinary Worsening

Advice Given

Unless advised not to, paracetamol may be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
Don't use ibuprofen or any other anti-inflammatory medication until you have spoken to a healthcare professional.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Appointment Details

Date/Time: **11-Dec-2020 11:00**
Location: **GP - Eastfield House Surgery, St Johns Road, Newbury, GP - Eastfield House Surgery, St Johns Road, Newbury**

Information And Advice Given

Disposition

To contact a local service within 6 hours

Document ID	**5E377E95-4FC2-443C-9F2B-140170C575B7**	*Version* **1**
Primary Recipient	**GP - Eastfield House Surgery, St Johns Road, Newbury**	

THIRD PARTY COPY

Attachment
11-Nov-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Colorectal Royal Berkshire Nhs Foundation Trust Colorectol
Filename: D10_K81002_4908_ba5991a0-c479-4f45-9750-7c99cb5e0fdb.TIF.XX2
Extension:.tif
Pages:

Colorectal Nurse Led Clinic
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
CAT 3: 0118 322 6890
Endoscopy Unit: 0118 322 7459

CNS Team: 0118 322 7182

Stoma Nurses: 0118 322 7640

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

11th November 2020

ND/modl/26549218 MRN:981612

Dear Mena

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

It was good to speak to you today on the telephone for your Colorectal Cancer Nurse-Led follow-up appointment. This was your first appointment after your extended right hemicolectomy and small bowel resection in September 2019 followed by FOLFOX chemotherapy which was completed in February 2020. I was pleased to tell you today that your recent CT scan shows no recurrence of your cancer and your blood tests are stable with a CEA bowel cancer tumour marker of 3, which is within normal range. It was good to hear that you are well with no change in bowel habit and you are continuing to manage your stoma. We discussed today that you are very keen to have this reversed and I have asked Mr Goian to start the [redacted] rolling on this. We also discussed the fact that you have had a diagnosis of [redacted] syndrome and I reassured you that we have received the documentation on this from the Genetics team. Part of this would involve having colonoscopies every two years and I explained today that we would want to do a colonoscopy one year after your original operation anyway and this may be done before or after your reversal operation, we will await for news from Mr Goian. From a cancer follow-up point of view, we will speak to you again in six months' time with the results of blood tests and I will send you a form in the post to have these done. If you have any questions in the meantime, please do not hesitate to contact us on 0118-322-7182.

17/11/2020 - It was good to speak to you again today on the phone and I hope you have received the email I sent with some of the links we discussed.

Yours sincerely

Electronically signed

[redacted] Dann
Clinical Nurse Specialist in Colorectal Cancer

THIRD PARTY COPY

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
14-Aug-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical letter Royal Berkshire Nhs Foundation Trust Gastroenterology
Filename: D10_K81002_4908_f26706ed-39c8-41f6-85e0-17f891a9efae.TIF.XX2
Extension:tif
Pages:

Department of Gastroenterology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8391

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

14th August 2020

IJ/modl/26373142/MRN:981612

Dear Patient

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

I have received a letter from the Oxford Centre for Genome Medicine. I note that you have been diagnosed with [redacted] syndrome with a pathogenic variant identified in the MSH2 gene. It has been recommend that you have 2 yearly colonoscopies and I have requested a colonoscopy for September 2021. Your follow-up will be with the colorectal team.

Yours sincerely

Electronically signed

Dr Ian [redacted]
Consultant Gastroenterologist

THIRD PARTY COPY

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
12-Jun-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Oncology Royal Berkshire Nhs Foundation Trust Oncology
Filename: D10_K81002_4908_9e2f9ef5-0cac-47e8-85ea-530f544896a5.TIF.XX2
Extension:.tif
Pages:

Dr [redacted] Gildersleve, MA FRCP FRCR
Consultant Oncologist
Secretary: Tel: 0118 322 7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

12th June 2020 JG/modl/26260735 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

You will have received detailed correspondence from Dr Halliday about this lady who has been diagnosed with [redacted] syndrome.

She has now completed her cancer treatment with me, and I confirm that there is no oncological objection to her starting on treatment with aspirin as suggested by Dr Halliday.

Kind regards.

Yours sincerely

Electronically signed

Dr [redacted] Gildersleve MA FRCP FRCR
Consultant Oncologist
Secretary: Tel: 0118 322 7861

THIRD PARTY COPY

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

CC: [redacted] HALLIDAY
CONSULTANT CLINICAL GENETICS
OXFORD

THIRD PARTY COPY

Attachment
05-Jun-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Urology Royal Berkshire Nhs Foundation Trust Cytology
Filename: D10_K81002_4908_a7bcf06e-6e77-4ed6-9296-702e2e6a2102.TIF.XX2
Extension:.tif
Pages:

Department of Urology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8629

MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

5th June 2020 AJ/modl/26248167 MRN:981612

Dear Mrs Nobel.

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

I have had letter from the Oxford Genetics Service requesting that we arranged for you to have annual ultrasound scans of your kidneys and annual urine cytology.

I see that you only relatively recently had a CT scan of your abdomen where your kidneys were normal, so I have booked an ultrasound scan for you for a year's time and I will write to you with the result. I have also request on the computer that you have some urine cytology done and I will write to you with the result of that and then book further urine cytology for a year after that.

You could have a urine cytology at your convenience and I think you can probably do that by just turning up to the pathology lab at Newbury where they will have your request on the computer and give a urine sample. The only possible issue is that is how the Newbury pathology services are working during COVID. If it is not working then you can either delay until it is or go to our hospital in Bracknell.

Yours sincerely

Checked electronically but not signed to avoid delay

Mr [redacted] MD FRCS (Urol)
Consultant Urologist

THIRD PARTY COPY

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Attachment
21-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_a6d0d89a-3175-4a9e-8783-4b6c2eebc4b6.TIF.XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

NHS
Oxford University Hospitals
NHS Foundation Trust

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27 MAY 2020

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Genetics CN: 104571

Letter to Other (copied to GP automatically)

Consultant Gastroenterologist,
Royal Berkshire Hospital, Reading
RG1 5AN

Dear [redacted]

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I enclose my clinic letter on this lady who has been confirmed to have [redacted] syndrome. I would be grateful if you could offer her [redacted] screening of her remaining large bowel. This would be with colonoscopy screening on a 2 yearly basis.

She has had an extended right hemicolectomy and small bowel resection in September 2019. I would be grateful if you could liaise with the colorectal team to ensure she is on the list for screening of any residual large bowel she has remaining.

Many thanks for your help with this.

EXTRA PARTY COPY

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

THIRD PARTY COPY

Attachment
21-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_b98f6785-95f4-4afc-a7ec-bf05847e376d.TIF.XX2
Extension: tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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Oxford University Hospitals
NHS Foundation Trust

RECEIVED
27 MAY 2020

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Letter to Other (copied to GP automatically)

Consultant Gynaecologist,
Royal Berkshire Hospital, Reading
RG1 5AN

Genetics CN: 104571

Dear [redacted]

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 46

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I enclose my clinic letter on this lady who has been confirmed to have [redacted] syndrome. She had a hysterectomy for menorrhagia about 5 years ago. I have reviewed the histology report and it appears her ovaries and fallopian tubes are still in situ.

I would be grateful if you could review her given the risk of 17% of ovarian cancer with MSH2. She would be keen to reduce her risk for ovarian cancer by BSO.

Many thanks for seeing her.

THIRD PARTY COPY

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

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Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_1d75f486-8c18-48eb-a2a4-ee6bd78822f3.TIF.XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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Oxford University Hospitals
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27 MAY 2020

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Letter to Other (copied to GP automatically)

Consultant Urologist
Royal Berkshire Hospital, Reading
RG1 5AN

Genetics CN: 104571

Dear [redacted]

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I enclose my clinic letter on this lady who has been confirmed to have [redacted] syndrome. She does have 2 [redacted] who were affected with kidney cancer and cancer of the ureter. We do recognise MSH2 to be a particular risk for urological cancers.

Although screening is not usually recommended in the protocol, given she has 2 close [redacted] with this cancer I think it would not be unreasonable in her situation. I would be grateful if you could offer her screening, such as with an annual ultrasound scan and urinalysis as a way of screening for these cancers.

THIRD PARTY COPY

Many thanks for seeing her.

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

THIRD PARTY COPY

Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_5d278596-4184-4b60-898e-42d81572061c.TIF,XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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NHS Oxford University Hospitals NHS Foundation Trust

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Patient Letter (copied to GP automatically)

Genetics CN: 104571

Dear Ms Noble,

Diagnosis

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I am writing further to our telephone appointment on 4 May 2020. Genetic testing has now confirmed you to have [redacted] syndrome with a pathogenic variant identified in the MSH2 gene. We discussed what this would mean for you and your family.

Bowel screening
You will remain on screening with the oncology team for the next 5 years. You will have an increased risk for developing further primary bowel cancer given this diagnosis. We would recommend screening as for [redacted] syndrome of any remaining large bowel. This would be with colonoscopy on a two yearly basis and I have referred you to the gastroenterology team in Reading for this screening.

Risk for ovarian cancer
You previously had a hysterectomy. I have received the histology report from this surgery which

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confirmed you had your uterus and cervix removed. There would still therefore be a risk of around 17% for developing ovarian cancer going forward. We would therefore recommend you have removal of your ovaries and fallopian tubes. I have referred you to the gynaecology team in Reading for this.

Renal and ureteric cancer

Individuals with an MSH2 gene change do have an increased risk for kidney cancer and cancer of the ureter (the tube between the kidney and the bladder). Given you have two [redacted] affected with kidney and ureter cancer and you have an MSH2 gene change I have written to the urology team in Reading to ask them to offer you annual screening. This would likely be with an annual ultrasound scan of the kidney and annual urine test.

H.Pylori testing

You previously had a test for the stomach bacteria H.pylori and had treatment with antibiotics for this. I have written to your GP to ask if they could retest you for this and treat again as needed.

Aspirin treatment in [redacted] syndrome

We would now recommend aspirin as a cancer prevention treatment in [redacted] syndrome. This is now recommended by NICE. Currently the dose recommended depends on an individuals weight and is 150 mg for individuals under 70 kg and 300 mg a day for those over 70 kg. I would be grateful if your oncology team could liaise with your GP to ensure that they are in agreement for you starting on aspirin treatment at this stage.

Risks for other family members

We discussed that you likely inherited [redacted] syndrome from your [redacted] who developed ovarian cancer age 43 and had a strong family history of cancer. Now we have found this gene change in you we know that your [redacted] your [redacted] and [redacted] and anyone in the family who has a first degree [redacted] affected with cancer would have a 1 in 2 (50:50) chance of carrying this gene change. We would recommend that [redacted] on your [redacted] side such as your children, your [redacted] and [redacted] who are still living, your [redacted] and [redacted] who's intervening [redacted] has died, and [redacted] and [redacted] and [redacted] on your [redacted] side seek a referral to their local genetic clinic for testing. Those found to carry the same gene change would be offered a programme of screening and cancer prevention. I enclose a letter you can pass to individuals in your family to help them organise a genetic referral for genetic testing.

Alternatively, individuals could seek to be referred to our department quoting your family Case number of 104571, or to their local clinic enclosing a copy of your genetic testing report.

I will not organise to see you on a regular basis in the genetic clinic but will list your notes for review in 3 years and suggest you ask to be re-referred in 5 years time, to ensure this advice remains current for you. Do be in touch if you have further questions for us in the meantime.

With best wishes yours sincerely

Enclose a To Whom It May Concern letter and copy of genetic test report dated April 2020

Cc: consultant gynaecologist Royal Berkshire Hospital
Cc: consultant Urologist Royal Berkshire Hospital
Cc: consultant gastroenterologist Royal Berkshire Hospital
Cc: consultant oncologist Berkshire cancer centre Royal Berkshire Hospital

signed electronically

Dr [redacted] Halliday

THIRD PARTY COPY

Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

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Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_430bdc67-a0f3-48c9-b8e6-dbd2c35841f9.TIF.XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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27 MAY 2020

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Genetics CN: 104571
GP Letter

Dear [redacted]

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required.
6) Referral for predictive genetic testing for [redacted]

I enclose my clinic letter on this lady who has been confirmed to have [redacted] syndrome. I would be grateful if you could retest for H. pylori and treat as required.

I have asked her oncology team to contact you to let you know whether treatment with aspirin can be started now given her recent diagnosis. We know aspirin if taken for 5 years can reduce the risk for developing bowel cancer in [redacted] syndrome by around half. If her oncologist is in agreement I would be grateful if you could prescribe this for her if there are no contraindications to this.

Please refer her for updated advice in 3 years time.

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics

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Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

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Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_9287791b-729b-498d-b423-b42eb7910c55.TIF.XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE, MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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Oxford University Hospitals
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27 MAY 2020

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Patient Letter (copied to GP automatically)

Genetics CN: 104571

To the [redacted] of Mena Noble

Your [redacted] has been found to have a gene alteration in the MSH2 gene. People who have an alteration in this gene have the condition [redacted] syndrome.

Individuals with [redacted] syndrome are particularly at risk of developing cancer of the bowel but also cancer of the ovaries and uterus. As this gene alteration has been found in your family there is a chance that others in the family could also have [redacted] syndrome. This is more likely if you have had cancer yourself or if you have a close [redacted] who has had cancer.

As we have identified this gene change in your family we can offer genetic testing to you, to show if you also carry the same gene change. Individuals who carry the gene change would be offered a programme of bowel screening or other options to reduce the risk for cancer occurring, or to try to identify cancer at an early stage when it can be more easily treated.

If you would like to find out more about this and whether testing would be available for you please take this letter to your GP and asked to be referred to your local genetic clinic and somebody would discuss this further with you.

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road

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Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

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Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_957bcee9-1a06-4e5f-8e91-99965d672cf4.TIF.XX2
Extension:.tif
Pages:

Date: 21/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

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27 MAY 2020

NHS
Oxford University Hospitals
NHS Foundation Trust

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Letter to Other (copied to GP automatically)

Consultant Oncologist Berks Cancer Centre Royal Berkshire Hospital, Reading
RG1 5AN

Dear [redacted]

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I enclose my clinic letter on this lady who has been confirmed to have [redacted] syndrome. I would be grateful if you could review her records and consider whether you are in agreement for her starting treatment with aspirin at this stage. I would be grateful if you could liaise with her GP on the appropriateness of this for her now.

Kind regards

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre

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Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: Copy.

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Attachment
04-May-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Result Oxford University Hospital Genetics
Filename: D10_K81002_4908_575dce8e-cfc4-4d3f-806f-d6d8a7c9a190.TIF.XX2
Extension:.tif
Pages:

Date: 22/05/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

29 MAY 2020

NHS
Oxford University Hospitals
NHS Foundation Trust

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 04/05/2020.
Letter status: Final.

Patient Letter (copied to GP automatically)

Genetics CN: 104571

Dear Ms Noble,

Diagnosis

[redacted] syndrome with a pathogenic variant identified in the MSH2 gene
Adenocarcinoma of the transverse colon age 48

Recommendations
1)Two yearly colonoscopy screening of remaining large bowel
2) Risk reducing bilateral salpingo-oophorectomy
3) Annual screening of kidneys and ureter
4) Consider treatment with aspirin
5) H. pylori testing and treatment as required
6) Referral for predictive genetic testing for [redacted]

I am writing further to our telephone appointment on 4 May 2020. Genetic testing has now confirmed you to have [redacted] syndrome with a pathogenic variant identified in the MSH2 gene. We discussed what this would mean for you and your family.

Bowel screening
You will remain on screening with the oncology team for the next 5 years. You will have an increased risk for developing further primary bowel cancer given this diagnosis. We would recommend screening as for Lynch syndrome of any remaining large bowel. This would be with colonoscopy on a two yearly basis and I have referred you to the gastroenterology team in Reading for this screening.

Risk for ovarian cancer
You previously had a hysterectomy. I have received the histology report from this surgery which

THIRD PARTY COPY

confirmed you had your uterus and cervix removed. There would still therefore be a risk of around 17% for developing ovarian cancer going forward. We would therefore recommend you have removal of your ovaries and fallopian tubes. I have referred you to the gynaecology team in Reading for this.

Renal and ureteric cancer

Individuals with an MSH2 gene change do have an increased risk for kidney cancer and cancer of the ureter (the tube between the kidney and the bladder). Given you have two [redacted] affected with kidney and ureter cancer and you have an MSH2 gene change I have written to the urology team in Reading to ask them to offer you annual screening. This would likely be with an annual ultrasound scan of the kidney and annual urine test.

H.Pylori testing

You previously had a test for the stomach bacteria H.pylori and had treatment with antibiotics for this. I have written to your GP to ask if they could retest you for this and treat again as needed.

Aspirin treatment in [redacted] syndrome

We would now recommend aspirin as a cancer prevention treatment in [redacted] syndrome. This is now recommended by NICE. Currently the dose recommended depends on an individuals weight and is 150 mg for individuals under 70 kg and 300 mg a day for those over 70 kg. I would be grateful if your oncology team could liaise with your GP to ensure that they are in agreement for you starting on aspirin treatment at this stage.

Risks for other family members

We discussed that you likely inherited [redacted] syndrome from your [redacted] who developed ovarian cancer age 43 and had a strong family history of cancer. Now we have found this gene change in you we know that your [redacted] your [redacted] and [redacted] and anyone in the family who has a first degree [redacted] affected with cancer would have a 1 in 2 (50:50) chance of carrying this gene change. We would recommend that [redacted] on your [redacted] side such as your children, your [redacted] and [redacted] who are still living, your [redacted] and [redacted] who's intervening [redacted] has died, and [redacted] and [redacted] and [redacted] on your [redacted] side seek a referral to their local genetic clinic for testing. Those found to carry the same gene change would be offered a programme of screening and cancer prevention. I enclose a letter you can pass to individuals in your family to help them organise a genetic referral for genetic testing.

Alternatively, individuals could seek to be referred to our department quoting your family Case number of 104571, or to their local clinic enclosing a copy of your genetic testing report.

I will not organise to see you on a regular basis in the genetic clinic but will list your notes for review in 3 years and suggest you ask to be re-referred in 5 years time, to ensure this advice remains current for you. Do be in touch if you have further questions for us in the meantime.

With best wishes yours sincerely

signed electronically

Dr [redacted] Hallilday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington

THIRD COPY

Attachment
27-Mar-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Oncology Royal Berkshire Nhs Foundation Trust Radiology
Filename: D10_K81002_4908_2fc7ed6d-b646-4c5b-953c-a9c504c2dda4.TIF.XX2
Extension:.tif
Pages:

Dr Nasser Raouf
Specialist Registrar in Oncology

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

27th March 2020 NR/modl/26150115:MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

THIRD PARTY COPY

Diagnoses:
1. Adenocarcinoma of transverse colon, pT3 pN0, 0/28, EMVI positive, R0.
2. Emergency extended right hemicolectomy and small bowel resection, 11th September 2019.
3. Extended postoperative recovery and discharged from hospital following three weeks due to developing hospital-acquired pneumonia, and ITU admission.

Treatment:

1. Finished 6th cycle of adjuvant chemotherapy FOLFOX February 2020.

This was a telephone call appointment to catch up with Ms Noble. I had a chance to call her today and I am glad to let her know that her staging CT scan from 11th March shows no evidence of relapse of the disease. CT scan is a baseline assessment for future reference. Her surgical appointment for reversal has been cancelled in April, which I believe due to COVID-19 pandemic is a right thing as the reversal can be done when the outbreak is settled safely. Her future follow-ups will be six monthly with an updated blood tests and CT scan in six months and I believe it is a telephone call nurse-led follow-up. Her future CT scan would be annually from that point. She will be under follow-ups for five years before being discharged back to your care.

Yours sincerely

Electronically signed

Dr Nasser Raouf
Specialist Registrar in Oncology

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
06-Mar-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Nuffield Orthopaedic Centre Genetics
Filename: D10_K81002_4908_3ddf29ae-2b2d-4878-878a-dcce89ae2fdb.TIF.XX2
Extension:.tif
Pages:

Date: 06/03/2020
Document: Genetics Clinic Letter
Patient: NOBLE , MENA
DoB: 17/02/1971
MRN: 10387693
NHS: 400-213-0924
Address: , 11 Bronte Rise, NEWBURY, RG14 7UG

NHS
Oxford University Hospitals
NHS Foundation Trust

Department

OXFORD CENTRE FOR GENOMIC MEDICINE - Dr [redacted] Halliday - GENETICS CLINIC
Nuffield Orthopedic Centre

Date seen: 10/02/2020.
Letter status: Final.

Patient Letter (copied to GP automatically)

16 MAR 2020

LIBRARY COPY

CN 104571

Dear Ms Noble,

I met you in the genetic clinic with your [redacted] and I am writing to summarise our discussion. You were referred to discuss the diagnosis of bowel cancer in your family. You were diagnosed last year with cancer of your colon and had a portion of your large bowel removed (right extended hemi-colectomy). Genetic testing on the tumour suggested it might have occurred due to the condition [redacted] syndrome, with absence of two of the [redacted] syndrome proteins called MSH2 and MSH6. We discussed that [redacted] syndrome is an inherited susceptibility to developing cancer, particularly of the bowel and uterus.

You are age 48. You had previously been well. You had a hysterectomy in the past, but believe your ovaries and fallopian tubes were left in place.

You have two children. Your [redacted] has a condition called proximal extreme pain disorder with a known gene alteration, and is planning PGD for this later in the year. You were one of nine children. Several have died from cancer of either bowel or kidney. Your [redacted] died at the age of 43 from bowel cancer. She was one of six [redacted] One has previously had a known diagnosis of [redacted] syndrome, but has now passed away and another developed kidney cancer. As far as you are aware, no one else in the family was tested for [redacted] syndrome.

We discussed that your family history, and the previous diagnosis of [redacted] syndrome in your [redacted] along with the results of the tumour test in you, make it is highly likely that your cancer also occurred due to [redacted] syndrome. We can do a genetic test on your blood test to try to confirm this diagnosis in you. We will obtain the result of the genetic test in your [redacted] who was previously diagnosed with [redacted] syndrome. Once we have finished the genetic testing we can meet again to discuss what this means for you and your family going forward.

You have reduced your risk for developing uterine cancer however still have your ovaries and

fallopian tubes. We would potentially consider the option of removing those and can discuss this further once the genetic results are available. We would suggest regular ongoing screening of any residual large bowel. In addition once we have the results of the genetic testing we can offer genetic testing to your [redacted] and [redacted] and your [redacted] With [redacted] syndrome we aim to identify individuals who carry the gene alteration, so we can offer screening and risk reducing measures. We would offer 2 yearly screening from the age of 25 and the option of aspirin as a way of reducing the risk of cancer occurring. For women we would discuss ways to reduce the risk for developing uterine or ovarian cancer.

I will organise an appointment for two months time to review your results with you and to discuss predictive genetic testing for your [redacted] provided a gene alteration has been confirmed. Your [redacted] will need to ensure a referral is made into our department for this from her GP.

With best wishes

yours sincerely

signed electronically

Dr [redacted] Halliday
Consultant in Clinical Genetics
Oxford Centre for Genomic Medicine
Nuffield Orthopaedic Centre
Windmill Road
Headington
OX3 7HE
Tel: 01865 226024
Email: orh-tr.churchill-clinicalgenetics@nhs.net

Outcome

Copy to patient: No Copy.

THIRD PARTY COPY

Attachment
14-Feb-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Filename: D10_K81002_4908_2e935df4-6caf-42a2-b615-5eb44a698ebe.TIF.XX2
Extension:.tif
Pages:

Dr [redacted]
Gildersleve,
MA FRCP
FRCR
Consultant
Oncologist
Secretary:
Tel: 0118 322
7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

14th
February
2020

OA/modl/26064094 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

DIAGNOSES:
1. Adenocarcinoma of transverse colon, pT3 pN0, 0/28, EMVI positive, R0.
2. Emergency extended right hemicolectomy and small bowel resection, 11th September 2019.
3. Extended postoperative recovery and discharged from hospital following three weeks due to developing hospital-acquired pneumonia, for which she needed ITU admission.

CURRENT EPISODE:
1. Finished 6th cycle of adjuvant chemotherapy FOLFOX.

It was a pleasure to meet Mrs Noble in our Oncology Clinic today. She had her last treatment early in the week and she tolerated the treatment so far well. I hope, she will recover quickly and on further screen, there is no major concern apart from advice I passed to her about applying E45 cream to improve moisturising of her hand and feet. As we planned from the past, she will be due for a baseline CT scan 11th March 2020 and we will see her back in clinic the following week approximately 20 March to have the scan results. We hoping if her scan show no concern, we will proceed with active surveillance in term of 6 monthly blood test and yearly CT scan for a total of 5 years. I am aware she is due for a clinic toward the end of March with the surgeon regarding the

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reversal of ileostomy and hopefully this plan will go forward depending her coming CT scan result. Mrs Noble already seen by the Genetic consultant Dr [redacted] in Churchill hospital , with a plan to see her back again in May 2020.

Yours sincerely

Electronically signed

Dr Osamah Al-Asadi
Locum Specialist Registrar in Oncology

PS:
Note to patient: If you have been advised that you require an Oncology follow up appointment and you have not received this at least 4 weeks before it is due, please call the secretary on the above number. Thank you.

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

CC: DR [redacted]
DEPARTMENT OF GENETICS
CHURCHILL HOSPITAL
HEADINGTON
OXFORD
OX3 7LE

CC: MR LUCIAN GOIAN
COLORECTAL
ROYAL BERKSHIRE HOSPITAL
[E-SEND]

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eMED3 (2010) new statement issued, not fit for work
31-Jan-2020 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Bowel Cancer, recovering from surgery, undergoi...; Duration 31-Jan-2020 - 05-Apr-2020)
Filename: FitNote_1fb336b4-ba1b-42ea-9a39-5d618c8cb071.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name	~~Mr, Mrs, Miss,~~ Ms Mena Noble
I assessed your case on:	31 / 01 / 2020
and, because of the following condition(s):	Bowel Cancer, recovering from surgery, undergoing chemotherapy
I advise you that:	[X] 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 31 / 01 / 2020 **to** 05 / 04 / 2020
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 31 / 01 / 2020
Doctor's address
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 1FB336B4-BA1B-42EA-9A39-5D618C8CB071

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 [redacted] 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 [redacted]

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~~ NOBLE
Other names	MENA
Address	11 BRONTE RISE
	GREENHAM
	NEWBURY Postcode RG14 7UG
Date of birth	17 / 02 / 1971 **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**.

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Attachment
24-Jan-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Nhs Foundation Trust Oncology
Filename: D10_K81002_4908_ac1f0b0e-91cc-453e-9dd8-fdc66fb1dc7d.TIF.XX2
Extension:.tif
Pages:

Dr [redacted]
Gildersleve
MA FRCP
FRCR
Consultant
Oncologist
Secretary:
Tel: 0118 322
7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

24th
January
2020

JG/modl/26020400 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

I reviewed Mrs Noble today prior to her fifth cycle of adjuvant chemotherapy. She is basically well, eating, gaining weight and is managing her ileostomy with the aid of Imodium Melts and codeine.

She has little in the way of toxicity from chemotherapy. She will proceed to cycles 5 and 6 in the nurse lead system, following which her PICC line will be removed.

I have booked her reassessment CT scan to be performed in early March and assuming this shows no recurrence, she will proceed hopefully to reversal of her ileostomy in April.

Kind regards.

Yours sincerely

Electronically signed

Dr [redacted] Gildersleve MA FRCP FRCR

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Consultant Oncologist
Secretary: Tel: 0118 322 7861

PS:
Note to patient: If you have been advised that you require an Oncology follow up appointment and you have not received this at least 4 weeks before it is due, please call the secretary on the above number. Thank you.

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

CC: MR LUCIAN GOIAN
COLORECTAL
ROYAL BERKSHIRE HOSPITAL
[E-SEND]

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Attachment
09-Jan-2020 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Emergency Discharge Summary Royal Berkshire Nhs Foundation Trust A & E
Filename: D10_K81002_4908_da5e41c4-9fd4-4708-abf9-b1aa33060cd8.TIF.XX2
Extension:.tif
Pages:

Emergency Department
Royal Berkshire Hospital
Reading RG1 5AN

Patient Discharge Letter

To:General Practitioner: EASTFIELD HOUSE SURGERY , Pooled List
6 ST. JOHNS ROAD

NEWBURY

RG14 7LW

MRN Number: 0981612
NHS Number: 400 213 0924

Name: NOBLE, MENA
Gender: Female
DoB: 17/02/1971
Age: 48 Years
Address:

11 Bronte Rise NEWBURY Berkshire RG14 7UG

If child, accompanied by:

Home Telephone: (797) 900-3208
Mobile Telephone: 07979003208

Attendance: 09/01/2020 13:46:00

Place of accident: Living room

Mode of Arrival: Self Referral

Presenting Complaint: Patient Recently on Chemo
Presenting History: Itemp 35.8, cough bringing green phelgm, painful right ear.

hx; 3 rd chemo, 10/7 for bowel ca - surgery 12/09/19 has ileostomy.

PICC line, 58kg, NKA

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Clinical Information: FY3 [redacted] Mort (ED SHO)

48yo lady with 2 days productive cough, 1 week after chemo (FOLFOX 3rd cycle)

BG adenocarcinoma of transverse colon

Seen with [redacted] in ED Minors on 09/01/20 at 1620.

PC:

- Hx as above

- was meant to have 3rd full cycle last week i.e. 4 hour infusion in [redacted] then home with infusion pump, but sounds like home pump didn't work so she only got the inpatient dose. Consultant happy that this is sufficient for now.

- no fevers at home; T 35.8 at home

- 2 days light green sputum in cough, with some ear pain + mild tenderness of mandible.

- no urinary sx

- otherwise feeling well - but knows she needs to attend if any infective Sx (called [redacted] prior who told her to come in)

- initially vomiting after 3rd chemo dose last week, that has now subsided. Keeping fluids down but hasn't drunk very much in department

PMH:

- fit and well prior to last year

- dental op (tooth abscess/?osteomyelitis) in left mandible last year (before cancer diagnosis)

- NKDA

- no regular meds

- 30 pack year Hx - trying to stop

- no EtOH

- lives alone, usually independently mobile

O/E - T 36.6 HR 108 BP 127/87 RR 19 SpO2 98%

- looks subjectively well

- HS I+II+0

- chest clear bilaterally anterior + posterior, equal a/e

- abdo SNT, stoma healthy, minimal soft contents (last changed this moning), BS present

- calves SNT, ankles slim

- slightly dry mucous membranes

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- warm + well-perfused, peripheral + central CRT <2s

- right ear a little red; left ear NAD, throat NAD

- slight tendeness over right parotid - no swelling or erythema

CXR clear.

lactate 0.9

WCC 10.91 neutrophils 7.67 CRP 33

IMP: likey upper respiratory tract infection with some evidence on bloods of bacterial infection. Slightly dry.

PLAN:

1) flu swab please

2) 1l fluids through PICC please

3) home with 7 days augmentin

- asked Dr [redacted] to r/v mandible/parotid tendeness - agrees with above plan

Flu swab negative. Patient left before re-review.

Investigations: Venous blood gases X-ray Urea and electrolytes, C-reactive protein measurement, Full blood count

Treatments: OBS/ECG/HI/PulseOx

Discharge planning:

Medications and Medical Devices:

No relevant medication details

Prescriber: Smartcard ID: Contact Number:

Screened by Pharmacist:

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Diagnosis:
Upper respiratory infection (Confirmed)

Discharge Method: Treatment complete
Usual Place of Residence

Discharge Follow Up: No referral

Discharged: 09/01/2020 20:00:00

Examined by: Mort , [redacted]

Discharged by: Mort , [redacted]

Additional information about this attendance may be obtained directly from the department.

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Attachment
06-Dec-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Filename: D10_K81002_4908_dbe4786b-2de4-447c-932c-1cbe327b5df2.TIF.XX2
Extension:.tif
Pages:

Dr [redacted]
Gildersleve,
MA FRCP
FRCR
Consultant
Oncologist
Secretary:
Tel: 0118 322
7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

6th
December
2019

OA/modl/25930437 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

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DIAGNOSES:
Adenocarcinoma of transverse colon, pT3 pN0, 0/28, EMVI positive, R0.
Emergency extended right hemicolectomy and small bowel resection, 11th September 2019.
Extended postoperative recovery and discharged from hospital following three weeks due to developing hospital-acquired pneumonia, for which she needed ITU admission.

CURRENT EPISODE:
Review following 1st cycle of adjuvant chemotherapy FOLFOX.

It was a pleasure to meet Mrs Noble in our Oncology Clinic today. She had her first cycle of chemotherapy at the end of November 2019 and I am seeing her following that cycle. She tolerated treatment fairly well apart from developing grade 2 to 3 diarrhoea through her stoma, which improved with the use of Loperamide; however, today, I agreed with her to use the Loperamide liquid instead of the capsule, which will have a better control on her stoma output.

Her appetite is normal, and she had some sickness in the first week of treatment, for which I encouraged her to use the anti-sickness medication provided to her following treatment. No

Independent Assessment Services
Delivered by Atos

38258 000699 0001 E 39900 H2

Dr Badham
Eastfield House Surgery
6 St. Johns Road
NEWBURY
Berkshire
RG14 7LW

39900

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: NX936425C

Date: 19th November 2019

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

THIRD PARTY COPY

Dear Doctor,
I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Miss WILLIAMINA R NOBLE**
Date of birth: **17/02/1971**
Address: **11 Bronte Rise, NEWBURY, Berkshire, RG14 7UG**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

When completing your report, please provide information on the following key areas:

- Please could you confirm diagnosed conditions of this lady and prescribed medications.
- Please could you advise about any other involved specialist or community health professionals.
- If aware please could you advise on this ladies ability to perform her activities of daily living including; preparing a simple meal, taking nutrition, managing medication, washing, toileting and dressing.
- If aware please could you advise on this ladies mobility activities including; planning and following a journey reliably and her ability to stand and mobilise more than 200 metres.

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

OP101

Providing assessment services on behalf of Department for Work & Pensions

Independent Assessment Services

Delivered by Atos

You should base your report on your knowledge of the patient and on her records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to [redacted] it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together* in the enclosed business reply envelope. **Please reply within 5 working days.**

*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Ms [redacted] Pitchers (Occ Therapist, OT68027)

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Registered No. 01245534. VAT No. GB 232327983.

Providing assessment services on behalf of Department for Work & Pensions

Independent Assessment Services
Delivered by Atos

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care [redacted] unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions - recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

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P3005139/0036912/5

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Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

Providing assessment services on behalf of Department for Work & Pensions

Your GP Factual Report **706575016**

Patient's name & Ref No Miss WILLIAMINA R NOBLE **NX936425C**

Date when patient last seen by a health professional / /

Where and by whom

Notes:

- *Please record relevant information based on your knowledge of the patient and their medical records.*
- *Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.*
- *It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any [redacted] information is removed. [redacted] information is any sensitive information that refers to someone other than the patient - for example, the patient's family*
- *Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.*
- *Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.*

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

2. History of condition(s). Include details of any relevant special investigations

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5/3/1996000/1131/0008/GB

3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

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5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- *Manage their health conditions and treatment*
- *Communicate*
- *Walk or move around*
- *Get somewhere on their own*
- *Make simple decisions*
- *Prepare, [redacted] and eat food*
- *Wash, bathe and use the toilet/ manage incontinence*
- *Dress and undress*

Only include information that has been confirmed by a health professional. Please state if this is not known.

