

Subject Access Request



Patient	Mr Christopher Rust
Date of birth	05-Dec-1968 (age 57)
Gender	M
NHS number	0512682275
Patient's address	Birchleigh Monkshill Fyvie AB53 8RL
Date range selected	Full record
Organisation	MMA legal
Reference	DSAR-20260710-5C4E76

Problems

Active

31-Aug-2021 Mrs Aileen Mutton
Hypertension six month review

28-Jan-2014 Dr K M Cheesman
Oesophagitis

21-July-2011 Dr Nelia Lourens
FH: Angina < 60yrs

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

03-Apr-2026 Mrs Aileen Mutton Medicine Management

30-Mar-2026 Mrs Jenny Milne Other

05-Feb-2026 Miss Rebecca Mitchell Other

22-Jan-2026 Ms Julie Thomson Third Party Consultation

Administration (P3)	Administration NOS Readings	Results Blood Pressure Log Blood Pressure
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22-Jan-2026 Ms Julie Thomson Other

Symptom	Exercise grading	Walking	Not as active as used to be. Aware should do more.	
Examination	O/E - blood pressure reading	Average calculated from home readings, in range.	132 / 84 mm Hg	
Diagnosis Administration	Assessing cardiovascular risk using SIGN score	Scanned Document		
Diagnosis (P3)	Hypertension monitoring	Face to face review	BP in clinic elevated 149/98 Home readings taken along today Average calculated 132/84 and within target range Controlled on Candesartan 8mg Been on since 2021. Takes every day with no ill effects. Discussed bloods, lifestyle and cardiovascular risks Glucose tests and ACR normal. Kidneys filtering ok Liver tests marked as satisfactory Gamma remains elevated Long standing See Ultrasound in 2015 normal Works offshore and home for 1 month Does admit probably drinks more than others when home Advised to be more mindful of this and can recheck levels Went over cholesterol values Total raised at 5.8 LDL could not be calculated, too high Triglycerides elevated at 6.74 Non Hdl also raised at 4.9 Currently on Atorvastatin 80mg due to cardiac history takes at night although on further questioning does miss out a lot of doses when working offshore Assign score 22.64% and strong cardiovascular ***** history on both sides. Fully aware diet is not good and could definitely improve upon this Wife is also a dietician. Has taken down numbers to show ***** and will really work on improvements to diet Plan to repeat bloods in 3 months time if still elevated ? could add in additional lipid lowering drug Ezetimibe 10mg. ICE parked Ex smoker Will try reducing alcohol intake, improve diet and increase exercise over next 3 months.	
Diagnosis (P3)	Follow-up cardiac assess.	See hypertension review notes	Been under Cardiology for many years due to chest pains which have improved over the last year. Had many tests and found to have mild plaques on artery Strong cardiac ***** history on both sides No complaints of ankle swelling Does get short of breath on exertion but no pain Takes Aspirin 75mg daily BP in target range based on home readings 132/84 Will work on diet, reducing alcohol intake and increasing exercise For repeat bloods in 3 months time to recheck liver and cholesterol levels Follow up 1 year	
Examination	Ex smoker	Stopped smoking 28 years ago	Started age 14	20 / / cigarettes / cigars / tobacco
Examination	Alcohol consumption screen	Varies week to week	Works offshore one month at a time	Has alcohol free days units per week

18-Dec-2025 Mrs Aileen Mutten Results recording

16-Dec-2025	Examination	Urine albumin	<none>	
16-Dec-2025	Examination	Urine creatinine		15303 umol/L
16-Dec-2025	Examination	Urine albumin		5 mg/L
16-Dec-2025	Examination	Urine albumin:creatinine ratio		2.5 g/mol
16-Dec-2025	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference Range Male 0 - 2.5 mg/mmol Creat Female 0 - 3.5 mg/mmol Creat	g/mol
16-Dec-2025	Examination	Urine albumin	<none>	(No range available)
16-Dec-2025	Examination	Urine creatinine		15303 umol/L (Range: 1000 - 35000)
16-Dec-2025	Examination	Urine albumin		5 mg/L (No range available)
16-Dec-2025	Examination	Urine albumin:creatinine ratio		2.5 g/mol (No range available)
16-Dec-2025	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference Range Male 0 - 2.5 mg/mmol Creat Female 0 - 3.5 mg/mmol Creat	g/mol (No range available)
16-Dec-2025	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference Range Male 0 - 2.5 mg/mmol Creat Female 0 - 3.5 mg/mmol Creat	g/mol (No range available)

17-Dec-2025 Mrs Aileen Mutten Other

17-Dec-2025 Mrs Aileen Mutten Results recording

16-Dec-2025	Examination	Plasma glucose level	<none>	mmol/L
16-Dec-2025	Examination	Plasma fasting glucose level		5.8 mmol/L
16-Dec-2025	Examination	Plasma glucose level	<none>	mmol/L (No range available)
16-Dec-2025	Examination	Plasma fasting glucose level		5.8 mmol/L (Range: 3.9 - 6)

17-Dec-2025 Mrs Aileen Mutten Results recording

16-Dec-2025	Examination	Eosinophil count x10 ⁹ /l	0.25 10 ⁹ /L	
16-Dec-2025	Examination	Haemoglobin estimation g/l	158 g/L	
16-Dec-2025	Examination	Mean corpusc. haemoglobin(MCH)	31.5 pg	
16-Dec-2025	Examination	Mean corpuscular volume (MCV) fl	92 fl	
16-Dec-2025	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	
16-Dec-2025	Examination	Neutrophil count x10 ⁹ /l	2.9 10 ⁹ /L	
16-Dec-2025	Examination	Platelet count x10 ⁹ /l	209 10 ⁹ /L	
16-Dec-2025	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ⁻²	
16-Dec-2025	Examination	Total white cell count x10 ⁹ /l	4.9 10 ⁹ /L	
16-Dec-2025	Examination	Lymphocyte count x10 ⁹ /l	1.2 10 ⁹ /L	
16-Dec-2025	Examination	Full blood count - FBC <none>		
16-Dec-2025	Examination	Haematocrit - PCV l/l	0.46 L/L	
16-Dec-2025	Examination	Basophil count x10 ⁹ /l	0.08 10 ⁹ /L	
16-Dec-2025	Examination	Eosinophil count x10 ⁹ /l:		
16-Dec-2025	Examination	Eosinophil count x10 ⁹ /l	0.25 10 ⁹ /L	(Range: 0.1 - 0.5)
16-Dec-2025	Examination	Haemoglobin estimation g/l:		
16-Dec-2025	Examination	Haemoglobin estimation g/l	158 g/L	(Range: 140 - 180)
16-Dec-2025	Examination	Mean corpusc. haemoglobin(MCH):		
16-Dec-2025	Examination	Mean corpusc. haemoglobin(MCH)	31.5 pg	(Range: 27 - 32)
16-Dec-2025	Examination	Mean corpuscular volume (MCV)fl:		
16-Dec-2025	Examination	Mean corpuscular volume (MCV) fl	92 fl	(Range: 83 - 98)
16-Dec-2025	Examination	Monocyte count x10 ⁹ /l:		
16-Dec-2025	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
16-Dec-2025	Examination	Neutrophil count x10 ⁹ /l:		
16-Dec-2025	Examination	Neutrophil count x10 ⁹ /l	2.9 10 ⁹ /L	(Range: 1.5 - 7)
16-Dec-2025	Examination	Platelet count x10 ⁹ /l:		
16-Dec-2025	Examination	Platelet count x10 ⁹ /l	209 10 ⁹ /L	(Range: 140 - 400)
16-Dec-2025	Examination	Red blood cell (RBC) count x10 ¹² /l:		
16-Dec-2025	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ⁻²	(Range: 5 - 6)
16-Dec-2025	Examination	Total white cell count x10 ⁹ /l:		
16-Dec-2025	Examination	Total white cell count x10 ⁹ /l	4.9 10 ⁹ /L	(Range: 4 - 10)
16-Dec-2025	Examination	Lymphocyte count x10 ⁹ /l:		
16-Dec-2025	Examination	Lymphocyte count x10 ⁹ /l	1.2 10 ⁹ /L	(Range: 1 - 4)
16-Dec-2025	Examination	Full blood count - FBC <none>:		
16-Dec-2025	Examination	Full blood count - FBC <none>		(No range available)
16-Dec-2025	Examination	Haematocrit - PCV l/l:		
16-Dec-2025	Examination	Haematocrit - PCV l/l	0.46 L/L	(Range: 0.42 - 0.54)
16-Dec-2025	Examination	Basophil count x10 ⁹ /l:		
16-Dec-2025	Examination	Basophil count x10 ⁹ /l	0.08 10 ⁹ /L	(Range: 0.01 - 0.1)

17-Dec-2025 Mrs Aileen Mutten Results recording

16-Dec-2025	Examination	Serum albumin	42 g/L	
16-Dec-2025	Examination	Serum alkaline phosphatase U/L	99 U/L	
16-Dec-2025	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	31 U/L	
16-Dec-2025	Examination	Serum total bilirubin level	9 umol/L	
16-Dec-2025	Examination	Serum calcium	2.27 mmol/L	
16-Dec-2025	Examination	Corrected serum calcium level	2.23 mmol/L	
16-Dec-2025	Examination	Serum chloride	103 mmol/L	
16-Dec-2025	Examination	Serum total cholesterol level	5.8 mmol/L	
16-Dec-2025	Examination	Serum creatinine	81 umol/L	
16-Dec-2025	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	85 U/L	
16-Dec-2025	Examination	Serum HDL cholesterol level	0.9 mmol/L	
16-Dec-2025	Examination	Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	
16-Dec-2025	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	4.9 mmol/L	
16-Dec-2025	Examination	Serum inorganic phosphate	1.12 mmol/L	
16-Dec-2025	Examination	Serum potassium	4.4 mmol/L	
16-Dec-2025	Examination	Serum sodium	138 mmol/L	
16-Dec-2025	Examination	Serum total protein	72 g/L	
16-Dec-2025	Examination	Serum triglycerides	6.74 mmol/L	
16-Dec-2025	Examination	Serum urea level	4.4 mmol/L	
16-Dec-2025	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
16-Dec-2025	Examination	Bone profile <none>		
16-Dec-2025	Examination	Liver function test <none>		
16-Dec-2025	Examination	Urea and electrolytes <none>		
16-Dec-2025	Examination	Biochemical test <none>		
16-Dec-2025	Examination	Biochemical test -		
16-Dec-2025	Examination	Lipid level -	mmol/L	
16-Dec-2025	Examination	Haemolysis screening test -		
16-Dec-2025	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
16-Dec-2025	Examination	Serum albumin:		
16-Dec-2025	Examination	Serum albumin	42 g/L	(Range: 35 - 50)
16-Dec-2025	Examination	Serum alkaline phosphatase U/L:		
16-Dec-2025	Examination	Serum alkaline phosphatase U/L	99 U/L	(Range: 30 - 130)
16-Dec-2025	Examination	Serum alanine aminotransferase level:		
16-Dec-2025	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	31 U/L	(Range: 5 - 55)
16-Dec-2025	Examination	Serum total bilirubin level:		
16-Dec-2025	Examination	Serum total bilirubin level	9 umol/L	(No range available)
16-Dec-2025	Examination	Serum calcium:		
16-Dec-2025	Examination	Serum calcium	2.27 mmol/L	(No range available)
16-Dec-2025	Examination	Corrected serum calcium level:		
16-Dec-2025	Examination	Corrected serum calcium level	2.23 mmol/L	(Range: 2.2 - 2.6)
16-Dec-2025	Examination	Serum chloride:		
16-Dec-2025	Examination	Serum chloride	103 mmol/L	(Range: 95 - 108)
16-Dec-2025	Examination	Serum total cholesterol level:		
16-Dec-2025	Examination	Serum total cholesterol level	5.8 mmol/L	(No range available)
16-Dec-2025	Examination	Serum creatinine:		
16-Dec-2025	Examination	Serum creatinine	81 umol/L	(Range: 59 - 104)
16-Dec-2025	Examination	Serum gamma-glutamyl transferase level:		
16-Dec-2025	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L: Abnormal	85 U/L	(No range available)
16-Dec-2025	Examination	Serum HDL cholesterol level:		
16-Dec-2025	Examination	Serum HDL cholesterol level	0.9 mmol/L	(No range available)
16-Dec-2025	Examination	Serum LDL cholesterol level:		
16-Dec-2025	Examination	Serum LDL cholesterol level Trig too high to calc LDL:	mmol/L	(No range available)
16-Dec-2025	Examination	Serum non high density lipoprotein cholesterol level:		
16-Dec-2025	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -:	4.9 mmol/L	(No range available)
16-Dec-2025	Examination	Serum inorganic phosphate:		
16-Dec-2025	Examination	Serum inorganic phosphate	1.12 mmol/L	(Range: 0.8 - 1.5)
16-Dec-2025	Examination	Serum potassium:		
16-Dec-2025	Examination	Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
16-Dec-2025	Examination	Serum sodium:		
16-Dec-2025	Examination	Serum sodium	138 mmol/L	(Range: 133 - 146)
16-Dec-2025	Examination	Serum total protein:		
16-Dec-2025	Examination	Serum total protein	72 g/L	(Range: 60 - 80)
16-Dec-2025	Examination	Serum triglycerides:		
16-Dec-2025	Examination	Serum triglycerides	6.74 mmol/L	(No range available)
16-Dec-2025	Examination	Serum urea level:		
16-Dec-2025	Examination	Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
16-Dec-2025	Examination	Serum lipids: See national guidance (SIGN, NICE) for lipid treatment targets.:		
16-Dec-2025	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
16-Dec-2025	Examination	Bone profile: <none>		
16-Dec-2025	Examination	Bone profile <none>		(No range available)
16-Dec-2025	Examination	Liver function test: <none>		
16-Dec-2025	Examination	Liver function test <none>		(No range available)
16-Dec-2025	Examination	Urea and electrolytes: <none>		
16-Dec-2025	Examination	Urea and electrolytes <none>		(No range available)
16-Dec-2025	Examination	Biochemical test: <none>		
16-Dec-2025	Examination	Biochemical test <none>		(No range available)
16-Dec-2025	Examination	Biochemical test: -		
16-Dec-2025	Examination	Biochemical test -		(No range available)
16-Dec-2025	Examination	Lipid level: -		
16-Dec-2025	Examination	Lipid level -	mmol/L	(No range available)
16-Dec-2025	Examination	Haemolysis screening test: -		
16-Dec-2025	Examination	Haemolysis screening test -		(No range available)
16-Dec-2025	Examination	GFR calculated abbreviated MDRD: GFR calculated abbreviatd MDRD - ml/min/1.73m2:	60 mL/min	(Range: 60 - 140)
16-Dec-2025	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	

16-Dec-2025 Miss Catalina Male Other

Examination	Urine dipstick test	acr sent	
Examination	O/E - pulse rate		62 bpm
Examination	O/E - blood pressure reading	150/100 will do 1/52 home bp. pt is	149 / 98 mm Hg
	working offshore and he will be back home 20 Jan 2026		
Diagnosis (P3)	Hypertension screen		
Examination	O/E - weight		93 Kg
Examination	Body Mass Index		29.3
Examination	Urine dipstick test	acr sent:	
	Urine dipstick test	acr sent	(No range available)

15-Dec-2025 Mrs Jenny Milne Other**09-Dec-2025 Miss Rianna Wemyss Administration**

Administration (P3)	Coronary heart disease monitoring 1st letter	CARDIAC REVIEW.doc
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09-Dec-2025 Miss Rianna Wemyss Administration

Administration	Scanned Document	
	Clinical Letter : CHD monitoring 1st letter	

26-Nov-2025 Miss Rianna Wemyss Administration

Administration (P3)	Hypertens.monitor.1st letter	HYPERTENSION REVIEW.doc
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26-Nov-2025 Miss Rianna Wemyss Administration

Administration	Scanned Document	
	Clinical Letter : Hypertens.monitor.1st letter	

20-Oct-2025 Mrs Esther Milne Other**01-Sept-2025 Ms Bernice Leitch Third Party Consultation**

30-Aug-2025	Administration (P3)	OOH report	Unscheduled Care Report Grampian Medical Emergency Department (GMED) Out of Hours
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01-Sept-2025 Ms Bernice Leitch Administration

30-Aug-2025	Diagnosis (P1)	Vertiginous syndromes, other disorders of vestibular system	
		Labyrinthitis	

25-Aug-2025 Mrs Jenny Milne Other**08-July-2025 Dr Rajan Gupta Results recording**

07-July-2025	Examination	BCSP faecal occult blood test normal	No action required	
07-July-2025	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

26-Jun-2025 Mrs Michelle Smith Other**06-May-2025 Ms Ann Garnett Repeat Issue****11-Mar-2025 Miss Suzanne Cheyne Repeat Issue****05-Mar-2025 Miss Michaela Harley Medicine Management**

Administration (P3)	Administration NOS - MHspecial request candesartanreauth and issued - recall in place
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04-Mar-2025 Miss Ellie Mitchell Other**19-Nov-2024 Data Transferred from other system**

Intervention	Administration of first inactivated seasonal influenza vacc	FLU - Seqirus UK (Shire: Garioch Vaccination Centre)
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19-Nov-2024 Data Transferred from other system

Intervention	Administration of first dose of SARS-CoV-2 vaccine	C-19 Moderna (Shire: Garioch Vaccination Centre)
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13-Nov-2024 Dr Ahmed Selim Other**13-Nov-2024 Mrs Agnes Morah Other**

Administration (P3)	Well man monitoring admin.	Worsening statement given =Yes CN
	Lead=A.S	
Administration (P3)	Well man monitoring admin.	Any other information =Pain passing urine, frequent urination, Had a UTI abt 8 weeks ago. Was on antibiotics which helped outcome of call=CN Lead to action
Administration (P3)	Well man monitoring admin.	Duration =1-2 weeks Urinary symptoms=Yes New lump or swelling=No

25-Sept-2024 Mrs Linda Emslie Other

02-Aug-2024 Dr Ibinabo Lawson-Jack Other

Diagnosis (P3) Patient reviewed Duty Tel- Completed 7-day course of trimethoprim yesterday- LUTS resolved, however abd still a bit sore- Urine appears normal- nil lethargy/fatigueInvestigations:- Urine culture: E. coli, sensitive to trimethoprimPlan:- Unable to make it to the surgery before 6pm- Off to the rig on Monday- Monitor symptoms over weekend- If worsening: contact out-of-hours service- If improving but still symptomatic: to be seen by rig doctor- Advise to inform rig doctor on the rig of E. coli UTI, trimethoprim sensitivity, and previous 7-day courseUnable to issue prescription today due to:- Patient unavailable for examination before surgery closes and surgery would be closed over the weekendFollow-up:- Patient to seek medical attention as needed during upcoming work trip

29-July-2024 Mrs Aileen Mutton Results recording

26- Examination Urine microscopy <none>
July-2024

26- Examination Urine examination
July-2024

26- Examination Urine microscopy: pus cells 42 /uL
July-2024

26- Examination Urine microscopy: red cells 8 /uL
July-2024

26- Examination Epithelial cell count 1 /uL
July-2024

26- Examination Urinary microscopy, culture and sensitivities Urine Culture >10⁵ cfu/ml of Escherichia coli isolated @Refer to the increased dosage guidance on the intranet <https://tinyurl.com/55uhyzhf>Increased dose required@ : Temocillin. Sensitive : Amoxicillin,Co-amoxiclav,Aztreonam,Ciprofloxacin,Cotrimoxazole,Cephalexin,Gentamicin,Nitrofurantoin,Pivmecillinam,Trimethoprim.For appropriate dosing of antibiotics when treatingUTI please refer to the most recent version of the BNF. See Management of suspected bacterial urinary tractinfection in adults, Scottish IntercollegiateGuidelines Network(SIGN), ISBN 978 1 905813889(<https://www.sign.ac.uk/assets/sign88.pdf>)<http://nhsgintranet.grampian.scot.nhs.uk/apps/news/Lists/corporate%20News/DispForm.aspx?ID=3460>; Urinary MC&S

26- Examination Urine microscopy<none>:
July-2024 Urine microscopy <none> (No range available)

26- Examination Urine examination:
July-2024 Urine examination (No range available)

26- Examination Urine microscopy: pus cells: Abnormal
July-2024 Urine microscopy: pus cells 42 /uL (No range available)

26- Examination Urine microscopy: red cells:
July-2024 Urine microscopy: red cells 8 /uL (No range available)

26- Examination Epithelial cell count:
July-2024 Epithelial cell count 1 /uL (No range available)

26- Examination Urinary microscopy, culture and sensitivitiesUrine Culture >10⁵ cfu/ml of Escherichia coli isolated @Refer to the increased dosage guidance on the intranet <https://tinyurl.com/55uhyzhf>Increased dose required@ : Temocillin. Sensitive : Amoxicillin,Co-amoxiclav,Aztreonam,Ciprofloxacin,Cotrimoxazole,Cephalexin,Gentamicin,Nitrofurantoin,Pivmecillinam,Trimethoprim.For appropriate dosing of antibiotics when treatingUTI please refer to the most recent version of the BNF. See Management of suspected bacterial urinary tractinfection in adults, Scottish IntercollegiateGuidelines Network(SIGN), ISBN 978 1 905813889(<https://www.sign.ac.uk/assets/sign88.pdf>)<http://nhsgintranet.grampian.scot.nhs.uk/apps/news/Lists/corporate%20News/DispForm.aspx?ID=3460>; Urinary MC&S:
July-2024 Urinary microscopy, culture and sensitivities Urine Culture >10⁵ cfu/ml of Escherichia coli isolated @Refer to the increased dosage guidance on the intranet <https://tinyurl.com/55uhyzhf>Increased dose required@ : Temocillin. Sensitive : Amoxicillin,Co-amoxiclav,Aztreonam,Ciprofloxacin,Cotrimoxazole,Cephalexin,Gentamicin,Nitrofurantoin,Pivmecillinam,Trimethoprim.For appropriate dosing of antibiotics when treatingUTI please refer to the most recent version of the BNF. See Management of suspected bacterial urinary tractinfection in adults, Scottish IntercollegiateGuidelines Network(SIGN), ISBN 978 1 905813889(<https://www.sign.ac.uk/assets/sign88.pdf>)<http://nhsgintranet.grampian.scot.nhs.uk/apps/news/Lists/corporate%20News/DispForm.aspx?ID=3460>; Urinary MC&S (No range available)

26-July-2024 Mrs Aileen Mutton Surgery consultation

Administration SMS text message sent to patient test
(P3)

Diagnosis (P3) Patient reviewed well looking/ upright gait. T 36.3SOU - leu +++, blood non haem trace.ABDO - soft,no distention, discomfort + over suprapubic area. no flank or renal angle pain.MSU sent. Abx as prescribed. WSG

26-July-2024 Mrs Aileen Mutton Triage

Administration Telephone triage encounter Triage call - 10 day hx of burning
(P3) pain on passing urine. pain lower abdomen. sweats first few nights - nil since/ no fever. no nausea/ vomiting. No STI concerns. No redness PU or discharge.F2F booked 1140 bring sou

18-July-2024 Miss Michaela Harley Medicine Management

Administration Administration NOS - MHSpecial request Atorvastatinreauthorised
(P3) and issued recall in place

17-July-2024 Mrs Caron Dawson Other**10-July-2024 Data Transferred from other system**

Intervention Pneumococcal vaccination PNEU - Pneumococcal Vaccine (Shire: Garioch Vaccination Centre)

13-Feb-2024 Miss Ann Matthew Repeat Issue

04-Jan-2024 Ms Angie Sim Administration

18-Dec-2023 Mrs Jenny Milne Administration

29-Nov-2023 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Seqirus UK (Shire: Garioch Vaccination Centre)

23-Oct-2023 Mrs Jenny Milne Administration

13-Oct-2023 Dr Helen Wong Administration

12-Oct-2023 Miss Rebecca Mitchell Third Party Consultation

10-Oct-2023 Administration (P3) Letter from consultant Clinical letter NHS Grampian Cardiology
Unknown

28-Aug-2023 Mrs Denise Conn Administration

21-Aug-2023 Mrs Caron Dawson Other

14-July-2023 Miss Suzanne Cheyne Other

14-July-2023 Dr J T Craig Results recording

13-July-2023 Examination BCSP faecal occult blood test normal No action required
13-July-2023 Examination BCSP faecal occult blood test normal No action required: **Negative**
BCSP faecal occult blood test normal No action required (No range available)

05-July-2023 Dr Gavin Stephen Surgery consultation

Administration (P3) Administration NOS appt with nurse to update fasting bloods in
FBC U&E LFT glc TFT and lipids and blood pressure

05-July-2023 Miss Kerry Dunn Other

04-July-2023 Miss Suzanne Cheyne Third Party Consultation

20-Jun-2023 Administration (P3) Letter from consultant Clinical letter NHS Grampian Cardiology
Unknown

23-May-2023 Miss Pauline Gibson Other

Administration (P3) Failed encounter tried house and mobile again, no answer and
generic voicemail. 5th attempt - will request letter sent

23-May-2023 Mrs Fiona McGillivray Other

Administration (P3) Failed encounter tried to phone to advice of prescription

22-May-2023 Mrs Fiona McGillivray Other

Administration (P3) Failed encounter tried to phone to advice of prescription no
answer on mobile engaged on house phone will try again
Administration (P3) Failed encounter tried house phone again no answer to advice of
prescription

22-May-2023 Miss Pauline Gibson Other

Administration (P3) Failed encounter tried to phone patient to advise of script - no
answer on home or mobile number

19-May-2023 Mrs Fiona McGillivray Other

Administration (P3) Outpatient clinic letter received Clinic letter from radiology. asking
if can prescribe 3 doses of bisoprolol 2.5mg to start two days prior
to CT coronary angiogram and continued until the day of the
procedure. have added on to acute

19-May-2023 Miss Ann Matthew Third Party Consultation

18-May-2023 Administration (P3) Letter from consultant Misc ARI (ARI) Mammography

09-May-2023 Mrs Michelle Smith Other

04-May-2023 Dr Scott Houston Other

Diagnosis (P3) Patient reviewed had appt with cardio. asked to start nitrate/
agreed. bp around 130/85 at home. prev headache with spray in
past. agreed slow and wean up if ok. r/v with response. wsgagreed
fasting chol test ?needs another agent.

28-Apr-2023 Miss Ann Matthew Third Party Consultation

26-Apr-2023 Administration (P3) Letter from consultant Clinical letter NHS Grampian Cardiology
Unknown

20-Apr-2023 Dr Helen Wong Administration

19-Apr-2023 Miss Rebecca Mitchell Third Party Consultation

01-Mar-2023 Administration (P3) Letter from consultant Clinical letter NHS Grampian Trauma and Orthopaedic Surgery Unknown

23-Mar-2023 Miss Ann Matthew Third Party Consultation

Administration (P3) Administration Clinical Letter Woodend Orthopaedics

08-Mar-2023 Miss Rebecca Mitchell Other

08-Mar-2023 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS Candesartan request - reauthorising - hypertension review done Sept 22 & BP also checked Oct 22.

12-Jan-2023 Dr David Wandless Telephone call to a patient

Administration (P3) SMS text message sent to patient
<https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/erectile-dysfunction-impotence>
 Administration (P3) Telephone encounter - DRWED - Sildenafil caused headache, switched to Tadalafil. Explained Chest pain clinic referral and pre-risk score higher with FH and Hypertension. Explained PGEs in general associated with increased cardiac risk - and how much higher that is than the ASSIGN tells us is "still currently unclear". Still gets morning erections which is reassuring, no neuromuscular issues, no prostatic issues, bloods/BP ok. Probably ARB +/- Psychosomatic related ED. Christopher opted against PGE meds risk for now till we see what Cardiology think - then can reassess

09-Jan-2023 Mrs Linda Emslie Other

30-Nov-2022 Mrs Denise Conn Administration

15-Nov-2022 Diagnosis (P1) Plantar fascial fibromatosis

30-Nov-2022 Mrs Sarah-Jane Smith Third Party Consultation

15-Nov-2022 Administration (P3) Letter from consultant Letter to patient NHS Grampian Trauma and Orthopaedic Surgery Unknown

29-Nov-2022 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS Tadalafil request - issuing further letter as per DRW.

17-Nov-2022 Mrs Donna Gray Other

16-Nov-2022 Mrs Dawn Swift Administration

15-Nov-2022 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS Tadalafil request - as per DRW requesting rings for GP review.

14-Nov-2022 Miss Ann Matthew Repeat Issue

10-Nov-2022 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Seqirus UK (Shire: Garioch Vaccination Centre)

10-Nov-2022 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Shire: Garioch Vaccination Centre)

09-Nov-2022 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS DRW to review tadalafil request.
 Administration (P3) Failed encounter - DRW Tadalafil repeat request. Caution in Cardiac disease - unanswered questions there and no clear counselling in notes. Tried to call at 13:45 - no answer. Generic message left to discuss before "medication reissued"

09-Nov-2022 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS In notes to review.

31-Oct-2022 Miss Kirsteen Mcleish Other

Administration Scanned Document
 SCI Referral Letter :

28-Oct-2022 Dr Russell McInnes Other

Examination	O/E - blood pressure reading	128 / 82 mm Hg
Intervention	Angina pectoris . Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr ***** McInnes; Reason: Angina pectoris	
Examination	H/O: drug allergy	
Administration (P3)	Consultation F2F in covid.SOU neg HS pure. Has a numb L small finger and axillary pain neck movements make no difference. Long history of exertional chest pain.Very strong FH of IHD and premature death.Also has ED. Refer urgently to chest pain clinic.	
Diagnosis (P3)	Angina pectoris	
Diagnosis	Angina pectoris	
Examination	H/O: drug allergy	

27-Oct-2022 Dr Russell McInnes Other

Administration (P3)	Telephone encounter In covid. Spoke to ***** Just back from sea. Works on supply boats. Been getting numbness in L arm small and ring finger. Breathless.Used to get GTN.Horrendous FH. Also suffers from ED.F2F tomorrow.	
Examination	Ex smoker	// cigarettes / cigars / tobacco

30-Sept-2022 Mrs Karen Barclay Other

Administration (P3)	Administration NOS pt called in-recieved letter to arrange consult-said would call when gets home from off shore-kb
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27-Sept-2022 Mrs Jenny Milne Administration**26-Sept-2022 Dr Gavin Stephen Administration**

Diagnosis	Assessing cardiovascular risk using SIGN score
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24-Sept-2022 Dr Gavin Stephen Results recording

22-Sept-2022	Examination	Serum albumin	43 g/L	
22-Sept-2022	Examination	Serum alkaline phosphatase U/L	74 U/L	
22-Sept-2022	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	31 U/L	
22-Sept-2022	Examination	Serum total bilirubin level	8 umol/L	
22-Sept-2022	Examination	Serum chloride	103 mmol/L	
22-Sept-2022	Examination	Serum total cholesterol level	6 mmol/L	
22-Sept-2022	Examination	Serum creatinine	75 umol/L	
22-Sept-2022	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	77 U/L	
22-Sept-2022	Examination	Serum HDL cholesterol level	1 mmol/L	
22-Sept-2022	Examination	Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	
22-Sept-2022	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5 mmol/L	
22-Sept-2022	Examination	Serum potassium	4.3 mmol/L	
22-Sept-2022	Examination	Serum sodium	137 mmol/L	
22-Sept-2022	Examination	Serum triglycerides	7.46 mmol/L	
22-Sept-2022	Examination	Serum TSH level mU/L	0.83 mU/L	
22-Sept-2022	Examination	Serum urea level	4.4 mmol/L	
22-Sept-2022	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
22-Sept-2022	Examination	Liver function test New serum Albumin assay implemented 08/08/22		
22-Sept-2022	Examination	Thyroid function test <none>		
22-Sept-2022	Examination	Urea and electrolytes <none>		
22-Sept-2022	Examination	Biochemical test <none>		
22-Sept-2022	Examination	Biochemical test -		
22-Sept-2022	Examination	Serum free T4 level	13.7 pmol/L	
22-Sept-2022	Examination	Lipid level -	mmol/L	
22-Sept-2022	Examination	Haemolysis screening test -		
22-Sept-2022	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
22-Sept-2022	Examination	Serum albumin:		
22-Sept-2022	Examination	Serum albumin	43 g/L	(Range: 35 - 50)
22-Sept-2022	Examination	Serum alkaline phosphatase U/L:		
22-Sept-2022	Examination	Serum alkaline phosphatase U/L	74 U/L	(Range: 30 - 130)
22-Sept-2022	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
22-Sept-2022	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	31 U/L	(Range: 5 - 55)
22-Sept-2022	Examination	Serum total bilirubin level:		
22-Sept-2022	Examination	Serum total bilirubin level	8 umol/L	(No range available)
22-Sept-2022	Examination	Serum chloride:		
22-Sept-2022	Examination	Serum chloride	103 mmol/L	(Range: 95 - 108)
22-Sept-2022	Examination	Serum total cholesterol level:		
22-Sept-2022	Examination	Serum total cholesterol level	6 mmol/L	(No range available)
22-Sept-2022	Examination	Serum creatinine:		
22-Sept-2022	Examination	Serum creatinine	75 umol/L	(Range: 59 - 104)
22-Sept-2022	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L: Abnormal		
22-Sept-2022	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	77 U/L	(No range available)
22-Sept-2022	Examination	Serum HDL cholesterol level:		
22-Sept-2022	Examination	Serum HDL cholesterol level	1 mmol/L	(No range available)
22-Sept-2022	Examination	Serum LDL cholesterol level Trig too high to calc LDL:		
22-Sept-2022	Examination	Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	(No range available)
22-Sept-2022	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -:		
22-Sept-2022	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5 mmol/L	(No range available)
22-Sept-2022	Examination	Serum potassium:		
22-Sept-2022	Examination	Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
22-Sept-2022	Examination	Serum sodium:		
22-Sept-2022	Examination	Serum sodium	137 mmol/L	(Range: 133 - 146)
22-Sept-2022	Examination	Serum triglycerides:		
22-Sept-2022	Examination	Serum triglycerides	7.46 mmol/L	(No range available)
22-Sept-2022	Examination	Serum TSH level mU/L:		
22-Sept-2022	Examination	Serum TSH level mU/L	0.83 mU/L	(Range: 0.35 - 4.94)
22-Sept-2022	Examination	Serum urea level:		
22-Sept-2022	Examination	Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
22-Sept-2022	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.:		
22-Sept-2022	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
22-Sept-2022	Examination	Liver function test New serum Albumin assay implemented 08/08/22:		
22-Sept-2022	Examination	Liver function test New serum Albumin assay implemented 08/08/22		(No range available)
22-Sept-2022	Examination	Thyroid function test <none>:		
22-Sept-2022	Examination	Thyroid function test <none>		(No range available)
22-Sept-2022	Examination	Urea and electrolytes <none>:		
22-Sept-2022	Examination	Urea and electrolytes <none>		(No range available)
22-Sept-2022	Examination	Biochemical test <none>:		
22-Sept-2022	Examination	Biochemical test <none>		(No range available)
22-Sept-2022	Examination	Biochemical test -:		
22-Sept-2022	Examination	Biochemical test -		(No range available)
22-Sept-2022	Examination	Serum free T4 level:		
22-Sept-2022	Examination	Serum free T4 level	13.7 pmol/L	(Range: 8 - 19.1)
22-Sept-2022	Examination	Lipid level -:		
22-Sept-2022	Examination	Lipid level -	mmol/L	(No range available)
22-Sept-2022	Examination	Haemolysis screening test -:		
22-Sept-2022	Examination	Haemolysis screening test -		(No range available)
22-Sept-2022	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2:		
22-Sept-2022	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

23-Sept-2022 Dr Gavin Stephen Results recording

22-Sept-2022	Examination	Plasma glucose level	4.8 mmol/L	
22-Sept-2022	Examination	Plasma glucose level:		
22-Sept-2022	Examination	Plasma glucose level	4.8 mmol/L	(Range: 3.7 - 6)

23-Sept-2022 Dr Gavin Stephen Results recording

22-Sept-2022	Examination	Eosinophil count x10 ⁹ /l	0.14 10 ⁹ /L	
22-Sept-2022	Examination	Haemoglobin estimation g/l	148 g/L	
22-Sept-2022	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
22-Sept-2022	Examination	Mean corpuscular volume (MCV) fl	92 fl	
22-Sept-2022	Examination	Monocyte count x10 ⁹ /l	0.8 10 ⁹ /L	
22-Sept-2022	Examination	Neutrophil count x10 ⁹ /l	5.3 10 ⁹ /L	
22-Sept-2022	Examination	Platelet count x10 ⁹ /l	214 10 ⁹ /L	
22-Sept-2022	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	
22-Sept-2022	Examination	Total white cell count x10 ⁹ /l	7.6 10 ⁹ /L	
22-Sept-2022	Examination	Lymphocyte count x10 ⁹ /l	1.3 10 ⁹ /L	
22-Sept-2022	Examination	Full blood count - FBC <none>		
22-Sept-2022	Examination	Haematocrit - PCV l/l	0.45 L/L	
22-Sept-2022	Examination	Basophil count x10 ⁹ /l	0.09 10 ⁹ /L	
22-Sept-2022	Examination	Eosinophil count x10 ⁹ /l:		
22-Sept-2022	Examination	Eosinophil count x10 ⁹ /l	0.14 10 ⁹ /L	(Range: 0.1 - 0.5)
22-Sept-2022	Examination	Haemoglobin estimation g/l:		
22-Sept-2022	Examination	Haemoglobin estimation g/l	148 g/L	(Range: 140 - 180)
22-Sept-2022	Examination	Mean corpusc. haemoglobin(MCH):		
22-Sept-2022	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
22-Sept-2022	Examination	Mean corpuscular volume (MCV)fl:		
22-Sept-2022	Examination	Mean corpuscular volume (MCV) fl	92 fl	(Range: 83 - 98)
22-Sept-2022	Examination	Monocyte count x10 ⁹ /l:		
22-Sept-2022	Examination	Monocyte count x10 ⁹ /l	0.8 10 ⁹ /L	(Range: 0.2 - 0.8)
22-Sept-2022	Examination	Neutrophil count x10 ⁹ /l:		
22-Sept-2022	Examination	Neutrophil count x10 ⁹ /l	5.3 10 ⁹ /L	(Range: 1.5 - 7)
22-Sept-2022	Examination	Platelet count x10 ⁹ /l:		
22-Sept-2022	Examination	Platelet count x10 ⁹ /l	214 10 ⁹ /L	(Range: 140 - 400)
22-Sept-2022	Examination	Red blood cell (RBC) count x10 ¹² /l:		
22-Sept-2022	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	(Range: 5 - 6)
22-Sept-2022	Examination	Total white cell count x10 ⁹ /l:		
22-Sept-2022	Examination	Total white cell count x10 ⁹ /l	7.6 10 ⁹ /L	(Range: 4 - 10)
22-Sept-2022	Examination	Lymphocyte count x10 ⁹ /l:		
22-Sept-2022	Examination	Lymphocyte count x10 ⁹ /l	1.3 10 ⁹ /L	(Range: 1 - 4)
22-Sept-2022	Examination	Full blood count - FBC <none>:		
22-Sept-2022	Examination	Full blood count - FBC <none>		(No range available)
22-Sept-2022	Examination	Haematocrit - PCV l/l:		
22-Sept-2022	Examination	Haematocrit - PCV l/l	0.45 L/L	(Range: 0.42 - 0.54)
22-Sept-2022	Examination	Basophil count x10 ⁹ /l:		
22-Sept-2022	Examination	Basophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.01 - 0.1)

22-Sept-2022 Ms Julie Thomson Clinic

Symptom	Diet good Appetite good. Eats a varied balanced diet.	
Symptom	Exercise grading Swims and cycles. Works on a vessel, very active job	
Examination	O/E - pulse rate Regular	72 bpm
Examination	O/E - blood pressure reading	132 / 78 mm Hg
Diagnosis (P3)	Hypertension annual review	
Examination	Ex smoker Stopped smoking approx 26 years ago	// cigarettes / cigars / tobacco
Examination	Alcohol consumption screen Social occasions only.	units per week
Examination	O/E - weight	93.2 Kg
Examination	Body Mass Index	29.4
Examination	O/E - height	1.78 m

22-Sept-2022 Mrs Donna Gray Other

16-Sept-2022 Ms Angie Sim Administration

02-Sept-2022 Ms Angie Sim Administration

12-Aug-2022 Mrs Denise Conn Administration

11-Aug-2022 Diagnosis (P1) Dupuytren's contracture

12-Aug-2022 Mrs Denise Conn Third Party Consultation

11-Aug-2022 Administration (P3) Letter from consultant Letter to patient NHS Grampian Trauma and Orthopaedic Surgery Unknown

29-July-2022 Ms Angie Sim Third Party Consultation

31-May-2022 Administration (P3) Administration Clinical letter NHS Grampian Trauma and Orthopaedic Surgery Unknown

28-July-2022 Ms Angie Sim Administration

27-July-2022 Diagnosis (P3) Hypertension annual review

27-July-2022 Mrs Jennifer Cooper Medicine Management

Administration (P3) Administration NOS Specials request for reauthorisation of candesartan - will request added to hypertension register for review in due course. Us&Es in range when checked Aug 2021.

Diagnosis (P1) Essential hypertension

Diagnosis Essential hypertension

26-July-2022 Miss Kerry Dunn Other

06-Jun-2022 Miss Kerry Dunn Other

23-Mar-2022 Dr Joy Ngai Referral Letter

Administration Scanned Document
SCI Referral Letter :

23-Mar-2022 Dr Joy Ngai Surgery consultation

Intervention Dupuytren's contracture . *Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr Joy Ngai; Reason: Dupuytren's contracture*
Administration Consultation brought in for review Dupuytren's disease bilateral
(P3) hands, not limiting movement palpable lumps to sole of right foot - painful to walk on palpable thick cord to sole of left foot diagnosis discussed, non-smoker, occasional alcohol, plasma glucose NAD August 2021 PIL given for Dupuytren's disease will refer to orthopaedics for right foot

22-Mar-2022 Dr Joy Ngai Telephone call to a patient

Administration Telephone encounter hard lumps to both hands & feet hands
(P3) asymptomatic, painful to walk on feet ongoing for 4-5 months difficulty to appreciate on photos TCI for exam

22-Mar-2022 Miss Ann Matthew Third Party Consultation

Administration Administration Administration Letter Photo 4 of 5 Photograph
(P3)

22-Mar-2022 Miss Ann Matthew Third Party Consultation

Administration Administration Administration Letter photo 5 of 5 Photograph
(P3)

22-Mar-2022 Miss Ann Matthew Third Party Consultation

Administration Administration Administration Letter Photo 2 of 5 Photograph
(P3)

22-Mar-2022 Miss Ann Matthew Third Party Consultation

Administration Administration Administration Letter Photo 3 of 5 Photograph
(P3)

22-Mar-2022 Miss Ann Matthew Third Party Consultation

Administration Administration Administration Letter Photo 1 of 5 Photograph
(P3)

15-Feb-2022 Miss Ann Matthew Repeat Issue**31-Jan-2022 Mrs Jennifer Cooper Medicine Management**

Administration Medication review Aspirin and high dose statin as per 28/02/17
Cardiology clinic letter - evidence of minor plaque on CT but no obstructive coronary pathology. Hypertension - candesartan Bloods checked August 2021 but BP last checked 2020 - will request booked in for bloods (FBC, Us&Es, LFTs, lipids) & BP check.

15-Dec-2021 Miss Rebecca Mitchell Other**06-Dec-2021 Data Transferred from other system**

Intervention Administration of first inactivated seasonal influenza vacc FLU - Flucelvax Tetra (QIVc) (Shire: Garioch Vaccination
(P3) Centre)

06-Dec-2021 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Pfizer (Shire: Garioch Vaccination Centre)

06-Dec-2021 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2
(P3) MAINT C-19 Booster Pfizer (L Stirk)

21-Oct-2021 Ms Angie Sim Administration**08-Sept-2021 Mrs Karen Barclay Other****31-Aug-2021 Mrs Karen Barclay Other**

Administration Administration NOS Tried to call pt 17.36- FYC does not have
(P3) candesartan 8mg in stock but OMC does-awaiting pt to call back to confirm where to send script-kb

31-Aug-2021 Dr K M Cheesman Telephone call to a patient

Administration Telephone encounter KMC called to discuss BP plan - see
(P3) message from Aileen. Happy to start candesartan 8mg. I have sent to FYCH tonight so he can start before going to work on off-shore boat in 2 days time. He will monitor BP with his own monitor while away.

31-Aug-2021 Mrs Aileen Mutton Administration

Intervention Medication started home BP recording borderline - discussed with
(P3) Dr WM - start Ca

31-Aug-2021 Mrs Donna Gray Other

Administration (P3) Administration NOS ***** called for any info on bp readings that were received - advised to call back tomorrow afternoon - ***** going to be working away and would like to start any meds that may be needed - DMG

30-Aug-2021 Miss Ann Matthew Administration

Administration (P3) Administration NOS Checking to see if BP readings had beenseen. Filed to KMC AG

30-Aug-2021 Mrs Sarah-Jane Smith Repeat Issue**26-Aug-2021 Mrs Karen Barclay Other**

Administration (P3) Administration NOS Results given-kb

26-Aug-2021 Mrs Karen Barclay Third Party Consultation

Administration (P3) Administration Results HOME Blood Pressure Readings

THIRD PARTY COPY

20-Aug-2021 Mrs Aileen Mutten Results recording

19-Aug-2021	Examination	Serum albumin	44 g/L	
19-Aug-2021	Examination	Serum alkaline phosphatase U/L	94 U/L	
19-Aug-2021	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	30 U/L	
19-Aug-2021	Examination	Serum total bilirubin level	13 umol/L	
19-Aug-2021	Examination	Serum chloride	100 mmol/L	
19-Aug-2021	Examination	Serum total cholesterol level	6.3 mmol/L	
19-Aug-2021	Examination	Serum creatinine	79 umol/L	
19-Aug-2021	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	73 U/L	
19-Aug-2021	Examination	Serum HDL cholesterol level	1.1 mmol/L	
19-Aug-2021	Examination	Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	
19-Aug-2021	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5.2 mmol/L	
19-Aug-2021	Examination	Serum potassium	4.1 mmol/L	
19-Aug-2021	Examination	Serum sodium	139 mmol/L	
19-Aug-2021	Examination	Serum triglycerides	7.58 mmol/L	
19-Aug-2021	Examination	Serum urea level	4.8 mmol/L	
19-Aug-2021	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
19-Aug-2021	Examination	Liver function test <none>		
19-Aug-2021	Examination	Urea and electrolytes <none>		
19-Aug-2021	Examination	Serum C reactive protein level	2 mg/L	
19-Aug-2021	Examination	Biochemical test <none>		
19-Aug-2021	Examination	Biochemical test -		
19-Aug-2021	Examination	Lipid level -	mmol/L	
19-Aug-2021	Examination	Haemolysis screening test -		
19-Aug-2021	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
19-Aug-2021	Examination	Serum albumin:		
19-Aug-2021	Examination	Serum albumin	44 g/L	(Range: 35 - 50)
19-Aug-2021	Examination	Serum alkaline phosphatase U/L:		
19-Aug-2021	Examination	Serum alkaline phosphatase U/L	94 U/L	(Range: 30 - 130)
19-Aug-2021	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
19-Aug-2021	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	30 U/L	(Range: 5 - 55)
19-Aug-2021	Examination	Serum total bilirubin level:		
19-Aug-2021	Examination	Serum total bilirubin level	13 umol/L	(No range available)
19-Aug-2021	Examination	Serum chloride:		
19-Aug-2021	Examination	Serum chloride	100 mmol/L	(Range: 95 - 108)
19-Aug-2021	Examination	Serum total cholesterol level:		
19-Aug-2021	Examination	Serum total cholesterol level	6.3 mmol/L	(No range available)
19-Aug-2021	Examination	Serum creatinine:		
19-Aug-2021	Examination	Serum creatinine	79 umol/L	(Range: 59 - 104)
19-Aug-2021	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L: Abnormal		
19-Aug-2021	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	73 U/L	(Range: 11 - 59)
19-Aug-2021	Examination	Serum HDL cholesterol level:		
19-Aug-2021	Examination	Serum HDL cholesterol level	1.1 mmol/L	(No range available)
19-Aug-2021	Examination	Serum LDL cholesterol level Trig too high to calc LDL:		
19-Aug-2021	Examination	Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	(No range available)
19-Aug-2021	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -:		
19-Aug-2021	Examination	Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5.2 mmol/L	(No range available)
19-Aug-2021	Examination	Serum potassium:		
19-Aug-2021	Examination	Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
19-Aug-2021	Examination	Serum sodium:		
19-Aug-2021	Examination	Serum sodium	139 mmol/L	(Range: 133 - 146)
19-Aug-2021	Examination	Serum triglycerides:		
19-Aug-2021	Examination	Serum triglycerides	7.58 mmol/L	(No range available)
19-Aug-2021	Examination	Serum urea level:		
19-Aug-2021	Examination	Serum urea level	4.8 mmol/L	(Range: 2.5 - 7.8)
19-Aug-2021	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.:		
19-Aug-2021	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
19-Aug-2021	Examination	Liver function test <none>:		
19-Aug-2021	Examination	Liver function test <none>		(No range available)
19-Aug-2021	Examination	Urea and electrolytes <none>:		
19-Aug-2021	Examination	Urea and electrolytes <none>		(No range available)
19-Aug-2021	Examination	Serum C reactive protein level:		
19-Aug-2021	Examination	Serum C reactive protein level	2 mg/L	(No range available)
19-Aug-2021	Examination	Biochemical test <none>:		
19-Aug-2021	Examination	Biochemical test <none>		(No range available)
19-Aug-2021	Examination	Biochemical test:		
19-Aug-2021	Examination	Biochemical test -		(No range available)
19-Aug-2021	Examination	Lipid level:		
19-Aug-2021	Examination	Lipid level -	mmol/L	(No range available)
19-Aug-2021	Examination	Haemolysis screening test:		
19-Aug-2021	Examination	Haemolysis screening test -		(No range available)
19-Aug-2021	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2:		
19-Aug-2021	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

20-Aug-2021 Mrs Aileen Mutten Results recording

19-Aug-2021	Examination	Plasma glucose level	5.4 mmol/L	
19-Aug-2021	Examination	Plasma glucose level:		
19-Aug-2021	Examination	Plasma glucose level	5.4 mmol/L	(Range: 3.7 - 6)

20-Aug-2021 Mrs Aileen Mutten Results recording

19-Aug-2021	Examination	Eosinophil count x10 ⁹ /l	0.16 10 ⁹ /L	
19-Aug-2021	Examination	Haemoglobin estimation g/l	159 g/L	
19-Aug-2021	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
19-Aug-2021	Examination	Mean corpuscular volume (MCV) fl	91 fL	
19-Aug-2021	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	
19-Aug-2021	Examination	Neutrophil count x10 ⁹ /l	4.1 10 ⁹ /L	
19-Aug-2021	Examination	Platelet count x10 ⁹ /l	216 10 ⁹ /L	
19-Aug-2021	Examination	Red blood cell (RBC) count x10 ¹² /l	5.3 10 ¹² /L	
19-Aug-2021	Examination	Total white cell count x10 ⁹ /l	5.9 10 ⁹ /L	
19-Aug-2021	Examination	Lymphocyte count x10 ⁹ /l	1.1 10 ⁹ /L	
19-Aug-2021	Examination	Full blood count - FBC <none>		
19-Aug-2021	Examination	Haematocrit - PCV l/l	0.48 L/L	
19-Aug-2021	Examination	Basophil count x10 ⁹ /l	0.05 10 ⁹ /L	
19-Aug-2021	Examination	Eosinophil count x10 ⁹ /l:		
19-Aug-2021	Examination	Eosinophil count x10 ⁹ /l	0.16 10 ⁹ /L	(Range: 0.1 - 0.5)
19-Aug-2021	Examination	Haemoglobin estimation g/l:		
19-Aug-2021	Examination	Haemoglobin estimation g/l	159 g/L	(Range: 140 - 180)
19-Aug-2021	Examination	Mean corpusc. haemoglobin(MCH):		
19-Aug-2021	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
19-Aug-2021	Examination	Mean corpuscular volume (MCV)fl:		
19-Aug-2021	Examination	Mean corpuscular volume (MCV) fl	91 fL	(Range: 83 - 98)
19-Aug-2021	Examination	Monocyte count x10 ⁹ /l:		
19-Aug-2021	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
19-Aug-2021	Examination	Neutrophil count x10 ⁹ /l:		
19-Aug-2021	Examination	Neutrophil count x10 ⁹ /l	4.1 10 ⁹ /L	(Range: 1.5 - 7)
19-Aug-2021	Examination	Platelet count x10 ⁹ /l:		
19-Aug-2021	Examination	Platelet count x10 ⁹ /l	216 10 ⁹ /L	(Range: 140 - 400)
19-Aug-2021	Examination	Red blood cell (RBC) count x10 ¹² /l:		
19-Aug-2021	Examination	Red blood cell (RBC) count x10 ¹² /l	5.3 10 ¹² /L	(Range: 5 - 6)
19-Aug-2021	Examination	Total white cell count x10 ⁹ /l:		
19-Aug-2021	Examination	Total white cell count x10 ⁹ /l	5.9 10 ⁹ /L	(Range: 4 - 10)
19-Aug-2021	Examination	Lymphocyte count x10 ⁹ /l:		
19-Aug-2021	Examination	Lymphocyte count x10 ⁹ /l	1.1 10 ⁹ /L	(Range: 1 - 4)
19-Aug-2021	Examination	Full blood count - FBC <none>:		
19-Aug-2021	Examination	Full blood count - FBC <none>		(No range available)
19-Aug-2021	Examination	Haematocrit - PCV l/l:		
19-Aug-2021	Examination	Haematocrit - PCV l/l	0.48 L/L	(Range: 0.42 - 0.54)
19-Aug-2021	Examination	Basophil count x10 ⁹ /l:		
19-Aug-2021	Examination	Basophil count x10 ⁹ /l	0.05 10 ⁹ /L	(Range: 0.01 - 0.1)

19-Aug-2021 Ms Kristine Duguid Surgery consultation

19-Aug-2021 Dr K M Cheesman Results recording

18-Aug-2021	Examination	BCSP faecal occult blood test normal	No action required	
18-Aug-2021	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

17-Aug-2021 Mrs Sarah-Jane Smith Third Party Consultation

Administration (P3)	Administration	Results FOMG ECG
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17-Aug-2021 Mrs Aileen Mutten Surgery consultation

Examination	ECG NSR - no acute changes	
Diagnosis (P3)	Patient reviewed - hx as per Dr WM - no hx of injury/ trauma - tingling is down the whole left arm into all fingers - describes if held arm above head feels like it goes dead on putting down to side feels feeling come back. no pain in neck. no white tips to fingers/ tells me no change to CRT.No reflux. pain no worse at night time.operated crane on ship.O/E - alert. good pallor.BP check - his machine 166/106/ surgery 159/104. tells me BP never this high. CHEST - clear and equal AE. no focal signs. HS I + II NAD. no raised JVP.ECG - NSR - no acute changes.Full ROM to shoulder/ neck - no painful arc/ -ve can test/ -ve push off test. no ROM gave pain/ discomfortReassurance pain not cardiac more likely nerve/ muscular - can access physio via work advised to do so.Form given to record BP at home for next week and booked for bloods as per ICE with PN - ? may have to start meds.WSG	
Examination	ECGNSR - no acute changes: Normal	
	ECG NSR - no acute changes	(No range available)

17-Aug-2021 Dr W Mouat Other

Administration (P3)	Telephone encounter 10/7 hx of L armpit/biceps pain radiating down arm. Some tingling in hand. Was aboard shipStrong Fam Hx cardiac disease. Similar episodes in past thought to be oesoph spasm and negative cardiac bnssee to assess sitn BP too high last night 161/108, 145/98 this morning
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09-Jun-2021 Dr L J Sharp Administration

08-Jun-2021 Miss Ann Matthew Repeat Issue

20-May-2021 Dr K M Cheesman Data Transferred from other system

Intervention	Admin sec dose SARS-CoV-2 vacc C-19 AstraZeneca (By R Lamberton)
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23-Mar-2021 Dr C Watson Surgery consultation

14-Mar-2021 Dr K M Cheesman Data Transferred from other system

Intervention	Admin first dse SARS-CoV-2 vac C-19 AstraZeneca (By C *****)
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03-July-2020 Dr Robert Lamberton Telephone call from a patient

Examination	O/E - blood pressure reading	130 / 84 mm Hg
Administration (P3)	Telephone encounter 8 weeks at sea, 2w ago awoke with acute onset vertigo and vomited x 1, no headache or visual upset, dizziness only persists on movement, never had before, well otherwise, trial betasine to settle, call if no better. off work for 8w now. BP fine on ship	

30-Apr-2020 Mrs Jennifer Cooper Medicine Management

Administration (P3)	Administration NOS Specials request for further supply of repeat items - due to COVID-19 needs enough to cover 8 weeks - note compliance with medication. Will issue one further month's supply - max NHS supply is 3 months.
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29-Apr-2020 Miss Beth Sharp Other**31-Dec-2019 Mrs Caroline Jamieson Medicine Management****13-Dec-2019 Mrs Denise Conn Administration****23-Aug-2019 Mrs Aileen Mutten Telephone call to a patient**

Intervention (P3)	Medication given unable to make appointment as car broken down - Seen by myself on the 14th and by Dr KC on the 19th - swab taken at that time but no view of TM to show if intact or not. Advised swab +ve oral treatment due to risk of perforation being present. Is going off shore shortly - advised 5 day course but if no cleared at this stage take full 7 days. Brief report given re swab results so medic can be advised if ongoing when away. Phoned script to FyvieWSG
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23-Aug-2019 Dr K M Cheesman Results recording

19-Aug-2019	Examination	Microbiology test Microbiological Examination Culture Profuse growth of Pseudomonas aeruginosa Intermediate : Aztreonam. Sensitive : Amikacin, Ciprofloxacin, Ceftazidime, Gentamicin, Tobramycin.
19-Aug-2019	Examination	Microbiology test Microbiological Examination Culture Profuse growth of Pseudomonas aeruginosa Intermediate : Aztreonam. Sensitive : Amikacin, Ciprofloxacin, Ceftazidime, Gentamicin, Tobramycin.: Microbiology test Microbiological Examination Culture Profuse growth of Pseudomonas aeruginosa Intermediate : Aztreonam. Sensitive : Amikacin, Ciprofloxacin, Ceftazidime, Gentamicin, Tobramycin. (No range available)

22-Aug-2019 Miss Mairi Thomson Administration**22-Aug-2019 Miss Mairi Thomson Administration****21-Aug-2019 Miss Mairi Thomson Administration****19-Aug-2019 Dr K M Cheesman Surgery consultation**

Administration (P3)	Consultation KMC Still c/o R earache. No probs while diving but pain started during flight home from Spain last week. Has had min clear discharge. No blood. C/o R earache, itch and muffled hearing. Able to autoinflate but does not help pain. Using paracetamol and ibuprofen. O/e - L ear - nad. R ear - canal slightly swollen, white/yellow discharge obscuring TM. Swab done. Plan - happy to use NSAIDs with PPI cover while waiting for swab result. Going back to work on ship in norwegian sector in 1 week.
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14-Aug-2019 Mrs Aileen Mutten Surgery consultation

Symptom (P3)	Earache symptoms Diving in open seas on Friday - increasing pain to right ear since Sunday and hearing reduced alot compared to his normal. Sharp pains at time. No discharge. O/E - Well looking Unable to see right TM at all due to very swollen canal with mild erythema. No free fluid noted. No redness to pinna or al abx ideally review in 4 weeks time to check TM etc but away off shore in 2 weeks time. Therefore I have placed in pre book slot to review with myself on the 23rd - if Christopher feels all is back to normal/ fine to cancel. WSG
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26-July-2019 Ms Angie Sim Administration

03-Jun-2019	Diagnosis (P1)	Head injury
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25-July-2019 Miss Mairi Thomson Third Party Consultation

04-Jun-2019	Administration (P3)	Letter from consultant Discharge ARI (ECC) - Accident AND Emergency
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25-Jun-2019 Miss Kerry Dunn Other**19-Jun-2019 Dr K M Cheesman Results recording**

18-Jun-2019	Examination	BCSP faecal occult blood test normal No action required
18-Jun-2019	Examination	BCSP faecal occult blood test normal No action required: Negative (No range available)
		BCSP faecal occult blood test normal No action required

01-May-2019 Mrs Esther Milne Other

06-Mar-2019 Dr K M Cheesman Results recording

05-Mar-2019 Administration No response to bowel cancer screening programme invitation (P3)

07-Jan-2019 Dr Gavin Stephen Surgery consultation

Administration Medication review se recent entries no changes
Administration Medication review se recent entries no changes

18-Dec-2018 Mrs Caroline Jamieson Medicine Management**13-Nov-2018 Mrs Esther Milne Other****13-Sept-2018 Mrs Valerie Cairns Third Party Consultation**

11-Sept-2018 Administration Letter from consultant Discharge ARI (ECC) - Medical Short Stay Unit (P3)

03-Sept-2018 Dr Ian Wilson Administration

Intervention Medication reconciliation - IW, IDL through after admission chest (P3) pain felt to be reflux. on omeprazole and gaviscon and restarted simvastatin - these already on repeat lists but not ordering. note GS suggested review appt with GTN order.

