

**GARRICK HOSPITAL STRANRAER ACCIDENT/EMERGENCY DEPARTMENT**

Surname <b>HOLMES</b>	Forename <b>SHARON</b>	Age <b>21</b>	Date of Birth <b>180973</b>	Arr Date <b>010795</b>	Time	AE Number <b>180973K</b>
Address <b>59 CASTLEBAY CARAVAN PARK PORTPATRICK</b>		Sex <b>F</b>	Religion <b>—</b>	Date of Inc	Time	
PC <b>0699AA</b> Tel		Marital Status <b>S.</b>	Occupation/School <b>HAIRDRESSER</b>	Type of Inc	Mode of Arrival <b>POLICE</b>	

Name <b>DR BAIRD</b>	Address <b>SANDHEAD.</b>	Referred by <b>POLICE</b>
Name <b>ANN JACK</b>	Address <b>36 Neptune Way Mossend Bellshill</b>	Complaint <b>7-8 PARACETAMOL DRANK CALPOL (MOUTHFUL) CIDER 2 x 2 litre. MOST DRUNK SINCE 4PM.</b>
Relat. <b>SISTER</b>		
Tel No.		

CLINICAL NOTES

Drugs taken tablets as listed

2 Co-codamol  
4 Disprin  
2 Evening Primrose  
? when COP.  
? accurate quantities

This was in response to a lawyer's letter. She is having relationship problems and has a P.A.H of depression.

This evening she is not clinically depressed and says that there will be no further O/D

Advised to see own G.P. on Monday.

FILE	
TELEPHONE	
APPOINTMENT	<input checked="" type="checkbox"/>
SUMMARY	
COMPUTER	

*if wishes*

Examining Doctor: *[Signature]*

Investigations	X-Ray <input type="checkbox"/>	ECG <input type="checkbox"/>	Blood Bank <input type="checkbox"/>	Bact <input type="checkbox"/>	Diagnosis:
Treatment	Dressing <input type="checkbox"/>	Suture <input type="checkbox"/>	Tet Tox <input type="checkbox"/>	Antibiotic <input type="checkbox"/>	Analg <input type="checkbox"/>
	Pop <input type="checkbox"/>	Resusc <input type="checkbox"/>			
	FD				
Disposal	Home <input type="checkbox"/>	Admit <input type="checkbox"/>	A/E Clinic <input type="checkbox"/>	Irreg Dis <input type="checkbox"/>	Research:
	DOA <input type="checkbox"/>	GP <input type="checkbox"/>	Transfer <input type="checkbox"/>	Other Clinic <input type="checkbox"/>	

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COMPUTER	RETURNED
SUMMARY	
APPOINTMENT	
DATE	

**Department of Surgery**

Consultant: Mr A K Samy Associate Specialist: Mr B Narain



**Garrick Hospital**

Edinburgh Road, Stranraer, Wigtownshire, DG9 7HQ.  
Tel. 01776 702323 Fax: 01776 889102

BN/EK/180973K

21st August 1995

Doctor A.G. Baird,  
The White House,  
Sandhead.

Dear Dr. Baird,

Re: Sharon Holmes, 59 Castle Bay Caravan Park, Portpatrick.

Your patient failed to attend the surgical clinic. Another appointment will be sent out in due course.

Yours sincerely,

A handwritten signature in dark ink, appearing to be 'B. Narain'.

Mr. B. Narain, F.R.C.S.(Ed), Dip Urol(London)  
Associate Specialist - Surgery

FILE	<input checked="" type="checkbox"/>
LETTER	<input type="checkbox"/>
TELEPHONE	<input type="checkbox"/>
APPOINTMENT	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>

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NAME	SMITH
DOB	15/03/1978
SEX	M
ETHNICITY	White
RELIGION	Christian
EDUCATION	GCSE
EMPLOYMENT	Unemployed
RESIDENCE	123 Main St, London
CONTACT	020 7123 4567
ALLERGIES	None
DRUGS	None
TESTS	None
REFERRALS	None
OPERATIONS	None
DISORDERS	None
PROBLEMS	None
COMMENTS	None



JFG/JC

Dr. I. D. Gordon  
Dr. J. C. McTaggart  
Dr. J. F. Gall

Miss Sharyn Holmes,  
59, Castle Bay Caravan Park,  
PORTPATRICK

11th January, 1996

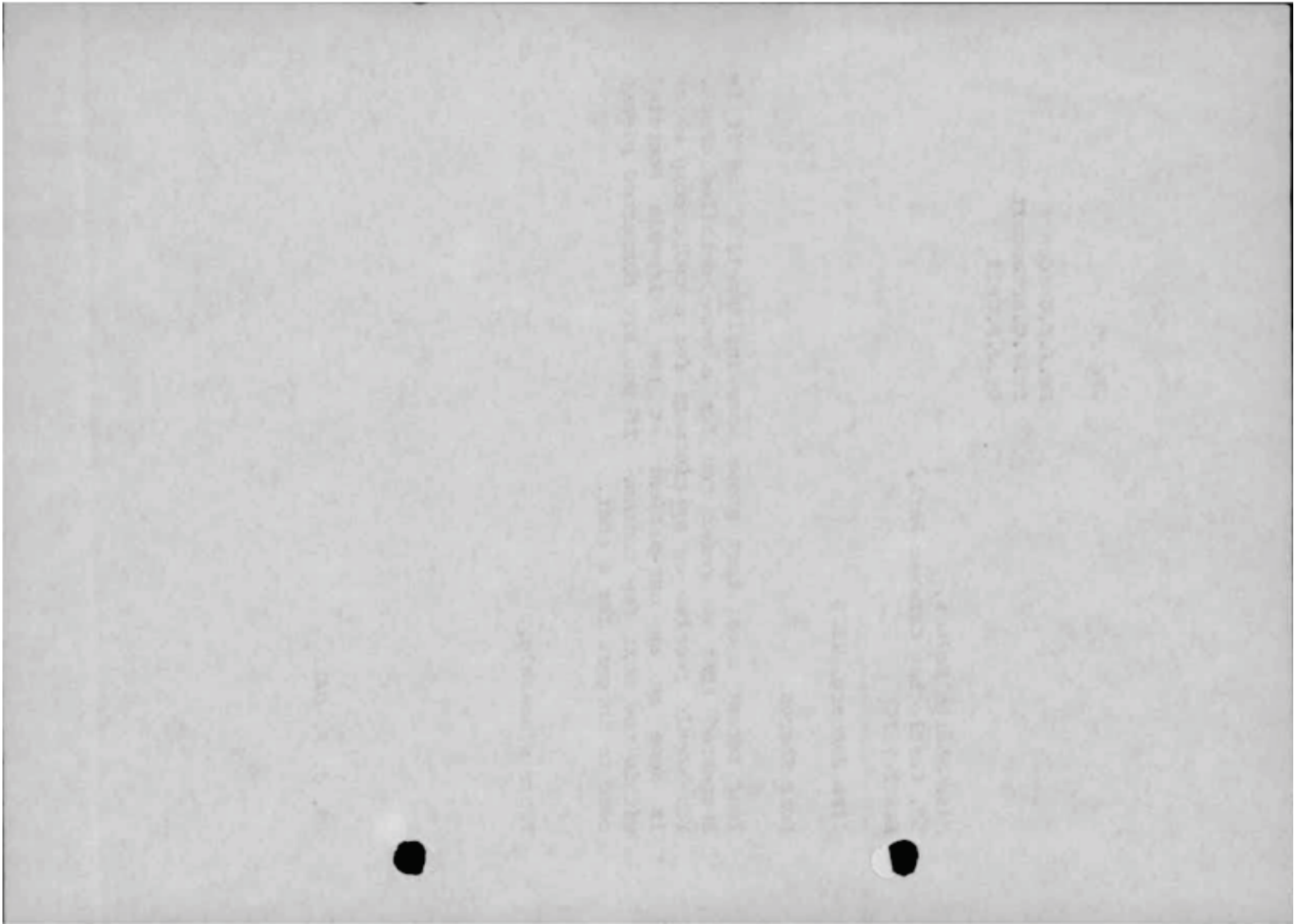
Dear Sharyn,

Your recent smear test shows some inflammation and it is suggested that we refer you for a more detailed check. You should receive an appointment for a colposcopy which is done as an out-patient at the Dalrymple Hospital within the next few months. If you are concerned please come to surgery for a chat.