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

No ☐ Yes ☐ Don't know ☐ *If yes, tell us about their behaviour within the last 5 years. Use the space below at* **Part 9**

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes ☐ No ☐ Don't know ☐ *If no, please tell us why. Use the space below at* **Part 9**

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. **Do not use the section to provide an opinion.**

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I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature

Name in capitals

Date / /

Stamp

GP Factual Report Invoice

To: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report

GPFR serial no:	**706575016**
Date requested:	**19th November 2019**
DWP ref:	**NX936425C**
Patient's name:	**Miss WILLIAMINA R NOBLE**
Date of birth:	**17/02/1971**
GP/surgery invoice ref:	

Payee details:

Payee name:

Payee name to be the same as the account holder

Surgery name and address:

Postcode:

VAT status

☐ VAT registered: VAT no:

NET amount:	£33.50
VAT 20%:	£6.70
Total amount	£40.20

☐ Not VAT registered: Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)

Sort code: Account no:

I hereby claim the appropriate fee for completing the above GP factual report

Print name: Tel no:

Signature: Date: / /

GMC no. of the GP who completed the GPFR (must be completed):

P30053139/000699/3/5

Authorisation (ATOS USE ONLY) WBS: GB.704471.020.06 GL code: 604102

Print name: GPFR received: / /

Signature: Payment Approved: / /

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Registered No. 01245534. VAT No. GB 232327983

Atos GPFR Inv

eMED3 (2010) new statement issued, not fit for work
11-Nov-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Bowel Cancer, recovering from emergency surgery...; Duration 11-Nov-2019 - 09-Feb-2020)
Filename: FitNote_781e9a56-7b10-4d1f-9c57-4eabd130c852.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 11 / 11 / 2019

and, because of the following condition(s): Bowel Cancer, recovering from emergency surgery, starting chemotherapy

I advise you that:
- [X] 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 11 / 11 / 2019 to 09 / 02 / 2020

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: 11 / 11 / 2019

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 781E9A56-7B10-4D1F-9C57-4EABD130C852

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 [redacted] 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 [redacted]

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~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971 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**.

THIRD PARTY COPY

eMED3 (2010) duplicate issued, not fit for work
11-Nov-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) duplicate issued, not fit for work
Fit Note Document (Diagnosis: Bowel Cancer, recovering from emergency surgery...; Duration 11-Nov-2019 - 09-Feb-2020)
Filename: FitNote_f26ecac1-41f9-4b79-b3a9-e696c6f3dcf0.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms Mena Noble

I assessed your case on: 11 / 11 / 2019

and, because of the following condition(s): Bowel Cancer, recovering from emergency surgery, starting chemotherapy

I advise you that:
- [x] 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 11 / 11 / 2019 to 09 / 02 / 2020

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: 11 / 11 / 2019

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 F26ECAC1-41F9-4B79-B3A9-E696C6F3DCF0

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 [redacted] 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 [redacted]

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 NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971 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.**

Duplicate COPY
THIRD PARTY

OOH report
09-Nov-2019 Mrs Tracey Ball (TB)
Additional:OOH report
OOH report (09-Nov-2019)
Filename: OOH report (09-Nov-2019).txt
Extension:.tif
Pages:

OOH ***
To: OOH Post Master
From: Westcall
At: EMIS
Subject: Mena Noble 17-Feb-1971 (Age: 48 years)
Priority: Routine
Call #: 68324 Received: 08-Nov-2019 19:33

Patients Name: Mena Noble
Date of birth: 17-Feb-1971 (Age: 48 years)
Gender: Female
Address: 11 Bronte Rise

Greenham

Berkshire RG14 7UG
Return Contact No:07449 971262
Tel No: 07979 003208
Mobile No: 07979 003208
Origin:
Case Type: Primary Care Centre
Own Doctor:
Consulted by: Stirk, [redacted]

Received: 19:33
Advised: 19:49 Arrived PCC: 19:56
Cons Start: 20:33 Cons End: 21:06

==========
Message to surgery:

No Follow Up Required
==========
Clinical Codes:
M0... Skin/subcutaneous infections
==========
Triage details:

History:

Already at pcc with stoma problem

Examination Details:

ASSESSMENT
Oxygen saturation % 99.0
Systolic BP mmHg 116
Pulse bpm 76
Temperature C 36.0

THIRD PARTY COPY

Diastolic BP mmHg 68

==========

Consultation details:

History:

Had ileostomy 10/9/19 for ca colon, today noticed
small hole with green discharge below stoma.
Due to start chemo 1/52.
Told can take imodium for loose stool.
No temp, not unwell.

Examination:

obs normal as above
photo of stoma - stoma healthy, small open area
below stoma mildly inflammed
abdo soft, vertical scar healing well, mildly
tender

Diagnosis:

skin nfection next to stoma

Treatment:

start co-amoxiclav (req liquid), imodium.
call again if temp/unwell, otherwise contact
stoma nurse on Monday

Examination Details:

ASSESSMENT
Oxygen saturation % 99.0
Systolic BP mmHg 116
Pulse bpm 76
Temperature C 36.0
Diastolic BP mmHg 68

==========

Prescriptions:

Co-amoxiclav 250mg/62mg/5ml oral suspension 10 ml three times a day 200.00

==========

THIRD PARTY COPY

Attachment
01-Nov-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
DNA Letter Royal Berkshire Hospital Colorectal
Filename: D10_K81002_4908_06e23fc1-de16-42f3-b361-f962621ce625.TIF.XX2
Extension:.tif
Pages:

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

1st November 2019 LG/modl/25854647 MRN:981612

Dear [redacted]

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

Mrs Noble had an appointment in clinic today although she failed to attend or to postpone the appointment.

I suppose that she had significant reasons behind this, and therefore, we will give her another appointment.

Yours sincerely

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

ROYAL BERKSHIRE HOSPITAL DISCHARGE LETTER
Ref: DL/842249

Hospital Number:	000981612	Spell Number:	3055152	GP:
NHS Number:	4002130924	Stay Type:	Inpatient	[redacted] [redacted] Beale
Surname:	NOBLE	Status:	NHS	EASTFIELD HOUSE SURGERY
Forename:	MENA			6 ST.JOHNS ROAD
DoB:	17/02/1971 Sex: F			NEWBURY
Address:	, 15 Bronte Rise, Newbury, ,RG14 7UG			RG14 7LW
Admission Date:	Discharge Date:			
03/03/2017	03/03/2017			

Episode and Transfer history

From Date:	03/03/2017	03/03/2017
Wards:	Chesterman	Redlands
Specialties:	TRAUMA + ORTHOPAEDICS	TRAUMA + ORTHOPAEDICS
Consultants:	Arvind, C	Arvind, Chinnakonda

Diagnosis
2. right 3rd toe flexed metatarsal head

Comorbidities
nil

Presenting Complaints

On Examination

Procedures
basal oestotomy of right 3rd metatarsal

Complications
none

Destination after Discharge
HOME

Instructions to Patient
elevation

Instructions to Patient
mobilise non weight bearing for 6 weeks

Outpatient Appointments
2 weeks

SIGNED: vishnu [redacted] **Bleep:** 666 **Date:** 05 March 2017 at 15:35:11

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
21-Mar-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative, Duration 03-Mar-2017 - 14-Apr-2017)
Filename: FitNote_40c5e5d7-a75b-4d4e-aedc-21b932b56d55.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 21 / 03 / 2017

and, because of the following condition(s): postoperative

I advise you that:
- [X] 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 03 / 03 / 2017 to 14 / 04 / 2017

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: 21 / 03 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 40C5E5D7-A75B-4D4E-AEDC-21B932B56D55

For the patient – what to do now
Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

Attachment
03-Mar-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
*Inpatient Discharge Summary Royal Berkshire NHS Trust Orthopaedics *****, *****, Beale*
Filename: D7_00136675.TIF.XX2
Extension:.tif
Pages:

Newbury
RG14 7UG

NOTE TO PATIENTS:

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: CA/ds/000981612
NHS No: 400 213 0924
Clinic Date: 21st March 2017
Date Typed: 21st March 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
15 Bronte Rise Greenham Newbury RG14 7UG

Diagnoses:
Forefoot metatarsalgia right foot
Third metatarsal basal osteotomy right foot 3rd March 2017

I reviewed Mrs Mena Noble in the clinic today, two and half weeks following osteotomy of third metatarsal base. She is making satisfactory progress following surgery. Wound appears healthy. X-ray shows satisfactory fixation. I have arranged for a below knee non-weightbearing cast and a follow-up in four weeks' time.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:
Ms Mena Noble
15 Bronte Rise
Greenham

THIRD PARTY COPY

(Surgery Use Only – EMIS NUMBER 4908)

Updated 12.4.17 ZK.

EASTFIELD HOUSE SURGERY

PATIENT DETAILS UPDATE FORM

PLEASE COMPLETE ALL SECTIONS

Full Name: MENA NOBLE

Date of Birth: 17-02-71

Home Address: 11 BRONTE RISE

Greenham

Post Code: RG14-7UG

Contact Telephone: —

Mobile: 07979003208

email address: mena.noble@rocketmail.com

Main Spoken Language: English

Do you smoke? Yes ☑ No ☐ Used To ☐ When did you stop?

If yes, how many Cigarettes a day? 15 Cigars Pipes

THIRD PARTY COPY

Attachment
24-Mar-2017 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K
Filename: D7_00138382.TIF.XX2
Extension:.tif
Pages:

eMED3 (2010) new statement issued, not fit for work
12-Apr-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative; Duration 12-Apr-2017 - 26-Apr-2017)
Filename: FitNote_9c3ad686-7c99-401d-8121-add4c2e40a29.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 12 / 04 / 2017

and, because of the following condition(s): postoperative

I advise you that:
[X] 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 / 04 / 2017 to 26 / 04 / 2017

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 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 9C3AD686-7C99-401D-8121-ADD4C2E40A29

For the patient – what to do now
Please [redacted] 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 [redacted] 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.

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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.

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- 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
National Insurance (NI) number:

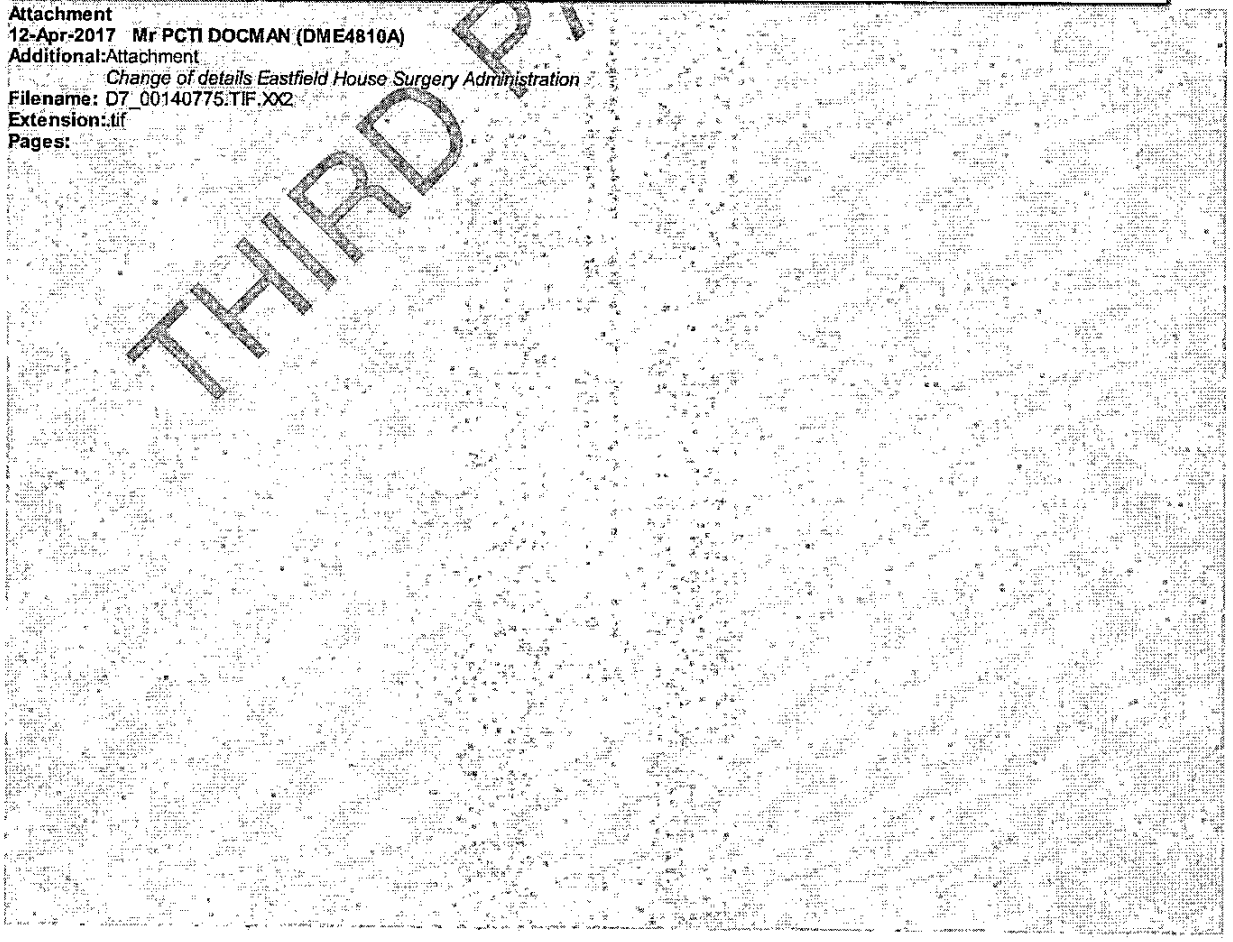
Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY

Attachment
12-Apr-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Change of details Eastfield House Surgery Administration
Filename: D7_00140775.TIF.XX2
Extension:.tif
Pages:



Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

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Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: AK/ds/000981612
NHS No: 400 213 0924
Clinic Date: 20th April 2017
Date Typed: 20th April 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
Forefoot metatarsalgia right foot
Third metatarsal basal osteotomy right foot, 3 March 2017

Management Plan:
Mobilise as comfort allows
Outpatient referral to Podiatry and clinical review three months

Ms Noble came out of cast today six weeks after osteotomy. All appears well. The wound has healed nicely. She still has a thick plantar keratosis under the third metatarsal head. Her x-rays are satisfactory.

Management Plan:
Outlined as above. I think Podiatry will be able to pair back the plantar keratosis which will speed her recovery. Clinically I will review things in three months' time.

Kind regards

Yours sincerely

Alpesh Kothari
Registrar in Trauma + Orthopaedics
Copy to:

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
27-Apr-2017 Dr Miranda Gough (MCG)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: recovering post foot surgery; Duration 27-Apr-2017 - 04-May-2017)
Filename: FitNote_5ca520e2-afb0-431a-9a1f-e8483037912d.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 27 / 04 / 2017

and, because of the following condition(s): recovering post foot surgery

I advise you that:
- [X] 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 27 / 04 / 2017 to 04 / 05 / 2017

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: 27 / 04 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 5CA520E2-AFB0-431A-9A1F-E8483037912D

For the patient – what to do now
Please [redacted] 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 [redacted] 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.

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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

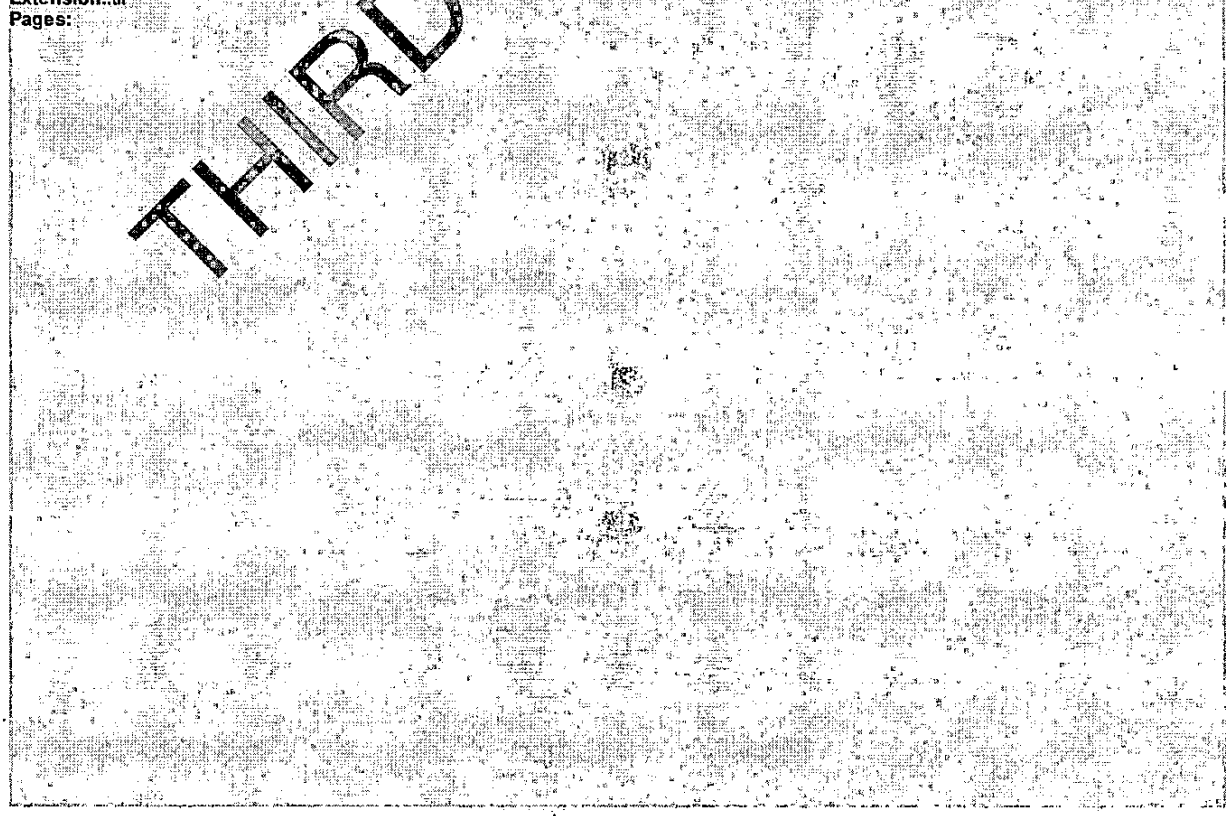
Surname: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
National Insurance (NI) number: [ ]

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: [ ]

THIRD PARTY

Attachment
25-Apr-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K
Filename: D7_00141143.TIF.XX2
Extension:.tif
Pages:



eMED3 (2010) new statement issued, may be fit for work
18-May-2017 Dr Peter Hetherington (PLGH)
Additional: eMED3 (2010) new statement issued, may be fit for work
Fit Note Document (Diagnosis: Helal metatarsal osteotomy; Duration 04-May-2017 - 05-Jun-2017)
Filename: FitNote_cc2539c2-e36d-4a70-99ef-268ce1276532.pdf
Extension: tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr~~ ~~Mrs~~ ~~Miss~~ Ms Mena Noble

I assessed your case on: 18 / 05 / 2017

and, because of the following condition(s): Helal metatarsal osteotomy

I advise you that:
- [ ] ~~you are not fit for work~~
- [X] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [X] a phased return to work
- [ ] ~~amended duties~~
- [X] altered hours
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):
Recovering satisfactorily post-operatively but will take some weeks to regain full function.

This will be the case for
or from 04 / 05 / 2017 to 05 / 06 / 2017

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: 18 / 05 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- CC2539C2-E36D-4A70-99EF-268CE1276532

For the patient – what to do now

Please [redacted] 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:
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- 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: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE, GREENHAM, NEWBURY, Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Mr Arvind's Elective Clinic

Our ref: AK/ds/000981612

NHS No: 400 213 0924

Clinic Date: 25th April 2017

Date Typed: 25th April 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

I reviewed Mrs Noble in clinic recently and planned to arrange podiatry input to pare her plantar keratosis. I have liaised with the Hospital Podiatry Service and they informed me that this needs to be arranged through Community Podiatry Service and as such I would be very grateful if you could arrange this.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Alpesh Kothari
Registrar in Trauma + Orthopaedics

Copy to:
Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

THIRD PARTY COPY

MEDICAL SUMMARY LIST

Medication

Allergies

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	

THIRD PARTY COPY

Attachment
23-May-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Podiatry BEALE K
Filename: D7_00143522.TIF.XX2
Extension:.tif
Pages:

WEST BERKSHIRE COMMUNITY HOSPITAL
REFERRAL FOR PODIATRY ASSESSMENT

Patients Full Name: Mena Noble **Date of Birth** 17-Feb-1971
Address: 11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG
Telephone No: 07979003208 **NHS No:** 400 213 0924

Doctor: [redacted] (Dr)
Address: Eastfield House, 6 St Johns Rd, Newbury, RG14 7LW
Date of Referral: 6.6.17

REASON FOR REFERRAL: (please consider the Podiatry Service proprieties overleaf for appropriate referrals):

Dear [redacted]

I would be grateful if you would arrange to see this 46 year old lady. She was recently seen by the Orthopaedic team at the RBH (see attached letter) and they have requested I refer her to you for paring of her plantar keratosis. Many thanks for your help with this.

Yours sincerely

Dr Carolynne Christie (on behalf of Dr [redacted]

MEDICAL HISTORY - See attached list.

Does the patient suffer from:
DIABETES: PERIPHERAL VASCULAR DISEASE: RHEUMATOID ARTHRITIS:

CURRENT MEDICATION AND KNOWN ALLERGIES: - See attached list

PREVIOUS PODIATRY TREATMENT: **YES/ NO**

TRANSPORT: WILL YOU BE ARRANGING HOSPITAL TRANSPORT FOR THIS PATIENT YES/NO

If YES, Wheelchair/Escort required?_____

HOME VISITS: These are only available for patients who are completely housebound.

Does the patient require a home visit: **YES/ NO**

Please include relevant risk assessment and access information for patients requiring home visits

Please return this form to: **Chiropody Clinic, West Berkshire Community Hospital**
Benham [redacted] London Road, Thatcham, Berkshire, RG183AS

THIRD PARTY COPY

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	

Allergies

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To Be Taken Four Times A Day	140 ml	13-Jun-2017
Flucloxacillin 250mg capsules	One To Be Taken Four Times A Day	28 capsule	13-Jun-2017

THIRD PARTY COPY

Referral letter
06-Jun-2017 Mrs Debbie Morris (DM)
Additional: Referral letter
re plantar keratosis
Filename: Referral letter NOBLE, Mena (Ms) 1103 06-Jun-2017.rtf
Extension: tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751
www.eastfieldhousesurgery.co.uk
wwwwwwww

DR A B MALONEY
DR N K M WALKER
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
DR H [redacted]
DR M GOUGH

13 June 2017
Ref: HKMWjam

Mr C Arvind
Consultant Orthopaedic Surgeon
Royal Berkshire Hospital
London Road
Reading
RG1 5AN

Dear Mr Arvind

Mena Noble DOB: 17-Feb-1971 Mob No: 07979 003208
11 Bronte Rise Greenham Newbury RG14 7UG
NHS No: 400 213 0924 Hospital No:

You carried out a third metatarsal osteotomy on the right foot of this nice lady in April. She is due for a follow up appointment next month and is very pleased with the surgery but unfortunately has the same problem on her left foot. I would be grateful if you could have a look at this when she comes to see you for follow up as I feel this may well need surgery.

With many thanks

Yours sincerely

Dr [redacted]

THIRD PARTY COPY

eMED3 (2010) duplicate issued, not fit for work
03-July-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) duplicate issued, not fit for work
Fit Note Document (Diagnosis: foot disorder, Duration 03-Jul-2017 - 03-Aug-2017)
Filename: FitNote_b04baed4-fbc1-4d9a-a525-db77740756d4.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ Mena Noble

I assessed your case on: 03 / 07 / 2017

and, because of the following condition(s): foot disorder

I advise you that:
- [X] 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: 1 Month(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: 17 / 07 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- B04BAED4-FBC1-4D9A-A525-DB77740756D4

For the patient – what to do now
Please [redacted] 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.

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Your details – Please use BLOCK CAPITALS

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Other names: MENA
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GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
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Signature
Date / /
If you have signed this form for someone else, please tick here: [ ]

Duplicate
THIRD PARTY COPY

Letter sent to consultant
13-Jun-2017 Mrs Jacquie McLaren (JMCL)
Additional: Letter sent to consultant
Osteotomy 3rd metatarsal of right foot
Filename: Letter sent to consultant NOBLE, Mena (Ms) 1423 13-Jun-2017.rtf
Extension:.tif
Pages:

eMED3 (2010) new statement issued, not fit for work
03-July-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: foot disorder; Duration 03-Jul-2017 - 03-Aug-2017)
Filename: FitNote_b4709867-5e8e-4610-b68e-114cdb3544d1.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 03 / 07 / 2017

and, because of the following condition(s): foot disorder

I advise you that:
- [x] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

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- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: 1 Month(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: 03 / 07 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- B4709867-5E8E-4610-B68E-114CDB3544D1

For the patient – what to do now

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Signature:
Date: / /
If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
12-Apr-2017	Alcohol consumption	2	U/week	

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

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Medication

Medication
Past

Drug	Dosage	Quantity	Last Issued On
Flucloxacillin 250mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Four Times A Day	500 ml	22-Mar-2018
Terbinafine 250mg tablets	One To Be Taken Each Day	28 tablet	22-Mar-2018
Amitriptyline 10mg tablets	3 PO nocte	84 tablet	08-Mar-2018
Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free	10 MLS THREE TIMES DAILY	300 ml	08-Mar-2018
Amitriptyline 10mg tablets	1-2 at night as required for sleep	28 tablet	16-Jan-2018
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	16-Jan-2018
Oilatum cream (GlaxoSmithKline Consumer Healthcare)	AS DIRECTED	500 ml	05-Jan-2018
Co-amoxiclav 400mg/57mg/5ml oral suspension sugar free	5MLS TDS	140 ml	15-Dec-2017
Flucloxacillin 250mg/5ml oral solution sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	200 ml	01-Dec-2017

Clinical record details

Consultations

Problems

Allergies and intolerances

Allergies

THIRD PARTY COPY

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000293874460**	Age:	**47y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**05-Jul-2017**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	[redacted] **(Dr)**	Letter last modified	**27-Jun-2018**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

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Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	

Significant Past

Date	Problem	Associated Text	Date Ended
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	05-Aug-2015
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

Allergies

No allergies recorded.

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To Be Taken Four Times A Day	140 ml	13-Jun-2017
Flucloxacillin 250mg capsules	One To Be Taken Four Times A Day	28 capsule	13-Jun-2017

Blood Pressure

Specific Codes Table

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Last BMI

Body mass index: 20.5 kg/m2 10-Mar-2015

THIRD PARTY COPY

e-RS Letter (05-Jul-2017)
05-July-2017 Mrs Andrea Allan (AA)
Additional: e-RS Letter (05-Jul-2017)
NHS e-Referral UBRN 000293874460 for Orthopaedic referral
Filename: 1806271358_NHS e-RS Letter.rtf
Extension: tif
Pages:

DR A B MALONEY
DR H M DAVIS
DR V FEATHERSTONE
DR R J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
DR H CLARKE

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751
www.eastfieldhousesurgery.co.uk

6 July 2017
GP Code 906575
REF: HKMW/cb

Mr C Arvind
Consultant Orthopaedic Surgeon
Royal Berkshire Hospital
London Road
Reading
RG1 5AN

FAX: 0118 322 8908

ROUTINE/SOON/URGENT

Dear Mr Arvind

Mena Noble DOB: 17-Feb-1971 Tel: 07979003208 Mob:
11 Bronte Rise Greenham Newbury RG14 7UG
NHS Number: 400 213 0924 Hospital Number:

Thank you for seeing this 46 year old lady who has severe pain in the left metatarsal area. You offered her metatarsal osteotomy recently but she declined, however since turning down your kind offer the foot pain has really increased. She had a metatarsal osteotomy on the 3 March 2017 and has made a very good recovery. She is due to see you for follow up on the 17 July and would like to be considered for left metatarsal osteotomy.

Many thanks.

Yours sincerely

Dr [redacted]

THIRD PARTY COPY

Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

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THIRD PARTY COPY

Referral letter
06-July-2017 Mrs Chrissie Browning (CB)
Additional: Referral letter
left metatarsal osteotomy
Filename: Referral letter NOBLE, Mena (Ms) 1130 06-Jul-2017.rtf
Extension:.tif
Pages:

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: CA/ds/000981612
NHS No: 400 213 0924
Clinic Date: 18th July 2017
Date Typed: 19th July 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
Forefoot metatarsalgia both feet
Basal osteotomy third metatarsal right foot, 03.03.2017

I reviewed Ms Noble in the clinic today, 4½ months following osteotomy of the right third metatarsal. She has responded well to the surgery and remains asymptomatic on the right side. She has similar large callosity of skin over the plantar aspect of the third metatarsal with severe tenderness and she would like to have a similar procedure done for the left foot.

I have arranged for osteotomy of the third metatarsal. I have also explained to her about the procedure and the risks like infection, nerve damage, CRPS, non-union, DVT, PE, anaesthetic risk and failure to resolve.

Kind regards,
Yours sincerely,

Checked electronically to avoid delay

Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
01-Aug-2017 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: foot disorder (left), awaiting surgery; Duration 01-Aug-2017 - 30-Sep-2017)
Filename: FitNote_2929269d-570a-4b5f-9938-02c152d038b2.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 01 / 08 / 2017

and, because of the following condition(s): foot disorder (left), awaiting surgery

I advise you that:
[X] 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 01 / 08 / 2017 to 30 / 09 / 2017

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: 01 / 08 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 2929269D-570A-4B5F-9938-02C152D038B2

For the patient – what to do now
Please [redacted] 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.

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Surname: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

Attachment
18-July-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K
Filename: D7_00150414.TIF.XX2
Extension:.tif
Pages:

Attachment
02-Aug-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge Letter BHFT Podiatry Amrita Damani
Filename: D7_00149729.TIF.XX2
Extension: tif
Pages:

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Dr AGRAWALLA
EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
RG14 7LW

Podiatry Clinic
West Berkshire Community Hospital
London Road, Benham [redacted]
Thatcham
Berks. RG18 3AS
Tel: 01635 273337

2 Aug 2017

Dear DR AGRAWALLA

RE: Mena NOBLE
11 Bronte Rise
Greenham
NEWBURY
RG14 7UG

Date of Birth: 17 Feb 1971

NHS No: 400 213 0924

Ms Mena NOBLE was referred to the Podiatry Service for possibly fungal nails

On assessment the patient did not meet the current Podiatry Service criteria for on-going care. Appropriate advice and treatment was given at this appointment and the patient has been discharged from the service.

If you require any further information relating to this patient, please contact the clinic on the number above.

Yours sincerely

Podiatrist
A Damani
Copy to patient

THIRD PARTY COPY

Has patient been assessed by the HSPCT (Palliative Care)? No
Has patient been MRSA swabbed? Yes **Infected?** No **Carrier?** No
Has patient been C.Diff tested? No
Allergy/Sensitivity nkda
Regular Medications Changed? No

Non-Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Days supply	Hosp to supply?
CODEINE PHOSPHATE 30 mg Tablets	30	four times a day	orally	PRN	N	14	Y
TINZAPARIN 4500 units in 0.45mL Pre-filled Syringe	4500	once at night	subcutaneously	then review	N	36	Y

Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Quantity figures	Quantity words	Hosp to supply?

This letter refers to NOBLE, MENA **DoB:** 17/02/1971 **Hosp #:** 000981612 **NHS #:** 4002130924

THIRD PARTY COPY

Instructions to Patient
dvt thromboprophylaxis 6 weeks

Instructions to Patient
smoking cessation

Hospital Aftercare
opd 2 weeks cast off and change of plaster

SIGNED: miss a hazlerigg(Specialist Registrar) **Bleep:** via switch **Date:** 09 September 2017 at 16:15:18

THIRD PARTY COPY

ROYAL BERKSHIRE HOSPITAL DISCHARGE LETTER
Ref: DL/888756

Hospital Number:	000981612	Spell Number:	3363768	GP:
NHS Number:	4002130924	Stay Type:	Inpatient	[redacted] Beale
Surname:	NOBLE	Status:	NHS	EASTFIELD HOUSE SURGERY
Forename:	MENA			6 ST.JOHNS ROAD
DoB:	17/02/1971 Sex: F			NEWBURY
Address:	11 Bronte Rise, , NEWBURY, ,RG14 7UG			RG14 7LW
Admission Date:	Discharge Date:			
08/09/2017	09/09/2017			

Episode and Transfer history

From Date:	08/09/2017	08/09/2017
Wards:	Chesterman	Redlands
Specialties:	TRAUMA + ORTHOPAEDICS	TRAUMA + ORTHOPAEDICS
Consultants:	Arvind, C	Arvind, Chinnakonda

Diagnosis
2. Left metatarsalgia 3rd toe

Comorbidities
nil

Presenting Complaints
Elective

On Examination
Elective

Management Plan
Right 3rd metatarsal basal osteotomy

Procedures
Left 3rd Metatarsal basal osteotomy

Destination after Discharge
HOME

Advance Care Planning
No

Instructions to Patient
NWB 6 WEEKS POST OP

Instructions to Patient
Elevate

Instructions to Patient
REGULAR ANALGESIA

Instructions to Patient
home when safe

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
11-Sept-2017 Dr Katie Beale (KB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: post foot operation; Duration 09-Sep-2017 - 21-Oct-2017)
Filename: FitNote_31e0da1d-2d56-42b0-bbff-8bdba26914db.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 11 / 09 / 2017

and, because of the following condition(s): post foot operation

I advise you that:
- [X] 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 09 / 09 / 2017 to 21 / 10 / 2017

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: 11 / 09 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 31E0DA1D-2D56-42B0-BBFF-8BDBA26914DB

For the patient – what to do now
Please [redacted] 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

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- 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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
09-Sept-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
*Inpatient Discharge Summary Royal Berkshire Nhs Foundation Trust *****, *****, Beale*
Filename: D7_00152723.TIF.XX2
Extension:.tif
Pages:

THIRD PARTY COPY

NOTE TO PATIENTS:

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Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: CA/ds/sh/000981612
NHS No: 400 213 0924
Clinic Date: 3rd October 2017
Date Typed: 4th October 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
Forefoot metatarsalgia, left foot
Osteotomy, base of third metatarsal left foot 08.09.2017

I reviewed Ms Noble in the clinic today, three weeks following the osteotomy of third metatarsal base. She is making satisfactory progress following the surgery. The wound appears healthy. I have arranged for a below knee non weightbearing cast and a follow-up in three weeks' time with x-ray on arrival.

Yours sincerely,

Checked electronically to avoid delay
Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:
Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
20-Oct-2017 Dr Carolynne Christie (CC)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: post foot operation; Duration 20-Oct-2017 - 10-Nov-2017)
Filename: FitNote_f9ffd580-bdad-4c2b-ab77-b06b4d68d7cf.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 20 / 10 / 2017

and, because of the following condition(s): post foot operation

I advise you that:
- [X] 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 20 / 10 / 2017 to 10 / 11 / 2017

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: 20 / 10 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- F9FFD580-BDAD-4C2B-AB77-B06B4D68D7CF

For the patient – what to do now
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- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

Attachment
03-Oct-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Orthopaedics BEALE K
Filename: D7_00155134.TIF.XX2
Extension:.tif
Pages:

eMED3 (2010) new statement issued, not fit for work
23-Oct-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative; Duration 21-Oct-2017 - 10-Nov-2017)
Filename: FitNote_8fdf0e3d-24d2-4ad7-a1de-d8809624e94a.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 23 / 10 / 2017

and, because of the following condition(s): postoperative

I advise you that:
[X] 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 21 / 10 / 2017 to 10 / 11 / 2017

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: 23 / 10 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 8FDF0E3D-24D2-4AD7-A1DE-D8809624E94A

For the patient – what to do now
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NEWBURY Postcode RG14 7UG
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Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

Copy to:

Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

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We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Mr Arvind's Clinic
Our ref: AH/ds/sh/000981612
NHS No: 400 213 0924
Clinic Date: 2nd November 2017
Date Typed: 3rd November 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
Fourth foot metatarsalgia left foot
Osteotomy base of third metatarsal left foot 8th September 2017

History:
Ms Noble attended today. She has had her cast removed. I am pleased to say that there is a good position of the metalwork on her x-ray today and her scar has healed completely.