03-Sept-2018 Ms Angie Sim Administration

31-Aug-2018 Intervention Emergency hospital admission (P3)
31-Aug-2018 Symptom (P1) Chest pain

03-Sept-2018 Mrs Jenny Milne Third Party Consultation

31-Aug-2018 Administration Discharge summary Discharge/Summary Letter ARI General (P3) Medicine

31-Aug-2018 Dr Gavin Stephen Surgery consultation

Administration Telephone encounter GS1417 sepcials req for GTN spray I am (P3) not sure shy if for a back up emergency use I note only mild disease on CT angio tried calling pt no answer actioned appt GP to review

31-Aug-2018 Dr Gavin Stephen Medicine Management**31-Aug-2018 Miss Ann Matthew Third Party Consultation**

Administration Letter from consultant Unscheduled Care Report Grampian (P3) Medical Emergency Department (GMED) Out of Hours

30-Aug-2018 Miss Kirsten Duncan Repeat Issue**30-Mar-2018 Mrs Lesley Ritchie Repeat Issue****16-Mar-2018 Dr L J Sharp Surgery consultation**

Examination O/E - blood pressure reading 150 / 84 mm Hg
Administration Consultation -LJS4 weeks L loin pain, been working off shore 4 (P3) weeks, just returned. Saw off shore medic ? kidney stones. Constant dull ache 5/10. not severe, taken paracetamol. No fever/rogors/sweats. Yesterday noticed drinking loads but not passing much urine and no strength behind flow. No previous LUTS. Today again drank 2 points water and 2 coffees and only passing slow flow. No hesitancy. No pain. No blood. No dribbling. Bowels normal. Appetite reduced today. O/E Well, not distressed, T 36, p 70 sinus, O2 sats 99% air, ABDO-soft, tender RIF, NO rebound/guarding. No bladder. SOU-NAD. No groin tenderness/lumps. No testicular pain. DDx ? Muscular back pain ? PROSTATITIS. Plan- keen to try oral ab. Has appt next week, keep to review if improving ? bloods check U&E's, LFT, crp., FBC.

12-Dec-2017 Miss Beth Sharp Other**26-Jun-2017 Dr Gavin Stephen Telephone call to a patient****26-Jun-2017 Miss Kerry Dunn Administration****05-Apr-2017 Dr Gavin Stephen Telephone call to a patient**

Administration Consultation GSmessage to phone pt re results - called pt I (P3) havent seen Mr Rust at all he was aware of the results - I advsied there is no significant narrowing in his coronary arteries tells me told to come off statin prev unclear when or why but states never had any SE from it advsied as per letter restart statin and cot aspirin check LFTS and lipids in 6-8wsays puzzled by symptoms and wants to know why he is getting them I reflerected having not seen him nor exmained him it is very difficult to answer this over the phone - I suggest make a routine appt to review

20-Mar-2017 Mrs Esther Milne Other

20-Mar-2017 Dr Gavin Stephen Administration

Administration (P3) Administration NOS GSsee letter from Dr ***** re CT angio - no obstructing disease - recommends cont aspirin and high dose statin - not on statin not complicea GP reivew

17-Mar-2017 Miss Ann Matthew Third Party Consultation

28-Feb-2017 Administration (P3) Letter from consultant Misc ARI (ARI) Cardiology

01-Mar-2017 Dr Toni Fawcett Administration

Administration Medication review

04-Jan-2017 Dr Gavin Stephen Administration**04-Jan-2017 Mrs Lesley Ritchie Third Party Consultation**

Administration (P3) Administration Clinical Letter ARI Imaging

04-Jan-2017 Dr K M Cheesman Administration

Administration (P3) Administration NOS KMWscript done as per letter. For BB prior to CT coronary angiogram

30-Dec-2016 Mrs Smith Julia Administration**18-Nov-2016 Mrs Valerie Cairns Third Party Consultation**

08-Nov-2016 Administration (P3) Letter from consultant Clinic ARI (ARI) Cardiology

15-Nov-2016 Dr K M Cheesman Results recording

14-Nov-2016	Examination	Exercise ECG		
14-Nov-2016	Examination	Serum chloride	103 mmol/L	
14-Nov-2016	Examination	Serum creatinine	83 umol/L	
14-Nov-2016	Examination	Serum potassium	4.8 mmol/L	
14-Nov-2016	Examination	Serum sodium	143 mmol/L	
14-Nov-2016	Examination	Serum urea level	5.7 mmol/L	
14-Nov-2016	Examination	Urea and electrolytes	<none>	
14-Nov-2016	Examination	Biochemical test	<none>	
14-Nov-2016	Examination	Biochemical test -		
14-Nov-2016	Examination	Lipid level -	mmol/L	
14-Nov-2016	Examination	Haemolysis screening test -		
14-Nov-2016	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	60 mL/min
14-Nov-2016	Examination	MDRD - ml/min/1.73m2		
14-Nov-2016	Examination	Exercise ECG: Normal		
14-Nov-2016	Examination	Exercise ECG		(No range available)
14-Nov-2016	Examination	Serum chloride:		
14-Nov-2016	Examination	Serum chloride	103 mmol/L	(Range: 95 - 108)
14-Nov-2016	Examination	Serum creatinine:		
14-Nov-2016	Examination	Serum creatinine	83 umol/L	(Range: 50 - 120)
14-Nov-2016	Examination	Serum potassium:		
14-Nov-2016	Examination	Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
14-Nov-2016	Examination	Serum sodium:		
14-Nov-2016	Examination	Serum sodium	143 mmol/L	(Range: 133 - 146)
14-Nov-2016	Examination	Serum urea level:		
14-Nov-2016	Examination	Serum urea level	5.7 mmol/L	(Range: 2.5 - 7.8)
14-Nov-2016	Examination	Urea and electrolytes	<none>	
14-Nov-2016	Examination	Urea and electrolytes	<none>	(No range available)
14-Nov-2016	Examination	Biochemical test	<none>	
14-Nov-2016	Examination	Biochemical test	<none>	(No range available)
14-Nov-2016	Examination	Biochemical test:		
14-Nov-2016	Examination	Biochemical test -		(No range available)
14-Nov-2016	Examination	Lipid level:		
14-Nov-2016	Examination	Lipid level -	mmol/L	(No range available)
14-Nov-2016	Examination	Haemolysis screening test:		
14-Nov-2016	Examination	Haemolysis screening test -		(No range available)
14-Nov-2016	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	MDRD - ml/min/1.73m2:
14-Nov-2016	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	60 mL/min
14-Nov-2016	Examination	MDRD - ml/min/1.73m2		(Range: 60 - 140)

14-Nov-2016 Mrs Lynda Wilson Surgery consultation**14-Nov-2016 Mrs Jenny Milne Third Party Consultation**

08-Nov-2016 Administration (P3) Discharge summary Discharge/Summary Letter ARI Cardiology

09-Sept-2016 Miss Ann Matthew Repeat Issue**08-Aug-2016 Mrs Jenny Milne Third Party Consultation**

01-Aug-2016 Administration (P3) Letter from consultant Clinic ARI (ARI) Cardiology

08-July-2016 Mrs Susan Pirie Other

Administration Scanned Document
SCI Referral Letter :

06-July-2016 Mrs Smith Julia Administration

05-July-2016 Dr Rowena Belding Other

Intervention Chest pain . Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Rowena Belding; Reason: Chest pain

04-July-2016 Dr Rowena Belding Other

Administration (P3) Consultation - RBSeen with ****. Been away at work since last ween JC about chest pain. Has been getting more severe and frequent since last seen. Now happening every second day on exertion and when stressed. Pain goes to left arm and tingling of left hand. Feels sick, SOB and sweaty with it. Also gets palpitations and migraines. Usually lasts about 10mins, gets better with rest, had a couple of episodes where has lasted for hours.Exsmoker, drinks 30units a week, 2x caffeinated drinks a day. No pain currently.Been happening for years, prev investiagted with normal ETT. **** and **** died of MI before age 50.O/E BP 146/84, HS1+2+0, chest clear, no ant chest wall tenderness, SaO2 96%, HR 62 regular.**** says she cancelled Albyn referral, seems we were unaware of this by looking at the notes.Plan - refer to NHS cardiology, given GTN spray to try, strong worsening statement and to phone us or 999 if gets prolonged or severe episode of chest pain.

THIRD PARTY COPY

21-May-2016 Dr J T Craig Results recording

20-May-2016	Examination	Serum albumin	41 g/L	
20-May-2016	Examination	Serum alkaline phosphatase U/L	88 U/L	
20-May-2016	Examination	Serum alanine aminotransferase level Serum ALT level - U/L	28 U/L	
20-May-2016	Examination	Serum total bilirubin level	12 umol/L	
20-May-2016	Examination	Serum chloride	103 mmol/L	
20-May-2016	Examination	Serum total cholesterol level	5.6 mmol/L	
20-May-2016	Examination	Serum creatinine	77 umol/L	
20-May-2016	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	64 U/L	
20-May-2016	Examination	Serum HDL cholesterol level	1.2 mmol/L	
20-May-2016	Examination	Serum LDL cholesterol level	2.5 mmol/L	
20-May-2016	Examination	Serum potassium	4.6 mmol/L	
20-May-2016	Examination	Serum sodium	140 mmol/L	
20-May-2016	Examination	Serum triglycerides	4.28 mmol/L	
20-May-2016	Examination	Serum TSH level mU/L	0.69 mU/L	
20-May-2016	Examination	Serum urea level	4.7 mmol/L	
20-May-2016	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
20-May-2016	Examination	Liver function test <none>		
20-May-2016	Examination	Thyroid function test <none>		
20-May-2016	Examination	Urea and electrolytes <none>		
20-May-2016	Examination	Biochemical test <none>		
20-May-2016	Examination	Biochemical test -		
20-May-2016	Examination	Total cholesterol:HDL ratio	4.8 ratio	
20-May-2016	Examination	Serum free T4 level	21 pmol/L	
20-May-2016	Examination	Lipid level -	mmol/L	
20-May-2016	Examination	Haemolysis screening test -		
20-May-2016	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
20-May-2016	Examination	Serum albumin:		
		Serum albumin	41 g/L	(Range: 35 - 50)
20-May-2016	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	88 U/L	(Range: 30 - 130)
20-May-2016	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
		Serum alanine aminotransferase level Serum ALT level - U/L	28 U/L	(Range: 9 - 55)
20-May-2016	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	12 umol/L	(No range available)
20-May-2016	Examination	Serum chloride:		
		Serum chloride	103 mmol/L	(Range: 95 - 108)
20-May-2016	Examination	Serum total cholesterol level:		
		Serum total cholesterol level	5.6 mmol/L	(No range available)
20-May-2016	Examination	Serum creatinine:		
		Serum creatinine	77 umol/L	(Range: 50 - 120)
20-May-2016	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L: Abnormal		
		Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	64 U/L	(Range: 6 - 35)
20-May-2016	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.2 mmol/L	(No range available)
20-May-2016	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	2.5 mmol/L	(No range available)
20-May-2016	Examination	Serum potassium:		
		Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
20-May-2016	Examination	Serum sodium:		
		Serum sodium	140 mmol/L	(Range: 133 - 146)
20-May-2016	Examination	Serum triglycerides:		
		Serum triglycerides	4.28 mmol/L	(No range available)
20-May-2016	Examination	Serum TSH level mU/L:		
		Serum TSH level mU/L	0.69 mU/L	(Range: 0.35 - 4.5)
20-May-2016	Examination	Serum urea level:		
		Serum urea level	4.7 mmol/L	(Range: 2.5 - 7.8)
20-May-2016	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
20-May-2016	Examination	Liver function test <none>: Liver function test <none>		(No range available)
20-May-2016	Examination	Thyroid function test <none>: Thyroid function test <none>		(No range available)
20-May-2016	Examination	Urea and electrolytes <none>: Urea and electrolytes <none>		(No range available)
20-May-2016	Examination	Biochemical test <none>: Biochemical test <none>		(No range available)
20-May-2016	Examination	Biochemical test: Biochemical test -		(No range available)
20-May-2016	Examination	Total cholesterol:HDL ratio: Total cholesterol:HDL ratio	4.8 ratio	(No range available)
20-May-2016	Examination	Serum free T4 level: Serum free T4 level	21 pmol/L	(Range: 10 - 25)
20-May-2016	Examination	Lipid level: Lipid level -	mmol/L	(No range available)
20-May-2016	Examination	Haemolysis screening test: Haemolysis screening test -		(No range available)
20-May-2016	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2: GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

21-May-2016 Dr J T Craig Results recording

20-May-2016	Examination	Plasma glucose level	4.8 mmol/L	
20-May-2016	Examination	Plasma glucose level: Plasma glucose level	4.8 mmol/L	(Range: 3.7 - 6)

21-May-2016 Dr J T Craig Results recording

20-May-2016	Examination	Eosinophil count x10 ⁹ /l	0.21 10 ⁹ /L	
20-May-2016	Examination	Haemoglobin estimation g/l	152 g/L	
20-May-2016	Examination	Mean corpusc. haemoglobin(MCH) pg	31 pg/mL	
20-May-2016	Examination	Mean corpuscular volume (MCV) fl	89 fL	
20-May-2016	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	
20-May-2016	Examination	Neutrophil count x10 ⁹ /l	3.9 10 ⁹ /L	
20-May-2016	Examination	Platelet count x10 ⁹ /l	204 10 ⁹ /L	
20-May-2016	Examination	Red blood cell (RBC) count x10 ¹² /l	4.9 10¹²/L	
20-May-2016	Examination	Total white cell count x10 ⁹ /l	6 10 ⁹ /L	
20-May-2016	Examination	Lymphocyte count x10 ⁹ /l	1.2 10⁹/L	
20-May-2016	Examination	Full blood count - FBC <none>		
20-May-2016	Examination	Large unstained cells x10 ⁹ /l	0.09 10 ⁹ /L	
20-May-2016	Examination	Haematocrit - PCV l/l	0.44 L/L	
20-May-2016	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	
20-May-2016	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.21 10 ⁹ /L	(Range: 0.1 - 0.5)
20-May-2016	Examination	Haemoglobin estimation g/l:		
		Haemoglobin estimation g/l	152 g/L	(Range: 140 - 180)
20-May-2016	Examination	Mean corpusc. haemoglobin(MCH) pg:		
		Mean corpusc. haemoglobin(MCH) pg	31 pg/mL	(Range: 27 - 32)
20-May-2016	Examination	Mean corpuscular volume (MCV) fl:		
		Mean corpuscular volume (MCV) fl	89 fL	(Range: 83 - 98)
20-May-2016	Examination	Monocyte count x10 ⁹ /l:		
		Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
20-May-2016	Examination	Neutrophil count x10 ⁹ /l:		
		Neutrophil count x10 ⁹ /l	3.9 10 ⁹ /L	(Range: 1.5 - 7)
20-May-2016	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	204 10 ⁹ /L	(Range: 140 - 400)
20-May-2016	Examination	Red blood cell (RBC) count x10 ¹² /l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.9 10¹²/L	(Range: 5 - 6)
20-May-2016	Examination	Total white cell count x10 ⁹ /l:		
		Total white cell count x10 ⁹ /l	6 10 ⁹ /L	(Range: 4 - 10)
20-May-2016	Examination	Lymphocyte count x10 ⁹ /l: Abnormal		
		Lymphocyte count x10 ⁹ /l	1.2 10⁹/L	(Range: 1.5 - 4)
20-May-2016	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
20-May-2016	Examination	Large unstained cells x10 ⁹ /l:		
		Large unstained cells x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.05 - 0.5)
20-May-2016	Examination	Haematocrit - PCV l/l:		
		Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
20-May-2016	Examination	Basophil count x10 ⁹ /l:		
		Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

20-May-2016 Miss Kirsten Duncan Third Party Consultation

Administration Administration Results FOMG ECG
(P3)

20-May-2016 Mrs Lynda Wilson Surgery consultation

Examination Standard ECG
Examination **Standard ECG:**
Standard ECG
(No range available)

12-May-2016 Dr J T Craig Telephone call to a patient

Administration Telephone encounter - JCSpoke with Christopher, has looked through his medical insurance papers and not covered for emergency procedures I do not class the referral as an emergency procedure but a routine OP assessment, advised to contact insurance company and advise of this, any issues will let me know.
(P3)
Administration NOS - Christopher called back - he is not covered under his private insurance - he will go to his initial consultation but if needs treatment will have to be referred back through the NHS - LB

09-May-2016 Miss Linzi Glennie Other

Administration Scanned Document
SCI Referral Letter :

06-May-2016 Miss Kirsten Duncan Administration

Intervention Chest pain . Recipient: Albyn Hospital; Referral Type: Out Patient; Sender: Dr J T *****, Reason: Chest pain

05-May-2016 Dr J T Craig Surgery consultation

Administration Consultation - JCPain in chest on Monday when away on boat, lasted only a minute or so but severe and went down left arm with pins and needles, also been feeling generally more unwell with exertion, more SOB and nauseated. Now has just a dull ache in chest, totally different from pain on Monday. O/E Pulse 83 reg. BP 130/88SaO2 97% chest clear. HS pure. Tender left anterior chest wall. Underlying worry about significant heart problem because of ***** Hx and work situation with working on boats. Agreed best to investigate further. I will refer to cardiology at Albyn at Christopher's request and he needs bloods - FBC, U&E, LFT, lipids and glucose and ECG checked in the surgery.
(P3)

05-May-2016 Dr J T Craig Telephone call to a patient

Administration Telephone encounter - JCSpoke with Christopher, pain in chest on Monday (4 days ago). Felt pain over heart and down arm. Works on a boat, was monitored apparently. Came home yesterday, left with dull pain ongoing and not feeling great. Not acute chest pain. Advised I will see this afternoon.
(P3)

25-Aug-2015 Mrs Smith Julia Administration

24-Aug-2015 Dr J T Craig Medicine Management**24-Aug-2015 Dr J T Craig Administration**

Administration (P3) Administration NOS DNA orthopaedic clinic, no further appt to be offered.

21-Aug-2015 Mrs Jenny Milne Third Party Consultation

13-Aug-2015 Administration (P3) Letter from consultant Clinical Letter Woodend Orthopaedics

10-Aug-2015 Dr J T Craig Surgery consultation**25-Jun-2015 Mrs Dianne Watson Administration****08-Jun-2015 Dr J T Craig Telephone call to a patient**

Administration (P3) Telephone encounter Tried to contact patient, DNAd ortho clinic but letter states he must have 30 degree contracture at MCP or PIP joint they would not consider surgery. Message left on answering machine advising him to make an appt for review.

02-Jun-2015 Miss Ann Matthew Administration

Administration (P3) Administration NOS Left message on Mobile asking him to call in regarding the letter in Workflow about DNA orthopaedic appt. Left message with ***** to call back too - AG

29-May-2015 Dr Gavin Stephen Administration**29-May-2015 Mrs Linda Bennett Third Party Consultation**

21-May-2015 Administration (P3) Letter from consultant Clinical Letter Woodend Orthopaedics

28-Apr-2015 Miss Linzi Glennie Third Party Consultation

21-Apr-2015 Administration (P3) Letter encounter from patient Discharge/Summary Letter ARI
21-Apr-2015 Diagnosis (P1) Accident Emergency
Contusion, forearm area

23-Apr-2015 Miss Ann Matthew Third Party Consultation

15-Apr-2015 Administration (P3) Letter from consultant Results ***** Street Ultrasound

02-Apr-2015 Mrs Shirley Learmonth Repeat Issue**18-Mar-2015 Dr C Watson Results recording**

16-Mar-2015	Examination	Urine microscopy <none>		
16-Mar-2015	Examination	Urine microscopy: pus cells	2 /uL	
16-Mar-2015	Examination	Urine microscopy: red cells	1 /uL	
16-Mar-2015	Examination	Microbiology test Culture not indicated.		
16-Mar-2015	Examination	Urine microscopy<none>:		
		Urine microscopy <none>		(No range available)
16-Mar-2015	Examination	Urine microscopy: pus cells:		
		Urine microscopy: pus cells	2 /uL	(No range available)
16-Mar-2015	Examination	Urine microscopy: red cells:		
		Urine microscopy: red cells	1 /uL	(No range available)
16-Mar-2015	Examination	Microbiology testCulture not indicated.:		
		Microbiology test Culture not indicated.		(No range available)

18-Mar-2015 Miss Kirsten Duncan Third Party Consultation

17-Mar-2015 Administration (P3) Administration Referral Letter ARI Imaging

17-Mar-2015 Miss Linzi Glennie Other**16-Mar-2015 Miss Katy Newell Surgery consultation**

Intervention Abdominal pain . Recipient: Aberdeen Royal Infirmary department of Ultrasound Scanning; Referral Type: Out Patient; Sender: Miss ***** Newell; Reason: Abdominal pain; Referral Status: Referred

Administration (P3) Consultation Seen by KN (5th yr med student) CW (parallel consult) 1/12 history of left sided back pain, felt just below ribs. Feels pain is getting worse. Exacerbated by movement but also present when sitting still for too long. Not aware of anything which makes pain better - has not tried painkillers. Occasionally feels SOB with pain and nauseous although has not vomited. No urinary symptoms/no haematuria. Feels well otherwise, no fever or weight loss. Not aware of any recent injury to the back. Concerned that this is a renal problem. O/E Appears comfortable and well. Apyrexial, pulse 68bpm (reg) not short of breath. Chest clear Abdomen soft and non-tender, no palpable masses. Tenderness just below 12th rib (left side of back) Full ROM (flexion, lateral flexion, extension, rotation) of back. Pain worsens with lateral flexion and thoracic rotation of spine.Imp - likely MSK cause ?renal cause for pain (e.g. renal cyst) Plan - Advice given re: analgesia, use of heat to relieve pain. - MSSU sent - Renal USS request - worsening statement given

17-Oct-2014 Miss Linzi Glennie Third Party Consultation

14-Oct-2014	Administration (P3)	Letter from consultant	Clinical Letter ARI Plastics
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03-Oct-2014 Dr J T Craig Results recording

02-Oct-2014	Examination	Plasma glucose level	<none>	mmol/L	
02-Oct-2014	Examination	Plasma fasting glucose level		5.1 mmol/L	
02-Oct-2014	Examination	Plasma glucose level	<none>		
		Plasma glucose level	<none>	mmol/L	(No range available)
02-Oct-2014	Examination	Plasma fasting glucose level:			
		Plasma fasting glucose level		5.1 mmol/L	(Range: 3.7 - 5.6)

02-Oct-2014 Mrs Joyce Farquhar Surgery consultation

Intervention (P3)	Dressing of skin Burn to arm checked. Area dry and intact. Flamazine applied with atrauman, melolin, tubigauz & crepe bandage. Has appt at Burns clinic ARI tomorrow.
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01-Oct-2014 Dr L J Sharp Telephone call to a patient

Administration (P3)	Telephone encounter -LJS 1815In triage. Admitted A&E with petrol burns and discharged yesterday with analgesia. Tells me burns now blistering and looking for flamazine which was used in ARI and helped. Agreed to script to OMCH to collect tomorrow.
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30-Sept-2014 Ms Angie Sim Administration

29-Sept-2014	Intervention (P3)	Emergency hospital admission
29-Sept-2014	Intervention (P1)	Superficial burn NOS -dressing

30-Sept-2014 Miss Alahna Minty Third Party Consultation

29-Sept-2014	Administration (P3)	Discharge summary	Discharge/Summary Letter ARI Accident Emergency
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29-Aug-2014 Miss Linzi Glennie Other

Administration	Scanned Document SCI Referral Letter :
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28-Aug-2014 Dr J T Craig Surgery consultation

Intervention	Dupuytren's contracture . Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr J T *****, Reason: Dupuytren's contracture; Referral Status: Referred
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28-Aug-2014 Dr J T Craig Surgery consultation

Administration (P3)	Consultation Seen to discuss blood results. Unremarkable other than raised random blood sugar. Check fasting. Area of thickening in right palm between ring and pinky fingers ?early Dupytren's - refer ortho hand clinic for assessmetn. Can be a bit sore, could try topical NSAID.
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27-Aug-2014 Dr D G Connell Surgery consultation**27-Aug-2014 Dr D G Connell Surgery consultation****26-Aug-2014 Mrs Dianne Watson Administration****25-Aug-2014 Dr R M Wallace Administration**

Administration (P3)	Administration NOS (RMW)Note elevated random glucose of 7.3.Has apt with LJS on 28/8/14 - please suggest he return for fasting glucose..
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23-Aug-2014 Dr R M Wallace Results recording

22-Aug-2014	Examination	Plasma glucose level	7.3 mmol/L
22-Aug-2014	Examination	Plasma glucose level: Abnormal	
		Plasma glucose level	7.3 mmol/L (Range: 3.7 - 5.6)

23-Aug-2014 Dr R M Wallace Results recording

22-Aug-2014	Examination	Serum albumin	45 g/L
22-Aug-2014	Examination	Serum alkaline phosphatase U/L	97 U/L
22-Aug-2014	Examination	Serum alanine aminotransferase level	28 U/L
22-Aug-2014	Examination	Serum total bilirubin level	9 umol/L
22-Aug-2014	Examination	Serum calcium	2.32 mmol/L
22-Aug-2014	Examination	Corrected serum calcium level mmol/l	2.22 mmol/L
22-Aug-2014	Examination	Serum chloride	103 mmol/L
22-Aug-2014	Examination	Serum total cholesterol level	4.8 mmol/L
22-Aug-2014	Examination	Serum creatinine umol/l	83 umol/L
22-Aug-2014	Examination	Serum gamma-glutamyl transferase level	61 U/L
		- U/L	
22-Aug-2014	Examination	Serum HDL cholesterol level	1 mmol/L
22-Aug-2014	Examination	Serum LDL cholesterol level	1.7 mmol/L
22-Aug-2014	Examination	Serum inorganic phosphate	1.18 mmol/L
22-Aug-2014	Examination	Serum potassium	4.2 mmol/L
22-Aug-2014	Examination	Serum sodium	139 mmol/L
22-Aug-2014	Examination	Serum total protein	67 g/L
22-Aug-2014	Examination	Serum triglycerides	4.81 mmol/L
22-Aug-2014	Examination	Serum TSH level mU/L	0.8 mU/L
22-Aug-2014	Examination	Serum urea level	5.1 mmol/L

22-Aug-2014	Examination	Serum lipids	<none>		
22-Aug-2014	Examination	Bone profile	<none>		
22-Aug-2014	Examination	Liver function test	<none>		
22-Aug-2014	Examination	Thyroid function test	<none>		
22-Aug-2014	Examination	Urea and electrolytes	<none>		
22-Aug-2014	Examination	Serum C reactive protein level		4 mg/L	
22-Aug-2014	Examination	Biochemical test	<none>		
22-Aug-2014	Examination	Biochemical test -			
22-Aug-2014	Examination	Total cholesterol:HDL ratio		4.9 ratio	
22-Aug-2014	Examination	Serum free T4 level		21 pmol/L	
22-Aug-2014	Examination	Lipid level -		mmol/L	
22-Aug-2014	Examination	Haemolysis screening test -			
22-Aug-2014	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	60 mL/min	
22-Aug-2014	Examination	MDRD - ml/min/1.73m2			
22-Aug-2014	Examination	Serum albumin:			
22-Aug-2014	Examination	Serum albumin		45 g/L	(Range: 35 - 50)
22-Aug-2014	Examination	Serum alkaline phosphatase U/L:			
22-Aug-2014	Examination	Serum alkaline phosphatase U/L		97 U/L	(Range: 30 - 130)
22-Aug-2014	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:			
22-Aug-2014	Examination	Serum alanine aminotransferase level Serum ALT level - U/L		28 U/L	(Range: 8 - 55)
22-Aug-2014	Examination	Serum total bilirubin level:			
22-Aug-2014	Examination	Serum total bilirubin level		9 umol/L	(No range available)
22-Aug-2014	Examination	Serum calcium:			
22-Aug-2014	Examination	Serum calcium		2.32 mmol/L	(No range available)
22-Aug-2014	Examination	Corrected serum calcium level mmol/l:			
22-Aug-2014	Examination	Corrected serum calcium level mmol/l		2.22 mmol/L	(Range: 2.2 - 2.6)
22-Aug-2014	Examination	Serum chloride:			
22-Aug-2014	Examination	Serum chloride		103 mmol/L	(Range: 95 - 108)
22-Aug-2014	Examination	Serum total cholesterol level:			
22-Aug-2014	Examination	Serum total cholesterol level		4.8 mmol/L	(Range: 3.4 - 5.2)
22-Aug-2014	Examination	Serum creatinine umol/l:			
22-Aug-2014	Examination	Serum creatinine umol/l		83 umol/L	(Range: 50 - 120)
22-Aug-2014	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L: Abnormal			
22-Aug-2014	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level		61 U/L	(Range: 4 - 35)
22-Aug-2014	Examination	- U/L			
22-Aug-2014	Examination	Serum HDL cholesterol level:			
22-Aug-2014	Examination	Serum HDL cholesterol level		1 mmol/L	(Range: 0.8 - 1.9)
22-Aug-2014	Examination	Serum LDL cholesterol level:			
22-Aug-2014	Examination	Serum LDL cholesterol level		1.7 mmol/L	(Range: 1.4 - 5)
22-Aug-2014	Examination	Serum inorganic phosphate:			
22-Aug-2014	Examination	Serum inorganic phosphate		1.18 mmol/L	(Range: 0.8 - 1.5)
22-Aug-2014	Examination	Serum potassium:			
22-Aug-2014	Examination	Serum potassium		4.2 mmol/L	(Range: 3.5 - 5.3)
22-Aug-2014	Examination	Serum sodium:			
22-Aug-2014	Examination	Serum sodium		139 mmol/L	(Range: 133 - 146)
22-Aug-2014	Examination	Serum total protein:			
22-Aug-2014	Examination	Serum total protein		67 g/L	(Range: 60 - 80)
22-Aug-2014	Examination	Serum triglycerides: Abnormal			
22-Aug-2014	Examination	Serum triglycerides		4.81 mmol/L	(Range: 0.6 - 2)
22-Aug-2014	Examination	Serum TSH level mU/L:			
22-Aug-2014	Examination	Serum TSH level mU/L		0.8 mU/L	(Range: 0.35 - 4.5)
22-Aug-2014	Examination	Serum urea level:			
22-Aug-2014	Examination	Serum urea level		5.1 mmol/L	(Range: 2.5 - 7.8)
22-Aug-2014	Examination	Serum lipids <none>:			
22-Aug-2014	Examination	Serum lipids <none>			(No range available)
22-Aug-2014	Examination	Bone profile <none>:			
22-Aug-2014	Examination	Bone profile <none>			(No range available)
22-Aug-2014	Examination	Liver function test <none>:			
22-Aug-2014	Examination	Liver function test <none>			(No range available)
22-Aug-2014	Examination	Thyroid function test <none>:			
22-Aug-2014	Examination	Thyroid function test <none>			(No range available)
22-Aug-2014	Examination	Urea and electrolytes <none>:			
22-Aug-2014	Examination	Urea and electrolytes <none>			(No range available)
22-Aug-2014	Examination	Serum C reactive protein level:			
22-Aug-2014	Examination	Serum C reactive protein level		4 mg/L	(No range available)
22-Aug-2014	Examination	Biochemical test <none>:			
22-Aug-2014	Examination	Biochemical test <none>			(No range available)
22-Aug-2014	Examination	Biochemical test-			
22-Aug-2014	Examination	Biochemical test -			(No range available)
22-Aug-2014	Examination	Total cholesterol:HDL ratio:			
22-Aug-2014	Examination	Total cholesterol:HDL ratio		4.9 ratio	(No range available)
22-Aug-2014	Examination	Serum free T4 level:			
22-Aug-2014	Examination	Serum free T4 level		21 pmol/L	(Range: 10 - 25)
22-Aug-2014	Examination	Lipid level-:			
22-Aug-2014	Examination	Lipid level -		mmol/L	(No range available)
22-Aug-2014	Examination	Haemolysis screening test-			
22-Aug-2014	Examination	Haemolysis screening test -			(No range available)
22-Aug-2014	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd	MDRD - ml/min/1.73m2:		
22-Aug-2014	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	60 mL/min	(Range: 60 - 140)
22-Aug-2014	Examination	MDRD - ml/min/1.73m2			

23-Aug-2014 Dr R M Wallace Results recording

22-Aug-2014	Examination	Serum vitamin B12 ng/l - Note new interpretation of results. Vitamin B12 deficiency highly unlikely.	369 ng/L	
22-Aug-2014	Examination	Eosinophil count x10 ⁹ /l	0.33 10 ⁹ /L	
22-Aug-2014	Examination	Serum ferritin ug/l	142.4 ug/L	
22-Aug-2014	Examination	Serum folate ug/l	11.4 ug/L	
22-Aug-2014	Examination	Haemoglobin estimation g/l	150 g/L	
22-Aug-2014	Examination	Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	
22-Aug-2014	Examination	Mean corpuscular volume (MCV) fl	89 fL	
22-Aug-2014	Examination	Monocyte count x10 ⁹ /l	0.3 10 ⁹ /L	
22-Aug-2014	Examination	Neutrophil count x10 ⁹ /l	2.9 10 ⁹ /L	
22-Aug-2014	Examination	Platelet count x10 ⁹ /l	236 10 ⁹ /L	
22-Aug-2014	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ⁻²	
22-Aug-2014	Examination	Total white cell count x10 ⁹ /l	5.2 10 ⁹ /L	
22-Aug-2014	Examination	Lymphocyte count x10 ⁹ /l	1.5 10 ⁹ /L	
22-Aug-2014	Examination	Full blood count - FBC <none>		
22-Aug-2014	Examination	Blood haematinic levels <none>		
22-Aug-2014	Examination	Large unstained cells x10 ⁹ /l	0.09 10 ⁹ /L	
22-Aug-2014	Examination	Haematocrit - PCV l/l	0.44 L/L	
22-Aug-2014	Examination	Basophil count x10 ⁹ /l	0.05 10 ⁹ /L	
22-Aug-2014	Examination	Serum vitamin B12 ng/l - Note new interpretation of results. Vitamin B12 deficiency highly unlikely.: Serum vitamin B12 ng/l - Note new interpretation of results. Vitamin B12 deficiency highly unlikely.	369 ng/L	(Range: 200 - 700)
22-Aug-2014	Examination	Eosinophil count x10 ⁹ /l: Eosinophil count x10 ⁹ /l	0.33 10 ⁹ /L	(Range: 0.1 - 0.5)
22-Aug-2014	Examination	Serum ferritin ug/l: Serum ferritin ug/l	142.4 ug/L	(Range: 20 - 300)
22-Aug-2014	Examination	Serum folate ug/l: Serum folate ug/l	11.4 ug/L	(Range: 3 - 20)
22-Aug-2014	Examination	Haemoglobin estimation g/l: Haemoglobin estimation g/l	150 g/L	(Range: 140 - 180)
22-Aug-2014	Examination	Mean corpusc. haemoglobin(MCH) pg: Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	(Range: 27 - 32)
22-Aug-2014	Examination	Mean corpuscular volume (MCV) fl: Mean corpuscular volume (MCV) fl	89 fL	(Range: 83 - 98)
22-Aug-2014	Examination	Monocyte count x10 ⁹ /l: Monocyte count x10 ⁹ /l	0.3 10 ⁹ /L	(Range: 0.2 - 0.8)
22-Aug-2014	Examination	Neutrophil count x10 ⁹ /l: Neutrophil count x10 ⁹ /l	2.9 10 ⁹ /L	(Range: 1.5 - 7)
22-Aug-2014	Examination	Platelet count x10 ⁹ /l: Platelet count x10 ⁹ /l	236 10 ⁹ /L	(Range: 140 - 400)
22-Aug-2014	Examination	Red blood cell (RBC) count x10 ¹² /l: Red blood cell (RBC) count x10 ¹² /l	5 10 ⁻²	(Range: 5 - 6)
22-Aug-2014	Examination	Total white cell count x10 ⁹ /l: Total white cell count x10 ⁹ /l	5.2 10 ⁹ /L	(Range: 4 - 10)
22-Aug-2014	Examination	Lymphocyte count x10 ⁹ /l: Lymphocyte count x10 ⁹ /l	1.5 10 ⁹ /L	(Range: 1.5 - 4)
22-Aug-2014	Examination	Full blood count - FBC <none>: Full blood count - FBC <none>		(No range available)
22-Aug-2014	Examination	Blood haematinic levels <none>: Blood haematinic levels <none>		(No range available)
22-Aug-2014	Examination	Large unstained cells x10 ⁹ /l: Large unstained cells x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.05 - 0.5)
22-Aug-2014	Examination	Haematocrit - PCV l/l: Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
22-Aug-2014	Examination	Basophil count x10 ⁹ /l: Basophil count x10 ⁹ /l	0.05 10 ⁹ /L	(Range: 0.01 - 0.1)

22-Aug-2014 Dr R M Wallace Surgery consultation

Administration (P3) Consultation (RMW) in asking for a thyroid blood test. c/o 1yr of feeling TATT, ongoing palpitations, hair loss, deafness Lt ear. No FH of thyroid disease. PLAN: bloods taken; review with results.(2) mentioned numbness Rt palm - he agrees I will assess at next visit..

14-July-2014 Mrs Dianne Watson Third Party Consultation

09-July-2014 Administration (P3) Letter from consultant Clinical Letter ARI Oral Maxillofacial Surgery

24-Jun-2014 Dr C Watson Telephone call to a patient

Administration (P3) Telephone encounter CW due offshore but managed to obtain urgent MRI to assess unilat deafness this weekend, Med 3 from 23/6 2 weeks tinnitus under investigation

24-Jun-2014 Dr C Watson Administration**04-Jun-2014 Ms Angie Sim Administration**

23-May-2014 Diagnosis (P1) Sensorineural hearing loss mild/moderate

03-Jun-2014 Miss Alahna Minty Third Party Consultation

23-May-2014 Administration (P3) Letter from consultant Clinical Letter Woolmanhill Audiometry

16-May-2014 Dr C Watson Administration**16-May-2014 Miss Linzi Glennie Repeat Issue****28-Jan-2014 Dr K M Cheesman Surgery consultation**

Administration (P3) Consultation KMW see recent GI letter. To start amitriptyline. Advised start 10mg nocte but can increase to 20mg if needed.

23-Jan-2014 Dr J T Craig Surgery consultation

22-Jan-2014 Miss Kirsten Duncan Third Party Consultation

20-Jan-2014 Administration Letter from consultant Clinical Letter ARI Gastroenterology (P3)

09-Jan-2014 Mrs Anne Crisp Administration

Administration Scanned Document
SCI Referral Letter :

07-Jan-2014 Miss Linzi Glennie Administration

Intervention Tinnitus . Recipient: Aberdeen Royal Infirmary department of ENT Clinic; Referral Type: Out Patient; Sender: Dr C *****; Reason: Tinnitus; Referral Status: Referred

06-Jan-2014 Dr C Watson Surgery consultation

Administration Consultation CW tinnitus worst left ear some in right also sl hearing loss tho not so aware of this. NO FH deafness, denies high noise exposure, drives rescue boats offshore. TMs and EAMs clear, Right hears 20dB low frequ, 40dB above 4000Hz, left hears 30dB low frequ, 50-60dB above 4000Hz. Presbycusis and tinnitus Ref ENT

12-Dec-2013 Miss Ann Matthew Third Party Consultation

15-Nov-2013 Administration Letter from consultant Clinical Letter ***** Hospital (P3) Orthopaedics

02-Dec-2013 Dr C Watson Surgery consultation

Administration Failed encounter (P3)

27-Nov-2013 Dr D G Connell Surgery consultation

26-Nov-2013 Dr J T Craig Repeat Issue

26-Nov-2013 Miss Linzi Glennie Repeat Issue

12-Nov-2013 Dr K M Cheesman Surgery consultation

Examination O/E - blood pressure reading 125 / 80 mm Hg
Administration Consultation KMW4 week hist of reduced hearing and ringing noises in L ear. No earache/discharge. No recent URTI. O/e - both TMs dull, L>R. Throat-nad, no sinus tenderness. Plan - for decongestants and advice reg steaming and autoinflation. (P3)

15-Oct-2013 Miss Ann Matthew Administration

15-Oct-2013 Miss Ann Matthew Third Party Consultation

09-Oct-2013 Administration Discharge summary Discharge/Summary Letter Inverurie Hospital (P3) Physiotherapy

08-Oct-2013 Dr K M Cheesman Repeat Issue

01-Oct-2013 Dr R M Wallace Administration

Administration Failed encounter (RMW)(08:30) DNA apt with me at Fyvie HC (P3) (made 19/9/13).

23-Sept-2013 Dr Ian Wilson Medicine Management

18-Sept-2013 Mrs Shirley Learmonth Third Party Consultation

30-Aug-2013 Administration Letter from consultant Clinical Letter ***** Hospital - Glasgow (P3) Orthopaedics

06-Sept-2013 Ms Julie Thomson Clinic

Intervention Removal of suture of skin Sutures x 3 removed from L] Shoulder. (P3) Healing well. Mepore film & pad dressing applied to wound at back due to slight bleeding. Advised to remove tomorrow. Advice given re analgesia & use of ice packs.

05-Sept-2013 Mrs Anne Crisp Third Party Consultation

04-Sept-2013 Administration Administration Referral Letter Inverurie Hospital Physiotherapy (P3)

04-Sept-2013 Mrs Karen Stevenson Administration

Intervention Arthroscopic subacromial decompression . Recipient: Inverurie Hospital department of Physiotherapy; Referral Type: Out Patient; Sender: Dr K M Cheesman; Reason: Arthroscopic subacromial decompression

03-Sept-2013 Miss Ann Matthew Third Party Consultation

28-Aug-2013 Administration Letter from consultant Discharge/Summary Letter ***** (P3) Hospital Glasgow Orthopaedics

03-Sept-2013 Mrs Yvonne Clayton Third Party Consultation

28-Aug-2013 Administration (P3) Letter from consultant Physiotherapy Clinical Letter ***** Hospital, Glasgow

02-Sept-2013 Ms Angie Sim Administration

27-Aug-2013 Intervention (P1) Arthroscopic subacromial decompression left

30-Aug-2013 Dr L J Sharp Administration

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Shoulder joint operations; Duration 28-Aug-2013 - 25-Sep-2013)

29-Aug-2013 Mrs Karen Stevenson Third Party Consultation

28-Aug-2013 Administration (P3) Discharge summary Discharge/Summary Letter ***** Hospital General Surgery

27-Aug-2013 Miss Kirsten Duncan Third Party Consultation

26-Aug-2013 Administration (P3) Administration Administration Letter Letter from Doctor

26-Aug-2013 Miss Ann Matthew Administration

Administration (P3) Administration NOS patient came in asking for the Med 3 requested last week. Explained that we do not forward date these. He asked if we could type a letter for his employer explaining that he is going for surgery this week and is unable to go off shore. I checked with PS and she said I could type up a basic letter and get a GP to sign for him. see letter below - AG

23-Aug-2013 Dr R M Wallace Administration

Administration (P3) Administration NOS (RMW) See message in my Daybook; " (21/8/13 17:16) needs sick line to start from Tues next wk for 5 wks but going away Tues- shoulder op in Glasgow on that day but due to go offshore - collect omhc - tel 07769 115809 if any problem - (AC)" *** 23/8/13 14:53, no reply (and no voicemail to leave message). I cannot issue a future-dated MED3 but can issue one next week once he has had his surgery to Lt shoulder - listed on 4/3/13 for sub-acromial decompression)..

04-Mar-2013 Diagnosis (P1) Shoulder pain Left - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression

28-Jun-2013 Mrs Yvonne Clayton Third Party Consultation

21-Jun-2013 Administration (P3) Letter from consultant Clinical Letter ARI Gastroenterology

18-Jun-2013 Dr K M Cheesman Administration

Administration (P3) Administration NOS KMWscript done as per endoscopy letter.

14-Jun-2013 Mrs Elaine Gray Administration

Diagnosis (P1) Oesophagitis /reflux and gastritis see on gastroscopy

13-Jun-2013 Mrs Karen Stevenson Third Party Consultation

08-Jun-2013 Administration (P3) Letter from consultant Clinical Letter ARI Gastroenterology

01-May-2013 Dr D G Connell Surgery consultation**26-Apr-2013 Dr R M Wallace Telephone call from a patient**

Administration (P3) Telephone encounter (RMW) 08:55 Pt phoned - says he saw Prof EI-***** recently who had suggested increasing dose of Creon and also trying amitriptyline. Letter from 22/4/13 in notes - mentions creon but not amitriptyline. Christopher says he stopped DHC about 10 days ago and alcohol now down to "a beer at the weekend". Says he has been taking creon 10,000 caps about 10 per day but last script over 4/12 ago. PLAN: creon re-issued; start amitriptyline (warned re drowsiness)

Examination Alcohol intake within recommended sensible limits 2 units per week

25-Apr-2013 Dr J T Craig Administration

Administration (P3) Administration NOS Note Gi letter, for higher dose creon when issued.

24-Apr-2013 Mrs Shirley Learmonth Third Party Consultation

22-Apr-2013 Administration (P3) Letter from consultant Clinical Letter ARI Gastroenterology

16-Apr-2013 Mrs Jenny Milne Third Party Consultation

15-Apr-2013 Administration (P3) OOH report Out of Hours Out of Hours Service

04-Apr-2013 Dr C Watson Administration

03-Apr-2013 Mrs Anne Crisp Administration

26-Mar-2013 Mrs Yvonne Clayton Third Party Consultation

04-Mar-2013 Administration Letter from consultant Clinical Letter Woodend Orthopaedics (P3)

25-Mar-2013 Mrs Valerie Cairns Administration

Administration Administration NOS DOCMAN RECORDS RECEIVED FROM (P3) LAST PRACTICE - ONLY VIEWABLE THROUGH DOCMAN. VC

05-Mar-2013 Dr Toni Fawcett Administration

Administration Telephone encounter TF spoke with patient seen ortho who are (P3) putting forward for operation advised stop DHC and go to MR DHC or amitryptiline - going ff shore so advised trial MR DHC in first instance - aware to stop other DHC

04-Mar-2013 Dr J T Craig Repeat Issue**01-Mar-2013 Dr L J Sharp Medicine Management**

Administration Medication review

28-Feb-2013 Mrs Karen Stevenson Third Party Consultation

26-Feb-2013 Administration X-ray report received Results Turriff Hospital Xray (P3)

26-Feb-2013 Dr Toni Fawcett Telephone call from a patient

Administration Telephone encounter TF booked app at TCH for xray 1130 - (P3) message left on answer machine to phone back as no answer

25-Feb-2013 Dr Toni Fawcett Surgery consultation

Administration Consultation TFin with ***** worsneing left shoulder pain and (P3) dduced movement, also sweating and occ sob, weight loss ?5kg, bowel problems has been on creon - colonoscopy ok - awaiting follow up. has been taking excess DHC. pain all time. O/e pale BP 140/98, pulse reg, no nodes, chest clear, left very limited movemnt of shoulder. plan cxr/left shoulder xray i will phone for app tomorrow - short course add in nsaid with food.

Examination O/E - weight 85 Kg
Examination Body Mass Index 26.8

25-Feb-2013 Dr J T Craig Third Party Consultation

Administration Telephone encounter Spoke with ***** Christopher really (P3) struggling. In a lot of pain from shoulder. sweating++. Really not well. I see bloods are back. HAS appt for tomorrow but doesn't feel he can wait until then. Given triage appt in Fyvie, may be able to cancel appt tomorrow if dealt with this pm. Suggest refer for CXR now in view of degree of pain.

25-Feb-2013 Dr R M Wallace Results recording

22-Feb-2013 Examination Hepatitis B surface antigen level Hep B surface antigen level - Negative

22-Feb-2013 Examination Human immunodeficiency virus antibody level HIV antibody level - Negative - Please repeat if patient has had possible exposure in the last 3 months.