Yours sincerely,,

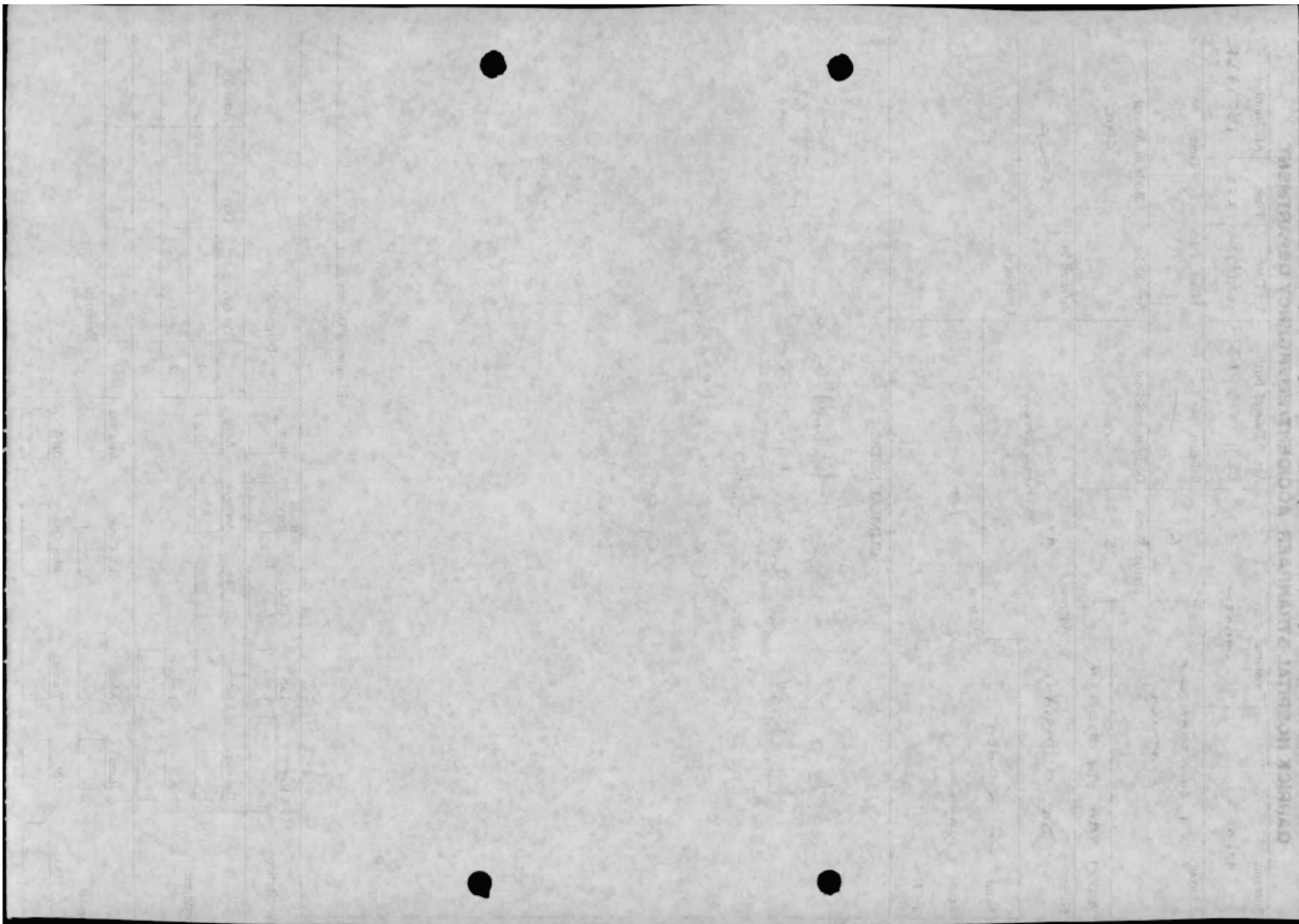
DR. J. F. GALL

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*Routine*

11th January, 1996

JFG/JC

Dr. Geals/Dr. Wisdom,  
Consultant Gynaecologist,  
Royal Infirmary,  
DUMFRIES

Dear Dr. Geals/Dr. Wisdom,

Re: Miss Sharyn Holmes, d.o.b. 1809733669  
59, Castle Bay Caravan Park, Portpatrick

This patient's recent cervical smear test shows moderate squamous dyskaryosis and referral to gyn is suggested.

Yours sincerely,

DR. J. F. GALL



PRACTICE: JCMCT/EP

Dr. Iain D. Gordon  
Dr. John C. McTaggart  
Dr. Jane Gall

20th October 1995

Miss Sharon Holmes,  
59 Castlebay Caravan Park,  
PORTPATRICK,  
DG9 9AA

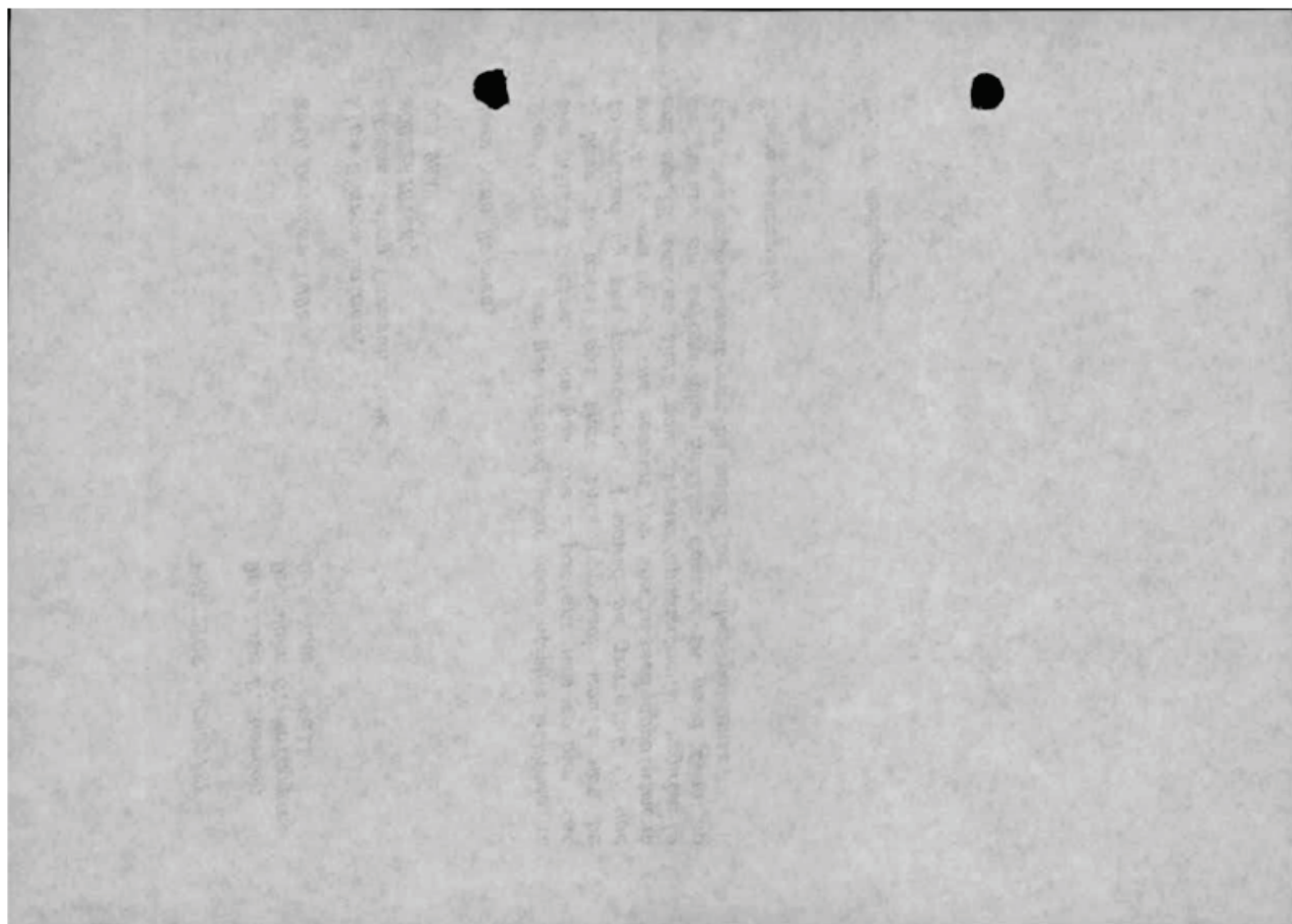
Dear Miss Holmes,

I am sorry to see you missed your appointment with me at the Health Centre. As you are a patient new to our list I have to point out that this approach would not be tolerated by the practice. I would be grateful if you would inform me of the reason for the missed appointment and would insist that you attend appointments regularly in future or inform the Health Centre in good time so that the appointment can be used for other patients.

Yours sincerely,

Dr. J. McTaggart

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**Department of Surgery**

Consultant: Mr A K Samy Associate Specialist: Mr B Narain



**Garrick Hospital**

Edinburgh Road, Stranraer, Wigtownshire. DG9 7HQ.  
Tel. 01776 702323 Fax: 01776 889102

BN/AC/1809 73K

18 October 1995

Dr A G Baird  
The White House  
Sandhead

Dear Dr Baird

Re: Sharon Holmes, 59 Castle Bay Caravan Park, Portpatrick

Your patient did not attend the surgical. Another appointment will be sent out in due course.

Yours sincerely,

Mr. B. Narain, F.R.C.S.(Ed), Dip Urol(London)  
Associate Specialist - Surgery

FILE	<input checked="" type="checkbox"/>
LETTER	<input type="checkbox"/>
TELEPHONE	<input type="checkbox"/>
APPOINTMENT	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>

\* not on our list anymore.  
She has signed on with Dr McTaggart (I think).  
Jenna

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LOWRIE	
SMITH	
LETTER	
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BELLSHILL MATERNITY HOSPITAL