I am happy for her to start mobilising on this. We have talked about good supportive shoes and I have provided her with a boot but I am more than happy for her to wean out of this as she is able.

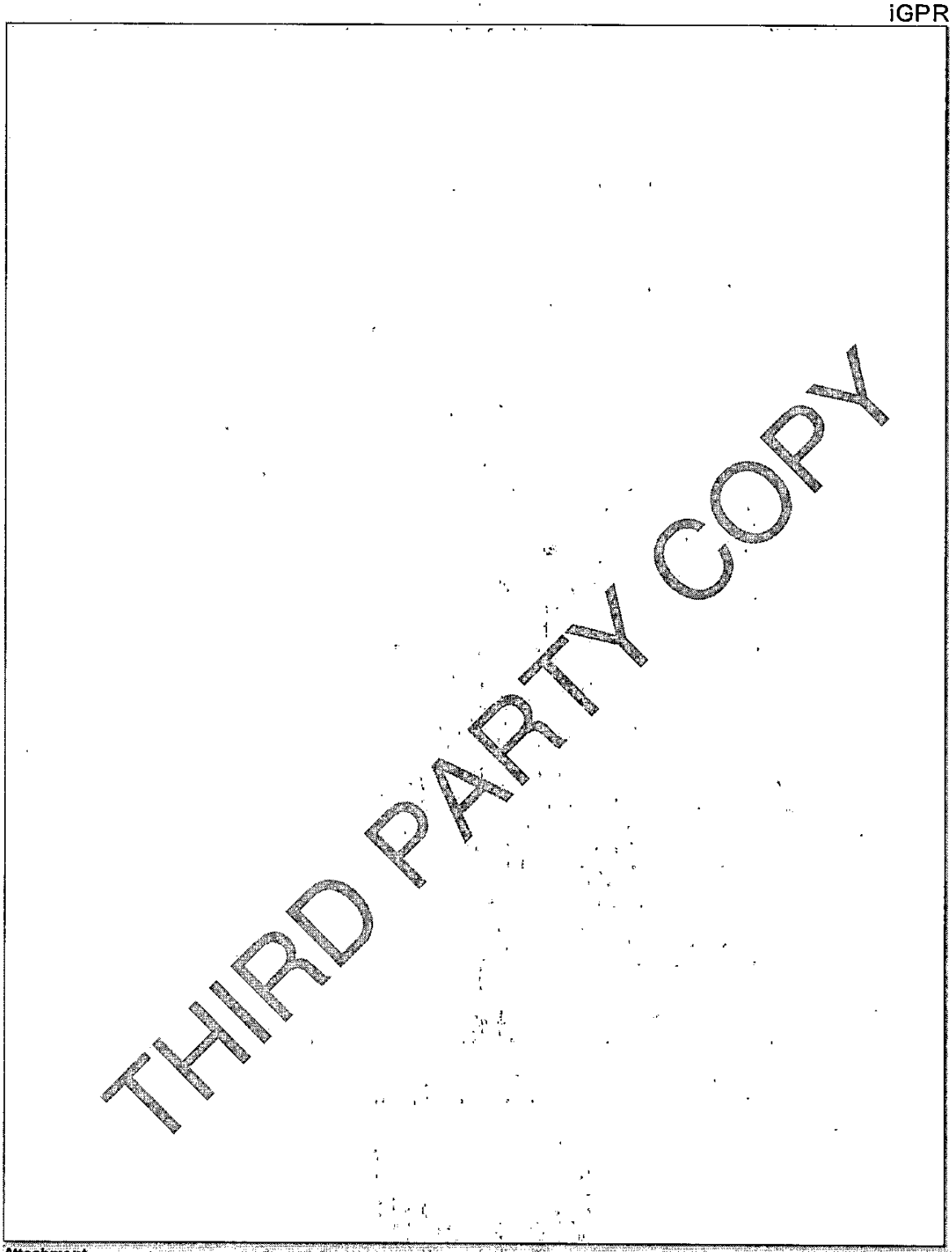
I have arranged a further follow-up in six weeks' time with an x-ray of both feet on arrival and we look forward to seeing her then.

Yours sincerely

Checked electronically to avoid delay

Miss [redacted] Hazlerigg FRCS (Tr+Orth)
Specialist Registrar

THIRD PARTY COPY



THIRD PARTY COPY

Attachment
03-Nov-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Radiology BEALE K
Filename: D7_00157662.TIF.XX2
Extension: tif
Pages:

DX: none
Allergies: Nil known
Smoking: Smokes 10-15 Cigarette a day f0r 30. years
Alcohol: 2 units a week
Occupation: [redacted] a kitchen
SH: Lives alone
Hand dominance: Right handed

Examination:

Alert and orientated not feeling unwell
Temperature 34.9C, Heart rate 70 and reg Oxygen saturations 985 on RA, Blood pressure 104/63
Respirations of 16
Dry crusty scab to lateral aspect of nail middle finger right hand, no bruising, no lacerations
Erythema from nail travelling up to the DIPJ with swelling
Evidence of nail biting
Full range of movement of finger
No bony tenderness on palpation of finger
neurovascularly intact
CRT <2
Able to make a fist and fully extend finger

Diagnosis:

Paronychia to right middle finger with erythema

Treatment:

Flucloxacillin 500mg TTO given for infection with low temperature and tracking BN 14304 EXP 08/2019
MGSO4 applied onto CosmoporE and placed on finger to draw out any infection.
Worsening signs and symptoms with signs of infection discussed
SOS return advice given
If starts to feel unwell to contact GP or out of hours to call 111.
To refrain from btiing her nails

==========

Prescriptions:
flucloxacillin 500mg capsules Take one capsule Four times a day for seven days 28.00

==========

THIRD PARTY COPY

OOH ***
To: OOH Post Master
From: Westcall
At: EMIS
Subject: Mena Noble 17-Feb-1971 (Age: 46 years)
Priority: Routine
Call #: 40658 Received: 29-Nov-2017 10:45

Patients Name: Mena Noble
Date of birth: 17-Feb-1971 (Age: 46 years)
Gender: Female
Address: 11 Bronte Rise

Greenham

Berkshire RG14 7UG
Return Contact No:07979 003208
Tel No: 07979 003208
Mobile No:
Origin:
Case Type: MIU
Own Doctor: [redacted]
Consulted by: Ellison, [redacted]

Received: 10:45
Advised: 12:23 Arrived PCC: 10:46
Cons Start: Cons End:

==========
Message to surgery:

General Follow Up
==========
Clinical Codes:
==========
Reported Condition:

Symptoms: Infected RT middle finger
==========
Triage details:

History:

PC: ? infected middle finger
HPC: History from patient, two week history of infection to middle ring finger from nag nail, try to fix it herself by squeezing it. does bite her nails.
PMH: nil known

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
01-Dec-2017 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: post foot operation; Duration 01-Dec-2017 - 07-Jan-2018)
Filename: FitNote_2348f113-396b-4ac1-b5df-880e0c08de37.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 01 / 12 / 2017

and, because of the following condition(s): post foot operation

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[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 01 / 12 / 2017 to 07 / 01 / 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: 01 / 12 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 2348F113-396B-4AC1-B5DF-880E0C08DE37

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Other names: MENA
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GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
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Signature
Date / /
If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

OOH report
29-Nov-2017 Dr Helen Clarke (HC)
Additional:OOH report
OOH report (29-Nov-2017)
Filename: OOH report (29-Nov-2017).txt
Extension:.tif
Pages:

Miss [redacted] Hazlerigg FRCS (Tr+Orth)
Specialist Registrar

Copy to:

Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

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THIRD PARTY COPY

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Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

---------- Mr Arvind's Clinic

Our ref: AH/NO/000981612

NHS No: 400 213 0924

Clinic Date: 4th January 2018

Date Typed: 5th January 2018

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnosis:

Osteotomy base of third metatarsal left foot

Date of Procedure:

8th September 2017

Management Plan:

Review in clinic in three months' time

X-ray of left foot on arrival

History:

Meena is 46 year old and smokes approximately 20 a day. She had osteotomy of her third metatarsal back in September and is still symptomatic around the osteotomy site.

The x-rays today show good metalwork placement; however the osteotomy has not completely united. There was no movement on stressing it and there was no evidence of infection and her scar is well healed. There is no evidence of neuropathic pain.

Today we have had a discussion regarding cessation of smoking and it is really important that she complies with it. I have arranged to see her again in three months' time with an x-ray of her left foot on arrival.

Yours sincerely

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
16-Jan-2018 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative - foot surgery - nonunion of meta...; Duration 04-Jan-2018 - 04-Apr-2018)
Filename: FitNote_80a434d1-d58d-464d-9bd2-1f2dec2ce9d9.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 16 / 01 / 2018

and, because of the following condition(s): postoperative - foot surgery - nonunion of metatarsals

I advise you that:
- [X] 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 04 / 01 / 2018 to 04 / 04 / 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 / 01 / 2018

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 80A434D1-D580-464D-9BD2-1F2DEC2CE9D9

For the patient – what to do now
Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: ☐

THIRD PARTY COPY

Attachment
04-Jan-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Radiology BEALE K
Filename: D7_00164130.TIF.XX2
Extension:.tif
Pages:

eMED3 (2010) new statement issued, not fit for work
16-Jan-2018 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: foot surgery - postoperative; Duration 04-Jan-2018 - 15-Feb-2018)
Filename: FitNote_7609a929-87ea-4146-ba06-1ca281a702ea.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 16 / 01 / 2018

and, because of the following condition(s): foot surgery - postoperative

I advise you that:
- [X] 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 04 / 01 / 2018 to 15 / 02 / 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 / 01 / 2018

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 7609A929-87EA-4146-BA06-1CA281A702EA

For the patient – what to do now

Please [redacted] 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.

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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:
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If you are employed
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- 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE

Other names: MENA

Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG

Date of birth: 17 / 02 / 1971

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 benefits and any request for it to be looked at again.

Signature:

Date: / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

SAMPLE NOT PROCESSED

Patient: Mena Noble

Date Of Birth: 17-02-1971

NHS Number: 4002130924 **Recipient GP:** [redacted] [redacted] **(Dr)**

Status: Filed **Viewed:** [redacted] [redacted] **(Dr)**

See laboratory comment

EMIS Report ID: 1784324 Lab Report ID: M18032859E_180207_140019_0

Issued: 07/02/2018 14:00 Received: 07/02/2018 14:59

THIRD PARTY COPY

Filename: D7_00167075.TIF.XX2
Extension: tif
Pages:

SAMPLE NOT PROCESSED

Patient: Mena Noble
Date Of Birth: 17-02-1971
NHS Number: 4002130924 **Recipient GP:** [redacted] [redacted] **(Dr)**
Status: Filed **Viewed:** [redacted] [redacted] **(Dr)**

Specimen: Nail clipping **Taken: 17/01/2018 15:20 Recieved: 07/02/2018 13:29**

This sample was not labelled with sufficient patient details to positively identify it and was therefore not processed.
All samples must be labelled with; the patients full name, date of birth and NHS/Hospital number. We require three points of identification to process the sample.

SAMPLE NOT PROCESSED
(HKMW4810) - Dr has written to the patient repeat sample - inadequately labelled
See laboratory comment

Notes: ?fungal nails

THIRD PARTY COPY

Letter sent to patient
09-Feb-2018 Mrs Julia Anderson (JA)
Additional: Letter sent to patient
HW to KJB
Filename: HW to KJB.rtf
Extension:.tif
Pages:

DR H K M WALLIS
DR E V FEATHERSTONE
DR A B MALONEY
DR K J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TELEPHONE: (01635) 41495
FAX: (01635) 522751

THIRD PARTY COPY

Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Date as Postmark

Dear Ms Noble

I am sorry to inform you that Dr [redacted] will be retiring on 28th February 2018. Unfortunately this does mean that we have to transfer her patients to another GP.

I am writing to inform you that, with effect from 1st March 2018, Dr Kelvin Badham will be looking after you.

If you feel there are serious reasons why you would prefer to move to a different GP or if you have dependent children and would like them to transfer with you, please contact me.

I do hope you will find this change acceptable and that it does not inconvenience you unduly and I am sure you would like to join me in wishing Dr [redacted] all the best for her retirement.

With kind regards

[redacted]
Practice Manager

Attachment
07-Feb-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Contact Royal Berkshire Hospital Sample not processed

Letter sent to patient
20-Feb-2018 Mrs Jacquie McLaren (JMCL)
Additional: Letter sent to patient
Nail sample
Filename: Letter sent to patient NOBLE, Mena (Ms) 1044 20-Feb-2018.rtf
Extension: tif
Pages:

DR A B MALONEY
DR H K M WALLIS
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
DR H [redacted]

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TELEPHONE: (01635) 41495
FAX: (01635) 522751
www.eastfieldhousesurgery.co.uk

THIRD PARTY COPY

20 February 2018
HKMW/jam

Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Mena

Unfortunately the piece of nail that we sent off has been reported as insufficiently labelled so we are going to have to repeat the sample. I will leave a request form and printed label at Reception for you to collect. I am really sorry I can't offer you any treatment until we know whether or not it is fungal. If everything has settled down we don't need to do anything further but otherwise, please repeat the sample and I will make sure it is properly labelled.

With best wishes

Yours sincerely

Dr [redacted]

viapath

[redacted] and St [redacted] NHS Foundation Trust

NHS Number:

CLINICAL INFORMATION – for chromosome imbalance testing *Place an X in the box if statement applies to the subject*

1 Cognitive Development	☐ Typical		
	☐ Delay (Atypical)		
	☐ Mild (IQ 50-69; for adults mental age 9-12 yrs)		
	☐ Mod (IQ 35-49; for adults mental age 6-9 yrs)		
	☐ Severe (IQ 20-34; for adults mental age 3-6 years)		
	☐ Profound (IQ <20; for adults mental age <3 years)		
2 Specific Developmental Disorder	Speech and language ☐ Reading and spelling ☐ Arithmetic ☐ Motor Skills ☐		
3 Neurodevelopmental/Behavioral Problems	Autistic Spectrum Disorder	☐ Yes	☐ No
	ADHD	☐ Yes	☐ No
	Tics	☐ Yes	☐ No
	Sleep	☐ Yes	☐ No
	Feeding	☐ Yes	☐ No
	Psychosis	☐ Yes	☐ No
	Other behavioural problems	☐ Yes	☐ No
4 Neurological Disorders	Vision ☐ Hearing ☐ Abnormal tone/involuntary movements ☐ Structural brain lesion ☐		
	Cerebral Palsy Unilateral ☐ Cerebral Palsy Bilateral ☐		
	Epilepsy ☐ Age of onset <3 months ☐ 3-24 months ☐ > 24 months ☐		
5 Growth Abnormalities	At birth Small for gestational age (<10th centile)	☐ Yes	☐ No
	At birth Large for gestational age (>90th centile)	☐ Yes	☐ No
	Current:		
	Tall stature (height >95th centile)	☐ Yes	☐ No
	Short Stature (height < 5th centile)	☐ Yes	☐ No
	Macrocephaly (>95th centile)	☐ Yes	☐ No
	Microcephaly (<5th centile)	☐ Yes	☐ No
6 Congenital Malformations/Dysmorphism	Heart disease (e.g. ASD, VSD)	☐ Yes	☐ No
	Renal and Urogenital malformations	☐ Yes	☐ No
	Brain Malformations	☐ Yes	☐ No
	Eye malformations (e.g. anophthalmia, microphthalmia)	☐ Yes	☐ No
	Ear malformations	☐ Yes	☐ No
	Cleft lip ☐ Cleft palate ☐		
	Micrognathia	☐ Yes	☐ No
	Limb abnormalities (e.g. short or long bones)	☐ Yes	☐ No
	Digital abnormalities (e.g. syndactyly, polydactyly)	☐ Yes	☐ No
	Facial dysmorphism e.g. hypertelorism	☐ Yes	☐ No
7 Endocrine and metabolic conditions		☐ Yes	☐ No
8 Cutaneous stigmata/skin lesions		☐ Yes	☐ No
9 Hair, nail, teeth abnormalities		☐ Yes	☐ No
10 Other Skeletal abnormalities eg scoliosis		☐ Yes	☐ No

THIS IS A COPY

RECF
viapathMAR 2[illegible]

NHS
[redacted] and St[redacted]
NHS Foundation Trust

GENETICS SPECIMEN FORM

Genetics Laboratories, 5th Floor, Tower Wing, [redacted] Hospital,
Great Maze Pond, London, SE1 9RT
http://www.viapath.co.uk/departments-and-laboratories/genetics

GENETICS: T: 020 7188 1696/1709 F: 020 71881697
[redacted]vscientist@viapath.co.uk
[redacted]vscientist@viapath.co.uk
BIOCHEMICAL GENETICS: T: 020 71882591 F: 020 71887275
CLINICAL GENETICS: T: 020 71881364 F: 020 71881359

Surname:	NOBLE	**Sex:**	☐ F
First Name:	Mena	**Ethnic origin:**	
Previous Name:		**Hospital number:**	
DOB:	17/02/1971	**PRU Number:**	333465:04
Address:	Mrs M NOBLE, 11 Bronte Rise, Greenham, NEWBURY, Berkshire, RG14 7UG	**Post code:**	
NHS Number (Mandatory):	4002130924	**Private patient (please attach invoicing details):**	☐
GP name:	Dr.	**GP Post code:**	
Consultant:		**Referring Hospital:**	

Full address for returning report including Department:

Signed: **Date:**

Name (print) [redacted] **Email:**

Invoice address if different from referral address:

Samples please ensure specimens are dispatched to the laboratory promptly after sampling

Blood in potassium EDTA (DNA / MLPA / array CGH)	☐	Date of collection
	☐	Time of collection
	CVS ☐ AF ☐ POC ☐	

Tests requested
NB For testing for chromosome imbalance (array CGH/chromosome analysis), please provide clinical details on the reverse of this form.

For PGD work up

Clinical Details Please include full details of patient, with pedigree if relevant)
NB For testing for chromosome imbalance (array CGH/chromosome analysis), please provide clinical details on the reverse of this form.

[redacted] has SCN9A mutation for PEPD

In submitting this sample, the clinician confirms that **consent has been obtained**:
(a) for testing and possible storage
(b) for the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate).
(c) we assume that consent has been obtained for sensitive disposal of any fetal remains unless otherwise stated. **Please do NOT send the consent form**

Has this case been discussed with the Genetics Department? If so, with whom?

Is the patient pregnant? No

If YES: how many weeks gestation?

All fields above are mandatory. Samples supplied with inadequate or illegible information, will be subject to delay or rejection.

For Departmental use only	

THIRD PARTY COPY

Checked electronically to avoid delay

Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Test request
29-Mar-2018 Mrs Liz Pope (EAP)
Additional: Test request
*Copy of blood form from Genetics, *****'s Hospital*
Filename: img1735.pdf
Extension:.tif
Pages:

Department of Orthopaedics
Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Mr Arvind's Foot + Ankle Clinic
Our ref: CA/SB/000981612
NHS No: 400 213 0924
Clinic Date: 3rd April 2018
Date Typed: 3rd April 2018

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
Forefoot metatarsalgia left foot
Osteotomy base of third metatarsal left foot 8th September 2017

I reviewed Ms Mena Noble in clinic today six months following basal osteotomy of third metatarsal of the left foot.

She is still complaining of some pain and swelling of the foot.

The forefoot pain however has improved and she has mild swelling with tenderness over the osteotomy site. The callosity of skin over the metatarsal head has disappeared.

X-ray of the foot shows progressive healing of the osteotomy.

I have reassured her and advised her to mobilise weightbearing as tolerated. She gets pain after standing for few hours and is not ready to go back to her work as a chef.

I have arranged for a follow-up in six weeks' time with x-ray on arrival.

Kind regards

Yours sincerely

THIRD PARTY COPY

DR A B MALONEY
DR H K M WALLIS
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
DR H [redacted]

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TELEPHONE: (01635) 41495
FAX: (01635) 522751
www.eastfieldhousesurgery.co.uk

Ms M Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Date as postmark

Dear Ms Noble,

We are currently in the process of updating the information held on our system about [redacted]

I should be grateful if you would complete the enclosed form and return it to the surgery so that we can ensure that the information we hold for you is correct and up to date.

If you are no longer a [redacted] or have never been a [redacted] please complete the reply slip below and return it the surgery so that we can update our records.

Yours sincerely,

Dr Kelvin Badham

To Eastfield House Surgery

I confirm that I **am no longer a** [redacted] **have never been a** [redacted] (please delete as appropriate)

Signature: _____ Date: _____

Name: NOBLE, Mena (Ms) D.O.B. 17-Feb-1971

Address: 11 Bronte Rise, Greenham, Newbury, Berkshire, RG14 7UG

THIRD PARTY COPY

Attachment
03-Apr-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Orthopaedics BEALE K
Filename: D7_00170671.TIF;XX2
Extension: tif
Pages:

eMED3 (2010) new statement issued, not fit for work
30-Apr-2018 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Post-op foot surgery, with complications includ...; Duration 02-Apr-2018 - 17-Jun-2018)
Filename: FitNote_4c4d1cd8-a6bc-4b44-b325-588418d6fee0.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 30 / 04 / 2018

and, because of the following condition(s): Post-op foot surgery, with complications including non-union

I advise you that:
- [X] 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 02 / 04 / 2018 to 17 / 06 / 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: 30 / 04 / 2018

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 4C4D1CD8-A6BC-4B44-B325-588418D6FEE0

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 [redacted] 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 [redacted]

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~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1871 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**.

THIRD PARTY COPY

Letter sent to patient
09-Apr-2018 Mrs Julia Anderson (JA)
Additional: Letter sent to patient
***** *Identification*
Filename: Carer Identification.rtf
Extension:.tif
Pages:

RG14 7UG

NOTE TO PATIENTS:

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Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Mr Arvind's Foot + Ankle Clinic

DNA

Our ref: CA/SB/000981612
NHS No: 400 213 0924
Clinic Date: 15th May 2018
Date Typed: 15th May 2018

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Diagnoses:
1. Forefoot metatarsalgia left foot
2. Osteotomy base of third metatarsal left foot 08.09.2017

Ms Noble did not attend the clinic today. I have arranged for her to be reviewed in the next few weeks.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Mr C Arvind FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

Ms Mena Noble
11 Bronte Rise
Newbury

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We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

THIRD PARTY COPY

Attachment
18-May-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K
Filename: D7_00173729.TIF.XX2
Extension:.tif
Pages:

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Mr Arvind's Foot + Ankle Clinic
Our ref: CA/SB/000981612
NHS No: 400 213 0924
Clinic Date: 21st June 2018
Date Typed: 21st June 2018

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
11 Bronte Rise Newbury RG14 7UG

Ms Noble did not attend the clinic for the second time.

I have not made further appointment to see her but would be happy to review if she has any further problems.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Mr C Arvind FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

Ms Mena Noble
11 Bronte Rise
Newbury
RG14 7UG

NOTE TO PATIENTS:

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
07-Sept-2018 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: dental pain; Duration 03-Sep-2018 - 09-Sep-2018)
Filename: FitNote_6d8bc3f6-bfad-4ebc-b561-ad600f1a23ac.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss,~~ Ms Mena Noble

I assessed your case on: 07 / 09 / 2018

and, because of the following condition(s): dental pain

I advise you that:
- [x] 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 03 / 09 / 2018 to 09 / 09 / 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: 07 / 09 / 2018

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 6D8BC3F6-BFAD-4EBC-B561-AD600F1A23AC

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 [redacted] 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 [redacted]

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~~ NOBLE
Other names: MENA
Address: 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971 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**.

COPY THIRD PARTY

Attachment
21-Jun-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Nhs Foundation Trust Orthopaedics BEALE K
Filename: D7_00178149.TIF_XX2
Extension:.tif
Pages:

Case Reference	**1D20E9D5-02DA-418F-AF6D-53064C57650D**
Case ID	**42895**
Encounter Identifier	**1D20E9D5-02DA-418F-AF6D-53064C57650D**
Encounter Disposition	**To contact a Primary Care Service within 6 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**
Care Setting Type	
Responsible Party	**[redacted] Black - Medical Director, SCAS111**

Document ID	**7C4B7343-1C91-4FF2-9268-7F93B36B606F**	*Version*	**1**
Primary Recipient	**GP - Eastfield House Surgery, St Johns Road, Newbury (Home GP)**		

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There was no sudden onset of ripping or tearing pain.
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.
There was no possibility of pregnancy.
Childbirth had not occurred within the previous 7 days.
Neither leg pain nor leg swelling had developed since symptom onset
The individual was still able to carry out some normal activities.
There was a fever at the time of assessment or within the previous 12 hours.
There was no new vaginal discharge.
There was no new or worsening confusion.
Breathing harder or faster when doing nothing was not described.
There was no new shoulder tip pain or pain in the lower right abdomen.
Instructions given were: The individual needs to contact a primary care service within 6 hours.
Directory of Services referral: GP - Eastfield House Surgery, St Johns Road, Newbury (Home GP)
Advice given: Abdominal pain Fever Medication, pain and/or fever, abdominal/urinary Worsening

Advice Given

Try putting a heat pad or covered hot water bottle on the painful area.
It is important to have plenty of fluids, little and often is best.
Only wear light clothing. Don't wrap up to try to sweat out the fever.
Don't try to cool down by cold sponging or fanning. Cooling down too quickly can cause shivering, which makes the temperature go up again.
Becoming very drowsy, unresponsive or having a fit - CALL 999.
Becoming severely ill WITH new marks, like bruising or bleeding under the skin - CALL 999.
Unless advised not to, or it has already been given, paracetamol may be used to relieve pain or reduce a fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
Don't use ibuprofen or any other anti-inflammatory medication until you have spoken to a healthcare professional.
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.

Information And Advice Given

Disposition

To contact a Primary Care Service within 6 hours

Document Created	**11-Dec-2018, 07:22**
Document Owner	**SCAS111**
Authored by	**[redacted] Gilmartin - Call handler, Southern House (SCAS111) on 11-Dec-2018, 07:21**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**11-Dec-2018, 07:15 to 11-Dec-2018, 07:21**

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Filename: D10_K81002_4908_cdf77c17-7c92-46a9-aebb-6fa875bb5669.TIF.XX2
Extension: tif
Pages:

NHS 111 Report

NOBLE, Mena	*Born* **17-Feb-1971**	*Gender* **Female**	*NHS No:* **400 213 0924** *Local Patient ID* **B0B70E31-7715-4144-8E3B-05C777DC3BA4**

Home Address
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Home Phone **07979003208**
Emergency Phone **07979003208**

GP Practice
Eastfield House Surgery (K81002)
Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW
Phone **0163541495**

Patient's Reported Condition

lower central abdo pain over 2wks, worse over last

Pathways Disposition

To contact a Primary Care Service within 6 hours (Dx06)

Selected service: GP - Eastfield House Surgery, St Johns Road, Newbury (Home GP)

Consultation Summary

Illness
Warm to touch
Abdominal pain with associated groin pain/swelling
Moderately severe pain
Able to carry out some normal activities
Fever at time of assessment or in last 12 hours

Pathways Assessment

An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: lower central abdo pain over 2wks, worse over last 3 days - had hysterectomy 4.5 yrs ago
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Abdominal Pain
There was groin pain or swelling.
The pain interfered with normal activity.

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Clinical document
11-Dec-2018 Mrs Tracey Ball (TB)
Additional: Clinical document
(11-Dec-2018) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

SCAS111 OOH Call Incident Report

Case Number:	42895	Receive Date:	11-Dec-2018 07:12
Patient's Name:	Mena Noble		
Date of Birth:	17-Feb-1971 (47 years)	Gender:	F
Address:	11 Bronte Rise Greenham Newbury RG14 7UG	Current Address:	11 Bronte Rise Greenham Newbury RG14 7UG
Return Contact No:			
Tel No:	07979 003208		07979 003208
Mobile No:			
Priority:	P2	Call Origin:	
Received:	11-Dec-2018 07:12	Case Type:	SCAS 111
Advised:		Arrived PCC:	
Cons Start:		Cons End:	
Consulting Doctor:		Own Doctor:	

NHS Number:
4002130924

Reported Condition:
Symptoms: [redacted] central abdo pain over 2wks, worse over last

Pathways Details:

Pathways Consultation Summary -	**The consultation has identified** **Illness** **Warm to touch** **Abdominal pain with associated groin pain/swelling** **Moderately severe pain** **Able to carry out some normal activities** **Fever at time of assessment or in last 12 hours**
Pathways Final Disposition -	**To contact a Primary Care Service within 6 hours (Dx06)**

Followups:
None

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Attachment
11-Dec-2018 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
NHS 111 Report NHS OOH OOH

12-Apr-2017	Alcohol consumption 2	U/week

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

Referral letter NOBLE, Mena (Ms) 0947 07-Mar-2019.rtf

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	protein			
	Serum albumin	49	g/L	38.00 - 51.00g/L
	! Serum globulin	16	g/L	20.00 - 36.00g/L
01-Mar-2019	! Serum C reactive protein level - (KJB4810) - Satisfactory (CRP 7)	7	mg/L	0.00 - 4.00mg/L
01-Mar-2019	Full blood count - FBC - (KJB4810) - Normal			
	Haemoglobin estimation	139	g/L	115.00 - 165.00g/L
	Total white cell count	8.78	10*9/L	4.00 - 11.0010*9/L
	Platelet count	264	10*9/L	150.00 - 450.0010*9/L
	Red blood cell (RBC) count	4.48	10*12/L	3.80 - 5.8010*12/L
	Haematocrit	0.421	L/L	0.37 - 0.47L/L
	Mean corpuscular volume (MCV)	94	fL	76.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	31	pg	27.00 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	330	g/L	300.00 - 360.00g/L
	Neutrophil count	6.02	10*9/L	2.00 - 7.0010*9/L
	Lymphocyte count	1.92	10*9/L	1.00 - 4.0010*9/L
	Monocyte count	0.62	10*9/L	0.20 - 0.8010*9/L
	Eosinophil count	0.19	10*9/L	0.00 - 0.4010*9/L
	Basophil count	0.03	10*9/L	0.00 - 0.1010*9/L
18-Feb-2019	O/E - blood pressure reading	116/78	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range

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Investigations And Values

Date	Description	Value	Units	Range
01-Mar-2019	HbA1c levl - IFCC standardised - (KJB4810) - Normal	33	mmol/mol	
01-Mar-2019	Se CA 125 level - (KJB4810) - Normal	27	ku/L	0.00 - 34.00ku/L
	Immunoassay results from different manufacturers may not give comparable results. Please note that a normal CA125 does not exclude ovarian cancer. Women with normal CA125 and relevant symptoms should be assessed clinically.			
01-Mar-2019	GFR calculated abbreviatd MDRD - (KJB4810) - Satisfactory	77	mL/min/1.73 m2	>60.00mL/min/1.73 m2
	eGFR estimated by 4vMDRD (ID-MS aligned). For Afro-Caribbeans eGFR should be multiplied by 1.212.			
01-Mar-2019	Urea and electrolytes - (KJB4810) - Satisfactory			
	Serum sodium	143	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	5.2	mmol/L	3.50 - 5.30mmol/L
	Serum urea level	3.2	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	70	umol/L	45.00 - 84.00umol/L
01-Mar-2019	Serum cholesterol/HDL ratio - (KJB4810) - Satisfactory			
	Serum cholesterol/HDL ratio	1.9	ratio	
	Serum HDL cholesterol level	1.83	mmol/L	>1.70mmol/L
	Serum cholesterol	3.4	mmol/L	
	Se non HDL cholesterol level	1.6	mmol/L	
01-Mar-2019	! Liver function test - (KJB4810) - Satisfactory			
	Serum total bilirubin level	5	umol/L	<21.00umol/L
	Serum alkaline phosphatase	79	iu/L	35.00 - 104.00iu/L
	Serum ALT level	11	iu/L	<34.00iu/L
	Serum total	65	g/L	63.00 - 83.00g/L

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Medication

Medication
Past

Drug	Dosage	Quantity	Last Issued On
Keflex 250mg/5ml oral suspension [redacted] Pharma Ltd)	10Ml PO TDS	200 ml	28-Dec-2018
Nitrofurantoin 100mg modified-release capsules	ONE TO BE TAKEN TWO TIMES A DAY	14 capsule	11-Dec-2018
Fusidic acid 2% cream	Apply Four Times A Day for 10 days	30 gram	16-Oct-2018
Codeine 15mg tablets	1 - 2 FOUR TIMES A DAY AS REQUIRED	56 tablet	07-Sep-2018
Cefalexin 250mg/5ml oral suspension	10ml PO TDS	200 ml	

Clinical record details

Consultations

Problems
Active

Date	Problem	Associated Text	Date Ended
13-Nov-2018	Mammography not attended	dna any session	

Allergies and intolerances

Allergies

Findings

All Patient Observations

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Filename: 1903070955_NHS e-RS Letter.rtf
Extension: tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000324088872**	Age:	**48y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**07-Mar-2019**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	**BADHAM, Kelvin (Dr)**	Letter last modified	**07-Mar-2019**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure			

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

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Letter sent to patient
07-Mar-2019 Mrs Debbie Morris (DM)
Additional: Letter sent to patient
CAB - enclosing appointment request details
Filename: Letter sent to patient NOBLE, Mena (Ms) 0956 07-Mar-2019:rtf
Extension:.tif
Pages:

DR A B MALONEY
DR E V FEATHERSTONE
DR K J BADHAM
DR K BEALE
DR M DEGNAN
DR S CHRISTIE
DR H CLARKE

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751
www.eastfieldhousesurgery.co.uk

7 March 2019

Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

THIRD PARTY COPY

Dear Ms Noble

Further to our recent consultation in which we discussed your referral to a Specialist, I now enclose the appointment request details to enable you to book an appointment at the hospital of your choice.

You can make your appointment at your chosen hospital by using the telephone number shown, or by using the internet option where this is available. You will need to provide the booking reference number and access code, both of which can be found on the first page.

With best wishes

Yours sincerely

Dr Kelvin Badham

e-RS Letter (07-Mar-2019)
07-Mar-2019 Mrs Debbie Morris (DM)
Additional:e-RS Letter (07-Mar-2019)
NHS e-Referral UBRN 000324088872 for Urology referral

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
13-Nov-2018	Mammography not attended	dna any session	

Significant Past

Date	Problem	Associated Text	Date Ended
08-Sep-2017	Osteotomy of bone of foot	3rd metatarsal	02-Dec-2017
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	11-Aug-2017
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	05-Aug-2015
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

Allergies

No allergies recorded.

Medication

No medication issued.

Blood Pressure

Specific Codes Table

Date	Description	Value	Units	Range
18-Feb-2019	O/E - blood pressure reading	116/78	mmHg	

Last BMI

Single Code Entry: Body mass index

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Dr Kelvin Badham
(Dictated but not signed)

THIRD PARTY COPY

DR M [redacted]
DR [redacted]
DR [redacted]
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
Urology
DR H [redacted]

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751
[redacted]

1 March 2019
GP Code: [redacted]
Ref: KJB/DJM e-Referral

ROUTINE REFERRAL

Dear Urology Team

Mena Noble DOB: 17-Feb-1971 Tel: 07979003208 Mob: 07979003208
11 Bronte Rise Greenham Newbury RG14 7UG NHS Number: 400 213 0924

Thank you for seeing Ms Noble, a 48 year old lady who has had suprapubic discomfort, slightly more to the left hand side, with occasional radiation towards the left flank, since December 2018. She has the feeling that this is related to her urinary tract and passing urine, however she has no overt dysuria, urgency or frequency.

When she initially presented there was a suggestion of leucocytes on her urine dipstick and she was treated with Nitrofurantoin for possible UTI. When her symptoms did not resolve a urine sample was sent for MC&S and returned with no growth (had been off antibiotics for 10 days). Follow-up urine dipsticks have been unremarkable, with no blood.

Ms Noble has no vaginal symptoms. She has previously undergone a vagina hysterectomy (2015, for endometrial hyperplasia), although she still has both ovaries.

There are no bowel symptoms, no change in bowel habit.

Ms Noble takes no regular medications.