22-Feb-2013 Examination Hepatitis C antibody test <none>

22-Feb-2013 Examination Hepatitis C antibody level Negative - Antibodies to Hepatitis C may take 6 months to develop

22-Feb-2013 Examination **Hepatitis B surface antigen level** Hep B surface antigen level - Negative: (No range available)

22-Feb-2013 Examination **Human immunodeficiency virus antibody level** HIV antibody level - Negative - Please repeat if patient has had possible exposure in the last 3 months.: (No range available)

22-Feb-2013 Examination **Hepatitis C antibody test** <none>: (No range available)

22-Feb-2013 Examination **Hepatitis C antibody level** Negative - Antibodies to Hepatitis C may take 6 months to develop: (No range available)

22-Feb-2013 Dr R M Wallace Results recording

Examination Plasma glucose level 4.9 mmol/L

Examination **Plasma glucose level:**

Plasma glucose level 4.9 mmol/L (Range: 3.7 - 5.6)

22-Feb-2013 Dr R M Wallace Results recording

Examination Serum albumin 46 g/L

Examination Serum alkaline phosphatase U/L 86 U/L

Examination Serum alanine aminotransferase level Serum ALT level - U/L 23 U/L

Examination Serum total bilirubin level 13 umol/L

Examination Serum calcium 2.6 mmol/L

Examination Corrected serum calcium level <none> mmol/L

Examination Corrected serum calcium level mmol/l 2.48 mmol/L

Examination Serum chloride 100 mmol/L

Examination Serum total cholesterol level 4.8 mmol/L

Examination CK - creatine kinase level U/L 149 U/L

Examination Serum creatinine umol/l 84 umol/L

Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level	62 U/L	
	- U/L			
Examination	Serum HDL cholesterol level		1 mmol/L	
Examination	Serum LDL cholesterol level		1.8 mmol/L	
Examination	Serum inorganic phosphate		1.26 mmol/L	
Examination	Serum potassium		4.3 mmol/L	
Examination	Serum sodium		138 mmol/L	
Examination	Serum total protein		73 g/L	
Examination	Serum triglycerides		4.51 mmol/L	
Examination	Serum TSH level	mU/L	1.39 mU/L	
Examination	Serum urea level		4.3 mmol/L	
Examination	Serum lipids	<none>		
Examination	Liver function test	<none>		
Examination	Thyroid function test	Please note change in TSH reference range from 18/2/13		
Examination	Urea and electrolytes	<none>		
Examination	Serum amylase level	U/L	78 U/L	
Examination	Prostate specific antigen		0.8 ug/L	
Examination	Serum C reactive protein level		4 mg/L	
Examination	Biochemical test	<none>		
Examination	Biochemical test	<none>		
Examination	Net bilirubin absorbance	-		
Examination	Cardiac enzymes	<none>		
Examination	Total cholesterol:HDL ratio		4.6 ratio	
Examination	Serum free T4 level		20 pmol/L	
Examination	Lipid level	-	mmol/L	
Examination	Haemolysis screening test	-		
Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd	60 mL/min	
Examination	MDRD - mL/min/1.73m2			
Examination	Serum albumin:			
	Serum albumin		46 g/L	(Range: 35 - 50)
Examination	Serum alkaline phosphatase U/L:			
	Serum alkaline phosphatase	U/L	86 U/L	(Range: 30 - 130)
Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:		
	Serum alanine aminotransferase level	Serum ALT level - U/L	23 U/L	(Range: 8 - 55)
Examination	Serum total bilirubin level:			
	Serum total bilirubin level		13 umol/L	(No range available)
Examination	Serum calcium:			
	Serum calcium		2.6 mmol/L	(No range available)
Examination	Corrected serum calcium level <none>:			
	Corrected serum calcium level	<none>	mmol/L	(No range available)
Examination	Corrected serum calcium level mmol/l:			
	Corrected serum calcium level	mmol/l	2.48 mmol/L	(Range: 2.2 - 2.6)
Examination	Serum chloride:			
	Serum chloride		100 mmol/L	(Range: 95 - 108)
Examination	Serum total cholesterol level:			
	Serum total cholesterol level		4.8 mmol/L	(Range: 3.4 - 5.2)
Examination	CK - creatine kinase level U/L:			
	CK - creatine kinase level	U/L	149 U/L	(Range: 40 - 320)
Examination	Serum creatinine umol/l:			
	Serum creatinine	umol/l	84 umol/L	(Range: 50 - 120)
Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L: Abnormal		
	Serum gamma-glutamyl transferase level	Serum gamma GT level	62 U/L	(Range: 4 - 35)
	- U/L			
Examination	Serum HDL cholesterol level:			
	Serum HDL cholesterol level		1 mmol/L	(Range: 0.8 - 1.9)
Examination	Serum LDL cholesterol level:			
	Serum LDL cholesterol level		1.8 mmol/L	(Range: 1.4 - 5)
Examination	Serum inorganic phosphate:			
	Serum inorganic phosphate		1.26 mmol/L	(Range: 0.8 - 1.5)
Examination	Serum potassium:			
	Serum potassium		4.3 mmol/L	(Range: 3.5 - 5.3)
Examination	Serum sodium:			
	Serum sodium		138 mmol/L	(Range: 133 - 146)
Examination	Serum total protein:			
	Serum total protein		73 g/L	(Range: 60 - 80)
Examination	Serum triglycerides: Abnormal			
	Serum triglycerides		4.51 mmol/L	(Range: 0.6 - 2)
Examination	Serum TSH level mU/L:			
	Serum TSH level	mU/L	1.39 mU/L	(Range: 0.35 - 4.5)
Examination	Serum urea level:			
	Serum urea level		4.3 mmol/L	(Range: 2.5 - 7.8)
Examination	Serum lipids <none>:			
	Serum lipids	<none>		(No range available)
Examination	Liver function test <none>:			
	Liver function test	<none>		(No range available)
Examination	Thyroid function test Please note change in TSH reference range from 18/2/13:			
	Thyroid function test	Please note change in TSH reference range from 18/2/13		(No range available)
Examination	Urea and electrolytes <none>:			
	Urea and electrolytes	<none>		(No range available)
Examination	Serum amylase level U/L:			
	Serum amylase level	U/L	78 U/L	(No range available)
Examination	Prostate specific antigen:			
	Prostate specific antigen		0.8 ug/L	(No range available)
Examination	Serum C reactive protein level:			
	Serum C reactive protein level		4 mg/L	(No range available)
Examination	Biochemical test <none>:			
	Biochemical test	<none>		(No range available)
Examination	Biochemical test <none>:			
	Biochemical test	<none>		(No range available)
Examination	Net bilirubin absorbance-:			
	Net bilirubin absorbance	-		(No range available)
Examination	Cardiac enzymes <none>:			
	Cardiac enzymes	<none>		(No range available)
Examination	Total cholesterol:HDL ratio:			
	Total cholesterol:HDL ratio		4.6 ratio	(No range available)
Examination	Serum free T4 level:			
	Serum free T4 level		20 pmol/L	(Range: 10 - 25)
Examination	Lipid level-:			
	Lipid level	-	mmol/L	(No range available)

Examination	Haemolysis screening test:-		
	Haemolysis screening test -		(No range available)
Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - ml/min/1.73m2:	
	GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD	60 mL/min
	MDRD - ml/min/1.73m2		(Range: 60 - 140)

22-Feb-2013 Dr R M Wallace Results recording

Examination	Serum vitamin B12 ng/l	390 ng/L	
Examination	Eosinophil count x10 ⁹ /l	0.25 10 ⁹ /L	
Examination	Serum folate ug/l	6.4 ug/L	
Examination	Haemoglobin estimation g/l	153 g/L	
Examination	Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	
Examination	Mean corpuscular volume (MCV) fl	86 fl	
Examination	Monocyte count x10 ⁹ /l	0.3 10 ⁹ /L	
Examination	Neutrophil count x10 ⁹ /l	2.5 10 ⁹ /L	
Examination	Platelet count x10 ⁹ /l	242 10 ⁹ /L	
Examination	Red blood cell (RBC) count x10 ¹² /l	5.1 10 ¹² /L	
Examination	Total white cell count x10 ⁹ /l	4.3 10 ⁹ /L	
Examination	Lymphocyte count x10 ⁹ /l	1.1 10 ⁹ /L	
Examination	Full blood count - FBC <none>		
Examination	Blood haematinic levels <none>		
Examination	Serum ferritin ug/l	145.6 ug/L	
Examination	Large unstained cells x10 ⁹ /l	0.1 10 ⁹ /L	
Examination	Haematocrit - PCV l/l	0.44 L/L	
Examination	Basophil count x10 ⁹ /l	0.09 10 ⁹ /L	
Examination	Serum vitamin B12 ng/l:		
	Serum vitamin B12 ng/l	390 ng/L	(Range: 200 - 700)
Examination	Eosinophil count x10 ⁹ /l:		
	Eosinophil count x10 ⁹ /l	0.25 10 ⁹ /L	(Range: 0.1 - 0.5)
Examination	Serum folate ug/l:		
	Serum folate ug/l	6.4 ug/L	(Range: 3 - 20)
Examination	Haemoglobin estimation g/l:		
	Haemoglobin estimation g/l	153 g/L	(Range: 140 - 180)
Examination	Mean corpusc. haemoglobin(MCH) pg:		
	Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	(Range: 27 - 32)
Examination	Mean corpuscular volume (MCV) fl:		
	Mean corpuscular volume (MCV) fl	86 fl	(Range: 83 - 98)
Examination	Monocyte count x10 ⁹ /l:		
	Monocyte count x10 ⁹ /l	0.3 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count x10 ⁹ /l:		
	Neutrophil count x10 ⁹ /l	2.5 10 ⁹ /L	(Range: 1.5 - 7)
Examination	Platelet count x10 ⁹ /l:		
	Platelet count x10 ⁹ /l	242 10 ⁹ /L	(Range: 140 - 400)
Examination	Red blood cell (RBC) count x10 ¹² /l:		
	Red blood cell (RBC) count x10 ¹² /l	5.1 10 ¹² /L	(Range: 5 - 6)
Examination	Total white cell count x10 ⁹ /l:		
	Total white cell count x10 ⁹ /l	4.3 10 ⁹ /L	(Range: 4 - 10)
Examination	Lymphocyte count x10 ⁹ /l: Abnormal		
	Lymphocyte count x10 ⁹ /l	1.1 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC <none>:		
	Full blood count - FBC <none>		(No range available)
Examination	Blood haematinic levels <none>:		
	Blood haematinic levels <none>		(No range available)
Examination	Serum ferritin ug/l:		
	Serum ferritin ug/l	145.6 ug/L	(Range: 20 - 300)
Examination	Large unstained cells x10 ⁹ /l:		
	Large unstained cells x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.05 - 0.5)
Examination	Haematocrit - PCV l/l:		
	Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
Examination	Basophil count x10 ⁹ /l:		
	Basophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.01 - 0.1)

22-Feb-2013 Mrs Lynda Wilson Surgery consultation

Examination	Erythrocyte sedimentation rate	4 mm/h	
Examination	Erythrocyte sedimentation rate:		
	Erythrocyte sedimentation rate	4 mm/h	(No range available)

18-Feb-2013 Dr R M Wallace Telephone call from a patient

Administration (P3)	Telephone encounter (RMW) 18 minute phone call - initially from his partner, *****, then with Christopher. She describes him as having ongoing diarrhoea despite Creon, continuing weight loss, wasting of muscles of legs. Also sweating and shoulder pain. Pale/grey colour. I spoke to Christopher; he says BO 2-3 x/day; abdo feels bloated. Lot of shoulder pain - taking 10 x 30mg dihydrocodeine daily - typically as 2 doses of 4 tabs and one of 2 tabs. Has tried doing without them some days but feels rotten. I advised that his current useage would increase risk of addiction and withdrawal effects. PLAN: take DHC as a steady dose of 30mg 2 tabs QDS unril review; start PARACETAMOL 8 daily; make apt for bloods and review after these. may need to consider need for CXR in view of sweating and shoulder pain..
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05-Feb-2013 Dr Toni Fawcett Administration**04-Feb-2013 Mrs Karen Stevenson Administration****09-Jan-2013 Dr Louise McLaren Medicine Management****13-Dec-2012 Dr J T Craig Repeat Issue****12-Dec-2012 Mrs Shirley Learmonth Repeat Issue**

13-Nov-2012 Dr J T Craig Repeat Issue**12-Nov-2012 Dr J T Craig Telephone call to a patient**

Administration (P3)	Telephone encounter	Spoke with Christopher regarding letter from prof El *****. Happy for trial of creon. Script to Wills Inverurie.
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12-Nov-2012 Dr J T Craig Telephone call to a patient

Administration (P3)	Telephone encounter	Tried to contact MR Rust regarding letter from Prof El ***** re creon. Message left asking him to call back.
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12-Nov-2012 Mrs Lesley Ritchie Third Party Consultation

29-Oct-2012	Administration (P3)	Letter from consultant	Clinical Letter Woodend Orthopaedics
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07-Nov-2012 Mrs Shirley Learmonth Third Party Consultation

06-Nov-2012	Administration (P3)	Letter from consultant	Clinical Letter ARI Gastroenterology
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05-Nov-2012 Dr J T Craig Third Party Consultation

Administration (P3)	Telephone encounter	Spoke with Christopher, colonoscopy normal and was advised that he would get a CT scan if this were the case. Not heard anything further. I will contact Prof El Omars secretary.
Administration (P3)	Telephone encounter	Contacted secretary, letter has been sent to wrong surgery, copy will be forwarded to the surgery but essentially normal scope and biopsies normal. Secretary will clarify both scan and creon with Prof El *****.

22-Oct-2012 Dr J T Craig Telephone call to a patient

Administration (P3)	Telephone encounter	Further attempt to contact Christopher at 5.20pm. Again no reply. Message left.
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22-Oct-2012 Dr J T Craig Telephone call to a patient

Administration (P3)	Telephone encounter	12.33pm Tried to return call to Christopher, no reply. Message left asking him to call again.
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18-Oct-2012 Dr Nelia Lourens Medicine Management**18-Oct-2012 Mrs Marion Murray Day Case Report****09-Oct-2012 Mrs Shirley Learmonth Third Party Consultation**

02-Oct-2012	Administration (P3)	Discharge summary	Discharge/Summary Letter Inverurie Hospital Physiotherapy
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03-Oct-2012 Mrs Elaine Gray Administration

Examination	Diagnostic colonoscopy	
Examination	Diagnostic colonoscopy: Normal	
	Diagnostic colonoscopy	(No range available)

03-Oct-2012 Mrs Shirley Learmonth Third Party Consultation

17-Sept-2012	Administration (P3)	Administration	Clinical Letter ARI Gastroenterology
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01-Oct-2012 Ms Angie Sim Administration**24-Sept-2012 Ms Angie Sim Administration****20-Sept-2012 Dr J T Craig Surgery consultation**

Administration (P3)	Telephone encounter	Explained blood results. really just showing elevated GGT (liver test ?in relation to alcohol). Glucose slightly up. To make appt for fasting when next home. Explained discussion with regards to creon. Need to await guidance from Prof El *****. May not be until after Christopher is away again as likely to await Bx results.
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20-Sept-2012 Dr J T Craig Third Party Consultation

Administration (P3)	Telephone encounter	Contacted Prof El ***** secretary. Not available today, contacted Dr Phulls secretary who is covering. Biopsies taken by Mr Loudon, Prof El ***** not back until next week and likely to await biopsies before decision on Rx.
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18-Sept-2012 Dr J T Craig Third Party Consultation

Administration (P3)	Telephone encounter	Spoke with ***** colonoscopy normal. Prof wondering re possible pancreatic problem. Arranging CT. Had mentioned creon. I will check details on Thursday if no letter in.
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18-Sept-2012 Dr J T Craig Repeat Issue

18-Sept-2012 Ms Angie Sim Administration

10-Sept-2012	Examination	Ex smoker	
10-Sept-2012	Examination	Alcohol intake above recommended sensible limits	// cigarettes / cigars / tobacco units per week

17-Sept-2012 Mrs Dawn Swift Repeat Issue**17-Sept-2012 Mrs Dawn Swift Third Party Consultation**

10-Sept-2012	Administration (P3)	Letter from consultant	Clinical Letter ARI Gastroenterology
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06-Sept-2012 Dr J T Craig Surgery consultation

Administration (P3)	Consultation	Seen with ***** and *****. Ongoing diarrhoea and abdominal pain and bloating. really bad last night after having soup. Felt upper bado very bloated and difficulty getting breath but settled this morning. Still loose motions, no blood. ALoS some pain left loin area. Brought urine sample - NAD O/E ABod soft, tender epigastrium and left iliac fossa. Stopped diclofenac now but had taken 4 days ago. On omeprazole. ?element of gastritis. ?colitis. Await GI review on Monday.
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06-Sept-2012 Dr D G Connell Surgery consultation

Administration (P3)	Telephone triage encounter	phone call - worry with ongoing symptoms of abdo bloating and loose yellow watery bloods free diarrhoea overnight - no vomithas first GI appt due 26 sept and awaits FU appt cardiology to recap all ixno vomit no dyspnoeaunable to attend as no transport this am but happy to comedown OM later once ***** home - see after 4 this evening adv dgc
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06-Sept-2012 Dr D G Connell Surgery consultation**06-Sept-2012 Dr D G Connell Surgery consultation****30-Aug-2012 Mrs Anne Crisp Third Party Consultation**

Administration (P3)	Administration	Administration	Letter Consent Form
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30-Aug-2012 Dr C Watson Surgery consultation

Administration (P3)	Consultation	CW Shoulder bursa injection. Left shoulder area cleansed with antiseptic. Green needle lateral approach. Lidocaine 2mls 11272041 6/2015 and Depomedrone 80mg Z009411 12/2016 to left subacromial bursa. Dressing applied. Rest and analgesia if requ. Awaiting ortho assessment. Advised restart physio exercises after a few days.
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21-Aug-2012 Dr L J Sharp Medicine Management**30-July-2012 Miss Ann Morgan Other**

Administration	Scanned Document
	SCI Referral Letter :

30-July-2012 Mrs Anne Crisp Administration

27-July-2012	Intervention	Impingement syndrome of shoulder . Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Impingement syndrome of shoulder; Referral Status: Referred
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27-July-2012 Dr Nelia Lourens Surgery consultation

Examination	O/E - blood pressure reading	140 / 90 mm Hg
Administration (P3)	Consultation	NLIn with *****. Showed away this am at A&E as presented with shoulder pain. I note RW entry re DNA shoulder injection. They were told by ? physio it wont help. Said he did phone to cancel but ? phoned OMHC and not Fyvie. Physio thought impingement and I agree on examination. ***** has a fam member who is a medical consultant and thought he might have endocarditis or septic arthritis!! Note normal bloods 4/7. Normal BP today. Chest examination clear.PL:1. Re book steroid injection2. I will refer ortho3 .Analgesia prescribed and will buy otc Paracetamol

23-July-2012 Dr S B Robertson Surgery consultation

Administration (P3)	Administration NOS	SBRP: Further request for dihydrocodeine which ' must ' be supplied this afternoon . I have given a one week supply and asked the patient to make an appointment to review his analgesic needs .
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17-July-2012 Dr R M Wallace Administration

Administration (P3)	Failed encounter	(RMW)DNA apt with me at Fyvie HC for shoulder injection.This wasted 20min apt for me and 20mins for nurse. Very disappointing.I note he DNA various Cardiology Clinic apt in past and we stillNEED TO REVIEW HIS MEDICATIONS at next contact=====
01-Jun-2011	Administration	Occupations
		Mercahnt Seaman

16-July-2012 Dr R M Wallace Administration

	Administration (P3)	Administration NOS (RMW)Pt due to attend me tomorrow for shoulder injection. I reviewed his notes today regarding history of CHEST PAIN.13/6/11 - c/o chest pain - not obviously cardiac but reported strong FH of hear dis (**** MI age 49). mild hyperlipidaemia noted. started on GTN spray, atenol and aspirin.7/7/11 - ETT at Inverurie NORMAL.since then he DNA various Cardiology appointments.Need to review and consider Dx and need for ongoing Rx=====
07-July-2011	Examination (P1)	Exercise ECG (at Inverurie) NORMAL
13-Jun-2011	Symptom (P1)	Chest pain - not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN
13-Jun-2011	Diagnosis (P1)	Hyperlipidaemia NOS (mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN

09-July-2012 Dr J T Craig Administration

Administration (P3)	Administration NOS DNA JTC
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06-July-2012 Miss Sandra Yule Third Party Consultation

04-July-2012	Examination	Biochemical screening test Results ARI Labs biochemistry
04-July-2012	Examination	Biochemical screening test Results ARI Labs biochemistry: Biochemical screening test Results ARI Labs biochemistry (No range available)

06-July-2012 Mr Hello System Supervisor Results recording

04-July-2012	Examination	Serum albumin Original result: "Albumin" = 49(35 - 50)	49	
04-July-2012	Examination	Serum alkaline phosphatase Original result: "Alk Phosphatase" = 89(30 - 130)	89	
04-July-2012	Examination	Plasma alanine aminotransferase level Original result: "Ala Amino 43 Trans" = 43(8 - 55)	43	
04-July-2012	Examination	Total bilirubin Original result: "Tot Bilirubin" = 13(0 - 20)	13	
04-July-2012	Examination	Serum chloride Original result: "Chloride" = 102(95 - 108)	102	
04-July-2012	Examination	Serum creatinine Original result: "Creatinine" = 78(50 - 120)	78	
04-July-2012	Examination	Gamma - G.T. level Original result: "Gamma Glut Trans" = 84(4 - 84 35)	84	
04-July-2012	Examination	Serum potassium Original result: "Potassium" = 4.1(3.5 - 5.3)	4.1	
04-July-2012	Examination	Serum sodium Original result: "Sodium" = 138(133 - 146)	138	
04-July-2012	Examination	TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30)	0.48	
04-July-2012	Examination	Serum urea level Original result: "Urea" = 5.3(2.5 - 7.8)	5.3	
04-July-2012	Examination	Serum lipids Original result: "Lipaemia" = --		
04-July-2012	Examination	Plasma C reactive protein Original result: "C-Reactive Protein" < 4(0 - 4)		
04-July-2012	Examination	Haematology test Original result: "Icteric" = --		
04-July-2012	Examination	Free T4 level Original result: "Free T4" = 19(10 - 25)	19	
04-July-2012	Examination	Haemolysis screening test Original result: "Haemolysis" = --		
04-July-2012	Examination	GFR calculated abbreviated MDRD Original result: "MDRDA" > 60(60 - 140)	60	
04-July-2012	Examination	Serum albumin Original result: "Albumin" = 49(35 - 50): Serum albumin Original result: "Albumin" = 49(35 - 50)	49	(No range available)
04-July-2012	Examination	Serum alkaline phosphatase Original result: "Alk Phosphatase" = 89(30 - 130): Serum alkaline phosphatase Original result: "Alk Phosphatase" = 89(30 - 130)	89	(No range available)
04-July-2012	Examination	Plasma alanine aminotransferase level Original result: "Ala Amino Trans" = 43(8 - 55): Plasma alanine aminotransferase level Original result: "Ala Amino 43 Trans" = 43(8 - 55)	43	(No range available)
04-July-2012	Examination	Total bilirubin Original result: "Tot Bilirubin" = 13(0 - 20): Total bilirubin Original result: "Tot Bilirubin" = 13(0 - 20)	13	(No range available)
04-July-2012	Examination	Serum chloride Original result: "Chloride" = 102(95 - 108): Serum chloride Original result: "Chloride" = 102(95 - 108)	102	(No range available)
04-July-2012	Examination	Serum creatinine Original result: "Creatinine" = 78(50 - 120): Serum creatinine Original result: "Creatinine" = 78(50 - 120)	78	(No range available)
04-July-2012	Examination	Gamma - G.T. level Original result: "Gamma Glut Trans" = 84(4 - 35): Gamma - G.T. level Original result: "Gamma Glut Trans" = 84(4 - 84 35)	84	(No range available)
04-July-2012	Examination	Serum potassium Original result: "Potassium" = 4.1(3.5 - 5.3): Serum potassium Original result: "Potassium" = 4.1(3.5 - 5.3)	4.1	(No range available)
04-July-2012	Examination	Serum sodium Original result: "Sodium" = 138(133 - 146): Serum sodium Original result: "Sodium" = 138(133 - 146)	138	(No range available)
04-July-2012	Examination	TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30): TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30)	0.48	(No range available)
04-July-2012	Examination	Serum urea level Original result: "Urea" = 5.3(2.5 - 7.8): Serum urea level Original result: "Urea" = 5.3(2.5 - 7.8)	5.3	(No range available)
04-July-2012	Examination	Serum lipids Original result: "Lipaemia" = --: Serum lipids Original result: "Lipaemia" = --		(No range available)
04-July-2012	Examination	Plasma C reactive protein Original result: "C-Reactive Protein" < 4(0 - 4): Plasma C reactive protein Original result: "C-Reactive Protein" < 4(0 - 4)		(No range available)
04-July-2012	Examination	Haematology test Original result: "Icteric" = --: Haematology test Original result: "Icteric" = --		(No range available)
04-July-2012	Examination	Free T4 level Original result: "Free T4" = 19(10 - 25): Free T4 level Original result: "Free T4" = 19(10 - 25)	19	(No range available)
04-July-2012	Examination	Haemolysis screening test Original result: "Haemolysis" = --: Haemolysis screening test Original result: "Haemolysis" = --		(No range available)
04-July-2012	Examination	GFR calculated abbreviated MDRD Original result: "MDRDA" > 60(60 - 140): GFR calculated abbreviated MDRD Original result: "MDRDA" > 60(60 - 140)	60	(No range available)

05-July-2012 Mrs Anne Crisp Third Party Consultation

04-July-2012	Administration (P3)	Haematology report received Results ARI Labs Haematology
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05-July-2012 Mr Hello System Supervisor Results recording

04-July-2012	Examination	Eosinophil count	Original result: "EOS" = 0.18(0.1 - 0.5)	0.18	
04-July-2012	Examination	Hb estimation	Original result: "HB" = 153(140 - 180)	153	
04-July-2012	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 30 - 32)		
04-July-2012	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 89(83 - 89 98)		
04-July-2012	Examination	Monocyte count	Original result: "MONO" = 0.60(0.2 - 0.8)	0.6	
04-July-2012	Examination	Neutrophil count	Original result: "NEUT" = 4.30(1.5 - 7.0)	4.3	
04-July-2012	Examination	Platelet count	Original result: "PLT" = 274(140 - 400)	274	
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.1(5.0 - 6.0)	5.1	
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "HCT" = 0.45(0.42 - 0.54)	0.45	
04-July-2012	Examination	White blood count	Original result: "WBC" = 6.6(4.0 - 10.0)	6.6	
04-July-2012	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	
04-July-2012	Examination	Large unstained cells	Original result: "*****" = 0.12(0.05 - 0.50)	0.12	
04-July-2012	Examination	Basophil count	Original result: "BASO" = 0.07(0.01 - 0.10)	0.07	
04-July-2012	Examination	Eosinophil count	Original result: "EOS" = 0.18(0.1 - 0.5):		(No range available)
04-July-2012	Examination	Eosinophil count	Original result: "EOS" = 0.18(0.1 - 0.5)	0.18	
04-July-2012	Examination	Hb estimation	Original result: "HB" = 153(140 - 180):		(No range available)
04-July-2012	Examination	Hb estimation	Original result: "HB" = 153(140 - 180)	153	
04-July-2012	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 - 32):		(No range available)
04-July-2012	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 30 - 32)		
04-July-2012	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 89(83 - 98):		(No range available)
04-July-2012	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 89(83 - 89 98)		
04-July-2012	Examination	Monocyte count	Original result: "MONO" = 0.60(0.2 - 0.8):		(No range available)
04-July-2012	Examination	Monocyte count	Original result: "MONO" = 0.60(0.2 - 0.8)	0.6	
04-July-2012	Examination	Neutrophil count	Original result: "NEUT" = 4.30(1.5 - 7.0):		(No range available)
04-July-2012	Examination	Neutrophil count	Original result: "NEUT" = 4.30(1.5 - 7.0)	4.3	
04-July-2012	Examination	Platelet count	Original result: "PLT" = 274(140 - 400):		(No range available)
04-July-2012	Examination	Platelet count	Original result: "PLT" = 274(140 - 400)	274	
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.1(5.0 - 6.0):		(No range available)
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.1(5.0 - 6.0)	5.1	
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "HCT" = 0.45(0.42 - 0.54):		(No range available)
04-July-2012	Examination	Red blood cell (RBC) count	Original result: "HCT" = 0.45(0.42 - 0.54)	0.45	
04-July-2012	Examination	White blood count	Original result: "WBC" = 6.6(4.0 - 10.0):		(No range available)
04-July-2012	Examination	White blood count	Original result: "WBC" = 6.6(4.0 - 10.0)	6.6	
04-July-2012	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0): Abnormal		(No range available)
04-July-2012	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	
04-July-2012	Examination	Large unstained cells	Original result: "*****" = 0.12(0.05 - 0.50):		(No range available)
04-July-2012	Examination	Large unstained cells	Original result: "*****" = 0.12(0.05 - 0.50)	0.12	
04-July-2012	Examination	Basophil count	Original result: "BASO" = 0.07(0.01 - 0.10):		(No range available)
04-July-2012	Examination	Basophil count	Original result: "BASO" = 0.07(0.01 - 0.10)	0.07	

04-July-2012 Dr Emily Anderson Surgery consultation

Diagnosis (P3) Shoulder pain ongoing. same in nature steroid inj only thing that helped. was now 4 months ago. taking more DHC than recommended due to pain. still awaiting PT after ***** called them back to be re-instated on list. oe appears to be impingement. as steroid helped could consider further injection. change analgesis, NSAID CI due to dyspepsia. await PT.

29-Jun-2012 Dr Ian Wilson Medicine Management**18-Jun-2012 Dr K M Cheesman Administration**

Administration (P3) Administration NOS KMWDNA x2 - cardiology clinic.

13-Jun-2012 Mrs Shirley Learmonth Third Party Consultation

12-Jun-2012 Administration (P3) Letter from consultant Clinical Letter ARI Cardiology

01-Jun-2012 Dr D G Connell Surgery consultation**01-Jun-2012 Dr D G Connell Surgery consultation****31-May-2012 Mrs Jenny Milne Repeat Issue****31-May-2012 Dr J T Craig Third Party Consultation**

Administration (P3) Telephone encounter Discussion with ***** re Sx. Worsening. Getting more discomfort if eats fatty foods. Losing weight. Still gongi off to work offshore. Advised I would be able to sign off and offered appt on Monday but will be away by then and ***** says needs to go to work. DNAd for bloods, discussed. Needs bloods repeated adn to be seen with results. Again advised I could see him on Monday.

25-May-2012 Mrs Lynda Wilson Surgery consultation

Administration (P3) Failed encounter DNA for bloods

17-May-2012 Dr J T Craig Administration

Administration (P3) Administration NOS Message from Mr Rust, no private insurance and wishes to be referred on the nhs.

16-May-2012 Mrs Lesley Ritchie Administration

Administration Scanned Document
SCI Referral Letter :

15-May-2012 Miss Ann Matthew Third Party Consultation

10-May-2012 Administration Discharge summary Discharge/Summary Letter Inverurie Hospital
(P3) Physiotherapy

15-May-2012 Mrs Shirley Learmonth Administration

Intervention Inflammatory bowel disease . Recipient: Aberdeen Royal Infirmary department of Gastroenterology; Referral Type: Out Patient; Sender: Dr J T *****; Reason: Inflammatory bowel disease; Referral Status: Referred

15-May-2012 Dr J T Craig Surgery consultation**14-May-2012 Dr J T Craig Surgery consultation**

Administration Consultation Continued episodes of left lower abdominal pain and
(P3) diarrhoea. No blood on stools. Had diarrhoea constantly for past 6 weeks and on and off for a year. No FHx of IBD. O/E Abdo soft, tender ++ left iliac fossa. Note recent bloods satisfactory other than GGT. No CRP, check the same and repeat FBC. ?IBD. Refer gastroenterology for review. May wish to go for private referral. Will let me know.

08-May-2012 Dr Ian Wilson Medicine Management**08-May-2012 Mrs Marion Murray Repeat Issue****23-Mar-2012 Dr L J Sharp Medicine Management****23-Mar-2012 Miss Ann Matthew Repeat Issue****14-Mar-2012 Dr K M Cheesman Administration**

05-Mar-2012 Examination U-S abdominal scan
05-Mar-2012 Examination U-S abdominal scan: Normal
U-S abdominal scan (No range available)

09-Mar-2012 Mrs Marion Murray Third Party Consultation

Administration Administration Administration Letter Consent Form
(P3)

09-Mar-2012 Dr C Watson Surgery consultation

Administration Consultation CW minor op. left shoulder area cleansed with
(P3) antiseptic, Lidocaine 2mls 1243204 8/2013 and depomedrone Y04015 11/2015 to left subacromial space, dressing applied rest analgesia if nec

08-Mar-2012 Mrs Karen Stevenson Third Party Consultation

05-Mar-2012 Administration X-ray report received Results Woodend Xray
(P3)

05-Mar-2012 Mrs Lesley Ritchie Third Party Consultation

02-Mar-2012 Administration Administration Referral Letter Inverurie Hospital Physiotherapy
(P3)

02-Mar-2012 Mrs Marion Murray Administration

Intervention Shoulder pain . Recipient: Inverurie Hospital department of Physiotherapy; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Shoulder pain

01-Mar-2012 Dr Nelia Lourens Surgery consultation

Administration Consultation NLAttends for left shoulder pain. Deny any injury.
(P3) Heavy labour off shore. Pain at night, keeping him awake. Taking maximum Paracetamol and Brufen 400mg tds. o/e: Good ROM, some painful abduction, power reduced on resisted left abduction and adduction. Severe tenderness AC joint. Imp: Sprain AC Joint, differential Subacromial impingement syndrome. PL: Book for steroid injection shoulder and I will refer physio

23-Feb-2012 Dr Nelia Lourens Surgery consultation

Administration Administration NOS NLMessage from ***** about cardiology
(P3) referral. He doesn't have an appt yet.. I phoned dr ***** secretary who confirmed they have the referral from 13/1/2012 and is waiting for it to be vetted before appt can be given. Message left about this on their home phone. Asked to phone us if any further problems.

22-Feb-2012 Dr R M Wallace Repeat Issue**21-Feb-2012 Mrs Karen Stevenson Repeat Issue**

17-Feb-2012 Dr Toni Fawcett Telephone call from a patient

Administration (P3) Telephone encounter TF spoke with *****. ***** had chest pain whilst out at sea - relieved by GTN. she phoned sec to find out when app is but they could not confirm. she has told me that sec advised her to speak to GP to see if appointment is soon. i have tried to contact dr waltons sec but she only works mon-thurs. try again next week.

20-Jan-2012 Miss Ann Morgan Third Party Consultation

13-Jan-2012 Administration (P3) Virology report received Results ARI Labs Virology

19-Jan-2012 Dr Toni Fawcett Surgery consultation

Administration (P3) Consultation TF for review of bloods - GGT bit raised - discussed. works on/off 4 weeks - when home drinks "more than double" advised. pain has been improving with PPI - more bloated after meals - no change in bowels, regular. no swallowing problems. discussed possibility of gall stones - advised abdo US will show. plan for repeat bloods 6-8 weeks will abstain from alcohol - check LFT's "monitoring" will see with results or sooner

19-Jan-2012 Mrs Karen Stevenson Third Party Consultation

13-Jan-2012 Administration (P3) Administration Referral Letter ARI Imaging

19-Jan-2012 Miss Ann Morgan Other

Administration Scanned Document
SCI Referral Letter :

19-Jan-2012 Mr Hello System Supervisor Results recording

13-Jan-2012 Examination Helicobacter pylori antigen test Original result: "Helicobacter pylori IgG EIA" = NEG Negative NEG
13-Jan-2012 Examination Helicobacter pylori antigen test Original result: "Helicobacter pylori IgG EIA" = NEG Negative NEG:
Helicobacter pylori antigen test Original result: "Helicobacter pylori IgG EIA" = NEG Negative NEG (No range available)

16-Jan-2012 Mrs Lesley Ritchie Third Party Consultation

13-Jan-2012 Examination Biochemical screening test Results ARI Labs biochemistry
13-Jan-2012 Examination Biochemical screening test Results ARI Labs biochemistry:
Biochemical screening test Results ARI Labs biochemistry (No range available)

16-Jan-2012 Mrs Lesley Ritchie Third Party Consultation

13-Jan-2012 Administration (P3) Haematology report received Results ARI Labs Haematology

14-Jan-2012 Mr Hello System Supervisor Results recording

13-Jan-2012 Examination Eosinophil count Original result: "EOS" = 0.28(0.1 - 0.5) 0.28
13-Jan-2012 Examination Hb estimation Original result: "HB" = 162(140 - 180) 162
13-Jan-2012 Examination Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 31(27 31 - 32)
13-Jan-2012 Examination Mean corpuscular volume (MCV) Original result: "MCV" = 90(83 - 90 98)
13-Jan-2012 Examination Monocyte count Original result: "MONO" = 0.40(0.2 - 0.8) 0.4
13-Jan-2012 Examination Neutrophil count Original result: "NEUT" = 3.00(1.5 - 7.0) 3
13-Jan-2012 Examination Platelet count Original result: "PLT" = 271(140 - 400) 271
13-Jan-2012 Examination Red blood cell (RBC) count Original result: "RBC" = 5.2(5.0 - 6.0) 5.2
13-Jan-2012 Examination Red blood cell (RBC) count Original result: "HCT" = 0.47(0.42 - 0.54) 0.47
13-Jan-2012 Examination White blood count Original result: "WBC" = 5.3(4.0 - 10.0) 5.3
13-Jan-2012 Examination Lymphocyte count Original result: "LYMPH" = 1.40(1.5 - 4.0) 1.4
13-Jan-2012 Examination Large unstained cells Original result: "*****" = 0.13(0.05 - 0.50) 0.13
13-Jan-2012 Examination Basophil count Original result: "BASO" = 0.06(0.01 - 0.10) 0.06
13-Jan-2012 Examination Eosinophil count Original result: "EOS" = 0.28(0.1 - 0.5): 0.28 (No range available)
13-Jan-2012 Examination Hb estimation Original result: "HB" = 162(140 - 180): 162 (No range available)
13-Jan-2012 Examination Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 31(27 - 32): 31 (No range available)
13-Jan-2012 Examination Mean corpuscular volume (MCV) Original result: "MCV" = 90(83 - 98): 90 (No range available)
13-Jan-2012 Examination Monocyte count Original result: "MONO" = 0.40(0.2 - 0.8): 0.4 (No range available)
13-Jan-2012 Examination Neutrophil count Original result: "NEUT" = 3.00(1.5 - 7.0): 3 (No range available)
13-Jan-2012 Examination Platelet count Original result: "PLT" = 271(140 - 400): 271 (No range available)
13-Jan-2012 Examination Red blood cell (RBC) count Original result: "RBC" = 5.2(5.0 - 6.0): 5.2 (No range available)
13-Jan-2012 Examination Red blood cell (RBC) count Original result: "HCT" = 0.47(0.42 - 0.54): 0.47 (No range available)
13-Jan-2012 Examination White blood count Original result: "WBC" = 5.3(4.0 - 10.0): 5.3 (No range available)
13-Jan-2012 Examination Lymphocyte count Original result: "LYMPH" = 1.40(1.5 - 4.0): Abnormal 1.4 (No range available)
13-Jan-2012 Examination Large unstained cells Original result: "*****" = 0.13(0.05 - 0.50): 0.13 (No range available)
13-Jan-2012 Examination Basophil count Original result: "BASO" = 0.06(0.01 - 0.10): 0.06 (No range available)

14-Jan-2012 Mr Hello System Supervisor Results recording

13-Jan-2012	Examination	Serum albumin	Original result: "Albumin" = 49(37 - 49)	49	
13-Jan-2012	Examination	Serum alkaline phosphatase	Original result: "Alk Phosphatase" = 81(30 - 130)	81	
13-Jan-2012	Examination	Plasma alanine aminotransferase level	Original result: "Ala Amino 36 Trans" = 36(5 - 55)	36	
13-Jan-2012	Examination	Total bilirubin	Original result: "Tot Bilirubin" = 11(0 - 20)	11	
13-Jan-2012	Examination	Serum chloride	Original result: "Chloride" = 103(95 - 108)	103	
13-Jan-2012	Examination	Serum cholesterol	Original result: "Cholesterol" = 5.5(3.4 - 5.2)	5.5	
13-Jan-2012	Examination	Serum creatinine	Original result: "Creatinine" = 84(50 - 120)	84	
13-Jan-2012	Examination	Gamma - G.T. level	Original result: "Gamma Glut Trans" = 89(4 - 89 35)	89	
13-Jan-2012	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)	1.2	
13-Jan-2012	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 3.0(1.4 - 5.0)	3	
13-Jan-2012	Examination	Serum potassium	Original result: "Potassium" = 4.9(3.5 - 5.3)	4.9	
13-Jan-2012	Examination	Serum sodium	Original result: "Sodium" = 141(133 - 146)	141	
13-Jan-2012	Examination	Serum triglycerides	Original result: "Triglyceride" = 2.98(0.6 - 2.0)	2.98	
13-Jan-2012	Examination	TSH - thyroid stim. hormone	Original result: "Thyroid Stim Hormone" = 1.84(0.35 - 3.30)	1.84	
13-Jan-2012	Examination	Serum urea level	Original result: "Urea" = 6.3(2.5 - 7.8)	6.3	
13-Jan-2012	Examination	Serum lipids	Original result: "Lipaemia" = --	--	
13-Jan-2012	Examination	Plasma fasting glucose level	Original result: "FGLUC" = 5.6(3.7 - 5.6 5.6)	5.6	
13-Jan-2012	Examination	Haematology test	Original result: "Icteric" = --	--	
13-Jan-2012	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 4.7	4.7	
13-Jan-2012	Examination	Free T4 level	Original result: "Free T4" = 17(10 - 25)	17	
13-Jan-2012	Examination	Haemolysis screening test	Original result: "Haemolysis" = --	--	
13-Jan-2012	Examination	GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140)	60	
13-Jan-2012	Examination	Serum albumin	Original result: "Albumin" = 49(37 - 49):	49	(No range available)
13-Jan-2012	Examination	Serum alkaline phosphatase	Original result: "Alk Phosphatase" = 81(30 - 130):	81	(No range available)
13-Jan-2012	Examination	Plasma alanine aminotransferase level	Original result: "Ala Amino Trans" = 36(5 - 55):	36	(No range available)
13-Jan-2012	Examination	Total bilirubin	Original result: "Tot Bilirubin" = 11(0 - 20):	11	(No range available)
13-Jan-2012	Examination	Serum chloride	Original result: "Chloride" = 103(95 - 108):	103	(No range available)
13-Jan-2012	Examination	Serum cholesterol	Original result: "Cholesterol" = 5.5(3.4 - 5.2): Abnormal	5.5	(No range available)
13-Jan-2012	Examination	Serum creatinine	Original result: "Creatinine" = 84(50 - 120):	84	(No range available)
13-Jan-2012	Examination	Gamma - G.T. level	Original result: "Gamma Glut Trans" = 89(4 - 35): Abnormal	89	(No range available)
13-Jan-2012	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9):	1.2	(No range available)
13-Jan-2012	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 3.0(1.4 - 5.0):	3	(No range available)
13-Jan-2012	Examination	Serum potassium	Original result: "Potassium" = 4.9(3.5 - 5.3):	4.9	(No range available)
13-Jan-2012	Examination	Serum sodium	Original result: "Sodium" = 141(133 - 146):	141	(No range available)
13-Jan-2012	Examination	Serum triglycerides	Original result: "Triglyceride" = 2.98(0.6 - 2.0): Abnormal	2.98	(No range available)
13-Jan-2012	Examination	TSH - thyroid stim. hormone	Original result: "Thyroid Stim Hormone" = 1.84(0.35 - 3.30):	1.84	(No range available)
13-Jan-2012	Examination	Serum urea level	Original result: "Urea" = 6.3(2.5 - 7.8):	6.3	(No range available)
13-Jan-2012	Examination	Serum lipids	Original result: "Lipaemia" = --:	--	(No range available)
13-Jan-2012	Examination	Plasma fasting glucose level	Original result: "FGLUC" = 5.6(3.7 - 5.6):	5.6	(No range available)
13-Jan-2012	Examination	Haematology test	Original result: "Icteric" = --:	--	(No range available)
13-Jan-2012	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 4.7:	4.7	(No range available)
13-Jan-2012	Examination	Free T4 level	Original result: "Free T4" = 17(10 - 25):	17	(No range available)
13-Jan-2012	Examination	Haemolysis screening test	Original result: "Haemolysis" = --:	--	(No range available)
13-Jan-2012	Examination	GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140):	60	(No range available)

13-Jan-2012 Miss Ann Morgan Other

Intervention	Gallstones . Recipient: Aberdeen Royal Infirmary department of Ultrasound Scanning; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Gallstones; Referral Status: Referred
Intervention	Ischaemic heart disease . Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Ischaemic heart disease; Referral Status: Referred

13-Jan-2012 Mrs Amanda Farquhar Surgery consultation

12-Jan-2012 Dr Nelia Lourens Surgery consultation

Administration Consultation NLAttends with ***** who is dietician. Stomach much worse. Keen for invx. ***** worried about GI tumour. Pain eating, after meals. Bloating. Bowels normal. Some improvement on double PPI. No wt loss. Chat about diet and too much alcohol. Still ongoing intermittent chestpain on heavy exertion. Missed initial cardiac appt due to off shore.o/e: tender epigastrium and heparimp: Gastritis/gallstonesPL: 1. Uss abdomen2. Bloods: fbc, u&e, glucose, LFT, lipids, h. pylori - ? galss stones and gastritis3. Review after bloods.4. Aspirin changed to ec.

06-Jan-2012 Dr D G Connell Surgery consultation**29-Nov-2011 Mrs Jenny Milne Repeat Issue****07-Nov-2011 Dr R M Wallace Surgery consultation**

Examination O/E - blood pressure reading 128 / 84 mm Hg
Administration Consultation (RMW)in with ***** (a dietician). reports many yrs h/o intermittent upper abdo pain - usually settles with some OTC ranitidine. More severe and almost constant over past 6 weeks. I wonder if this may relate to starting aspirin 5/12 ago. Reports one episode of black stools several weeks ago but no blood seen. genral health good/o/e abdo NAD.Dx ? peptic ulcerPLAN: Rx omeprazole; review after return from next tour of work or sooner SOS (due away in ~ 12 days)

02-Nov-2011 Dr C Watson Administration

Administration Medication review
Administration Medication review

31-Oct-2011 Dr K M Cheesman Third Party Consultation

Administration Telephone encounter KMWD/w ***** Goodman - ***** at Inverurie. She wishes confirmation that he is on medcn and advice on whether or not he would be able to do community service. Advised he is on aspirin, atenolol and simva. She volunteered he is still doing manual work off-shore so I can see no medical reason why he could not do community service.

20-Oct-2011 Mrs Jenny Milne Third Party Consultation

17-Oct-2011 Administration Letter from consultant Clinical Letter ARI Cardiology (P3)

27-Sept-2011 Mrs Karen Stevenson Repeat Issue**12-Aug-2011 Ms Angie Sim Administration**

07-Nov-2005 Diagnosis (P1) Right bundle branch block on ECG
28-Apr-2005 Intervention (P1) Bilateral vasectomy for contraception
12-May-2004 Intervention (P1) Accident caused by powered staple gun left thenar eminence
01-Apr-2002 Diagnosis (P1) Pityriasis versicolor
12-Mar-2002 Diagnosis (P3) Fungal infection of skin
08-Feb-2001 Symptom (P1) Back pain without radiation NOS
10-Aug-2000 Diagnosis (P3) Fungal infection of skin
19-Jun-2000 Diagnosis (P1) Tinea corporis
17-Jun-1999 Diagnosis (P1) Haemorrhoids
01-Jan-1995 Examination (P1) HIV negative
01-Apr-1980 Diagnosis (P1) Accessory nipple

12-Aug-2011 Ms Angie Sim Administration

Administration Computer summary updated (P1)
Symptom (P1) No known allergies
01-Apr-2004 Intervention (P3) Accident caused by powered staple gun
01-Sept-2001 Intervention (P1) Minor head injury
01-Jun-2000 Diagnosis (P1) Medial epicondylitis of the elbow
08-July-1998 Examination (P1) O/E - foreign body in skin removed glass from elbow
29-Jun-1998 Diagnosis (P1) Tinea
01-Jan-1996 Diagnosis (P1) Irritable bowel syndrome
01-Jan-1995 Diagnosis (P1) Nondependent abuse of drugs while in prison
01-Jan-1985 Intervention (P1) Emergency appendicectomy
01-Apr-1984 Intervention (P1) Minor head injury
01-Apr-1984 Symptom (P1) H/O solvent misuse
01-Apr-1980 Diagnosis (P1) Acquired pectus carinatum
01-Oct-1971 Intervention (P1) Minor head injury
01-Jun-1971 Administration (P1) Fracture of clavicle right
05-Dec-1968 Administration (P1) Date records held from 1968

11-Aug-2011 Mrs Valerie Cairns Administration

13-Dec-1997	Intervention	Final tetanus immunisation
07-Apr-1984	Intervention	Booster tetanus vaccination
03-July-1982	Intervention	Booster tetanus vaccination
03-July-1982	Intervention	Pertussis booster vaccination
19-Mar-1982	Intervention	Tuberculosis (BCG) vaccination
26-Aug-1970	Intervention	Measles vaccination
10-Mar-1970	Intervention	Third diphtheria vaccination
10-Mar-1970	Intervention	Third tetanus vaccination
10-Mar-1970	Intervention	Third pertussis vaccination
10-Mar-1970	Intervention	Third polio vaccination

25-July-2011 Mrs Lesley Ritchie Third Party Consultation

07-July-2011	Administration (P3)	Letter encounter from patient	Results Inverurie HC Echocardiography
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25-July-2011 Mrs Anne Crisp Administration

Administration	Scanned Document SCI Referral Letter :
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22-July-2011 Mrs Liz Wight Administration

Intervention	Ischaemic heart disease . Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Ischaemic heart disease; Referral Status: Referred
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21-July-2011 Dr Nelia Lourens Surgery consultation

Diagnosis	FH: Angina < 60yrs
Symptom (P3)	FH: Angina < 60yrs angina
Administration (P3)	Administration NOS NL Verbal report from ***** Catto that his ETT is normal. No ST depression on exercise. Unfortunately done on Atenolol and he reports symptom free on this. Acc to guidelines pt to be started on Statin and Aspirin. I phoned him and he is happy with this. Also need Fit note stating fit to return to work on Monday 25 July 2011.

20-July-2011 Dr Nelia Lourens Surgery consultation

Examination	O/E - blood pressure reading	112 / 75 mm Hg
Administration (P3)	Consultation NL Attend for results of ETT. None on Vision. Phoned ***** Catto who will try to get this today. Pt aware that cholesterol is high. On a diet. Adv recheck in 6mo as might need statin anyway. Also mentioning some dizzy feelings in Atenolol, though no chest pain. Offered to change to Bisoprolol, but pt happy to continue at present on Atenolol. I will phone him with advice. Also need letter for work statin fit again if this is the case.	