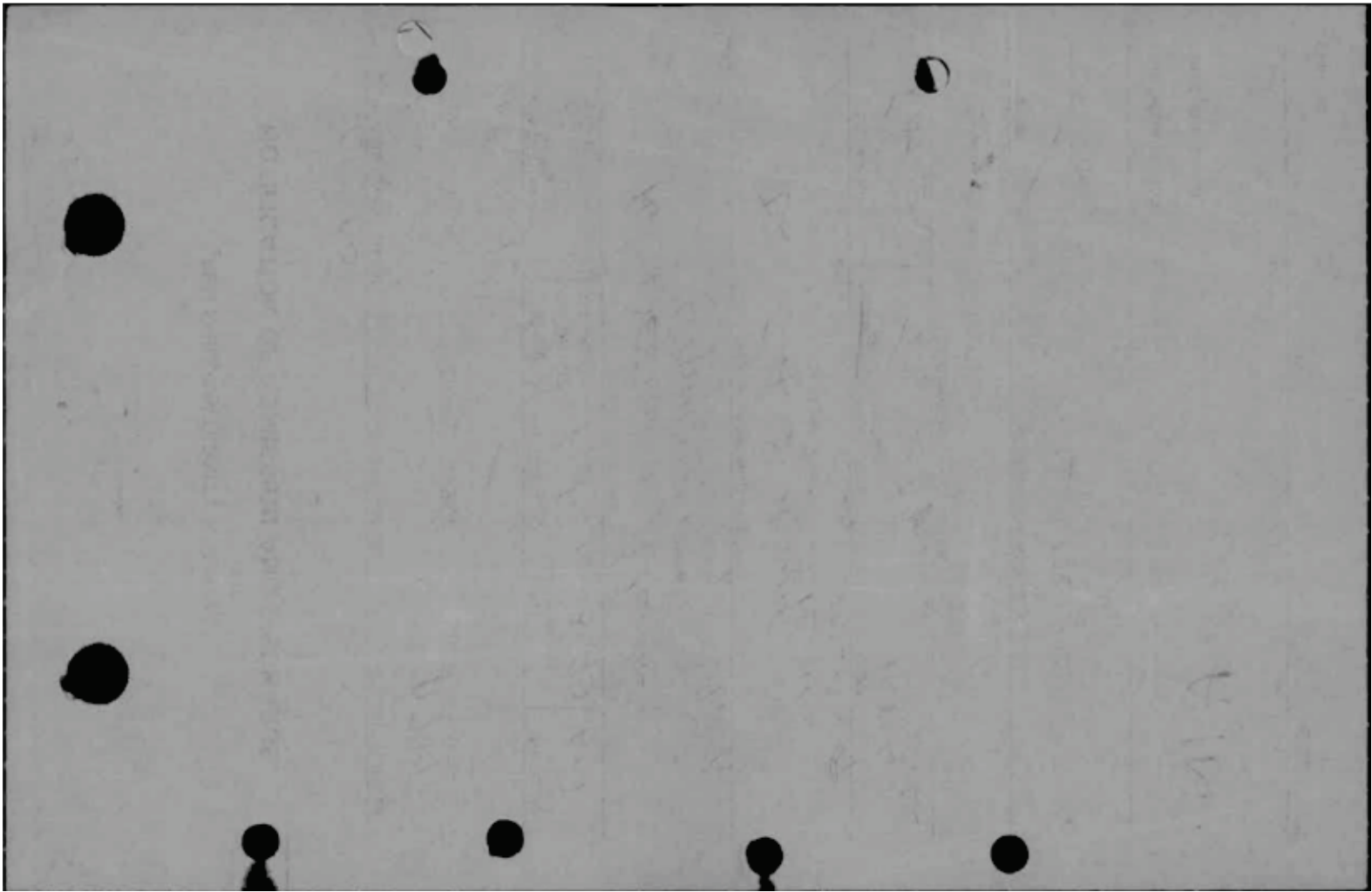
NOTIFICATION OF ADMISSION AND DISCHARGE

00.05

SURNAME (Block Letters) HOLMES		FIRST NAME(S) SHARON		UNIT NUMBER 117192	
DATE OF BIRTH 18.9.73		MAIDEN SURNAME —		DATE OF MARRIAGE —	
GESTATION AT ADMISSION 34	M/S/W DIVORCED SEPARATED	RELIGION Prot	DATE OF ADMISSION 14.3.92		WARD No. LW
HOME ADDRESS 16 WESTBURN AVENUE CAMBUSLANG G72 7RY					
DOCTOR'S NAME AND ADDRESS DR J.A. SINCLAIR 18 NORTH AVENUE CAMBUSLANG					
NEXT OF KIN FATHER		HUSBAND'S/PARTNER'S FIRST NAME(S) THOMAS O'DONNELL		OCCUPATION HOTEL WORKER	
OWN OCCUPATION - IF UNMARRIED					

BOOKED <input checked="" type="checkbox"/>	REASON FOR ADMISSION ? HAEMATEMESIS				
UNBOOKED <input type="checkbox"/>					
DISCHARGED DATE 16/3/92					
DISCHARGED TO: home & F AIN.					

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**BELLSHILL MATERNITY HOSPITAL**  
**NOTIFICATION OF ADMISSION AND DISCHARGE**

*W R SMITH*  
 23.45  
 MAY 1992

SURNAME (Block Letters) <b>HOLMES</b>		FIRST NAME(S) <b>SHARON</b>		UNIT NUMBER <b>117192</b>
DATE OF BIRTH <b>18.9.73</b>	MAIDEN SURNAME <b>-</b>	DATE OF MARRIAGE <b>-</b>		
GESTATION AT ADMISSION <b>40</b>	M/SW DIVORCED SEPARATED	RELIGION <b>PROT</b>	DATE OF ADMISSION <b>2/5/92</b>	WARD No. <b>LR</b>

HOME ADDRESS  
**16 WESTBURN AVENUE  
 CAMBUSLANG  
 G72 7RX**

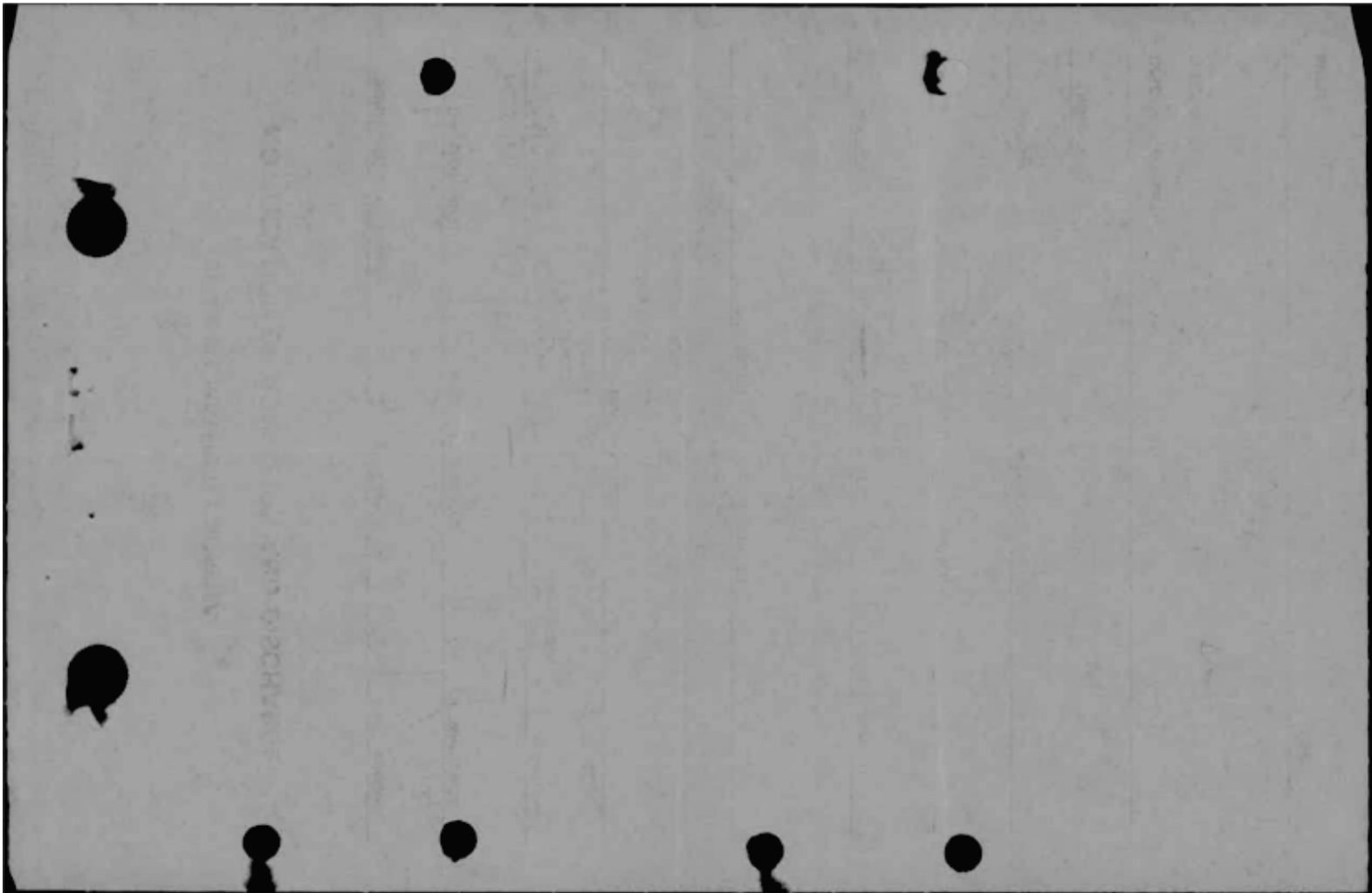
DOCTOR'S NAME AND ADDRESS  
**DR J A. SINCLAIR  
 18 NORTH AVE CAMBUSLANG**

NEXT OF KIN <b>FATHER</b>	HUSBAND'S/PARTNER'S FIRST NAME(S) <b>THOMAS O'DONNELL</b>	OCCUPATION <b>HOTEL WORKER</b>
OWN OCCUPATION - IF UNMARRIED <b>HAIRDRESSER</b>		

BOOKED	REASON FOR ADMISSION <b>IN LABOUR</b>
<input checked="" type="checkbox"/> UNBOOKED	

DISCHARGED DATE **7/5/92**  
 DISCHARGED TO: **38 NEPTUNE WAY  
 CALDERALEN  
 MOSSEND**      phone **834 863**

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LS/JB

13 October 1994

To whom it may concern:-

Re Sharon Holmes 48 Henderson Avenue Cambuslang

This is to confirm that Miss Holmes is under considerable strain and stress where she is living, due to trouble with neighbours etc. This stress has affected her health and for her health's sake She would be better off moving from this area. In the last 3 weeks there have been physical effects of anxiety caused by external pressures.

Yours sincerely

Dr L.R.N.Smith

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10/10/10

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10/10/10

10/10/10



# LANARKSHIRE HEALTH BOARD

PRIMARY CARE SERVICES

Our Ref.:

Your Ref.:

*MAB*

14 DALZELL DRIVE  
MOTHERWELL  
LANARKSHIRE  
ML1 2BZ

Tel.: Motherwell 67821

If telephoning, ask for: Registration Dept.