On examination she appears well. She indicates discomfort in the suprapubic and inferior left iliac fossa region; however there is no significant tenderness. No mass. No LSKKB.

Blood tests undertaken on 1st March 2019 were basically normal, with a borderline raised CRP (7). Ca125 was normal (27).

I have requested an ultrasound of her urinary tract and pelvis.

The diagnosis here is most unclear; however given her ongoing symptoms we would both appreciate your review.

Yours sincerely,

Kelvin Badham

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Sonographer
RA65629

FINAL REPORT Dictating Radiologist [redacted],
[redacted] Verifying Radiologist [redacted], [redacted] Verify
Date/Time: 14.03.2019 13:19

REPORT END

THIRD PARTY COPY

Referral letter
07-Mar-2019 Mrs Debbie Morris (DM)
Additional: Referral letter
re suprapubic discomfort
Filename: Referral letter NOBLE, Mena (Ms) 0947 07-Mar-2019.rtf
Extension: tif
Pages:

Extension:.tif
Pages:

Radiology Department

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Radiology Report

14 March 2019

Dr Kelvin Badham
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Dear Dr Badham

Re: MS MENA NOBLE DOB:17/02/1971 Hospital No: 981612 NHS No: 4002130924
Address: 11 Bronte Rise, NEWBURY, RG14 7UG

Examination: US Urinary tract Ordered By: G8944801^Badham^Kelvin

Examined On: 14/03/2019 Reported On: 14/03/2019

Report No: 214057644 Reported By: [redacted]

REPORT START

US192005742 14/03/2019 US Urinary tract

Clinical History:

2 months suprapubic region discomfort, more to the left side, not severe, urine urgency, bowel normal, please check bladder empty , for urology r/v

Findings:

Normal sonographic appearances to both kidneys. No evidence of hydronephrosis, renal calculi or scarring.

The right kidney measures 11.1cm and the left kidney measures 10.7cm in bipolar length.

The urinary bladder was suboptimally filled to 160ml when the patient expressed urgency. There is a residual volume of 23ml post-micturition.

The abdominal aorta is of normal calibre.

[redacted]

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Attachment
12-Apr-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Berkshire Independent Hospital Urology
Filename: D10_K81002_4908_3155f20d-4586-45e5-ac1a-e9459184996a.TIF.XX2
Extension:.tif
Pages:

The Berkshire Independent Hospital
Part of Ramsay Health Care

Mr [redacted] Blick
Consultant Urological Surgeon

The Berkshire Independent Hospital
Swallows Croft, Wensley Road,
Coley Park, Reading, RG1 6UZ
T: +44 (0)118 902 8000
F: +44 (0)118 902 8125

www.berkshireindependenthospital.co.uk

Our ref: CB/JH/3647394
Clinic date: 12 April 2019

Dr Kelvin Badham
Eastfield House Surgery
6 St Johns Road
Newbury
RG14 7LW

26 APR 2019

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Dear Dr Badham,

RE: Ms Mena NOBLE DOB: 17 February 1971 NHS: 400 213 0924
11 Bronte Rise, Greenham, Newbury, RG14 7UG.

Many thanks for asking me to review this patient who presents with some lower pelvic discomfort. She has previously had a hysterectomy. She has also had a renal tract ultrasound which shows normal kidneys and a normal bladder.

She carried out a flow rate today which shows she has a decent voided volume of 300 mls with a maximum flow rate of 32 mls per second and a post void residual of 60 mls.

Her urine analysis is clear.

Because of her lower pelvic/bladder pain I have recommended that we carry out a flexible cystoscopy. She will receive a date for this in due course. If this is clear, we will most likely reassure and discharge her.
Kindest regards.

Yours sincerely,
Dictated but sent unsigned to avoid delay
Mr [redacted] Blick DPhil (Oxon) FRCS(Urol)
Consultant Urological Surgeon

cc
Ms Mena Noble
11 Bronte Rise
Greenham
Newbury
RG14 7UG

Attachment
14-Mar-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Result Royal Berkshire Hospital Radiology
Filename: D10_K81002_4908_101fda99-d191-482b-80a2-d3aab6022cfd.TIF.XX2

Clinical document
18-May-2019 Mrs Tracey Ball (TB)
Additional: Clinical document
(18-May-2019) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

SCAS111 OOH Call Incident Report

Case Number:	39371	Receive Date:	18-May-2019 12:11
Patient's Name:	Mena Noble		
Date of Birth:	17-Feb-1971 (48 years)	Gender:	F
Address:	11 Bronte Rise	Current Address:	The Nature Discovery Centre Muddy Lane
	Newbury RG14 7UG		Thatcham RG19 3FU
Return Contact No:			
Tel No:			
Mobile No:	07979 003208		
Priority:	P3	Call Origin:	
Received:	18-May-2019 12:11	Case Type:	SCAS 111
Advised:	:	Arrived PCC:	
Cons Start:		Cons End:	
Consulting Doctor:		Own Doctor:	Kelvin Badham

NHS Number:
4002130924

Reported Condition:
Symptoms: TOOTH ABSCESS

Pathways Details:

Pathways Consultation Summary -	The consultation has identified Illness Warm to touch Toothache Pain on pressing area Fever at time of assessment or in last 12 hours New lump or swelling on face or beneath jaw Lump or swelling increased in size in last 24 hours Still able to swallow liquids Analgesia taken
Pathways Final Disposition -	To Contact a Dental Service within 6 hours (Dx19)

Followups:
None

THIRD PARTY COPY

Attachment
16-Jun-2019 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Clinical Letter Berkshire Independent Hospital Urology
Filename: D10_K81002_4908_bcce3904-7098-468c-b2af-818d32395948.TIF.XX2
Extension:.tif
Pages:

The Berkshire Independent Hospital
Part of Ramsay Health Care

The Berkshire Independent Hospital
Swallows Croft, Wensley Road,
Coley Park, Reading, RG1 6UZ
T: +44 (0)118 902 8000
F: +44 (0)118 902 8125

www.berkshireindependenthospital.co.uk

Mr [redacted] [redacted] MS FRCS (Urol)
Consultant Urological Surgeon

Tel: 0118 902 8163

Our ref: SK/mm/3647394
Clinic date: 16 June 2019

Dr K Badham
Eastfield House Surgery
6 St Johns Road
Newbury
RG14 7LW

Dear Dr Badham

Re: Ms Mena Noble DOB: 17.02.1971 NHS: 400 213 0924
11 Bronte Rise, Greenham, Newbury, RG14 7UG

I saw this lady in clinic today and performed a flexible cystoscopy. Her bladder is completely clear and as you know her ultrasound was completely normal. She continues to have some suprapubic discomfort but more recently has had a change in her bowel habit. I wonder if this could be related to her bowels and I would be grateful if you would refer her on appropriately. I have arranged no further review at the moment but would be happy to review her again if necessary.

Kindest regards.

Yours sincerely

Dictated but sent unsigned to avoid delay

Mr [redacted]
Consultant Urological Surgeon

cc

Ms M Noble
11 Bronte Rise
Greenham
Newbury
RG14 7UG

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Allergies
No allergies recorded.

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V3.0 Jan 2017

		antibiotics prescribed
	!	Liver function test (19-Jul-2019) (MD4810) - Satisfactory
		Urea and electrolytes (19-Jul-2019) (MD4810) - Normal
		eGFRcreat (CKD-EPI)/1.73 m*2 (19-Jul-2019) (MD4810) - Satisfactory
19-Jul-2019 15:49		Externally Entered DEGNAN, [redacted] (Dr)
		Entered By: - System User (I)
Lab Results	!	Full blood count - FBC (MD4810) - consistent with a bacterial infection, script sent for trimethoprim, Pt aware
04-Jul-2019 10:03		GP Surgery (Eastfield House Surgery) BADHAM, Kelvin (Dr)
Test Request		Biochemistry and Haematology - Unknown specimen
		Test Request : C-reactive protein (CRP)
		Test Request : Full blood count
		Test Request : Liver profile
		Test Request : Urea & electrolytes profile
Medication		Naproxen 250mg tablets One To Be Taken Three Times A Day PRN 56 tablet
History		no report yet from urology, however cystoscopy a few wks ago apparently OK
		USS urinary tract OK
		symptoms continue, similar, good days and bad days - up to several hrs of symptoms, suprapubic
		still get the impression urine related
		bowel normal
		no N&V
		weight stable
Examination		well today
Comment		1) recheck MSU dip (as cystoscopy could have triggered UTI??)
		2) ?diagnosis of adhesions due to previous hysterectomy?? - but does level of discomfort warrant diagnostic laprascope??
		3) buscopan did not help, trial naproxen
		4) rpt bloods to make sure no signif inflam
		5) await uro report, but what next? - wait and see vs refer general surgeon, even though no bowel symptoms??

Medication
No medication issued.

Problems
Active

Date	Problem	Associated Text	Date Ended
13-Nov-2018	Mammography not attended	dna any session	

Significant Past

Date	Problem	Associated Text	Date Ended
08-Sep-2017	Osteotomy of bone of foot	3rd metatarsal	02-Dec-2017
03-Mar-2017	Helal metatarsal osteotomy	basal osteotomy 3rd metatarsal	11-Aug-2017
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	05-Aug-2015
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

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diagnosed in case this affects a colonoscopy. **Many thanks** **Yours sincerely** **Dr Carolynne Christie**

Additional Clinical Information

Coded data	Manually entered if not autopopulated
Family cancer history: FH: Neoplasm - *...	Family history any cancer

Test Results

The following investigations are required to support the referral as some patients may go **directly to diagnostic testing**. There is no need to wait for test results to refer – please order them if not performed within the **last 6 weeks.**

	Coded results	Manually entered if not autopopulated	Ordered
Haemoglobin	**Single Code Entry: Haemoglobin estimation**	**Date & Result:**	
Platelet Count	**Single Code Entry: Platelet count**	Date & Result:	
eGFR	**Single Code Entry: GFR calculated abbreviated MDRD...**	Date & Result:	
Only if anaemic; ferritin	**Single Code Entry: Serum ferritin**	Date & Result:	

Performance Status Key

Fully active, able to carry on all pre-disease performance without restriction		
Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work	1	
Ambulatory and capable of self-care, but **unable to carry out work activities** Up and active > 50% of waking hours	2	
Capable of only limited self-care. Confined to bed or chair >50% of waking hours	3	
Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair		

Consultations

Date		Consultation Text
21-Aug-2019 17:02		GP Surgery (Eastfield House Surgery) CHRISTIE, Carolynne (Dr)
History		sytmoms again the same pre weekend
		gets gurgling spreads over abdomen pain worse afterwards .. agree poss ahesion
		however note wcc for bloods again
		also new sytmosn of loss of wt and brigh red bleedlong x 1
		really worried still in view of history of [redacted]
		refer under 2 week rule
21-Aug-2019 16:56		GP Surgery (Eastfield House Surgery) CHRISTIE, Carolynne (Dr)
Test Request		Biochemistry and Haematology - Unknown specimen
		Test Request : Calcium adjusted
		Test Request : C-reactive protein (CRP)
		Test Request : Erythrocyte sedimentation rate (ESR)
		Test Request : Full blood count
		Test Request : Liver profile
		Test Request : TFT: screen or diagnosis
		Test Request : Urea & electrolytes profile
20-Jul-2019 07:39		Externally Entered DEGNAN, [redacted] (Dr)
		Entered By: System User ()
Lab Results	!	Serum C reactive protein level (19-Jul-2019) (MD4810) - raised inflammatory marker,

V3.0 Jan 2017

Referral Criteria

Your patient is 48y years old

Any age	Unexplained rectal, abdominal or anal mass	
	Unexplained anal	
	Unexplained weight loss AND abdominal pain	x
≥40		
	Unexplained weight loss AND abdominal pain	
	Unexplained rect	
50 to 59	W	
	Unexplained weight loss AND abdominal pain	
	Unexplained rect	
	Change in b	
60 or over	Iron deficien	

COPY

Bowel Prep

Bowel preparation is dangerous in patients at risk of renal failure. Patients may also be **unsuitable for bowel preparation if they have poor mobility, poor cognitive function or other significant comorbidities.** Please highlight any concerns in the 'Narrative of referral letter' section below

Other contraindications to bowel prep include: **Severe inflammatory Bowel Disease, Ileostomy, Toxic Megacolon, Hypersensitivity to bowel cleansing agents, Dysphagia, reduced consciousness level and Previous History of GI obstruction, perforation or ileus**

Does the patient have any known contraindications for bowel prep? Yes No

Safety Checklist – this patient: (please tick boxes as appropriate)		
can stop their antihypertensives for 72 hours		
can stop their diuretics for 24 hours		
does not have unstable heart / renal failure		
is on anticoagulant or anti-platelet medication	Yes – please expand below	No
patient takes: for: and on the balance of risk can be reasonably stopped for a period of days to allow further investigation	Yes	No

Narrative of referral letter / additional information
(please highlight any significant comorbidities and relevant investigations, *particularly* previous gastroenterological investigations)

Please type here:
Dear [redacted]
Thank you for seeing this 48-year-old lady with abdominal pain and bloating, weight loss and now bleeding PR.
She does have symptoms suggestive of possible adhesions which you should be aware of although this has not been formally

V3.0 Jan 2017

Click here *for supporting NICE guidelines NG12 June 201*

Royal Berkshire NHS
NHS Foundation Trust

Refer via ERS "2WW" – "RBFT - 2 Week Wait Lower GI Referrals"
Please send as an attachment within 24hrs. If the ERS is unavailable please email to **rbh2weekwait.referrals@nhs.net**
(you should request a [redacted] Receipt if sending by email)

Patient's details				Patient's background and culture			
Surname	Noble			Ethnicity			
Forename	Mena			1st language	unknown		
Known as	Mena			Interpreter required? Y N			
DOB	17-Feb-1971	Age	48y				
Sex	F			GP details			
Title	Ms			Referring GP			
Address & postcode	11 Bronte Rise, Greenham, Newbury, Berkshire, RG14 7UG			GP address	Eastfield House Surgery 6 St Johns Road, Newbury, Berkshire, RG14 7LW		
NHS No	400 213 0924			GP Fax no	01635 522751		
Hospital No				Practice Email			
Home tel	07979003208			Referral date	22-Aug-2019		
Work tel							
Mobile tel	07979003208						
Email	mena.noble@rocketmail.com						
Patient's preferred contact number				Home	Work	Mobile	
Patient agrees to telephone message being left?				Yes	No		

2 Week Urgent Referral for Suspected Colorectal Cancer (Lower GI)

I have explained to the patient that they may have cancer and I am referring them on the **2-Week Wait Suspected Cancer Pathway**

Cancer Research UK Fast Track Pathway information leaflets can be printed from here

Useful information (see NICE 2015 guidance here)

Refer via Cancer pathway

- **≥40 with unexplained weight loss *and* abdominal pain**
- **≥50 with unexplained rectal bleeding**
- **≥60 with**
  - **Iron deficiency anaemia (see above for threshold definition)**
  - **Change in bowel habit**

Consider referral via Cancer pathway

- **Rectal or abdominal mass**
- **<50 with rectal bleeding and any one of**
  - **Unexplained abdominal pain**
  - **Unexplained change in bowel habit**
  - **Unexplained weight loss**
  - **Unexplained iron deficiency anaemia**

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18-Feb-2019	O/E - blood pressure reading	116/78	mmHg

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
12-Apr-2017	Alcohol consumption	2	U/week	

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

Referral letter NOBLE, Mena (Ms) 0928 22-Aug-2019.rtf

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Referral letter
22-Aug-2019 Mrs Chrissie Browning (CB)
Additional: Referral letter
abdominal pain and bloating
Filename: Referral letter NOBLE, Mena (Ms) 0928 22-Aug-2019.rtf
Extension:.tif
Pages:

Requested action **Management Advice**
Request action Comments

Medication

Medication
Past

Drug	Dosage	Quantity	Last Issued On
Trimethoprim 200mg tablets	One To Be Taken Twice A Day	14 tablet	22-Jul-2019
Naproxen 250mg tablets	One To Be Taken Three Times A Day PRN	56 tablet	04-Jul-2019

Clinical record details

Consultations

Problems
Active

Date	Problem	Associated Text	Date Ended
13-Nov-2018	Mammography not attended	dna any session	

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range

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Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000334218738**	Age:	**48y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**22-Aug-2019**	UBRN Created	
Priority:	**2 Week Wait**	Referral letter created	
Referred by:	**CHRISTIE, Carolynne (Dr)**	Letter last modified	**22-Aug-2019**
Referring org:		Named clinician	
Address:	**6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**	Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

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Discharge Follow Up: No referral

Discharged: 06/09/2019 19:34:00

Examined by: Olivero (Physician Associate) , Francine; Olivero (Physician Associate) , Francine;

Discharged by: Olivero (Physician Associate) , Francine

Additional information about this attendance may be obtained directly from the department.

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e-RS Letter (22-Aug-2019)
22-Aug-2019 Mrs Chrissie Browning (CB)
Additional: e-RS Letter (22-Aug-2019)
NHS e-Referral UBRN 000334218738 for Fast track referral for suspected colorectal cancer
Filename: 1908220932_NHS e-RS Letter.rtf
Extension: tif
Pages:

Improved to 4/10 after paracetamol. No PV symptoms. Did not eat a heavy meal beforehand.

PMH: prev hysterectomy.

DH: none, NKDA

O/E: Alert

HS normal

Chest clear

Abdo - tender RUQ and epigastrium, no guarding, BS present.

BS present

Calves SNT no oedema or erythema

Bloods- pendingCRP 20WCC normalK 5.4Discussed with Dr Loh ED SpR1. Home, safetynetting given- any worsening of sx, severe pain, fevers to reattend ED ASAP.2. If pain remains settled to attend OP CTAP/endoscopies as planned3. GP to consider repeat U&Es in a week.

Investigations: Urea and electrolytes, C-reactive protein measurement, Full blood count

Treatments: OBS/ECG/HV/PulseOx

Discharge planning:

Medications and Medical Devices:

No relevant medication details

Prescriber: **Smartcard ID:** **Contact Number:**

Screened by Pharmacist:

Diagnosis:
Abdominal pain (Confirmed)

Discharge Method: Treatment complete
Usual Place of Residence

THIRD PARTY COPY

Emergency Department
Royal Berkshire Hospital
Reading RG1 5AN

Patient Discharge Letter

To:General Practitioner: Badham , Kelvin [redacted]
6 ST. JOHNS ROAD
NEWBURY
RG14 7LW

MRN Number: 0981612
NHS Number: 400 213 0924

Name: NOBLE, MENA
Gender: Female
DoB: 17/02/1971
Age: 48 Years
Address:

11 Bronte Rise NEWBURY Berkshire RG14 7UG

If child, accompanied by:

Home Telephone: (797) 900-3208
Mobile Telephone: 07979003208

Attendance: 06/09/2019 16:03:00

Place of accident: Living room

Mode of Arrival: Ambulance service - patient in transit

Presenting Complaint: Abdominal Pain
Presenting History: Abdo pain 3 months pain under lx worsering past 48h and vomiting BNO for 2/7not been eating

Clinical Information: PC: abdominal pain

HPC: Patient reports ongoing suprapubic abdominal pain over the last 4 months. She is currently awaiting OP CTAP and upper and lower endscopies organised by gastro.

She presents today with new abdominal pain- located over the epigastrium and RUQ, tight stabbing pain. Non radiational. No fevers or jaundice. Associated with several episodes of vomiting.

No fresh blood in vomit or clots. Reports it looked orange. Bowels last opened 2 days ago- was normal for her. Passing flatus. No urinary symptoms. Pain has no exacerbating or alleviating factors.

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South Central Ambulance Service NHS
NHS Foundation Trust

PR

Medicines

Administered by SCAS Clinician

Time	Medicine	Route of administration	Dosage	Unit
14:06	Sodium Chloride 0.9% injection	Flush	10	ml
14:10	Paracetamol 1000 mg in 100 ml injection	IV intravenous	1	g
14:48	Sodium Chloride 0.9% injection	Flush	10	ml

Administered Notes
Not rec.

Supplied
Not rec.

Social History

Social History	Lives Alone
Social History Notes	*Not rec..*
Occupational History Notes	*Not rec.*
Social Support Notes	*Not rec.*

Safety Netting

Not rec.

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Attachment
06-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge Summary/Report Royal Berkshire Hospital Accident & Emergency
Filename: D10_K81002_4908_20369fa6-c30e-4740-951a-4fcf8188f72b.TIF.XX2
Extension:.tif
Pages:

South Central Ambulance Service NHS
NHS Foundation Trust

PR_

Patient Clinical Report - GP Report for Information v4.7.1

Patient Details

Patient First Name	Mena	**DoB**	17/02/1971
Patient Surname	Noble	**Age Years**	48
Preferred Name	*Not rec.*	**NHS no**	4002130924
Patient Address	11 Bronte Rise Greenham NEWBURY Berkshire		
Patient Postcode	RG14 7UG	**ODS no**	K81002
Destination	**A/E; Royal Berkshire Hospital; Berkshire**		

Incident Details

Incident Number	S1909061021	**Incident Date**	06/09/2019
Time of Call	12:59		

Recognition of Life Extinct

Not rec.

History of Presenting Complaint

Date of Onset	*Not rec.*	**Time of Onset**	*Not rec.*

History of Presenting Complaint

3/52 of stomach /abdo pain under investigation. rectal bleeding, constantly vomiting not eating. no bowel movement 2/7. increased pain and vomiting past 48hrs.

Presenting Complaint Notes

Not rec.

Other Notes

Not rec.

Presenting Complaint

Diagnosis	Gastrointestinal:Abdo Pain
GP Triage Attempt	Did Not Attempt GP Triage

Urinalysis

Not rec.

Vital Signs

Time	Pulse Rate	Resp Rate	SpO2 (on air)	SpO2 (on oxygen)	Systolic BP	Diastolic BP	Blood Glucose	Temperature
13:34	114	*Not rec.*	98	*Not rec.*	119	82	5.5	36.8
13:45	102	16	98	*Not rec.*	*Not rec.*	*Not rec.*	*Not rec.*	*Not rec.*
13:48	90	16	*Not rec.*	*Not rec.*	*Not rec.*	*Not rec.*	*Not rec.*	*Not rec.*
14:17	102	18	96	*Not rec.*	110	72	*Not rec.*	*Not rec.*
14:57	95	18	97	*Not rec.*	119	58	*Not rec.*	*Not rec.*

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Discharge Follow Up: No referral

Discharged:

Examined by: Olivero (Physician Associate) , Francine; Olivero (Physician Associate) , Francine;

Discharged by: Olivero (Physician Associate) , Francine

Additional information about this attendance may be obtained directly from the department.

THIRD PARTY COPY

Attachment
06-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Report South Central Ambulance Service Unscheduled Care
Filename: D10_K81002_4908_67dff20f-b06b-42ef-bd94-3cb49a88a096.TIF.XX2
Extension: tif
Pages:

Improved to 4/10 after paracetamol. No PV symptoms. Did not eat a heavy meal beforehand.

PMH: prev hysterectomy.

DH: none, NKDA

O/E: Alert

HS normal

Chest clear

Abdo - tender RUQ and epigastrium, no guarding, BS present.

BS present

Calves SNT no oedema or erythema

Bloods- pendingCRP 20WCC normalK 5.4Discussed with Dr Loh ED SpR1. Home, safetynetting given- any worsening of sx, severe pain, fevers to reattend ED ASAP.2. If pain remains settled to attend OP CTAP/endoscopies as planned3. GP to consider repeat U&Es in a week.

Investigations: Urea and electrolytes, C-reactive protein measurement, Full blood count

Treatments: OBS/ECG/HI/PulseOx

Discharge planning:

Medications and Medical Devices:

No relevant medication details

Prescriber: **Smartcard ID:** **Contact Number:**

Screened by Pharmacist:

Diagnosis:
Abdominal pain (Confirmed)

Discharge Method: Treatment complete
Usual Place of Residence

THIRD PARTY COPY

Emergency Department
Royal Berkshire Hospital
Reading RG1 5AN

Patient Discharge Letter

To:General Practitioner: Badham , Kelvin [redacted]
6 ST. JOHNS ROAD
NEWBURY
RG14 7LW

MRN Number: 0981612
NHS Number: 400 213 0924

Name: NOBLE, MENA
Gender: Female
DoB: 17/02/1971
Age: 48 Years
Address:

11 Bronte Rise NEWBURY Berkshire RG14 7UG

If child, accompanied by:

Home Telephone: (797) 900-3208
Mobile Telephone: 07979003208

Attendance: 06/09/2019 16:03:00

Place of accident: Living room

Mode of Arrival: Ambulance service - patient in transit

Presenting Complaint: Abdominal Pain
Presenting History: Abdo pain 3 months pain under lx worsering past 48h and vomiting BNO for 2/7not been eating

Clinical Information: PC: abdominal pain

HPC: Patient reports ongoing suprapubic abdominal pain over the last 4 months. She is currently awaiting OP CTAP and upper and lower endscopies organised by gastro.

She presents today with new abdominal pain- located over the epigastrium and RUQ, tight stabbing pain. Non radiational. No fevers or jaundice. Associated with several episodes of vomiting.

No fresh blood in vomit or clots. Reports it looked orange. Bowels last opened 2 days ago- was normal for her. Passing flatus. No urinary symptoms. Pain has no exacerbating or alleviating factors.

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SCAS111 OOH Call Incident Report

Case Number:	53902	Receive Date:	6-Sep-2019 13:35
Patient's Name:	Mena Noble		
Date of Birth:	17-Feb-1971 (48 years)	Gender:	F
Address:	11 Bronte Rise Newbury RG14 7UG	Current Address:	11 Bronte Rise Newbury RG14 7UG
Return Contact No:			
Tel No:	07979 003208		07979 003208
Mobile No:	07979 003208		
Priority:	P1	Call Origin:	
Received:	6-Sep-2019 13:35	Case Type:	111 Clinician
Advised:	:	Arrived PCC:	
Cons Start:		Cons End:	
Consulting Doctor:		Own Doctor:	Kelvin Badham

NHS Number:
4002130924

Reported Condition:
Symptoms: vomiting Comments: under investigation for lower abdo pain,

Pathways Details:

Pathways Consultation Summary - **The consultation has identified**
Illness
Cool, cold or clammy
Abdominal pain with associated vomiting
Vomiting coffee grounds
Features of cardiac pain, chest/back/abdomen
No indication scene unsafe

Pathways Final Disposition - **The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome (Dx0112)**

Followups:
None

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Attachment
06-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge Summary/Report Royal Berkshire Hospital Accident & Emergency
Filename: D10_K81002_4908_7a43611a-91b9-40f5-afbf-43205199f3b6.TIF.XX2
Extension:.tif
Pages:

eMED3 (2010) new statement issued, not fit for work
09-Sept-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: significant abdominal symptoms, undergoing inve...; Duration 06-Sep-2019 - 15-Sep-2019)
Filename: FitNote_2609fe59-cc3c-456f-8176-2ad78167211c.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name	~~Mr, Mrs, Miss,~~ Ms Mena Noble
I assessed your case on:	09 / 09 / 2019
and, because of the following condition(s):	significant abdominal symptoms, undergoing investigation
I advise you that:	[X] 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 06 / 09 / 2019 to 15 / 09 / 2019

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 09 / 09 / 2019

Doctor's address: Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW, Telephone: 01635 41495

Unique ID: Med 3 01/17 2609FE59-CC3C-456F-8176-2AD78167211C

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 [redacted] 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 [redacted]

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 NOBLE
Other names	MENA
Address	11 BRONTE RISE GREENHAM NEWBURY Postcode RG14 7UG
Date of birth	17 / 02 / 1971 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**.

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Clinical document
06-Sept-2019 Mrs Tracey Ball (TB)
Additional: Clinical document
(06-Sep-2019) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

Resuscitation Status: Full Resuscitation

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10/09/2019 - At risk for malnutrition (Confirmed)

Past Medical History:

16/04/2015 - Dysmenorrhea (Confirmed)
16/04/2015 - Menorrhagia (Confirmed) - Presented On: 16/04/2015

Allergies and Adverse Reactions

No known allergies

Medications and Medical Devices

Allergies: NKA.

New Medication Prescribed Since Admission

Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue	Pharmacy Use only
Tinzaparin prophylaxis	subCUTANEOUS	3,500 unit	ONCE a day (evening)	14	No	

Indication: VTE Prophylaxis
Special Instructions: PC Dr Hobden;

Prescriber: Faraj , Ara **Smartcard ID:** FARAJA **Contact Number:**

Pharmacy Use Only

Screened by: Konstantinou , Dimitra **Dispensed by:** **Checked by:**

BMI:18.18 kg/m2
AKI Waning Stage:1

Interpreter Required: No

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Legal Information

Advance Decisions

On examination, she looks thin. There is no jaundice, clubbing or lymphadenopathy. Abdominal examination reveals fullness on the right side of the abdomen.

PLAN:
OGD, colonoscopy, CT abdomen and pelvis.

Yours sincerely

Electronically signed

Ian [redacted]
Consultant Gastroenterologist

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Inpatient Discharge Summary Royal Berkshire Nhs Foundation Trust General Surgery
Filename: D10_K81002_4908_560886d6-949b-4c9a-9266-2b5d526709ff.TIF_XX2
Extension:.tif
Pages:

Ian [redacted]
Consultant Gastroenterologist

Department of Gastroenterology
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 8391

KELVIN [redacted] BADHAM [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

10th September 2019 IJ/modl/25712304 MRN:981612

Dear Doctor

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

Many thanks for referring this lady to Gastro Clinic. She describes a lower pelvic pain which started approximately in Christmas 2018. This pain was just above the pubic bone and was constant and felt like a bladder pressure.

She also had pain in her inner thighs. The pain was constant and did not vary with bowel function. It persisted over the several months and I understand she has had an ultrasound which did not find a cause. Interestingly, she felt ill at one stage and had raised inflammatory markers for which she received antibiotics and this helped her pain, but symptoms returned on finishing the antibiotics. Her bowels had remained normal until about three weeks ago when she developed constipation, hard stool and she developed some bright red bleeding rectally at that stage. She has also developed vomiting over the last three weeks with significant reduction in oral intake and a drop in her weight of about 4kg to 56kg today. Does not describe any vaginal or urinary symptoms.

PAST MEDICAL HISTORY:
Hysterectomy.

She works as a housekeeper, smokes 15 plus cigarettes per day and is a nondrinker.

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eMED3 (2010) duplicate issued, not fit for work
26-Sept-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) duplicate issued, not fit for work
Fit Note Document (Diagnosis: Bowel cancer, recovering from emergency surgery..., Duration 10-Sep-2019 - 10-Nov-2019)
Filename: FitNote_197c9ebd-d855-4246-a803-13d8e6072850.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name	Ms, ~~Mrs, Miss,~~ Ms Mena Noble
I assessed your case on:	26 / 09 / 2019
and, because of the following condition(s):	Bowel cancer, recovering from emergency surgery complicated by severe pneumonia
I advise you that:	[X] 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 10 / 09 / 2019 to 10 / 11 / 2019

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 09 / 10 / 2019

Doctor's address: Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW, Telephone: 01635 41495

Unique ID: Med 3 01/17 197C9EBD-D855-4246-A803-13D8E6072850

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
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'You may be fit for work': You could go back to [redacted] 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 [redacted]

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 NOBLE
Other names	MENA
Address	11 BRONTE RISE
	GREENHAM
	NEWBURY Postcode RG14 7UG
Date of birth	17 / 02 / 1971 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**.

Duplicate
THIRD PARTY COPY

Attachment
10-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Gastroenterology Royal Berkshire Nhs Foundation Trust Gastroenterology
Filename: D10_K81002_4908_67cc6400-567c-474f-b6e5-53b49d8b1fe1.TIF.XX2
Extension:.tif
Pages:

eMED3 (2010) duplicate issued, not fit for work
26-Sept-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) duplicate issued, not fit for work
Fit Note Document (Diagnosis: Bowel cancer, recovering from emergency surgery...; Duration 10-Sep-2019 - 10-Nov-2019)
Filename: FitNote_20bb3823-72df-4f27-913c-18b4e79f9257.pdf
Extension:.tif
Pages:

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For social security or Statutory Sick Pay

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or from 10 / 09 / 2019 **to** 10 / 11 / 2019

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(Please delete as applicable)

Doctor's signature

Date of statement 09 / 10 / 2019

Doctor's address
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 20BB3823-72DF-4F27-913C-18B4E79F9257

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Surname Mr, Mrs, Miss, Ms NOBLE
Other names MENA
Address 11 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth 17 / 02 / 1971 **Mobile**
NI number

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- **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**.

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THIRD PARTY

PATIENT NAME
NOBLE MENA
ATTENDING PHYSICIAN
[redacted] Waldmann
AGE
48

NHS NO.
4002130924
DIAGNOSIS
Respiratory Failure
ALLERGIES
No known drug allergies

HOSP NO.
000981612

* Full ICU Notes can be obtained from the ICU Clinical Information System*
The application is called ICCA and can be accessed both on ICU and selected terminals around the Trust.
Access to ICCA can be requested via the EFORMS system available via the Intranet.
You will need a Trust logon, obtained from IT helpdesk (ext 7411), or via the EFORMS system.
For further information, please contact the ICU IT Team via ICIP.team@royalberkshire.nhs.uk

HIS	HIS	13/09/2019 23:24 - 13/09/2019 23:24
AS	[redacted] Filipa Figueiredo Sousa SN	13/09/2019 23:24 - 17/09/2019 14:13
AA	Arshia Aslam FY3	16/09/2019 20:01 - 16/09/2019 20:01
SH	Satish [redacted] SN	16/09/2019 21:11 - 16/09/2019 23:48
BM	[redacted] Millette Stage 3 ICM	17/09/2019 02:53 - 17/09/2019 02:53
AT	Andrea [redacted] CNS Outreach	17/09/2019 10:15 - 17/09/2019 10:15

THIRD PARTY COPY

PATIENT NAME
NOBLE MENA

NHS NO.
4002130924

HOSP NO.
000981612

ATTENDING PHYSICIAN
[redacted] Waldmann

DIAGNOSIS
Respiratory Failure

AGE
48

ALLERGIES
No known drug allergies

Plans for the future

Ongoing issues and plan	Mobilise as able wean O2 as tolerated
Referrals made / Pending	Stoma CNS
Any agreed limitations of treatment?	N/A
Medical Advanced Plan completed?	No
Name of ward nurse handed over to	[redacted] ward
Outreach Review	S- ATSP re: ICU transfer B- Admitted for physio and NHFO2 Left lower lobe lung collapse following an extended right hemicolectomy for transverse colon tumour. A- Sat out in chair - looks comfortable a- maintained b- Target SaO2>90%. SPO2 >93% when settled but 89/90% post physio/talking etc. Physio reports shallow breathing pre-therapy and improved lower thoracic expansion post Rx. RR increased to 47 when standing and marching on the spot however improved to 25 with positioning and breathing control c- HR 102 BP 108/61 T 37 d -alert c/o abdominal pain after exertion. Receiving regular paracetamol and morphine for breakthrough pain e- managing some oral intake R- ?adjust target SaO2 back to 88-92% Once pain under control, RR may be more controlled. ? refer pain team. Physio will see on ward call if concerned Critical Care Outreach. [redacted] NMC 98D0593E bleep 250 [redacted] score Variable [redacted] Points Admission source: Ward 8 ICU Length of Stay (days): 2-10 1 Last Measured PaO2/FIO2 ratio in ICU: >20 - < 53 5 GCS >14 0 PaCO2 < 6KPa 0 [redacted] Score Total = 14 -R (Reading variables) NEWS >5 Y Trachy pt requiring >q2h suctioning N Cam +ve N Significant electrolyte replacement N (Requiring concentrated K+ and or daily IV Mg / Phosphate) Previous ICU admission during current in-patient stay N CrIP (Critical Illness Polyneuropathy) N Action [redacted] score <10 - Ward to contact via NEWS/clinical concern [redacted] score of 10-15 - Standard CCOR follow up [redacted] Score 10 - >15 +/- Any R - CCOR review on ward on day of discharge and 24 hrs post transfer [redacted] Score 10 - >15 + >1 R - d/w ICU Consultant

THIRD PARTY COPY

PATIENT NAME
NOBLE MENA

NHS NO.
4002130924

HOSP NO.
000981612

ATTENDING PHYSICIAN
[redacted] Waldmann

DIAGNOSIS
Respiratory Failure

AGE
48

ALLERGIES
No known drug allergies

Airway

Swallow	Swallow/Gag Reflex Intact
Communication/Language Needs	None

Breathing

Respiratory Evaluation	RR 19
Oxygen Requirement	Nasal Cannual 36% Saturation mainatined at 95%
Chest Physio	Yes required

Circulation

EPR observations completed	Yes
Current NEWS	^ 6
Inputs/Outputs	Catheter insitu. Stoma bag insitu

Disability

Neurological Assessment	GCS 15/15 Cam negative
Pain Management	Pain team referral: No yes in stomach but control on...