07-July-2011 Miss Ann Morgan Other

Administration (P3)	Patient MRE received from HB
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30-Jun-2011 Mrs Anne Crisp Third Party Consultation

29-Jun-2011	Administration (P3)	Administration Referral Letter Inverurie HC Cardiology
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29-Jun-2011 Mrs Lesley Ritchie Administration**29-Jun-2011 Dr K M Cheesman Administration**

Intervention	Angina pectoris . Recipient: Inverurie Health Centre department of Counties Cardiology; Referral Type: Out Patient; Sender: Dr K M Cheesman; Reason: Angina pectoris
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29-Jun-2011 Dr K M Cheesman Surgery consultation

Administration (P3)	Consultation KMW has had 2 episodes of chest pain since last seen. Approx once/week. Last one was after putting up tent. GTN spray worked almost immediately but headache++. Due to go back offshore 13/7. Plan - add in atenolol. Refer urgent ETT. Advised to discuss with work.
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22-Jun-2011 Mrs Anne Crisp Third Party Consultation

21-Jun-2011	Examination	Biochemical screening test	Results ARI Labs biochemistry	
21-Jun-2011	Examination	Biochemical screening test	Results ARI Labs biochemistry	(No range available)

22-Jun-2011 Mrs Anne Crisp Third Party Consultation

21-Jun-2011	Administration (P3)	Haematology report received	Results ARI Labs Haematology
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22-Jun-2011 Dr K M Cheesman Results recording

21-Jun-2011	Examination	Eosinophil count	Original result: "EOS" = 0.19(0.1 - 0.5)	0.19	
21-Jun-2011	Examination	Hb estimation	Original result: "HB" = 157(140 - 180)	157	
21-Jun-2011	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 31(27 31 - 32)		
21-Jun-2011	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 88(83 - 88 98)		
21-Jun-2011	Examination	Monocyte count	Original result: "MONO" = 0.40(0.2 - 0.8)	0.4	
21-Jun-2011	Examination	Neutrophil count	Original result: "NEUT" = 3.80(1.5 - 7.0)	3.8	
21-Jun-2011	Examination	Platelet count	Original result: "PLT" = 254(140 - 400)	254	
21-Jun-2011	Examination	Mean platelet volume	Original result: "MPV" = 10.1(7.0 - 10.4)	10.1	
21-Jun-2011	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.0(5.0 - 6.0)	5	
21-Jun-2011	Examination	White blood count	Original result: "WBC" = 6.0(4.0 - 10.0)	6	
21-Jun-2011	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	
21-Jun-2011	Examination	Large unstained cells	Original result: "*****" = 0.10(0.05 - 0.50)	0.1	
21-Jun-2011	Examination	Haematocrit - PCV	Original result: "HCT" = 0.44(0.42 - 0.54)	0.44	
21-Jun-2011	Examination	Basophil count	Original result: "BASO" = 0.03(0.01 - 0.10)	0.03	
21-Jun-2011	Examination	Eosinophil count	Original result: "EOS" = 0.19(0.1 - 0.5):		(No range available)
21-Jun-2011	Examination	Eosinophil count	Original result: "EOS" = 0.19(0.1 - 0.5)	0.19	
21-Jun-2011	Examination	Hb estimation	Original result: "HB" = 157(140 - 180):		(No range available)
21-Jun-2011	Examination	Hb estimation	Original result: "HB" = 157(140 - 180)	157	
21-Jun-2011	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 31(27 - 32):		(No range available)
21-Jun-2011	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 31(27 31 - 32)		
21-Jun-2011	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 88(83 - 98):		(No range available)
21-Jun-2011	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 88(83 - 88 98)		
21-Jun-2011	Examination	Monocyte count	Original result: "MONO" = 0.40(0.2 - 0.8):		(No range available)
21-Jun-2011	Examination	Monocyte count	Original result: "MONO" = 0.40(0.2 - 0.8)	0.4	
21-Jun-2011	Examination	Neutrophil count	Original result: "NEUT" = 3.80(1.5 - 7.0):		(No range available)
21-Jun-2011	Examination	Neutrophil count	Original result: "NEUT" = 3.80(1.5 - 7.0)	3.8	
21-Jun-2011	Examination	Platelet count	Original result: "PLT" = 254(140 - 400):		(No range available)
21-Jun-2011	Examination	Platelet count	Original result: "PLT" = 254(140 - 400)	254	
21-Jun-2011	Examination	Mean platelet volume	Original result: "MPV" = 10.1(7.0 - 10.4):		(No range available)
21-Jun-2011	Examination	Mean platelet volume	Original result: "MPV" = 10.1(7.0 - 10.4)	10.1	
21-Jun-2011	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.0(5.0 - 6.0):		(No range available)
21-Jun-2011	Examination	Red blood cell (RBC) count	Original result: "RBC" = 5.0(5.0 - 6.0)	5	
21-Jun-2011	Examination	White blood count	Original result: "WBC" = 6.0(4.0 - 10.0):		(No range available)
21-Jun-2011	Examination	White blood count	Original result: "WBC" = 6.0(4.0 - 10.0)	6	
21-Jun-2011	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0): Abnormal		(No range available)
21-Jun-2011	Examination	Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	
21-Jun-2011	Examination	Large unstained cells	Original result: "*****" = 0.10(0.05 - 0.50):		(No range available)
21-Jun-2011	Examination	Large unstained cells	Original result: "*****" = 0.10(0.05 - 0.50)	0.1	
21-Jun-2011	Examination	Haematocrit - PCV	Original result: "HCT" = 0.44(0.42 - 0.54):		(No range available)
21-Jun-2011	Examination	Haematocrit - PCV	Original result: "HCT" = 0.44(0.42 - 0.54)	0.44	
21-Jun-2011	Examination	Basophil count	Original result: "BASO" = 0.03(0.01 - 0.10):		(No range available)
21-Jun-2011	Examination	Basophil count	Original result: "BASO" = 0.03(0.01 - 0.10)	0.03	

22-Jun-2011 Dr K M Cheesman Results recording

21-Jun-2011	Examination	Serum albumin	Original result: "Albumin" = 48(37 - 49)	48	
21-Jun-2011	Examination	Serum alkaline phosphatase	Original result: "Alk Phosphatase" = 85(45 - 105)	85	
21-Jun-2011	Examination	Plasma alanine aminotransferase level	Original result: "Ala Amino Trans" = 29(1 - 40)	29	
21-Jun-2011	Examination	Total bilirubin	Original result: "Tot Bilirubin" = 11(1 - 22)	11	
21-Jun-2011	Examination	Serum chloride	Original result: "Chloride" = 100(98 - 106)	100	
21-Jun-2011	Examination	Serum cholesterol	Original result: "Cholesterol" = 6.0(3.4 - 5.2)	6	
21-Jun-2011	Examination	Serum creatinine	Original result: "Creatinine" = 84(84 - 116)	84	
21-Jun-2011	Examination	Gamma - G.T. level	Original result: "Gamma Glut Trans" = 52(4 - 52)	52	
21-Jun-2011	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)	1.2	
21-Jun-2011	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0)	2.7	
21-Jun-2011	Examination	Serum potassium	Original result: "Potassium" = 4.2(3.5 - 4.9)	4.2	
21-Jun-2011	Examination	Serum sodium	Original result: "Sodium" = 139(137 - 144)	139	
21-Jun-2011	Examination	Serum triglycerides	Original result: "Triglyceride" = 4.51(0.6 - 2.0)	4.51	
21-Jun-2011	Examination	TSH - thyroid stim. hormone	Original result: "Thyroid Stim Hormone" = 1.64(0.35 - 3.30)	1.64	
21-Jun-2011	Examination	Serum urea level	Original result: "Urea" = 5.9(3.4 - 7.0)	5.9	
21-Jun-2011	Examination	Blood glucose result	Original result: "Glucose" = 4.9(3.7 - 5.6)	4.9	
21-Jun-2011	Examination	Serum lipids	Original result: "Lipaemia" = --	--	
21-Jun-2011	Examination	Haematology test	Original result: "Icteric" = --	--	
21-Jun-2011	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 5.0	5.0	
21-Jun-2011	Examination	Free T4 level	Original result: "Free T4" = 20(10 - 25)	20	
21-Jun-2011	Examination	Haemolysis screening test	Original result: "Haemolysis" = --	--	
21-Jun-2011	Examination	GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140)	60	
21-Jun-2011	Examination	Serum albumin	Original result: "Albumin" = 48(37 - 49):	48	(No range available)
21-Jun-2011	Examination	Serum alkaline phosphatase	Original result: "Alk Phosphatase" = 85(45 - 105):	85	(No range available)
21-Jun-2011	Examination	Plasma alanine aminotransferase level	Original result: "Ala Amino Trans" = 29(1 - 40):	29	(No range available)
21-Jun-2011	Examination	Total bilirubin	Original result: "Tot Bilirubin" = 11(1 - 22):	11	(No range available)
21-Jun-2011	Examination	Serum chloride	Original result: "Chloride" = 100(98 - 106):	100	(No range available)
21-Jun-2011	Examination	Serum cholesterol	Original result: "Cholesterol" = 6.0(3.4 - 5.2): Abnormal	6	(No range available)
21-Jun-2011	Examination	Serum creatinine	Original result: "Creatinine" = 84(84 - 116):	84	(No range available)
21-Jun-2011	Examination	Gamma - G.T. level	Original result: "Gamma Glut Trans" = 52(4 - 35): Abnormal	52	(No range available)
21-Jun-2011	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9):	1.2	(No range available)
21-Jun-2011	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0):	2.7	(No range available)
21-Jun-2011	Examination	Serum potassium	Original result: "Potassium" = 4.2(3.5 - 4.9):	4.2	(No range available)
21-Jun-2011	Examination	Serum sodium	Original result: "Sodium" = 139(137 - 144):	139	(No range available)
21-Jun-2011	Examination	Serum triglycerides	Original result: "Triglyceride" = 4.51(0.6 - 2.0): Abnormal	4.51	(No range available)
21-Jun-2011	Examination	TSH - thyroid stim. hormone	Original result: "Thyroid Stim Hormone" = 1.64(0.35 - 3.30):	1.64	(No range available)
21-Jun-2011	Examination	Serum urea level	Original result: "Urea" = 5.9(3.4 - 7.0):	5.9	(No range available)
21-Jun-2011	Examination	Blood glucose result	Original result: "Glucose" = 4.9(3.7 - 5.6):	4.9	(No range available)
21-Jun-2011	Examination	Serum lipids	Original result: "Lipaemia" = --:	--	(No range available)
21-Jun-2011	Examination	Haematology test	Original result: "Icteric" = --:	--	(No range available)
21-Jun-2011	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 5.0:	5.0	(No range available)
21-Jun-2011	Examination	Free T4 level	Original result: "Free T4" = 20(10 - 25):	20	(No range available)
21-Jun-2011	Examination	Haemolysis screening test	Original result: "Haemolysis" = --:	--	(No range available)
21-Jun-2011	Examination	GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140):	60	(No range available)

21-Jun-2011 Mrs Elaine Gray Administration

Examination	ECG	
Examination	ECG:	
	ECG	(No range available)

21-Jun-2011 Miss Ann Matthew Third Party Consultation

Administration Administration Results FOMG ECG (P3)

21-Jun-2011 Mrs Eileen Skene Surgery consultation

Examination	ECG carried out	
Examination	ECG carried out:	
	ECG carried out	(No range available)

21-Jun-2011 Mrs Jenny Milne Administration

Administration Administration NOS DOCMAN RECORDS RECEIVED FROM
(P3) LAST PRACTICE - ONLY VIEWABLE THROUGH DOCMAN JLM

17-Jun-2011 Dr K M Cheesman Surgery consultation

Examination	O/E - blood pressure reading	110 / 80 mm Hg
Administration (P3)	Consultation KMWsee below - episode of ant chest pain on Sun. Came on while playing swingball in garden. Ass with feeling of not being able to get enough breath in. Some tingling in L hand. Lasted about 20mins. PArmedics called, were unable to do ECG but they were not concerned. Gets similar symptoms on average twice a week. ***** had first MI aged 49. Stopped smoking 7 yrs ago. Admits work stress. Manual job, working 100hr weeks at present. No change in work schedule till Oct. O/E - P 60reg, HS pure, chest clear. Plan - to see PN for ECB and bloods - FBC, U&Es, LFTs, TFTs, Glc, chol. Rev with results. May need ETT.	
Examination	Ex smoker	// cigarettes / cigars / tobacco

15-Jun-2011 Mrs Shirley Learmonth Third Party Consultation

13-Jun-2011 Administration Administration Administration Letter Registration
(P3)

13-Jun-2011 Dr R M Wallace Telephone call from a patient

Administration (P3) Telephone encounter (RMW)16:00 new patient. Merchant seaman. Phoned reporting a 6/12 h/o intermittent chest pain and breathlessness - his ***** thinks these may be due to over-work. He works a 12-15hr shift (including pulling chains and cables) - never gets pain doing this. Commonly will get chest pain and breathlessness when he finishes a shift. Got episode yesterday afternoon whilst playing with a ***** in garden - ambulance called - they found nothing wrong except raised BP (154/98). I agreed that symptoms sounded typical of stress/overwork. I suggested he make routine apt to discuss. Pt happy with this plan

13-Jun-2011 Mrs Marion Murray Administration

Diagnosis	FH: Ischaemic heart dis. <60	
Administration (P3)	White Scottish	
Examination	Ex smoker	// cigarettes / cigars / tobacco
Examination	Alcohol intake within recommended sensible limits	units per week
Examination	O/E - weight	90 Kg
Examination	Body Mass Index	28.4
Examination	O/E - height	1.778 m
12-Jun-2011 Examination	O/E - blood pressure reading	154 / 98 mm Hg

Medications (inc. issues)**Acute****03-Apr-2026 Atorvastatin 80mg tablets**

56 tablet - 1 TABLET ONCE A DAY

03-Apr-2026 Candesartan 8mg tablets

56 tablet - 1 TABLET ONCE A DAY

30-Mar-2026 Aspirin 75mg gastro-resistant tablets

56 tablet - TAKE ONE DAILY

Repeat**03-Apr-2026 Candesartan 8mg tablets**

56 tablet - 1 TABLET ONCE A DAY

03-Apr-2026 Atorvastatin 80mg tablets

56 tablet - 1 TABLET ONCE A DAY

01-Mar-2017 Aspirin 75mg gastro-resistant tablets

56 tablet - TAKE ONE DAILY

Past**05-Feb-2026 Candesartan 8mg tablets Acute Medication (Past)**

56 tablet - 1 TABLET ONCE A DAY

05-Feb-2026 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

05-Feb-2026 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

15-Dec-2025 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

15-Dec-2025 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

15-Dec-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

20-Oct-2025 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

20-Oct-2025 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

20-Oct-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

25-Aug-2025 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

25-Aug-2025 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

25-Aug-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

26-Jun-2025 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

26-Jun-2025 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

26-Jun-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

06-May-2025 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

06-May-2025 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

06-May-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

11-Mar-2025 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

11-Mar-2025 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

05-Mar-2025 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

05-Mar-2025 Candesartan 8mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

13-Nov-2024 Nitrofurantoin 100mg modified-release capsules Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY

25-Sept-2024 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

25-Sept-2024 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

25-Sept-2024 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

26-July-2024 Trimethoprim 200mg tablets Acute Medication (Past)
14 tablet - ONE TABLET TO BE TAKEN TWICE A DAY FOR 7 DAYS

18-July-2024 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-July-2024 Atorvastatin 80mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

17-July-2024 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

17-July-2024 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

13-Feb-2024 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

13-Feb-2024 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

13-Feb-2024 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

18-Dec-2023 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Dec-2023 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Dec-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

23-Oct-2023 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

23-Oct-2023 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

23-Oct-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

21-Aug-2023 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

21-Aug-2023 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

21-Aug-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

05-July-2023 Candesartan 8mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

05-July-2023 Atorvastatin 80mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

05-July-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

19-May-2023 Bisoprolol 2.5mg tablets Acute Medication (Past)

3 tablet - TAKE ONE TABLET DAILY STARTING TWO DAYS PRIOR TO PROCEDURE AND CONTINUE UNTIL DAY OF PROCEDURE (3 DOSES IN TOTAL) Notes for patient: note for signing gp - script issued as requested by consultant

09-May-2023 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

09-May-2023 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

09-May-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

04-May-2023 Isosorbide mononitrate 60mg modified-release tablets Acute Medication (Past)

28 tablet - 1/2 TABLET ONCE A DAY

08-Mar-2023 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

08-Mar-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

08-Mar-2023 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

08-Mar-2023 Candesartan 8mg tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

09-Jan-2023 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

09-Jan-2023 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

09-Jan-2023 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

14-Nov-2022 Atorvastatin 80mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

14-Nov-2022 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

14-Nov-2022 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

28-Oct-2022 Atorvastatin 80mg tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

28-Oct-2022 Tadalafil 20mg tablets Acute Medication (Past)

4 tablet - 1 BEFORE INTERCOURSE

28-Oct-2022 Atorvastatin 80mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY

22-Sept-2022 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

22-Sept-2022 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

22-Sept-2022 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

27-July-2022 Candesartan 8mg tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

27-July-2022 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

26-July-2022 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

26-July-2022 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

06-Jun-2022 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

06-Jun-2022 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

06-Jun-2022 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

15-Feb-2022 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

15-Feb-2022 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

15-Feb-2022 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

15-Dec-2021 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

15-Dec-2021 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

15-Dec-2021 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

21-Oct-2021 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

21-Oct-2021 Simvastatin 40mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE AT NIGHT

21-Oct-2021 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)

56 tablet - TAKE ONE DAILY

31-Aug-2021 Candesartan 8mg tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

31-Aug-2021 Candesartan 8mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY Notes for patient: BP check please with PN in 6 weeks times

30-Aug-2021 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

30-Aug-2021 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

17-Aug-2021 Co-codamol 8mg/500mg tablets Acute Medication (Past)
32 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

08-Jun-2021 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

23-Mar-2021 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

23-Mar-2021 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

03-July-2020 Betahistine 16mg tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES DAILY

30-Apr-2020 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
28 tablet - TAKE ONE DAILY Notes for patient: To allow for 3 months supply.

30-Apr-2020 Simvastatin 40mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE AT NIGHT Notes for patient: To allow for 3 month's supply

29-Apr-2020 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

29-Apr-2020 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

13-Dec-2019 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

13-Dec-2019 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

23-Aug-2019 Ciprofloxacin 500mg tablets Acute Medication (Past)
14 tablet - TAKE ONE TWICE A DAY FOR 5-7 DAYS (TOOK FULL 7 IF NOT CLEARED AT DAY 5)

19-Aug-2019 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TABLET TWICE DAILY

19-Aug-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

14-Aug-2019 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - ONE CAPSULE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

25-Jun-2019 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

25-Jun-2019 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

01-May-2019 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

01-May-2019 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

13-Nov-2018 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

13-Nov-2018 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

31-Aug-2018 Glyceryl trinitrate 400micrograms/dose aerosol sublingual... Acute Medication (Past)
200 dose - WHEN REQUIRED SPRAY ONE OR TWO DOSES UNDER TONGUE AND THEN CLOSE MOUTH. Notes for patient: Please make an appt to see a GP to review this medication

30-Aug-2018 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

30-Mar-2018 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

30-Mar-2018 Creon 25000 gastro-resistant capsules (Mylan) Acute Medication (Past)
200 capsule - AS DIRECTED Notes for patient: PLEASE NOTE CHANGE OF STRENGTH, SHOULD TAKE 2 TABLETS WHERE PREVIOUSLY WOULD HAVE TAKEN 1.

16-Mar-2018 Co-trimoxazole 160mg/800mg tablets Acute Medication (Past)
56 tablet - TAKE 1 TABLET EVERY 12 HOURS

12-Dec-2017 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

26-Jun-2017 Glyceryl trinitrate 400micrograms/dose aerosol sublingual... Acute Medication (Past)
200 dose - WHEN REQUIRED SPRAY ONE OR TWO DOSES UNDER TONGUE AND THEN CLOSE MOUTH.

26-Jun-2017 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

05-Apr-2017 Simvastatin 40mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

05-Apr-2017 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE AT NIGHT

01-Mar-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

04-Jan-2017 Bisoprolol 2.5mg tablets Acute Medication (Past)
3 tablet - 1 TABLET ONCE DAILY, START 2 DAYS PRIOR TO CT CORONARY ANGIOGRAM AND TAKE THIRD DOSE ON DAY OF PROCEDURE.

09-Sept-2016 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

09-Sept-2016 Creon 25000 gastro-resistant capsules (BGP Products Ltd) Acute Medication (Past)
200 capsule - AS DIRECTED Notes for patient: PLEASE NOTE CHANGE OF STRENGTH, SHOULD TAKE 2 TABLETS WHERE PREVIOUSLY WOULD HAVE TAKEN 1.

09-Sept-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

04-July-2016 Glyceryl trinitrate 400micrograms/dose aerosol sublingual... Acute Medication (Past)
200 dose - WHEN REQUIRED SPRAY ONE OR TWO DOSES UNDER TONGUE AND THEN CLOSE MOUTH.

24-Aug-2015	Aspirin 75mg gastro-resistant tablets	Repeat Medication (Past)
56 tablet - TAKE ONE DAILY		
24-Aug-2015	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
24-Aug-2015	Creon 25000 gastro-resistant capsules (BGP Products Ltd)	Acute Medication (Past)
200 capsule - AS DIRECTED Notes for patient: PLEASE NOTE CHANGE OF STRENGTH, SHOULD TAKE 2 TABLETS WHERE PREVIOUSLY WOULD HAVE TAKEN 1.		
24-Aug-2015	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
10-Aug-2015	Creon 25000 gastro-resistant capsules (Mylan)	Repeat Medication (Past)
200 capsule - AS DIRECTED Notes for patient: PLEASE NOTE CHANGE OF STRENGTH, SHOULD TAKE 2 TABLETS WHERE PREVIOUSLY WOULD HAVE TAKEN 1.		
10-Aug-2015	Creon 25000 gastro-resistant capsules (BGP Products Ltd)	Acute Medication (Past)
200 capsule - AS DIRECTED Notes for patient: PLEASE NOTE CHANGE OF STRENGTH, SHOULD TAKE 2 TABLETS WHERE PREVIOUSLY WOULD HAVE TAKEN 1.		
25-Jun-2015	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
25-Jun-2015	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
25-Jun-2015	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
02-Apr-2015	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
02-Apr-2015	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
02-Apr-2015	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
01-Oct-2014	Flamazine 1% cream (Smith & Nephew Healthcare Ltd)	Acute Medication (Past)
20 gram - APPLY AS DIRECTED		
27-Aug-2014	Dihydrocodeine 90mg modified-release tablets	Acute Medication (Past)
56 tablet - TWICE DAILY PRN Notes for patient: wean and stop as able dgc		
26-Aug-2014	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
26-Aug-2014	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
16-May-2014	Dihydrocodeine 90mg modified-release tablets	Acute Medication (Past)
56 tablet - TWICE DAILY PRN Notes for patient: wean and stop as able dgc		
16-May-2014	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
16-May-2014	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
16-May-2014	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
28-Jan-2014	Omeprazole 20mg gastro-resistant capsules	Repeat Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
28-Jan-2014	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Repeat Medication (Past)
200 capsule - AS DIRECTED		
28-Jan-2014	Amitriptyline 10mg tablets	Acute Medication (Past)
56 tablet - 1 TAB AT NIGHT		
28-Jan-2014	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
28-Jan-2014	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY		
28-Jan-2014	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
27-Nov-2013	Dihydrocodeine 90mg modified-release tablets	Acute Medication (Past)
56 tablet - TWICE DAILY PRN Notes for patient: wean and stop as able dgc		
26-Nov-2013	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
26-Nov-2013	Aspirin 75mg gastro-resistant tablets	Acute Medication (Past)
56 tablet - TAKE ONE DAILY		
12-Nov-2013	Sudafed Decongestant 60mg tablets (McNeil Products Ltd)	Acute Medication (Past)
24 tablet - 1 TABLET FOUR TIMES DAILY		
08-Oct-2013	Co-codamol 8mg/500mg caplets (Doncaster Pharmaceuticals Ltd)	Acute Medication (Past)
60 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY		
08-Oct-2013	Ibuprofen 400mg tablets	Acute Medication (Past)
48 tablet - 1 TAB UP TO FOUR TIMES A DAY		
23-Sept-2013	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
42 capsule - 1 CAPSULE ONCE A DAY		
23-Sept-2013	Dihydrocodeine 90mg modified-release tablets	Acute Medication (Past)
56 tablet - TWICE DAILY		
23-Sept-2013	Atenolol 50mg tablets	Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING		
18-Jun-2013	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
42 capsule - 1 CAPSULE ONCE A DAY		
01-May-2013	Amitriptyline 10mg tablets	Acute Medication (Past)
28 tablet - 1 AT NIGHT		
01-May-2013	Creon 40000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
200 capsule - AS DIRECTED		
26-Apr-2013	Creon 10000 gastro-resistant capsules (Abbott Healthcare ...	Acute Medication (Past)
400 capsule - 1 CAPSULE WITH EACH SNACK AND 2 CAPSULES WITH EACH MEAL		

26-Apr-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 AT NIGHT

04-Apr-2013 Dihydrocodeine 90mg modified-release tablets Acute Medication (Past)
56 tablet - TWICE DAILY

04-Apr-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

03-Apr-2013 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

03-Apr-2013 Atenolol 50mg tablets Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

03-Apr-2013 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

05-Mar-2013 Dihydrocodeine 90mg modified-release tablets Acute Medication (Past)
56 tablet - TWICE DAILY

04-Mar-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)
150 tablet - TAKE 1 FOUR TIMES DAILY .

01-Mar-2013 Simvastatin 40mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE AT NIGHT

01-Mar-2013 Atenolol 50mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE EACH MORNING

01-Mar-2013 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - TAKE ONE DAILY

25-Feb-2013 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES A DAY, WITH FOOD

05-Feb-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)
150 tablet - TAKE 1 FOUR TIMES DAILY .

05-Feb-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

04-Feb-2013 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

04-Feb-2013 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

04-Feb-2013 Atenolol 50mg tablets Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

09-Jan-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)
150 tablet - TAKE 1 FOUR TIMES DAILY .

13-Dec-2012 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - TAKE ONE DAILY

13-Dec-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
150 tablet - TAKE 1 FOUR TIMES DAILY .

13-Dec-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

13-Dec-2012 Creon 10000 gastro-resistant capsules (Abbott Healthcare ... Acute Medication (Past)
100 capsule - 1-2 CAPS WITH EACH MEAL.

13-Dec-2012 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

12-Dec-2012 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

12-Dec-2012 Atenolol 50mg tablets Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

13-Nov-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
150 tablet - TAKE 1 FOUR TIMES DAILY .

12-Nov-2012 Creon 10000 gastro-resistant capsules (Abbott Healthcare ... Acute Medication (Past)
100 capsule - 1-2 CAPS WITH EACH MEAL.

18-Oct-2012 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES A DAY, WITH FOOD

18-Oct-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 UP TOP FOUR TIMES DAILY .

18-Oct-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

18-Oct-2012 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

18-Oct-2012 Atenolol 50mg tablets Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

18-Oct-2012 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

18-Sept-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 UP TOP FOUR TIMES DAILY .

18-Sept-2012 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES A DAY, WITH FOOD

17-Sept-2012 Simvastatin 40mg tablets Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

17-Sept-2012 Atenolol 50mg tablets Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

17-Sept-2012 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY

21-Aug-2012 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES A DAY, WITH FOOD

21-Aug-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 UP TOP FOUR TIMES DAILY .

27-July-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 UP TOP FOUR TIMES DAILY .

27-July-2012 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet - 1 TABLET THREE TIMES A DAY, WITH FOOD

23-July-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
30 tablet - TAKE ONE UP TOP FOUR TIMES DAILY . PLEASE MAKE AN APPOINTMENT TO REVIEW PAIN RELIEF REQUIREMENTS

04-July-2012 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 UP TO 4 TIMES DAILY

29-Jun-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS IF REQUIRED Notes for patient: Please begin to reduce these tablets if possible.

01-Jun-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS IF REQUIRED

01-Jun-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

31-May-2012 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

31-May-2012 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

31-May-2012 ASPIRIN ec tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

08-May-2012 Atenolol 50mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE EACH MORNING

08-May-2012 Simvastatin 40mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE AT NIGHT

08-May-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS IF REQUIRED

08-May-2012 ASPIRIN ec tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

08-May-2012 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

08-May-2012 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

23-Mar-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

23-Mar-2012 ASPIRIN ec tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

23-Mar-2012 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

23-Mar-2012 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

01-Mar-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

22-Feb-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

21-Feb-2012 ASPIRIN ec tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

21-Feb-2012 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

21-Feb-2012 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

12-Jan-2012 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - TAKE ONE DAILY

12-Jan-2012 ASPIRIN ec tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

12-Jan-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
112 capsule - TAKE ONE TWICE A DAY

06-Jan-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY FOR A WEEK THEN ONE DAILY

29-Nov-2011 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

29-Nov-2011 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

29-Nov-2011 ASPIRIN disp tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

07-Nov-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY FOR A WEEK THEN ONE DAILY

27-Sept-2011 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

27-Sept-2011 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

27-Sept-2011 ASPIRIN disp tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

21-July-2011 ASPIRIN disp tab 75mg Repeat Medication (Past)
56 tablet - TAKE ONE DAILY

21-July-2011 SIMVASTATIN tabs 40mg Repeat Medication (Past)
56 tablet - TAKE ONE AT NIGHT

21-July-2011 ATENOLOL tabs 50mg Repeat Medication (Past)
56 tablet - TAKE ONE EACH MORNING

21-July-2011 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

21-July-2011 ASPIRIN disp tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

21-July-2011 ATENOLOL tabs 50mg Acute Medication (Past)
56 tablet - TAKE ONE EACH MORNING

21-July-2011 SIMVASTATIN tabs 40mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

21-July-2011 ASPIRIN disp tab 75mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY

29-Jun-2011 ATENOLOL tabs 50mg Acute Medication (Past)
28 tablet(s) - TAKE ONE EACH MORNING

17-Jun-2011 ASPIRIN disp tab 75mg Acute Medication (Past)
28 tablet(s) - TAKE ONE DAILY

17-Jun-2011 NITROMIN cfc free pump spray 400micrograms/dose Acute Medication (Past)
1 180 dose spray - ONE PUFF AS NEEDED

Allergies

28-Oct-2022 Dr Russell McInnes

H/O: drug allergy
RCT003
Episodicity -

Vaccinations

19-Nov-2024

Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (Shire: Garioch Vaccination Centre)
Intervention
FLUQIVC

19-Nov-2024

Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Shire: Garioch Vaccination Centre)
Intervention
COVMODERNA

10-July-2024

Pneumococcal vaccination
PNEU - Pneumococcal Vaccine (Shire: Garioch Vaccination Centre)
Intervention
PNEUMOCOC

29-Nov-2023

Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (Shire: Garioch Vaccination Centre)
Intervention
FLUQIVC

10-Nov-2022

Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (Shire: Garioch Vaccination Centre)
Intervention
FLUQIVC

10-Nov-2022

Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Shire: Garioch Vaccination Centre)
Intervention
COVMODERNA

06-Dec-2021

Administration of first inactivated seasonal influenza vacc
FLU - Flucelvax Tetra (QIVc) (Shire: Garioch Vaccination Centre)
Intervention
FLUQIVC

06-Dec-2021

Administration of first dose of SARS-CoV-2 vaccine
C-19 Booster Pfizer (Shire: Garioch Vaccination Centre)
Intervention
COVPFIZER

20-May-2021 Dr K M Cheesman

Admin sec dose SARS-CoV-2 vacc
C-19 AstraZeneca (By R Lambertson)
Intervention
COVOXFORD

14-Mar-2021 Dr K M Cheesman

Admin first dose SARS-CoV-2 vac
C-19 AstraZeneca (By C *****)
Intervention
COVOXFORD

13-Dec-1997

Final tetanus immunisation
Intervention
TETANUS

07-Apr-1984

Booster tetanus vaccination
Intervention
TETANUS

03-July-1982

Booster tetanus vaccination
Intervention
TETANUS

03-July-1982

Pertussis booster vaccination
Intervention
PERTUSSIS

19-Mar-1982

Tuberculosis (BCG) vaccination
Intervention
BCG

26-Aug-1970

Measles vaccination
Intervention
MEASLES

10-Mar-1970

Third diphtheria vaccination
Intervention
DIPHTHERIA

10-Mar-1970

Third tetanus vaccination
Intervention
TETANUS

10-Mar-1970

Third pertussis vaccination
Intervention
PERTUSSIS

10-Mar-1970

Third polio vaccination
Intervention
POLIO

Referrals

28-Oct-2022 Dr Russell McInnes

Angina pectoris
. Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr **** McInnes; Reason: Angina pectoris

23-Mar-2022 Dr Joy Ngai

Dupuytren's contracture
. Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr Joy Ngai; Reason: Dupuytren's contracture

05-July-2016 Dr Rowena Belding

Chest pain
. Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Rowena Belding; Reason: Chest pain

06-May-2016 Dr J T Craig

Chest pain
. Recipient: Albyn Hospital; Referral Type: Out Patient; Sender: Dr J T ****; Reason: Chest pain

16-Mar-2015 Miss Katy Newell

Abdominal pain
. Recipient: Aberdeen Royal Infirmary department of Ultrasound Scanning; Referral Type: Out Patient; Sender: Miss **** Newell; Reason: Abdominal pain; Referral Status: Referred

28-Aug-2014 Dr J T Craig

Dupuytren's contracture
. Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr J T ****; Reason: Dupuytren's contracture; Referral Status: Referred

07-Jan-2014 Dr C Watson

Tinnitus
. Recipient: Aberdeen Royal Infirmary department of ENT Clinic; Referral Type: Out Patient; Sender: Dr C ****; Reason: Tinnitus; Referral Status: Referred

04-Sept-2013 Dr K M Cheesman

Arthroscopic subacromial decompression
. Recipient: Inverurie Hospital department of Physiotherapy; Referral Type: Out Patient; Sender: Dr K M Cheesman; Reason: Arthroscopic subacromial decompression

27-July-2012 Dr Nelia Lourens

Impingement syndrome of shoulder
. Recipient: Woodend Hospital department of Orthopaedic Clinic; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Impingement syndrome of shoulder; Referral Status: Referred

15-May-2012 Dr J T Craig

Inflammatory bowel disease
. Recipient: Aberdeen Royal Infirmary department of Gastroenterology; Referral Type: Out Patient; Sender: Dr J T ****; Reason: Inflammatory bowel disease; Referral Status: Referred

02-Mar-2012 Dr Nelia Lourens

Shoulder pain
. Recipient: Inverurie Hospital department of Physiotherapy; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Shoulder pain

13-Jan-2012 Dr Nelia Lourens

Gallstones
. Recipient: Aberdeen Royal Infirmary department of Ultrasound Scanning; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Gallstones; Referral Status: Referred

13-Jan-2012 Dr Nelia Lourens

Ischaemic heart disease
. Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Ischaemic heart disease; Referral Status: Referred

22-July-2011 Dr Nelia Lourens

Ischaemic heart disease
. Recipient: Aberdeen Royal Infirmary department of Cardiology; Referral Type: Out Patient; Sender: Dr Nelia Lourens; Reason: Ischaemic heart disease; Referral Status: Referred

29-Jun-2011 Dr K M Cheesman

Angina pectoris
. Recipient: Inverurie Health Centre department of Counties Cardiology; Referral Type: Out Patient; Sender: Dr K M Cheesman; Reason: Angina pectoris

Test Requests

31-Dec-9999 Ms Julie Thomson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Raised cholesterol and gamma Repeat in 3 months after positive lifestyle changes [April 2026]
Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, No samples collectedTest: LFT : Liver Function Test, Status: Requested, Updated: 22/01/2026Test: Lipid Profile, Status: Requested, Updated: 22/01/2026

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

16-Dec-2025 Miss Catalina Male

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: htn+chd annual review Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 16/12/2025Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: Bone profile, Status: Complete, Updated: 16/12/2025Test: LFT : Liver Function Test, Status: Complete, Updated: 16/12/2025Test: Lipid Profile, Status: Complete, Updated: 16/12/2025Test: U&E : Renal Function, Status: Complete, Updated: 16/12/2025Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 16/12/2025Ordered from: Clinical Biochemistry RTL - Urine, All samples collectedTest: Urine Albumin:Creatinine Ratio, Status: Complete, Updated: 16/12/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

26-July-2024 Mrs Aileen Mutton

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: 10 day hx on pain passing urine. no fever. no vomiting. no flank/ renal angle tenderness. SOU - blood non haem trace/ leu +++ Priority: non-urgent, Ordered from: Microbiology - Urines, All samples collectedTest: Urine investigation, Status: Complete, Updated: 26/07/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Dr Scott Houston

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: high chol. as per cardio Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, No samples collectedTest: Lipid Profile, Status: Requested, Updated: 04/05/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Dr Russell Mcinnes

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Angina on simvastatin. Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, No samples collectedTest: Lipid Profile, Status: Requested, Updated: 28/10/2022

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

22-Sept-2022 Ms Julie Thomson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Hypertension review Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 22/09/2022Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 22/09/2022Test: Lipid Profile, Status: Complete, Updated: 22/09/2022Test: TFT : Thyroid function test, Status: Complete, Updated: 22/09/2022Test: U&E : Renal Function, Status: Complete, Updated: 22/09/2022Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 22/09/2022

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

19-Aug-2021 Ms Kristine Duguid

Blood sample taken

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

19-Aug-2021 Mrs Aileen Mutton

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: hypertension screen Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: CRP : C-Reactive Protein, Status: Complete, Updated: 19/08/2021Test: LFT : Liver Function Test, Status: Complete, Updated: 19/08/2021Test: Lipid Profile, Status: Complete, Updated: 19/08/2021Test: U&E : Renal Function, Status: Complete, Updated: 19/08/2021Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 19/08/2021Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 19/08/2021

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

19-Aug-2019 Dr K M Cheesman

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: diving hol in Spain. R earache and discharge. ? Om/ot ext Priority: non-urgent, Ordered from: Microbiology - Swabs, All samples collectedTest: Wound & general swabs - NOT MRSA, Status: Complete, Updated: 19/08/2019

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

14-Nov-2016 Mrs Lynda Wilson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: prior to ct scan Priority: non-urgent, Ordered from: Clinical Biochemistry, All samples collectedTest: U&E : Renal Function, Status: Complete, Updated: 14/11/2016

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

20-May-2016 Mrs Lynda Wilson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: chest pains Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 20/05/2016Ordered from: Clinical Biochemistry, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 20/05/2016Test: Lipid Profile, Status: Complete, Updated: 20/05/2016Test: TFT : Thyroid function test, Status: Complete, Updated: 20/05/2016Test: U&E : Renal Function, Status: Complete, Updated: 20/05/2016Ordered from: Haematology, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 20/05/2016

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

16-Mar-2015 Miss Katy Newell

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Left renal angle pain ? cause Priority: non-urgent, Ordered from: Microbiology - Urines, All samples collectedTest: Urine investigation, Status: Complete, Updated: 16/03/2015

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

02-Oct-2014 Mrs Joyce Farquhar

Blood sample -> Lab NOS

Fasting glucose taken.

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

02-Oct-2014 Dr J T Craig

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Raised random blood sugar Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 02/10/2014

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

22-Aug-2014 Dr R M Wallace

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: TATT, palpitations Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 22/08/2014Ordered from: Clinical Biochemistry, All samples collectedTest: Bone profile, Status: Complete, Updated: 22/08/2014Test: CRP : C-Reactive Protein, Status: Complete, Updated: 22/08/2014Test: LFT : Liver Function Test, Status: Complete, Updated: 22/08/2014Test: Lipid Profile, Status: Complete, Updated: 22/08/2014Test: TFT : Thyroid function test, Status: Complete, Updated: 22/08/2014Test: U&E : Renal Function, Status: Complete, Updated: 22/08/2014Ordered from: Haematology, All samples collectedTest: Vitamin B12, Status: Complete, Updated: 22/08/2014Test: Full Blood Count, Status: Complete, Updated: 22/08/2014Test: Ferritin, Status: Complete, Updated: 22/08/2014Test: Serum Folate, Status: Complete, Updated: 22/08/2014

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

22-Feb-2013 Dr R M Wallace

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: abdo pain, muscle pains, sweating, general malaise Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 22/02/2013Ordered from: Clinical Biochemistry, All samples collectedTest: Amylase, Status: Complete, Updated: 22/02/2013Test: Bone profile, Status: Complete, Updated: 22/02/2013Test: CRP : C-Reactive Protein, Status: Complete, Updated: 22/02/2013Test: LFT : Liver Function Test, Status: Complete, Updated: 22/02/2013Test: Lipid Profile, Status: Complete, Updated: 22/02/2013Test: PSA : Prostate Specific Antigen, Status: Complete, Updated: 22/02/2013Test: CK : Creatine kinase, Status: Complete, Updated: 22/02/2013Test: TFT : Thyroid function test, Status: Complete, Updated: 22/02/2013Test: U&E : Renal Function, Status: Complete, Updated: 22/02/2013Ordered from: Haematology, All samples collectedTest: Vitamin B12, Status: Complete, Updated: 22/02/2013Test: Full Blood Count, Status: Complete, Updated: 22/02/2013Test: Ferritin, Status: Complete, Updated: 22/02/2013Test: Serum Folate, Status: Complete, Updated: 22/02/2013Ordered from: Haematology, All samples collectedTest: ESR for testing WITHIN GP Practice, Status: Complete, Updated: 22/02/2013Ordered from: Virology - Virus/Micro Serology, All samples collectedTest: HIV 1 & 2 antibody/antigen, Status: Complete, Updated: 22/02/2013Test: Hepatitis C Antibody, Status: Complete, Updated: 22/02/2013Test: Hepatitis B Surface Antigen, Status: Complete, Updated: 22/02/2013

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

04-July-2012 Dr Emily Anderson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: abdo pain and weight loss Priority: non-urgent, Ordered from: Clinical Biochemistry, All samples collectedTest: CRP : C-Reactive Protein, Status: Complete, Updated: 04/07/2012Test: LFT : Liver Function Test, Status: Complete, Updated: 04/07/2012Test: TFT : Thyroid function test, Status: Complete, Updated: 04/07/2012Test: U&E : Renal Function, Status: Complete, Updated: 04/07/2012Ordered from: Haematology, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 04/07/2012

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

13-Jan-2012 Mrs Amanda Farquhar

Laboratory test requested

Remote Test request from ICE system: ICE Provider Clinical Information: ? gall stones, gastritis Priority: non-urgent, Ordered from: Clinical Biochemistry, All samples collected Test: Glucose, Status: Complete, Updated: 13/01/2012 Test: LFT : Liver Function Test, Status: Complete, Updated: 13/01/2012 Test: Lipid Profile, Status: Complete, Updated: 13/01/2012 Test: TFT : Thyroid function test, Status: Complete, Updated: 13/01/2012 Test: U&E : Renal Function, Status: Complete, Updated: 13/01/2012 Ordered from: Haematology, All samples collected Test: Full Blood Count, Status: Complete, Updated: 13/01/2012 Ordered from: Virology - Virus/Micro Serology, All samples collected Test: Helicobacter pylori IgG EIA, Status: Complete, Updated: 13/01/2012

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

21-Jun-2011 Mrs Eileen Skene

Laboratory test requested

Remote Test request from ICE system: ICE Provider Priority: non-urgent, Ordered from: Clinical Biochemistry, All samples collected Test: Glucose, Status: Complete, Updated: 21/06/2011 Test: LFT : Liver Function Test, Status: Complete, Updated: 21/06/2011 Test: Lipid Profile, Status: Complete, Updated: 21/06/2011 Test: TFT : Thyroid function test, Status: Complete, Updated: 21/06/2011 Test: U&E : Renal Function, Status: Complete, Updated: 21/06/2011 Ordered from: Haematology, All samples collected Test: Full Blood Count, Status: Complete, Updated: 21/06/2011

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

Test Results

16-Dec-2025 Mrs Aileen Mutton

Result: Urine albumin <none>

Urine albumin <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Urine creatinine

Urine creatinine

15303 umol/L

(Range: 1000 - 35000)

16-Dec-2025 Mrs Aileen Mutton

Result: Urine albumin

Urine albumin

5 mg/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Urine albumin:creatinine ratio

Urine albumin:creatinine ratio

2.5 g/mol

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Urine albumin:creatinine ratio Urine Albumin/Creatinine ratio Reference Range Male 0 - 2.5 mg/mmol Creat Female 0 - 3.5 mg/mmol Creat
Urine albumin:creatinine ratio Urine Albumin/Creatinine ratio Reference g/mol (No range available)
Range Male 0 - 2.5 mg/mmol Creat Female 0 - 3.5 mg/mmol Creat

16-Dec-2025 Mrs Aileen Mutton

Result: Plasma glucose level <none>

Plasma glucose level <none>

mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Plasma fasting glucose level

Plasma fasting glucose level

5.8 mmol/L

(Range: 3.9 - 6)

16-Dec-2025 Mrs Aileen Mutton

Result: Eosinophil count $\times 10^9/l$ Eosinophil count $\times 10^9/l$ 0.25 $10^9/L$

(Range: 0.1 - 0.5)

16-Dec-2025 Mrs Aileen Mutton

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

158 g/L

(Range: 140 - 180)

16-Dec-2025 Mrs Aileen Mutton

Result: Mean corpusc. haemoglobin (MCH)

Mean corpusc. haemoglobin (MCH)

31.5 pg

(Range: 27 - 32)

16-Dec-2025 Mrs Aileen Mutton

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

92 fL

(Range: 83 - 98)

16-Dec-2025 Mrs Aileen Mutton

Result: Monocyte count $\times 10^9/l$ Monocyte count $\times 10^9/l$ 0.5 $10^9/L$

(Range: 0.2 - 0.8)

16-Dec-2025 Mrs Aileen Mutton

Result: Neutrophil count $\times 10^9/l$ Neutrophil count $\times 10^9/l$ 2.9 $10^9/L$

(Range: 1.5 - 7)

16-Dec-2025 Mrs Aileen Mutton

Result: Platelet count $\times 10^9/l$ Platelet count $\times 10^9/l$ 209 $10^9/L$

(Range: 140 - 400)

16-Dec-2025 Mrs Aileen Mutton

Result: Red blood cell (RBC) count $\times 10^{12}/l$ Red blood cell (RBC) count $\times 10^{12}/l$ 5 10^{-2}

(Range: 5 - 6)

16-Dec-2025 Mrs Aileen Mutton

Result: Total white cell count $\times 10^9/l$ Total white cell count $\times 10^9/l$ 4.9 $10^9/L$

(Range: 4 - 10)

16-Dec-2025 Mrs Aileen Mutton

Result: Lymphocyte count $\times 10^9/l$ Lymphocyte count $\times 10^9/l$ 1.2 $10^9/L$

(Range: 1 - 4)

16-Dec-2025 Mrs Aileen Mutton

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Haematocrit - PCV//

Haematocrit - PCV //

0.46 L/L

(Range: 0.42 - 0.54)

16-Dec-2025 Mrs Aileen Mutton

Result: Basophil count $\times 10^9/l$ Basophil count $\times 10^9/l$ 0.08 $10^9/l$

(Range: 0.01 - 0.1)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum albumin

Serum albumin

42 g/L

(Range: 35 - 50)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

99 U/L

(Range: 30 - 130)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum alanine aminotransferase level Serum ALT level - U/L

Serum alanine aminotransferase level Serum ALT level - U/L

31 U/L

(Range: 5 - 55)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum total bilirubin level

Serum total bilirubin level

9 $\mu\text{mol/L}$

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum calcium

Serum calcium

2.27 mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Corrected serum calcium level

Corrected serum calcium level

2.23 mmol/L

(Range: 2.2 - 2.6)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum chloride

Serum chloride

103 mmol/L

(Range: 95 - 108)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum total cholesterol level

Serum total cholesterol level

5.8 mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum creatinine

Serum creatinine

81 $\mu\text{mol/L}$

(Range: 59 - 104)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

Abnormal

Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

85 U/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

0.9 mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum LDL cholesterol level Trig too high to calc LDL

Serum LDL cholesterol level Trig too high to calc LDL

mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -

Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -

4.9 mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum inorganic phosphate

Serum inorganic phosphate

1.12 mmol/L

(Range: 0.8 - 1.5)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum potassium

Serum potassium

4.4 mmol/L

(Range: 3.5 - 5.3)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum sodium

Serum sodium

138 mmol/L

(Range: 133 - 146)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum total protein

Serum total protein

72 g/L

(Range: 60 - 80)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum triglycerides

Serum triglycerides

6.74 mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum urea level

Serum urea level

4.4 mmol/L

(Range: 2.5 - 7.8)

16-Dec-2025 Mrs Aileen Mutton

Result: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.

Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Bone profile <none>

Bone profile <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Liver function test <none>

Liver function test <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Biochemical test <none>

Biochemical test <none>

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Biochemical test-

Biochemical test -

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

16-Dec-2025 Mrs Aileen Mutton

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - 60 mL/min

(Range: 60 - 140)

16-Dec-2025 Miss Catalina Male

Result: Urine dipstick test acr sent

Urine dipstick test acr sent

(No range available)

07-July-2025 Dr Rajan Gupta

Result: BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Urine microscopy <none>

Urine microscopy <none>

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Urine examination

Urine examination

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Urine microscopy: pus cells

Abnormal

Urine microscopy: pus cells

42 /uL

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Urine microscopy: red cells

Urine microscopy: red cells

8 /uL

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Epithelial cell count

Epithelial cell count

1 /uL

(No range available)

26-July-2024 Mrs Aileen Mutton

Result: Urinary microscopy, culture and sensitivities Urine Culture >10⁵ cfu/ml of Escherichia coli isolated @Refer to the increased dosage guidance on the intranet

<https://tinyurl.com/55uhyzhf> increased dose required@ : Temocillin. Sensitive : Amoxicillin, Co-amoxiclav, Aztreonam, Ciprofloxacin, Cotrimoxazole, Cephalexin, Gentamicin, Nitrofurantoin, Pivmecillinam, Trimethoprim. For appropriate dosing of antibiotics when treating UTI please refer to the most recent version of the BNF. See Management of suspected bacterial urinary tract infection in adults, Scottish Intercollegiate Guidelines Network (SIGN), ISBN 978 1 905813889 (<https://www.sign.ac.uk/assets/sign88.pdf>) <http://nhsgintranet.grampian.scot.nhs.uk/apps/news/Lists/corporate%20News/DispForm.aspx?ID=3460>; Urinary MC&S

Urinary microscopy, culture and sensitivities Urine Culture >10⁵ cfu/ml of Escherichia coli isolated @Refer to the increased dosage guidance on the intranet <https://tinyurl.com/55uhyzhf> increased dose required@ : Temocillin. Sensitive : Amoxicillin, Co-amoxiclav, Aztreonam, Ciprofloxacin, Cotrimoxazole, Cephalexin, Gentamicin, Nitrofurantoin, Pivmecillinam, Trimethoprim. For appropriate dosing of antibiotics when treating UTI please refer to the most recent version of the BNF. See Management of suspected bacterial urinary tract infection in adults, Scottish Intercollegiate Guidelines Network (SIGN), ISBN 978 1 905813889 (<https://www.sign.ac.uk/assets/sign88.pdf>) <http://nhsgintranet.grampian.scot.nhs.uk/apps/news/Lists/corporate%20News/DispForm.aspx?ID=3460>; Urinary MC&S

(No range available)

13-July-2023 Dr J T Craig

Result: BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

22-Sept-2022 Dr Gavin Stephen

Result: Serum albumin

Serum albumin

43 g/L

(Range: 35 - 50)

22-Sept-2022 Dr Gavin Stephen

Result: Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

74 U/L

(Range: 30 - 130)

22-Sept-2022 Dr Gavin Stephen

Result: Serum alanine aminotransferase level Serum ALT level - U/L

Serum alanine aminotransferase level Serum ALT level - U/L

31 U/L

(Range: 5 - 55)

22-Sept-2022 Dr Gavin Stephen

Result: Serum total bilirubin level

Serum total bilirubin level

8 umol/L

(No range available)

22-Sept-2022 Dr Gavin Stephen

Result: Serum chloride

Serum chloride

103 mmol/L

(Range: 95 - 108)

22-Sept-2022 Dr Gavin Stephen Result: Serum total cholesterol level Serum total cholesterol level	6 mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum creatinine Serum creatinine	75 umol/L	(Range: 59 - 104)
22-Sept-2022 Dr Gavin Stephen Result: Serum gamma-glutamyl transferase level Abnormal Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	77 U/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum HDL cholesterol level Serum HDL cholesterol level	1 mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum LDL cholesterol level Trig too high to calc LDL Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level - Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5 mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum potassium Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
22-Sept-2022 Dr Gavin Stephen Result: Serum sodium Serum sodium	137 mmol/L	(Range: 133 - 146)
22-Sept-2022 Dr Gavin Stephen Result: Serum triglycerides Serum triglycerides	7.46 mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum TSH level mU/L Serum TSH level mU/L	0.83 mU/L	(Range: 0.35 - 4.94)
22-Sept-2022 Dr Gavin Stephen Result: Serum urea level Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
22-Sept-2022 Dr Gavin Stephen Result: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets. Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Liver function test New serum Albumin assay implemented 08/08/22 Liver function test New serum Albumin assay implemented 08/08/22		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Thyroid function test <none> Thyroid function test <none>		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Urea and electrolytes <none> Urea and electrolytes <none>		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Biochemical test <none> Biochemical test <none>		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Biochemical test Biochemical test -		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Serum free T4 level Serum free T4 level	13.7 pmol/L	(Range: 8 - 19.1)
22-Sept-2022 Dr Gavin Stephen Result: Lipid level Lipid level -	mmol/L	(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Haemolysis screening test Haemolysis screening test -		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2 GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
22-Sept-2022 Dr Gavin Stephen Result: Plasma glucose level Plasma glucose level	4.8 mmol/L	(Range: 3.7 - 6)
22-Sept-2022 Dr Gavin Stephen Result: Eosinophil count x10 ⁹ /l Eosinophil count x10 ⁹ /l	0.14 10 ⁹ /L	(Range: 0.1 - 0.5)
22-Sept-2022 Dr Gavin Stephen Result: Haemoglobin estimation g/l Haemoglobin estimation g/l	148 g/L	(Range: 140 - 180)

22-Sept-2022 Dr Gavin Stephen Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
22-Sept-2022 Dr Gavin Stephen Result: Mean corpuscular volume (MCV)/ Mean corpuscular volume (MCV) fl	92 fL	(Range: 83 - 98)
22-Sept-2022 Dr Gavin Stephen Result: Monocyte countx10 ⁹ /l Monocyte count x10 ⁹ /l	0.8 10 ⁹ /L	(Range: 0.2 - 0.8)
22-Sept-2022 Dr Gavin Stephen Result: Neutrophil countx10 ⁹ /l Neutrophil count x10 ⁹ /l	5.3 10 ⁹ /L	(Range: 1.5 - 7)
22-Sept-2022 Dr Gavin Stephen Result: Platelet countx10 ⁹ /l Platelet count x10 ⁹ /l	214 10 ⁹ /L	(Range: 140 - 400)
22-Sept-2022 Dr Gavin Stephen Result: Red blood cell (RBC) countx10 ¹² /l Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	(Range: 5 - 6)
22-Sept-2022 Dr Gavin Stephen Result: Total white cell countx10 ⁹ /l Total white cell count x10 ⁹ /l	7.6 10 ⁹ /L	(Range: 4 - 10)
22-Sept-2022 Dr Gavin Stephen Result: Lymphocyte countx10 ⁹ /l Lymphocyte count x10 ⁹ /l	1.3 10 ⁹ /L	(Range: 1 - 4)
22-Sept-2022 Dr Gavin Stephen Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
22-Sept-2022 Dr Gavin Stephen Result: Haematocrit - PCV// Haematocrit - PCV l/l	0.45 L/L	(Range: 0.42 - 0.54)
22-Sept-2022 Dr Gavin Stephen Result: Basophil countx10 ⁹ /l Basophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.01 - 0.1)
19-Aug-2021 Mrs Aileen Mutton Result: Serum albumin Serum albumin	44 g/L	(Range: 35 - 50)
19-Aug-2021 Mrs Aileen Mutton Result: Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	94 U/L	(Range: 30 - 130)
19-Aug-2021 Mrs Aileen Mutton Result: Serum alanine aminotransferase levelSerum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	30 U/L	(Range: 5 - 55)
19-Aug-2021 Mrs Aileen Mutton Result: Serum total bilirubin level Serum total bilirubin level	13 umol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum chloride Serum chloride	100 mmol/L	(Range: 95 - 108)
19-Aug-2021 Mrs Aileen Mutton Result: Serum total cholesterol level Serum total cholesterol level	6.3 mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum creatinine Serum creatinine	79 umol/L	(Range: 59 - 104)
19-Aug-2021 Mrs Aileen Mutton Result: Serum gamma-glutamyl transferase levelSerum gamma GT level - U/L Abnormal Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	73 U/L	(Range: 11 - 59)
19-Aug-2021 Mrs Aileen Mutton Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.1 mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum LDL cholesterol levelTrig too high to calc LDL Serum LDL cholesterol level Trig too high to calc LDL	mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum non high density lipoprotein cholesterol levelSe non HDL cholesterol level - Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	5.2 mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum potassium Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
19-Aug-2021 Mrs Aileen Mutton Result: Serum sodium Serum sodium	139 mmol/L	(Range: 133 - 146)

19-Aug-2021 Mrs Aileen Mutton Result: Serum triglycerides Serum triglycerides	7.58 mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum urea level Serum urea level	4.8 mmol/L	(Range: 2.5 - 7.8)
19-Aug-2021 Mrs Aileen Mutton Result: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets. Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Liver function test <none> Liver function test <none>		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Urea and electrolytes <none> Urea and electrolytes <none>		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Serum C reactive protein level Serum C reactive protein level	2 mg/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Biochemical test <none> Biochemical test <none>		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Biochemical test - Biochemical test -		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Lipid level - Lipid level -	mmol/L	(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Haemolysis screening test - Haemolysis screening test -		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2 GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
19-Aug-2021 Mrs Aileen Mutton Result: Plasma glucose level Plasma glucose level	5.4 mmol/L	(Range: 3.7 - 6)
19-Aug-2021 Mrs Aileen Mutton Result: Eosinophil count x10 ⁹ /l Eosinophil count x10 ⁹ /l	0.16 10 ⁹ /L	(Range: 0.1 - 0.5)
19-Aug-2021 Mrs Aileen Mutton Result: Haemoglobin estimation g/l Haemoglobin estimation g/l	159 g/L	(Range: 140 - 180)
19-Aug-2021 Mrs Aileen Mutton Result: Mean corpusc. haemoglobin (MCH) Mean corpusc. haemoglobin (MCH)	30 pg	(Range: 27 - 32)
19-Aug-2021 Mrs Aileen Mutton Result: Mean corpuscular volume (MCV) fl Mean corpuscular volume (MCV) fl	91 fL	(Range: 83 - 98)
19-Aug-2021 Mrs Aileen Mutton Result: Monocyte count x10 ⁹ /l Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
19-Aug-2021 Mrs Aileen Mutton Result: Neutrophil count x10 ⁹ /l Neutrophil count x10 ⁹ /l	4.1 10 ⁹ /L	(Range: 1.5 - 7)
19-Aug-2021 Mrs Aileen Mutton Result: Platelet count x10 ⁹ /l Platelet count x10 ⁹ /l	216 10 ⁹ /L	(Range: 140 - 400)
19-Aug-2021 Mrs Aileen Mutton Result: Red blood cell (RBC) count x10 ¹² /l Red blood cell (RBC) count x10 ¹² /l	5.3 10 ¹² /L	(Range: 5 - 6)
19-Aug-2021 Mrs Aileen Mutton Result: Total white cell count x10 ⁹ /l Total white cell count x10 ⁹ /l	5.9 10 ⁹ /L	(Range: 4 - 10)
19-Aug-2021 Mrs Aileen Mutton Result: Lymphocyte count x10 ⁹ /l Lymphocyte count x10 ⁹ /l	1.1 10 ⁹ /L	(Range: 1 - 4)
19-Aug-2021 Mrs Aileen Mutton Result: Full blood count - FBC <none> Full blood count - FBC <none>		(No range available)
19-Aug-2021 Mrs Aileen Mutton Result: Haematocrit - PCV l/l Haematocrit - PCV l/l	0.48 L/L	(Range: 0.42 - 0.54)

19-Aug-2021 Mrs Aileen Mutton		
Result: Basophil count $10^9/l$		
Basophil count $\times 10^9/l$	0.05 $10^9/L$	(Range: 0.01 - 0.1)
18-Aug-2021 Dr K M Cheesman		
Result: BCSP faecal occult blood test normal	No action required	
Negative		
BCSP faecal occult blood test normal	No action required	(No range available)
17-Aug-2021 Mrs Aileen Mutton		
Result: ECG/NSR - no acute changes		
Normal		
ECG NSR - no acute changes		(No range available)
19-Aug-2019 Dr K M Cheesman		
Result: Microbiology test	Microbiological Examination Culture Profuse growth of <i>Pseudomonas aeruginosa</i> Intermediate : Aztreonam. Sensitive : Amikacin, Ciprofloxacin, Ceftazidime, Gentamicin, Tobramycin.	
Microbiology test	Microbiological Examination Culture Profuse growth of <i>Pseudomonas aeruginosa</i> Intermediate : Aztreonam. Sensitive : Amikacin, Ciprofloxacin, Ceftazidime, Gentamicin, Tobramycin.	(No range available)
18-Jun-2019 Dr K M Cheesman		
Result: BCSP faecal occult blood test normal	No action required	
Negative		
BCSP faecal occult blood test normal	No action required	(No range available)
15-Nov-2016 Dr K M Cheesman		
Result: Exercise ECG		
Normal		
Exercise ECG		(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: Serum chloride		
Serum chloride	103 mmol/L	(Range: 95 - 108)
14-Nov-2016 Dr K M Cheesman		
Result: Serum creatinine		
Serum creatinine	83 $\mu\text{mol/L}$	(Range: 50 - 120)
14-Nov-2016 Dr K M Cheesman		
Result: Serum potassium		
Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
14-Nov-2016 Dr K M Cheesman		
Result: Serum sodium		
Serum sodium	143 mmol/L	(Range: 133 - 146)
14-Nov-2016 Dr K M Cheesman		
Result: Serum urea level		
Serum urea level	5.7 mmol/L	(Range: 2.5 - 7.8)
14-Nov-2016 Dr K M Cheesman		
Result: Urea and electrolytes	<none>	
Urea and electrolytes	<none>	(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: Biochemical test	<none>	
Biochemical test	<none>	(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: Biochemical test-		
Biochemical test	-	(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: Lipid level-		
Lipid level	mmol/L	(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: Haemolysis screening test-		
Haemolysis screening test	-	(No range available)
14-Nov-2016 Dr K M Cheesman		
Result: GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - ml/min/1.73m ²	
GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - 60 mL/min	(Range: 60 - 140)
ml/min/1.73m ²		
20-May-2016 Dr J T Craig		
Result: Serum albumin		
Serum albumin	41 g/L	(Range: 35 - 50)
20-May-2016 Dr J T Craig		
Result: Serum alkaline phosphatase	U/L	
Serum alkaline phosphatase	88 U/L	(Range: 30 - 130)
20-May-2016 Dr J T Craig		
Result: Serum alanine aminotransferase level	Serum ALT level - U/L	
Serum alanine aminotransferase level	Serum ALT level - U/L	28 U/L (Range: 9 - 55)
20-May-2016 Dr J T Craig		
Result: Serum total bilirubin level		
Serum total bilirubin level	12 $\mu\text{mol/L}$	(No range available)
20-May-2016 Dr J T Craig		
Result: Serum chloride		
Serum chloride	103 mmol/L	(Range: 95 - 108)
20-May-2016 Dr J T Craig		
Result: Serum total cholesterol level		
Serum total cholesterol level	5.6 mmol/L	(No range available)

20-May-2016 Dr J T Craig

Result: Serum creatinine

Serum creatinine

77 umol/L

(Range: 50 - 120)

20-May-2016 Dr J T Craig

Result: Serum gamma-glutamyl transferase level

Abnormal

Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

64 U/L

(Range: 6 - 35)

20-May-2016 Dr J T Craig

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

1.2 mmol/L

(No range available)

20-May-2016 Dr J T Craig

Result: Serum LDL cholesterol level

Serum LDL cholesterol level

2.5 mmol/L

(No range available)

20-May-2016 Dr J T Craig

Result: Serum potassium

Serum potassium

4.6 mmol/L

(Range: 3.5 - 5.3)

20-May-2016 Dr J T Craig

Result: Serum sodium

Serum sodium

140 mmol/L

(Range: 133 - 146)

20-May-2016 Dr J T Craig

Result: Serum triglycerides

Serum triglycerides

4.28 mmol/L

(No range available)

20-May-2016 Dr J T Craig

Result: Serum TSH level

Serum TSH level mU/L

0.69 mU/L

(Range: 0.35 - 4.5)

20-May-2016 Dr J T Craig

Result: Serum urea level

Serum urea level

4.7 mmol/L

(Range: 2.5 - 7.8)

20-May-2016 Dr J T Craig

Result: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.

Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.

(No range available)

20-May-2016 Dr J T Craig

Result: Liver function test <none>

Liver function test <none>

(No range available)

20-May-2016 Dr J T Craig

Result: Thyroid function test <none>

Thyroid function test <none>

(No range available)

20-May-2016 Dr J T Craig

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

20-May-2016 Dr J T Craig

Result: Biochemical test <none>

Biochemical test <none>

(No range available)

20-May-2016 Dr J T Craig

Result: Biochemical test-

Biochemical test -

(No range available)

20-May-2016 Dr J T Craig

Result: Total cholesterol:HDL ratio

Total cholesterol:HDL ratio

4.8 ratio

(No range available)

20-May-2016 Dr J T Craig

Result: Serum free T4 level

Serum free T4 level

21 pmol/L

(Range: 10 - 25)

20-May-2016 Dr J T Craig

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

20-May-2016 Dr J T Craig

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

20-May-2016 Dr J T Craig

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2

60 mL/min

(Range: 60 - 140)

20-May-2016 Dr J T Craig

Result: Plasma glucose level

Plasma glucose level

4.8 mmol/L

(Range: 3.7 - 6)

20-May-2016 Dr J T Craig

Result: Eosinophil count x10⁹/lEosinophil count x10⁹/l0.21 10⁹/L

(Range: 0.1 - 0.5)

20-May-2016 Dr J T Craig

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

152 g/L

(Range: 140 - 180)

20-May-2016 Dr J T Craig

Result: Mean corpusc. haemoglobin(MCH)pg

Mean corpusc. haemoglobin(MCH) pg

31 pg/mL

(Range: 27 - 32)

20-May-2016 Dr J T Craig

Result: Mean corpuscular volume (MCV)/f

Mean corpuscular volume (MCV) fl

89 fL

(Range: 83 - 98)

20-May-2016 Dr J T Craig

Result: Monocyte countx10⁹/lMonocyte count x10⁹/l0.5 10⁹/L

(Range: 0.2 - 0.8)

20-May-2016 Dr J T Craig

Result: Neutrophil countx10⁹/lNeutrophil count x10⁹/l3.9 10⁹/L

(Range: 1.5 - 7)

20-May-2016 Dr J T Craig

Result: Platelet countx10⁹/lPlatelet count x10⁹/l204 10⁹/L

(Range: 140 - 400)

20-May-2016 Dr J T Craig

Result: Red blood cell (RBC) countx10¹²/l

Abnormal

Red blood cell (RBC) count x10¹²/l4.9 10¹²/L

(Range: 5 - 6)

20-May-2016 Dr J T Craig

Result: Total white cell countx10⁹/lTotal white cell count x10⁹/l6 10⁹/L

(Range: 4 - 10)

20-May-2016 Dr J T Craig

Result: Lymphocyte countx10⁹/l

Abnormal

Lymphocyte count x10⁹/l1.2 10⁹/L

(Range: 1.5 - 4)

20-May-2016 Dr J T Craig

Result: Full blood count - FBC<none>

Full blood count - FBC <none>

(No range available)

20-May-2016 Dr J T Craig

Result: Large unstained cellsx10⁹/lLarge unstained cells x10⁹/l0.09 10⁹/L

(Range: 0.05 - 0.5)

20-May-2016 Dr J T Craig

Result: Haematocrit - PCV//l

Haematocrit - PCV //l

0.44 L/L

(Range: 0.42 - 0.54)

20-May-2016 Dr J T Craig

Result: Basophil countx10⁹/lBasophil count x10⁹/l0.03 10⁹/L

(Range: 0.01 - 0.1)

20-May-2016 Mrs Lynda Wilson

Result: Standard ECG

Standard ECG

(No range available)

16-Mar-2015 Dr C Watson

Result: Urine microscopy<none>

Urine microscopy <none>

(No range available)

16-Mar-2015 Dr C Watson

Result: Urine microscopy: pus cells

Urine microscopy: pus cells

2 /uL

(No range available)

16-Mar-2015 Dr C Watson

Result: Urine microscopy: red cells

Urine microscopy: red cells

1 /uL

(No range available)

16-Mar-2015 Dr C Watson

Result: Microbiology testCulture not indicated.

Microbiology test Culture not indicated.

(No range available)

02-Oct-2014 Dr J T Craig

Result: Plasma glucose level<none>

Plasma glucose level <none>

mmol/L

(No range available)

02-Oct-2014 Dr J T Craig

Result: Plasma fasting glucose level

Plasma fasting glucose level

5.1 mmol/L

(Range: 3.7 - 5.6)

22-Aug-2014 Dr R M Wallace

Result: Plasma glucose level

Abnormal

Plasma glucose level

7.3 mmol/L

(Range: 3.7 - 5.6)

22-Aug-2014 Dr R M Wallace

Result: Serum albumin

Serum albumin

45 g/L

(Range: 35 - 50)

22-Aug-2014 Dr R M Wallace

Result: Serum alkaline phosphataseU/L

Serum alkaline phosphatase U/L

97 U/L

(Range: 30 - 130)

22-Aug-2014 Dr R M Wallace

Result: Serum alanine aminotransferase levelSerum ALT level - U/L

Serum alanine aminotransferase level Serum ALT level - U/L

28 U/L

(Range: 8 - 55)

22-Aug-2014 Dr R M Wallace

Result: Serum total bilirubin level

Serum total bilirubin level

9 umol/L

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Serum calcium

Serum calcium

2.32 mmol/L

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Corrected serum calcium level mmol/l
Corrected serum calcium level mmol/l

2.22 mmol/L (Range: 2.2 - 2.6)

22-Aug-2014 Dr R M Wallace

Result: Serum chloride
Serum chloride

103 mmol/L (Range: 95 - 108)

22-Aug-2014 Dr R M Wallace

Result: Serum total cholesterol level
Serum total cholesterol level

4.8 mmol/L (Range: 3.4 - 5.2)

22-Aug-2014 Dr R M Wallace

Result: Serum creatinine umol/l
Serum creatinine umol/l

83 umol/L (Range: 50 - 120)

22-Aug-2014 Dr R M Wallace

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L
Abnormal
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

61 U/L (Range: 4 - 35)

22-Aug-2014 Dr R M Wallace

Result: Serum HDL cholesterol level
Serum HDL cholesterol level

1 mmol/L (Range: 0.8 - 1.9)

22-Aug-2014 Dr R M Wallace

Result: Serum LDL cholesterol level
Serum LDL cholesterol level

1.7 mmol/L (Range: 1.4 - 5)

22-Aug-2014 Dr R M Wallace

Result: Serum inorganic phosphate
Serum inorganic phosphate

1.18 mmol/L (Range: 0.8 - 1.5)

22-Aug-2014 Dr R M Wallace

Result: Serum potassium
Serum potassium

4.2 mmol/L (Range: 3.5 - 5.3)

22-Aug-2014 Dr R M Wallace

Result: Serum sodium
Serum sodium

139 mmol/L (Range: 133 - 146)

22-Aug-2014 Dr R M Wallace

Result: Serum total protein
Serum total protein

67 g/L (Range: 60 - 80)

22-Aug-2014 Dr R M Wallace

Result: Serum triglycerides
Abnormal
Serum triglycerides

4.81 mmol/L (Range: 0.6 - 2)

22-Aug-2014 Dr R M Wallace

Result: Serum TSH level mU/L
Serum TSH level mU/L

0.8 mU/L (Range: 0.35 - 4.5)

22-Aug-2014 Dr R M Wallace

Result: Serum urea level
Serum urea level

5.1 mmol/L (Range: 2.5 - 7.8)

22-Aug-2014 Dr R M Wallace

Result: Serum lipids <none>
Serum lipids <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Bone profile <none>
Bone profile <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Liver function test <none>
Liver function test <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Thyroid function test <none>
Thyroid function test <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Urea and electrolytes <none>
Urea and electrolytes <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Serum C reactive protein level
Serum C reactive protein level

4 mg/L (No range available)

22-Aug-2014 Dr R M Wallace

Result: Biochemical test <none>
Biochemical test <none>

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Biochemical test-
Biochemical test -

(No range available)

22-Aug-2014 Dr R M Wallace

Result: Total cholesterol:HDL ratio
Total cholesterol:HDL ratio

4.9 ratio (No range available)

22-Aug-2014 Dr R M Wallace

Result: Serum free T4 level
Serum free T4 level

21 pmol/L (Range: 10 - 25)

22-Aug-2014 Dr R M Wallace

Result: Lipid level-
Lipid level - mmol/L (No range available)

22-Aug-2014 Dr R M Wallace

Result: Haemolysis screening test-
Haemolysis screening test - (No range available)

22-Aug-2014 Dr R M Wallace

Result: GFR calculated abbreviated MDRD *GFR calculated abbreviated MDRD - ml/min/1.73m2*
GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - 60 mL/min (Range: 60 - 140)
ml/min/1.73m2

22-Aug-2014 Dr R M Wallace

Result: Serum vitamin B12 *ng/l - Note new interpretation of results. Vitamin B12 deficiency highly unlikely.*
Serum vitamin B12 ng/l - Note new interpretation of results. Vitamin B12 369 ng/L (Range: 200 - 700)
deficiency highly unlikely.

22-Aug-2014 Dr R M Wallace

Result: Eosinophil count $\times 10^9/l$
Eosinophil count $\times 10^9/l$ 0.33 $10^9/L$ (Range: 0.1 - 0.5)

22-Aug-2014 Dr R M Wallace

Result: Serum ferritin *ug/l*
Serum ferritin ug/l 142.4 ug/L (Range: 20 - 300)

22-Aug-2014 Dr R M Wallace

Result: Serum folate *ug/l*
Serum folate ug/l 11.4 ug/L (Range: 3 - 20)

22-Aug-2014 Dr R M Wallace

Result: Haemoglobin estimation *g/l*
Haemoglobin estimation g/l 150 g/L (Range: 140 - 180)

22-Aug-2014 Dr R M Wallace

Result: Mean corpusc. haemoglobin (MCH) *pg*
Mean corpusc. haemoglobin (MCH) pg 30 pg/mL (Range: 27 - 32)

22-Aug-2014 Dr R M Wallace

Result: Mean corpuscular volume (MCV) *fl*
Mean corpuscular volume (MCV) fl 89 fL (Range: 83 - 98)

22-Aug-2014 Dr R M Wallace

Result: Monocyte count $\times 10^9/l$
Monocyte count $\times 10^9/l$ 0.3 $10^9/L$ (Range: 0.2 - 0.8)

22-Aug-2014 Dr R M Wallace

Result: Neutrophil count $\times 10^9/l$
Neutrophil count $\times 10^9/l$ 2.9 $10^9/L$ (Range: 1.5 - 7)

22-Aug-2014 Dr R M Wallace

Result: Platelet count $\times 10^9/l$
Platelet count $\times 10^9/l$ 236 $10^9/L$ (Range: 140 - 400)

22-Aug-2014 Dr R M Wallace

Result: Red blood cell (RBC) count $\times 10^{12/l}$
Red blood cell (RBC) count $\times 10^{12/l}$ 5 10^{-2} (Range: 5 - 6)

22-Aug-2014 Dr R M Wallace

Result: Total white cell count $\times 10^9/l$
Total white cell count $\times 10^9/l$ 5.2 $10^9/L$ (Range: 4 - 10)

22-Aug-2014 Dr R M Wallace

Result: Lymphocyte count $\times 10^9/l$
Lymphocyte count $\times 10^9/l$ 1.5 $10^9/L$ (Range: 1.5 - 4)

22-Aug-2014 Dr R M Wallace

Result: Full blood count - FBC *<none>*
Full blood count - FBC <none> (No range available)

22-Aug-2014 Dr R M Wallace

Result: Blood haematinic levels *<none>*
Blood haematinic levels <none> (No range available)

22-Aug-2014 Dr R M Wallace

Result: Large unstained cells $\times 10^9/l$
Large unstained cells $\times 10^9/l$ 0.09 $10^9/L$ (Range: 0.05 - 0.5)

22-Aug-2014 Dr R M Wallace

Result: Haematocrit - PCV *l/l*
Haematocrit - PCV l/l 0.44 L/L (Range: 0.42 - 0.54)

22-Aug-2014 Dr R M Wallace

Result: Basophil count $\times 10^9/l$
Basophil count $\times 10^9/l$ 0.05 $10^9/L$ (Range: 0.01 - 0.1)

22-Feb-2013 Dr R M Wallace

Result: Hepatitis B surface antigen level *Hep B surface antigen level - Negative*
Hepatitis B surface antigen level Hep B surface antigen level - Negative (No range available)

22-Feb-2013 Dr R M Wallace

Result: Human immunodeficiency virus antibody level *HIV antibody level - Negative - Please repeat if patient has had possible exposure in the last 3 months.*
Human immunodeficiency virus antibody level HIV antibody level - Negative - Please repeat if patient has had possible exposure in the last 3 months. (No range available)

22-Feb-2013 Dr R M Wallace

Result: Hepatitis C antibody test *<none>*
Hepatitis C antibody test <none> (No range available)

22-Feb-2013 Dr R M Wallace

Result: Hepatitis C antibody level *Negative - Antibodies to Hepatitis C may take 6 months to develop*
Hepatitis C antibody level Negative - Antibodies to Hepatitis C may take 6 months to develop

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Plasma glucose level
Plasma glucose level

4.9 mmol/L

(Range: 3.7 - 5.6)

22-Feb-2013 Dr R M Wallace

Result: Serum albumin
Serum albumin

46 g/L

(Range: 35 - 50)

22-Feb-2013 Dr R M Wallace

Result: Serum alkaline phosphatase *U/L*
Serum alkaline phosphatase U/L

86 U/L

(Range: 30 - 130)

22-Feb-2013 Dr R M Wallace

Result: Serum alanine aminotransferase level *Serum ALT level - U/L*
Serum alanine aminotransferase level Serum ALT level - U/L

23 U/L

(Range: 8 - 55)

22-Feb-2013 Dr R M Wallace

Result: Serum total bilirubin level
Serum total bilirubin level

13 umol/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Serum calcium
Serum calcium

2.6 mmol/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Corrected serum calcium level *<none>*
Corrected serum calcium level <none>

mmol/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Corrected serum calcium level *mmol/l*
Corrected serum calcium level mmol/l

2.48 mmol/L

(Range: 2.2 - 2.6)

22-Feb-2013 Dr R M Wallace

Result: Serum chloride
Serum chloride

100 mmol/L

(Range: 95 - 108)

22-Feb-2013 Dr R M Wallace

Result: Serum total cholesterol level
Serum total cholesterol level

4.8 mmol/L

(Range: 3.4 - 5.2)

22-Feb-2013 Dr R M Wallace

Result: CK - creatine kinase level *U/L*
CK - creatine kinase level U/L

149 U/L

(Range: 40 - 320)

22-Feb-2013 Dr R M Wallace

Result: Serum creatinine *umol/l*
Serum creatinine umol/l

84 umol/L

(Range: 50 - 120)

22-Feb-2013 Dr R M Wallace

Result: Serum gamma-glutamyl transferase level *Serum gamma GT level - U/L*
Abnormal
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

62 U/L

(Range: 4 - 35)

22-Feb-2013 Dr R M Wallace

Result: Serum HDL cholesterol level
Serum HDL cholesterol level

1 mmol/L

(Range: 0.8 - 1.9)

22-Feb-2013 Dr R M Wallace

Result: Serum LDL cholesterol level
Serum LDL cholesterol level

1.8 mmol/L

(Range: 1.4 - 5)

22-Feb-2013 Dr R M Wallace

Result: Serum inorganic phosphate
Serum inorganic phosphate

1.26 mmol/L

(Range: 0.8 - 1.5)

22-Feb-2013 Dr R M Wallace

Result: Serum potassium
Serum potassium

4.3 mmol/L

(Range: 3.5 - 5.3)

22-Feb-2013 Dr R M Wallace

Result: Serum sodium
Serum sodium

138 mmol/L

(Range: 133 - 146)

22-Feb-2013 Dr R M Wallace

Result: Serum total protein
Serum total protein

73 g/L

(Range: 60 - 80)

22-Feb-2013 Dr R M Wallace

Result: Serum triglycerides
Abnormal
Serum triglycerides

4.51 mmol/L

(Range: 0.6 - 2)

22-Feb-2013 Dr R M Wallace

Result: Serum TSH level *mU/L*
Serum TSH level mU/L

1.39 mU/L

(Range: 0.35 - 4.5)

22-Feb-2013 Dr R M Wallace

Result: Serum urea level
Serum urea level

4.3 mmol/L

(Range: 2.5 - 7.8)

22-Feb-2013 Dr R M Wallace

Result: Serum lipids *<none>*
Serum lipids <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Liver function test<none>

Liver function test <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Thyroid function test*Please note change in TSH reference range from 18/2/13*

Thyroid function test Please note change in TSH reference range from 18/2/13

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Urea and electrolytes<none>

Urea and electrolytes <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Serum amylase levelU/L

Serum amylase level U/L

78 U/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Prostate specific antigen

Prostate specific antigen

0.8 ug/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Serum C reactive protein level

Serum C reactive protein level

4 mg/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Biochemical test<none>

Biochemical test <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Biochemical test<none>

Biochemical test <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Net bilirubin absorbance-

Net bilirubin absorbance -

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Cardiac enzymes<none>

Cardiac enzymes <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Total cholesterol:HDL ratio

Total cholesterol:HDL ratio

4.6 ratio

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Serum free T4 level

Serum free T4 level

20 pmol/L

(Range: 10 - 25)

22-Feb-2013 Dr R M Wallace

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

22-Feb-2013 Dr R M Wallace

Result: GFR calculated abbreviated MDRD*GFR calculated abbreviatd MDRD - ml/min/1.73m2*

GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2

60 mL/min

(Range: 60 - 140)

22-Feb-2013 Dr R M Wallace

Result: Serum vitamin B12*ng/l*

Serum vitamin B12 ng/l

390 ng/L

(Range: 200 - 700)

22-Feb-2013 Dr R M Wallace

Result: Eosinophil count*x10^9/l*

Eosinophil count x10^9/l

0.25 10^9/L

(Range: 0.1 - 0.5)

22-Feb-2013 Dr R M Wallace

Result: Serum folate*ug/l*

Serum folate ug/l

6.4 ug/L

(Range: 3 - 20)

22-Feb-2013 Dr R M Wallace

Result: Haemoglobin estimation*g/l*

Haemoglobin estimation g/l

153 g/L

(Range: 140 - 180)

22-Feb-2013 Dr R M Wallace

Result: Mean corpusc. haemoglobin(MCH)*pg*

Mean corpusc. haemoglobin(MCH) pg

30 pg/mL

(Range: 27 - 32)

22-Feb-2013 Dr R M Wallace

Result: Mean corpuscular volume (MCV)*fl*

Mean corpuscular volume (MCV) fl

86 fL

(Range: 83 - 98)

22-Feb-2013 Dr R M Wallace

Result: Monocyte count*x10^9/l*

Monocyte count x10^9/l

0.3 10^9/L

(Range: 0.2 - 0.8)

22-Feb-2013 Dr R M Wallace

Result: Neutrophil count*x10^9/l*

Neutrophil count x10^9/l

2.5 10^9/L

(Range: 1.5 - 7)

22-Feb-2013 Dr R M Wallace

Result: Platelet count*x10^9/l*

Platelet count x10^9/l

242 10^9/L

(Range: 140 - 400)

22-Feb-2013 Dr R M Wallace

Result: Red blood cell (RBC) count $\times 10^{12}/l$
 Red blood cell (RBC) count $\times 10^{12}/l$

5.1 $10^{\ast}2$ (Range: 5 - 6)

22-Feb-2013 Dr R M Wallace

Result: Total white cell count $\times 10^9/l$
 Total white cell count $\times 10^9/l$

4.3 $10^9/L$ (Range: 4 - 10)

22-Feb-2013 Dr R M Wallace

Result: Lymphocyte count $\times 10^9/l$
 Abnormal
 Lymphocyte count $\times 10^9/l$

1.1 $10^9/L$ (Range: 1.5 - 4)

22-Feb-2013 Dr R M Wallace

Result: Full blood count - FBC<none>
 Full blood count - FBC <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Blood haematinic levels<none>
 Blood haematinic levels <none>

(No range available)

22-Feb-2013 Dr R M Wallace

Result: Serum ferritin ug/l
 Serum ferritin ug/l

145.6 ug/L (Range: 20 - 300)

22-Feb-2013 Dr R M Wallace

Result: Large unstained cells $\times 10^9/l$
 Large unstained cells $\times 10^9/l$

0.1 $10^9/L$ (Range: 0.05 - 0.5)

22-Feb-2013 Dr R M Wallace

Result: Haematocrit - PCV l/l
 Haematocrit - PCV l/l

0.44 L/L (Range: 0.42 - 0.54)

22-Feb-2013 Dr R M Wallace

Result: Basophil count $\times 10^9/l$
 Basophil count $\times 10^9/l$

0.09 $10^9/L$ (Range: 0.01 - 0.1)

22-Feb-2013 Mrs Lynda Wilson

Result: Erythrocyte sedimentation rate
 Erythrocyte sedimentation rate

4 mm/h (No range available)

03-Oct-2012

Result: Diagnostic colonoscopy
 Normal
 Diagnostic colonoscopy

(No range available)

04-July-2012 Miss Sandra Yule

Result: Biochemical screening testResults ARI Labs biochemistry
 Biochemical screening test Results ARI Labs biochemistry

(No range available)

04-July-2012 Dr K M Cheesman

Result: Serum albuminOriginal result: "Albumin" = 49(35 - 50)
 Serum albumin Original result: "Albumin" = 49(35 - 50)

49 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum alkaline phosphataseOriginal result: "Alk Phosphatase" = 89(30 - 130)
 Serum alkaline phosphatase Original result: "Alk Phosphatase" = 89(30 - 130) 89

(No range available)

04-July-2012 Dr K M Cheesman

Result: Plasma alanine aminotransferase levelOriginal result: "Ala Amino Trans" = 43(8 - 55)
 Plasma alanine aminotransferase level Original result: "Ala Amino Trans" = 43(843 - 55)

(No range available)

04-July-2012 Dr K M Cheesman

Result: Total bilirubinOriginal result: "Tot Bilirubin" = 13(0 - 20)
 Total bilirubin Original result: "Tot Bilirubin" = 13(0 - 20)

13 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum chlorideOriginal result: "Chloride" = 102(95 - 108)
 Serum chloride Original result: "Chloride" = 102(95 - 108)

102 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum creatinineOriginal result: "Creatinine" = 78(50 - 120)
 Serum creatinine Original result: "Creatinine" = 78(50 - 120)

78 (No range available)

04-July-2012 Dr K M Cheesman

Result: Gamma - G.T. levelOriginal result: "Gamma Glut Trans" = 84(4 - 35)
 Abnormal
 Gamma - G.T. level Original result: "Gamma Glut Trans" = 84(4 - 35)

84 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum potassiumOriginal result: "Potassium" = 4.1(3.5 - 5.3)
 Serum potassium Original result: "Potassium" = 4.1(3.5 - 5.3)

4.1 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum sodiumOriginal result: "Sodium" = 138(133 - 146)
 Serum sodium Original result: "Sodium" = 138(133 - 146)

138 (No range available)

04-July-2012 Dr K M Cheesman

Result: TSH - thyroid stim. hormoneOriginal result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30)
 TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30)

0.48 (No range available)

04-July-2012 Dr K M Cheesman

Result: Serum urea levelOriginal result: "Urea" = 5.3(2.5 - 7.8)
 Serum urea level Original result: "Urea" = 5.3(2.5 - 7.8)

5.3 (No range available)

04-July-2012 Dr K M Cheesman			
Result: Serum lipids	Original result: "Lipaemia" = --		
Serum lipids	Original result: "Lipaemia" = --		(No range available)
04-July-2012 Dr K M Cheesman			
Result: Plasma C reactive protein	Original result: "C-Reactive Protein" < 4(0 - 4)		
Plasma C reactive protein	Original result: "C-Reactive Protein" < 4(0 - 4)	4	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Haematology test	Original result: "Icteric" = --		
Haematology test	Original result: "Icteric" = --		(No range available)
04-July-2012 Dr K M Cheesman			
Result: Free T4 level	Original result: "Free T4" = 19(10 - 25)		
Free T4 level	Original result: "Free T4" = 19(10 - 25)	19	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Haemolysis screening test	Original result: "Haemolysis" = --		
Haemolysis screening test	Original result: "Haemolysis" = --		(No range available)
04-July-2012 Dr K M Cheesman			
Result: GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140)		
GFR calculated abbreviated MDRD	Original result: "MDRDA" > 60(60 - 140)	60	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Eosinophil count	Original result: "EOS" = 0.18(0.1 - 0.5)		
Eosinophil count	Original result: "EOS" = 0.18(0.1 - 0.5)	0.18	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Hb estimation	Original result: "HB" = 153(140 - 180)		
Hb estimation	Original result: "HB" = 153(140 - 180)	153	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 - 32)		
Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 - 32)	30	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Mean corpuscular volume (MCV)	Original result: "MCV" = 89(83 - 98)		
Mean corpuscular volume (MCV)	Original result: "MCV" = 89(83 - 98)	89	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Monocyte count	Original result: "MONO" = 0.60(0.2 - 0.8)		
Monocyte count	Original result: "MONO" = 0.60(0.2 - 0.8)	0.6	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Neutrophil count	Original result: "NEUT" = 4.30(1.5 - 7.0)		
Neutrophil count	Original result: "NEUT" = 4.30(1.5 - 7.0)	4.3	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Platelet count	Original result: "PLT" = 274(140 - 400)		
Platelet count	Original result: "PLT" = 274(140 - 400)	274	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Red blood cell (RBC) count	Original result: "RBC" = 5.1(5.0 - 6.0)		
Red blood cell (RBC) count	Original result: "RBC" = 5.1(5.0 - 6.0)	5.1	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Red blood cell (RBC) count	Original result: "HCT" = 0.45(0.42 - 0.54)		
Red blood cell (RBC) count	Original result: "HCT" = 0.45(0.42 - 0.54)	0.45	(No range available)
04-July-2012 Dr K M Cheesman			
Result: White blood count	Original result: "WBC" = 6.6(4.0 - 10.0)		
White blood count	Original result: "WBC" = 6.6(4.0 - 10.0)	6.6	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)		
Abnormal			
Lymphocyte count	Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Large unstained cells	Original result: "*****" = 0.12(0.05 - 0.50)		
Large unstained cells	Original result: "*****" = 0.12(0.05 - 0.50)	0.12	(No range available)
04-July-2012 Dr K M Cheesman			
Result: Basophil count	Original result: "BASO" = 0.07(0.01 - 0.10)		
Basophil count	Original result: "BASO" = 0.07(0.01 - 0.10)	0.07	(No range available)
05-Mar-2012 Dr K M Cheesman			
Result: U-S abdominal scan			
Normal			
U-S abdominal scan			(No range available)
13-Jan-2012 Dr K M Cheesman			
Result: Helicobacter pylori antigen test	Original result: "Helicobacter pylori IgG EIA" = NEG		
Helicobacter pylori antigen test	Original result: "Helicobacter pylori IgG EIA" =		(No range available)
NEG			
13-Jan-2012 Mrs Lesley Ritchie			
Result: Biochemical screening test	Results ARI Labs biochemistry		
Biochemical screening test	Results ARI Labs biochemistry		(No range available)
13-Jan-2012 Dr K M Cheesman			
Result: Eosinophil count	Original result: "EOS" = 0.28(0.1 - 0.5)		
Eosinophil count	Original result: "EOS" = 0.28(0.1 - 0.5)	0.28	(No range available)
13-Jan-2012 Dr K M Cheesman			
Result: Hb estimation	Original result: "HB" = 162(140 - 180)		
Hb estimation	Original result: "HB" = 162(140 - 180)	162	(No range available)

13-Jan-2012 Dr K M Cheesman Result: Mean corpusc. haemoglobin(MCH) <i>Original result: "MCH" = 31(27 - 32)</i> Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 31(27 - 32)	31	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Mean corpuscular volume (MCV) <i>Original result: "MCV" = 90(83 - 98)</i> Mean corpuscular volume (MCV) Original result: "MCV" = 90(83 - 98)	90	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Monocyte count <i>Original result: "MONO" = 0.40(0.2 - 0.8)</i> Monocyte count Original result: "MONO" = 0.40(0.2 - 0.8)	0.4	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Neutrophil count <i>Original result: "NEUT" = 3.00(1.5 - 7.0)</i> Neutrophil count Original result: "NEUT" = 3.00(1.5 - 7.0)	3	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Platelet count <i>Original result: "PLT" = 271(140 - 400)</i> Platelet count Original result: "PLT" = 271(140 - 400)	271	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Red blood cell (RBC) count <i>Original result: "RBC" = 5.2(5.0 - 6.0)</i> Red blood cell (RBC) count Original result: "RBC" = 5.2(5.0 - 6.0)	5.2	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Red blood cell (RBC) count <i>Original result: "HCT" = 0.47(0.42 - 0.54)</i> Red blood cell (RBC) count Original result: "HCT" = 0.47(0.42 - 0.54)	0.47	(No range available)
13-Jan-2012 Dr K M Cheesman Result: White blood count <i>Original result: "WBC" = 5.3(4.0 - 10.0)</i> White blood count Original result: "WBC" = 5.3(4.0 - 10.0)	5.3	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Lymphocyte count <i>Original result: "LYMPH" = 1.40(1.5 - 4.0)</i> Abnormal Lymphocyte count Original result: "LYMPH" = 1.40(1.5 - 4.0)	1.4	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Large unstained cells <i>Original result: "*****" = 0.13(0.05 - 0.50)</i> Large unstained cells Original result: "*****" = 0.13(0.05 - 0.50)	0.13	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Basophil count <i>Original result: "BASO" = 0.06(0.01 - 0.10)</i> Basophil count Original result: "BASO" = 0.06(0.01 - 0.10)	0.06	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum albumin <i>Original result: "Albumin" = 49(37 - 49)</i> Serum albumin Original result: "Albumin" = 49(37 - 49)	49	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum alkaline phosphatase <i>Original result: "Alk Phosphatase" = 81(30 - 130)</i> Serum alkaline phosphatase Original result: "Alk Phosphatase" = 81(30 - 130)	81	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Plasma alanine aminotransferase level <i>Original result: "Ala Amino Trans" = 36(5 - 55)</i> Plasma alanine aminotransferase level Original result: "Ala Amino Trans" = 36(536 - 55)		(No range available)
13-Jan-2012 Dr K M Cheesman Result: Total bilirubin <i>Original result: "Tot Bilirubin" = 11(0 - 20)</i> Total bilirubin Original result: "Tot Bilirubin" = 11(0 - 20)	11	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum chloride <i>Original result: "Chloride" = 103(95 - 108)</i> Serum chloride Original result: "Chloride" = 103(95 - 108)	103	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum cholesterol <i>Original result: "Cholesterol" = 5.5(3.4 - 5.2)</i> Abnormal Serum cholesterol Original result: "Cholesterol" = 5.5(3.4 - 5.2)	5.5	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum creatinine <i>Original result: "Creatinine" = 84(50 - 120)</i> Serum creatinine Original result: "Creatinine" = 84(50 - 120)	84	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Gamma - G.T. level <i>Original result: "Gamma Glut Trans" = 89(4 - 35)</i> Abnormal Gamma - G.T. level Original result: "Gamma Glut Trans" = 89(4 - 35)	89	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum HDL cholesterol level <i>Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)</i> Serum HDL cholesterol level Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)	1.2	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum LDL cholesterol level <i>Original result: "LDL Cholesterol" = 3.0(1.4 - 5.0)</i> Serum LDL cholesterol level Original result: "LDL Cholesterol" = 3.0(1.4 - 5.0)	3	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum potassium <i>Original result: "Potassium" = 4.9(3.5 - 5.3)</i> Serum potassium Original result: "Potassium" = 4.9(3.5 - 5.3)	4.9	(No range available)
13-Jan-2012 Dr K M Cheesman Result: Serum sodium <i>Original result: "Sodium" = 141(133 - 146)</i> Serum sodium Original result: "Sodium" = 141(133 - 146)	141	(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Serum triglycerides *Original result: "Triglyceride" = 2.98(0.6 - 2.0)*

Abnormal

Serum triglycerides Original result: "Triglyceride" = 2.98(0.6 - 2.0)

2.98

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: TSH - thyroid stim. hormone *Original result: "Thyroid Stim Hormone" = 1.84(0.35 - 3.30)*

TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" =

1.84

(No range available)

1.84(0.35 - 3.30)

13-Jan-2012 Dr K M Cheesman

Result: Serum urea level *Original result: "Urea" = 6.3(2.5 - 7.8)*

Serum urea level Original result: "Urea" = 6.3(2.5 - 7.8)

6.3

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Serum lipids *Original result: "Lipaemia" = --*

Serum lipids Original result: "Lipaemia" = --

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Plasma fasting glucose level *Original result: "FGLUC" = 5.6(3.7 - 5.6)*

Plasma fasting glucose level Original result: "FGLUC" = 5.6(3.7 - 5.6)

5.6

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Haematology test *Original result: "Icteric" = --*

Haematology test Original result: "Icteric" = --

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Total cholesterol:HDL ratio *Original result: "Tot Chol / HDL Ratio" = 4.7*

Total cholesterol:HDL ratio Original result: "Tot Chol / HDL Ratio" = 4.7

4.7

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Free T4 level *Original result: "Free T4" = 17(10 - 25)*

Free T4 level Original result: "Free T4" = 17(10 - 25)

17

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: Haemolysis screening test *Original result: "Haemolysis" = --*

Haemolysis screening test Original result: "Haemolysis" = --

(No range available)

13-Jan-2012 Dr K M Cheesman

Result: GFR calculated abbreviated MDRD *Original result: "MDRDA" > 60(60 - 140)*

GFR calculated abbreviated MDRD Original result: "MDRDA" > 60(60 - 140)

60

(No range available)

21-Jun-2011 Mrs Anne Crisp

Result: Biochemical screening test *Results ARI Labs biochemistry*

Biochemical screening test Results ARI Labs biochemistry

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Eosinophil count *Original result: "EOS" = 0.19(0.1 - 0.5)*

Eosinophil count Original result: "EOS" = 0.19(0.1 - 0.5)

0.19

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Hb estimation *Original result: "HB" = 157(140 - 180)*

Hb estimation Original result: "HB" = 157(140 - 180)

157

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Mean corpusc. haemoglobin(MCH) *Original result: "MCH" = 31(27 - 32)*

Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 31(27 - 32)

31

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Mean corpuscular volume (MCV) *Original result: "MCV" = 88(83 - 98)*

Mean corpuscular volume (MCV) Original result: "MCV" = 88(83 - 98)

88

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Monocyte count *Original result: "MONO" = 0.40(0.2 - 0.8)*

Monocyte count Original result: "MONO" = 0.40(0.2 - 0.8)

0.4

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Neutrophil count *Original result: "NEUT" = 3.80(1.5 - 7.0)*

Neutrophil count Original result: "NEUT" = 3.80(1.5 - 7.0)

3.8

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Platelet count *Original result: "PLT" = 254(140 - 400)*

Platelet count Original result: "PLT" = 254(140 - 400)

254

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Mean platelet volume *Original result: "MPV" = 10.1(7.0 - 10.4)*

Mean platelet volume Original result: "MPV" = 10.1(7.0 - 10.4)

10.1

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Red blood cell (RBC) count *Original result: "RBC" = 5.0(5.0 - 6.0)*

Red blood cell (RBC) count Original result: "RBC" = 5.0(5.0 - 6.0)

5

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: White blood count *Original result: "WBC" = 6.0(4.0 - 10.0)*

White blood count Original result: "WBC" = 6.0(4.0 - 10.0)

6

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Lymphocyte count *Original result: "LYMPH" = 1.40(1.5 - 4.0)*

Abnormal

Lymphocyte count Original result: "LYMPH" = 1.40(1.5 - 4.0)

1.4

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Large unstained cells *Original result: "*****" = 0.10(0.05 - 0.50)*

Large unstained cells Original result: "*****" = 0.10(0.05 - 0.50)

0.1

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Haematocrit - PCV *Original result: "HCT" = 0.44(0.42 - 0.54)*

Haematocrit - PCV Original result: "HCT" = 0.44(0.42 - 0.54)

0.44

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Basophil count *Original result: "BASO" = 0.03(0.01 - 0.10)*

Basophil count Original result: "BASO" = 0.03(0.01 - 0.10)

0.03

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum albumin *Original result: "Albumin" = 48(37 - 49)*

Serum albumin Original result: "Albumin" = 48(37 - 49)

48

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum alkaline phosphatase *Original result: "Alk Phosphatase" = 85(45 - 105)*

Serum alkaline phosphatase Original result: "Alk Phosphatase" = 85(45 - 105) 85

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Plasma alanine aminotransferase level *Original result: "Ala Amino Trans" = 29(1 - 40)*

Plasma alanine aminotransferase level Original result: "Ala Amino Trans" = 29(129 - 40)

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Total bilirubin *Original result: "Tot Bilirubin" = 11(1 - 22)*

Total bilirubin Original result: "Tot Bilirubin" = 11(1 - 22)

11

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum chloride *Original result: "Chloride" = 100(98 - 106)*

Serum chloride Original result: "Chloride" = 100(98 - 106)

100

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum cholesterol *Original result: "Cholesterol" = 6.0(3.4 - 5.2)*

Abnormal

Serum cholesterol Original result: "Cholesterol" = 6.0(3.4 - 5.2)

6

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum creatinine *Original result: "Creatinine" = 84(84 - 116)*

Serum creatinine Original result: "Creatinine" = 84(84 - 116)

84

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Gamma - G.T. level *Original result: "Gamma Glut Trans" = 52(4 - 35)*

Abnormal

Gamma - G.T. level Original result: "Gamma Glut Trans" = 52(4 - 35)

52

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum HDL cholesterol level *Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)*

Serum HDL cholesterol level Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9) 1.2

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum LDL cholesterol level *Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0)*

Serum LDL cholesterol level Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0) 2.7

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum potassium *Original result: "Potassium" = 4.2(3.5 - 4.9)*

Serum potassium Original result: "Potassium" = 4.2(3.5 - 4.9)

4.2

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum sodium *Original result: "Sodium" = 139(137 - 144)*

Serum sodium Original result: "Sodium" = 139(137 - 144)

139

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum triglycerides *Original result: "Triglyceride" = 4.51(0.6 - 2.0)*

Abnormal

Serum triglycerides Original result: "Triglyceride" = 4.51(0.6 - 2.0)

4.51

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: TSH - thyroid stim. hormone *Original result: "Thyroid Stim Hormone" = 1.64(0.35 - 3.30)*

TSH - thyroid stim. hormone Original result: "Thyroid Stim Hormone" = 1.64(0.35 - 3.30)

1.64

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum urea level *Original result: "Urea" = 5.9(3.4 - 7.0)*

Serum urea level Original result: "Urea" = 5.9(3.4 - 7.0)

5.9

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Blood glucose result *Original result: "Glucose" = 4.9(3.7 - 5.6)*

Blood glucose result Original result: "Glucose" = 4.9(3.7 - 5.6)

4.9

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Serum lipids *Original result: "Lipaemia" = --*

Serum lipids Original result: "Lipaemia" = --

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Haematology test *Original result: "Icteric" = --*

Haematology test Original result: "Icteric" = --

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Total cholesterol:HDL ratio *Original result: "Tot Chol / HDL Ratio" = 5.0*

Total cholesterol:HDL ratio Original result: "Tot Chol / HDL Ratio" = 5.0

5

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Free T4 level *Original result: "Free T4" = 20(10 - 25)*

Free T4 level Original result: "Free T4" = 20(10 - 25)

20

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: Haemolysis screening test *Original result: "Haemolysis" = --*

Haemolysis screening test Original result: "Haemolysis" = --

(No range available)

21-Jun-2011 Dr K M Cheesman

Result: GFR calculated abbreviated MDRD *Original result: "MDRDA" > 60(60 - 140)*

GFR calculated abbreviated MDRD Original result: "MDRDA" > 60(60 - 140) 60

(No range available)

21-Jun-2011**Result:** ECG
ECG

(No range available)

21-Jun-2011 Mrs Eileen Skene**Result:** ECG *carried out*
ECG carried out

(No range available)

Other Items

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Attachments

Scanned Document**15-July-2026 DUNCAL10****Additional:** Scanned Document**Filename:** igprda202607151038260.tif**Extension:** .tif**Pages:**

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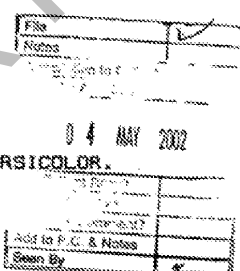
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 DEPARTMENT OF MEDICAL MICROBIOLOGY ABERDEEN ROYAL INFIRMARY		 ACCREDITED	
Name & Address RUST, CHRISTOPHER 32 DUFF ST HOPEMAN ELGIN	Unit No. 0512682275 D.O.B. 05/12/1968	Report Address Dr M D Houlston Elgin Community Surgery [REDACTED] House Northfield Terrace	Ward ZELG2 0045
Fungal Investigation KOH Microscopy Malassezia furfur SEEN Fungal Culture Not Examined see comment below MICROSCOPY IS DIAGNOSTIC OF PITYRIASIS VERSICOLOR.			
 04 MAY 2002			
Page:1 u/k = Unknown Sample Time:10:27 Sample Date:26/04/2002 ZELG2 Laboratory Number:790663 Report Time:12:21 Report Date:02/05/2002 Specimen:Skin scrapings			

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DEPARTMENT OF MEDICAL MICROBIOLOGY		ABERDEEN ROYAL INFIRMARY	
Name & Address	Unit No.	Report Address	Ward
RUST, CHRISTOPHER 32 DUFF ST HOPENAH ELGIN	0512682275 D.O.B. 05/12/1968	Dr Sharon A Hamilton Elgin Community Surgery Highfield House Northfield Terrace	ZE1G2 0046

Specimen
Skin scrapings

Fungal Investigation
KOH Microscopy
Fungal elements SEEN
Fungal culture
Fungi not isolated
In view of microscopy please repeat.

*Report
Lofthouse 22/7/00*

File	☒
Notes	☒
Prescription to Collect	
To Collect	
15 JUL 2000	
Signature	AK

Page:1 u/k = Unknown Sample Time:10:33 Sample Date:19/06/2000 ZE1G2
Laboratory Number:791433 Report Time:14:00 Report Date:13/07/2000
Specimen:Skin scrapings

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DEPARTMENT OF MEDICAL MICROBIOLOGY		ABERDEEN ROYAL INFIRMARY	
Name & Address	Unit No.	Report Address	Ward
RUST, CHRISTOPHER 32 DUFF ST HOPEMAN ELGIN	0512682275 <u>D.Q.R.</u> 05/12/1958	Dr Sharon A Hamilton Elgin Community Surgery Highfield House Northfield Terrace	ZE162 0045

=====

Specimen
Skin scrapings

Fungal Investigation
KOH Microscopy
Fungal elements SEEN

Fungal culture
Fungal culture report to follow

*Confirms Fungal elements
present
on corns R
with Telenite*

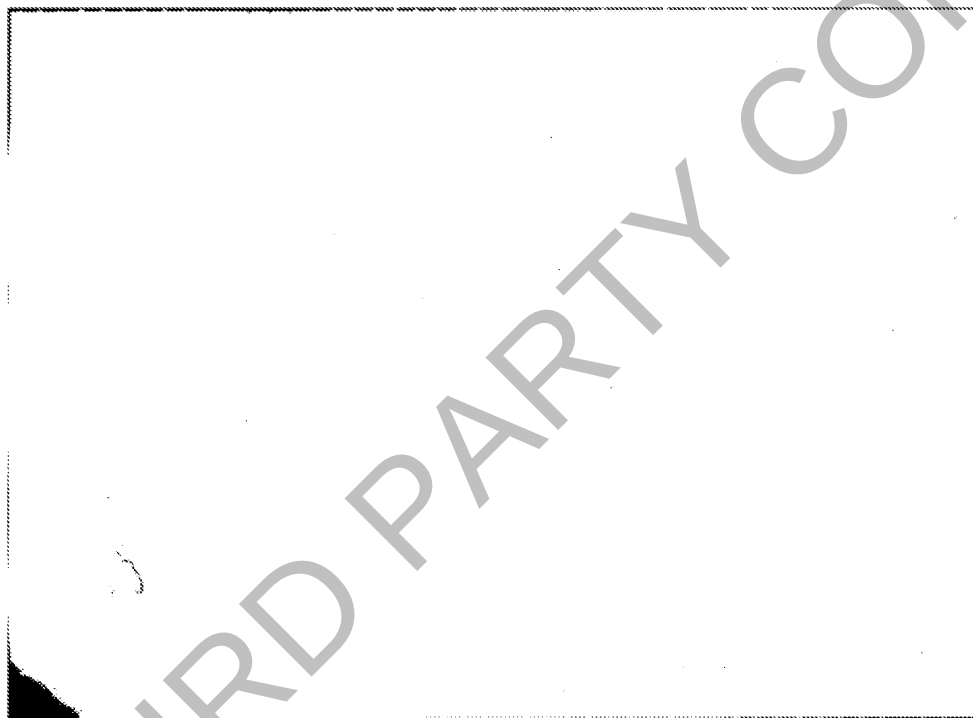
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Laboratory Number:791493 Report Time:11:31 Report Date:22/06/2000
Specimen:Skin scrapings

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24 JUN 2000

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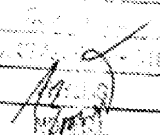
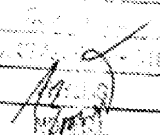
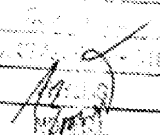
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Unit No.	110578	MORAY HEALTH SERVICES		X-RAY- <i>EA</i>
Date	14.11.95	Examination	Ba. Meal	
Surname	DOUGLAS	Dept or	Physician or Surgeon	Dr. Morrison
First Names	Christopher			
P. Pz/88	Dunkinty Lodge, Linkwood Road, Elgin			NOTES
<u>BARTUM MEAL</u> Normal oesophagus, stomach and duodenum. JA/JHM/16.11.95 FUNDHOLDING ✓ 17 NOV 1995 REC SCRIPT NOTES INITIALS NORMAL APPT ALLDOCS INITIALS RADIOLOGIST				

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DEPARTMENT OF MEDICAL MICROBIOLOGY		ABERDEEN ROYAL INFIRMARY													
NAME (SURNAME, FORENAME) & ADDRESS		UNIT No.	REPORT DESTINATION												
RUST, CHRISTOPHER		2206236	DAVIDSON J. (016)												
ABERDEEN		DOB	1444 KING STREET, ABERDEEN AB9 2TL												
		05/12/68													
*****VIRUS SEROLOGY*****															
SPECIMEN DATE & TIME	SPECIMEN NO.														
18/12/93 2 1404	1967														
CONFIDENTIAL															
HPSA: EIA		NEGATIVE													
ANTI-HIV 1/2 EIA		NEGATIVE													
(END OF REPORT)															
		<table border="1"> <thead> <tr> <th>LIW</th> <th>FILE</th> </tr> </thead> <tbody> <tr> <td>JD ✓</td> <td>NOTED TO CL</td> </tr> <tr> <td>AMOL</td> <td></td> </tr> <tr> <td>PIV ✓</td> <td></td> </tr> <tr> <td colspan="2">15 DEC 1993</td> </tr> <tr> <td colspan="2">  </td> </tr> </tbody> </table>		LIW	FILE	JD ✓	NOTED TO CL	AMOL		PIV ✓		15 DEC 1993			
LIW	FILE														
JD ✓	NOTED TO CL														
AMOL															
PIV ✓															
15 DEC 1993															
															
PROB	1	REPORT DATE	14/12/93												
		VIROLOGY Tel: 0224 681818 Ext 52452													

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MEDICAL MICROBIOLOGY		
BACTERIOLOGY	<u>Laboratory Hours for Telephone Enquiries</u> Mon-Fri: 09.00-17.00 Sat: 09.00-12.30	<u>Telephone Extensions</u> Laboratory Office: 52444 Main Laboratory: 52451
Requests for advice on antibiotics or other clinically-related matters should be addressed to the on-call medical microbiologist who can be contacted via the office, on-call MISO or switchboard. <u>Out-of-Hours Emergency Calls:</u> MISO may be contacted through the gate porter, ARI, Ext. 52218.		
VIROLOGY	<u>Laboratory Hours for Telephone Enquiries</u> Mon-Fri: 09.00-17.00 Sat: 09.00-12.30	<u>Telephone Extensions</u> Virus Laboratory: 52452
The clinical virologist can be contacted via the virus laboratory. <u>Emergency investigations</u> during working hours should be requested by telephone. <u>Out-of-Hours Emergency Specimens</u> e.g. for HBsAg, anti-HIV etc, will be examined through the bacteriology on-call service.		
 HIGH RISK SAMPLES: THE SAMPLE MUST BE ENCLOSED IN A LEAK-PROOF CONTAINER WITH APPROPRIATE HAZARD LABEL ATTACHED, THEN PLACED IN A SELF-SEALING PLASTIC BAG WITH REQUEST FORM IN SEPARATE POCKET. The Laboratory Manual should be consulted for detailed information on specimens required and test procedures available.		

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DEPARTMENT OF MEDICAL MICROBIOLOGY		ABERDEEN ROYAL INFIRMARY	
NAME (SURNAME, FORENAME) & ADDRESS MR ST, CHRISTOPHER 35 CROMBIE ROAD ABERDEEN		UNIT No. 606234 D.O.B. 05/12/58	REPORT DESTINATION DAVIDSON J. (D16) 144A KING STREET ABERDEEN AB9 2TL UNREQ GP
----- FAECES INVESTIGATIONS -----			
SPECIMEN DATE & TIME 22/12/93 1011		SPECIMEN No. 25534	
CRYPTOSPORIDIUM		NEGATIVE	
REPORTED RESULT		NO ENTERIC PATHOGENS ISOLATED.	
(END OF REPORT)			
PAGE 1	REPORT DATE 27/12/93	MICROBIOLOGY Tel: 0224 661818 Ext 52451	

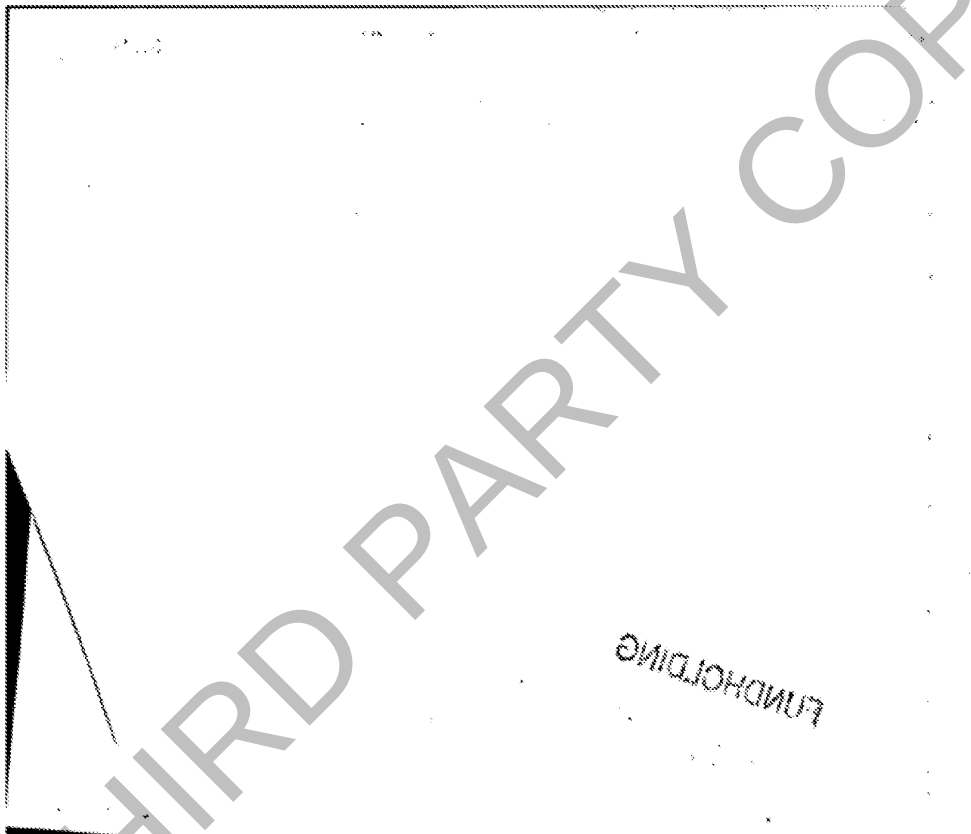
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MEDICAL MICROBIOLOGY	
BACTERIOLOGY	<u>Laboratory Hours for Telephone Enquiries</u> Mon-Fri: 09.00-17.00 Sat: 09.00-12.30 <u>Telephone Extensions</u> Laboratory Office: 52444 Main Laboratory: 52451
Requests for advice on antibiotics or other clinical related matters should be addressed to the on-call medical microbiologist who can be contacted via the office, on-call MLSO or switchboard. Out-of-Hours Emergency Calls: MLSO may be contacted through the gate porter, ARI, Ext: 52218.	
VIROLOGY	<u>Laboratory Hours for Telephone Enquiries</u> Mon-Fri: 09.00-17.00 Sat: 09.00-12.30 <u>Telephone Extensions</u> Virus Laboratory: 52452
The clinical virologist can be contacted via the virus laboratory. Emergency investigations during working hours should be requested by telephone. Out-of-Hours Emergency Specimens e.g. for HIV, anti-HIV etc. will be examined through the bacteriology on-call service.	
HIGH RISK SAMPLES: THE SAMPLE MUST BE ENCLOSED IN A LEAK-PROOF CONTAINER WITH APPROPRIATE HAZARD LABEL ATTACHED, THEN PLACED IN A SELF-SEALING PLASTIC BAG WITH REQUEST FORM IN SEPARATE POCKET. The Laboratory Manual should be consulted for detailed information on specimens required and test procedures available.	