*14-592*

Dear *G*

The attached form is returned to you for the following reason

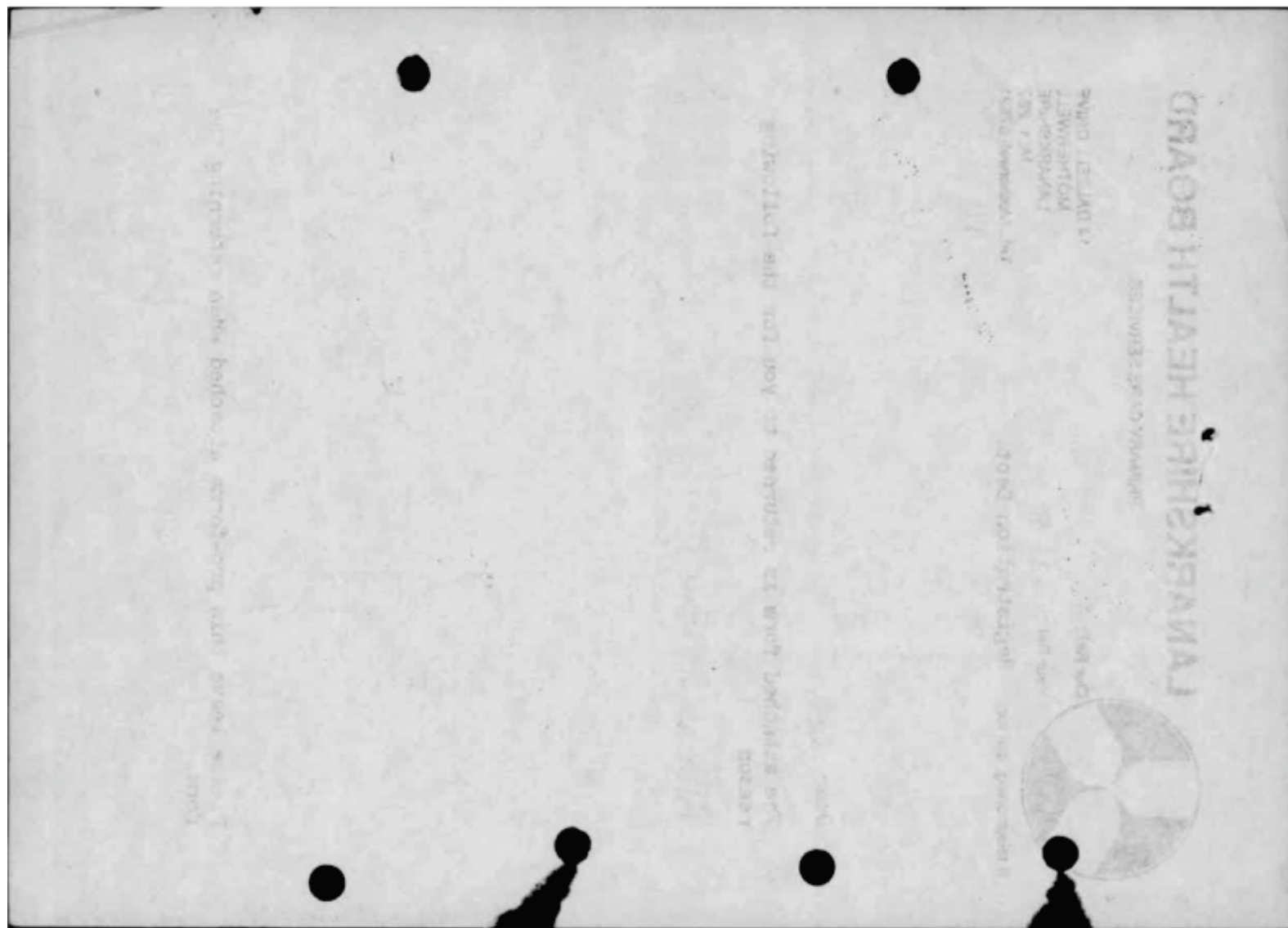
*Address in your area*

*5 n 20/327*

Please leave this pro-forma attached when returning the form.

*I h 2*

NHS Confidential: Personal data about a patient



ROYAL INFIRMARY

26.4.94

SKIN

HOLMES

SHARON E

48 HENDERSON AVENUE

CAMBUSLANG GLASGOW

G72

18.9.73

GGHB

683

49252

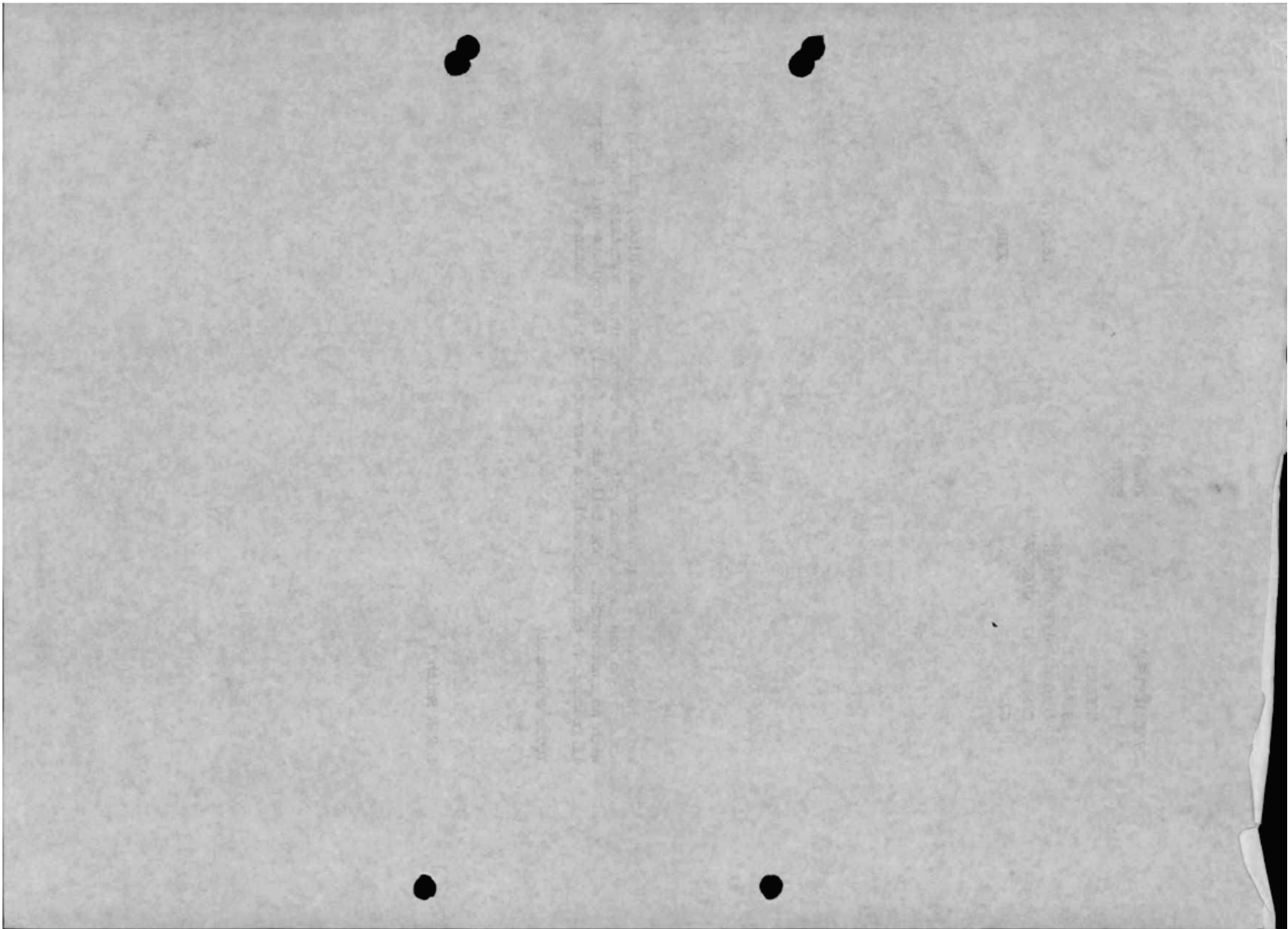
Dear Dr

This lady has a 2 year history of acne which has been slowly getting worse. She has had Erythromycin and most recently Oxytetracycline with no improvement. She tells me her family is complete and I wonder if roaccutane treatment would be warranted in this instance.

Yours sincerely

L R N Smith

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LANARKSHIRE HEALTH BOARD - UNIT ONE

## Bellshill Maternity Hospital

North Road,  
Bellshill,  
Lanarkshire ML4 3JN  
Tel: Bellshill 747292

OUR REF. | AG/ML/117192  
YOUR REF. |

If telephoning, ask for:

9 January 1992

Dr J A Sinclair  
18 North Avenue  
CAMBUSLANG

Dear Dr Sinclair

RE: SHARON HOLMES (1819.73)  
16 WESTBURN AVENUE, CAMBUSLAND

Thank you for referring this 18 year old prim to Dr Cassie's antenatal clinic which she attended on 9 January. She is unsure of her last menstrual period but believes it to be in August. She had the results of a scan with her which was done in Australia which gave an expected date of around 2 May which would make her now around 23 weeks pregnant. She feels well and has been having fetal movements for about 2 to 3 weeks.

General examination today revealed a pansystolic murmur loudest at the left sternal edge for which she has been referred to Dr Rodgers, Consultant Cardiologist. Otherwise examination was unremarkable. Her fundal height today was 22 cm which would roughly agree with her dates. I have also taken off her routine bloods and arranged an ultrasound scan at Bellshill to assess her gestational age. She is apparently at present staying in Bellshill and has therefore been transferred to Dr Grant's clinic at Bellshill Main Street for further review. She will be seen there in 5 weeks' time.