Environment

Hygiene/Toileting	as stated above
Pressure areas/ Waterlow score	waterlow 13
Wounds/Drains	Laprotomy wound. dressed and intact andnot oozing
Current mobility status	+1 with Bed to chair

Plans for the future

THIRD PARTY COPY

PATIENT NAME	NHS NO.	HOSP NO.
NOBLE MENA	4002130924	000981612
ATTENDING PHYSICIAN	DIAGNOSIS	
[redacted] Waldmann	Respiratory Failure	
AGE	ALLERGIES	
48	No known drug allergies	

Summary of Care

Presenting Complaint	Patient raised at HAN meeting by surgical FY1 as someone who was desaturating on the ward but had not been fully reviewed. Post-op Laparotomy, Extended Right Hemicolectomy, Resection of Small Bowel (11/09) for obstruction secondary to tumour Had been recovering well on ward post operatively Began desaturating around 7.30pm and quickly deteriorated, by 10.30pm was requiring 15L O2 via non-rebreath mask No chest pain Bringing up small amount of white-beige sputum Has been having prophylactic tinzaparin since admission
Past Medical History	Hysterectomy
Social History/Previous Mobility	Smokes 15 cigarettes/day Nil alcohol history Works as a housekeeper, fully independent
Diagnosis	Respiratory Failure
Reason for Admission to ICU	Hypoxia requiring nasal high flow oxygen
Length of Stay	4 days
Treatment	IV Abx
Investigation Summary	16/09/2019 CT Angiogram pulmonary Findings: No evidence of thrombus is identified in the pulmonary trunk, main or segmental pulmonary arterial tree. Dense peripheral consolidation is present in the posterior basal segment of the left lower lobe with features of bronchiolitis and ground-glass shadowing in the remainder of the basal segments. Similar features of bronchiolitis with associated ground-glass change are present in the right lower lobe with minor ground-glass change medially in the right upper lobe. Mild bilateral inferior hilar lymphadenopathy. No significant central mediastinal or axillary lymph node enlargement. Below the diaphragm, a small quantity of pneumoperitoneum is noted presumably from recent surgical intervention. No sinister bony abnormalities are detected. Comment. Dense consolidation in the posterior basal segment of the left lower lobe with features of bronc
History and events	13/9: Admitted from ward due to worsening type 1 respiratory failure - suspected LLL collapse. Tx dose tinz started in case of PE, not able to lie flat for CTPA. High flow O2 14/9: Remains on high flow, abx and tx dose tinz 15/9: Stable but still high O2 requirements 16/9: Abx stopped, PCA continued, art line removed, treatment dose Tinzaparin switched to prophylactic dose as CTPA showed no PE
Medications Prior to ICU	Nil regular as per SCR from GP (CK 16/9/19) ACUTE from GP: 22-Jul-2019 Trimethoprim 200mg tablets One To Be Taken Twice A Day 04-Jul-2019 Naproxen 250mg tablets One To Be Taken Three Times A Day PRN
Current Drug Summary	Nicotine patch 21mg/24hours 1 patch TD OD Paracetamol 1g QDS PO Tinzaparin 3500units SC nocte
Allergies and Reactions	No known drug allergies
Infection Control Flags	Non Apply
Antibiotics Given	Co-amoxiclav

Airway

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Critical Care Discharge Summary

RBH NHS Foundation Trust

ICU

13/09/2019 19:24 - 17/09/2019 15:35

PATIENT NAME
NOBLE MENA

NHS NO.
4002130924

HOSP NO.
000981612

ATTENDING PHYSICIAN
[redacted] Waldmann

DIAGNOSIS
Respiratory Failure

AGE
48

ALLERGIES
No known drug allergies

Critical Care Discharge Summary (13/09/2019 23:24) [redacted] Filipa Figueiredo Sousa SN

The Person

Likes to be known as	Mena
Preferred Contact/ Important people	[redacted] 07824116874
Family dynamics	Patient lives alone, independent. Has two [redacted]
Significant issues	N/A
Psychological and emotional needs?	N/A
Patient Occupation	Housekeeper
Interests/hobbies	TV; [redacted] words
Religion	Protestant
Key information given to [redacted]	N/A

Summary of Care

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Examination:

Consent to treat obtained
Dressing removed
wound looking healed
Small sinus at top end of wound oozing serous fluid
No redness or infection

Diagnosis:

op dressing

Treatment:

Cleansed
mepitel and mepore dressing applied
Has apt at the hospital for followup tomorrow
If any further problems to see PN

==========

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Attachment
26-Sept-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Discharge Summary/Report Royal Berkshire Hospital Respiratory
Filename: D10_K81002_4908_79de2c0e-e995-43b4-a3a8-b0355b2fa7dd.TIF.XX2
Extension:.tif
Pages:

OOH ***
To: OOH Post Master
From: Westcall
At: EMIS
Subject: Mena Noble 17-Feb-1971 (Age: 48 years)
Priority: Routine
Call #: 46507 Received: 26-Sep-2019 08:18

Patients Name: Mena Noble
Date of birth: 17-Feb-1971 (Age: 48 years)
Gender: Female
Address: 11 Bronte Rise

Greenham

Berkshire RG14 7UG
Return Contact No:07979 003208
Tel No: 07979 003208
Mobile No:
Origin:
Case Type: MIU
Own Doctor: [redacted]
Consulted by: [redacted]

Received: 08:18
Advised: 08:38 Arrived PCC: 08:20
Cons Start: Cons End:

==========
Message to surgery:

Discharged
==========
Clinical Codes:
==========
Reported Condition:

Symptoms: post op wound check - bandages soaked through to abdo back in hospital tomorrow
==========
Triage details

History:

Bower resection and temporary colostomy 16 days ago
Colostomy bag leaked last night and soiled dressing
Came for change o dressing

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eMED3 (2010) new statement issued, not fit for work
26-Sept-2019 Dr Kelvin Badham (KJB)
Additional:eMED3 (2010) new statement issued, not fit for work -
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(Please delete as applicable)

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Date of statement: 26 / 09 / 2019

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6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 01/17 82b88273-1573-4A77-AC73-DDEA671E491C

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OOH report
26-Sept-2019 Mrs Tracey Ball (TB)
Additional:OOH report
OOH report (26-Sep-2019)
Filename: OOH report (26-Sep-2019).txt
Extension:.tif
Pages:

Royal Berkshire NHS
NHS Foundation Trust

Ms Mena Noble
11 Bronte Rise
Newbury
Berks RG14 7UG

Intensive Care Unit
Royal Berkshire Hospital
London Road
Reading
RG1 5AN
Tel: 0118 322 **7248**
Email:RaCi@royalberkshire.nhs.uk
Website: readingicusupport.co.uk

RECEIVED
-4 OCT 2019

Date: 02 October 2019

Dear Ms Noble,

Rehabilitation after Critical Illness Service

Following your recent discharge from the Intensive Care Unit, we are writing to ask whether you would be interested in attending the Rehabilitation after Critical Illness clinic.

It is recognised that patients who experience critical illness can temporarily develop various physical and psychological problems. The Rehab after Critical Illness service provides the opportunity for you to address and discuss them with us. You are welcome to bring someone with you, should you wish.

We are always looking to improve the care we give and have been able to change some of our clinical practices due to important feedback provided by patients and their [redacted] and [redacted]

Clinic appointments will be at approximately two, six and twelve months after your discharge from hospital, however if you feel you need this sooner or later we will endeavour to meet your need. If you would like to use this service, please complete and return the slip below in the enclosed prepaid envelope (no stamp required). We will then send you an appointment to attend clinic. We can offer these at the Royal Berkshire Hospital (RBH) or Bracknell Healthspace. Please indicate your preference below. We operate an open door policy enabling you to contact us either via the phone number or email address above. We also provide a support group – please see the enclosed card for details of meeting times and our website.

Yours sincerely,

PP

The Rehab after Critical Illness Team:
Dr [redacted] Waldmann Nurse Consultant [redacted] Gager SSN [redacted] SN [redacted] Kleras

---

I AM / AM NOT INTERESTED IN ATTENDING THE REHAB AFTER CRITICAL ILLNESS CLINIC
(Delete as necessary)
NAME: MS MENA NOBLE

Signature:.....

Email: .....

RBH ☐ Bracknell ☐

TRUE COPY

CC: [redacted]
GASTROENTEROLOGY
ROYAL BERKSHIRE HOSPITAL

CC: DR [redacted]
GENETICS CONSULTANT
CHURCHILL HOSPITAL
OLD ROAD
OXFORD
OX3 7LE

THIRD PARTY COPY

Attachment
02-Oct-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Intensive care Unit
Filename: D10_K81002_4908_5dd42357-9ffc-48d1-aa21-4a1066eba2b1.TIF.XX2
Extension:.tif
Pages:

taste, peripheral neuropathy, dry hands, hand-foot syndrome, risk of infection, low immunity, clot formation, fatigue, tiredness and minimum risk of death of around 1%.
The chemotherapy will be delivered on two-weekly basis by a PICC line and she will have a periodic blood tests prior to each cycle to assess fitness to treatment and definitely she will have a regular follow-up in the clinic. We will see her back following her first cycle of chemotherapy.
Ms Noble was happy to proceed with chemotherapy and today, we have her consent to start the treatment and I explained to her that we usually start treatment eight weeks following the surgery and we are still be able to treat her up to 12 weeks post-surgery.

I explained to her that we will arrange a pre-chemotherapy assessment appointment before starting the treatment and thanks to our colorectal nurse, Tania for arranging this. I also explained to Ms Noble that we did some genetic test on the cancer specimen and that test showed there is a possible genetic correlation for having the current colon cancer she developed and put her at risk of having other kind of cancer and of course, there is a risk that the first degree [redacted] for her at risk of having similar genetic correlated risk of developing colon cancer.

For that reason I discussed referring her for the genetics counselling for further advise like the risk of having other kind of cancers for herself and the potential counselling for her [redacted]. The [redacted] expressed her wishes to proceed with any screening and I explained to her the possibility of waiting the outcome of the genetic counselling for her [redacted] however, she can still see her GP and discuss the referral for the Genetic Counselling Service.

Yours sincerely

Electronically signed

Dr Osamah Al-Asadi
Locum Specialist Registrar in Oncology

PS:
Note to patient: If you have been advised that you require an Oncology follow up appointment and you have not received this at least 4 weeks before it is due, please call the secretary on the above number. Thank you.

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

THIRD PARTY COPY

Unfortunately she developed hospital-acquired pneumonia during her stay and discharged from the hospital three weeks later and the CT angiogram, pulmonary scan done postoperatively showed dense consolidation in the left lower lobe with a feature of bronchiolitis in the remainder of the left lower lobe and also the basal segments of the right lower lobe with some patchy ground glass changes in the right upper lobe in keeping with infection. No sinister bony abnormality noted in the scan and no significant central mediastinal or axillary lymph node being detected.

PAST MEDICAL HISTORY:
Nil.

MEDICATION:
No regular medication.

ALLERGIES:
NKDA.

SURGICAL HISTORY:
Hysterectomy five years ago.

SOCIAL HISTORY:
Ms Noble lives alone in a ground floor flat and she has two [redacted] She is currently working as a housekeeper and previously, she was a chef. She is fit and well and I estimated her performance status of 0. She used to smoke around 15 cigarettes a day and stop day before operation with previous history of smoking for 30 years. She is not drinking alcohol.

FAMILY HISTORY:
Ms Noble had [redacted] history of cancer as following:
1. First [redacted] died from bowel cancer recently.
2. [redacted] #2 had a kidney cancer.
3. [redacted] #3 had a kidney cancer.
4. [redacted] had bowel cancer.
5. [redacted] had ovarian cancer.
6. [redacted] died from lung cancer.

DISCUSSION:
Today I explained to Ms Noble and her [redacted] the current cancer status and stage. I explained to her that she had an emergency procedure to resect the cancer in the transverse colon and the outcome of the surgery being discussed in the local meeting (colorectal MDT) with final histology confirmed full resection of the cancer and none of the 28 lymph node being affected by cancer. The CT scan did not show any feature of metastatic disease in the rest of the body. I explained to her that the current surgical approach will provide her a cure chance from the cancer point of view in a figure of 70 to 80% and today, she came to discuss further treatment following the surgery.

I explained to her that we can offer her further treatment in terms of adjuvant chemotherapy; however, this treatment will provide an extra survival benefit not more than 5%. I offered her chemotherapy FOLFOX and provided her with a leaflet information about the chemotherapy and a PICC line leaflet information as well. We went through the potential side effect of chemotherapy in terms of sickness, vomiting, diarrhoea, constipation, hair thinning, mouth ulcer, change in mouth

THIRD PARTY COPY

Dr [redacted]
Gildersleve,
MA FRCP
FRCR
Consultant
Oncologist
Secretary:
Tel: 0118 322
7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

30th
October
2019

OA/modl/25850318 MRN:981612

Dear Doctor

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

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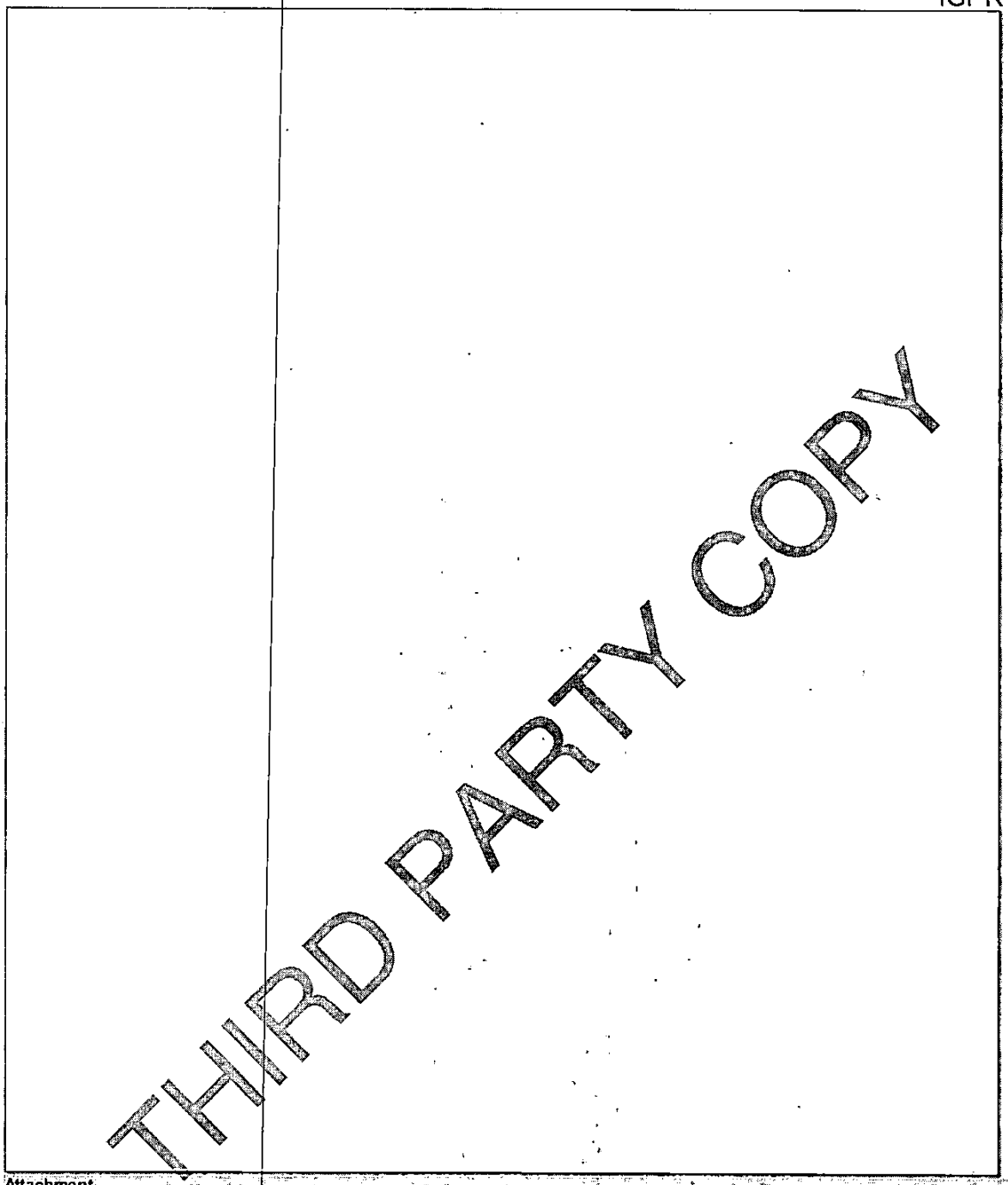
DIAGNOSES:
Adenocarcinoma of the transverse colon, pT3 pN0/20/28 EMVI positive R0.

Emergency extended right hemicolectomy and small bowel resection, 11th September 2019. Extended postoperative recovery and discharged from the hospital following three weeks due to developing hospital-acquired pneumonia for which she needed ITU admission.

It was pleasure to meet Ms Noble and her [redacted] in our Oncology Clinic today. Our colorectal CNS, [redacted] joined the consultation. Mena is a 48-year-old lady with no past medical history and was being complaining from abdominal pain, rectal bleeding and weight loss over the last few months, for which she had a referral by her GP under the two-week referral pathway and she was seen by the Gastrointestinal Team in September when she was found to be in severe pain with an initial plan to have a colonoscopy, however she did not tolerate the bowel preparation and ended up with an urgent CT scan that showed colonic obstruction secondary to a lesion in the transverse colon. She has been elected to have an urgent surgical intervention in term of extended right hemicolectomy with some resection of the small bowel and stoma formation.



THIRD PARTY COPY

Attachment
30-Oct-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Filename: D10_K81002_4908_b0d39ca8-f4a8-4747-b548-2a8c839e7d9d.TIF.XX2
Extension:.tif
Pages:

raised the concern of possible genetic correlation of having [redacted] syndrome and this lady had a strong family history of cancer as following:

1. First [redacted] died from bowel cancer recently.
2. [redacted] #2 had a kidney cancer.
3. [redacted] #3 had a kidney cancer.
4. [redacted] had bowel cancer.
5. [redacted] had ovarian cancer.
6. [redacted] died from lung cancer.

Mrs Noble is willing to see you to have a genetic counselling regarding the risk of having other type of cancer for herself and the possibility of consideration the genetic screen for her two [redacted] She is aware that the current surgery she had give her a chance of cure in term of 70% to 80% with an extra survival benefit from chemotherapy of no more than 5%, but she has agreed to proceed with chemotherapy for the time being. I would be very grateful if you can arrange to see her in your clinic when it is possible.

Yours sincerely

Electronically signed

Dr Osamah Al-Asadi
Locum Specialist Registrar in Oncology

PS:
Note to patient: If you have been advised that you require an Oncology follow up appointment and you have not received this at least 4 weeks before it is due, please call the secretary on the above number. Thank you.

CC: PRIVATE AND CONFIDENTIAL
MENA NOBLE
11 Bronte Rise
NEWBURY
RG14 7UG

CC: POOLED LIST EASTFIELD HOUSE SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

THIRD PARTY COPY

Dr [redacted]
Gildersleve,
MA FRCP
FRCR
Consultant
Oncologist
Secretary:
Tel: 0118 322
7861

Accredited by

Berkshire Cancer Centre
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
rbb-tr.oncology@nhs.net

DR [redacted]
GENETIC CONSULTANT
CHURCHILL HOSPITAL
OLD ROAD
OXFORD
OX3 7LE

31st
October
2019

OA/modl/25850320 MRN:981612

Dear Dr [redacted]

Re: NOBLE, MENA **DOB: 17/02/1971** **NHS No: 400 213 0924**
11 BRONTE RISE NEWBURY RG14 7UG

DIAGNOSES:
Transverse colon adenocarcinoma, pT3 N0 M0, EMVI positive, R0, 0/28 lymph node been affected. 11th September, had emergency right extended hemicolectomy with some resection of small bowel and stoma formation.
Mismatch repair (MMR) expression profile showed normal expression for MLH1 and PMS2 while there was a loss of expression in the MSH2 and MSH6, which raised the possibility of germline mutation in MSH2.

REASON FOR REFERRAL:
Possibility of [redacted] syndrome.

I would be grateful if you can arrange to see this lady in your clinic . She is a 48 years lady fit and well with no past medical history, been diagnosed recently with adenocarcinoma of transverse colon for which she had an emergency procedure as described above on 11th September and we saw her recently in our clinic for consideration of adjuvant chemotherapy that we are going to consider in a few weeks' time for a total of six cycle (three months). The MMR expression profile

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Attachment
01-Nov-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
DNA Letter Royal Berkshire Hospital Colorectal
Filename: D10_K81002_4908_62d2605b-bfb8-42ef-9f37-bb2c99c26a68.TIF.XX2
Extension:.tif
Pages:

Department of General and Colorectal Surgery
Royal Berkshire Hospital
London Road . Reading . RG1 5AN
Tel: 0118 322 6890

POOLED LIST EASTFIELD HOUSE
SURGERY [E-SEND]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

1st November 2019 LG/mod/25854647 MRN:981612

Dear [redacted]

Re: NOBLE, MENA DOB: 17/02/1971 NHS No: 400 213 0924
11 BRONTE RISE NEWBURY RG14 7UG

Mrs Noble had an appointment in clinic today although she failed to attend or to postpone the appointment.

I suppose that she had significant reasons behind this, and therefore, we will give her another appointment.

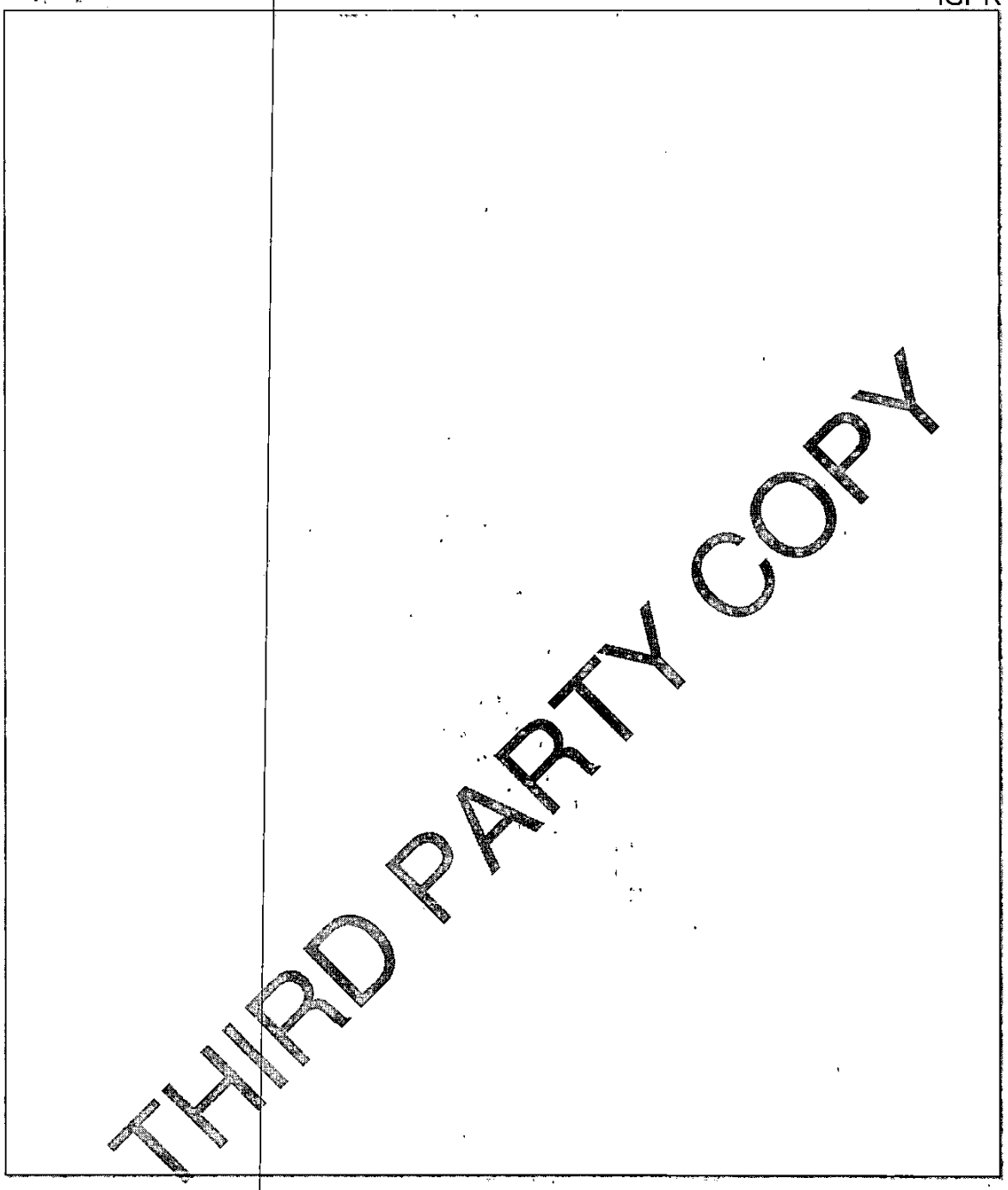
Yours sincerely

Mr Lucian Goian
Consultant General and Colorectal Surgeon

CC: MENA NOBLE
11 BRONTE RISE
NEWBURY
RG14 7UG

THIRD PARTY COPY

Attachment
31-Oct-2019 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire Hospital Oncology
Filename: D10_K81002_4908_37cfba92-6cb9-4809-98ff-e2153ac3836d.TIF.XX2
Extension:.tif
Pages:



THIRD PARTY COPY

Has patient been assessed by the HSPCT (Palliative Care)? No

Has patient been MRSA swabbed? Yes **Infected?** No **Carrier?** No

Has patient been C.Diff tested? No

Allergy/Sensitivity NKDA

Regular Medications Changed? No

Non-Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Days supply	Hosp to supply?
TINZAPARIN 4500 units in 0.45mL Pre-filled Syringe	4500units	once in evening	subcutaneously			6 weeks	
CODEINE PHOSPHATE 30 mg Tablets	30-60mg	four times a day	orally	PRN			

Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Quantity figures	Quantity words	Hosp to supply?

This letter refers to NOBLE, MENA **DoB:** 17/02/1971 **Hosp #:** 000981612 **NHS #:** 4002130924

THIRD PARTY COPY

Attachment
24-Feb-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Royal Berkshire NHS Trust Orthopaedics BEALE K
Filename: D7_00135854.TIF;XX2
Extension:.tif
Pages:

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: CA/ds/000981612
NHS No: 400 213 0924
Clinic Date: 21st February 2017
Date Typed: 22nd February 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
15 Bronte Rise Greenham Newbury RG14 7UG

Diagnosis:
Forefoot metatarsalgia right foot

I reviewed Mrs Mena Noble in the clinic today to consent for basal osteotomy of third metatarsal of right foot.

I have explained to her about the procedure and the risk like infection, nerve damage, CRPS, DVT, PE, non-union, failure to resolve, risk to life and worsening of symptoms. She is due to have this procedure on 3rd March 2017.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

Ms Mena Noble
15 Bronte Rise

THIRD PARTY COPY

Greenham
Newbury
RG14 7UG

NOTE TO PATIENTS:

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

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Attachment
07-Feb-2017 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Trauma + Orthopaedics Royal Berkshire NHS Trust Orthopaedics BEALE K
Filename: D7_00134374.TIF.XX2
Extension:.tif
Pages:

Department of Orthopaedics

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Tel: 0118 322 7415
Fax: 0118 322 8908

Outpatient Clinical Letter

Royal Berkshire
Clinical Admin Team for Trauma + Orthopaedics
Email: rbb-tr.CAT5@nhs.net

Our ref: CA/ds/000981612
NHS No: 400 213 0924
Clinic Date: 2nd February 2017
Date Typed: 3rd February 2017

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berkshire
RG14 7LW

Dear Dr Beale

Re: Ms Mena Noble DOB: 17-02-1971
15 Bronte Rise Greenham Newbury RG14 7UG

Diagnosis:
Right forefoot metatarsalgia

Thank you for referring Mrs Mena Noble who is complaining of pain in the right foot for more than 18 months. She works as a chef and is affected by pain after standing for even two hours.

She has tried several insoles without any benefit.

She has callosity of skin over the third metatarsal head of the right foot with severe tenderness over it. She has a tendency to walk along the lateral border of the foot to avoid the painful area. There is no tightness of Achilles tendon. She has about 20o of dorsiflexion without any pain.

There is no distal neurological deficit.

X-ray of the feet confirms normal appearance of the MTP joints.

I have explained to her about her condition and discussed with her about different treatment options including painkillers, insoles and surgery which could either be Weil's osteotomy or basal osteotomy.

She has been taking painkillers and has tried several insoles without any benefit. She is now keen to proceed for surgery.

I have explained to her about Weil's osteotomy and basal osteotomy and we agreed

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to proceed for basal osteotomy.

I have also explained to her about the procedure and the risk like infection, nerve damage, CRPS, DVT, PE, non union, anaesthetic risk, failure to resolve and worsening of symptoms. She is aware that if she gets any complications her symptoms can be lot worse and she may not be able to continue to work as a chef. I have arranged for basal osteotomy of the right third metatarsal.

Kind regards

Yours sincerely

Checked electronically to avoid delay

Mr C Arvind, FRCS (Tr + Orth)
Consultant Orthopaedic and Trauma Surgeon

Copy to:

Ms Mena Noble
15 Bronte Rise
Greenham
Newbury
RG14 7UG

NOTE TO PATIENTS:

This letter is addressed primarily to the doctors who are taking care of you. However we like to keep you fully informed of any discussions in the clinic and I enclose a copy of it so that you may file it in your records as a reminder of your visit. You may need to refer to it in the future or if you communicate with other health [redacted]

Some of it is written in medical language, which makes it a clear and effective way of communicating between doctors, but if there are points you do not understand or disagree with, please contact us.

We are really interested in your views. If you would like to share your experiences of your hospital visit with others please visit www.nhs.uk/comment or scan the QR code to post feedback on NHS Choices.

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Referral letter
31-Jan-2017 Mrs Liz Pope (EAP)
Additional: Referral letter
pain underneath metatarsal heads both feet
Filename: Referral letter NOBLE, Mena (Ms) 1203 31-Jan-2017.rtf
Extension: tif
Pages:

DR A B MALONEY
DR U JAWAID
DR V FEATHERSTONE
DR J BADHAM
DR K BEALE
DR M DEGNAN
DR C CHRISTIE
DR U TREADGOLD

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

31 January 2017
GP Code 905575
Ref: HKMW/EAP e-R
Consultant Orthopaedic Surgeon

ROUTINE/SOON/URGENT

Dear [redacted]

Mena Noble DOB: 17-Feb-1971 Tel: 07979003208 Mob:
15 Bronte Rise Greenham Newbury RG14 7UG
NHS Number: 400 213 0924 Hospital Number:

I am grateful to you for seeing this 45 year old lady who works as a chef and is standing on her feet all day. Despite a variety of different orthotics she still has tremendous pain underneath the metatarsal area of both feet. It appears to be worse on the left than the right. Overlying the metatarsal heads are areas of callous formation which are very tender. I think the underlying problem possibly is that she has very prominent metatarsal heads and the toes appear to be slightly contracted with very tight extensor tendons. It is becoming quite disabling as she is losing time at work and this is affecting her income. I would be grateful for your advice as to whether any surgical intervention is appropriate. She has spent a lot of money already on various orthotics which have not made any difference.

Many thanks for seeing her.

Yours sincerely

Dr [redacted]

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Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended

Significant Past

Date	Problem	Associated Text	Date Ended
13-May-2015	Vaginal hysterectomy	conservation of ovaries. Complex Atypical Hyperplasia	05-Aug-2015
10-Nov-2011	Cervical smear refused	Non Responder	
09-Apr-2003	Gastritis unspecified		08-May-2003

Allergies

No allergies recorded.

Medication

No medication issued.

Blood Pressure

Specific Codes Table

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Last BMI

Single Code Entry: Body mass index

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eMED3 (2010) new statement issued, may be fit for work
17-Jan-2017 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, may be fit for work
Fit Note Document (Diagnosis: toe deformity awaiting surgical opinion; Duration 17-Jan-2017 - 17-Feb-2017)
Filename: FitNote_8dae9c33-74ec-43cc-bf16-9374329b626f.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 17 / 01 / 2017

and, because of the following condition(s): toe deformity awaiting surgical opinion

I advise you that:
- [ ] ~~you are not fit for work~~
- [X] 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~~
- [X] amended duties
- [ ] ~~altered hours~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):
needs to have opportunity to rest her feet if they are painful by sitting for short periods of time

This will be the case for: 1 Month(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: 17 / 01 / 2017

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 8DAE9C33-74EC-43CC-BF16-9374329D626F

For the patient – what to do now
Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: ☐

THIRD PARTY

e-RS Letter (17-Jan-2017)
17-Jan-2017 Mrs Chrissie Browning (CB)
Additional:e-RS Letter (17-Jan-2017)
NHS e-Referral UBRN 000286996719 for Orthopaedic referral
Filename: 1701311347_NHS e-RS Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000286996719**	Age:	**45y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**17-Jan-2017**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	[redacted] (Dr)	Letter last modified	**31-Jan-2017**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**15 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

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Medication

Medication

Past

Drug	Dosage	Quantity	Last Issued On
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day	28 capsule	05-Oct-2016
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	05-Oct-2016

Clinical record details

Consultations

Problems

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

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Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
21-Jan-2014	Alcohol consumption 4		U/week	

Smoking

Date	Description
05-Oct-2016	Cigarette smoker

Non-Therapeutic Drug Use

Referral letter NOBLE, Mena (Ms) 1203 31-Jan-2017.rtf

THIRD PARTY COPY

Attachment
06-Jan-2017 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
*Result Royal Berkshire Hospital Radiology Beale, ******
Filename: D7_00131178.TIF.XX2
Extension:.tif
Pages:

Radiology Department

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Radiology Report

06 January 2017

Dr [redacted]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Dear Dr [redacted]

Re: Ms MENA NOBLE DOB:17/02/1971 Hospital No: 981612 NHS No: 4002130924
Address: 15 Bronte Rise, Newbury, RG14 7UG

Examination: XR Foot Both Ordered By: [redacted]

Examined On: 06/01/2017 Reported On: 06/01/2017

Report No: 81709365 Reported By: [redacted]

REPORT START

XR172002521 06/01/2017 XR Foot Both
Clinical History:
Bilat foot pain, appears concentrated on prominent MT heads with overlying callus
Findings:
No significant bone or joint abnormality is seen.