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Unit No.	110578	MORAY HEALTH SERVICES		X-RAY JW
Date	28.6.95	Examination	L.V.	
Surname	DOUGLAS	Dept or Ward	Physician or Surgeon	Dr. Brown
First Names	Christopher			
Ref	6.92.68	Dunkinty Lodge, Linkwood Road, Elgin		NOTES
LUMBAR SPINE. History - left sciatica, occasional numbness past 4/12. No improvement with physio. There is slight loss of disc height at L5/S1, and at L3/4 posteriorly. No other abnormality is demonstrated. KB/JHM/29.6.95				
FUNDHOLDING 30 JUN 1995 FILE SCRIPT NOTES DN/HV NORMAL APPT ALLDOCS INITIALS RADIOLOGIST				

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DEPARTMENT OF MEDICAL MICROBIOLOGY		ABERDEEN ROYAL INFIRMARY	
NAME (SURNAME, FORENAME) & ADDRESS DOUGLAS, CHRISTOPHER	UNIT No. 2276563	REPORT DESTINATION BROWN D. (043)	WARD GP
	D.O.B. 05/12/68	THE MEDICAL CENTRE, 10 VICTORIA CRESCENT, ELGIN IV30 1RG	
*****VIRUS SEROLOGY*****			
SPECIMEN DATE & TIME 19/06/95 0 1102	SPECIMEN No. 3070		
CONFIDENTIAL			
ANTI-HIV 1/2 EIA		NEGATIVE	
Authorised by: Dr P Molyneux (A) (A): PLEASE USE HIV REQUEST FORMS. (END OF REPORT)			
FUNDHOLDING			
PAGE 1	REPORT DATE 19/06/95	VIROLOGY Tel: 0224 681818 Ext 52452	

21 JUN 1995
NORMAL
APPT
ALDOCE
INITIALS
John

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

Samples are received and investigated 24 hrs per day, seven days per week. However, it would be appreciated if routine telephone enquiries could be made [REDACTED] during core time i.e. 8.30am - 5.00pm.

BACTERIOLOGYTelephone Extensions

Laboratory Office: 52444

Main Laboratory: 52451

Requests for advice on antibiotics or other clinically-related matters should be addressed to the duty medical microbiologist who can be contacted via the office or switchboard.

VIROLOGYTelephone Extension

Virus Laboratory 52452

Matters pertaining to virology may be discussed with the duty virologist who can be contacted via the virus [REDACTED] or Laboratory [REDACTED].

Emergency investigations for HBsAg, anti-HIV etc., should be requested by telephone; requests made in core time should be made via the virus laboratory, and at other times via the Laboratory office.



BIOHAZARD

HIGH RISK SAMPLES: THE SAMPLE MUST BE ENCLOSED IN A LEAK-PROOF CONTAINER WITH APPROPRIATE HAZARD LABEL ATTACHED, THEN PLACED IN A SELF-SEALING PLASTIC BAG WITH REQUEST FORM IN SEPARATE POCKET.

The Laboratory Manual should be consulted for detailed information on specimens required and test procedures available.

REQUEST FOR LABORATORY EXAMINATION - CITY HOSPITAL ADOBEEN TEL NO. 625188

PATIENT'S NAME MUST BE
ON OUTPATIENT LABEL AS WELL
AS ON THIS FORM

U540308

DATE RECEIVED 7/5/82

PREVIOUS LAB TEST NUMBER 18-88-982

HIST NAME, TAGE ETC

SURNAME LAST FIRST MIDDLE INITIAL
CHRISTOPHER
109 Cuthill Ave
Kearney

RESIDENTIAL ADDRESS

POSTCODE

DISEASES AND/OR PHYSICIAN(S)

PHYSICIAN(S) NAME

Dr Howard
Medical Center
Kearney

ADDRESS

TEL NO.

INVESTIGATION REQUESTED

M culture

Clinical Abstract

Bacteriology

DISC DISCOUNT

LABORATORY REPORT

PROTEIN _____

SUGAR _____

CARBON _____

CUS CELLS _____

REES _____

ORGANISMS _____

CULTURE

No growth

TESTING

PERFORMOXAZOLE

NITROGEN DIOXIDE

NITROGEN MONOXYDE

AMINO SULFONAMIDES

TRIMETHOPRIM

GENTAMINE

STAPHYLOCOCCUS

CLINDAMYCIN

DATE RECEIVED

REPORTED

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MARGIN NOT TO BE WRITTEN ON

Unit No.	110725	Examination		L.S. & Pelvis
Date	2.10.85			
Surname	WYTHAM	Dept. or Ward	Physician or Surgeon Dr. C.R. Scott	
First Names	Christopher			
8 Mill Place, Harefield				
L.S. spine - The vertebrae are normally aligned. No bone or joint lesion demonstrated. PELVIS - The appearances are unremarkable. ALS/JS/1.10.85				NOTES
..... Radiologist				X-ray Serial No. if no Unit No. available.

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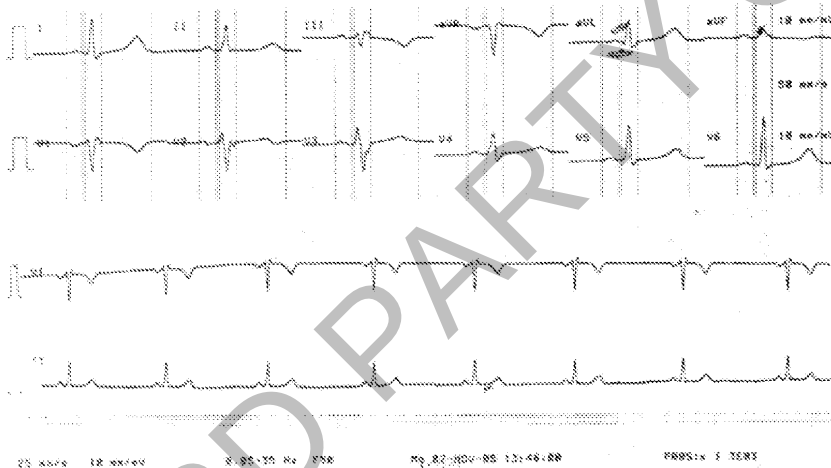
HOSPITAL	WARDENRY	UNIT NO.	REF
PATIENT'S FULL NAME	DATE RECEIVED	SERIAL NUMBER	BACTERIOLOGY
CHRISTOPHER ROY	5.12.79	8796/79	ELINGIAN
Bacteriology: <i>Staphylococcus aureus</i> (S aureus) Culture: <i>Staphylococcus aureus</i> (S aureus) Sensitivity to: <i>Clindamycin</i> , <i>Penicillin</i> Resistance to: <i>Penicillin</i> S.S. - Dr. T. The Health Centre, High Street, York Bacteriologist: <i>Dr. T. The Health Centre</i> DATE REPORTED: 7.12.79			
SPECIMEN	WED 12.12.79	DATE REPORTED	7.12.79

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Pat-Name: *Mr. John Smith* HR 68/min RR 12/min P 48 QRS 59 T 15 SINUS BRADYCARDIA
Interaxial: RR 125/min P 48 QRS 59 T 15 INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
P 120 QRS 122 T 15 T INDETERMINATE IN INFERIOR LEADS
PR 150 QRS 122 T 15 UNCONFIRMED REPORT
QT 420 QRS 122 T 15 *Dr. Lewis*
QTc 383 QRS 122 T 15 2.35



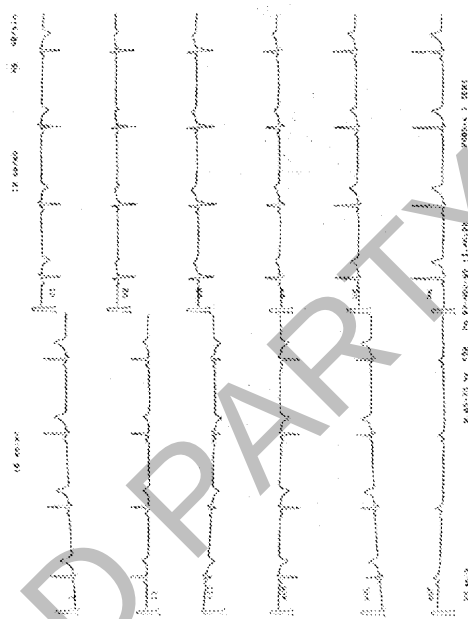
25 kVp 12 mAs

0.05 to 0.08

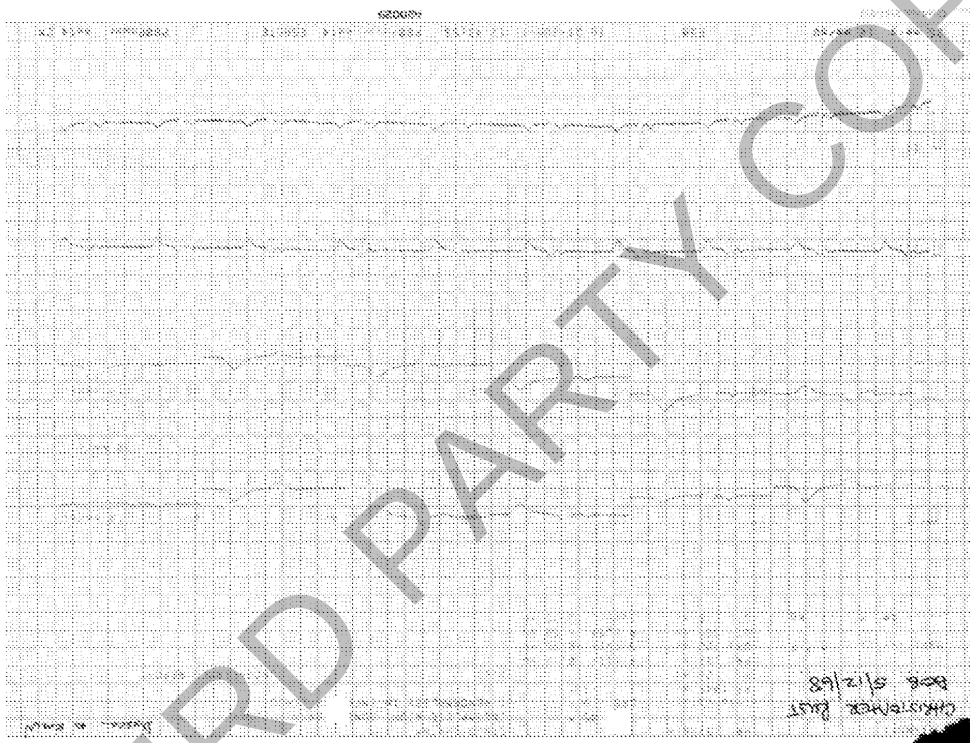
Mo 22 NOV-05 13:48:00

PRESS: 1 1583

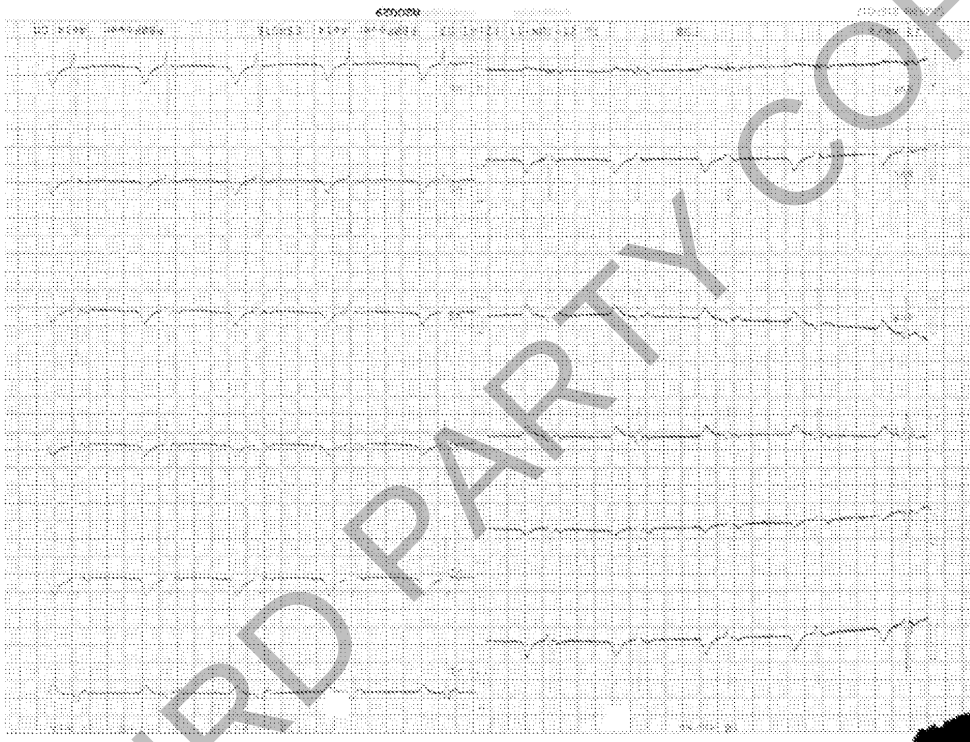
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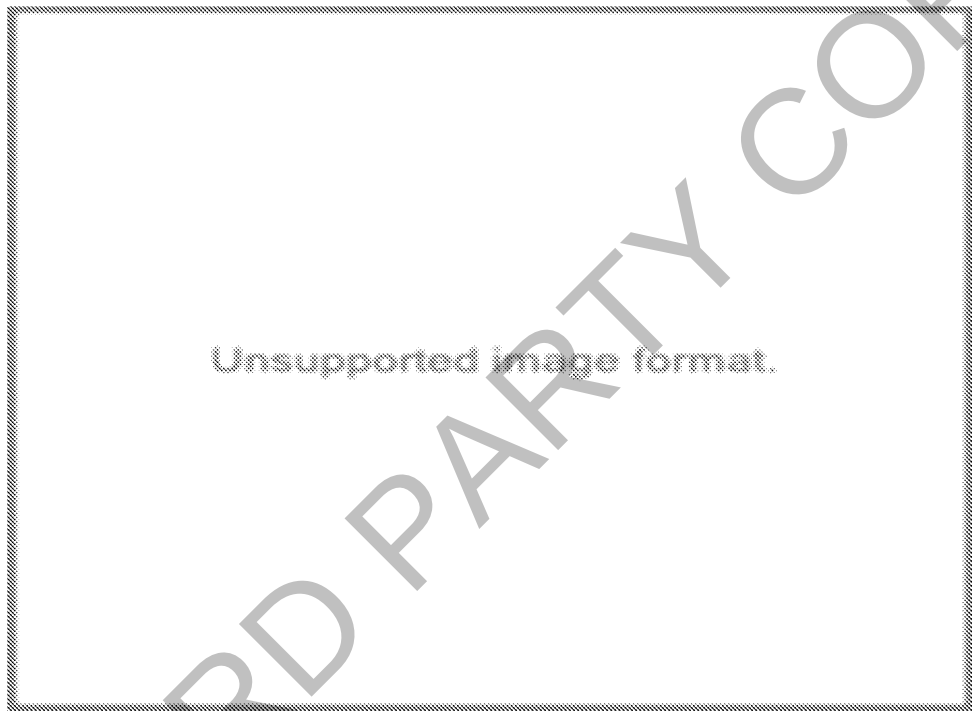
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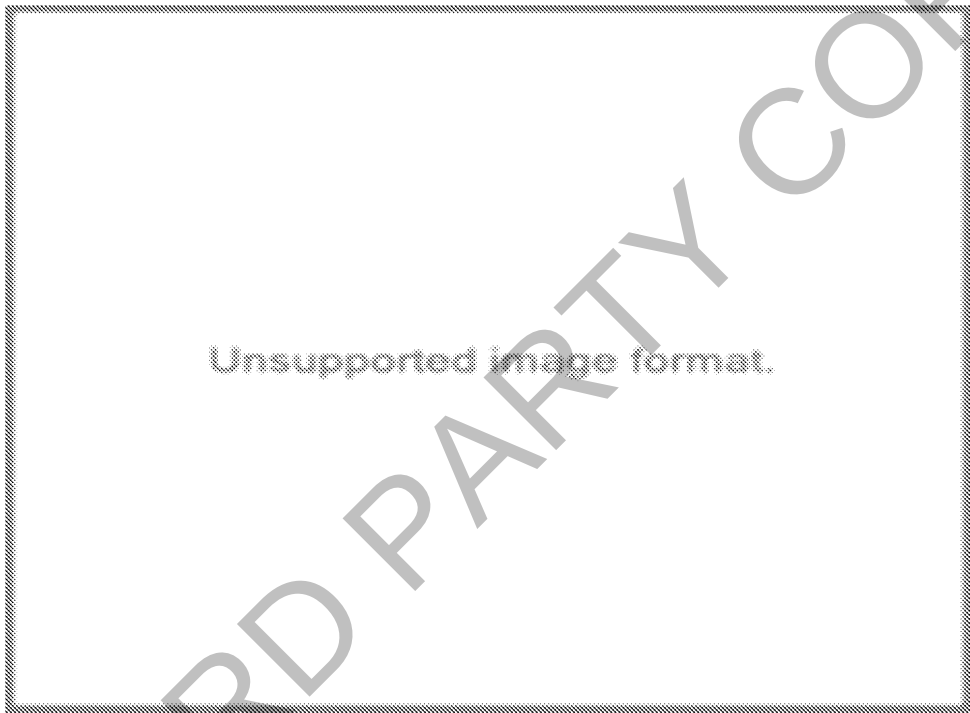
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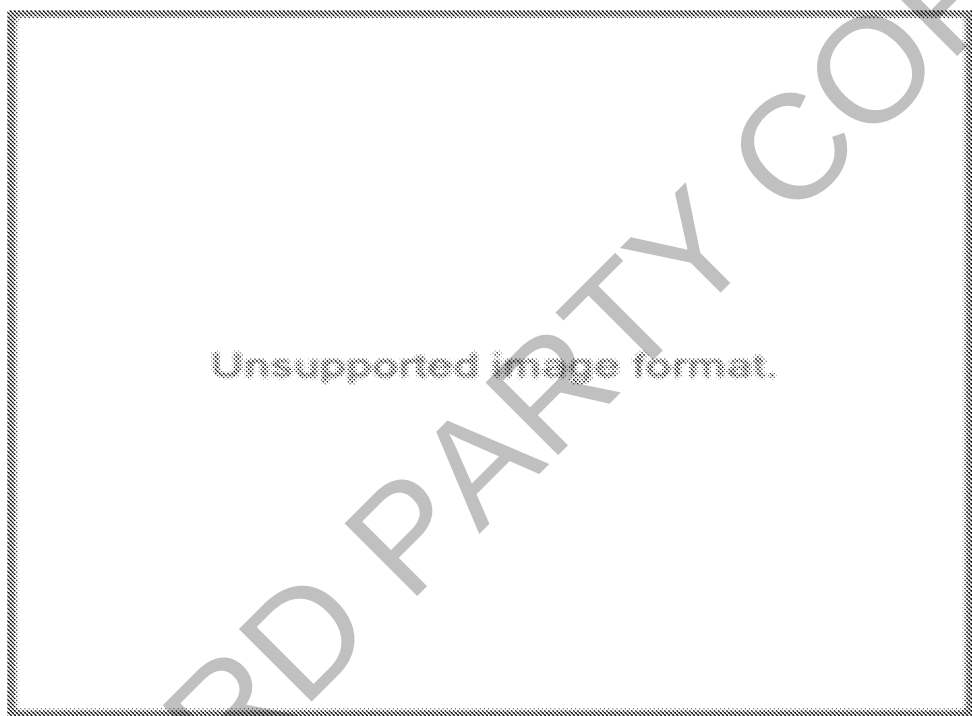
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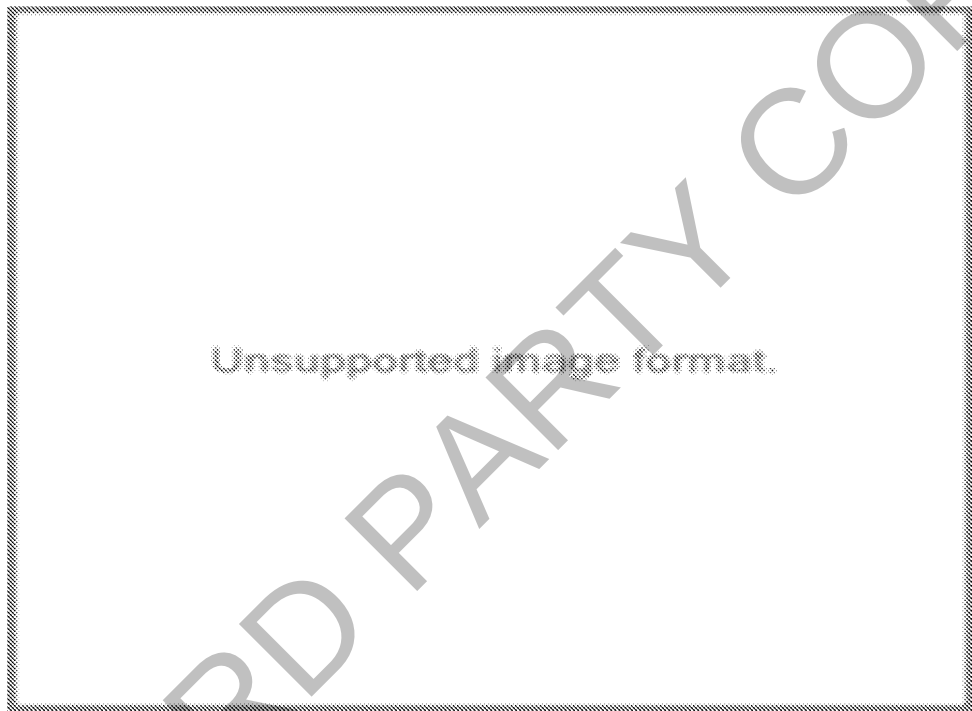
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INVERURIE MEDICAL GROUP

Dr James A G Beattie
Dr David B Hood
Dr Sally M Mackness
Dr Fiona Baxter
Dr Richard B Gordon
Dr Laura Mylles
Dr Victoria Glasier

Dr Victor W Johnston
Dr Jacqueline MacDonald
Dr David G A Rutledge
Dr Gillian Brown
Dr Ch [REDACTED] or Allan
Dr Ewan Paterson

THE HEALTH CENTRE
CONSTITUTION STREET
INVERURIE
ABERDEENSHIRE
AB51 4SU

■ Inverurie 821345
Fax: Inverurie 825374
(STD Code 01467)

FB / VJD

13 February 2006

Mr King
Consultant Surgeon
Surgical Out Patient Department
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

Dear Mr King

RE: CHRISTOPHER RUST (05.12.68)
14a [REDACTED] STREET INVERURIE ABERDEENSHIRE

I understand this gentleman failed to attend for an out-patient ultrasound. On reviewing his medical records he has not been in contact with the Practice since before Christmas when he was still complaining of abdominal pain. Unfortunately we are currently unable to contact him as his previous home number is not now recognised and we have had a contact from a GP in Elgin who had seen Mr Rust. I suspect it would not be worthwhile sending a further appointment at present as we have no definite indication as to where this gentleman is residing. If he does return to the Practice and is experiencing further problems we will contact you at that stage.

Yours sincerely

Dr F [REDACTED]

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NHS Grampian

Mr P M [REDACTED]
Ward 49,
Aberdeen Royal Infirmary
Aberdeen AB25 2ZN



Direct Line 01224-554571
Fax 01224-551236
E-mail [REDACTED]smith@arh.grampian.scot.nhs.uk

PMK/JS/0608254

Dr GM Brewis
Inverurie Medical Group
The Health Centre
Constitution Street
Inverurie
AB51 4SU

CRN: 0606254W

CHI: 0512682275

Date Dictated: 06/02/2006 Date Typed: 07/02/2006

Dear Dr Brewis

Mr Christopher Rust (05/12/1968) 14a Victoria Street, Inverurie,
Aberdeenshire, AB51 3QS

You will recall this gentleman was admitted under my care as an emergency in December. He had abdominal pain and vomiting and although his symptoms settled we thought he should have an out-patient ultrasound scan in case there was any underlying cause for his presentation. He has failed to attend for this without explanation. Perhaps you could let me know what the situation is and if required we could send a further appointment.

Yours sincerely

J Smith (Secretary)
J P M King MD FRCS
Consultant Surgeon

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NHS Grampian

Mr P M King
Ward 49
Aberdeen Royal Infirmary
Aberdeen AB25 2ZN
Direct Line 01224-554571
Fax 01224-551236



E-mail liz.milton@arh.grampian.scot.nhs.uk

PC/EM/0606254

Dr G M Brewis
Inverurie Medical Group
The Health Centre
Constitution Street
Inverurie
AB51 4SU

CRN: 0606254W

CHI: 0512662275

Date Dictated: 19/12/2005 Date Typed: 21/12/2005

Dear Dr Brewis

Mr Christopher Rust (05/12/1968) 14a Victoria Street, Inverurie,
Aberdeenshire, AB51 3QS

Your patient was admitted as an emergency on 13 December 2005 to Ward 49 under the care of Mr [REDACTED]

Complaint: Abdominal pain + vomiting
Primary diagnosis: Non-specific abdominal pain
Primary operation: Nil
Discharged: 14 December 2005
Follow-up: Out-patient ultrasound scan

This 37 year old man was admitted with a 5 day history of central abdominal pain and vomiting.

On examination he was afebrile. His abdomen was soft and [REDACTED]. There were no signs of peritonism. There was a cough impulse on the right inguinal region, but no definite hernia. Routine blood tests did not show any abnormality. Chest x-ray and abdominal x-ray were normal. SOUs negative.

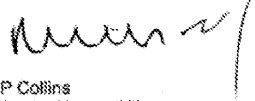
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On discharge his pain had settled and he is due to have an abdominal ultrasound scan. Follow-up will only be necessary if there is any abnormality in his ultrasound scan.

Yours sincerely



P Collins
Senior House Officer

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18/08 05:00:01 FAX 0 558887 G-DOCS ADMIN 4 INVERURIE 001/001

G-DOCS Call history: No previous calls on file.

NHS24 Ref. No. 2295324 CME Ref. 0512682275 CMS Call No. 793583
 Date Taken 18-Aug-2005 Time Taken 23:37:43 Operator pragtha
 Summa Rust Forename(s) Christopher Tel. 01487 629994
 Address 14A Victoria Street Inverurie AB51 3QS
 Date of Birth 05-Dec-1988 Age 38 6 mths Gender M
 Practice Inverurie Medical Group GP Gillian, Breeds
 Present Address 14A Victoria Street Inverurie AB51 3QS Caller's Name
 Present Tel. No. 01487 629994
 Clinical Summary
 I HAD DRINK SPIKED - HAD X2 PINTS AT 15.30 AND REMEMBERS NOTHING FROM 6PM ONWARDS - POLICE HAVE BEEN INVOLVED - ADVISED TO ATTEND A&E TO HAVE BLOODS CHECKED - STILL FEELS HANDS TINGLING - SWEATY - VOMITING - FEELS DISORIENTATED - ATTEND A&E ABERDEEN WITHIN 4 HRS.U
 18/08/2005

Date Triage Completed 18/08/2005 Time Triage Completed 23:53:46
 NHS24 Outcome Pt advised to go to A&E - Coop to forward to Practice
 Prospective Priority Assess Within 1 Hr <1hr <2hrs <4hrs <12hrs <36hrs
 G-DOCS received on 18/08/2005 at 23:54:00 G-DOCS actioned on at
 GP Advice

GDOCS Call Type (Tick as appropriate)
 GP Advice ☐ G.H.P. ☐ Home Visit ☐ Centre Consult (Specified) ☐

Print Name Signature

Consultation/Visit Details

Consultation/Visit Details	When	Date
GP Home Visit		
GP Home Visit		
GP Home Visit		
GP Home Visit		
GP Home Visit		
GP Home Visit		

GDOCS Retrospective Priority Assess Within 1 Hr <1hr <2hrs <4hrs <12hrs <36hrs Temporary Resident
 NHS24 Outcome: Should it have been: G.H.P. ☐ NHS24 ☐ Nurse ☐ Doctor ☐ Centre Consult ☐ Home Visit ☐
 Nurse Advice (Tick as appropriate)
 Date Arrived Diagnostic Category Referred to Dentist ☐
 Time Arrived Hospital Admission ☐ Referred to CPN ☐
 Date Completed 18/08/2005 Patient Advised to Contact GP "in house" ☐ Advice to GP to contact patient "in house" ☐ Referred to District Nurse ☐
 Time Completed 23:53:50 No Further Action ☐ A&E ☐ Referred to PAMS/Social Services ☐

Print Name Signature

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Central Aberdeenshire LHCC
Minor Surgical Clinic

Dr Richard Gordon MBChB MRCP GP MSc BSc MRSC LPHon (MEd)
 Dr Gavin Stark MBChB FRCS GP

Based at
 Inverurie Health Centre
 1 Constitution Street
 Inverurie
 AB51 4SU
 Tel 01467 629560

DISCHARGE LETTER / OPERATION NOTE

Thursday 28th April 2005

Name: Mr Christopher Rust

DOB: 05/12/1968

Address: 14a Victoria Street Inverurie Aberdeenshire AB51 3QS

Referring GP: Dr D Rutledge, Inverurie Medical Group

Procedure: **Bilateral Vasectomy**

Anaesthetic

2% [redacted]

Incision

mb line

Procedure

Standard vasectomy

Type	Vicryl Rapide
Number	Continuous
Removal	None

Pathology Sent

Yes ☒

Signed

Dr Gavin Stark

Additional Information

To continue contraception until two negative sperm counts have been obtained.
 These have been arranged.

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Hospital Use only	Clinic	Day Date	Time	Hospital No.
----------------------	--------	-------------	------	-----------------

Ambulance required?

~ REFERRAL LETTER ~
- Medical in Confidence -

REFERRAL TO:

MINOR SURGERY	Inverurie Health Centre
Hosp email:	1 Constitution Street
	Inverurie
	AB51 4SU
Hospital Unit No: Unknown	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

Rust	14a Street
Christopher	Inverurie
Previous surnames:	Inverurie
Title: Mr	AB51 3QS
DOB: 05/12/1969	
CHI: 0512682278	Home: 629984

REFERRING PRACTITIONER DETAILS:

Dr D Rutledge	Inverurie Health Centre
Tel: 01467 621345	1 Constitution Street
Fax: 01467 629099	Inverurie AB51 4SU

REGISTERED GP DETAILS:

Practice No: 52021	Inverurie Health Centre
	1 Constitution Street
	Inverurie AB51 4SU
Fax: 01467 629099	Tel: 01467 621345

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History of Presenting Complaint

This gentleman requests vasectomy. He has an 8 year old daughter by a previous partner, his present partner has a 3 year old boy and they have a 3 month old girl together.

I have counselled him regarding irreversibility, the risk of failure and given him some information leaflets.

Examination is normal.

██████████ for Referral (& Expectation of Outcome)

I would be grateful if you would consider his request for vasectomy.

Past Medical History

01/06/1971 #Clavicle
01/10/1971 Minor head injury
01/04/1980 Accessory nipple
01/04/1980 Pectus excavatum, congenital
01/04/1984 [X]Self poison - glue solvent
01/04/1984 Minor head injury
01/12/1993 Misuse of drugs NOS
01/01/1996 Irritable bowel syndrome
01/06/2000 Medial epicondylitis - elbow
01/09/2001 Minor head injury
01/04/2002 Pityriasis versicolor
01/05/2004 [SO]Thenar muscle, unspecified

Current Medication

Clinical Warnings (eg allergies blood-borne viruses)

Notes not available -- need to check when present.

Additional Relevant Information

Smoking

Alcohol

Yours sincerely

Dr D Rutledge
09 March 2005

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NHS Grampian A&E / Casualty

Date: 13/3/05	Time Assessed: 16:15	Time Treated: 18:15
Accident at: Home	Work	School
Male ☒	Female	Tel No:
GP Address: H.C. Kinnaird	Occupation:	RTA ☒
Next of Kin:	Tel No:	Notified
Address:		

HISTORY Shifting a storage heater Dropped it on R foot

CLINICAL ASSESSMENT Swelling over 2nd No ulcer - tender to touch. No obvious weight bearing.

TREATMENT Double-limb gap - elevate foot regular analgesia. Advise to see GP in the morning if unable to weight bear.

SURNAME	DOB
RUSSELL	5/12/66
FIRST NAME	ADDRESS
CHRISTOPHER	14 H. Kinnaird, Strath Dunfermline

RECORDINGS:						
BP:	Pulse:	Temp:	Resp:	Tetanus	Allergies:	
Length of History: <6 hours ☐ 6-48 hours ☐ >48 hours ☐						
MEDICATION:						
Drug	Route	Dose	Amount Given	By	Batch No.	
REFERRAL: Discharge (Home) ☐ Other ☐						
write name of place discharged to						
Signature: <i>Julia Gier</i>				Time Discharged: 18:30		

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NHS Grampian

CONSULTANT: MR RA DUTHIE

Orthopaedic Trauma Unit

Wards 46/47/48

Aberdeen Royal Infirmary

Foresterhill

Aberdeen AB25 2ZN



Direct Line: 01224-552372

Fax: 01224-552180

Email: Robert.Duthie@arh.grampian.scot.nhs.uk

DW/LAC/6606254

Dr G M Brewis
Inverurie Medical Group
The Health Centre
Constitution Street
Inverurie
AB51 4SU

CRN: 6606254W

CHI: 0512682275

Date Dictated: 18/06/2004

Date Typed: 18/06/2004

Dear Dr Brewis

Mr Christopher Rust (65/12/1968) 14a Victoria Street, Inverurie, Aberdeenshire, AB51 3QS

Date of injury: 12.05.04
Presented A&E Dept: 12.05.04
Admitted to Ward: 12.05.04
Discharged: 13.05.04
Consultant: Mr RA Duthie
Diagnosis: Nail gun injury left thenar eminence
Operation 13.05.04: Removal under GA
Follow-up: None planned

The patient presented to the Orthopaedic Trauma Unit with a history of using a nail gun and firing a nail into wood, with the nail subsequently coming out and going through the thenar eminence of his hand. The nail was visibly protruding from the left thenar eminence and on presentation he was just able to move the interphalangeal joint but was unable to move the metacarpal phalangeal joint. He had no distal neurovascular deficit and x-rays revealed no bony injury. He was started on intravenous antibiotics and subsequently taken to theatre where, through two small incisions, he had the nail removed. It was also determined that no structures were damaged in the hand save for a minor amount of muscle.

He was subsequently discharged on a course of oral Augmentin and to be followed-up in twelve days by his General Practitioner.

Yours sincerely

SENIOR HOUSE OFFICER

Inverurie Medical Group	
1051	051
28 JUN 2004	
[Signature]	
[Signature]	
[Signature]	
[Signature]	
[Signature]	
[Signature]	

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11/05/2004 08:51 FAX - F G-DOCS R [REDACTED] ION - INVERURIE 0081/001

G-DOCS Call History: Missing Surname - Cannot List Previous Calls.

W. Morgan

NHS24 Ref. No.	CHI No.	CMS Call No.																		
Date Taken 11-May-2004	Time Taken 07:33:33	Operator Lindsay Murray																		
Surname G. Jones	Forename(s) Grace	Tel.																		
Address 11 Davidson Drive, Inverurie	Age 84 0 mths	Gender F																		
Date of Birth 06-May-1920																				
Practice Inverurie Medical Group	GP Baxter, Fiona																			
Present Address #Error	Caller's Name																			
Present Tel. No.																				
Clinical Summary																				
Ambulance Control - cardiac arrest (only contact number 01224 820667)																				
Date Triage Completed	Time Triage Completed																			
NHS24 Outcome																				
#Error																				
Prospective Priority Asap Within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☐ <12Hrs ☒ <36Hrs ☐																				
G-DOCS received on 11/05/2004 at 07:35:00 G-DOCS actioned on 11/05/2004 at 07:37:06																				
G-DOCS Advice																				
G-DOCS Call Type (Pick as appropriate)																				
GP Advice ☐ O.H.P. ☐ Home ☐ Centre Consult ☐ Visit ☐ (Specified)																				
Print Name		Signature																		
Consultation/Visit Details																				
<table border="1"> <tr> <td>Inverurie Health Centre</td> <td>☒</td> <td>Date</td> </tr> <tr> <td>No Action Needed</td> <td>☒</td> <td>11/5</td> </tr> <tr> <td>Notes to GP/Nurse</td> <td></td> <td></td> </tr> <tr> <td>Patient Phoned</td> <td></td> <td></td> </tr> <tr> <td>Patient Visited</td> <td></td> <td></td> </tr> <tr> <td>Computer Update</td> <td></td> <td>A/I</td> </tr> </table>			Inverurie Health Centre	☒	Date	No Action Needed	☒	11/5	Notes to GP/Nurse			Patient Phoned			Patient Visited			Computer Update		A/I
Inverurie Health Centre	☒	Date																		
No Action Needed	☒	11/5																		
Notes to GP/Nurse																				
Patient Phoned																				
Patient Visited																				
Computer Update		A/I																		
G-DOCS Retrospective Priority Asap within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☐ <12Hrs ☐ <36Hrs ☐ Temporary Resident ☐																				
NHS24 Outcome Should it have been [REDACTED]																				
GP Advice (Tick as appropriate) O.H.P. ☐ NHS24 Nurse ☐ Doctor Advice ☐ Centre Consult ☐ Home Visit ☐																				
Date Arrived	Diagnostic Category	Referred to Dentist ☐																		
Time Arrived	Hospital Admission ☐	Referred to CPN ☐																		
Date Completed	Patient Advised to Contact GP "in hours" ☐	Referred to District Nurse ☐																		
Time Completed 09:40	No Further Action ☐	Referred to PAMS/Social Services ☐																		
Print Name Dr Fiona McKay		Signature																		

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NHS GRAMPIAN Minor Injuries Unit

Date: 10-5-06 Time Assessed: 18:50 Time Treated:

Accident at: Home ☐ Work ☐ School ☐ Sport ☐ Other ☐ RTA ☐

Male ☒ Female ☐ Tel No: Occupation: Farmer

GP: Dr. P. Davis GP Address: Luncarty H/C

Next of Kin: William Cooper Tel No: Notified ☐

Address: 5/A

HISTORY Luncarty today working with nail gun
Nail hit eye. Saw head in blood. Not on
medication no allergies. Unknown of Tetanus status.

CLINICAL ASSESSMENT D5 R eye 18
o/e. Has injured area at approx 3 o'clock

TREATMENT
Possible Penetrating Injury R eye
→ CAS ARI for full assessment

RECORDINGS:

BP: Pulse: Temp: Resp: Allergies:

Length of History: <6 hours ☐ 6-48 hours ☐ >48 hours ☐

If more than one Protocol: Enter Number(s):

MEDICATION:

Drug	Route	Dose	Amount Given	Given By	Batch No.

REFERRAL: Discharge (Home) ☐ Other ☐
GP - Refer ☐ write name of place discharged to

Signature: Time Discharged:

Page 131 of 475

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NHS IN SCOTLAND

Application to Register with a General Medical Practitioner GPR

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname RUST Address 14A
Forename CHRISTOPHER VICTORIA
Previous Surname STREET
Date of birth 03/12/68 Male ☒ Female ☐
I wish the ☐ named above to be registered at the practice for ☐ Health Surveillance ☐ ABERDEENSHIRE
Relationship to patient ABSTINENT Post code AB91 3QS
I will be in the area for more than three months ☒

Patient's / Patient's representative signature [Signature] Date 09.03.04

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐ Kidneys ☐ Liver ☐ Lungs ☐ Heart ☐ ☐ Pancreas ☐

Patient's signature _____ Date _____

Please help us to trace your previous medical records by providing the following information known

NHS No. (not National Insurance No.) _____ Community Health Index (CHI) No. _____
Previous address in U.K. 32, DUFF STREET, Name and address of previous doctor in U.K. DR MARK HANLUSTON,
ELGIN, COMMUNITY SURGERY,
ELGIN, MORAYSHIRE
Town HOPFMAN County MORAYSHIRE Post code TV30 5RZ
If returning from abroad _____ If returning from HM Forces _____
Date of departure from U.K. _____ Date enlisted _____ Service / Personnel No. _____
Date of return to U.K. _____
If none of the ☐ information is known then please complete the following:

Town of birth ELGIN Reg. district of birth (see birth certificate) ELGIN
County of birth MORAYSHIRE ☐ maiden name HUTCHISON

Doctor's agreement

Enter 'D' if supplying drugs ☐ Mileage claim road ☐ water ☐ footpath ☐
CHS acceptance yes ☐ no ☐ Enter date if registration examination completed ☐
I accept this patient on my list and I claim payment in accordance with the Regulations. CHS Ref No. of GP providing service if different from below ☐
Doctor's signature [Signature] Date 10.03.04 Doctor's name DR G BREWIS GP Ref. No. 103100

Printed for Admin 2103004 001 007607

PRIVATE AND CONFIDENTIAL

Present Surname : RUST	Forenames : CHRISTOPHER	
Surname at birth : RUST	(underline the name by which usually known)	
Address : 114 VICTORIA STREET INVERUE ABERDEENSHIRE	Date of birth : 05/12/1968	
	Place of birth : ELGIN, MORAYSHIRE	
	Telephone number : 01467 629984	
	Daytime contact number :	
	Is this number : home/work/other	
	Marital Status : delete as applicable	
	Married/single/divorced/separated/ living with	
Postcode : AB51 3QS		
Occupation : MERCHANT SEAMAN	Next of Kin : Mrs MORGAN COOPER	
	Contact Telephone number : 01467 629984	
Previous address : 32, DUFF STREET HOPEMAN, ELGIN, MORAYSHIRE IV30 5RZ	Name and address of previous doctor : DR. MARK HOLLISTON, COMMUNITY SURGERY, ELGIN, MORAYSHIRE.	
Brief history of previous illnesses, operations, accidents, hospital admissions, drug allergies etc. :		
Year		
(continue overleaf if required)		
Pregnancies : give dates including stillbirth and miscarriages		
1	2	3
4	5	6
Signature : 		Date : 9/3/2004

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INVERURIE HEALTH CENTRE
PATIENT HEALTH AND LIFESTYLE QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

This questionnaire is to help us keep your medical record as up-to-date as possible. We would be grateful if you could fill in as much information as you know. This will be added to your computerised medical record. If anything you write about your health causes you concern please feel free to discuss with your doctor. Finally, we should point out that as this information will form part of your medical record, it would be used to complete any insurance or medical report to which you give your consent.

Thank you for taking the trouble to fill in this questionnaire.

Forename : CHRISOPHER		Surname : RUST		Date of Birth : 05/12/63	
Address : 114 VICTORIA STREET INVERURIE, ARGENTERSHIRE			Contact Telephone Numbers :		
Postcode : AB51 3QS			Home : 01467 [REDACTED]		
			Work : [REDACTED]		
			Mobile : 07906 880686		
Occupation : MERCHANT SEAMAN			Marital Status : Circle as appropriate		
			Married / Single / Divorced / Separated / Widowed / <u>Living with Partner</u>		
Height : 5'10		Weight : 11st 13		[REDACTED] Ms MORGAN COOPER (their Name)	
ALLERGIES (drug or other) Are you allergic to anything? N/A			Relationship to you : PARTNER		
			Their telephone number : 01467 629984		
HISTORY : Have any of your immediate family (parents or [REDACTED] or sisters) had any of the following conditions? :					
☒ Heart Disease (Under Age of 60)		☐ Breast Cancer		Any Inherited/Genetic Disorder please state	
☒ High Blood Pressure		☐ Bowel Cancer		[REDACTED]	
☐ Thyroid Disorder		☐ Diabetes			
SMOKING STATUS :					
☐ Never Smoked Tobacco		☒ Current Smoker		Please State Ex-Smoker Year Stopped	
ALCOHOL CONSUMPTION :					
☐ Teetotaler		☐ Stopped Drinking Alcohol Year Stopped			
Please work out how many units of alcohol you drink on average in a typical week. There is one unit of alcohol in a standard glass of wine, a pub measure of spirits and half a pint of beer.					
☒ Average Alcohol Intake less than 21 Units Weekly					
☐ Average Alcohol Intake 21 - 28 Units Weekly					
☐ Average Alcohol Intake more than 28 Units Weekly					
EXERCISE :					
Exercise physically impossible ☐					
Does light exercise ☐					
Does moderate exercise ☒					
Does heavy exercise ☐					
DATE : 9/3/2004					
When you have finished, please leave this questionnaire in the box at Reception. Thank you.					
Having [REDACTED] the tremendous benefits to our patients who have received organ donations, we are very keen to					

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Grampian University Hospitals

Accident & Emergency Department
Foresterhill Aberdeen AB25 2ZN
☎ 01224 550506 Fax 01224 550718

Consultants

Prof J G Page
Mr J Fergusson
Mr J Hiseox

Dr J Richardson
Dr A Cooper
Dr W Doherty

Dear Dr HoustonDate 10-9-1

Your Patient

Surname	<u>RUST</u>
First Name	<u>CHRISTOPHER</u>
Age	<u>32 yrs</u> DOB <u>5-12-68</u>
Address	

was seen her today. The history was; Alleged assault - Head injury - loss of consciousness

Examination: unknown of events, intoxicated Tetanus up to 7

Swollen occipital-parietal area

bruising tenderness @ zygoma

Investigations: Skull + facial X-rays - no bony injury

Diagnosis 1. Head injury

2.

3.

Treatment: Refusing admission for neuro-obs

Sutures: Number 5To be removed in 7 days

Suture to head wound 5 x 3/0 Prolens

Follow up arrangements:

Recommendations:

Certificate issued for days

Your sincerely

CE GUNN
(Print name) Blaugwell Grade SHD

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Grampian Health Board		REQUEST FOR AN OUTPATIENT APPOINTMENT			
Hospital Use Only	CLINIC	DATE	TIME	A.M. P.M.	
HOSPITAL	Dr Gray's Hospital	CLINIC	Physiotherapy	CONSULTANT	
Please state Patient's:-		Kindly complete the undernoted enabling patient identification:-			
Surname:	Rust	Mr.	Unit No.		
First Name(s)	Christopher		Year of last attendance		
Date of Birth	05/12/1968	0512682275	Name of Hospital attended		
Marital State	Maiden		1. Is an urgent appointment required?	Routine	
Address	Name		2. Will patient be sent by ambulance?	NO	
	32 Duff Street		3. Has patient been resident in UK for past 12 mths	YES	
	Hopeman				
	Elgin		Name, Address	Dr Mark Houlston & Dr [REDACTED] Hamilton	
Post Code	IV30 5RZ		and Telephone	Elgin Community Surgery	
Telephone No	Home: 01343 835451		Number of	Highfield House, Northfield Terrace, Elgin IV30 1NE	
Provisional Diagnosis	Medial epicondylitis of the elbow		Medical/Dental Practitioner	32711	
			Tel: 01343 542234	Int: 62140 Fax: 01343 562101	
Reason for Referral:					
Thank you for reviewing this gentleman who works in the North Sea on a supply vessel. He has had medial epicondylitis for some time. He had a steroid injection performed in October of 1999. Unfortunately only gave him temporary relief. He finds his pain particularly troublesome when he is working. I would be grateful for you reviewing this gentleman and advising on treatment as you feel appropriate. Many thanks. Yours sincerely					
Continue overleaf if necessary					
Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's complaint:					
Approx. Date of Prescription	Medicine	Dose & Frequency	Duration of Prescription		
All Medicines Known to Disagree with Patient:					
AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS					
Date of L.M.P.	Give [REDACTED] if Period Overdue	Should the Examination proceed if the Patient is Pregnant?	Doctor's Initials		
Signature of Doctor		Dr. Mark Houlston		Date 23/06/00	
		mark.houlston@elgines.grampian.scot.nhs.uk			

FORM S12 (Rev. Jun. 87)

File in Section A

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MORAY HEALTH SERVICES
 PHYSIOTHERAPY SERVICES
 *Dr. Jones* Hospital
 Tel ... *543131* ...
 Ext ... *44451* ...
 DATE ... *4.9.95* ...
 PATIENT ... *Christopher Douglas* ...
 D.O.B. ... *5.12.63* ...

16 SEP 1995
 FILE
 SCRIPT
 NOTES
 ON/HV
 NORMAL
 APPT
 ALLDOCS
 INITIALS

Dear Dr *Jones*

Your above named patient attended this department
 from ... *22.8.95* ... to ... *4.9.95* ... and
 received a total of!... treatments.

*Christopher failed to attend after
 initial assessment and has therefore
 been discharged from the*

FUNDHOLDING

See system

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27/09/1999 08:15 01343-551826

MXDCS/MGF

PAGE 04

Adastra 2.21.2: Moraydocs

MORAYDOCS CALL SHEET	
Call No: 11365 26-Aug-1999	Logged by: JILL
Patient's Name: CHRISTOPHER SMITH	Age: 05-Dec-1968 (Age: 30 years)
Home Details: <i>RUS</i>	Current Location:
30 Keith Road Burghead ELGIN	30 Keith Road Burghead ELGIN 01343 830950
Temporary Resident:	Surgery: ELGIN COMMUNITY SURGERY
Doctor/Surgery:	GP: Houlston, Mark
Time In: 22:31	
Time seen/Advised: _____	Call Category: F
Message History (including any cautionary notes lodged by Patient's own GP) PITCHFORK INJURY TO FOOT	
<i>Advised A&E.</i>	
Diagnosis:	
Treatment:	
Follow-up:	
Signature: <i>R. Pakenham</i>	Duty Doctor: Pakenham, Ralph
KPI ()	SURVEY ()

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MEDICAL ATTENDANT'S REPORT

Proposal number: CB 10789048
 Agency: 10-11-1
 Life proposed: Mr Christopher Rust

1. How long have you been the above person's medical attendant? 30/7/97
2. Do you know of:
- a. any liability to hereditary, constitutional or environmental disease? YES (NO)
 - b. any history of drug abuse or overindulgence in alcohol? YES (NO) Solvent abuse 1984
 - c. any factor involving a risk of HIV infection or other sexually transmitted disease? YES (NO) Drug abuse 1995 (in prison) HIV test 1995 = -ve NOT AT RISK SINCE
3. Please give particulars of illnesses or accidents (except trivial ones), which have required treatment or advice from you or other medical advisors.

Date	Nature of condition	Treatment	Duration
1971	# @ cholec	Supportive	usual
1979	Pectus excavation	nil	
1984	Solvent abuse	Only tried [redacted] + Regester ++	Now tried again
1985	Appendicitis		Routine
1995	Drug abuse in prison	HIV test = -ve No abuse since	
1996	Irishable bowel Syndrome	[redacted] lifestyle advice No treatment since	

- a. Have any of the above left sequelae? YES (NO)
 If YES, please give details.
- b. Is any treatment by drugs or otherwise being given at present? YES (NO)
 If YES, please give details.
4. Please give details of:
- a. any blood tests, urine tests, x-rays, E.C.G.'s or other investigations.
- Nov '95 - Ba. renal - N
 1993 - HBSAg - Neg. HIV - Neg.
 1995 - Lumbosacral Xray
 SI disc height L5/S1, and L3/4
 June 95 - HIV - Neg Continued

July 1997 - Urinalysis - NAD
 The information on this report is for the use of the medical attendant only and is not to be used for any other purpose.
 It is the responsibility of the medical attendant to ensure that the information is used for the purpose for which it was provided.
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CIS
Computerized Information System

Date	Nature of investigation	Result
1993 1995 1997	see above	

b. Any blood pressure readings. If under treatment, please indicate pre-treatment levels.

Date	Systolic	Diastolic
23/7/97	128	90

5. Additional Information

In [redacted] relationship with 2 year old child
and no longer abusing drugs (only a
problem in [redacted])

Doctor's
Signature:

Date:

Name:

Dr Houlston

Dr S. Hamilton



00124892

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Software House, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 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2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178,

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UCO Reference Number(s)
P01A P03A

CIS
Co-operative Insurance

Division District Agency

HEALTH QUESTIONNAIRE

10789048
10789068

Life Proposed
Mr Christopher Ruhl

Height
1.80m 5'11"

Weight
73.03kg 161st 7lb

1. Is the life proposed at present:
a) relieving, awaiting or about to seek medical treatment, investigation or advice? No
b) taking any medicine or pills? No
c) under supervision by any hospital or clinic? No

2. In the last 3 years, has the life proposed:
a) seen any doctor ☒ any condition not disclosed in answer to Question 1? No
b) attended any hospital or clinic for treatment, investigation or periodic review? No

3. Has the life proposed ever had:
a) any operation or illness requiring more than 3 nights' stay in any hospital, clinic or nursing home? No
b) any condition requiring more than 3 months' medical treatment or supervision? No
c) ☒ advice or treatment regarding the consumption of alcohol or the taking of any drugs? No
d) a test for HIV/AIDS which has ☒ found to be positive or of which the result is awaited? No

4. Has the life proposed any prospect or intention of engaging in hazardous sports or activities, or of flying other than as a passenger on a recognised air service? No

5. Has a proposal on the life proposed for life insurance or permanent health insurance ever been declined, withdrawn, postponed or accepted on special terms by any insurance office? No

IF THE ANSWER TO ANY PART OF THESE QUESTIONS IS 'YES', DETAILS ARE GIVEN BELOW

ACCESS TO MEDICAL REPORTS ACT 1988 *

Before we can ask your doctor for a report, we are required by law to tell you what your rights are under this Act. The most important are that you may refuse us permission to ask for a report and that you may ask to see any report for which you have given permission, either before it is sent to our Principal Medical Officer or within 6 months thereafter. The full details of your rights are set out overleaf.

Please sign this form and give it to our representative - this will enable us to consider this application for insurance without delay.

PERMISSION TO SEEK A MEDICAL REPORT

I have been informed of my rights under the above Act. In connection with this application for insurance I consent to the Co-operative Insurance Society Limited seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise the giving of such information. I agree that a copy of this consent shall have the validity of the original.

☒ I do not wish to see the report before it is sent to the Society ☐ I wish to see the report before it is sent to the Society

DOCTOR'S NAME
ADDRESS
Dr Houlston
Elgin Community Surgery
Grampian Road
Elgin
Morayshire
IV30

TO BE READ AND SIGNED BY THE LIFE PROPOSED

1. I have indicated above my wishes in respect of the Act.
2. I have read the answers given in the Health Questionnaire section and confirm that they are ☒

Signature Christopher Ruhl Date 7-8-98

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ELGIN COMMUNITY SURGERY
NEW PATIENT REGISTRATION

DATE 23.7.97.

Singh

SURNAME RUST	FORENAME CHRISTOPHER <i>GEORGE</i>	DOB 5.12.68	SEX M.
ADDRESS 30 KATH RD BURGESS		TEL NO. 830450	
OCCUPATION UIE (fisherman)			
PROBLEMS <i>ops</i> Appendectomy 25/86. # skull as child. <i>nil of note.</i>			
FAMILY HISTORY 01AD 2VA			
DRUG HISTORY <i>discontinued drops for eye injury</i>			
ALLERGIES =			
LAST TETANUS DATE ?		LAST SMEX DATE ?	
SMOKER ☒ Y	HOW MANY 12yrs	WHEN STOPPED 12yrs	ALCOHOL 3x/day
B.P. 128/90	HEIGHT 71k	WEIGHT 176k	B.M.I. 23
S.O.U. <i>Sonny</i>			
ADVICE GIVEN			

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New Patient Check

Date 15 / 6 / 95Name CHRISTOPHER S. DUNCAN No. 19904

Previous Problems

Skull age 43.Abdominal pain 1982.

Current Problems

Back painWeight lossAbdominal pain

Allergies

Nil.

Family History

Heart Disease <60 ☒Stroke ☒Diabetes ☒Cancer ☒note - lung ca.Other Nil.

Background

N

Ex

Y

Smoking ☐☐☒Amount 10. /day Alcohol 2. U/dayHousing E. GiffordOccupation CollegeInterests Nil relevant

Women Only

Pregnancies _____ No of Children _____ Ages _____

Contraception _____ Smear Date _____ Result _____

Screening

Height 180 cm Weight 66 Kg BMI _____ K/m² BP 114/60

	NAD	Blood	Protein	Glucose	Nitrite
Urinalysis	☐	☐	☐	☐	☐

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THE CROWN MEDICAL PRACTICE

Dr H. I. McNAMARA, BSC, MBBS, DRCOG, FRCGP
 Dr Hilary STRACHAN, MBChB, FRCGP
 Dr I. C. [REDACTED] MBChB, DRCOG, FRCGP
 Dr J. F. SWEENEY, MBChB, FRCGP (Hon), FRCGP, DPM

12 Crown Avenue
 Inverness
 IV2 3NF
 Tel: (0463) 710777
 Fax: (0463) 714511

25 May 1995

Dr [REDACTED]
 144A [REDACTED] Street
 ABERDEEN

Dear Dr Davidson

CHRISTOPHER G DOUGLAS DOB 05.12.68
C/O PORTERFIELD PRISON INVERNESS

Mr [REDACTED] has been in Inverness Prison since 08.11.94. On 26.01.95 he started complaining of back pain radiating down his left leg. Initially I thought this might be a hamstring injury but with time it became apparent that straight leg raising was markedly diminished on left with positive sciatic stretch test.