Yours sincerely

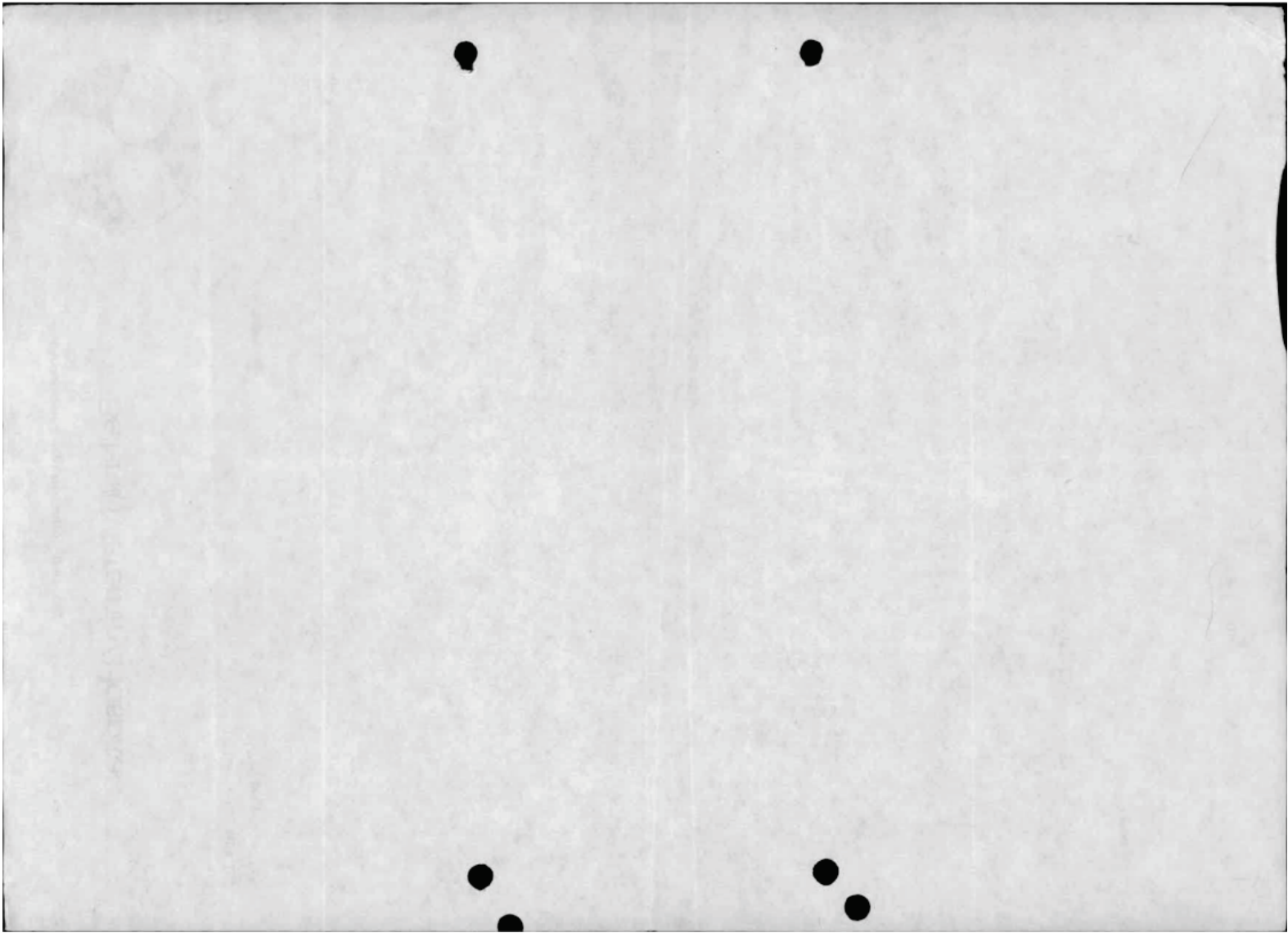
*M. Lynch (Secretary)*

pp A Graham  
SHO to Dr Cassie

I H

2

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LANARKSHIRE HEALTH BOARD - UNIT ONE

## Bellshill Maternity Hospital

North Road,  
Bellshill,  
Lanarkshire ML4 3JN  
Tel: Bellshill 747292

OUR REF. | JCR/ML/117192  
YOUR REF. |

If telephoning, ask for:

22 January 1992

Dr R Cassie  
Consultant Obstetrician and Gynaecologist  
Bellshill Maternity Hospital  
North Road  
BELLSHILL

Dear Dr Cassie

RE: SHARON HOLMES (18.9.73)  
16 WESTBURN AVENUE, CAMBUSLANG

I saw Miss Holmes at my Bellshill Medical clinic today as arranged.

She is in the 6th month of her first pregnancy and you recently noted a cardiac murmur. No murmur has been heard previously. She has no rheumatic history. She has no significant family history. She has no symptoms relevant to her cardiovascular system.

She is well today. She is in sinus rhythm with a BP of 105/55. Heart sounds were normal. There is a short basal systolic murmur which varied with posture and was not conducted to the neck.

I am certain on clinical grounds that the murmur is of no haemodynamic consequence. It probably reflects a minor anomaly of the aortic valve. Had it not been that she lives in Cambuslang, I would have organised an echo. However, I don't think this is necessary. Reassurance is in order. For safety I would recommend antibiotic cover if there is to be any instrumentation for delivery.

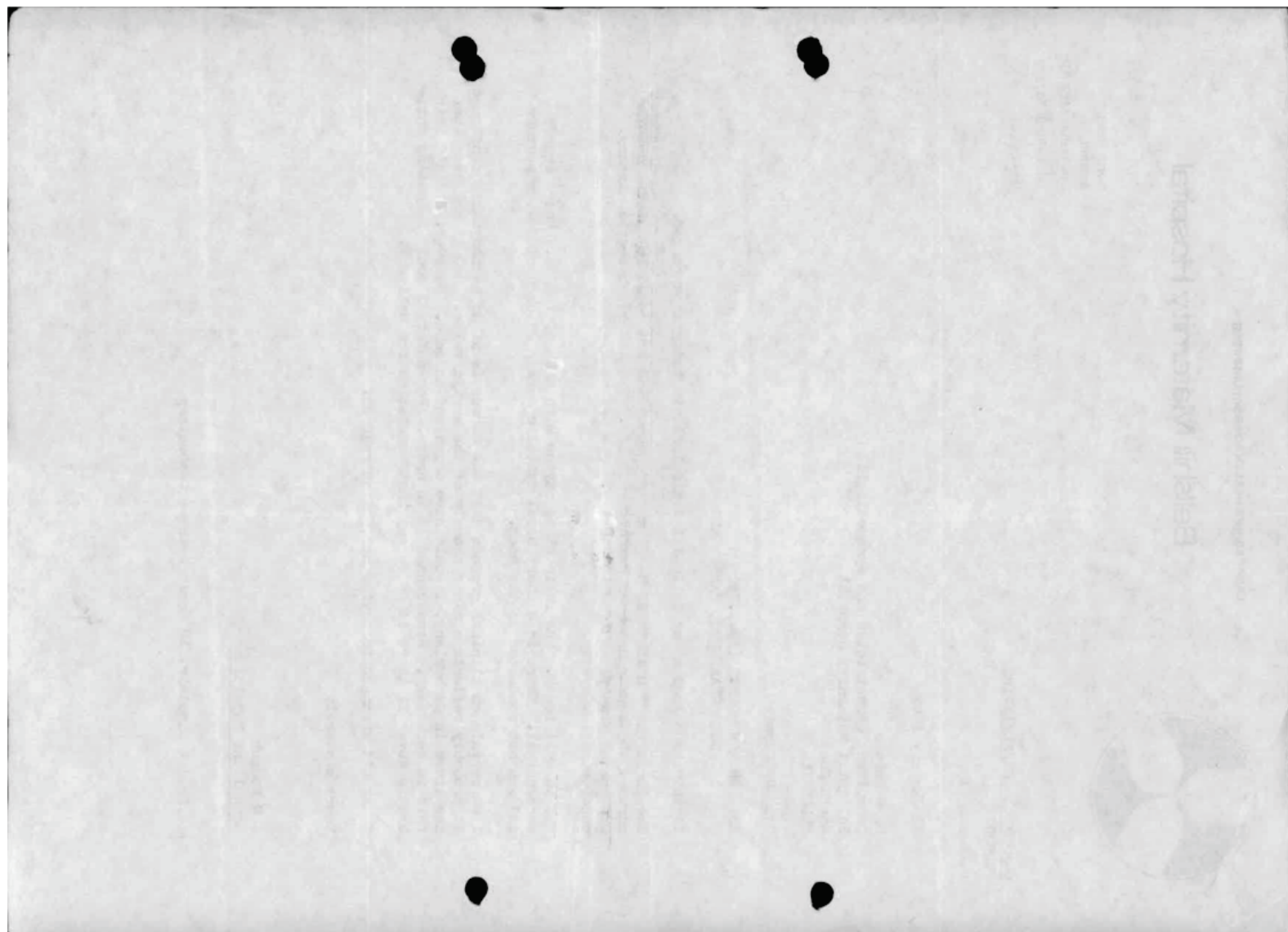
I haven't arranged to review her. Kind regards.