Mr [redacted]
RA38055
Advanced Practitioner

FINAL REPORT Dictating Radiologist [redacted], [redacted] Verifying Radiologist [redacted], [redacted] Verify Date/Time: 06.01.2017 12:48

REPORT END

THIRD PARTY COPY

Attachment
30-Sept-2016 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
*Radiology Royal Berkshire NHS Trust Radiology Beale, ******
Filename: D7_00122262.TIF.XX2
Extension: tif
Pages:

Radiology Department

Royal Berkshire Hospital
London Road
Reading RG1 5AN
Radiology Report

30 September 2016

Dr [redacted] Maloney
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

Dear Dr Maloney

Re: Ms MENA NOBLE DOB:17/02/1971 Hospital No: 981612 NHS No: 4002130924
Address: 15 Bronte Rise, Newbury, RG14 7UG

Examination: XR Chest Ordered By: [redacted]

Examined On: 30/09/2016 Reported On: 30/09/2016

Report No: 72307229 Reported By: [redacted]

REPORT START

XR162125859 30/09/2016 XR Chest

Clinical History:
unwell ? cause smoker monophonic wheeze rt mz

Findings:
Normal heart size and mediastinal contours. The lungs are clear.

Dr [redacted]
Consultant Radiologist
GMC 4532181

FINAL REPORT Dictating Radiologist [redacted] Verifying Radiologist [redacted]
Verify Date/Time: 30.09.2016 15:03

REPORT END

THIRD PARTY COPY

Attachment
01-Apr-2016 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
*Discharge Letter BHFT Physiotherapy ***** Groves*

Filename: D7_00111909.TIF.XX2
Extension:.tif
Pages:

Berkshire Healthcare NHS
NHS Foundation Trust

Forename: Mena
Surname: NOBLE
NHS No: 400 213 0924
DOB: 17 Feb 1971

DR S AGRAWALLA
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
RG14 7LW

West Berkshire MSK Physiotherapy
West Berkshire Community Hospital
Benham [redacted]
Thatcham
RG18 3AS
Tel: 01635 273 362
westberksmskphysio@berkshire.nhs.uk

8 Jun 2016

THIRD PARTY COPY

Physiotherapy Discharge Report

Name: Mena NOBLE **NHS No:** 400 213 0924 **Date of Birth:** 17 Feb 1971

Patient Address:- 15 Bronte Rise, Greenham, Newbury RG14 7UG

Referral Received	First Appointment	Discharge Date	Number of 1:1 sessions	Number of Group sessions
1 Apr 2016 13:03	Did not attend (booked for 25/05/16)	08/06/2016	-	-

Discharge Reason: Did not attend first appointment

Clinical Impression: NA

Treatment:

Exercise	Health Promotion	Postural and Ergonomic Advice	Gait Re-education
Acupuncture	Pain Education	Joint Mobilisation	Soft Tissue Therapy
Taping	Electrotherapy	Self-Management Advice	
Class:		Other:	

Home Exercise Plan:

Stretches	Strengthening Exercises	Core Stability Exercises	Balance Exercises
Self-Massage	Postural Exercises	Proprioceptive Exercises	Self-mobilisations
Other			

Factors affecting treatment: NA

Outcome/Future Plan:
Ms Noble did not attend her first appointment and no further contact was made, therefore will be discharged from our service.

Please do not hesitate to contact the Physiotherapy department should you require any further information.

[redacted] **Groves**

THIRD PARTY COPY

Refer to physiotherapist
30-Mar-2016 Dr Helen Wallis (HW)
Additional: Refer to physiotherapist
Emis-PhysioReferral
Filename: Refer to physiotherapist NOBLE, Mena (Ms) 1406 30-Mar-2016.rtf
Extension:.tif
Pages:

NHS Berkshire West

Priority	Non-Priority

Primary Care Physiotherapy Referral

Ashwood	Thames Valley	**Premier**	Mortimer	Fit&Able	Duckworth	Balmore Park	Berks Ind Hospital	McGillivray
University	3 Way	PCS	**Newbury & Chapel Row**	Warr	Complete	Emmer Green	**Berks West Com Health**	**Walnut Close**

Please select a provider:

Forename: Mena		**Surname:** Noble	**Address:** 15 Bronte Rise Greenham Newbury Berkshire RG14 7UG
Title: Ms	**Sex:** F	**D.O.B:** 17-Feb-1971	
Preferred Telephone Number: 07979003208		**NHS No:** 400 213 0924	
Other Telephone Number:		**Happy to receive text reminders (if provided)**	
Email:			**Postcode:** RG14 7UG

YOU MUST COMPLETE THESE QUESTIONS TO FACILITATE PRIORITISATION
(tick appropriate box for each item)

Onset:	Severity of Symptoms:	Recent Post Operative?	Recent Trauma?
< 1 wk 1 – 4 wks 5 – 12 wks > 12 wks	Mild Moderate Severe Unable to Work	Yes No	Yes No
Weight Bearing	**Patient Type:**	**Sleep Disturbance?**	**Referrer Type:**
Full Non Part	NHS Private Patient Overseas Visitor	Yes No	Consultant GP Other

Presenting Problems:

Tennis elbow, no better with rest and NSAIDs

Relevant past medical history: (including results of relevant investigations, medications etc)

Number of treatments:	Advice Sheet Given?

Referral date:	Name of GP:	Referrer Signature:	Name & address of GP:
30-Mar-2016	[redacted]		[redacted] (Dr) Eastfield House Surgery 6 St Johns Road Newbury RG14 7LW

Office Use:	Date Received:	Appt date: Time: Physio:

THIRD PARTY COPY

Attachment
11-Nov-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter West Berkshire Community Hospital Podiatry
Filename: D7_00092040.TIF.XX2
Extension:.tif
Pages:

Healthcare from the **heart** of your **community**

Berkshire Healthcare NHS
NHS Foundation Trust

Dr AGRAWALLA
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
RG14 7LW

EASTFIELD HOUSE SURGERY RECEIVED 12 NOV 2015

Podiatry Clinic
West Berkshire Community Hospital
London Road, Benham [redacted]
Thatcham, Berkshire, RG18 3AS
Telephone - 01635 273337
Receptionist available Monday - Thursday
9:30am - 1:00pm
(Answerphone in use at all other times)

11 Nov 2015

Dear Dr AGRAWALLA

Re: NHS No: 400 213 0924 **Date of Birth :** 17 Feb 1971
Name: Ms Mena NOBLE
Address: 15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Ms Mena NOBLE was referred to the Podiatry Service for painful plantar verrucas.

Following an assessment the patient will be offered a short course of treatment to include prescription of insoles. As verrucas per se are not treated in the department, Ms Noble has been advised to continue with her use of over-the-counter verruca treatments which according to her gave been reasonably effective.

Following completion of their package of care they will be discharged from the service.

If you require any further information relating to Ms Mena NOBLE, please contact the clinic.

THIRD PARTY COPY

Yours sincerely,

Abul Hasnath
Podiatrist

Copy to patient

eMED3 (2010) new statement issued, not fit for work
17-Aug-2015 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative; Duration 13/08/2015 - 25/08/2015)
Filename: FitNote_5b2b2f18-6b5a-4225-9dfd-81371a9b4554.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 17 / 08 / 2015

and, because of the following condition(s): postoperative

I advise you that:
- [X] 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 13 / 08 / 2015 to 25 / 08 / 2015

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: 17 / 08 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 5B2B2F18-6B5A-4225-9DFD-81371AB84554

For the patient – what to do now
Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

Attachment
27-July-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter The Churchill Hospital Oncology
Filename: D7_00082804.TIF.XX2
Extension:.tif
Pages:

Oxford Gynaecological Cancer Centre

MDT Lead : **Dr Shibani Nicum**
Lead Specialist Nurse : [redacted] **Instone**
Gynae Oncology Co-ordinator: [redacted] **Belshaw**
Tel: 01865 235362 / 572182 Fax: 01865 235676

Level 0, Surgical Administration
The Cancer Centre
The Churchill Hospital
Oxford
OX3 7LJ

EASTFIELD HOUSE RECEIVED 31 JUL 2015 SURGERY

MDT Meeting Data: **27/07/2015**
Tertiary Referral: **2 - Reading** Referring Consultant: **Miss Vijayanand**

GP Details:	Patient Details:
Dr [redacted] EASTFIELD HOUSE SURGERY 6 ST.JOHNS ROAD NEWBURY BERKSHIRE RG14 7LW Fax:	Hospital No: 10387693NHS Number: 4002130924 Name: **MENA NOBLE** Date of Birth: 17/02/1971 Consultant: Miss Vijayanand **2WW: No** **2WW Target date:**

SUMMARY OF PATIENT:
PS= 1
Menorrhagia
TAH
Possible CAH in endometrium. 13.05.15 TAH - complex atypical hyperplasia.

Co-morbidities:
Co-morbidities Score:
Performance Status:

FAMILY HISTORY:

POINT FOR DISCUSSION:
To review: 2 - Histology

DIAGNOSIS AND STAGING:
Oxford review: focal complex hyperplasia. No evdience of atypia.

RADIOLOGY FINDINGS:

MDT PLAN OF ACTION:
For f/up locally.

Care plan Intent (1st treatment):

Date of follow up:
Yours sincerely

Dr Shibani Nicum (checked electronically)
Consultant Medical Oncologist

Gynaecological Oncology: RT - Mr R Tozzi; KH - Mr K [redacted] RV - Mr Rajee Vijayanand
Clinical Oncology: AH - Dr A Horne; ST - Dr S Trent; HO - Dr H [redacted]
Medical Oncology: SN - Dr S Nicum; MP - Dr M [redacted] B - Dr Battacharyya
Radiology: NM - Dr N [redacted] CJ - Dr C [redacted]
Pathology: SD - Dr S Damato
CNS: AG - [redacted] Gittins; LC - [redacted]
Co-ordinator: ZR - [redacted] Risk.

3RD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
13-July-2015 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: stress; Duration 13/07/2015 - 13/08/2015)
Filename: FitNote_60da4e94-659f-42ff-b718-3e9f66900bdb.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 13 / 07 / 2015

and, because of the following condition(s): stress

I advise you that:
- [X] 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: 1 Month(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: 13 / 07 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 60DA4E94-659F-42FF-B718-3E9F66900BDB

For the patient – what to do now

Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE

Other names: MENA

Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG

Date of birth: 17 / 02 / 1971

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: [ ]

THIRD PARTY

Attachment
13-July-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter The Churchill Hospital Oncology
Filename: D7_00081772.TIF.XX2
Extension:.tif
Pages:

Oxford Gynaecological Cancer Centre

MDT Lead : Dr Shibani Nicum
Lead Specialist Nurse : [redacted] Instone
Gynae Oncology Co-ordinator: [redacted] Belshaw
Tel: 01865 235362 / 572182 Fax: 01865 235676

Level 0, Surgical Administration
The Cancer Centre
The Churchill Hospital
Oxford
OX3 7LJ

MDT Meeting Data: **13/07/2015**
Tertiary Referral: **2 - Reading** Referring Consultant: **Miss Vijayanand**

GP Details:	Patient Details:
Dr [redacted] EASTFIELD HOUSE SURGERY 6 ST.JOHNS ROAD NEWBURY BERKSHIRE RG14 7LW Fax:	Hospital No: 10387693NHS Number: 4002130924 Name: **MENA NOBLE** Date of Birth: 17/02/1971 Consultant: Miss Vijayanand **2WW: No** **2WW Target date:**

SUMMARY OF PATIENT:
Possible CAH in endometrium. 13.05.15 TAH - complex atypical hyperplasia.

Co-morbidities:
Co-morbidities Score:
Performance Status:

FAMILY HISTORY:

POINT FOR DISCUSSION:
To review: 2 - Histology

DIAGNOSIS AND STAGING:

RADIOLOGY FINDINGS:

MDT PLAN OF ACTION:
To review histology in Oxford next week.

Care plan intent (1st treatment):
Date of follow up:
Yours sincerely

Dr Shibani Nicum (checked electronically)
Consultant Medical Oncologist

Gynaecological Oncology: RT - Mr R Tozzi; KH - Mr K [redacted] PP - Mr P Pathiraja; RV - Mr Rajee Vijayanand
Clinical Oncology: AH - Dr A Horne; ST - Dr S Trent; HO - Dr H [redacted]
Medical Oncology: MP - Dr M [redacted] B - Dr Battacharyya
Radiology: NM - Dr N [redacted] CJ - Dr C [redacted] ZT - Dr Z Traill
Pathology: D - Dr [redacted]
CNS: LA - [redacted] LC - [redacted]
Co-ordinator: ZR - [redacted] Risk

THIRD PARTY COPY

EASTFIELD HOUSE RECEIVED 20 JUL 2015 READING

eMED3 (2010) new statement issued, not fit for work
09-July-2015 Dr Sanjeev Agrawalla (SANJ)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: D&V; Duration 09/07/2015 - 14/07/2015)
Filename: FitNote_90f6108c-36f9-450b-a470-86a238a598c5.pdf
Extension: tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 09 / 07 / 2015

and, because of the following condition(s): D&V

I advise you that:
- [X] 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 09 / 07 / 2015 to 14 / 07 / 2015

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: 09 / 07 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 90F6108C-36F9-450B-A470-86A238A598C5

For the patient – what to do now

Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE

Other names: MENA

Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG

Date of birth: 17 / 02 / 1971

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: [ ]

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work
25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: vaginal hysterectomy; Duration 23/06/2015 - 12/07/2015)
Filename: FitNote_64e32435-8458-45d1-bf35-a31d13d9f9da.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr/Mrs/Miss/Ms~~ Mena Noble

I assessed your case on: 25 / 06 / 2015

and, because of the following condition(s): vaginal hysterectomy

I advise you that:
- [X] 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 23 / 06 / 2015 to 12 / 07 / 2015

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: 25 / 06 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- 64E32435-8458-45D1-BF35-A31D13D9F9DA

For the patient – what to do now

Please [redacted] 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 [redacted] 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
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- 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: ~~Mr/Mrs/Miss/Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: [ ]

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work
25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Vaginal hysterectomy; Duration 25/06/2015 - 05/07/2015)
Filename: FitNote_e5d5c28b-6fc2-4481-8893-95c82f0207b1.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ Mena Noble

I assessed your case on: 25 / 06 / 2015

and, because of the following condition(s): Vaginal hysterectomy

I advise you that:
- [x] 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 25 / 06 / 2015 to 05 / 07 / 2015

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: 25 / 06 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- E5D5C280-6FC2-4481-8893-95C82F0207B1

For the patient – what to do now
Please [redacted] 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 [redacted] 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.

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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: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
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: ☐

Referral letter
25-Jun-2015 Mrs Debbie Morris (DM)
Additional: Referral letter
re verruca
Filename: Referral letter NOBLE, Mena (Ms) 1443 25-Jun-2015.rtf
Extension:.tif
Pages:

THIRD PARTY

DR B B LETHAM
DR L M WALLIS
DR E M CATHERSTONE
DR A P MALONEY
DR K J BADHAM
DR S AGRAWALLA
DR K BEALE
DR M DEGN
Podiatry

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

25.6.15
G.P Code 883164
REF: SAYDJM CAB

ROUTINE/SOON/URGENT

Dear [redacted]

Mena Noble DOB: 17-Feb-1971 Tel: 07979003208 Mob:
15 Bronte Rise Greenham Newbury RG14 7UG
NHS Number: 400 213 0924 Hospital Number:

Problem: Verruca

Past medical history and current medication: As below

I would be grateful if you could see this 44 year lady who works for the online shopping department at Sainsbury's. She has been having increasing problems with a verruca on her right foot which is causing her significant discomfort. Simple conservative management has not helped and we would be grateful for your further input into her care.

With thanks,
Yours sincerely

DR S AGRAWALLA

THIRD PARTY COPY

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
25-Jun-2015	Verruca plantaris		
25-Jun-2015	C/O: a rash		
13-May-2015	Vaginal hysterectomy	conservation of ovaries	
10-Nov-2011	Cervical smear refused	Non Responder	

Significant Past

Date	Problem	Associated Text	Date Ended
09-Apr-2003	Gastritis unspecified		08-May-2003

Allergies

No allergies recorded.

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Lotriderm cream (Teva UK Ltd)	Apply Thinly Twice A Day As Directed	30 gram	25-Jun-2015

Blood Pressure

Specific Codes Table

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Last BMI

Body mass index 20.5 kg/m2 10-Mar-2015

THIRD PARTY COPY

Awaiting collection:letter to
25-Jun-2015 Mrs Debbie Morris (DM)
Additional: Awaiting collection:letter to
CAB - enclosing appointment request details
Filename: Awaiting collectionletter to NOBLE, Mena (Ms) 1444 25-Jun-2015.rtf
Extension: tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

25 JUN 2015

DR H K M[redacted]
DR E V FEATHERSTONE
DR A B MALONEY
DR R J BADHAM
DR S AGRAWALLA
DR V NEWBURY
DR R REGNANI

Ms Mena Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

THIRD PARTY COPY

Dear Ms Noble

Further to our recent consultation in which we discussed your referral to a Specialist, I now enclose the appointment request details to enable you to book an appointment at the hospital of your choice.

You can make your appointment at your chosen hospital by using the telephone number shown, or by using the internet option where this is available. You will need to provide the booking reference number at the top of the first page, together with the password on the second page.

Should you require any further information about choosing your hospital there is a booklet available from our Reception which may assist you.

With best wishes.

Yours sincerely

Dr S Agrawalla

CAB Letter (25-Jun-2015)
25-Jun-2015 Mrs Karen Tunstall (KT)
Additional:CAB Letter (25-Jun-2015)
CAB UBRN 000266507245 for Refer to podiatry

Filename: 1506260758_CAB Letter.tif
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000266507245**	Age:	**44y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**25-Jun-2015**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	**AGRAWALLA, Sanjeev (Dr)**	Letter last modified	**26-Jun-2015**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**Choose & Book Service at NHS**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**15 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

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Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Lotriderm cream (Teva UK Ltd)	Apply Thinly Twice A Day As Directed	30 gram	25-Jun-2015

Past

Drug	Dosage	Quantity	Last Issued On
Mefenamic acid 250mg capsules	Two To Be Taken Three Times A Day After Food	60 capsule	17-Mar-2015
Omeprazole 20mg dispersible gastro-resistant tablets	One To Be Taken Each Day	28 tablet	10-Mar-2015
Tranexamic acid 500mg tablets	Two To Be Taken Three Times A Day	30 tablet	05-Mar-2015

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
25-Jun-2015	Verruca plantaris		
25-Jun-2015	C/O a rash		
13-May-2015	Vaginal hysterectomy	conservation of ovaries	
10-Nov-2011	Cervical smear refused	Non Responder	

Allergies and intolerances

THIRD PARTY COPY

Allergies

Findings

Investigations

Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
21-Jan-2014	Alcohol consumption	4	U/week	

Smoking

Date	Description
11-Oct-2014	Cigarette smoker

Non-Therapeutic Drug Use

THIRD PARTY COPY

Referral letter NOBLE, Mena (Ms) 1443 25-Jun-2015.rtf

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
25-Jun-2015 Dr Sanjeev Agrawalla (SANJ)
Additional: eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: vaginal hysterectomy; Duration 23/06/2015 - 05/07/2015)
Filename: FitNote_a038bc31-30d7-4f21-9560-364416c676aa.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr, Mrs, Miss, Ms~~ Mena Noble

I assessed your case on: 25 / 06 / 2015

and, because of the following condition(s): vaginal hysterectomy

I advise you that:
- [X] 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 23 / 06 / 2015 to 05 / 07 / 2015

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: 25 / 06 / 2015

Doctor's address:
Eastfield House Surgery
6 St Johns Road
Newbury, RG14 7LW
Telephone: 01635 41495

Unique ID: Med 3 04/10- A038BC31-30D7-4F21-9560-364416C676AA

For the patient – what to do now

Please [redacted] 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 [redacted] 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: ~~Mr, Mrs, Miss, Ms~~ NOBLE

Other names: MENA

Address: 15 BRONTE RISE
GREENHAM
NEWBURY Postcode RG14 7UG

Date of birth: 17 / 02 / 1971

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: [ ]

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work
09-Jun-2015 Dr Helen Wallis (HW)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: postoperative; Duration 09/06/2015 - 23/06/2015)
Filename: FitNote_1cd083a4-5c0e-445b-b211-8ed50a2af77b.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ Mena Noble
I assessed your case on: 09 / 06 / 2015
and, because of the following condition(s): postoperative

I advise you that:
[X] 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 09 / 06 / 2015 to 23 / 06 / 2015

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: 09 / 06 / 2015
Doctor's address: Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW, Telephone: 01635 41495

Unique ID: Med 3 04/10- 1CD083A4-5C0E-445B-B211-8ED50A2AF77B

For the patient – what to do now
Please [redacted] 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 [redacted] 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

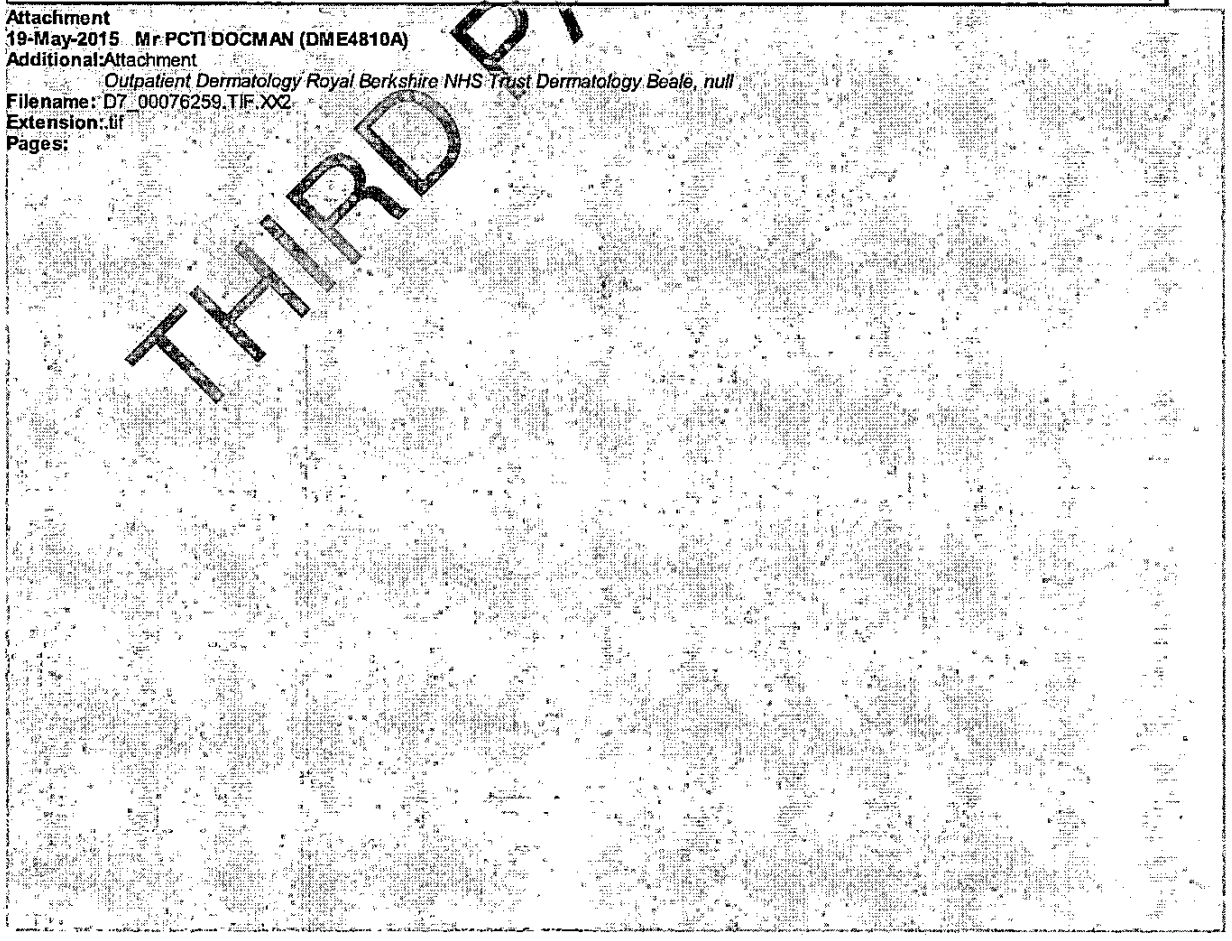
Surname: ~~Mr~~ ~~Mrs~~ ~~Miss~~ ~~Ms~~ NOBLE
Other names: MENA
Address: 15 BRONTE RISE, GREENHAM, NEWBURY Postcode RG14 7UG
Date of birth: 17 / 02 / 1971
National Insurance (NI) number:

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: [ ]

THIRD PARTY

Attachment
19-May-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Dermatology Royal Berkshire NHS Trust Dermatology Beale, null
Filename: D7_00076259.TIF.XX2
Extension:.tif
Pages:



Department of Dermatology

Royal Berkshire Hospital
London Road
Reading RG1 5AN

Dr [redacted] FRCP	Consultant Dermatologist	Sec. 0118 322 8145
Dr Rima [redacted] FRCP	Consultant Dermatologist	Sec. 0118 322 8145
Dr [redacted] Malhomme MRCP	Consultant Dermatologist	Sec. 0118 322 8975
Dr Sacha Goolamali MRCP	Consultant Dermatologist	Sec. 0118 322 8975
Dr [redacted] Pratsou MRCP	Consultant Dermatologist	Sec. 0118 322 7417
Dr Manu Mehra	Locum Consultant	Sec. 0118 322 7417
Dr [redacted] Dua	Specialist Registrar in Dermatology	Sec. 0118 322 7417
Dr [redacted]	Specialist Registrar in Dermatology	Sec. 0118 322 8975
[redacted] Richmond/Marlese Dinolan	Specialist Nurse	0118 322 8209
[redacted] Lanyon	Minor Ops Booking Officer	0118 322 7581
GPwSI: Dr [redacted] Finnigan - Sec. 0118 322 8975	Dr [redacted] Maloney - Sec. 0118 322 8145	

Outpatient Clinical Letter

RC/SE/000981612/clay4959

08 December 2014

Mena Noble
15 Bronte Rise
Greenham
Newbury
Berks RG14 7UG

Dear Mena

Re: Mena Noble DOB: 17-02-1971 NHS No: 400 213 0924
15 Bronte Rise, Greenham, Newbury RG14 7UG

I am writing to you as I have received the histology results from the lesion removed from your forehead. Interestingly this has shown a harmless lesion related to the hair follicle rather than a worrying skin cancer. This is clearly good news.

I hope the area is healing well and I have discharged you back to your GP.

Kind regards

Yours sincerely

Dr Rima [redacted] FRCP
Consultant Dermatologist

CC:

Dr K Beale
Eastfield House Surgery
6 St.Johns Road
Newbury
Berks RG14 7LW

THIRD PARTY COPY

Attachment
14-May-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
*Inpatient Discharge Summary Royal Berkshire NHS Trust Gynaecology *****, *****, Beale*
Filename: D7_00075866.TIF.XX2
Extension:.tif
Pages:

ROYAL BERKSHIRE HOSPITAL DISCHARGE LETTER
Ref: DL/680914.1

Hospital Number:	000981612	Spell Number:	1754435	GP:
NHS Number:	4002130924	Stay Type:	Inpatient	[redacted] Beale
Surname:	NOBLE	Status:	NHS	EASTFIELD HOUSE SURGERY
Forename:	MENA			6 ST JOHNS ROAD
DoB:	17/02/1971 Sex: F			NEWBURY
Address:	, 15 Bronte Rise, Newbury, ,RG14 7UG			RG14 7LW
Admission Date:	Discharge Date:			
13/05/2015	14/05/2015			

Episode and Transfer history

From Date:	13/05/2015
Wards:	Sonning
Specialties:	GYNAECOLOGY
Consultants:	[redacted] K

Diagnosis
2. Vaginal hysterectomy for menorrhagia and dysmenorhoea

Past Medical History
nil

Comorbidities
nil

Presenting Complaints
menorrhagia and dysmenorhoea

On Examination
vulva, vagina and cervix all unremarkable

Investigations relevant to this admission
histology sent

Management Plan
nil

Procedures
Vaginal hysterectomy with ovarian conservation 13/5/15 Mr Erinle

Complications
nil

Destination after Discharge
HOME

Instructions to Patient
seek help if unwell. Avoid lifting for 2/12.

Aftercare required by G.P.
nil. Ovaries left in-situ. Cervix removed - no need for cervical screening.

THIRD PARTY COPY

Hospital Aftercare
nil planned unless concerns.

SIGNED: Eagleton(Senior House Officer) **Bleep:** 597 **Date:** 15 May 2015 at 09:21:30

THIRD PARTY COPY

Has patient been assessed by the HSPCT (Palliative Care)? No
Has patient been MRSA swabbed? Yes **Infected?** No **Carrier?** No
Has patient been C.Diff tested? No
Allergy/Sensitivity nkda
Regular Medications Changed? No

Non-Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Days supply	Hosp to supply?
CODEINE PHOSPHATE 30 mg Tablets	30-60mg	four times a day	orally	PRN	N	5	Y
LACTULOSE Solution	15ml	twice a day	orally		N	5	Y

Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Quantity figures	Quantity words	Hosp to supply?

This letter refers to NOBLE, MENA **DoB:** 17/02/1971 **Hosp #:** 000981612 **NHS #:** 4002130924

THIRD PARTY COPY

Attachment
13-May-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
*Inpatient Discharge Summary Royal Berkshire Hospital Gynaecology ***** ***** Beale*
Filename: D7_00075831.TIF;XX2
Extension:.tif
Pages:

ROYAL BERKSHIRE HOSPITAL DISCHARGE LETTER
Ref: DL/680914

Hospital Number:	000981612	Spell Number:	1754435	GP:
NHS Number:	4002130924	Stay Type:	Inpatient	[redacted] Beale
Surname:	NOBLE	Status:	NHS	EASTFIELD HOUSE SURGERY
Forename:	MENA			6 ST.JOHNS ROAD
DoB:	17/02/1971 Sex: F			NEWBURY
Address:	, 15 Bronte Rise, Newbury, ,RG14 7UG			RG14 7LW
Admission Date:	Discharge Date:			
13/05/2015	13/05/2015			

Episode and Transfer history

From Date:	13/05/2015
Wards:	Sonning
Specialties:	GYNAECOLOGY
Consultants:	[redacted] K

Diagnosis
2. Vaginal hysterectomy for menorrhagia and dysmenorhoea

Past Medical History
nil

Comorbidities
nil

Presenting Complaints
menorrhagia and dysmenorhoea

On Examination
vulva, vagina and cervix all unremarkable

Investigations relevant to this admission
histology sent

Management Plan
nil

Procedures
Vaginal hysterectomy with ovarian conservation 13/5/15 Mr Erinle

Complications
nil

Destination after Discharge
HOME

Instructions to Patient
seek help if unwell. Avoid lifting for 2/12.

Aftercare required by G.P.
nil. Ovaries left in-situ. Cervix removed - no need for cervical screening.

THIRD PARTY COPY

Hospital Aftercare
nil planned unless concerns.

SIGNED: Eagleton(Senior House Officer) **Bleep:** 597 **Date:** 14 May 2015 at 15:25:20

THIRD PARTY COPY

Has patient been assessed by the HSPCT (Palliative Care)? No
Has patient been MRSA swabbed? Yes **Infected?** No **Carrier?** No
Has patient been C.Diff tested? No
Oxygen Provided? No
Allergy/Sensitivity nkda
Regular Medications Changed? No

Non-Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Days supply	Hosp to supply?
CODEINE PHOSPHATE 30 mg Tablets	30-60mg	four times a day	orally	PRN	N	5	Y
LACTULOSE Solution	15ml	twice a day	orally		N	5	Y

Controlled Discharge Medication

Drug	Dose	Frequency	Route	Additional Info	Long term?	Quantity figures	Quantity words	Hosp to supply?

This letter refers to NOBLE, MENA **DoB:** 17/02/1971 **Hosp #:** 000981612 **NHS #:** 4002130924

THIRD PARTY COPY

Attachment
16-Apr-2015 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter West Berkshire Community Hospital Gynaecology
Filename: D7_00074063.TIF.XX2
Extension:.tif
Pages:

Royal Berkshire NHS
NHS Foundation Trust

West Berkshire Community Hospital
London Road
Beenham [redacted]
Thatcham
Berks.
RG18 3AS

Mr [redacted] [redacted] MRCOG
Sec. [redacted]
Tel: 0118 322 7276 Fax: 0118 322 7923

THIRD PARTY COPY

27 APR 2015

KS/Hospital No: 981612
NHS No: 4002130934

Clinic date: 16th April 2015
Date typed: 17th April 2015
West Berkshire Community Hospital

Dr H[redacted]
6 St[redacted] Road
NEWBURY

Dear Dr [redacted]

Re: Mena Noble dob 17.2.71
15 Bronte Rise Greenham

Thank for sending Mena to see us. For the last year or two she has had premenstrual pain and heavy bleeding. Her cycles are regular and occur every 28 days and she bleeds heavily for six days. The pain now extends beyond menstruation and occupies most of the month. We went over various options of treatment today but she would prefer a hysterectomy. I can promise her this will stop her bleeding but it may not stop the pain because often this is due to the secretion of oestrogen from the ovaries. However, I would prefer to conserve her ovaries if at all possible and if the pain continues postoperatively we can always rethink things and remove her ovaries at a later date.

Yours sincerely

[redacted] M Smith MRCOG
Consultant Gynaecologist

Referral letter
18-Mar-2015 Mrs Debbie Morris (DM)
Additional: Referral letter
re menorrhagia and dysmenorrhoea
Filename: Referral letter NOBLE, Mena (Ms) 1049 18-Mar-2015.rtf

Extension: tif
Pages:

DR B B LETHAM
DR N K MAVALLIS
DR E V FEATHERSTONE
DR A B MALONEY
DR K I BADHAN
DR S AGRAWALLA
DR K BEALE
DR M DEGNAN
Gynaecology

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

18.3.15
(Dictated on 17.3.15)
G. P Code 900575
REF: HKMW/DJM CAB

THIRD PARTY COPY

URGENT

Dear [redacted]

Mena Noble DOB: 17-Feb-1971 Tel: 07979003208 Mob:
15 Bronte Rise Greenham Newbury RG14 7UG
NHS Number: 400 213 0924 Hospital Number:

Thanks for seeing this 44 year old lady who has been having trouble with very heavy periods and severe dysmenorrhoea. I examined her today and she has what appears to be a very large fibroid uterus. The uterus was tender and immobile. Her periods are still regular, occurring about every 28 days and lasting about 6 days and her last blood test showed that she was not anaemic and iron stores are normal. I have arranged for her to have an urgent scan to ascertain the size of the uterus and whether or not it is fibroid or whether or not she has an ovarian cyst.

I am grateful to you for seeing her as soon as possible to assess her. In the meantime I have given her some Mefenamic Acid and hope that it will improve both the menorrhagia and the dysmenorrhoea.

I attach a copy of her past medical history and current medications for your information.

Yours sincerely

Dr [redacted]

Mena Noble DOB: 17-Feb-1971

BRIEF PATIENT MEDICAL SUMMARY

Problems

Active

Date	Problem	Associated Text	Date Ended
10-Mar-2015	Dysmenorrhoea		
10-Mar-2015	Dyspepsia		
10-Nov-2011	Cervical smear refused	Non Responder	

Significant Past

Date	Problem	Associated Text	Date Ended
09-Apr-2003	Gastritis unspecified		08-May-2003

Allergies

No allergies recorded.

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Mefenamic acid 250mg capsules	Two To Be Taken Three Times A Day After Food	60 capsule	17-Mar-2015
Omeprazole 20mg dispersible gastro-resistant tablets	One To Be Taken Each Day	28 tablet	10-Mar-2015
Tranexamic acid 500mg tablets	Two To Be Taken Three Times A Day	30 tablet	05-Mar-2015

Blood Pressure

Specific Codes Table

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Last BMI

Body mass index : 20.5 kg/m2 10-Mar-2015

THIRD PARTY COPY

Letter sent to patient
18-Mar-2015 Mrs Debbie Morris (DM)
Additional: Letter sent to patient
CAB - enclosing appointment request details
Filename: Letter sent to patient NOBLE, Mena (Ms) 1052 18-Mar-2015.rtf
Extension:.tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

18-Mar-2015

DR H K M [redacted]
DR E V FEATHERSTONE
DR A B MALONEY
DR R BRADHAW
DR C GRAHAM-ALLA
DR [redacted]
DR M DEGNAN

Ms Mena Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Ms Noble

Further to our recent consultation in which we discussed your referral to a Specialist, I now enclose the appointment request details to enable you to book an appointment at the hospital of your choice.