He had an absent left ankle jerk; ^{He} ~~and this~~ was treated with strict bed-rest initially followed by Physiotherapy at Raigmore Hospital. He has had some benefit from this but has found the back ache returning from time to time. He has also been allowed Co-dydramol for pain but was reported in prison to be passing them on to other inmates.

Yours sincerely

I C [REDACTED]

LIW	FILE
JD ✓	NOTES TO DR.
AMCL ✓	COMPUTER
PW ✓	COLLECT SCRIPT
30 MAY 1995	
	SEE NURSE
	MAKE APPOINTMENT
	PHYLLIS
	NORMAL

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Hospital Use Only		CLINIC	DATE	TIME	A.M. P.M.
HOSPITAL		ART	CLINIC	THORACIC SURGERY CONSULTANT	
Please state Patient's ---			Kindly complete the undernoted enabling patient identification:---		
Surname		RUST	Mr/Mrs/Miss	Unit No. NEW PATIENT	
First Name(s)		CHRISTOPHER		Year of last attendance	
Date of Birth		Day	Month	Year	
		5	12	68	
Marital State		Maiden Name		Name of Hospital attended	
Address		36 CROMBIE ROAD		ABERDEEN	
Post Code					
Telephone No.					
Provisional Diagnosis					
Reason for Referral					
This patient has only recently joined our list. I note that he was recently released from prison, following a two year sentence. While in prison, Christopher took drugs, and was concerned that he might have an HIV infection. Thankfully a recent test was negative. Nevertheless, he complains of weight loss, poor appetite and diarrhoea. This remains under observation. His present complaint is of a marked degree of pectus excavatum. I understand that his father suffered from a similar condition. Christopher has asked if surgical correction of his abnormality could be attempted, as he understood his life would be "shortened by two years", and that it would impair his respiratory function. I reassured him that he should have a normal life expectancy, and the affects on his respiration would be minimal. I felt that repair was essentially a cosmetic procedure. He remained anxious to discuss the matter with you, so I would be grateful for your opinion about the merits of surgery. Thank you for seeing him.					
Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's present complaint.					
Approx. Date of Prescription	Medicine	Dose & Frequency	Duration of Prescription		
All Medicines Known to Disagree with Patient:					
AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS					
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination proceed if the Patient is Pregnant?	Doctor's Initials		
Signature of Doctor:		John C. Davidson		Date 23.12.93	

FORM 512 (Rev. Jan. 87) File in Section A

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NHS Confidential: Personal data about a patient

ABERDEEN ROYAL INFIRMARY
Tel No. 0224-23423

Our reference AEN/DG/739195

Your reference

Dr Wilson
23 Altonrea Gardens
DYCE

10 May 1984

Dear Dr Wilson

CHRISTOPHER DOUGLAS (5.12.68) URQUHART HOUSE DYCE

This young man came in on 6.4.84 having been inhaling butane. He felt so intoxicated that he fell striking his forehead and was probably unconscious for a short time. Clinical examination showed him to be conscious and orientated with a small laceration of the forehead.

X-ray of skull and cervical spine showed no abnormality. His laceration was sutured. He was given tetanus prophylaxis. He was admitted to the ward for observation and next day saw the Duty Psychiatrist but no follow-up was arranged. The urea and electrolytes and liver function tests were within normal limits for a boy of his age.

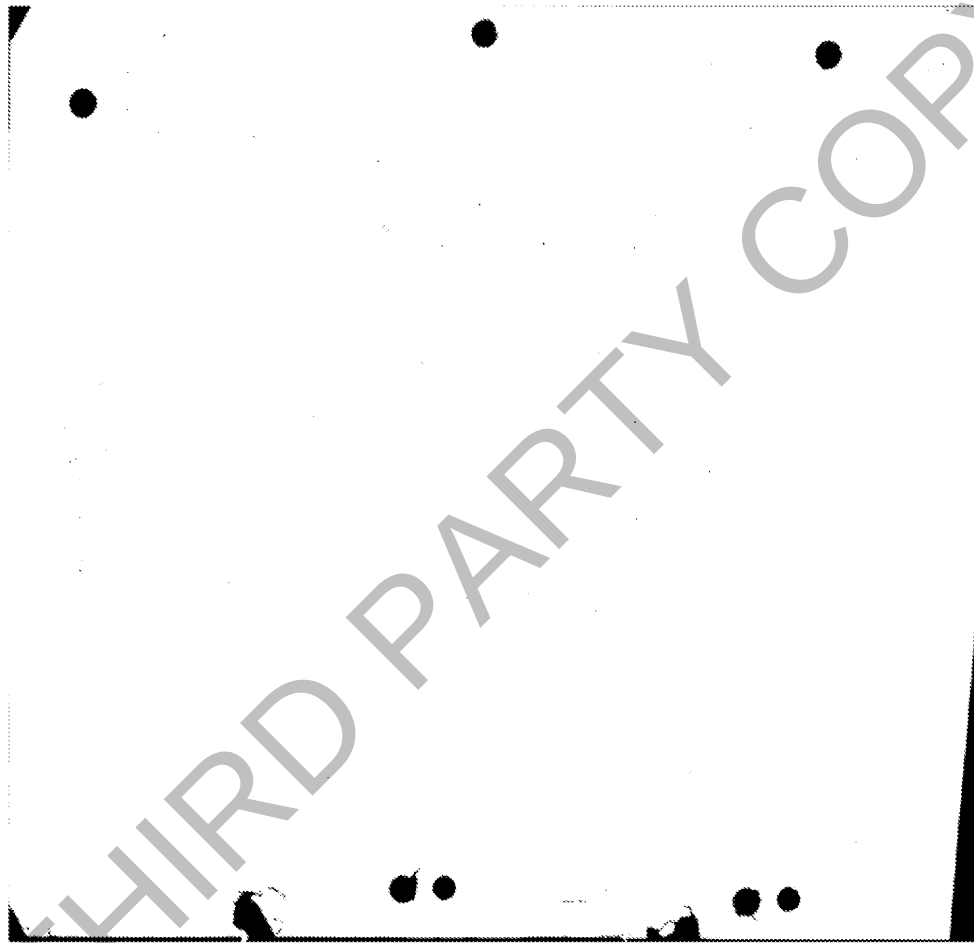
Yours sincerely

Alasdair B Matheson

ALASDAIR B MATHESON
Consultant

1	T.M.W.	✓	ACCIDENT & EMERGENCY DEPT.
2	I.C.F.W.	✓	FORESTERHILL
3	F.P.H.	✓	FILE ABERDEEN
4	N.V.S.C.	✓	NOTES TO DRAGS 228
5	T.	✓	APPT.
			CONTACT PATIENT
			RECEIVED

NHS Confidential: Personal data about a patient



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GRAMPIAN HEALTH BOARD

SOUTH DISTRICT

Tel. No. 0224 632411

Your Ref.

Our Ref. SBC/SCA

AL CORNHILL HOSPITAL,
CORNHILL ROAD,
ABERDEEN.
AB9 2ZH.

9th April 1984

Dr Wilson
The Health Centre
Dyce
ABERDEEN

1	T.M.W.	✓	FILE	
2			NOTES TO CL.	
3	P.P.H.	✓	APPT.	
4	W.S.C.	✓	CONTACT PATIENT	
5	T.	✓	PROGNOSIS	
			PROBLEM	

Dear Dr [REDACTED]

Re: Mr [REDACTED] Christopher
Urquhart Home, Dyce (b. 12.12.1968)

I saw the above young boy in the Accident and Emergency Unit on 7th April 1984, he having been admitted there further to a fall the previous day during which he sustained a very minor head injury. On admission, he had apparently stated that he had been sniffing butane gas, had felt dizzy and very strange for a period of time and then had tripped and hit his head. However, when I interviewed him although he again admitted to sniffing butane gas, he did not connect the incidents together and said that he had been sniffing the gas in mid-morning when he was actually truanting from [REDACTED] and when he went to [REDACTED] later in the day someone tripped him up in the toilet and he fell, hitting his head on a wall socket. He denies sniffing glue or any other solvent and denied taking any other form of illicit drugs.

He is a 15 year old schoolboy who is meantime in care at Urquhart Home at Dyce, this being apparently because of repeated truancy. His parents live at Stewart Terrace and he sees them once a week and visits home every weekend. His natural [REDACTED] is in fact divorced from his mother and stays in London. [REDACTED] remarried about two years ago and there are two small [REDACTED] from this second marriage, a boy, aged one and a girl, aged two, and he has one full sister, aged 13 years. He states that his natural [REDACTED] used to consume alcohol to excess and physically abuse [REDACTED] and himself. He did not indicate that he experiences any difficulties in his relationship with [REDACTED]. He now attends Dyce Academy, having previously been a pupil at Northfield [REDACTED] and he states that he did not like this [REDACTED] and therefore he truanted but he still seems to manage to truant on occasion from Dyce.

His head injury would appear to have been of a minor nature. He has previously fractured his skull and collarbone. He has had no previous psychiatric contact and there is no family history of mental illness.

He was a pleasant young boy in interview, openly acknowledging that he had sniffed gas but saying that this is the first and the last time he would do this. He did not appear to be unhappy about his present situation or circumstances and he in fact expressed no dissatisfaction with life and did not seem to feel that he had [REDACTED] difficulties or problems. He showed no symptoms indicative of mental illness and I did not feel that psychiatric intervention was indicated. I made no arrangements for him to be seen again.

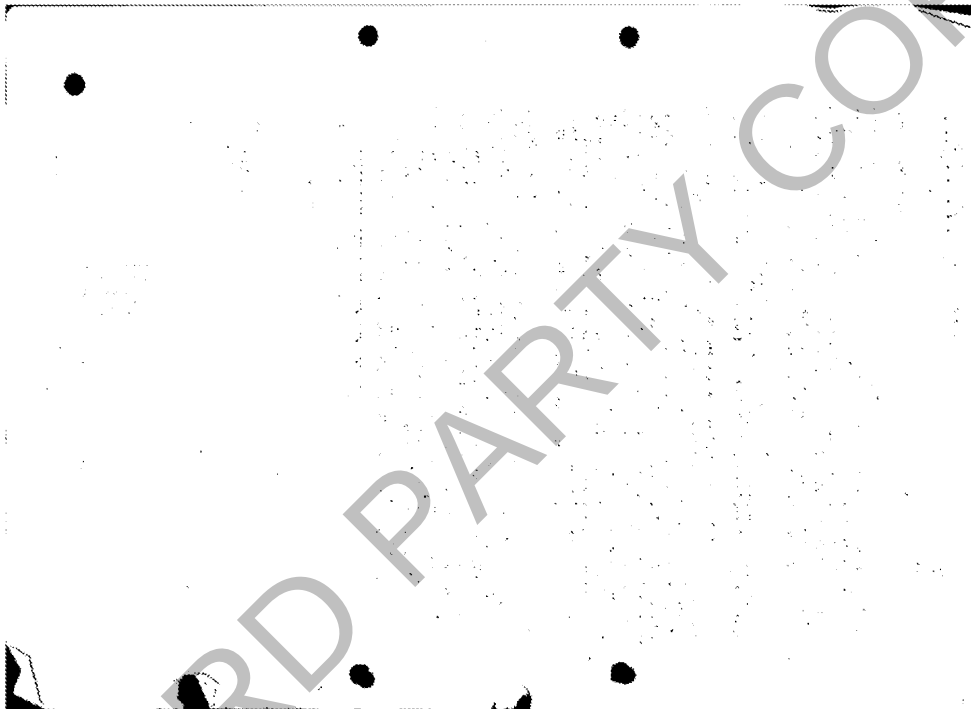
Yours sincerely

[Signature]
Dr S B [REDACTED]
M.B., Ch.B., M.R.C. Psych
Associate Specialist in Psychiatry

cc Mr Matheson
A & E Unit
Foresterhill

A258

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Royal Aberdeen Hospital,
Cornhill Road,
Aberdeen.
AB9 2ZG.

CASUALTY DEPARTMENT

Dear Doctor, Todd

Your patient, Christopher Rees

5.12.68 was seen here to-day.

Examination revealed some skin lesions
of spots on the skin last
one month getting worse

The following treatment was given I have contacted
the skin department
who suggested to refer

He/she will be seen again here on him back to you

OR He/she is to be taken to you on if necessary

The following further treatment is recommended:

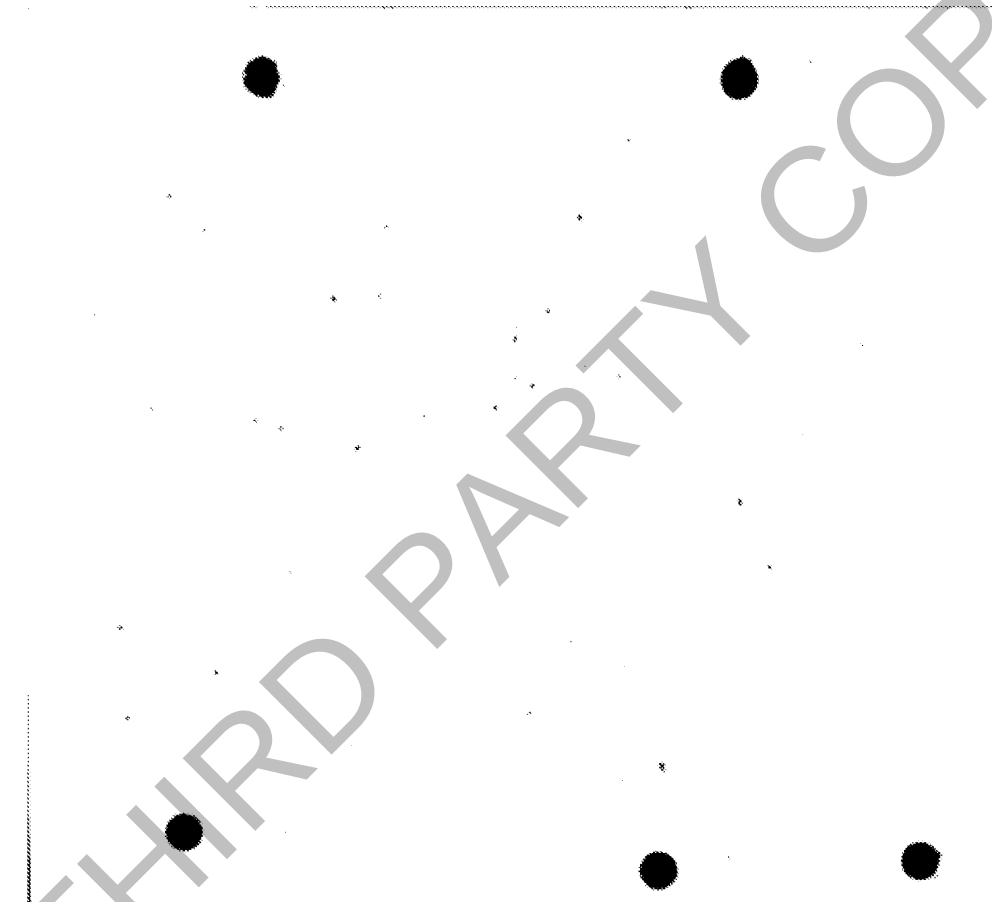
How can you help make
an urgent appointment to
skin clinic

RACH/132

Yours sincerely,

S Roy 12.12.79

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ROYAL ABERDEEN [REDACTED] HOSPITAL

RD/KW/606254
Telephone 681818
Ext.

Cornhill Road,
Aberdeen, AB9 2ZG.
2nd April, 1980

Dr. G. Young,
The Medical Centre,
KEMNAY.

Dear Dr. Young,

Christopher Rust, 5.12.68, 109 Kemhill Park, Kemnay

This young lad with a 6 month history of a pustular rash on his back was seen at the Clinic today.

On examination he has one carbuncle on his left arm which is now resolving from which I have taken a swab for ~~pust~~ ^{pus} ~~pus~~ ^{pus}. He shows area of scarring on his back, the site of previous lesions. He has got pectus excavatum with flattening of his left chest and accessory nipple on the left. He has also got hyperextensible joints and s [REDACTED] are thin and puckered.

I have taken blood today for haemoglobin, ESR, blood sugar and liver function tests. He was seen by Dr. Main who suggested we should use 2% Salicylic Acid with Zinc Oxide, talc and Olive Oil in equal parts to the boils. He will be reviewed again in 6 weeks' time.

Yours sincerely,

B. M. DALY
B. M. DALY
Registrar in Dermatology

To See Me

RACH 182

A236

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ROYAL ABERDEEN CHILDREN'S HOSPITAL

D/31/606254

Telephone 681818

Ext.

Cornhill Road,

Aberdeen, AB9 2ZG.

4th June, 1980

Dr. G. Young,
The Medical Centre,
KEMNAY.

Dear Dr. Young,

CHRISTOPHER MUST, 5.12.68, 109 KEMNHILL PARK, KEMNAY.

This child was seen again at the clinic with a new group of pustules present for the past few days, these are on the right side of his lower chest and I have taken a swab from the larger one. The result of which will be sent on to you.

I have asked his father to continue using the Boil Mite on these lesions and he will be returning to you in one weeks time to see whether antibiotics will be appropriate.

Yours sincerely,

B. M.

REGISTERED

RACH 142

A236

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ROYAL ABERDEEN [REDACTED] HOSPITAL

BMD/DT/606254

Telephone [REDACTED] 1818

Ext.

Cornhill Road,
Aberdeen, AB9 2ZG.Dr. G. Young,
The Medical Centre,
High Street,
KEMNAY.

25th February, 1981

Dear Dr. Young,

Christopher Rust, 5.12.68, 109 Kemnathill Park, Kemnay

This child with boils was seen again at the Clinic recently. He has had a recent bout of chickenpox. What is interesting and most striking about this child is the marked pectus excavatum and hyper-extensible joints. I wonder if this child does not have Ehlers-Danlos syndrome and in fact the scars from his pustules are a reflection of his skin elasticity. We had a [REDACTED] at Dad at the Clinic and he has got a lot of loose skin around his elbows. Both patient and Dad's retinas looked perfectly normal. I will be contacting Dr. Pope in Northwick Park in London, re possible further investigations of this child. We will also carry out pulmonary function tests to see whether his severe pectus excavatum has resulted in any compromise of his respiratory function.

Yours sincerely,

B. M. Daly
B. M. Daly,
Registrar in Dermatology.

RACH 142

A236

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ABERDEEN ROYAL INFIRMARY

Telephone No. 681818

On reference: _____

Your reference: _____

Accident and Emergency Ward,
Foresterhill,
ABERDEEN AB9 2ZB

Date: 7/4/84

Dear Dr. *Wilson*

Your patient *Christophe Doyle*
Warrant House,
Dyce.

was admitted on 6/4/84 and discharged today.

Diagnosis/Reason for Admission: *sniffing solvent / go → fell*

Treatment: *1 dist. head → K.O'd.*
laceration to forehead → sutured.
shock → NBI.

Human Tetanus Immunoglobulin	Tetanus Toxoid (Initial)	<u>Tetanus Toxoid (Booster)</u>	<u>Triptopen</u>
---------------------------------	-----------------------------	-------------------------------------	------------------

Disposition: Referred to You
To Return to A and E Dept. in _____ days.
~~Other~~

Initial N.H. Certificate issued for _____ days.

Recommendation: *Please remove sutures*
5/7.

Yours sincerely,
Lat *Shaw*

S 413

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1	T.M.W.	☒	FILE	/
2	I.C.F.W.	☒	NOTES TO D.J.	
	F.P.H.	☒	APPT.	
	S.C.	☒	CONTACT ST.	
		☒	PROG.	
			PROG.	

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Board of Management for Moray Hospitals

TEL. NO. 3131

JRS/NM/55525

Dr. Gray's HOSPITAL

ELGIN, 6th October, 1971

Dr. [REDACTED] Gammie,
Kinnore,
[REDACTED] Street,
ELGIN.

Dear Dr. Gammie,

Christopher Rust (2) 25 Pinefield Crescent, Elgin.

This little boy was admitted to Dr. [REDACTED] on 2nd October, 1971 having fallen and struck the back of his head. He had never been unconscious but thereafter had been drowsy and vomited. On admission there was no evidence of intra-cerebral damage and x-ray of skull was negative. He was detained for observation. He made a rapid recovery and was discharged well on 5th October, 1971.

Yours sincerely,



J.R. [REDACTED]
Consultant Surgeon.

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ABERDEEN ROYAL INFIRMARY
Elgin Orthopaedic Clinic,
FORESTERHILL
ABERDEEN
AB9 2TB

TELEPHONE NO. 23422

JA/RA

6th October, 1970

Dr. J. Farrell,
The Surgery,
East Street,
Pochabers.

Dear Dr. Farrell,

Christopher Rust, aet. 2 years, 5 Station
Road, Garmouth.

We have arranged for this boy's shoes to be fitted with valgus
stiffening to see how he gets on. We will see him in two months' time.

Yours sincerely,

Anderson
JOHN [REDACTED] F.R.C.S.,
Senior Registrar.

6221

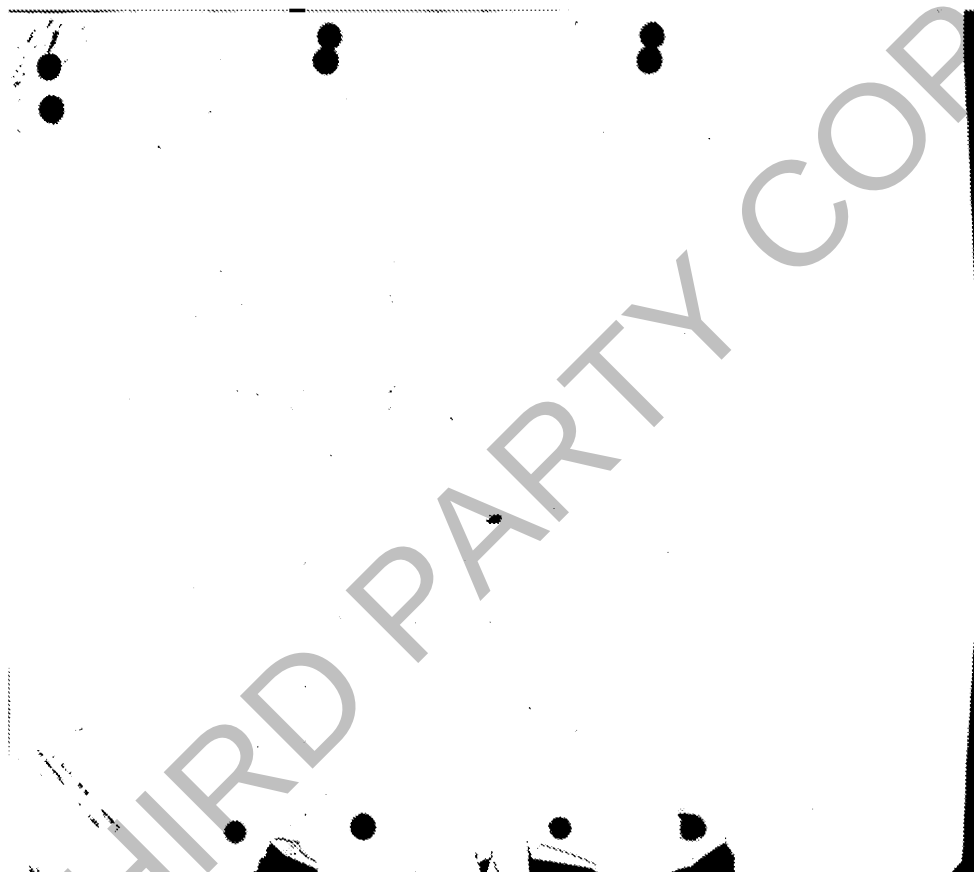
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DR [REDACTED] HOSPITAL, ELGIN.		ACCIDENT & EMERGENCY DEPT.	
NAME RUST	FIRST NAME(S) CHRISTOPHER	M.S.W.	DATE OF BIRTH 5/2/68
ADDRESS 25, Penfold Crescent Elgin.	NEXT OF KIN Parents SIA	FULL OCCUPATION [REDACTED]	PLACE OF INJURY
DATE 18-6-71 T.O.A. 3.30pm T.G.D. REF. BY G.P. yes/no AMB CASUAL OTHER	NAME AND ADDRESS OF FAMILY DOCTOR Dr. Jamieson "Kinnaird" Elgin.	HISTORY OF DRUGS Penicillin Allergy ☐ Insulin ☐ Sternoids ☐ A.T.S. ☐	WORK ☐ SCHOOL ☐ HOME (Indoor) ☐ ROAD TRAFFIC ☒ OTHER ROAD ☐ OTHER ☐
Date & Time of Injury (different)	DIAGNOSIS R. Shoulder injury	TREATMENT GIVEN Antibiotic ☐ A.T.T. ☐ Asked to report back to G.P. in 6 weeks for further injections.	
Dear Doctor, The above named patient was seen here today suffering from:- Injury to R. shoulder - proximal humeral injury X-rays of demonstrated on the wet plates. day Treatment:- Signs of acute fracture	GENERAL ANAESTHETIC ☐ Time of Anaesthesia Time of Medication Prescribed by Urine Result DISPOSAL: To G.P. ☐ G.P. CLINIC ☐ WARD ☐ OTHER HOSP. ☐		
The patient has been asked to report to You in days time. Cas. Dept.			
Yours sincerely, [Signature] Casualty Officer.			

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Dr. Gray's Hospital, Elgin ACCIDENT & EMERGENCY DEPT

SURNAME RUST	FIRST NAME(S) CHRISTOPHER G	M.A.W. 5-12-1981	DATE OF BIRTH 5-12-1981
ADDRESS 29, Shaw Place Elgin	NEEDY or RYN Parent's S/A	FULL OCCUPATION 	PLACE OF BIRTH
DATE 31-1-11	NAME AND ADDRESS OF FAMILY DOCTOR Dr. Gammie	HISTORY OF DRUGS Painkillers ☐ Allergies ☐ Insulin ☐ Steroids ☐ A.T.C. ☐	PLACES VISITED SCHOOL ☐ HOME ☐ HOSPITAL ☐ ROAD TRAFFIC ☐ OTHER ROAD ☐ OTHER ☐
by G.P. or by DATE & TIME of Injury if different	DIAGNOSIS Crushing injury thumb, flap of skin	TREATMENT GIVEN Suture ☐ A.T.C. ☐	GENERAL ANAESTHETIC Time ☐
Dear Doctor, The above named patient was seen here today suffering from— Crushing injury thumb, flap of skin	Known as demonstrated on the wet plate Treatment— 2 Steroids applied pressure dressing	Prescribed by Time of Prescription Prescribed by Time of Prescription	DISPOSAL: To G.P. ☐ OF CLINIC ☐ Waste ☐ OTHER WASTE ☐
The patient has been asked to report to You Cas. Dept. in 2 days time.			
Yours sincerely Paul Cameron Security Officer			

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Unsupported image format.

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REGIONAL HEALTH SERVICE
REC. OF TREATMENT OF
TEMPORARY RESIDENT

Center of Home PPO
BE

Surname DOUGLAS	Mr Mrs Miss Miss	NHS Number S1351968689	Date of Birth 5.12.68
--------------------	---------------------------	---------------------------	--------------------------

Forenames
CHRISTOPHER

Temporary Address
6, Gt. St. Michael's
The 50th Anniversary
85, Lansdowne Rd
Gt. Holland

Home Address
85, Lansdowne Rd
Gt. Holland

Name of doctor at home
A. Gargav

To be completed by patient

I am temporarily resident at the address shown above and I expect to remain in the district for (tick whichever is appropriate):

not more than 15 days from arrival ☐

more than 15 days from arrival ☒

but not more than 3 months from the date of my arrival.

I have received treatment from the doctor whose signature appears below:

Patient's signature
Chris Douglas Date 4/8/87

A person signing for the patient should state the relationship:

To be completed by doctor

I have signed the person named above as a Temporary Resident and have no treatment which is not one of the exceptions listed in paragraph 32.6 of the Statement of Fees and Allowances.

*I also claim a Rural Practice Payment. The distance from my main surgery to the patient's temporary residence is _____ miles.

Doctor's signature
Date 4/8/87 Code No. 222

*Delete if not applicable
D.L. 88/1573 05/86 1/94 5/7/88

Form FP 19 (Rev. 1977)

NHS Confidential: Personal data about a patientCLINICAL RECORD

(before completing, please detach the top copy,
but send both copies to the Family Practitioner Committee)

4887. History of Chest. Gained
by son from A & E Dept. Dr. [unclear]

THIRD PARTY COPY

Page 181 of 475

NHS Confidential: Personal data about a patient



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THIRD PARTY COPY

Scanned Document
15-July-2026 DUNCAL10
Additional: Scanned Document

Filename: igprda202607151035460.tif
Extension: .tif
Pages:

[illegible]

[illegible]

MALE		Surname	Forenames
		RUST	CHRISTOPHER.
Address 51, WOLKER LANE.			
National Health Service Number		Date of Birth	
DATE	★	CLINICAL NOTES	
3/1/71		Age 5. Enrolled New born reg. My daughter, long. 1st started school. R. Thompson Junr. 10th Oct 1960. VIGOR CHART.	
17/1/71		Not met in. Univ. Nov. R. Thompson Junr.	
10/12/73		Scrubbed by sublink Nov. had dip/hat brush - given	

[illegible]

* This column has been provided for doctors to enter A, Y or C at their discretion.

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DATE	Address	National Health Service Number
15 OCT 1969	OXFORD RD	
20 NOV 1969	San. Sister - mpty med. - Paracetamol	
21 NOV 1969	3 pps. day - all 10 ml. tds.	
24 FEB 1970	10 ml. q.i.d.	
3 MAR 1970	Dimedone + 5 - 2 dly Nephin 100mg - 1ml b.i.d. from 10am	
10 MAR 1970	3rd. 100mg. 11/41	

* This column has been provided for doctors to enter A, V or C at their discretion.
(98905) DA, Y6152, 4/2007 11/67 Rev. Form ECT



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DATE	*C F	CLINICAL NOTES	DIAGNOSIS
3 DEC 1979		Lupus-like skin ... easy to see Vg / Pank - (40) R. Eustice (R) 1-15/3	
10 DEC 1979		Stop Pank & give Doxycycline 200 mg 500 g.i.d.	
21-12-79		1/2 Pank R. Eustice 200 mg 1000 g.i.d.	IMPETIGO
22-1-80		Killed in groin @ school today. Small tear to fundus R. Eustice in scrotum skin R. ?? under scrotum check 2/12	
22-2-80		Stomach upset & sunny damp weather. Bites like impetigo on face but pus-like holes on body R. Eustice 200 mg (oral) 1000 Nephth 50 g.i.d. 500	
3-2-80		Impetigo resolved	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate and F for final certificate.

Group (800) 10 Emma
K. Allen

NHS Confidential: Personal data about a patient

MALE		S135-1968-689	
X		SURNAME	CHRISTIAN NAMES X
		RUST	Christopher
ADDRESS		10a Hambhill Park	Date of Birth
		Kemnay	5 12 1918
DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
19 NOV 1979		Herpes simplex	HERPES
		2.1.1980 - 95% Ph. 1.	
		300.	
19 NOV 1979		Now infected - one	
		has to rupture	
		9.10.11	
19 NOV 1979		Second infection	
		now healing	
		10.11.11	
		1/6. 11.11.11	
		10.11.11	

Dr G Young

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

Date 7-2-1979

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form E.C.7a
(Scotland)

299676 20034 1/76 1&OI 459

[illegible]

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[illegible]

[illegible]

* 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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DATE	CLINICAL NOTES	DIAGNOSIS
12.3.80	Myocardial infarction - mild.	
	With dissection of aorta of lungs and New York on red plate the white the pericardium - cut a piece, likely with spreading. Patient 2 x from closed spot but released.	
	No effort to explain it ? pneumonia - <u>abdominal</u> kidney	
14.5.80	Colony drug resistant mumps	
20.5.80	1/16 of red.	
20.11.80	No mites - 2 mites 1 day	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

L.L.C. No. 004 804894, 5/79

MALE

SURNAME
KAT

NAMES
[REDACTED]

ADDRESS
109 Kensington Rd
Kew

5 12 67

Form 11/8/78

THIRD PARTY COPY

[illegible]

Page 202 of 475

[illegible]

Page 204 of 475

[illegible]

Page 206 of 475

[illegible]

NHS Confidential: Personal data about a patient

MALE		SURNAME	CHRISTIAN NAMES
Dawkins		Christophers	
ADDRESS 5 Station Rd Greenwich			Date of Birth 5/12/68
3/10/85	C	CLINICAL NOTES	DIAGNOSIS
	F	Cult in angle of	
		(2) thumb - NEATNESS	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD

Form G.P. 7
(Scotland)

823-67-4018 DONNE 1988 P.P. 138

[illegible]

Page 210 of 475

[illegible]

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SOCIAL SERVICES

* This column has been provided for officers to enter A, V or C at their discretion

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From 1995

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SOCIAL SERVICES

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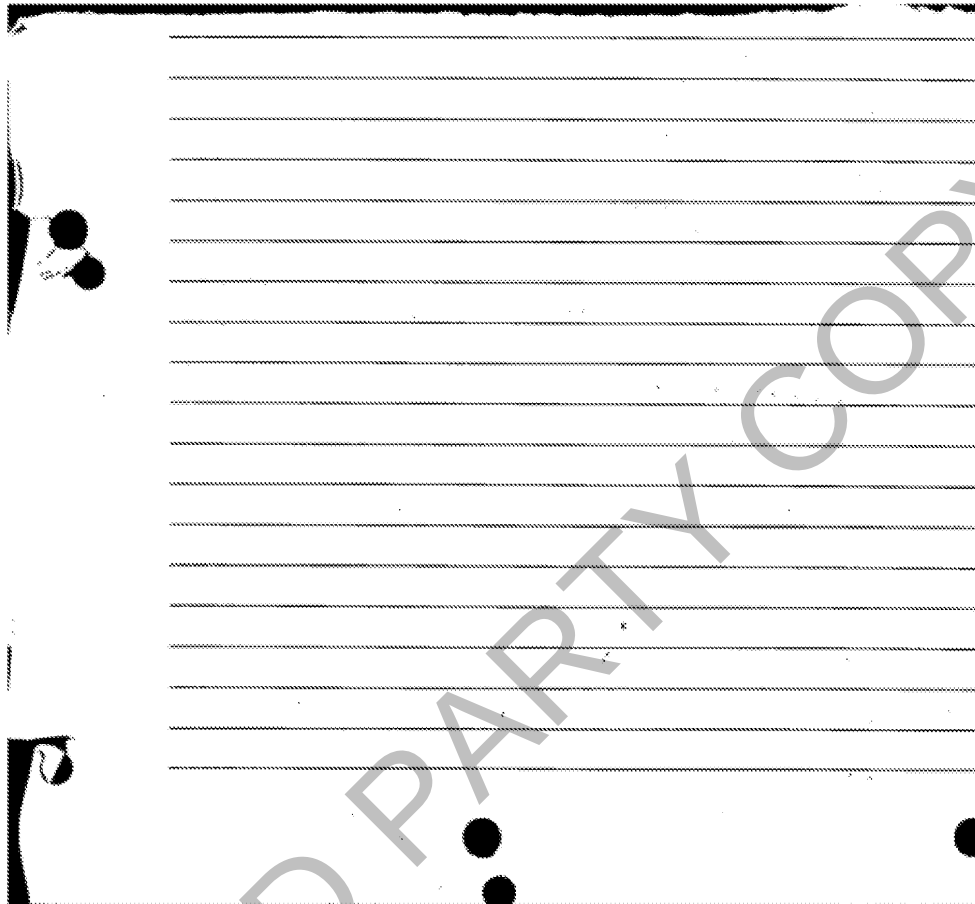
MALE ☒		Surname DOUGLAS	Forenames Christopher
Address 28 MUSHAMOR RD.			
National Health Service ☒		Date of Birth 5-12-68	
Date	*	CLINICAL NOTES	
Sul-		PH appendicitis N/P	
11/2/89		likely N/A 3 1/2 yrs ? glen above (N) elbow X-ray + TEA ? needs referral told that if he comes on Sul- for X-ray result I will <u>not</u> see him	

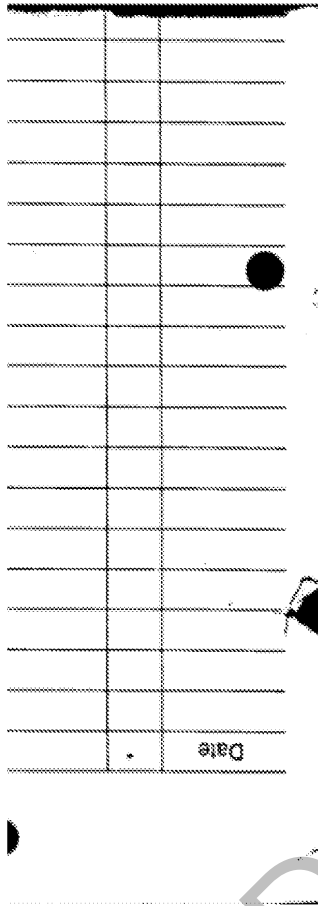
* This column has been provided for doctors to enter A, V or C at their discretion

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Form FP7

NHS Confidential: Personal data about a patient





NHS Confidential: Personal data about a patient

		National Health Service Number	S13
CLINICAL NOTES		Surname (Block Letters)	Forename
		DOUGLAS	CH
		Address 109 Kewbleed Road Kewbury	
Date	.		
2/11/81		Brought on lead. NBS.	
14/5/82		To Pank's invitation	
		576 mm aspect of	
		° head undent at	
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		Advised Saxon beds	
25.6.82	5	Balminton	Conventon Cr. telr 2/2.
16.7.82		Stowed @ Kewb chivalry to	
10-9-82		lying to @ hand 1stitch may	

5/68/689

s (Block Letters)

RISTOPHER

Date of Birth

5.12.65

Dysuria
lower abdominal & pelvic
discharge

Hygiene MSSD 17/5

Therapeutic

used

NHS Confidential: Personal data about a patient

Rust, Christopher**DoB: 05/12/1968****Report Valid On 28/06/04 14:03**

12/03/2004 Medium Pat. GP7B/GP8B card from HB
10/03/2004 Medium Patient reg. form sent to HB
09/03/2004 Medium NEXT OF KIN
Ms Morgan Cooper - partn
Tel 629984

Screening

Inverurie Medical Group
Page number 2

THIRD PARTY COPY

Summary Sheet: Standard Summary

Printed at 28%

THIRD PARTY COPY

16/2004 14:03:35

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Doctor Adding New Drug

JAGB	JEB	DH	VJ	DR	RG
FMc	SH	JM	GB	FB	Ret.

Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 1.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 2.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 3.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 4.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

Other
GP Reg.

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Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn.
Drug 5.						
Diagn. on Comp. Problem List? ☐ Yes ☐ No Drug been Linked to Diagn. ☐ Drug been Added						

Printer

Admin Staff New Summary Sheet Printed	☐
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Doctor To Tick Prescription on New Summary Sheet C	☐
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Checked	☐

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Rust, Christopher

DoB: 05/12/1968

Report Valid On 28/06/04 14:03

Registration

Mr Christopher Rust

14A [REDACTED] Street

INVERURIE

INVERURIE

ABERDEENSHIRE

AB51 3QS

Telephone: 629984

Contact: ?

Contact/Relship: ?

Email: ?

CHI Number: 0512682275

NHS Number: 5/135/1968/589

Patient ID:

Occupation:

Service Code: Perman

DoB: 05/12/1968

Age: 35

Marital Status: Single

Registered GP: Dr G Brewis

Registered: 10/03/2004

Confirmed: 12/03/2004

Records Received: 91/

BMI: 24.3

Height: 1.77 m

Weight: 76 kg

BP: 0/0

Priority Clinical / User Marker

01/05/2004	High	[SO]Thenar muscle, unspecified nail gun injury - left	Inactiv
01/04/2002	High	Pityriasis versicolor	[REDACTED]
01/09/2001	High	Minor head injury	Inactiv
01/06/2000	High	Medial epicondylitis of the elbow	Inactiv
01/01/1996	High	Irritable bowel syndrome	Active
01/12/1993	High	Misuse of drugs NOS	Inactiv
01/04/1984	High	[X]Self poisoning from glue solvent	Inactiv
01/04/1984	High	Minor head injury	Inactiv
01/04/1980	High	Accessory nipple left	Active
01/04/1980	High	Pectus excavatum, congenital	Active
01/10/1971	High	Minor head injury	Inactiv
01/06/1971	High	Fracture of clavicle right	Inactiv
05/12/1968	High	PH: Cardiovascular disease	Active
05/12/1968	High	PH: Cardiovascular disease	Active

Inverurie Medical Group
Page number 1

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04/2004

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04/2004

THIRD PARTY COPY

03/12/2005 14:01 111.279201010101 111.279201010101

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last
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Adverse Reactions

Code	Description
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Clinical / User Marker

01/04/2004	Medium	Patient MRE received from HB
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Summary Sheet: Standard Summary

Printed at 28%

THIRD PARTY COPY

Interval
Pres. Review

16/2004 14:03:35

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NHS Confidential: Personal data about a patient

Doctor Adding New Drug

JAGB	JEB	DH	VI	DR	RG
FMc	SH	JM	GB	FB	Ret.

Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 1.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

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Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
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Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn
Drug 4.						N
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

☐ Other ☐
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Doctor to fill in New Drug Details and Corresponding Diagnosis On						
Name/Prep	Strength	Quant.	Dose	Freq.	Review Wks	Diagn.
Drug 5.						
Diagn. on Comp. Problem List? ☐ Yes ☐ No ☐ Drug been Linked to Diagn. ☐ Drug been Added						

Admin Staff New Summary Sheet Printed ☐	Printer ↓	Doctor To Tick Prescription on New Summary Sheet ☐
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NHS Confidential: Personal data about a patient

Full Report

Mr Christopher Rust

05/12/1968

Male

S/135/196

Address

32 Duff Street Hopeman Elgin Moray IV30 5RZ

Communication numbers

Telephone - home 01343 830858

Problems

Low Back Pain

Started: 08/02/2001

Ended:

Currently Relevant

Started: 29/06/1998

Ended:

Medical History

26/04/2002 C/O: a rash - persistent recurring rash arms and torso. Looks like pityriasis but itchy. Terbinafine did skin scrapings to mycology review with results? derm referral if -ve mycology

Neison

12/03/2002 Fungal infection of skin Flaired again always worse when working on ship OW patient settling now w/ terbinafine when away next if needed

Houlston

12/03/2002 Chest pain Whilst working and getting out of bed rarely gets left sided chest wall pain Lasts a very O/E Fit looks well HS dual Chest clear No tenderness Imp Chest wall pain not cardiac Reassured R SOS

Houlston

05/10/2001 Nursing care: 4 sutures removed from top of head. Sustained laceration 1 week ago in Norway. Wound healing - area scabbed. Advised to leave and eventually it will soften

18/09/2001 [V] Removal of sutures: 4 sutures removed from back of head following alleged assault 8 days ago. Healed and scabbed.

01/06/2001 Notes summary on computer

Trujillo

08/02/2001 Back pain without radiation NOS. Fell whilst working in the lift about 4' landed on flat of back pair area no radiation down legs O/E tender L4 with paravertebral spasm SLR 90 LBP secondary to fall mechanical For t

Houlston

10/08/2000 Fungal infection of skin Ongoing probe with fungal skin complaint. Keen for Rx. Agree trial of it INB refer to Dermatology.

22/06/2000 Medial epicondylitis of the elbow Physio

Houlston

19/06/2000 Times Corporis for skin scrapping

Houlston

21/10/1999 Medial epicondylitis of the elbow local steroid injection performed

Hamilton

17/06/1999 Piles - haemorrhoids pr nil else

Hamilton

30/10/1998 [SO] Elbow joint

Houlston

16/07/1998 [V] Attention to surgical dressing - ros x 2 - healed

08/07/1998 Removal of foreign body from skin NEC - glass removed from R elbow

Houlston

29/06/1998 Vasectomy counselling

Houlston

29/06/1998 Times

Houlston

1996 Irritable bowel syndrome

1995 Drugs of abuse screening in prison - HIV neg.

1985 Emergency appendicectomy

1984 [V] Personal history of psychoactive substance abuse - Solvent abuse

1979 Pectus excavatum, congenital

1971 Fracture of clavicle - right

Knee and Dorsal Intra-Thoracic

18/6 Permanent

it help.??

Dr Margaret

re a trial of

Dr Mark

short time

Dr Mark

und

Ms Joanna Fraser

Wound

Ms Joanna Fraser
Dr Orlando

in the same

Chiroprocter an Dr Mark

asomazole. ?

Dr Dr Liscione
Dr Mark

Dr Mark

Dr Sharon

Dr Sharon

Dr Mark

Mrs Julie Siewert
Dr Mark

Dr Mark

Dr Mark

Issue and repeat issue history

06/05/2002	issued	ITRACONAZOLE caps 100mg	Supply: (14) capsule(s)
DAILY Notes for patient: ChrisThe skin scrapings did suggest a fungal infection. As such the best treatment would be to take this for two months if things are no better. Regards Mark Houlston			
12/03/2002	issued	TERBINAFINE cream 1%	Supply: (15) gram(s)
DAILY			
08/02/2001	issued	DICLOFENAC 50mg tab 50mg	Supply: (50) tablet(s)
TIMES/DAY AFTER FOOD			
10/08/2000	issued	ITRACONAZOLE caps 100mg	Supply: (15) capsule(s)
19/06/2000	issued	TERBINAFINE cream 1%	Supply: (30) gram(s)
DAILY			
17/06/1999	issued	XYLOPROCT oint	Supply: (30) gram(s)
NEEDED			

Elgin Community Surgery, Highfield House, Northfield Terrace, Elgin, Morayshire, IV30 1NE
Tel: 01343 542234

Page 1

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TWO
ld be this antifungal agent that I
ent and come back to see me in

APPLY TWICE

TAKE ONE 3

TWO DAILY
APPLY TWICE

APPLY AS

WILLIAMSON, J. (1997)

12/20/97

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NHS Confidential: Personal data about a patient

Full Report

29/06/1998 issued CANESTEN cream 1%
TIMES/DAY

Supply: (50) gram(s)

Consultation

06/03/2002	Other	Dr Mark Houlston
26/04/2002	Clinic	Ms Joanna Fraser
26/04/2002	Surgery consultation	Dr Margaret Neilson
12/03/2002	Surgery consultation	Dr Mark Houlston
03/10/2001	Clinic	Ms Joanna Fraser
18/09/2001	Clinic	Ms Joanna Fraser
01/06/2001	Other	Dr Orlando Trujillo
08/02/2001	Surgery consultation	Dr Mark Houlston
10/08/2000	Surgery consultation	Dr Dr Locum
26/06/2000	Other	Dr Mark Houlston
23/06/2000	Other	Mrs Wilma Rager
22/06/2000	Other	Dr Mark Houlston
19/06/2000	Clinic	Mrs Julie Stewart
19/06/2000	Surgery consultation	Dr Mark Houlston
21/10/1999	Surgery consultation	Dr Sharon Hamilton
17/06/1999	Surgery consultation	Dr Sharon Hamilton
30/10/1998	Surgery consultation	Dr Mark Houlston
16/07/1998	Surgery consultation	Mrs Julie Stewart
08/07/1998	Surgery consultation	Dr Mark Houlston
29/06/1998	Surgery consultation	Dr Mark Houlston
30/07/1997	Surgery consultation	Dr Sharon Hamilton

Blood pressure

26/04/2002	BP 126/82	recall due:
pressure reading		
12/03/2002	BP 140/98	recall due:
pressure reading	Rpt PN 1/12	

Referrals

22/06/2000 Refer for Medial epicondylitis of the elbow at Dr Gray's Hospital department of Physiotherapy w
by: Dr Mark Houlston

Smoking

12/03/2002	Ex-smoker	cigarettes per day	Tobacco consumption
Dr Mark Houlston			

Alcohol

12/03/2002	Current drinker	6 units per week	Alcohol consumption
Dr Mark Houlston			

Weight

12/03/2002	Weight: 75 kgs	BMI: 23.1	O/E - weight
------------	----------------	-----------	--------------

Height

12/03/2002	Height: 1.8 metres	O/E - height
Houlston		

Blood glucose

19/06/2000	Random blood sugar	= 4 mmol/L
------------	--------------------	------------

New Registration Consultation

30/07/1997	New patient screen done	Seen by:	Clinician:
------------	-------------------------	----------	------------

Total patients for report 1

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APPLY 2-3

O/E - blood

O/E - blood

ish

Dr Mark

Dr Sharon Hamilton

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Elgin Community Surgery, Highfield House, Northfield Terrace, Elgin, Morayshire, IV30 1NE
Tel: 01343 542234
Page 2

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THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Full Report

Mr Christopher Rust

05/12/1968

Male

S/135/196

Address

14a Victoria Street Inverurie Inverurie Aberdeenshire AB51 3QS

Communication numbers

Relative 01224 791153

Telephone - home 629984

Problems

Currently Relevant

Started: 25/01/2005

Ended:

Medical History

27/02/2006 Notifications Q FROM PS TO DEDUCT PT - INTERNAL TRANSFER - IF

06/02/2006 Failed encounter \Mr P KingGeneral SurgeryAberdeen Royal Infirmary06/02/05Mr Christopher (05/12/1968) 14a Victoria Street, Inverurie, Aberdeenshire, AB51 3QSYou will recall this gentleman was admitted December. He had abdominal pain and vomiting and although his symptoms settled we thought he should have a there was any underlying cause for his presentation. He has failed to attend for this without explanation. Perhaps situation is and if required we could send a further appointment.Yours sincerelyM King MD FRCS. Consultant S BREWIS NO ACTION NEEDED

01/02/2006 Administration NOS from GP in Elgin claiming homelessness,explained no mjr psych or cardiac recent admits with abdo pain nil found

22/12/2005 Patient reviewed split from partner, stress, separated from child, no money, living sister, abdo pain investigation, feels struggling to cope, stress, poor sleep, appetite low due to abdo pains, stress, conc ok, no time (problems- stress, declined sick line for work.P: short course of night sedation, to work thro solutions to problems, review pri

22/12/2005 Telephone triage encounter walk in - see below situation - has appt

21/12/2005 Telephone triage encounter Split from Discharged from hosp on pain tabs.Advised to brt for prescription.

13/12/2005 Letter from specialist \P M KingDay Surgery UnitAberdeen Royal Infirmary13/12/05Mr Christo (05/12/1968) 14a Victoria Street, Inverurie, Aberdeenshire, AB51 3QSYour patient was admitted as an emergenc under the care of Mr King.Complaint: Abdominal pain + vomitingPrimary diagnosis: Non-specific abdominal pa 14 December 2005Follow-up: Out-patient ultrasound scanThis 37 year old man was admitted with a 5 day histor; vomiting.On examination he was afebrile. His abdomen was soft and non-tender. There were no signs of periton the right inguinal region, but no definite hernia. Routine blood tests did not show anyabnormality. Chest x-ray a SOUs negative.On discharge his pain had settled and he is due to have an abdominal ultrasound scan. Follow-up abnormality in his ultrasound scan.Yours sincerelyP CollinsSenior House OfficerMARKED 301205 DR BREWI

13/12/2005 Patient reviewed Central abdo pain persists, worsens, colicky, pale. O: abdo soft, periumbilical, R tenderness on deep palpation, HR 80 reg, apyrexialA: peptic ulcer, biliary colic, P: worsening, admit to ward 49. 13/12/2005 Telephone triage encounter abdo pain worse -appt

13/12/2005 Clinical management plan PPI Paracetamol. Review if problems ongoing through week.

13/12/2005 Examination of patient Some tenderness in region of duodenum / gall bladder.

13/12/2005 Abdominal pain Since profuse vomit Friday am. Son had tummy bug. Patients abdo pain ongoing D + V.

13/12/2005 Telephone triage encounter abdo pain and vomiting - staying in Aberdeen at present fit to trav

07/11/2005 Reports - administration *ECGINverurie Health Centre07/11/05[*None OCR letter. Description: image in Correspondence Manager Mail Viewer]MARKED 22/11/05 GB- TELL PATIENT - SATISFACTORY

07/11/2005 Chest pain 10/7 ago pain on chest to L arm in bed, no prev, no cause, no indigestion, , sl N no b/lc stopped him working, not inc with activity, L with pain in axilla and L arm, some numbness and intermitt pain in in 40's and mom in 30's, smoker, v little alc,o/e bp 143/88, HS I+II+O, chest clear, good ROM shoulders, no mass tenderness, ? cause, for ECG, try omepr and paracet, bloods, rev with results

07/11/2005 Telephone triage encounter Excruciating pain above breast bone 10 days ago while offshore. Now upper arm and pins and needles in hand.

29/10/2005 Reports - administration *PathologyAberdeen Royal Infirmary29/10/05[*None OCR letter. Desv VASECTOMY[*View image in Correspondence Manager Mail Viewer]MARKED R.G. 10/11/05 TELL PATI NEGATIVE - A FURTHER SPECIMEN WILL BE REQUESTED IN ONE MONTH

8/6 Permanent

Dr G Brewis

Rust

id under my care as an emergency in
in out-patient ultrasound scan in case
: you could let me [REDACTED] what the
iurgeon MARKED 100206 DR

Mrs Ivy Ross

illness and

Dr G Brewis

n awaiting

off work O: await USS, social

review after returns from off shore,

Dr [REDACTED] Smith

Dr D Hood

ing letter down

Dr J Beattie

pher Rust

y on 13 December 2005 to Ward 49

in Primary operation: Nil Discharged:

/ of central abdominal pain and

ism. There was a cough impulse on

nd abdominal x-ray were [REDACTED]

with [REDACTED] necessary if there is any

S NO ACTION Mrs Ivy Ross

UQ pain,

Dr Nick Smith

Dr L Myles

Dr E Paterson

Dr E Paterson

in absence of

Dr E Paterson

el

Dr S M Harkness

[ECG]*View

Mrs Tracy Wilson

ss, not

chest at night, 0h cardiac dis, gra

ss or swelling in ax, no epigast

Dr G Brewis

: pain in left

Dr E Paterson

cription: [POST

ENT THIS SPECIMEN IS

Mrs Ivy Ross

29/10/2005 results, 180 - general W*PathologyAberdeen Royal Infirmary29/10/2005[*None OCR letter.
Description:]POST VASECTOMY SAMPLE[*View image in Correspondence Manager Mail Viewer]MARKED
SPECIMEN NEGATIVE - A FURTHER SAMPLE WILL BE REQUESTED IN ONE MONTH-
18/08/2005 Out of hours, not night visit W*GMED18/08/05[*None OCR letter. Description:]had drink spikes
hands tingling, vomiting, disorientated. Attend A&E[*View image in Correspondence Manager Mail Viewer]M/
- found in filing
15/08/2005 Reports - administration W*PathologyAberdeen Royal Infirmary15/08/2005[*None OCR letter.
Description:]POST VASECTOMY[*View image in Correspondence Manager Mail Viewer]MARKED R.G. 26.
SPECIMEN IS POSITIVE - A FURTHER SPECIMEN WILL BE REQUIRED IN ONE MONTH

Inverurie Health Centre, 1 Constitution Street, Inverurie, Inverurie, ■■■■ 45U

Tel: 01467 621345

Page 1

Printed by FRASEJ on 27/02/06 14:57.15

THIRD PARTY COPY

URG 14.11.05 - 2ND
Mrs Tracy Wilson
1 - dizzy,
19.10.05! VG. NO ACTION.
Denise Moir
08.05. TELL PATIENT
Mrs Ivy Ross

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Full Report

15/08/2005 Result, lab.- general W*PathologyAberdeen Royal Infirmary15/08/05[*None OCR letter. Descript VASECTOMY[*View image in Correspondence Manager Mail Viewer]

12/05/2005 Patient given advice small piece of suture removed.