Yours sincerely

J C Rodger  
Consultant Physician

cc Dr J A Sinclair, 18 North Avenue, Cambuslang

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# LANARKSHIRE HEALTH BOARD

## BIRTH NOTIFICATION

1

PLEASE USE BLACK BIRO AND BLOCK CAPITALS

11 Child's Surname HOLMES 30 C.R.N. 117192

31 Sex (M/F) M Date of Birth 03 05 92 32 DD MM YY 37 L.H.B. No.      38 (Office) 41 Time of Birth (24 hr) 1233 42 H M 45

11 Line 1 Home Address of Child 48 HENDERSON AVENUE 33

34 Line 2 CAMBUSKARAN 56

57 Line 3 73 74 Postcode (Office) 80 972 742

11 Mother's Forenames SHARON 30

31 Mother's Surname HOLMES 50

51 Live/Still/Dead (L/S/D) L 52 Date of Death      57 Birth Weight (Gms) 3120 61

Signed (Midwife) [Signature] Date 3.5.92

Mother's D.o.B. 80973 67 68 69 Previous Live Births 00 70 Previous Still Births 0 71 Previous Abortions 0

73 Gestation (Weeks) 40 74 Gestation Calculated or Estimated (C/E) 0 75 No. born this Confinement 1

76 No. of this birth (if Multiple)      77 One Parent Family (Y/N) Y 78 79 Apgar 5 (mins) 09 Apgar (1 min) 09

G.P.'s NAME Dr J. A. Sinclair  
G.P.'s ADDRESS 18 NORTH AVENUE  
CAMBUSKARAN

Discharge To: Place of Birth  
Bellshill L102H (  ) Home DOM ( )  
William Smellie L214H ( )  
Other (Specify)     

Child's Address on Discharge 38 NEPTUNE WAY  
(if not Home) CALDERGLEN MOSSEND

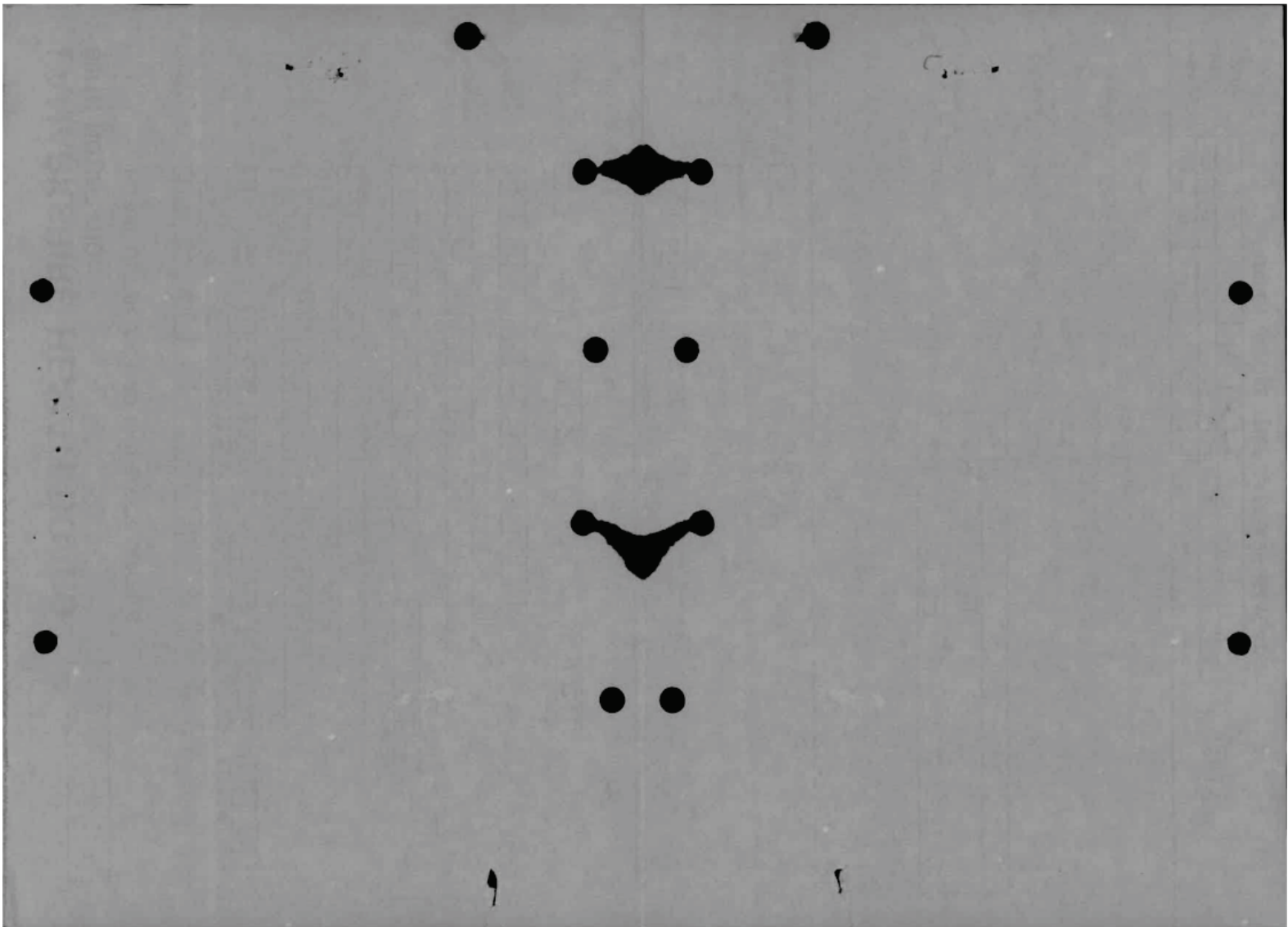
Discharge Date 7.5.92 Congenital Malformation (Y/N)   
(If Yes please specify)     

OFFICE USE ONLY	Unit	TFR	CON	G.P.		Reg.	Birthplace		Born at
	11	12	13	18	23	24	25	29	71

GREEN IMPLIES THAT DATA ARE MANDATORY

13 MAY 1992

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PARTICULARS OF PATIENT  
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
<b>REQUEST FOR OUT-PATIENT CONSULTATION</b> THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Appointment Category Routine <input type="checkbox"/> Soon <input checked="" type="checkbox"/> Urgent <input type="checkbox"/>
Hospital		Date			
BELLSHILL MATERNITY		11/12/91			
Please arrange for this patient to attend the			Antenatal		
			clinic of Dr/Mr Ralph Cassie		
Patient's Surname		Maiden Surname			
HOLMES					
First Names		Single/Married/Widowed/Other			
SHARON					
Address		Date of Birth			
16 WESTBURN AVE		18/9/73			
CAMBUSLANG		Patient's Occupation			
6412		Housewife			
Postal Code		Contact telephone number			
G41 1 9 1 9		641-1919			
Has the patient attended hospital before YES/NO if "YES" please state:					
Name of Hospital					
Year of Attendance					
Hospital No					
If the patient's name and/or address has/have changed since then please give details:					
Can patient attend at short notice? YES/NO					
If YES, minimum notice required..... days					
				Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER	
				Dr. I. A. Sinclair 18 North Avenue Cambuslang Glasgow G72 8AT Tel 041 641 3037	
Please use rubber stamp					

Dear Reeph.

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

*PRIMEGRAVIDA*  
 has just returned from *Adelaide* where she was staying with the family. Apparently I have the baby there would have been my expansion so she has returned home. As her relatives all stay in Bellshill area she speaks a lot of time there. She would like to have baby in Bellshill Maternity. The LMP was middle of July approx. The scan done in Adelaide on 17/10/91 made her 12<sup>+</sup> weeks. Which would make her just under 20/02. However she has had movements for 2-3/02. BP today is 110/80. She has not been up a iron, but I have started her today.

I shall be happy to share whatever can help. Kindest regards  
I. Sinclair

Diagnosis/provisional diagnosis: *Prime gravida*

Present drug treatment and potential special hazards:

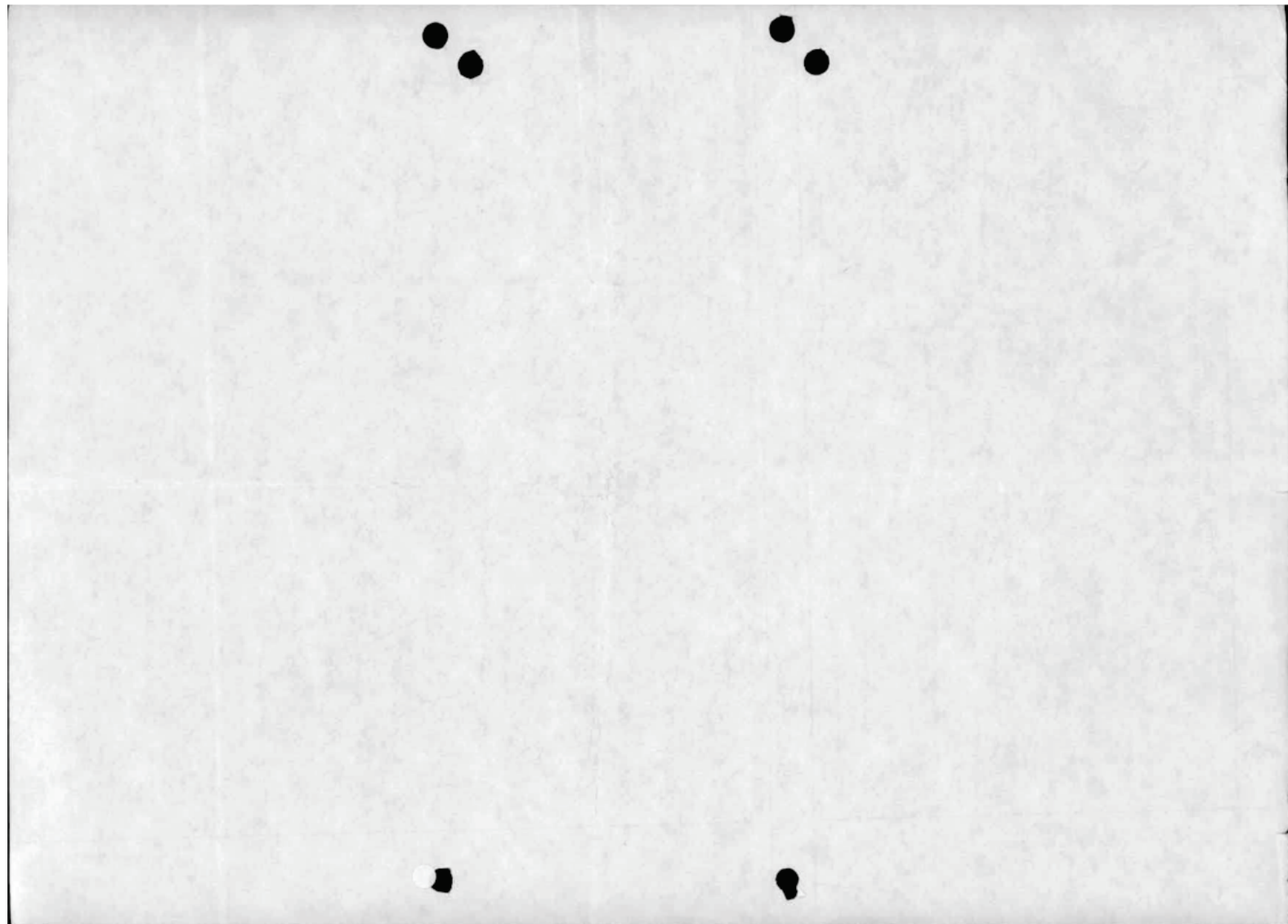
*No past history of any illness.*

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

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**F**  
&  
**F**

# FERGUSON & FORSTER

Incorporating MACFIE & ALEXANDER

**Solicitors - Notaries Public - Estate Agents**

J Kennedy Forster - Jocelyn Aitken  
Paul Feeney

6 Lewis Street  
Stranraer  
DG9 7DP

**Tel: 01776 702561/2**  
Fax: 01776 706272  
DX 581255

Doctor Wooff  
Stranraer Health Centre  
Edinburgh Road  
STRANRAER DG9 7HG

Our Ref: KM/GF/010029

Your Ref:

23 November 1999

Dear Doctor Wooff

OUR CLIENT: SHARON HOLMES 2 OLD PORT AVENUE, STRANRAER  
DATE OF BIRTH: 18.09.73

We have been consulted by Sharon Holmes regarding a claim against Dumfries & Galloway Council in respect of dampness which has occurred in her home. We understand that in the past two years Miss Holmes has required to seek your assistance in respect of her two children Hayden Walker and Angel Walker. We understand that they have suffered from chest infections due to living in a damp environment. We would be grateful if you would provide us with a report based on the medical records of the children and confirm whether you have been consulted regarding ailments which could have been caused by our client's home being in a damp condition. Perhaps you could also confirm whether our client directly mentioned dampness in her home as a cause of her children's ailments.

We look forward to hearing from you with your report and a note of your fee. We enclose the appropriate mandate.

Yours faithfully

*Ferguson & Forster*

Ferguson & Forster

Enc.

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OyezStraker  
Wave

STRANRAER HEALTH CENTRE  
Edinburgh Road  
Stranraer  
DG9 7HG

Tel: 01776 706513 or 706566  
Fax 01776 704825

DJW/lm  
Your Ref KM/GF/010029

26 November 1999

Ferguson & Forster  
6 Lewis Street  
STRANRAER DG9 7DP

Dear Sir/Madam

Re: Sharon Holmes dob 18/09/73  
2 Old Port Avenue Stranraer DG9 7BQ

*Thank you for your letter requesting a Medical Report on Sharon Holmes and children Hayden and Angel Walker. As I understand that you are looking for a medical opinion regarding the interaction between their health problems and their living area environment.*

*These two children have been on the practice list for 2½ years.*

*Hayden has been seen five times over the past 2 years with regard to upper respiratory tract symptoms. The last time was in January of this year.*

*Angel has been seen on three occasions specifically to do with her chest over a similar length of time. The last time she was seen to do with respiratory symptoms was in January of this year.*

*In summary both these children have suffered 2 to 3 respiratory tract infections requiring medical advice over the last 2 years. They have a family history of asthma and therefore there will be a genetic predisposition to wheeziness associated in particular with respiratory tract infections.*

*There is a well recognised link now between poor housing such as damp living conditions and an increase in respiratory symptoms.*

It/

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*It is my opinion that if there is significant dampness within the house this will be contributing at least in part to making both these children more prone to respiratory tract infections. I hope this information is helpful and I enclose a separate note of my fee.*

*Kind regards.*

*Yours sincerely*

*Dr D J Wooff*  
*Enc*

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Dr D. Hoof.

Dear Dr Hoof

I hereby purchase and endorse

you to provide full details from

my medical records and the

records of my children

Hayes. Waver

Large Waver.

Yours faithfully,

Steve Holmes

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

GREATER GLASGOW HEALTH BOARD

Child Health Service  
26 Florence Street  
Glasgow G5  
041 429 2878

Date 4/3/86



Dr Smith

Dear Doctor,

Vaccination Against Rubella

By agreement with parent or guardian, the girl named below has received vaccination against Rubella on 14.2.86 under the scheme for protecting girls aged 12 and 13 years.

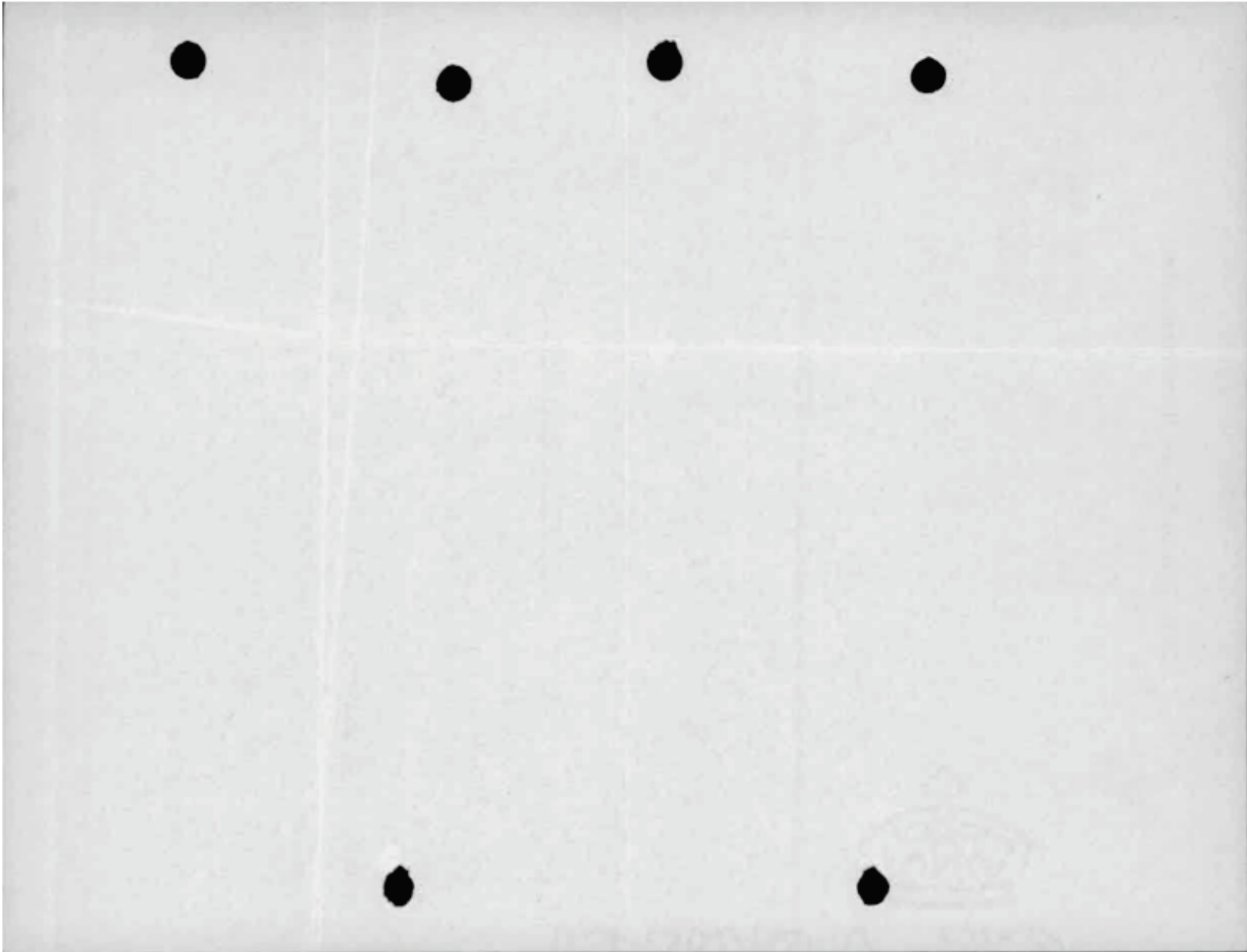
Name Sharon Holmes

Address 16 Westburn Av

Yours sincerely

G.D. FORWELL  
Chief Administrative Medical Officer

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Ms Sharon Holmes 3  
18/09/1973-5386

Printed 14/02/97  
Long Page 1

Ms Sharon Holmes 3  
13E Sheuchan Street  
STRANRAER  
DG9 0VU

18/09/1973-5386  
Age 23

Telephone?

NHS No.?  
Patient I.D.?

Status?

Confirmed?

MRE Received?

Reg. With IAIN GORDON  
Repeat Consultation?

Acute Consultation 27/01/97

BMI? Height? Weight?  
Parity? Gravida?

BP ?/?