You can make your appointment at your chosen hospital by using the telephone number shown, or by using the internet option where this is available. You will need to provide the booking reference number at the top of the first page, together with the password on the second page.

Should you require any further information about choosing your hospital there is a booklet available from our Reception which may assist you.

With best wishes

Yours sincerely

Dr [redacted]

THIRD PARTY COPY

Dictated on tape:letter to
18-Mar-2015 Mrs Debbie Morris (DM)
Additional:Dictated on tape:letter to
Sainsbury's
Filename: Dictated on tapeletter to NOBLE, Mena (Ms) 1058 18-Mar-2015.rtf
Extension: tif
Pages:

THIRD PARTY COPY

18 March 2015

DR K M WOOLLAMS
DR E V FEATHERSTONE
DR A B MALONEY
DR K J BADHAM
DR S AGRAWALLA
DR K BEALE
DR M DEGNAN

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

To Whom it may Concern:

Sainsbury's

Dear Sir / Madam

Re: Ms Mena Noble DOB: 17.02.1971

This lady has currently been working as an online shopping assistant.

Unfortunately she has had some health issues recently which have affected her ability to [redacted] speed. She is being referred urgently to hospital to be assessed for consideration of surgery.

I would be grateful if this could be taken into account when reviewing her performance at work.

Yours faithfully

Dr [redacted]

CAB Letter (17-Mar-2015)
17-Mar-2015 Mrs Debbie Morris (DM)
Additional:CAB Letter (17-Mar-2015)
CAB UBRN 000262869590 for Gynaecological referral

Filename: 1503190907_CAB Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000262869590**	Age:	**44y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**17-Mar-2015**	UBRN Created	
Priority:	**Urgent**	Referral letter created	
Referred by:	[redacted] **(Dr)**	Letter last modified	**19-Mar-2015**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**Choose & Book Service at NHS**		
Location:			
Problem:			
Requested procedure			

Patient Information

Patient Address	**15 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

THIRD PARTY COPY

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Mefenamic acid 250mg capsules	Two To Be Taken Three Times A Day After Food	60 capsule	17-Mar-2015
Omeprazole 20mg dispersible gastro-resistant tablets	One To Be Taken Each Day	28 tablet	10-Mar-2015
Tranexamic acid 500mg tablets	Two To Be Taken Three Times A Day	30 tablet	05-Mar-2015

Past

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To Be Taken Four Times A Day	100 ml	11-Oct-2014

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
10-Mar-2015	Dysmenorrhoea		
10-Mar-2015	Dyspepsia		
10-Nov-2011	Cervical smear refused	Non Responder	

Allergies and intolerances

THIRD PARTY COPY

Allergies

Findings

Investigations

Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
21-Jan-2014	Alcohol consumption	4	U/week	

Smoking

Date	Description
11-Oct-2014	Cigarette smoker

Non-Therapeutic Drug Use

THIRD PARTY COPY

Referral letter NOBLE, Mena (Ms) 1049 18-Mar-2015.rtf

THIRD PARTY COPY

Attachment
31-Dec-2014 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter West Berkshire Community Hospital Podiatry
Filename: D7_00063323.TIF.XX2
Extension:.tif
Pages:

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Podiatry Clinic
West Berkshire Community Hospital
London Road
Benham [redacted]
Thatcham
Berks
RG18 3AS
Tel 01635 273337
Receptionist available Mon – Thurs 9.30am-1pm
Ansaphone in use at other times

DR [redacted]
EASTFIELD HOUSE SURGERY
6 ST.JOHNS ROAD
NEWBURY
RG14 7LW

31 Dec 2014

Dear Dr [redacted]

Re: NHS No: 400 213 0924 **Date of Birth :** 17 Feb 1971

EASTFIELD HOUSE SURGERY RECEIVED 02 JAN 2015

Name: Ms Mena NOBLE
Address: 15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

THIRD PARTY COPY

Ms Mena NOBLE was referred to the Podiatry Service and was recently contacted by letter to arrange an appointment for assessment.

To book appointments, patients are asked to contact us by telephone and told that if we do not hear from them within two weeks of the date of the letter, we will assume that they do not wish to attend for Podiatry.

The above patient has not replied to our letter within three weeks of posting.

We are therefore writing to inform you that they have now been discharged. If you wish to discuss the action we have taken or feel that there is further information that we should have relating to this patient, please contact us.

Yours sincerely

Podiatrist

Copy Patient

Referral letter
03-Nov-2014 Mrs Karen Winsor (KEW)
Additional: Referral letter
Chiropody-Podiatry Referral
Filename: Referral letter NOBLE, Mena (Ms) 1718 03-Nov-2014.rtf

Extension:.tif
Pages:

WEST BERKSHIRE COMMUNITY HOSPITAL

REFERRAL FOR PODIATRY ASSESSMENT

Patients Full Name: Mena Noble **Date of Birth** 17-Feb-1971
Address: 15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG
Telephone No: 07979003208 **NHS No:** 400 213 0924

Doctor: [redacted] (Dr)
Address: Eastfield House, 6 St Johns Rd, Newbury, RG14 7LW
Date of Referral: 03/11/14

REASON FOR REFERRAL: (please consider the Podiatry Service proprieties overleaf for appropriate referrals):

Dear [redacted]

Thanks for seeing this 43 year old lady who has very thickened skin on the plantar aspect of both feet at the 2nd and 3rd metatarsal heads. It is very tender and causes a lot of pain when she is walking. She has just started a new job as an online shopper at Sainsbury's and she is on her feet all day with some discomfort. I wonder whether she has slightly low metatarsal heads at this site as it is quite an odd place to have such thickened pads. She has changed shoes frequently to see whether this helps, but I wonder whether you might be able to advise on further management of this problem.

Many thanks.

Yours sincerely

Dr [redacted]

MEDICAL HISTORY: - See attached list.

Does the patient suffer from:
DIABETES: PERIPHERAL VASCULAR DISEASE: RHEUMATOID ARTHRITIS:

CURRENT MEDICATION AND KNOWN ALLERGIES: - See attached list

PREVIOUS PODIATRY TREATMENT: **YES/ NO**

TRANSPORT: WILL YOU BE ARRANGING HOSPITAL TRANSPORT FOR THIS PATIENT **YES/NO**

If YES, Wheelchair/Escort required?_____

THIRD PARTY COPY

HOME VISITS: These are only available for patients who are completely housebound.

Does the patient require a home visit: **YES/ NO**

Please include relevant risk assessment and access information for patients requiring home visits

Please return this form to: **Chiropody Clinic, West Berkshire Community Hospital**
Benham [redacted] London Road, Thatcham, Berkshire, RG183AS

THIRD PARTY COPY

MEDICAL SUMMARY LIST

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To Be Taken Four Times A Day	100 ml	11-Oct-2014

Allergies

Problems

Active

Date	Problem	Associated Text	Date Ended
03-Nov-2014	Piles - haemorrhoids		
11-Oct-2014	Keratoacanthoma		
10-Nov-2011	Cervical smear refused	Non Responder	

THIRD PARTY COPY

e-RS Letter (03-Nov-2014)
03-Nov-2014 Mrs Liz Pope (EAP)
Additional: e-RS Letter (03-Nov-2014)
NHS e-Referral UBRN 000258270100 for Refer to podiatry
Filename: 1806011705_NHS e-RS Letter.rtf
Extension: tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000258270100**	Age:	**47y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**03-Nov-2014**	UBRN Created	
Priority:	**Routine**	Referral letter created	
Referred by:	[redacted] (Dr)	Letter last modified	**01-Jun-2018**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**Choose & Book Service at NHS**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**11 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

THIRD PARTY COPY

Medication

Medication

Past

Drug	Dosage	Quantity	Last Issued On
Flucloxacillin 250mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Four Times A Day	500 ml	22-Mar-2018
Terbinafine 250mg tablets	One To Be Taken Each Day	28 tablet	22-Mar-2018
Amitriptyline 10mg tablets	3 PO nocte	84 tablet	08-Mar-2018
Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free	10 MLS THREE TIMES DAILY	300 ml	08-Mar-2018
Amitriptyline 10mg tablets	1-2 at night as required for sleep	28 tablet	16-Jan-2018
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	16-Jan-2018
Oilatum cream (GlaxoSmithKline Consumer Healthcare)	AS DIRECTED	500 ml	05-Jan-2018
Co-amoxiclav 400mg/57mg/5ml oral suspension sugar free	5MLS TDS	140 ml	15-Dec-2017
Flucloxacillin 250mg/5ml oral solution sugar free	Two 5ml Spoonfuls To Be Taken Four Times A Day	200 ml	01-Dec-2017

Clinical record details

Consultations

Problems

Allergies and Intolerances

Allergies

THIRD PARTY COPY

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
12-Apr-2017	Alcohol consumption	2	U/week	

Smoking

Date	Description
12-Apr-2017	Cigarette smoker

Non-Therapeutic Drug Use

THIRD PARTY COPY

Attachment
27-Oct-2014 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Outpatient Dermatology Royal Berkshire NHS Trust Dermatology Beale, null
Filename: D7_00076909.TIF.XX2
Extension:.tif
Pages:

Department of Dermatology

Royal Berkshire Hospital
London Road
Reading RG1 5AN

Dr [redacted] [redacted] FRCP	Consultant Dermatologist	Sec. 0118 322 8145
Dr Rima [redacted] FRCP	Consultant Dermatologist	Sec. 0118 322 8145
Dr [redacted] Malhomme MR[redacted]	Consultant Dermatologist	Sec. 0118 322 8975
Dr Sacha Goolamali MRCP	Consultant Dermatologist	Sec. 0118 322 8975
Dr [redacted] Pratsou MRCP	Consultant Dermatologist	Sec. 0118 322 7417
Dr Manu Mehra	Locum Consultant	Sec. 0118 322 7417
Dr [redacted] Dua	Specialist Registrar in Dermatology	Sec. 0118 322 7417
Dr [redacted] [redacted]	Specialist Registrar in Dermatology	Sec. 0118 322 8975
[redacted] Richmond/Marlese Dinolan	Specialist Nurse	0118 322 8209
[redacted] Lanyon	Minor Ops Booking Officer	0118 322 7581
GPwSI: Dr [redacted] Finnigan - Sec. 0118 322 8975	Dr [redacted] Maloney - Sec. 0118 322 8145	

Outpatient Clinical Letter

RC/SE/000981612/clay4693

27 October 2014

Dr B Letham
Eastfield House Surgery
6 St.Johns Road
Newbury
Berks RG14 7LW

Dear [redacted]

Re: Mena Noble DOB: 17-02-1971 NHS No: 400 213 0924
15 Bronte Rise, Greenham, Newbury RG14 7UG

Diagnosis: Keratoacanthoma

Thank you for referring this young lady with a four week history of a lesion on her forehead which started as a pimple which she squeezed, was incredibly painful and then has increased in size. At times it can be incredibly tender. Interestingly, over the last couple of days it has reduced in size slightly. She does have skin type1.

On examination she has got a 1cm keratotic nodule with a haemorrhagic crust in the centre. I agree that this is most likely to be a keratoacanthoma and I have therefore organised her for excision in three weeks' time but hopefully things will resolve spontaneously before that.

Kind regards

Yours sincerely

THIRD PARTY COPY

Dr Rima [redacted] FRCP
Consultant Dermatologist

CC:

Mena Noble
15 Bronte Rise
Greenham
Newbury
Berks RG14 7UG

THIRD PARTY COPY

2 week rule referral
13-Oct-2014 Mrs Liz Pope (EAP)
Additional: 2 week rule referral
fast growing lesion central forehead
Filename: 2 week rule referral NOBLE, Mena (Ms) 0856 13-Oct-2014.rtf
Extension: tif
Pages:

Royal Berkshire NHS
NHS Foundation Trust

Thames Valley
Cancer Network

2 Week Wait Referral for Suspected Malignant Melanoma or Squamous Cell Carcinoma

Non-urgent referral - Basal cell carcinomas are slow growing, usually without significant expansion over 2 months and usually occur on the face. If basal cell carcinoma is suspected, refer non-urgently

Please attach to the Choose and Book Unique Booking Reference Number (UBRN) within 24 hours

Referral Receipt Date:

Patient Details

Name: **Ms Mena Noble**
Email Address:
First Language:
Address:

Date of Birth: **17-Feb-1971**
Gender: **F**
Ethnicity:
Interpreter Required:

Tel (Daytime): 07979003208
Tel (Work):
Tel (Mobile):
NHS No: 400 213 0924
Hospital No:

15 Bronte Rise
Greenham
Newbury
RG14 7UG

GP Details

GP Name: [redacted] **(Dr)**
Address: **Eastfield House Surgery**
6 St Johns Road
Newbury
Berkshire RG14 7LW

Tel No: **01635 41495**
Fax No: **01635 522751**
Date of referral: **13-Oct-2014**
Date Referral Received:

Your patient will be seen under the 2 week rule if one or more of the following criteria are present.
Please tick the appropriate box(es) and add relevant details below.

Melanoma ***Excision in primary care should be avoided***

(If you have excised a clinically unsuspected melanoma, it is essential to attach a copy of the histopathology report)

MS M NOBLE
RBFT Fax Number: 01183226698

THIRD PARTY COPY

Royal Berkshire NHS
NHS Foundation Trust

Thames Valley

Cancer Network

With a lesion suspected to be melanoma, including change in size / shape / colour, irregular outline, itchy / oozing / crusting or inflamed

Squamous cell carcinomas

Excision in primary care should be avoided

Non-healing keratinizing or crusted tumours
Larger than 1 cm with significant induration on palpation — Commonly found on the face, scalp or back of the hand with a documented expansion over 8 weeks

Histological diagnosis
Of a squamous cell carcinoma - It is essential to attach a copy of the histopathology report

Organ transplant
Patient has had an organ transplant and has developed a new or growing cutaneous lesions - squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive

THIRD PARTY COPY

Location e.g. Leg/Back Size: cm

Diagnosis of SCC confirmed on biopsy? Yes No

Additional Information

Dear [redacted]

I would be grateful if you would see this 43 year old lady with a fast growing lesion on her central forehead. The story is of a small lump which has grown rapidly over the last two weeks. There was no lump there previously.

The appearance is of keretoakanthoma with a central pit. She tells me that it initially discharged some gree material and then white material so I did wonder about an infection and she had a trial of some antibiotics.

I understand that all keratoacanthoma should be referred urgently to exclude a squamous cell carcinoma.

Her general health is good. She is a smoker. She had a scaly rash on her wrist and legs earlier this year which may have been lichen planus but this is resolving.

Thank you for your help.

Yours sincerely

MS M NOBLE
RBFT Fax Number: 01183226698

Thames Valley

Cancer Network

Dr B B Letham

Allergies
Allergies

Current Medication:
Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To 100 ml Be Taken Four Times A Day		11-Oct-2014

Other Relevant Medical History:
Problems

Active

Date	Problem	Associated Text	Date Ended
11-Oct-2014	Keratoacanthoma		
10-Nov-2011	Cervical smear refused	Non Responder	

Additional Information

Additional reasons for requesting this referral:

Please state if you are attaching a letter / computer printout with this information:	Yes	No
Is the patient on an anti-coagulant?	Yes	No
Is the Patient available for an appointment within the next 14 days:	**Yes**	**No**
Has the nature of this urgent referral been discussed with, and the urgent two week wait referral leaflet given to, the patient:	**Yes**	**No**

THIRD PARTY COPY

MS M NOBLE
RBFT Fax Number: 01183226698

Thames Valley

Cancer Network

1st OPA Required by:

Breach Date:

THIRD PARTY COPY

MS M NOBLE
RBFT Fax Number: 01183226698

Letter sent to patient
13-Oct-2014 Mrs Liz Pope (EAP)
Additional: Letter sent to patient
patient survey
Filename: Letter sent to patient NOBLE, Mena (Ms) 0910 13-Oct-2014.rtf
Extension:.tif
Pages:

THIRD PARTY COPY

13 October 2014

DR B B LETHAM
DR K A WALLIS
DR E V FEATHERSTONE
DR A B MALONEY
DR K J BADHAM
DR S AGRAWALLA
DR K BEALE
DR M DEGL

Ms Mena Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

Dear Ms Noble

When you brought you came to the surgery last Saturday I omitted to give you a patient survey that we are asking people to complete because of this new Saturday morning surgery over the winter.

I would be grateful if you would complete this survey – it is only a tick box and shouldn't take you longer than a minute! When you are able to please can you pop it into the surgery.

Yours sincerely

Dr B B Letham

CAB Letter (13-Oct-2014)
13-Oct-2014 Mrs Karen Tunstall (KT)
Additional:CAB Letter (13-Oct-2014)
CAB UBRN 000257512919 for 2 week rule referral - skin

Filename: 1410141101_CAB Letter.rtf
Extension: tif
Pages:

Clinical Information Summary

Patient:	**Noble, Ms Mena**	Date of Birth:	**17-Feb-1971**
UBRN:	**000257512919**	Age:	**43y**
NHS:	**400 213 0924**	Gender:	**F**

UBRN Information

Date:	**13-Oct-2014**	UBRN Created	
Priority:	**2 Week Wait**	Referral letter created	
Referred by:	**LETHAM, [redacted] (Dr)**	Letter last modified	**14-Oct-2014**
Referring org:		Named clinician	
Address:		Allocated clinician	
Clinical Context:	**Choose & Book Service at NHS**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**15 Bronte Rise** **Greenham** **Newbury** **Berkshire** **RG14 7UG**	Registered practice: Address	**Eastfield House Surgery** **6 St Johns Road** **Newbury** **Berkshire** **RG14 7LW**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action	**Management Advice**
Request action Comments	

THIRD PARTY COPY

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Erythromycin ethyl succinate 250mg/5ml oral suspension	One 5ml Spoonful To Be Taken Four Times A Day	100 ml	11-Oct-2014

Past

Drug	Dosage	Quantity	Last Issued On
Betamethasone valerate 0.1% cream	apply daily to affected areas	100 gram	19-Mar-2014

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
11-Oct-2014	Keratoacanthoma		
10-Nov-2011	Cervical smear refused	Non Responder	

Allergies and intolerances

Allergies

Findings

THIRD PARTY COPY

Investigations

Values

Date	Description	Value	Units	Range
21-Jan-2014	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
21-Jan-2014	Alcohol consumption	4	U/week	

Smoking

Date	Description
11-Oct-2014	Cigarette smoker

Non-Therapeutic Drug Use

THIRD PARTY COPY

Letter sent to patient
15-Sept-2014 Mrs Julia Anderson (JA)
Additional: Letter sent to patient
Recall-Normal smear
Filename: Recall-Normal smear.rtf
Extension:.tif
Pages:

DR B B LETHAM
DR L M NAILS
DR E V FEATHERSTONE
DR A B MALONEY
DR K J BADHAM
DR S AGRAWALLA
DR [illegible]
DR [illegible]

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Date as Postmark

Dear Ms Noble

I am writing to invite you to come for cervical screening (a smear test). Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 49 every 3 years and aged 50 to 64 every 5 years.

Please telephone the surgery to make an appointment for a cervical smear with our Practice Nurse.

Information about cervical screening and the recall process are included in the enclosed leaflet which you are advised to [redacted] before coming to the test.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, do not wait for your next test, but consult your GP.

Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely,

Dr [redacted]

THIRD PARTY COPY

Attachment
18-Aug-2014 Mr PCTI DOCMAN (DME4810A)
Additional: Attachment
Clinical Letter Berkshire Health Care *****

Filename: D7_00053092.TIF.XX2
Extension: tif
Pages:

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

[redacted] Team
Wokingham Community Hospital
41 Barkham Road
Wokingham
RG41 2RE
Tel: 01189 495200

Our ref: MN

EASTFIELD HOUSE RECEIVED 19 AUG 2011 READING

Scan → Mena Noble
Chloe Noble

Dear Practice Manager

RE: Domestic Abuse Incident Reports

As you are aware, it is our practice to keep you informed of all domestic violence incidents reported to the [redacted] concerning children under five and their families, registered at your practice. This is for [redacted] purposes.

The incident reports are sent to the office of the Named Nurses [redacted] directly from Thames Valley [redacted] and copies of the reports are then sent to the relevant GP, Health Visitor, Community [redacted] Nurse and Midwife. A copy is also received by Children's Services.

Should you have any questions or concerns about this/these incident (s), or require any further information, please do not hesitate to contact me using the above numbers.

Yours sincerely

Specialist Practitioner Domestic Abuse

Summary of risk:

High risk - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Medium risk - There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse.

Standard risk - Current evidence does not indicate likelihood of causing serious harm.

Risk of serious harm - 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'. (Home Office 2002)

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Occurrence details

Thames Valley [redacted]
Printed: 15/08/2014 08:32
Occurrence: **43140155130**

HV - AVP Active.
GP - Eastfield House 07910
Named midwife.

Occurrence details:

Report no.: 43140155130
Occurrence Type: Domestic Incident (non crime incident) [999.1]
Occurrence time: 14/08/2014 11:49 - 14/08/2014 11:49
Reported time: 14/08/2014 11:47
Place of offence: 15 BRONTE RISE, NEWBURY, WEST BERKSHIRE United Kingdom RG14 7UG (County: BERKSHIRE, Neighbourhood: FA NEWBURY OUTER, LPA: WESTBERKSHIRE)
Clearance status: New
Concluded: No
Concluded date:
Summary: [redacted] [redacted] IS SHOUTING AND SCREAMING AT CALLERS [redacted] REFUSING TO LEAVE THE PROPERTY. MALE HAS PUNCHED THE FEMALE IN THE HEAD.
Remarks:

EASTFIELD HOUSE RECEIVED 19 AUG 2014 SOUTHERN

Associated occurrences:

Involved persons:

- NOBLE, UNBORN / Unborn / Gender: Unknown Id #: 1561676
- NOBLE, [redacted] / Child / DOB: 25/01/1997 (17) Gender: Female (177 GREENHAM ROAD, NEWBURY, WEST BERKSHIRE United Kingdom RG14 7TA (County: BERKSHIRE, Neighbourhood: FA NEWBURY OUTER, LPA: WESTBERKSHIRE) (25554) (Land line) 0163548420) Id #: 1472849
  (Land line) 07449971262
  (Land line) 0163548420
- NOBLE, WILLIAMENA [redacted] / Aggrieved / DOB: 17/02/1971 (43) Gender: Female (15 BRONTE RISE, NEWBURY, WEST BERKSHIRE United Kingdom RG14 7UG (County: BERKSHIRE, Neighbourhood: FA NEWBURY OUTER, LPA: WESTBERKSHIRE)) Id #: 1106180 PNC Id: 03/457436H
  (Mobile) 07979003208
- NOBLE, [redacted] [redacted] / Arrested; Charged / DOB: 27/05/1965 (49) Gender: Male (NFA, NFA, NFA, England (County: OUTOFFORCE, Neighbourhood: OUT OF FORCE, LPA: OUTOFFORCE)) Id #: 1561003 PNC Id: 84/45671V
- HEMSTOCK, ELAINE / Reported by / DOB: 04/01/1973 (41) Gender: Female (15 PILGRIMS WAY, ANDOVER, HAMPSHIRE United Kingdom SP10 5HW (County: OUTOFFORCE, Neighbourhood: OUT OF FORCE, LPA: OUTOFFORCE)) Id #: 1561093
  (Mobile) 07966089099

Involved addresses:

- 15 BRONTE RISE / Occurrence address / NEWBURY, United Kingdom RG14 7UG (County: BERKSHIRE, Neighbourhood: FA NEWBURY OUTER, LPA: WESTBERKSHIRE)

Involved comm addresses:

- (Mobile) 07966089099 / Originating

Involved officers:

- Officer in case / [redacted] P. / #T2313 / TVP / [redacted] staff / SENIOR MANAGEMENT TEAM - CRIMINAL JUSTICE / #T2190 NIX, R.
- Arresting officer; Assisting officer; Officer in case / [redacted] S. / #P5856 / TVP / [redacted] officer / PATROL TEAM 1 - WEST BERKSHIRE LPA / #P0158 CODLING, S.

Modus operandi:

THIRD PARTY COPY

- Free text keywords: ALLEGATION OF COMMON [redacted] NO INJURY BY HIS [redacted] WHO IS ALSO HIS [redacted] AT THEIR HOME ADDRESS AFTER AN ARGUMENT..

Author: *Report time:*
Entered by: *Entered time:*

Reports:

Occurrence enquiry log:

Type	Entry time	Event time	Author	Link	Log entry
Enquiry log	14/08/2014 13:38		#P5856 [redacted] S.	No	AMT OFF BEGAN A VERBAL ARGUMENT WITH AGGD OVER A PACKET OF RIZLA PAPERS. OFF THEN PUNCHED THE AGGD IN THE HEAD 3 TIMES CAUSING SORNESS AND RED [redacted] TO THE LEFT BROW BONE. HE KICKED HER IN THE TIGH AND THREATEND HER WITH A GOLF CLUB. ON [redacted] ATTENDANCE, OFF TRIED TO FIGHT [redacted]
Investigator action	14/08/2014 14:50		#P5856 [redacted] S.	No	A1. SUSPECT ARRESTED AT SIG LOCATION A2. WITNESS STATEMENT TAKEN FROM AGGD A3. WITNESS STATEMENT TAKEN FROM WITNESS (NO OTHER WITNESSES) A4. PHOTOS TAKEN OF INJURIES A5. DASH FORM COMPLETED, ADDED TO NICHE AND ORIGINAL SENT TO ARCHIVE. A6. NO HOUSE TO HOUSE REQUIRED AS OFFENCE TOOK PLACE IN PROPERTY A7. NO CCTV IN AREA.
Investigator action	14/08/2014 14:53		#P5856 [redacted] S.	No	PNC PRINT RECIEVED FROM IRB.
Investigator action	14/08/2014 16:45		#P5856 [redacted] S.	No	DOM 5 added to Occurence.
Investigator summary	15/08/2014 01:45		#P5591 [redacted] J.	No	SUSPECT INTERVIEWED. PARTIAL ADMISSIONS MADE. CPS CONSULTED AND MALE CHARGED. [redacted] GRANTED. UNABLE TO RAISE AGGD SO MESSAGE LEFT ON HER PHONE UPDATING HER. SUS HAS CONDITIONS NOT TO CONTACT AGGD AND MUST SIGN ON 3 TIMES A WEEK. OIC UPDATED WITH PROGRESS.
Scrutineer/DDM review	15/08/2014 07:28		#C9004 BATEMAN, I.	No	SCRUTINEER (IDB) REVIEW - UPDATED FROM CUSTODY PIC SHEET ALLEGED OFFENDER (TWN) CHARGED AND BAILED TO COURT 020914
Risk assessment	15/08/2014 08.31		#C2595 AL NAWAB, Y.	No	This incident on 14.08.14; a [redacted] called [redacted] reporting that [redacted] was shouting and screaming and had [redacted] his [redacted] Willamena. [redacted] was alleged to have punched Willamena to the head then proceeded to cause damage. Po[redacted] attended and established that they had had an argument about the size of a packet of rizla papers which escalated into the [redacted] In addition to punching Willamena, [redacted] had kicked her thigh and threatened her with a golf club. As a result Willamena was left with soreness and reddening to her brow. When [redacted] arrived [redacted] also tried to fight them. There is one previous report between them from January 2013 which was a verbal argument only and graded standard risk. In Willamena?s DOM5 she states that [redacted] moved to the area 2 years ago and he has been violent towards her twice in the past year including previously smashing a can of beer over her head. He has previously made threats to kill her however she is unsure whether he would. Willamena said her [redacted] had calmed down [redacted] over the current incident is the worst he has been in quite a while. Thomas is controlling of her going out and doing things without him and previously made threats to ?do himself in?. Willamena states that although she feels she can handle

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herself, she is frightened of [redacted] regularly drinks and uses amphetamines. In addition to this he will use speed when he has money. Willamena believes her [redacted] has been diagnosed with MH issues however was unsure what but said he lacks reasoning and wont engage. Willamena?s daughter [redacted] was present during the incident and seen by [redacted] is also 24 weeks pregnant. At this time Medium risk. Referred to CSC

THIRD PARTY COPY

Letter sent to patient
31-July-2014 Mrs Karen Tunstall (KT)
Additional: Letter sent to patient
***** *information*
Filename: Carers information test.rtf
Extension:.tif
Pages:

DR B B LETHAM
DR H M WALMSLEY
DR E R FEATHERSTONE
DR A R MALONEY
DR K J BADHAM
DR S AGRAWALLA
DR K BEALE

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

Ms Merla Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

31-Jul-2014

THIRD PARTY COPY

Dear Ms Noble

Newbury and District CCG is committed to identifying [redacted] and offering appropriate information and support. GP Surgeries have been proactive in the management of their systems and processes to identify and [redacted] offering information on available services as well as working in collaboration with Berkshire [redacted] on the 'Take 5' project which assists and supports [redacted] in their role.

If you are no longer (or never have been) a [redacted] please would you let us know so we can remove your name from our [redacted] Register.

[redacted] play a vital role in our system and must receive help and support from local organisations. Our aim is to help [redacted]

- Increase the take up of benefits – it's estimated that millions of [redacted] benefits aren't claimed each year.
- Make sure [redacted] know their rights – every year, more than 2 million people become [redacted] many don't identify themselves as [redacted] and miss out on support. Even those who have been caring for years sometimes aren't aware of their entitlements.
- Guide [redacted] towards practical support - it's not just about benefits. [redacted] often do not realise practical support is available, like replacement care to give the [redacted] time off, help with lifting and bathing, equipment and home adaptations that can be vital in protecting [redacted] health.

Have you:

- Had your annual flu vaccination? You are entitled to an annual flu vaccination - if you would like to book an appointment please contact the surgery.
- Have you had a health check in the last 5 years? You are entitled to one - if you would like to book an appointment please contact the surgery.

Enclosed with this letter is a Carefree Support for Unpaid [redacted] leaflet, which we hope you will find helpful as resource guide.

Yours sincerely

Dr [redacted]

THIRD PARTY COPY

Attachment
22-Jan-2014 , Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Referral Form NHS Berkshire Smoking Cessation
Filename: D7_00032191.TIF.XX2
Extension:.tif
Pages:

Scan

solutions4health

smokefreelife Berkshire

NHS Berkshire

Smoking Cessation Referral Form

Client Name	MENA NOBLE
Address	15 BRONTE RISE Greenham
NHS Number	400 213 0924
Postcode	RG14 7UG
Date of Birth	17 2 1991
Contact Number Landline	☎
Contact Number Mobile	07979 003208
What is the best time of day to call?	morning ☐ afternoon ☑ evening ☐
May we leave a message?	Yes ☐ ☑ No ☐
If there is no phone may we send a letter?	Yes ☐ ☑ No ☐
Would you prefer community-based support?	Yes ☑ No ☐
Preferred clinic location (if known)	WBHC
I consent to the practice / pharmacy sharing my details with Solutions4Health for assistance to stop smoking	Client Signature Mena Noble
Name of Practice / Pharmacy	EARLWOOD HOUSE SURGERY
GP / Health Professional / Pharmacist	HCA
Signature	A Ashby
Date	22/1/14

SCANNED COPY

Please either Fax to 0118 900 7497 or email to info@smokefreelifeberkshire.co
Or complete the online form via www.smokefreelifeberkshire.com

✓ Faxed 23.1.14

Head Office: 200 Brook Drive, Green Park, Reading, RG2 6UB | T: 0118 925 3325
Midlands Office: 32 Smithford Way, Coventry, CV1 1FY | T: 024 7663 0214
London Office: Lansdowne Bldg, Lansdowne Road, Croydon CR9 2ER |T: 020 8263 6235

Attachment
09-Dec-2013 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
*Clinical Letter EASTFIELD HOUSE SURGERY ***** Identification*
Filename: D7_00028430.TIF.XX2
Extension:.tif
Pages:

Scan 4908

[redacted] IDENTIFICATION

- Do you offer unpaid support to a [redacted] or [redacted] who couldn't manage without your help?
- Maybe you are supporting someone who is ill, frail, disabled or has mental health or substance misuse problems?

If so, you are a [redacted] and we would like to support you.

Supporting someone can be really rewarding but also can be quite challenging at times. It is vital people who care for others ensure they consider their own health and wellbeing too.

At Eastfield House Surgery we are committed to ensuring [redacted] are aware they are not alone. There is a range of support available and we would like to ensure you are aware of the support that could be really beneficial to you.

Please complete this form in **BLOCK CAPITALS** and hand it in to reception.

Your Details:

Full name	[redacted] MENA NOBLE
Date of birth	17 - 02 - 71
Address	1 Bronte Rise, Greenham
Postcode	RG14 - 7UG
Telephone number	07979003208
Relationship to the person you care for	SISTER
Any other relevant information	

I consent to this information being shared with Berkshire [redacted] Service	**YES**	**NO**

Details of the person you look after / care for:

Full name	[redacted] NOBLE
Date of birth	25 - 05 - 65
Address (If different from above)	As Above
Postcode	RG14 - 7UG
Telephone number (If different from above)	As Above
GP details (If different from your own)	DR WALLIS
Any other relevant information	

FOR STAFF USE: PLEASE ENTER [redacted] CODE – IS A [redacted] 918G / CARED FOR: 918F

Letter sent to patient
20-Mar-2013 Mrs Laura Hutchinson (LMMH)
Additional: Letter sent to patient
Smoking Advice & Support
Filename: Smoking Advice & Support test.rtf
Extension:.tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

20 March 2013

Ms Mena Noble
15 Bronte Rise
Greenham
[redacted]
RG14 7UG

THIRD PARTY COPY

Dear Ms Noble

Our records indicate that you are a current smoker. If you have stopped smoking, please let us know so that we can amend our records, and please ignore the rest of this letter.

If you are still smoking, we would like to offer you some information about smoking and stopping smoking – please see the enclosed sheet. We encourage you to [redacted] it and to consider whether you would like to stop.

If you want to stop smoking and you would like support, please either contact the Surgery and book an appointment with Angie, our Health Advisor, or contact the provider of the local smoking cessation service, Solutions4Health on 0800 622 6360.

Yours sincerely,

Dr [redacted]

Smear Non-responder Patient 4908.rtf
10-Nov-2011 Mrs Julia Anderson (JA)
Additional: Smear Non-responder Patient 4908.rtf

Filename: EMIS4908_215245.rtf
Extension:.tif
Pages:

DR B B LETHAM
MS M NOBLE
15 BRONTE RISE
GREENHAM
NEWBURY
BERKSHIRE
RG14 7JG

EASTFIELD HOUSE SURGERY
JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

10.11.2011

Dear Ms Noble,

I note that you have not responded to our invitations to attend for cervical screening and we, therefore, assume that you do not wish to have a test at this time. Women are invited for cervical screening examinations every three to five years as part of the NHS Cervical Screening Programme. The risk of developing cervical cancer can be significantly reduced by having regular cervical screening.

We will send you another invitation in 3 years time and if you are happy with this, you need take no further action. If you would like a test before then, please call the surgery and we will be happy to make an appointment for you. I enclose a leaflet explaining the benefits of cervical screening and the risks of non-participation. If you are still unsure as to the risks and benefits please do not hesitate to contact the surgery for further information.

However, if you would like us to completely remove your name from the list of women eligible for the NHS screening programme and receive no further invitations, your written instructions are needed to ensure that there is no misunderstanding. I would, therefore, be grateful if you could sign and return the bottom portion of this letter confirming that you wish to have your name removed and receive no further information.

We would be pleased to restore your name to this list at any time should you wish, and you may also be screened at any time on request by contacting the surgery. You may wish to retain this letter for future reference.