---

REPEAT MEDICATION

Prescribe every 0 days

Review every 0 weeks

NO DRUG DATA STORED

---

ALLERGIES / ADVERSE REACTIONS

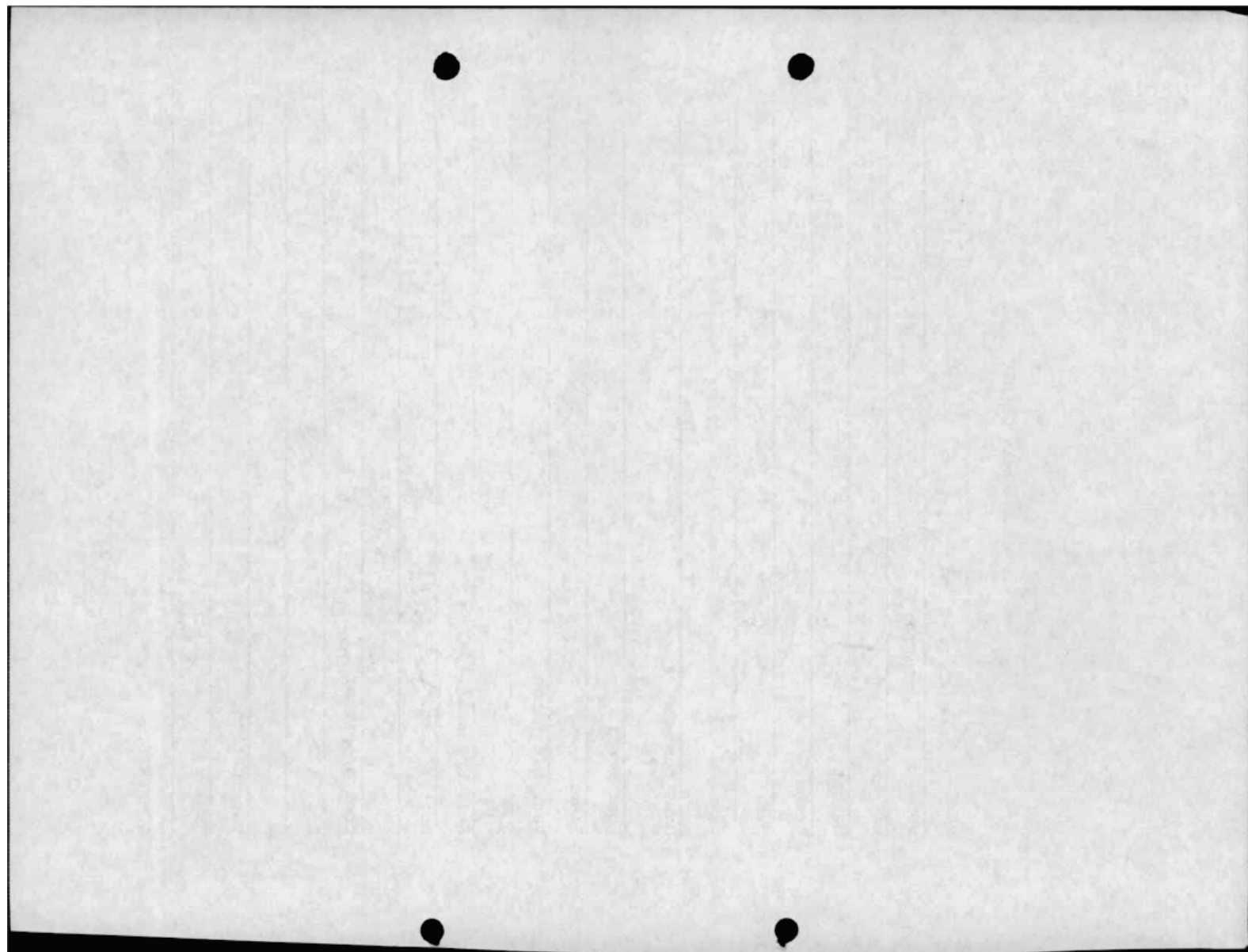
NO DATA STORED

**NHS Confidential: Personal data about a patient**





**NHS Confidential: Personal data about a patient**



Please bring completed form with you to appointment along with a urine sample.

PATIENT INFORMATION SHEET

STRICTLY CONFIDENTIAL

DATE 6/10/95

SURNAME: Holmes

OCCUPATION: Unemployed

FORENAME: SHARYN ELIZABETH

MARITAL STATUS: SINGLE/MARRIED  
DIVORCED/WIDOWED

live together  
as man & wife

ADDRESS: 59 CASTLEBAY/  
CARAVAN PARK  
PORT PATRICK  
STRENDZER DG9-9AA

D.O.B. 18.9.73

TELEPHONE NO: 801433

MEDICATION - (Are you on any pills/tablets) NO

ILLNESS/OPERATIONS - (Please list main details) NO

HAVE YOU ANY ALLERGIES? (To drugs/chemicals)

Penicillin

DATE OF LAST CERVICAL SMEAR

? 1994  
August

Done by G.P. yes/no  
Hosp. clinic yes/no  
Other clinic yes/no

DO YOU SMOKE?

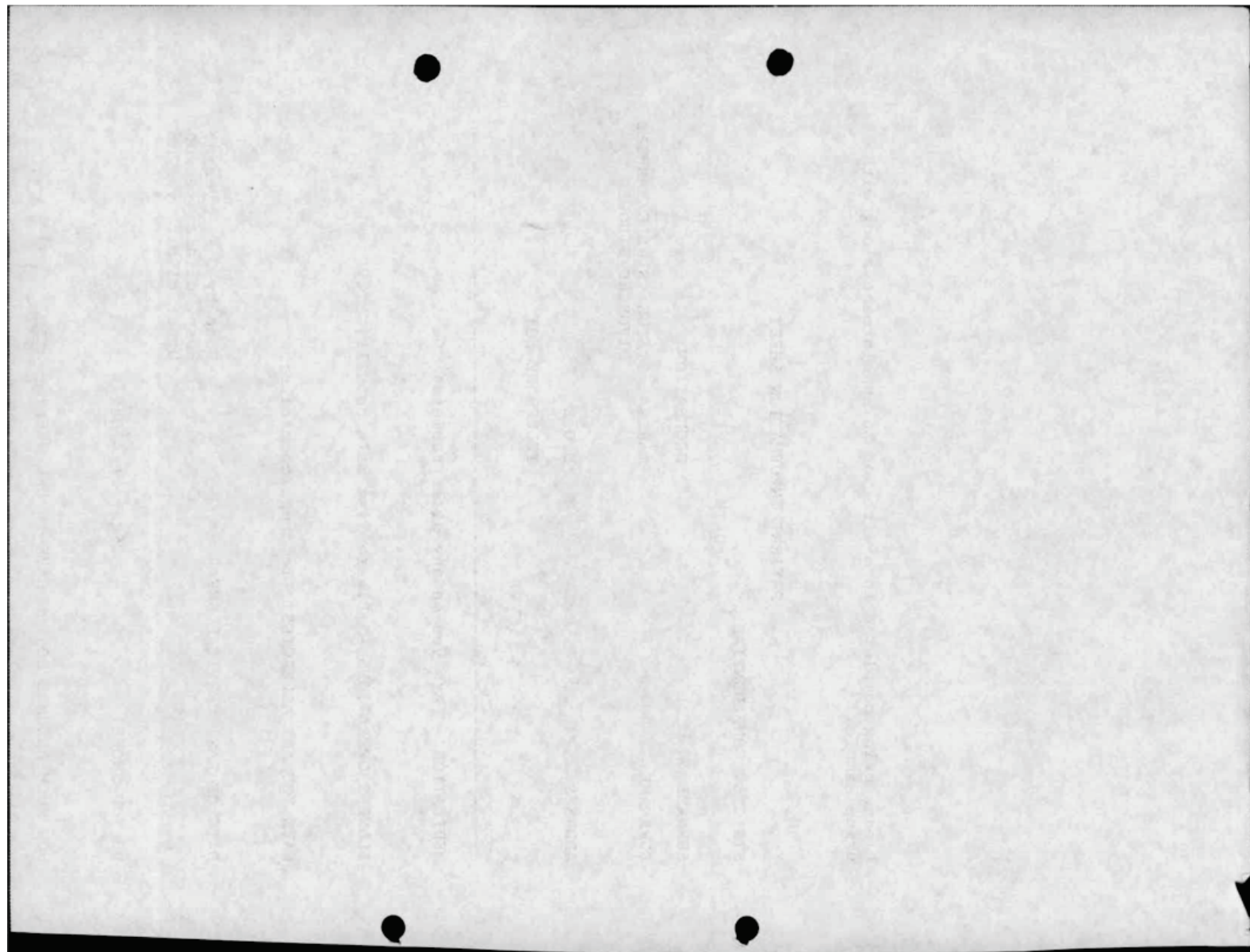
20

Cigarettes/Day

HOW MUCH ALCOHOL DO YOU HAVE IN ONE WEEK?

~~2 litres~~ 1 litre Cider

NHS Confidential: Personal data about a patient



HOW MANY PREGNANCIES HAVE YOU HAD? (If applicable) 1

FAMILY HISTORY

Mum died Breast Cancer 41 yr.

Diabetes.

AGE STATE OF HEALTH AGE AT DEATH CAUSE OF DEATH

Father ALEXANDER Holmes  
 Mother ISABELLA WYPER FUNNAY Holmes  
 Brother(s) IAN HOLMES  
 Sister(s) Ann JACK.

FAMILY ILLNESS

Have any of your family had any serious illness?

eg: Heart Disease, TB, Diabetes, Asthma, High Blood pressure

✓ cown / auds

my mother died of Breast Cancer in 1981

REGISTRATION (Doctor only)

Date of reg:

Date of Exam:

5/12/95

Ht: 5ft 3"

Wt: 9st 2lb 1/2  
BP 100/50

Urine:

gluc prot

Social History:

No spec

(inc paed vacc

parity)

Plan: Surgery visit EC102 Paed Surv HP Clin

Tel breast 1990.

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