Yours sincerely,

Dr H K M [redacted]

Please do not send me any more invitation letters as I do not want to participate in the NHS Cervical Screening Programme.

I assume full responsibility for this decision and have [redacted] the statement about the role that screening has in reducing my risk of developing cervical cancer.

I understand that my name can be restored to the list of women invited for screening at any time at my request.

Signature: _____ Date: _____

Name: _____ D.O.B. _____

NHS No: _____

Address: _____

THIRD PARTY COPY

GP's Name: _____

THIRD PARTY COPY

Recall-Personal Smear Patient 4908.rtf
20-Oct-2011 Mrs Julia Anderson (JA)
Additional:Recall-Personal Smear Patient 4908.rtf

Filename: EMIS4908_212335.rtf
Extension: tif
Pages:

20.10.2011

Dr G N SHILLAM
Dr H K M[redacted]
Dr V FERNSTONE
Dr A MAHONEY
Dr K J BADHAM
Dr S AGRAWALLA

Ms M Noble
15 Barrie Rise
Greenham
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

THIRD PARTY COPY

Dear Ms Noble,

It has come to my notice that you are overdue for your cervical smear test. Your last test was done in September 2008 and was due to be repeated 3 years later. As you know, this is a very important test to check that there are no changes on the neck of the womb that might predispose you to cancer later. Any slight abnormalities detected in the early stages can be quickly remedied.

Please make an appointment to see the Practice Nurse for this test, which only takes a few minutes to be undertaken.

Yours sincerely,

Dr H K M[redacted]

Recall-Normal smear Patient 4908.rtf
29-Sept-2011 Mrs Julia Anderson (JA)
Additional: Recall-Normal smear Patient 4908.rtf
Recall-Normal smear Patient 4908.rtf
Filename: EMIS4908_209649.rtf
Extension:.tif
Pages:

DR B B LETHAM
DR M MENDUM
DR I BAWLR
DR F LETHERSTONE
DR A B MALONEY
DR K J BADHAM
DR S AGRAWALLA

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

29.09.2011

Dear Ms Noble

I am writing to invite you to come for cervical screening (a smear test). Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 49 every 3 years and aged 50 to 64 every 5 years.

Please telephone the surgery to make an appointment for a cervical smear with our Practice Nurse.

Information about cervical screening and the recall process are included in the enclosed leaflet which you are advised to [redacted] before coming to the test.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, do not wait for your next test, but consult your GP.

Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely,

Dr H K M [redacted]

THIRD PARTY COPY

HA smear letter
02-Aug-2011 , Ms Christine Gore (CANG)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension: tif
Pages:

aaaa

THIRD PARTY COPY

Attachment
22-Nov-2010 Mr PCTI DOCMAN (DME4810A)
Additional:Attachment
Flu Vaccination Notification Boots Immunisation
Filename: D10_K81002_4908_b0d5f4d2-cca8-4a9a-9213-7f719e46c7a2.TIF.XX2
Extension:.tif
Pages:

Received
22 NOV 2019

NHS Community Pharmacy Seasonal Influenza Vaccination Service:
Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name) DR BADHAM EASTFIELD SURGERY

PATIENT COPY

Patient name	MENA NOBLE		
Address	11 Bronte Rise Greenham		
Patient DOB	17-02-71	**NHS number** (where known)	BOOTS UK LTD
This patient was administered a seasonal influenza vaccination on:		19 NOV 19	

To ensure that your records are complete, you may find it useful to record this as:
Seasonal influenza vaccination given by pharmacist
SNOMED CT: 955691000000108

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)		
	☒ Aged 65 or over	☒ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☑ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☒ Person in long-stay residential care home or care facility	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)
	☐ Social care worker	☐ Hospice worker

Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)

Pharmacy name	BOOTS UK LTD
Address	19 NOV
Telephone	

CONFIDENTIAL

Patient File Attachment
19-Oct-2010 Any Doctor (or unspecified) (C564)
Additional:Patient File Attachment
TR CONSULTATION 16 8 10(TRCONSULTATION16810.tif)
Filename: TRCONSULTATION16810.tif

Extension:.tif
Pages:

QA7

Registration Details - Patient No: 7444

Personal details...		Address details...	
Date of birth	17/02/1971	Post Code	KA19 7HE
Sex	F	House Name Flat No	
Surname	Noble	No and Street	25 St Cuthberts Street
Previous Surname		Village	
Forenames	Mena	Town	MAYBOLE
Calling Name	Mena	County	
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			
CHI_NUMBER			

HA/HB Details...		Contact details...	
Trading [redacted]	Ayrshire & [redacted]	Home Tel No	
Registered GP	Dr Chaitanya Mudunuri	Work Tel No	
Usual GP	Dr Chaitanya Mudunuri	Mobile Tel No	
NHS Number		E Mail Address	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Home Address Details	
Long/Short stay or Dead	Short Stay	Home Name and No	15 Bronte Rise
Date of registration	16/08/2010	Home Street	
Home Village			
Home Town	Greenham		
Home County	Newbury		
Home Postcode	RG147UG		
Home GP Name	Dr [redacted]		
Home GP Code	00000		

Upload Consent		AMS\CMS Details	
AMS Consent		Yes	
CMS Status		Not Registered	
Pharmacy Details			
Compliance Check		Yes	

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Medical Record

Attachments		Authorised By	Code
None			

Due Diary Entries		Authorised By	Code
17/02/2036	Influenza vaccination	Dr Mudunuri	65E..

Overdue Diary Entries		Authorised By	Code
None			

Alerts	Authorised By	Code

None

Drug Allergies	Authorised By	Code

None

Non Drug Allergies	Authorised By	Code

None

Family History	Authorised By	Code

None

Referrals	Authorised By	Code

None

Immunisations	Authorised By	Code

None

Health Status

Consultations

16/08/2010	Dr Chaitanya Mudumuri at Dr Paton and Partners
Problem	T/R- pain and swelling lt upper jaw- tender over the maxillary area, swelling and tenderness around molars lt side of upper jaw
Comment	start abx, advised emergency dental appt if any worsening
Medication	Amoxicillin Oral Suspension Sugar Free 250 mg/5 ml 200 ml TWO 5 ML SPOONFULS TO BE TAKEN THREE TIMES A DAY

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
16/08/2010	Amoxicillin Oral Suspension Sugar Free 250 mg/5 ml TWO 5 ML SPOONFULS TO BE TAKEN THREE TIMES A DAY 200 ml	16/08/2010P	Dr Chaitanya Mudumuri	ACUTE

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

THIRD PARTY COPY

Patient File Attachment
26-Sept-2008 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
RBH CS 2-9-08(RBHCS2908.tif)
Filename: RBHCS2908.tif
Extension:.tif
Pages:

NOBLE MENA
NHS No: 4002130924
Patient No:
Request No: C08/25854
Date of Birth: 17/02/1971

DR B B LETHAM
EASTFIELD HOUSE, NEWBURY

NO DYSKARYOTIC CELLS SEEN.
NO ENDOCERVICAL/METAPLASTIC CELLS SEEN.

Management suggested: repeat in 3 years

EASTFIELD HOUSE SURGERY RECEIVED 25 SEP 2008

COPY

Cervical cytology is a screening test for squamous carcinoma of the cervix.
It has a false negative rate of 5 - 10 %
and women with clinical symptoms or signs should be managed on clinical grounds.

Smear Taken: 02/09/2008 Report Printed: 24/09/2008

CERVICAL SMEAR REPORT

Berkshire NHS Foundation Trust
Department of Cellular Pathology

COPY

NHS
Pathology
Royal Berkshire Hospital
London Road
Reading
Berkshire
RG1 5AN

01 Woman's hospital / GP Registration number
02 Laboratory
03 Woman's surname: NOBLE
First names: MENA
Full postal address: 15 BRONTE RISE GREENHAM
post code: RG14 7UG
04 Date of birth: 17/2/71 Previous surname
05 NHS number: 4002130924
06 If hospital state consultant, clinic or ward and hospital
A Name and address of sender if not GP
post code
07
B Name and address of GP: Dr Letham & Partners, Eastfield House Surgery, 6 St. John's Road, Newbury RG14 7LW
post code
08 GP's local code: W80 08A Smear taken: 2/9/08
09 Source of smear: GP 1, NHS community clinic 2, GUM clinic 3, NHS hospital 4, NHS colposcopy 7, Private 5, Other 6
10 LOCAL CODES 1 2 3 4 5 6

11 Code number of laboratory
CLINICAL REPORT
Date of
13 this test: 2/9/08
14 LMP (1st day): 20/8/08
15 last test: 11/3/97
16 If no previous test please put X
19 [redacted] (if applicable) 1
post natal (under 12 weeks) 2
20 Clinical data
Cervical scrape 1 Other (specify) 2
Cervix visualised (Yes) No 360° Sweep Yes / No
routine
mild dyskaryosis 11.3.97
Signature I.D.

12 Risk
C08/25854
17
previous abnormal smear 4
previous inadequate smear 5
opportunistic 6
follow-up after treatment 7
other 3
I.U.C.D. fitted 3
taking hormones (specify in 20) 4

21 CYTOLOGY REPORT
Transformation Zone Cells Seen Yes / No

22 Cytological pattern		23 Specific infection		24 Management suggested	
inadequate specimen	1	trichomonas	1	normal recall	1
negative	2	candida	2	repeat smear in ___ months or later	2
borderline changes	8	wart virus	3	treatment	3
mild dyskaryosis	3	herpes	4	gynaecological referral	4
moderate dyskaryosis	7	actinomyces	5	cancel recall	5
severe dyskaryosis	4	other (specify)	6		
severe dyskaryosis / ? invasive carcinoma	5				
? glandular neoplasia	6				

Scr	Ch	Sig	Date

WRITE CLEARLY WITH BALLPOINT PEN
ENTER DETAILS IN BOXES OR RING APPROPRIATE NUMBERS

Cellpath
ZAD-8100-00F
REV041116

Smear Result Negative - 3or5 year recall Patient 4908.rtf
25-Sept-2008 Mrs Debbie Morris (DM)
Additional: Smear Result Negative - 3or5 year recall Patient 4908.rtf
Smear Result Negative - 3or5 year recall Patient 4908.rtf
Filename: EMIS4908_90010.rtf
Extension:.tif
Pages:

25.09.2008

Dr G N SHILLAM
Dr D J DAVIES
Dr H K M WALLIS
Dr J PATON
Dr E V FEATHERSTONE
Dr N BARONEY

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

THIRD PARTY COPY

Dear Ms Noble

I am writing to inform you that your recent cervical screening (smear test) appeared normal.

This means you are at very little risk of developing cervical cancer at this time. Your next smear test is due in 3 years. We will send you a reminder letter nearer the time.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, do not wait for your next test, but consult your GP.

If you have any questions about your test result or would like more information about cervical screening please contact our Practice Nurse or your GP.

Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely,

Dr H K M [redacted]

2nd personal smear letter
27-Aug-2008 Mrs Julie Herbert (JH)
Additional:2nd personal smear letter
2nd personal smear letter
Filename: EMIS4908_87186.rtf
Extension:.tif
Pages:

THIRD PARTY COPY

27.08.2008
Dr G N SHILLAM
Dr D J [redacted]
Dr H K M WALLIS
Dr J PATON
Dr E V FEATHERSTONE
Dr [redacted] GREENHAMEY

Ms M Noble
15 Pirente Rise
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

Dear Ms Noble,

It has come to my notice that you are overdue for your cervical smear test. Your last test was abnormal in March 1997 and was due to be repeated. As you know, this is a very important test to check that there are no changes on the neck of the womb that might predispose you to cancer later. Any slight abnormalities detected in the early stages can be quickly remedied.

Please make an appointment to see myself or the Practice Nurse for this test, which only takes a few minutes to be undertaken.

Yours sincerely,

Dr H K M [redacted]

1st personal smear letter.rtf
03-July-2008 Ms Christine Gore (CANG)
Additional:1st personal smear letter.rtf
1st personal smear letter
Filename: EMIS4908_82220.rtf
Extension:.tif
Pages:

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

08.07.2008
Dr G N SHILLAM
Dr D J [redacted]
Dr H K M WALLIS
Dr J PATON
Dr E PEARTHERSTONE
Dr [illegible]

Ms M Noble
15 Pronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Ms Noble,

It has come to my notice that you are overdue for your cervical smear test. Your last test was done in March 1997 and was due to be repeated 3 years later. As you know, this is a very important test to check that there are no changes on the neck of the womb that might predispose you to cancer later. Any slight abnormalities detected in the early stages can be quickly remedied.

Please make an appointment to see myself or the Practice Nurse for this test, which only takes a few minutes to be undertaken.

Yours sincerely,

Dr H K M [redacted]

THIRD PARTY COPY

HA smear letter
10-Jun-2008 Ms Christine Gore (CANG)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension:.tif
Pages:

aaaa

THIRD PARTY COPY

Recall - Abnormal smear history letter Patient 4908.rtf
06-May-2008 Mrs Julie Herbert (JH)
Additional: Recall - Abnormal smear history letter Patient 4908.rtf
Recall - Abnormal smear history letter Patient 4908.rtf
Filename: EMIS4908_76779.rtf
Extension: tif
Pages:

06.05.2008
Dr G N SHILLAM
Dr D J DAVIES
Dr H K M WALLIS
Dr J PATON
Dr F E M FEATHERSTONE
Dr N J SWEENEY

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

THIRD PARTY COPY

Dear Ms Noble

I am writing to invite you to come for cervical screening (a smear test) as your next test is now due. Your previous results make it very important that you come for the test. If you have already made an appointment for your test please ignore this reminder and go to your appointment as planned.

Please telephone the surgery to make an appointment for a cervical smear with our Practice Nurse.

Information about cervical screening and the recall process are included in the enclosed leaflet which you are advised to [redacted] before coming to the test.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, do not wait for your next test but consult your GP.

Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely,

Dr H K M [redacted]

Recall - Abnormal smear history letter Patient 4908.rtf
03-Apr-2008 Mrs Julie Herbert (JH)
Additional: Recall - Abnormal smear history letter Patient 4908.rtf
Recall - Abnormal smear history letter Patient 4908.rtf
Filename: EMIS4908_73761.rtf
Extension:.tif
Pages:

THIRD PARTY COPY

08.04.2008
Dr G N SHILLAM
Dr D J DAVIES
Dr H K M WALLIS
Dr S PATON
Dr L V PEATHERSTONE
Dr N MOONEY

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

EASTFIELD HOUSE SURGERY
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
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Dear Ms Noble

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Yours sincerely,

Dr H K M [redacted]

Patient File Attachment
13-Dec-2005 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
X-RAY-NORMAL-9-12-05(XRAYNORMAL91205.tif)
Filename: XRAYNORMAL91205.tif
Extension:.tif
Pages:

Royal Berkshire and Battle NHS
Hospitals NHS Trust

Radiology Department

NOBLE, MENA
NHS Number:
MRN: 2540660

Consultant / GP: Soysa, SM

Address: Royal Berkshire and Battle Hospitals NHS Trust
London Road
Reading, Berkshire RG1 5AN

Date of Birth: 17/02/1971
Patient Location: **WBH Minor Injuries Unit**

General X-Ray Report

Procedure Name	Accession No.	Exam Date/Time
Facial Bones	**XR-05-119099**	**09/12/2005 14:17:45**

Facial bones.

No fracture seen.
FINAL REPORT
Dictating Radiologist Dr. [redacted]
Verifying Radiologist [redacted]
Verify Date/Time: 09.12.2005 14:32

NORMAL ☑
SATISFACTORY
SEE
SPEAK
LETTER

THIRD PARTY COPY

ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST
West Berkshire Hospital
Benham [redacted]
Thatcham
BERKSHIRE RG18 3AS

Page 1 of 1

Patient File Attachment
08-Dec-2005 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
WESTCALL-ROUTINE-7-12-05(WESTCALLROUTINE71205.tif)
Filename: WESTCALLROUTINE71205.tif
Extension:.tif
Pages:

Call #: 88146 Received: 07-Dec-2005 20:11 (action: 07-Dec-2005 20:11)
Full cover
Patient's Name: Mena Noble
Date of birth: 17-Feb-1971 (Age: 34 years) Sex: Female
Home Address Current Address
15 Bronte Rise | Received: 20:11
NEWBURY | Passed : 20:11
Berks | Advised : __:__
| Arrived : 20:45
RG14 7UG | Finished: __:__
01635 580036 | Origin : Other
Calltype: Newbury PCC
Urgency on reception: Routine Urgency after assessment:
Consulted by: Van Rhyn, [redacted] Own Doctor: [redacted]

Message Received:
Pt already at NPCC - referred by A&E - tonight ?facial injury - ?need scan.
Diagnosis Entered:
No facial fractures on XRay
OFP F/U or phone Westcall
Clinical Coding:

THIRD PARTY COPY

HA smear letter
07-Sept-2005 Mrs Julie Herbert (JH)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension:.tif
Pages:

aaaa

THIRD PARTY COPY

2nd PERSONAL SMEAR LETTER
11-July-2005 Any Doctor (or unspecified) (C564)
Additional:2nd PERSONAL SMEAR LETTER
2nd PERSONAL SMEAR LETTER
Filename: EMIS4908_5301.rtf
Extension:.tif
Pages:

DR R J G WELLER
DR G N SHILLAM
DR B B LETHAM
DR D J [redacted]
DR H K M [redacted]
DR J PATON

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE
RG14 7LW

TEL: (01635) 41495
FAX: (01635) 522751

THIRD PARTY COPY

11 July 2005

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Ms Noble,

It has come to my notice that you are overdue for your cervical smear test. Your last test was done in March 1997 and was due to be repeated 3 years later. As you know, this is a very important test to check that there are no changes on the neck of the womb that might predispose you to cancer later. Any slight abnormalities detected in the early stages can be quickly remedied.

Please make an appointment to see myself or the Practice Nurse for this test, which only takes a few minutes to be undertaken.

Yours sincerely,

Dr H K M [redacted]

HA smear letter
04-Oct-2004 Mrs Rosemary Hinchliff (RGH)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension:.tif
Pages:

aaaa

THIRD PARTY COPY

HA smear letter
02-July-2004 Mrs Rosemary Hinchliff (RGH)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension:.tif
Pages:

aaaa

THIRD PARTY COPY

Patient File Attachment
03-Apr-2004 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
X RAY NORMAL 15-3-04(XRAYNORMAL15304.tif)
Filename: XRAYNORMAL15304.tif
Extension:.tif
Pages:

EASTFIELD HOUSE RECEIVED - 1 APR 2004 SURGERY

Royal Berkshire and Battle NHS
Hospitals NHS Trust

Radiology Department

NOBLE, MENA
NHS Number:
MRN: 2540660

Date of Birth: 17/02/1971
Patient Location: WBH Radiology

Consultant / GP: [redacted] HK

Address:
Eastfield House
6 St.Johns Road
Newbury
RG14 7LW

General X-Ray Report

Procedure Name	Accession No.	Exam Date/Time
Elbow Left	**XR-04-024350**	**15/03/2004 12:36:18**

N.B.I.

NORMAL
SATISFACTORY
SEE
SPEAK
LETTER

FINAL REPORT
Dictating Radiologist Dr. [redacted] Derbyshire
Verifying Radiologist [redacted] Derbyshire
Verify Date/Time: 17.03.2004 09:04

THIRD PARTY COPY

Patient File Attachment
24-Mar-2004 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
WBH X-RAY 15-3-04 NORMAL(WBHXRAY15304NORMAL.tif)
Filename: WBHXRAY15304NORMAL.tif
Extension:.tif
Pages:

EASTFIELD HOUSE SURGERY
RECEIVED
22 MAR 2004

Royal Berkshire and Battle NHS
Hospitals NHS Trust

Radiology Department

NOBLE, MENA
NHS Number:
MRN: 2540660

Date of Birth: 17/02/1971
Patient Location: WBH Radiology

Consultant / GP: [redacted] HK

Address: Eastfield House
6 St.Johns Road
Newbury
RG14 7LW

General X-Ray Report

Procedure Name	Accession No.	Exam Date/Time
Elbow Left	**XR-04-024350**	**15/03/2004 12:36:18**

N.B.I.

NORMAL
SATISFACTORY
SEE
SPEAK
LETTER

FINAL REPORT
Dictating Radiologist Dr. [redacted] Derbyshire
Verifying Radiologist [redacted] Derbyshire
Verify Date/Time: 17.03.2004 09:04

THIRD PARTY COPY

ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST
West Berkshire Hospital
Benham [redacted]
Thatcham
BERKSHIRE RG18 3AS

1ST PERSONAL SMEAR LETTER
05-Nov-2003 Any Doctor (or unspecified) (C564)
Additional:1ST PERSONAL SMEAR LETTER
1ST PERSONAL SMEAR LETTER
Filename: EMIS4908_129.rtf
Extension:.tif
Pages:

Dr R J G Weller
Dr G N Shillam
Dr B B Letham
Dr D J [redacted]
Dr H K M [redacted]
Dr G [redacted]

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE RG14 7LW
Tel: (01635) 41495
Fax: (01635) 522751

5 November 2003

Ms M Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Dear Ms Noble,

It has come to my notice that you are overdue for your cervical smear test. Your last test was done in March 1997 and was due to be repeated 3 years later. As you know, this is a very important test to check that there are no changes on the neck of the womb that might predispose you to cancer later. Any slight abnormalities detected in the early stages can be quickly remedied.

Please make an appointment to see myself or the Practice Nurse for this test, which only takes a few minutes to be undertaken.

Yours sincerely,

Dr H K M [redacted]

THIRD PARTY COPY

NORMAL SMEAR RECALL
15-May-2003 Any Doctor (or unspecified) (C564)
Additional:NORMAL SMEAR RECALL

Filename: STANDARD90062.rtf
Extension:.tif
Pages:

Dr B B Letham
Dr G N Shillam
Dr D J [redacted]
Dr H K M [redacted]
Dr J Paton
Dr E V Featherstone
Dr A B Maloney

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE RG14 7LW
Tel: (01635) 41495
Fax: (01635) 522751

...Today

Ttl/Init/Name
Address Line 1
Address Line 2
Address Line 3
Address Line 4
COUNTY
Address Line 5

Dear Title Last Name

I am writing to invite you to come for cervical screening (a smear test). Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 64 once at least every 5 years.

Please telephone the Practice to make an appointment for a cervical smear with the Practice Nurse.

Information about cervical screening and the recall process are included in the enclosed leaflet which you are advised to [redacted] before coming for the test.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, do not wait for your next test, but consult your GP.

Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely

Usual Dr

THIRD PARTY COPY

NORMAL SMEAR RECALL
09-Jan-2003 Any Doctor (or unspecified) (C564)
Additional:NORMAL SMEAR RECALL

Filename: STANDARD90062.rtf
Extension:.tif
Pages:

Dr B B Letham
Dr G N Shillam
Dr D J [redacted]
Dr H K M [redacted]
Dr J Paton
Dr E V Featherstone
Dr A B Maloney

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE RG14 7LW
Tel: (01635) 41495
Fax: (01635) 522751

...Today

Ttl/Init/Name
Address Line 1
Address Line 2
Address Line 3
Address Line 4
COUNTY
Address Line 5

Dear Title Last Name

I am writing to invite you to come for cervical screening (a smear test). Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 64 once at least every 5 years.

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Please make sure that you inform the surgery of any change of name or address, as this will enable us to keep our records up to date.

Yours sincerely

Usual Dr

THIRD PARTY COPY

Patient File Attachment
12-Nov-2002 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
CMHN-SEWELL-01-11-02(CMHNSEWELL011102.tif)
Filename: CMHNSEWELL011102.tif
Extension:.tif
Pages:

West Berkshire COUNCIL

Berkshire Healthcare NHS
NHS Trust

Miss Mena Noble
15 Bronte Rise
Greenham
Newbury
Berkshire
RG14 7UG

Newbury Community Mental HealthService
Pelican Lane
Newbury
Berkshire RG14 1NP

Please ask for:
Day Care – Hilltop 01635 31031
Day Treatment – George House 01635 40558
Community Teams: 01635 40558
Fax: 01635 522948

1st November 2002

Dear Mena,

I have received no response from you to my invitation to make a follow-up appointment. I understand you may feel you no longer need to see me presently.

Please do not hesitate to consult your doctor, should your future needs change, when consideration may be given to services appropriate to those needs.

My best wishes for your future.

Yours sincerely

Keith Sewell

[redacted] Sewell
Community Mental Health Nurse

cc: Dr H[redacted]

THIRD PARTY COPY

Patient File Attachment
31-Oct-2002 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
NCMHS-SEWELL-17-10-02(NCMHSSEWELL171002.tif)
Filename: NCMHSSEWELL171002.tif
Extension:.tif
Pages:

Miss Mena Noble
15 Bronte Rise
Greenham
Newbury
Berks
RG14 7UG

Newbury Community Mental Health Service
Pelican Lane Newbury
Berkshire RG14 1NP

Our Ref: KS/rw
Your Ref:
Please ask for:
Day Care - Hilltop: 01635 31031
Day Treatment - George House: 01635 40558
Community Teams: 01635 40558
Extended Hours Service 01635-38001/38804
Fax: 01635 522948
e-mail:

THIRD PARTY COPY

17 October 2002

Dear Mena

You did not attend your follow-up appointment on 17 October 2002 and I have not heard from you. Please do not hesitate to contact me on 01635 40558, within the next 2 weeks, if you wish to make a further appointment.

I look forward to hearing from you.

Yours sincerely,

[redacted] **Sewell**
CPN Primary Care Link [redacted]
[redacted]

Patient File Attachment
21-Oct-2002 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
*CARE-LINK-*****-SEWELL-07-10-02(CARELINKWORKERSEWELL071002.tif)*
Filename: CARELINKWORKERSEWELL071002.tif
Extension:.tif
Pages:

West Berkshire COUNCIL

Berkshire Healthcare NHS

NHS Trust

Newbury Community Mental Health Service
Pelican Lane
Newbury Berkshire
RG14 1NP
Your Ref:
Our Ref:
Day Care – Hilltop: 01635-31031
Day Treatment – George House: 01635-40558
Community Teams: 01635-40558
Fair Mile Social Work: 01491-651-281
Fax: 01635-522-948

Dr H[redacted]
Eastfield House Surgery
6, St[redacted] Road
Newbury
Berkshire

07 October 2002

Dear Dr [redacted]

Re: Miss Mena Noble D.O.B 17-2-71
15, Bronte Rise, Greenham, Newbury, RG14 7UG

Thank you for referring Miss Noble who I assessed on 2nd October 2002. She reports she has found recent family problems stressful and generally finds relationships difficult. Prior to referral she had felt irritable with her children but she feels this has improved since taking 20 mg Citalopram and 10 mg Amitriptyline daily.

Born in Glasgow she says she has few childhood memories. It appears her [redacted] died before Miss Noble was 2 years old and her [redacted] abused alcohol and was not available to Miss Noble, her 4 elder [redacted] and 2 elder [redacted] After her [redacted] death the family split up and she was put into Social Services care. Eventually at about 3 years old she was [redacted] by her [redacted] and his [redacted] When 5 years old was diagnosed with a "lazy eye" and had surgery. She says [redacted] was "alright" but struggled with schoolwork and tended to be aggressive and rebellious. By 12 years old she was considered "out of parental control" and moved to a children's home [redacted] away. She recalls feeling very hurt. At one of the homes she met her elder [redacted] Gavin. It appears they were classed as "naughty children". At secondary [redacted] she reports she could do as she liked and frequently truanted but managed a few exam passes. She was aggressive at home and threatened with imprisonment.

At 16 years old she moved south and [redacted] her [redacted] working as a kennel maid but came into conflict with her employer. She moved with her [redacted] to Newbury and began to enjoy her passion for partaking in sports. In 1988 she met [redacted] It appears he has a genetic condition, Familial rectal pain syndrome. The relationship was volatile. In 1989 Miss Noble had an unplanned pregnancy and [redacted] was born in 1990. Having the same syndrome as her [redacted] she frequently experienced convulsions. The relationship deteriorated and the couple separated. There followed a long period of Miss Noble moving all over the country with her child, uncertain what she was looking for in life. She maintained a fierce independence and finds it difficult to trust others.

She maintained contact with [redacted] and had another unplanned pregnancy, when she considered a termination. The professionals involved suggested [redacted] or [redacted] which angered Miss

TRUE COPY

Noble. Their [redacted] was born in 1997 and despite the [redacted] being unwell due to the inherited syndrome, Miss Noble says she coped very well. She managed to be re-housed in this area and moved in with [redacted] Unfortunately the relationship again was volatile and he was very aggressive and she experienced domestic violence. She was given refuge accommodation, with her children in Bournemouth. During this period she had a brief relationship and became pregnant but had a termination in 2000. She moved back to this area and maintained contact with [redacted] but his aggression and violence continued, including [redacted] involvement. She then went into a local refuge with her children before being re-homed earlier this year. She managed a [redacted] course with distinction and is continuing study to become a sports instructor. She relies on Income Support and Disability Allowances for her [redacted] She has no debts. 2 months ago there was a family reunion, which her [redacted] did not attend; she felt angry. Shortly afterwards she learnt her elder [redacted] Gavin had sexually abused her [redacted] now in his twenties and this appears to have evoked angry feelings about her own unsatisfactory past. Miss Noble says she has used about quarter oz cannabis and nothing else. She has not used alcohol during this period. She smokes 20 cigarettes daily.

At interview she was casually but appropriately dressed and groomed. She gave intermittent eye contact but says she feels self-conscious about her "lazy eye". Subjectively she says her mood is improving and generally she feels calmer. Objectively she does not exhibit clinical symptoms of depression or mental disorder. She appears to have chronic low self-esteem and lacks assertiveness skills, tending to deal with conflict aggressively and continues to use cannabis as a regular basis.

We agreed the following plan:

1 Miss Noble will consult her doctor for guidance regarding continued medication. She currently is taking medication as prescribed but seems reluctant to continue.
2 I have offered follow up to allow her to express her feelings appropriately; explore issues of self-esteem and assertiveness. I have provided literature regarding assertiveness.
3 We discussed counselling for unresolved past issues but indicates she does not feel the need for this currently. We may explore future opportunities, including assertiveness training.
4 She indicates she will continue to reduce her use of cannabis.

Please do not hesitate to contact me should you require further information.

Kind regards
Yours sincerely

Keith Sewell

[redacted] **Sewell**
CPN Primary Care Link [redacted]

THIRD PARTY COPY

Patient File Attachment
17-Oct-2002 Any Doctor (or unspecified) (C564)
Additional: Patient File Attachment
*VARE-LINK-*****-SEWELL-07-10-02(VARELINKWORKERSEWELL071002.tif)*
Filename: VARELINKWORKERSEWELL071002.tif
Extension: tif
Pages:

West Berkshire Council

Berkshire Healthcare NHS

NHS Trust

Newbury Community Mental Health Service
Pelican Lane
Newbury Berkshire
RG14 1NP
Your Ref:
Our Ref:
Day Care – Hilltop: 01635-31031
Day Treatment – George House: 01635-40558
Community Teams: 01635-40558
Fair Mile Social Work: 01491-651-281
Fax: 01635-522-948

Dr H
Eastfield House Surgery
6, St Road
Newbury
Berkshire

07 October 2002

Dear Dr

Re: Miss Mena Noble D.O.B 17-2-71
15, Bronte Rise, Greenham, Newbury, RG14 7UG

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THIS IS NOT A COPY

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3 We discussed counselling for unresolved past issues but indicates she does not feel the need for this currently. We may explore future opportunities, including assertiveness training.
4 She indicates she will continue to reduce her use of cannabis.

Please do not hesitate to contact me should you require further information.

Kind regards
Yours sincerely

Keith Sewell

[redacted] **Sewell**
CPN Primary Care Link [redacted]

THIRD PARTY

Depression wishing for counselling
11-Sept-2002 Mrs Jackie Steed (JS)
Additional: Depression wishing for counselling
Depression wishing for counselling
Filename: STANDARD97413.rtf
Extension:.tif
Pages:

GEORGE HOUSE
NEWBURY MENTAL HEALTH UNIT
PELICAN LANE
NEWBURY RG13 1NP
TEL: Newbury 40558

CONFIDENTIAL REFERRAL

SURNAME: Noble FORENAME: Mena
D.O.B. 17.02.1971

ADDRESS: 15 Bronte Rise, Greenham, Newbury,
Tel. No:

NAME & ADDRESS OF G.P.:
Drs Weller, Shillam, Letham, [redacted] & [redacted],
Eastfield House Surgery, 6 St [redacted] Road,
Newbury, Berks RG14 7LW

NAME OF REFERRER: Dr [redacted]

Date of referral: 11.9.2002

REASON FOR REFERRAL:

I would be grateful if you could see this 31 year old [redacted] of two, who has come requesting counselling.

Mena is the youngest in a large Glaswegan family. Due to circumstances of which she is unsure, she and the two youngest of her [redacted] were brought up in care. She only knew she had a [redacted] when she met him after transferring to a different childrens home.

She ran away from the childrens home when she was 16 and came to [redacted] her [redacted] in Southampton.

By the time she was 18 she was pregnant, and had her first [redacted] at 19. She and [redacted] stayed together for a couple of years and have maintained a relationship at a distance ever since. Nine years later she had second [redacted] with the same [redacted]

She was prompted to come and see me after discussing at a family gathering that one of her [redacted] now aged 34, had been sexually abusing his [redacted] who is now in his early twenties.

At the same time she is finding it more of a struggle

THIRD PARTY COPY

bringing up her adolescent [redacted] and things have come to ahead.

THIRD PARTY COPY

MENA NOBLE

She has starting to have paranoid ideas about her children, and has become very snappy with them and is having trouble sleeping. She recognises she finds it difficult to form lasting relationships.

However I think to her credit she is a very good [redacted] and she has managed to maintain a lasting relationship, albeit at a distance, with [redacted] and [redacted] [redacted] She recently did a qualification in Sports Medicine at Newbury [redacted] and keeps herself very fit.

She is fiercly independent and does not like to ask for help and seldom comes to the surgery. As she has quite a few physical signs of depressive illness, I started her on Fluoxetine, and some Amitriptyline to help her sleep.

However both she and I recognise that the complexity of her background does need some form of counselling for which she is happy to attend.

Yours sincerely

DR [redacted]

THIRD PARTY COPY

HA smear letter
27-May-2002 Mrs Rosemary Hinchliff (RGH)
Additional:HA smear letter

Filename: STANDARD90467.rtf
Extension:.tif
Pages:

aaaa

THIRD PARTY COPY

welcoming letter
11-Feb-2002 Any Doctor (or unspecified) (C564)
Additional:welcoming letter

Filename: STANDARD93645.rtf
Extension:.tif
Pages:

Dr B B Letham
Dr G N Shillam
Dr D J [redacted]
Dr H K M [redacted]
Dr J Paton
Dr E V Featherstone
Dr A B Maloney

EASTFIELD HOUSE
6 ST JOHNS ROAD
NEWBURY
BERKSHIRE RG14 7LW
Tel: (01635) 41495
Fax: (01635) 522751

...Today

Dear Title Last Name

You will have received a letter from Thames Valley Primary Care Agency informing you that you are now registered with this practice. Your doctor will be Registering Dr. On behalf of all the staff I would like to welcome you to Eastfield House Surgery. I enclose a practice booklet which gives you information about the services we offer.

We would like you (and any over 5's in the family) to make an appointment for a new patient consultation with one of the Practice Nurses. This will enable you to give us any important medical information and to have a brief health check. Please telephone our Receptionists on Newbury 41495 or call in to book an appointment and to give us your telephone number.

If you have children under 5 years of age, please give their vaccination details to us as soon as possible. You can do this via the Practice Nurse, Receptionists or Health Visitor. The Health Visitors have Tuesday and Thursday afternoon Clinics at the Surgery as per our booklet, or can be contacted on Newbury 43114.

Yours sincerely

Registering Dr

Ttl/Init/Name
Address Line 1
Address Line 2
Address Line 3
Address Line 4
COUNTY

THIRD PARTY COPY