12/05/2005 Telephone triage encounter was told to see nurse for SO if not spontaneously out - T/R

04/05/2005 Examination of patient Haematoma scrotum. Small. No cellulitis.Reassured.

30/04/2005 Bilateral vasectomy for contraception

30/04/2005 Reports - administration W*PathologyAberdeen Royal Infirmary30/04/05[*None OCR letter. Description:]VASECTOMY REPORT[*View image in Correspondence Manager Mail Viewer]

28/04/2005 Discharge summary W*SurgicalMinor Surgical Clinic28/04/05[*None OCR letter. Description:]VASECTOMY[*View image in Correspondence Manager Mail Viewer]MARKED 04/05/05 VG - 1

13/03/2005 Discharge summary W*CasualtyInverurie Hospital13/03/2005[*None OCR letter. Description:][*Correspondence Manager Mail Viewer]MARKED 22/03/05 GB - NO ACTION

09/03/2005 Vasectomy counselling Req vasectomy,daughter aged 8 previous partnerpresent partner has 3 yea a 4 month old togethercounselled re risk of failure and irreversibilityO/E genitalia normal

21/02/2005 Skin tag caught skin tag then became painful o/e typical skin tag to right of neck which has been l advice. recurrent pityriasis versicolor. try selsun shampoo, gen advice

21/02/2005 Telephone triage encounter Growth on neck for several years. Normally very soft. Now hard char very sore. Appoint.

06/02/2005 DNA hospital appointment Ward 49, ARI

28/06/2004 BMI 24.30

Member Of Staff

10/05/2004 Out of hours, not night visit GDOCS (Centre) ; Accident with nail gun - nail went into right eye a blood shot blurring vision, no debris. Attend MIU Inverurie : PRIORITY=Low

01/05/2004 [SO]Therap muscle, unspecified Inactive ; nail gun injury - left : START_DATE=20040501 : PR

Member Of Staff

01/04/2004 Patient MRE received from HB Automatically generated by transaction : PRIORITY=Medium

Member Of Staff

12/03/2004 Pat. GP7B/GP8B card from HB Automatically generated by transaction : PRIORITY=Medium

Member Of Staff

10/03/2004 Patient reg. form sent to HB Automatically generated by transaction : PRIORITY=Medium

Member Of Staff

09/03/2004 NEXT OF KIN Ms Morgan Cooper - parmTel 629984 : PRIORITY=Medium

Member Of Staff

01/04/2002 Pityriasis versicolor Inactive : START_DATE=20020401 : PRIORITY=High

Member Of Staff

01/09/2001 Minor head injury Inactive : START_DATE=20010901 : PRIORITY=High

Member Of Staff

01/06/2000 Medial epicondylitis - elbow Inactive : START_DATE=20000601 : PRIORITY=High

Member Of Staff

01/01/1996 Irritable bowel syndrome Active : START_DATE=19960101 : PRIORITY=High

Member Of Staff

01/12/1993 Misuse of drugs NOS Inactive : START_DATE=19931201 : PRIORITY=High

Member Of Staff

01/04/1984 Minor head injury Inactive : START_DATE=19840401 : PRIORITY=High

Member Of Staff

01/04/1984 [X]Self poison - glue solvent Inactive : START_DATE=19840401 : PRIORITY=High

Member Of Staff

01/04/1980 Pectus excavatum, congenital Active : START_DATE=19800401 : PRIORITY=High

Member Of Staff

01/04/1980 Accessory nipple Active ; left : START_DATE=19800401 : PRIORITY=High

Member Of Staff

01/10/1971 Minor head injury Inactive : START_DATE=19711001 : PRIORITY=High

Member Of Staff

01/06/1971 #Clavicle Inactive ; right : START_DATE=19710601 : PRIORITY=High

Member Of Staff

ion.]POST

Mrs Ivy Ross
Mrs Kath Calder
Dr D Hood
Dr J Beattie

Mrs Ivy Ross

NO ACTION Mrs Teresa Couch

View image in

Mrs Teresa Couch
r old and have

Dr D Rutledge

sted into. gen

Dr L. Myles

ged colour and

Mrs Debbie Findlay

Dr Staff Unknown

t 1200 hrs, eye

Dr Female Locum

IORITY=Hig Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Dr Staff Unknown

Acute and Repeat Issue Therapy

22/12/2005	issued	TEMAZEPAM tabs 10mg	Supply: (28) tablet(s)
NIGHT			
22/12/2005	issued	DIHYDROCODEINE tabs 30mg	Supply: (60) tablet(s)
TIMES/DAY			
22/12/2005	issued	OMEPRazole caps(ec grans) 40mg	Supply: (56) capsule(s)
13/12/2005	issued	OMEPRazole caps(ec grans) 20mg	Supply: (28) capsule(s)
DAILY			
07/11/2005	issued	OMEPRazole caps(ec grans) 20mg	Supply: (28) capsule(s)
DAILY			

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Page 2

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TAKE ONE AT

TAKE 1 OR 2 3

TAKE ONE DAILY
ONE CAPSULE

ONE CAPSULE

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Full Report

21/02/2005 issued SELENIUM SULPHIDE shampoo 2.5% Supply: (150) mls
 BODY FOR 10 MINUTES THEN SHOWER OFF
 01/10/2004 0 issued Terbinafine Hydrochloride CREAM 1% Supply: (30)

Consultation

27/02/2006	Administration	Mrs Janice Fraser
13/02/2006	Administration	Miss Valerie Duncan
09/02/2006	Letter from Outpatients	Mrs Ivy Ross
01/02/2006	Surgery consultation	Dr G Brewis
29/12/2005	Repeat Issue	Mrs Ivy Ross
29/12/2005	Letter from Outpatients	Mrs Ivy Ross
22/12/2005	Surgery consultation	Dr Nick Smith
22/12/2005	Surgery consultation	Dr D Hood
21/12/2005	Triage	Dr J Beattie
13/12/2005	Surgery consultation	Dr Nick Smith
13/12/2005	Surgery consultation	Dr L Myles
13/12/2005	Surgery consultation	Dr E Paterson
13/12/2005	Surgery consultation	Dr S M Harkness
24/11/2005	Letter from Outpatients	Mrs Ivy Ross
22/11/2005	Administration	Mrs Teresa Couch
21/11/2005	Letter from Outpatients	Mrs Tracy Wilson
14/11/2005	Letter from Outpatients	Mrs Tracy Wilson
10/11/2005	Results recording	Dr G Brewis
10/11/2005	Results recording	Dr G Brewis
09/11/2005	Surgery consultation	Mrs Kath Calder
07/11/2005	Surgery consultation	Dr G Brewis
07/11/2005	Surgery consultation	Dr E Paterson
29/08/2005	Letter from Outpatients	Mrs Ivy Ross
26/08/2005	Letter from Outpatients	Mrs Ivy Ross
19/08/2005	Letter from Outpatients	Mrs Denise Mair
12/05/2005	Surgery consultation	Mrs Kath Calder
12/05/2005	Surgery consultation	Dr D Hood
10/05/2005	Letter from Outpatients	Mrs Ivy Ross
04/05/2005	Surgery consultation	Dr J Beattie
02/05/2005	Letter from Outpatients	Mrs Teresa Couch
30/04/2005	Letter from Outpatients	Mrs Teresa Couch
18/03/2005	Letter from Outpatients	Mrs Teresa Couch
09/03/2005	Administration	Mrs Janice Fraser
09/03/2005	Surgery consultation	Dr D Rutledge
21/02/2005	Surgery consultation	Dr L Myles
21/02/2005	Telephone call to a patient	Ms Debbie Findlay
06/02/2005	Letter from Outpatients	Mrs Teresa Couch
01/10/2004	Surgery consultation	Dr G Brewis
28/06/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
10/05/2004	Surgery consultation	Dr Female Locum
01/05/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
01/04/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
12/03/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
10/03/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
09/03/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
01/04/2002	Surgery consultation	Dr Staff Unknown Member Of Staff
01/09/2001	Surgery consultation	Dr Staff Unknown Member Of Staff
01/06/2000	Surgery consultation	Dr Staff Unknown Member Of Staff
01/01/1996	Surgery consultation	Dr Staff Unknown Member Of Staff
01/12/1993	Surgery consultation	Dr Staff Unknown Member Of Staff
01/04/1984	Surgery consultation	Dr Staff Unknown Member Of Staff
01/04/1980	Surgery consultation	Dr Staff Unknown Member Of Staff
01/10/1971	Surgery consultation	Dr Staff Unknown Member Of Staff
01/06/1971	Surgery consultation	Dr Staff Unknown Member Of Staff
05/12/1968	Surgery consultation	Dr Staff Unknown Member Of Staff

3 TIMES A WEEK TO

Apply Twice daily

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Blood pressure

13/12/2005 18:01:00 BP 162/99 taken Sitting
pressure reading

Cuff: Standard

recall due:

Referrals

09/03/2005 Refer for Referral for further care at Inverurie Health Centre department of MINOR SURGERY
by: Dr D Rutledge

Smoking

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OE - blood

with

.....

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Full Report

28/06/2004 Smoker 0 cigarettes per day Current smoker PRIORITY=Low
r Staff Unknown Member Of Staff

Alcohol
28/06/2004 Current drinker 0 units per week Alcohol intake within rec limit. PRIORITY=Low
r Staff Unknown Member Of Staff

Weight
28/06/2004 Weight: 76 kgs BMI: 24.2 O/E - weight

Height
28/06/2004 Height: 1.77 metres O/E - height
Unknown Member Of Staff

Albumin
09/11/2005 Serum albumin ≈ 47
47(37 - 49)

Alkaline Phosphatase
09/11/2005 Serum alkaline phosphatase ≈ 80
Phosphatase" ≈ 80(45 - 103)

Alanine Aminotransferase
09/11/2005 ALT/SGPT serum level ≈ 25
Trans" ≈ 25(1 - 40)

Bilirubin
09/11/2005 Total bilirubin ≈ 15
15(1 - 22)

Serum chloride
09/11/2005 Serum chloride ≈ 103
103(98 - 106)

Serum cholesterol
09/11/2005 Serum cholesterol ≈ 4.4
4.4(3.4 - 5.2)

Serum creatinine
09/11/2005 Serum creatinine ≈ 92
92(60 - 110)

Eosinophil count
09/11/2005 Eosinophil count ≈ 0.21
- 0.5)

Gamma Glutamyl Transpeptidase
09/11/2005 Gamma - G.T. level ≈ 28
Trans" ≈ 28(4 - 35)

Haemoglobin
09/11/2005 Haemoglobin estimation ≈ 151
- 180)

High Density Lipoprotein
09/11/2005 Serum HDL cholesterol level ≈ 1.2
Cholesterol" ≈ 1.2(0.8 - 1.9)

Low Density Lipoprotein
09/11/2005 Serum LDL cholesterol level ≈ 2.8
Cholesterol" ≈ 2.8(1.4 - 5.0)

Mean corpuscular haemoglobin
09/11/2005 Mean corpuscular haemoglobin ≈ 90
90(80 - 100)

§ 100.000

RITY=Low D

Dr. Storr

Original result: "Albumin" =

Original result: "Alk

Original result: "A la [REDACTED]"

Original result: "Tot Bilirubin" as

Original result: "Chloride" =

Original result: "Cholesterol" =

Original result: "Creatinine" ³⁰

Original result: "EOS" = 0.21(0.1

Original result: "Gamma Glut

Original result: "HS" = 151(140)

Original result: "HDL

Original result: "LDL

09/11/2005 Mean corpusc. haemoglobin(MCH) ≈ 30
32)

Mean corpuscular volume

09/11/2005 Mean corpuscular volume (MCV) ≈ 92
98)

Monocyte count

09/11/2005 Monocyte count ≈ 0.4
0.40(0.2 - 0.8)

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Original result: "RBC" = 39(2) -
1000 / L

Original result: "MCV" = 92(8) -
fL

Original result: "MCHC" =
34.5 g/dL

Result:

Result:

Result:

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Full Report

Neutrophil count

09/11/2005 Neutrophil count ≈ 3.2
3.20(1.5 - 7.0)

Platelets

09/11/2005 Mean platelets [REDACTED] ≈ 9.7
- 10.4)

09/11/2005 Platelet count ≈ 207
- 400)

Potassium

09/11/2005 Serum potassium ≈ 4.1
4.1(3.5 - 4.9)

Red blood cell count

09/11/2005 Red blood cell (RBC) count ≈ 5
- 6.0)

Sodium

09/11/2005 Serum sodium ≈ 139
139(137 - 144)

Triglycerides

09/11/2005 Serum triglycerides ≈ 0.86
0.86(0.6 - 2.0)

Urea - blood

09/11/2005 Blood urea ≈ 5.4
- 7.0)

White blood count

09/11/2005 White blood count ≈ 5.1
- 10.0)

Lymphocyte count

09/11/2005 Lymphocyte count ≈ 1.2 Abnormal
1.20(1.5 - 4.0)

Blood glucose

09/11/2005 Blood glucose result ≈ 5.2
5.2(3.7 - 5.6)

Electrocardiogram

22/11/2005 Standard ECG

Exercise

28/06/2004 Enjoys moderate exercise PRIORITY=Low
Of Staff

Family History

05/12/1968 FH: Hypertension of Active

Dr Staff Unknown Member Of Staff

05/12/1968 FH: Cardiovascular disease of Active

Dr Staff Unknown Member Of Staff

Large unstained cells

09/11/2005 Immature white blood cells ≈ 0.1
0.10(0.01 - 0.50)

Packed Cell Volume

09/11/2005 Haematocrit - PCV ≈ 0.45
0.45(0.42 - 0.54)

Original result: "NEUT" =

Original result: "MPV" = 9.7(7.0

Original result: "PLT" = 207(140

Original result: "Potassium" =

Original result: "RBC" = 3.0(5.0

Original result: "Sodium" =

Original result: "Triglyceride" =

Original result: "Urea" = 5.4(3.4

Original result: "WBC" = 5.1(4.0

Original result: "LYMPH" =

Original result: "Glucose" =

Dr Staff Unknown Member

: PRIORITY=High

: PRIORITY=High

Original result: "LUC" =

Original "HCT" =

Basophil count

09/11/2005 Basophil count = 0.03
0.03(0.01 - 0.10)

HDL/LDL Ratio

09/11/2005 Total cholesterol:HDL ratio = 3.6
Ratio" = 3.6

Haematology Screening Tests

09/11/2005 Haemolysis screening test Original result: "Haemolysis" = --

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Original result: "BASO" =

Original result: "Tot Chol / HDL

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Full Report

Procedures, Specimens and Samples

09/11/2005 Blood sample taken u&e/ft/fasting gluc & lipids/fbcNB Chris is away for 1/12 and says it is ok to results. Her name is Morgan [REDACTED] 01224 791153

Total patients for report 1

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.....

.....

Speak to partner if required re:

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UN. 0739195		National Health Service Number	
SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS	Surname (Block Letters) RUST		Forenames CHRISTOPHER
	Address 14A VICTORIA STREET INVERURIE AB51 30S		

no	Date	Active	
10	4/84	WIKEDT SMOCK	
20	6/71		# @ CLAVICLE
30	10/71	+ 4/84 + 9/01	MINDK [REDACTED] INS
40	4/80	PELTUS ESCAVATUM	
50	4/80	© ACCESSORY MPPLC	
60	4/84		SOLVENT ABUSE
61	12/93		DRUG ABUSE
70	1/96	IRKUTABLE BOWEL SYNDROME	
80	4/00		MEDIAL EPICARDY
90	4/02		PITYRIASIS VERSI
100	5/04		NAL GUN INJURY ©

(Block Letters)

STO PHER

Date of Birth

05.12.68

INACTIVE

U04

UTIS ELSON

CAOTL

DEUATL EMINENCE

4/04	FN: CARDIOVASCULAR DISEASE		
4/04	FN: HYPERTENSION		

Form GP111G 355—2096

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Printed for Astron 8828798 12/02 (71412)

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters) RUST	Forename CHR
	Address	

IMMUNISATIONS (insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Meas- sles	Rubella
Date		13/2/08				
Manufacturer & Batch No.		E 7014A				
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						ALLER
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						

	Influenza	Hep.B.	Typhoid	Cholera
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				

[illegible]

Date						
Manufacturer & Batch No.						
IMMUNOLOGICAL STATUS						
	Tuberculin Test	Rubella Antibodies	HIV			
Date						
Result						
Date						
Result						
Date						
Result						

Form GP 111H

355—2097

Hep.B.

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Page 277 of 475

[illegible]

D:\8373610 C3000 12/83 Ex01088541

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters) <i>ROST</i>	Forename <i>ch</i>
	Address	

IMMUNISATIONS (insert Date and Batch Number where appropriate)						
	Diphtheria	Tetanus	Pertussis	Polio	Meas- les	Rubell
Date		3.4.12	3.4.12			
Manufacturer & Batch No.		(B)	(B)		26820	
Date		13.12.22				
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
■						ALLEG
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						
Date						
Manufacturer & Batch No.						

	Influenza	Hep.B.	Typhoid	Cholera
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				

(Block letters) <i>notopler</i>	
Date of Birth 5.12.68	

private)

S	MMR	BCG
		19-392

ALLERGIES & HYPERSENSITIVITIES

[illegible]

L/010			
Manufacturer & Batch No.			
IMMUNOLOGICAL STATUS			
	Tuberculin Test	Rubella Antibodies	HIV
Date			
Result			
Date			
Result			
Date			
Result			

Form GP 111H

[illegible]

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URINE	
Glucose	Albumin

OTHERS	
Date	Result

Ed Rep 235m 11/91 (101883)

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1

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NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames
		DOUGLAS	CHR
		Address	

Date	
15/6/95	A. 1) 4 no. 'trapped sciatic nerve'. Physio for it in Raignmore (8-12). Benefit. Not Kingd. Just m Started? when weight training injury. 2) LFT loss 3 1/2 stones in 6 m. - 6 Abd pain @ U.R. - bump for - top White H.V. dot - Union 2. + Test for stomach cancer Stomach for for ~ 1 1/2 yrs. Discussion re implantation of HIV 8/15 Myles. Feels some sort of off about Pub. re. stabilised -> leg 51/52 Wt. drop. Wt 66. Check HIV. - (Neg) Both = Done

(Block Letters)

CHRISTOPHER

Date of Birth

5.12.68

Was born with
(12) - 12

19/12

1 - No acute

San to Almar City.
x had 2 hrs.
in ago. - neg. - 12 hrs.
- low hand

Today.

not make

kg. 15.

Y:	18	18/11/1995
		Ref: Kray (N)
19/6/95		Sick getting pain in
17 JUL 1995		A (L) posterior thigh
*This column has been provided for doctors to enter A, V or G on their discretion		
Can flex back fully 90		
SLR (L) restricted by ti.		
Reflexes = in legs		
?? slight displacement plaster person		

FORM GP111F
355 2095

15.6.95

•
ght hamstrings?



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Page 293 of 475

5 -

1-40/43

13

champion
100%
1.16

1.16

MBURY)
JHB
JGP

Ord 80303621 N416889 2793 19513 (0130871)

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NHS Confidential: Personal data about a patient

Tel: 830950

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters) RUST	Forenames CHRIS
		Address 30 Keith Rd BURTON	

Date	•	Notes
23/7/97	1)	NPR - BP 128/90
	2)	Althia vapor burnt face - p eye - on Monday (3/2000 eye) Blepharospasm yesterday given d drops - hydrocortisone 1% cream to eye sight no problems. skin - treat as sunburn 5-10 min renewing
19/11/97	①	Viral Pharyngitis → Advise
	②	ATRA ③ Deltoid
	③	Advise re Zyrtec inj (R) Med
03 APR 1998		Works off-shore: muscle lower back (Gunge)
03 APR 1998		Neuro tract. Advise → 2 weeks off do NHS for financial
		4: Naloxone 750g ti. Diclofenac ML 100g ti If deteriorates → SOS
24/4/98	①	T. Corrosio → Caution

(Block Letters)

STEPHER

[redacted] of Birth

5.12.68

intubated

See at

discharge

wound eggs

tight + tender

+ persistent

re

"

"

"

epi condyle, bony

a small no

g injury

f. Unable to

reason

tdo (42)

ad (28)

R/L ?

P/A

P/A

P/A

P/A

P/A

	②	Elbow AB ③ Elbow 10 yrs later Under 8 Stroke. no Mgmt. Surgery was note of surgery and possible fracture
	③	24 yrs. Stable relationship. Child 2 yrs → Connected. Review @ parker (

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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removed because
related to patient

del in Oct not removed

del in Oct not removed

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Date	
8/7/98	R.B. (B) Elbow 10% lig. + Adren. now Goes AB round chest 2x 2/3 Elbow 0 Damage Lateral M. NOS 7 days
16 7 98	R.S. (B) elbow - healed.
30/10/98	① 2yr ago injury med epicondyle. Delt permanently fixed. No 40 recent fracture lateral elbow. 0/18. Part of lateral part of med epicondyle → lig 10% + 12.5% hydrocortisone acetate. → ② 1/12 2/13 XRAY ② 72kg feels to be reaching away secondary waist 100cm chest exp. 94cm chest wrap → R 1/12. Goes to bed in
12/6/99	Initials lost files 3/11 ago - was 0 - Seibles - still present and +. known Of files still present Ty Xylorax - Rn Te 185
12/8/99	DNA
26/8/99	M-DALS contact
21/10/99	① S/Sa intermittent sharp pain ① Side chest → S/Sa - last 2 weeks, then goes off C/S 1/2 way N/A ?muscle - 1 nil to line - observe ② P/Bles - radial epicondyl ① elbow on + Previous trauma - but helps re by others regret. ↑ by lifting / touching etc 0/18 V. bad. (D med. advised)

rel. exposed

low

no

over

hydrocarbons

oil stains

100

oil

oil

oil

oil

oil

13th 10/2018	13th 10/2018	13th 10/2018
steroid inject	steroid inject	steroid inject
— Skin atrophy,	— Skin atrophy,	— Skin atrophy,
depigmentation	depigmentation	depigmentation
10.8.00	10.8.00	10.8.00
PC	PC	PC

*This column has been provided for doctors to enter A, V or C at their discretion

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.....
a. *Scrub*
.....
.....
.....
.....
.....
.....
.....
.....
.....

New Scotland Ltd 20738 1196 (148878)

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NHS Confidential: Personal data about a patient

NEW PATIENT - STILL TO REGISTER

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forename
	Address	
	14A VICTORIA STREET MUGGERIDGE	

Date	Clinical Notes
9/3/04	Relief bladder caught her 2 days ago
9/3/04	S - 0.5 above pain (L) a malleol can WB
	O - (L) ankle - small swell malleol Rndor ~
	cream 'ofocal Rndor
	- small abrasion post
	O - (L) abrasion P. clawe,
24/05/04	Remove sutures from (L) then
26/5/04	40 DNA
1/10/04	3) turned Myocum, hasn't rebleed & R before
	Rx ketamine cream 1% bid (30g)
	2) (L) golfer's elbow, turned, now offshore, more since dying, per depression (3ys) reg. another
	Rx depression 0.5mg (L) med epilepsy lot BN K40545
	usual active
16/11/04	An - Thurt (R) wrist, scr 7 went to pod up cup of st. swollen after injury

s (Block Letters)

ZUSTOMER

Date of Birth

5-12-68

Diagnosis

21 on hardware

more, lat

ing out lat

malware,

mass

object

rice

to well headed

2)

14

63

and

empty

stuck

two on

after two on

swelling

		- n dinal side of (th)
		P. IV - Wignp PV
		adu. Wignp
18/1/05	T.	Wakes month on/off phone. Gelfa dls
		Cotinine injection 1/10/04
		Away Friday. See to anen CA

* This column has been provided for doctors to enter A, V or C at ti

FORM GP111F

PRINTED FI

355 2095

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heir discretion

DR ASTRON, B32004 8/03 (017302)

THIRD PARTY COPY

Date	*	Clinical Notes
27/1/05	5	Notes for (C) notes 2 Feb or redid especially P.O.M. Described DN LS 0834
21/2/05	1	See vision
21/02/05	4	Vision

Diagnosis

DE

* This column has been provided for doctors to enter A, V or C at their d

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5/2000 204722

Page 312 of 475

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NHS Grampian A&E / Casualty

Date: 13/3/05	Time Assessed: 18.15	Time Treated: 18.15
Accident at: Home	Work	Sport
Male ☒	Female	Tel No:
GP: Dr Brown	GP Address: 111 C. Brown	Occupation:
	Tel No:	Notified
Address:		

HISTORY Shifting a storage chest dropped it on R foot

CLINICAL ASSESSMENT Slight swelling over talo navicular - tender to touch minimum weight bearing

TREATMENT Double-lube gup - elevate foot regular analgesia. Advised to see GP in the morning if unable to bear.

SURNAME RUST	ADDRESS 14 Victoria Street Dunfermline	DOB 5/12/66
FIRST NAME CHRISTOPHER		

RECORDINGS:					
BP:	Pulse:	Temp:	Resp:	Tetanus	Allergies:
Length of History: <6 hours ☐ 6-48 hours ☐ >48 hours ☐					
MEDICATION:					
Drug	Route	Dose	Amount Given	Given By	Batch No.

REFERRAL:	Discharge(Home)	Other
write name of place discharged to		
Signature: Julie Grier	Time Discharged: 18.30	

NHS Confidential: Personal data about a patient

**Central Aberdeenshire LHCC
Minor Surgical Clinic**

Dr [REDACTED] MBChB MRCP GP MSc BSc MRSC LFFHom (MED)
Dr Gavin Stark MBChB FRCP

Based at
Inverurie Health Centre
1 Constitution Street
Inverurie
AB51 4SU
Tel 01467 629560

DISCHARGE LETTER / OPERATION NOTE

Thursday 28th April 2005

Name: Mr Christopher Rust

DOB: 05/12/1968

Address: 14a [REDACTED] Street Inverurie Aberdeenshire AB51 3QS

Referring GP: Dr D Rutledge, Inverurie Medical Group

Procedure: **Bilateral Vasectomy**

Anaesthetic

2% / 1:80000

Incision

m line

Procedure

Standard vasectomy

Sutures

Type	Vicryl Rapide
Number	Continuous
Removal	None

Pathology Sent

Yes ☒

Signed



Dr Gavin Stark

Additional Information

To continue contraception until two negative sperm counts have been obtained.
These have been arranged.

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DEPARTMENT OF PATHOLOGY

Medical Buildings, Aberdeen Royal Hospitals,
Foresterhill, Aberdeen AB25 9ZD

Telephone Enquiries (01224) 681818 Ext.53794/5

HISTOPATHOLOGY REPORT

PB010264G/05

RUST, CHRISTOPHER

Date of Birth: 05/12/1968

Unit No. :

CHI No. : 0512682275

Source : Dr G P Stark

Inverurie Surgical Clinic

Date Received : 30/04/2005

Consultant Pathologist : Dr K M

Date Issued: 04/05/2005

Date Dictated: 3.5.05

Date Typed: 4.5.05

BILATERAL VASECTOMY

The vasectomy specimen from the right side measured 1.2 cm in length a
that from the left side measured 1.2 cm in length.

Histological sections confirm bilateral transection of the
vas deferens.

Reporter
Dr Seemanti Verma

Seen by
Dr

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CYTOPATHOLOGY LABORATORY
PATHOLOGY DEPARTMENT , ABERDEEN ROYAL HOSPITALS
MEDICAL BUILDINGS , FORESTERHILL , ABERDEEN AB25 2ZD
TELEPHONE ENQUIRIES (01224) 681818 Ext 52453 DIRECT LINE 840535

POST VASECTOMY SEMINOLOGY

PS002020Q/05

CHRISTOPHER RUST

D.O.B.:05/12/1968

Surgeon: Dr G P Stark

CHI No.:0512682275

Inverurie Surgical Clinic

Unit No.:

Date Received:15/08/2005

Date Issued:17/08/2005

Consultant Cytopathologist: Dr E McKean

Post Vasectomy Sample

1st SPECIMEN

Cumulative Results:

1st + 2nd 3rd 4th 5th

6th 7th 8th 9th 10th

This specimen is positive (1 or 2).

A further specimen will be requested in one month.

Dr M E McKean

COPY TO:Dr G A Rutledge
Health Centre
Constitution Street
Inverurie

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PATHOLOGY DEPARTMENT , ABERDEEN ROYAL HOSPITALS
MEDICAL BUILDINGS , FORESTERHILL , ABERDEEN AB25 2ZD
TELEPHONE ENQUIRIES (01224) 681818 Ext 52453 DIRECT LINE 840535

POST VASECTOMY SEMINOLOGY

PS002020Q/05

CHRISTOPHER RUST

D.O.B.:05/12/1968

Surgeon: Dr G P Stark

CHI No.:0512682275

Inverurie Surgical Clinic

Unit No.:

Date Received:15/08/2005

Date Issued:17/08/2005

Consultant Cytopathologist: Dr E McKean

Post Vasectomy Sample

1st SPECIMEN

Cumulative Results;

1st + 2nd 3rd 4th 5th

6th 7th 8th 9th 10th

This specimen is positive (1 or 2).

A further specimen will be requested in one month.

Dr M E McKean

COPY TO:Dr G A Rutledge
Health Centre
Constitution Street
Inverurie

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18/08 '05 09:01 FAX 01224 558007

G-DOCS ADMIN

→ INVERURIE

001/001

G-DOCS

Call History: No previous calls on file.

NHS24 Ref. No	2296324	CHI Ref.	0512682275	CMS Call No.	795563																		
Date Taken	18-Aug-2005	Time Taken	23:37:43	Operator	pragna																		
Surname	Rust	Forename(s)	Christopher	Tel.	01467 629984																		
Address	14A Street Inverurie AB51 3QS																						
Date of Birth	05-Dec-1968	Age	36 8 mths	Gender	M																		
Practice	Inverurie Medical Group	GP	Gillian, Brewis																				
Present Address	14A Street Inverurie AB51 3QS	Caller's Name																					
Present Tel. No.	01467 629984																						
Clinical Summary ? HAD DRINK SPIKED - HAD X2 PINTS AT 15.30 AND REMEMBERS NOTHING FROM 5PM ONWARDS - HAVE BEEN INVOLVED - ADVISED TO ATTEND A&E TO HAVE BLOODS CHECKED - STILL FEELS DIZZY - HANDS TINGLING - SWEATY - VOMITING - FEELS DISORIENTATED - ATTEND A&E ABERDEEN WITHIN 4 HRS. 18/08/2005																							
Data Triage Completed 18/08/2005 Time Triage Completed 23:53:46																							
NHS24 Outcome Pt advised to go to A&E - Coop to forward to Practice																							
Prospective Priority Asap Within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☒ <12Hrs ☐ <36Hrs ☐																							
G-DOCS received on 18/08/2005 at 23:54:00 G-DOCS actioned on at																							
GP Advice																							
GDOCS Call Type (Tick as appropriate) GP Advice ☐ O.H.P. ☐ Home Visit ☐ Centre Consult (Specified) ☐																							
Print Name			Signature																				
Consultation/Visit Details																							
<table border="1"><thead><tr><th>Health Centre</th><th>Initials</th><th>Date</th></tr></thead><tbody><tr><td>No Action Needed</td><td></td><td></td></tr><tr><td>Notes to Dr/Burse</td><td></td><td></td></tr><tr><td>Referral Phoned</td><td></td><td></td></tr><tr><td>Patient Visit</td><td></td><td></td></tr><tr><td>Computer Update</td><td></td><td>A/I</td></tr></tbody></table>						Health Centre	Initials	Date	No Action Needed			Notes to Dr/Burse			Referral Phoned			Patient Visit			Computer Update		A/I
Health Centre	Initials	Date																					
No Action Needed																							
Notes to Dr/Burse																							
Referral Phoned																							
Patient Visit																							
Computer Update		A/I																					
GDOCS Retrospective Priority Asap Within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☐ <12Hrs ☐ <36Hrs ☐ Temporary Resident ☐																							
NHS24 Outcome: Should it have been: (Tick as appropriate) O.H.P. ☐ NHS24 Nurse ☐ Doctor Advice ☐ Centre Consult ☐ Home Visit ☐																							
Nurse Advice																							
Date Arrived																							
Time Arrived																							
Date Completed 18/08/2005																							
Time Completed 23:53:00																							
Diagnostic Category																							
Hospital Admission ☐																							
Patient Advised to Contact GP "in hours" ☐																							
No Further Action ☐																							
Advice to GP to contact patient "in hours" ☐																							
A&E ☐																							
Referred to Dentist ☐																							
Referred to CPN ☐																							
Referred to District Nurse ☐																							
Referred to PAMS/Social Services ☐																							
Print Name			Signature																				

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MEDICAL BUILDINGS , FORESTERHILL , ABERDEEN AB25 2ZD
TELEPHONE ENQUIRIES (01224) 681818 Ext 52453 DIRECT LINE 840535

POST VASECTOMY SEMINOLOGY

PS002682X/05

CHRISTOPHER RUST

D.O.B.:05/12/1968

Surgeon: Dr G P Stark

CHI No.:0512682275

Inverurie Surgical Clinic

Unit No.:

Date Received:29/10/2005

Date Issued:02/11/2005

Consultant Cytopathologist: Dr E McKean

Post Vasectomy Sample

2nd SPECIMEN

Cumulative Results:

1st - 2nd 3rd 4th 5th

6th 7th 8th 9th 10th

This specimen is negative.

A further specimen will be required in one month.

Dr M E McKean

COPY TO:Dr G A Rutledge
Health Centre
Constitution Street
Inverurie

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DEPARTMENT OF PATHOLOGY

Medical Buildings, Aberdeen Royal Hospitals,
Foresterhill, Aberdeen AB25 9ZD

Telephone Enquiries (01224) 681818 Ext.53794/5

HISTOPATHOLOGY REPORT

PS002682X/05

RUST, CHRISTOPHER

Date of Birth: 05/12/1968

Unit No. :

CHI No. : 0512682275

Source : Dr G P Stark

Inverurie Surgical Clinic

Date Received : 29/10/2005

Consultant Pathologist : Dr E McKean

Date Issued: 23/11/2005

Post Vasectomy Sample

2nd SPECIMEN

Cumulative Results:

1st + 2nd - 3rd 4th 5th

6th 7th 8th 9th 10th

This specimen is negative.

A further specimen will be required in one month.

Dr E McKean

Paulin

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Pat-Name:

HR 48/min

7. <http://www.ck12.org>

RR 1257 ms

P 100 ms
PR 116 ms

QRS 102 ms
QT 406 ms

QTC 363 ms

Axis:

P	48	•
DBE	16	•

1 -7 •

P (II) 2.

```

5 (U1) -0
R (U5) 1

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Sokol. 2

SINUS BRADYCARDIA

INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
T ABNORMALITY IN INFERIOR LEADS

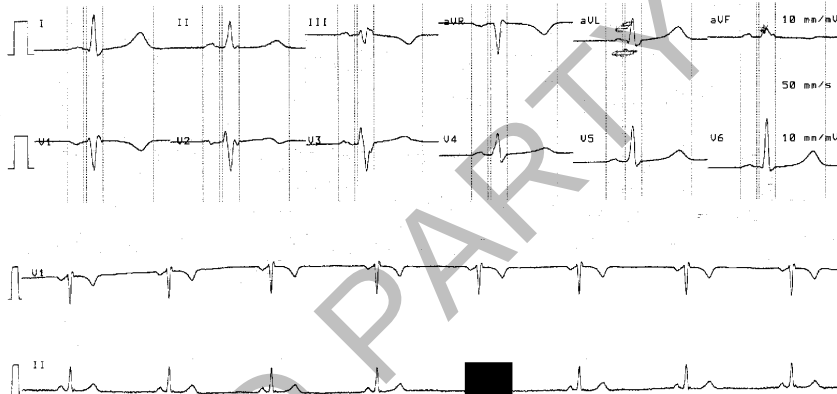
1. 53

5.70 UNCL

1001

DK BREW

UNCONFIRMED REPORT



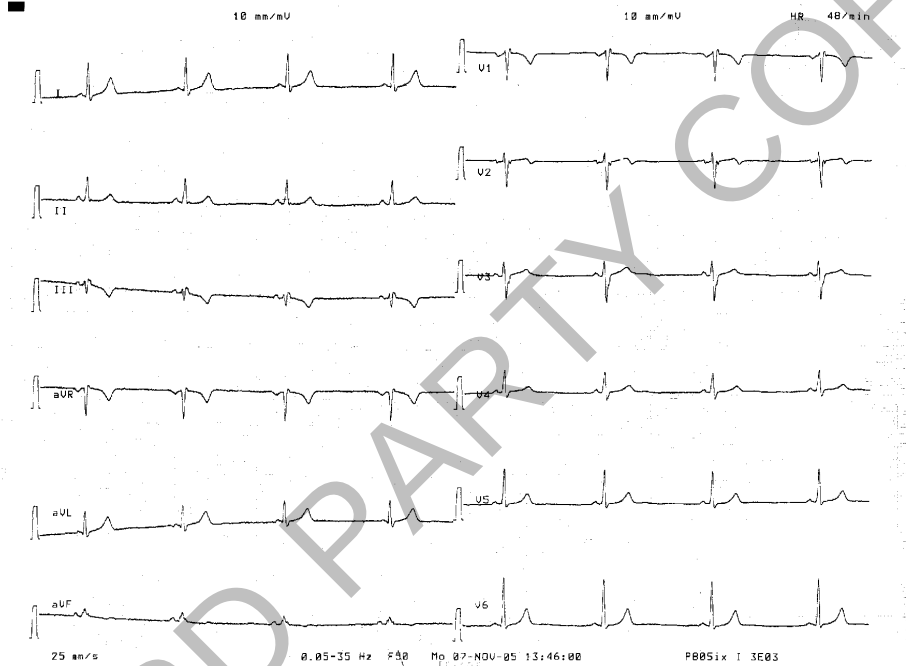
25 mm/s 10 mm/mV

0.05-35 Hz F50

Mo 07-NOV-05 13:46:00

P805ix I 3E03

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NHS Grampian Mr P M King
Ward 49
Aberdeen Royal Infirmary
Aberdeen AB25 2ZN
Direct Line 01224-554571
Fax 01224-551236



E-mail [REDACTED]

PC/EM/0606254

Dr G M Brewis
Inverurie Medical Group
The Health Centre
Constitution Street
Inverurie
AB51 4SU

CRN: 0606254W

CHI: 0512682275

Date Dictated: 19/12/2005 Date Typed: 21/12/2005

Dear Dr Brewis

**Mr Christopher Rust (05/12/1968) 14a [REDACTED] Street, Inverurie,
Aberdeenshire, AB51 3QS**

Your patient was admitted as an emergency on 13 December 2005 to Ward 49 under the care of Mr [REDACTED]

Complaint: Abdominal pain + vomiting
Primary diagnosis: Non-specific abdominal pain
Primary operation: Nil
Discharged: 14 December 2005
Follow-up: Out-patient ultrasound scan

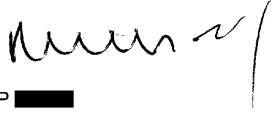
This 37 year old man was admitted with a 5 day history of central abdominal pain and vomiting.

On examination he was afebrile. His abdomen was soft and non-tender. There were no signs of peritonism. There was a cough impulse on the right inguinal region, but no definite hernia. Routine blood tests did not show any abnormality. Chest x-ray and abdominal x-ray were normal. SOUs negative.

NHS Confidential: Personal data about a patient

On discharge his pain had settled and he is due to have an abdominal ultrasound scan. Follow-up will only be necessary if there is any abnormality in his ultrasound scan.

Yours sincerely



P [redacted]
Senior House Officer

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NHS Grampian

Mr P M [REDACTED]
Ward 49,
Aberdeen Royal Infirmary
Aberdeen AB25 2ZN



Direct Line 01224-554571
Fax 01224-551236
E-mail [REDACTED]

PMK/JS/0606254

Dr GM Brewis
Inverurie Medical Group
The Health Centre
Constitution Street
Inverurie
AB51 4SU

CRN: 0606254W

CHI: 0512682275

Date Dictated: 06/02/2006 Date Typed: 07/02/2006

Dear Dr Brewis

Mr Christopher Rust (05/12/1968) 14a [REDACTED] Street, Inverurie,
Aberdeenshire, AB51 3QS

You will recall this gentleman was admitted under my care as an emergency in December. He had abdominal pain and vomiting and although his symptoms settled we thought he should have an out-patient ultrasound scan in case there was any underlying cause for his presentation. He has failed to attend for this without explanation. Perhaps you could let me know what the situation is and if required we could send a further appointment.

Yours sincerely

J. Smith (Secretary)

P M King MD FRCS
Consultant Surgeon

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NHS Confidential: Personal data about a patient

Dr [REDACTED] Hospital
Elgin Moray IV30 1SN

NHS
Grampian

Mr I G Gunn
Division of Surgery
Direct Dial: 01343 567390
Secretary's e-mail address: sylvia.gillies@nhs.net

Mr Gunn's Surgical Clinic - 16 January 2007

IGG/LG/0606254

Dr M D Houliston
Elgin Community Surgery
[REDACTED] House
Northfield Terrace
Elgin
IV30 1NE

CRN: 0606254W

CHI: 0512682275

Date Dictated: 16/01/2007 Date Typed: 24/01/2007

Dear Dr Houliston

Mr Christopher Rust (05/12/1968) 41 Sigurd Street, Burghead, Elgin, IV30 5GE

Problem Request for vasectomy reversal

Following your referral of this gentleman I specifically arranged an appointment at my clinic in January as you requested. Mr Rust failed to keep this appointment and did not contact the hospital. I am not planning to send for him again.

Yours sincerely


Mr I G Gunn
Consultant Surgeon

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NHS Confidential: Personal data about a patient

Emergency Department
Dr. [REDACTED] Hospital
Elgin
IV30 1SN

Dr HOULISTON
ELGIN COMMUNITY SURGERY
[REDACTED] HOUSE
NORTHFIELD TERRACE
IV30 1XJ

March 25, 2007

Dear Dr Houliston,

Re. CHRISTOPHER RUST, 41 SIGURD STREET, BURGHEAD, ELGIN, IV30 5GE. Date of Birth 05.12.68
Hospital Number: 0606254W, CHI No. 0512682275

Your patient attended the Dr. [REDACTED] Hospital on the 25 MAR 2007 10:50.

The presenting complaint was: **R HAND/WRIST FELL ONTO R HAND ON FRIDAY NIGHT (DOMINANT). SWELLING AT BASE OF ALL METATARSAL. GOOD COLOUR AND SENSATION, CAP REFILL <2 SECS. PULSE PRESENT. NO ANALGESIA TAKEN TODAY. NORMALLY FIT AND HEALTHY. NO KNOWN ALLERGIES • SWELLING • MILD PAIN (<4 ON 1-10 SCALE; MINIMALLY DISABLING)**

The following investigations were carried out: **WRIST X-RAY - RIGHT**

The A&E diagnosis was: **SOFT TISSUE INJURY (WHERE NO OTHER CATEGORY SUITABLE) - WRIST - EXCL. SCAPHOID - RIGHT**

The following treatment was given:

At the conclusion of treatment the patient was: **DISCHARGED. Departure Ready Date/Time: 25 MAR 2007 14:11, Actual Departure Date/Time: 25 MAR 2007 14:11**

Follow-up:

Additional Information: **38 YEAR OLD MAN FELL 2 NIGHTS AGO ON TO RIGHT OUTSTRETCHED HAND AFTER ALCOHOL EXS. TENDER OVER DISTAL RADIUS AND SWOLLEN. REDUCED ROM WRIST. XRAY SHOWED NO FRACTURE. GIVEN ANALGESIA AND DISCHARGED HOME.**

Yours sincerely,
CHRISTOPHER OLLEY
SENIOR HOUSE OFFICER

MARTHINUS ROOS

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NHS Grampian
Dr. [REDACTED] Hospital
Radiology Department

Tel: 01343-567495
Fax

0606254W
0512682275
RUST, CHRISTOPHER

41 SIGURD STREET
BURGHEAD
MORAYSHIRE
IV30 5GE
ELGIN

Elgin
IV30 1SN

Report Recipient

Request GBRDGH0000353122

ELGIN COMMUNITY SURGERY
[REDACTED] PLACE
NORTHFIELD TERRACE
ELGIN
IV30 1NE

Copy

Referral Source:
A&E

Referring Clinician:
DR TUDOR CODREANU

Request date:
25/03/2007

[REDACTED] PLACE
NORTHFIELD TERRACE

Examination(s): WRIST R

Clinical Details:

Reason for Referral

Author: ADDISON, DR.
Authorised By: ADDISON, DR.

Report Date: 26/03/2007
Typist: ADDISON, DR.

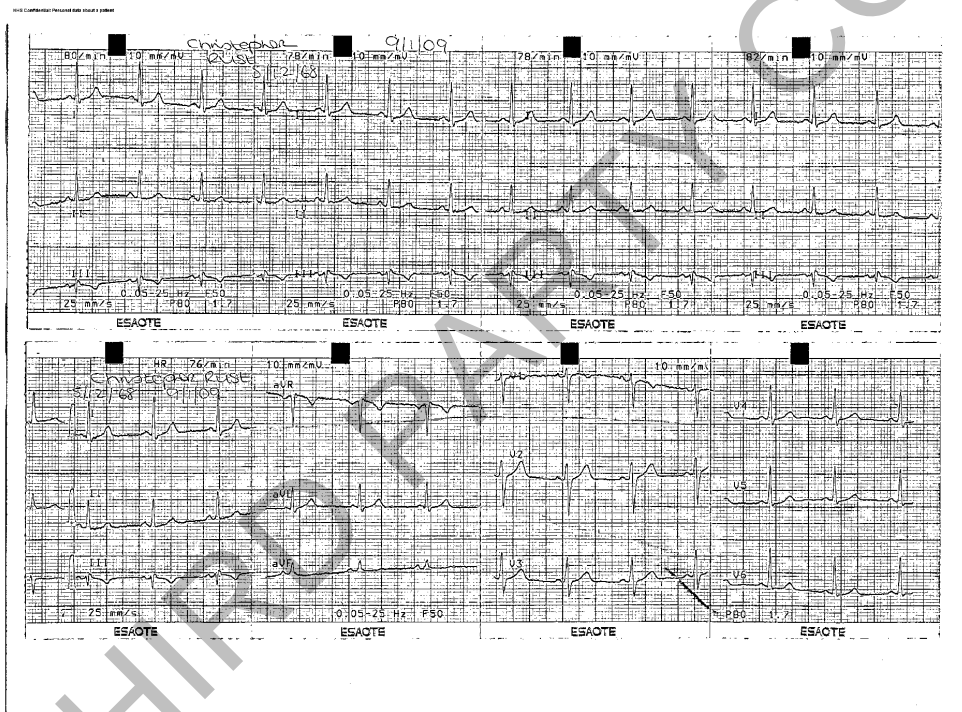
25/03/2007 WRIST R

Clinical details - fell onto outstretched hand 2 days ago. Pain. Tender swelling over distal radius.

No fracture or dislocation.

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NHS Grampian A&E / Casualty

CHI:

Date: 11.07.10	Time Assessed: 10.45	Time Treated: 10.45
Accident at: Home	Work	Sport
Male ☒	Female	RTA
Tel No: 01343 831 061	Occupation: MERCHANT SEAMAN	
GP: DR HOULLISTON	GP Address: ELGIN COMMUNITY SURGERY	
SISTER VANESSA	Tel No: 560 654	Notified
Address: 10 CHAPEL ST TURBIE		

HISTORY Root treatment saw dentist yesterday and tooth removed. Since then pain +
NUROFEN 400mg 4 hourly. Pain not
relieved. With this unable to get

CLINICAL ASSESSMENT emergency appt with dentist at
for 1 month only appt is Tuesday. Requiring
stronger pain relief

TREATMENT Dr Sim: Abot of [redacted] since a difficult pre-
molar extraction. Ibuprofen not helping
No fever felt. Slight swelling. T 36.2

Given script for Dillofene 50mg tds x 30
Advised also can buy solpadol if needs
extra relief (cheaper than prescription?)

If develops temp then see a Dr for antibiotics as
can't get appt with emergency dentist til Tuesday
SIM

RECORDINGS:					
BP:	Pulse:	Temp:	Resp:	Tetanus	Allergies:

Length of History:	<6 hours ☐	6-48 hours ☐	>48 hours ☐
--------------------	-----------------------------------	-------------------------------------	------------------------------------

MEDICATION:					
Drug	Route	Dose	Amount Given	Given By	Batch No.

REFERRAL:	Discharge (Home) ☒	Other ☐
------------------	--	--------------------------------

write name of place discharged to

Signature: Rae Gilbey NRM	Time Discharged: 11.50
---------------------------	------------------------

SURNAME	ADDRESS	DOB
KUST	41 Signed St. Rueg Head. 1030 SSE	5/12/68
FIRST NAME		
CHRISTOPHER		

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Call #71782 18-Sep-2010

Page 1 of 1

Call #71782 18-Sep-2010

PatientContact GMed (NHS Grampian)

Sent: 18 September 2010 18:07

To: GMed ElginCS (NHS Grampian)

Call #: 71782 Received: 18-Sep-2010 09:08 (Action: 18-Sep-2010 09:08)

Patient's Name:	Christopher Rust	Surgery:	Elgin Community Surgery	
Date of birth:	05-Dec-1968 (Age: 41 years)	Sex:	Male	Received: 09:08
Home Address:	41 Sigurd Street Burghead			Passed : _:_
	Elgin IV30 5GE			Advised : _:_
Home Tel No:	01343 831061	Origin:	NHS24	Arrived : _:_
Urgency:	4 Hours	Type:	NHS24 Advice	Departed: _:_
Time taken from reception to final consultation.....				? mins
Consulted by:		Own Doctor:	McFarlane, Denise	

Message received:
ITCHY RASH ALL OVER 1/7

NHS24 Clinical Summary:

Clinical summary created: 18-Sep-2010
linical User) (Edinburgh) [18/09/2010 09:08:45]
ITCHY RASH FOR 1 DAY AND SMALL ITCHY PIMPLES ON ABDO AND LEGS. ALSO HAS SOME
IN WEBS BETWEEN FINGERS. SIMILAR TO SCABIES HE HAD YEARS AGO. CONTACT
PHARMACIST.

Triage:

Consultation:
History
Examination
Diagnosis
Treatment

Prescriptions:

Follow-ups:

Call #: 71782 Patient: Christopher Rust DOB: 05-Dec-1968 (Age: 41 years)

<https://web.nhs.net/owa/?ac=Item&t=IPM.Note&id=RgAAAADZBay2TwZ8S7nW1...> 20/09/2010

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Pages:

NHS Confidential: Personal data about a patient

Page 1 of 2

=====

Call #: 50373 Received: 05-Mar-2011 18:54 (Action: 05-Mar-2011 18:53)

Patient's Name: Christopher Rust Surgery: Elgin Community
Surgery
Date of birth: 05-Dec-1968 (Age: 42 years) Sex: Male |
Received: 18:53
Home Address: 41 Sigurd Street Burghead |
Passed : __:__ Elgin IV30 5GE |
Advised : __:__
Home Tel No: 01343 831061 Origin: WALK IN |
Arrived : 19:21
Urgency: 36 Hours Type: Centre Consults |
Departed: 19:34
Time taken from reception to final consultation.....
27 mins
Consulted by: [REDACTED] Pilar Own Doctor: McFarlane,
Denise

Message received:

Symptoms: he had donated platelets this week arm badly
bruised
veins really hard now and BP high 161/102 and he is normally quite
low bp
and very pale in
colour

NHS24 Clinical Summary:

Triage:

Consultation:

History
Donated platelets 5 days ago. No problems until re-infusion when
had severe
stinging in bicep and subsequent marked
bruising
Examination
Significant bruising with tracking down into lower arm.BP
146/96
Clinical code: SE... (Contusion (bruise)+intact
skin)
Clinical code: SE... (Contusion (bruise)+intact
skin)
Diagnosis
Likely leaking of fluid into soft
tissues

<https://web.nhs.net/owa/?ac=Item&a=Preview&t=IPM.Note&id=RgAAADZBay2T...> 07/03/2011

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Page 2 of 2

Treatment
Needs BP followed up. Nil else
otherwise

Prescriptions:

Follow-ups:
follow up message (Patient Advised To Contact
GP)
For BP
followup

follow up message (Retrospective Centre
Consult)

Call #: 50373 Patient: Christopher Rust DOB: 05-Dec-1968 (Age:
42 years)

<https://web.nhs.net/owa/?ac=Item&a=Preview&t=IPM.Note&id=RgAAAADZBay2T...> 07/03/2011

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NHS Grampian Casualty Unit:-										Date	Time	Place of Injury
Surname RUST		Forename CHRISTOPHER		DoB 5/12/1968		Maiden Name		CHI		05/3/11	1850	N/A
Address 41 SIGURD ROAD BURGHEND MORAY				Tel No. 01343 831061				Tel No. 01467 629186		G.P. Details DR HOLLISTON ELGIN COMM. SURGERY		
Occupation				Employer				Referral Source WALK-IN				
Triage Time		Triage Nurse		Triage Details Donated platelets via right arm on the 01/3/11 arm badly bruised - taughts veins vein hard dark bruising and more pronounced.				History of Drugs		Penicillin Allergy Y/N Insulin Y/N Steroids Y/N Has the Patient had A.T.T. booster in the past 10yrs Y/N		
Pain Score		Flow Chart		Discriminator		Category		Time Seen		BP		SAO2
								16/102		73/68		
V. pale in colour BP details telephoned through to professional line and referred to G-med for assessment s/s Dr muphy G-med.												
X-Ray Request & Interpretation												
Diagnosis & Treatment Plan												
Prescribed Drug	Dose	Route	Date of Admin	Time Given	Given By	Quantity Supplied	Signature	Disposal				
								Fracture Clinic	G.P.	A&E	G.P. Alert	
								D/N	P/N	H/V	Other	
Comments												
AVOIDANCE OF IRRADIATION IN PREGNANCY - X-RAY EXAMINATION WHICH INCLUDES THE LOWER ABDOMEN / PELVIS												
Date of L.M.P.		Should Exam Proceed		No		Doctor's Initials						
Assessed by:		Designation:		Treated by:		Discharge Time:						

Rev: May 2004

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Call #93225 12-Jun-2011

Page 1 of 1

Call #93225 12-Jun-2011

PatientContact GMed (NHS GRAMPIAN - SNA20)

Sent: 13 June 2011 04:05

To: GMed ElginCS (NHS GRAMPIAN - SNA20)

Call #: 93225 Received: 12-Jun-2011 19:07 (Action: 12-Jun-2011 18:54)

Patient's Name:	Christopher Rust	Surgery:	Elgin Community Surgery
Date of birth:	05-Dec-1968 (Age: 42 years)	Sex:	Male
Home Address:	41 Sigurd Street Burghead	Received:	18:54
	Elgin IV30 5GE	Passed:	__:
Home Tel No:	01343 831061	Advised:	__:
Urgency:	4 Hours	Arrived:	__:
	Origin: NHS24	Departed:	__:
Time taken from reception to final consultation:	2 mins		
Consulted by:	Own Doctor: McFarlane, Denise		

Message received:

CHEST PAIN WITH SHORTNESS OF BREATH, 1HR

NHS24 Clinical Summary:

Clinical summary created: 12-Jun-2011
dvisor) (Edinburgh) [12/06/2011 19:09:01]
LEFT SIDED CHEST PAIN FOR 1 HOUR AND CONSTANT DULL, PRESSURE PAIN.
PINS/NEEDLES LEFT HAND. FEELS SOB, SPOKE CLEARLY IN SENTENCES. PASTY IN
COLOUR. CLAMMY. NAUSEATED. SIMILAR EPISODES DURING PAST 5-6 MONTHS. 999
AMBULANCE.

Triage:

Consultation:

History
Examination
Diagnosis
Treatment

Prescriptions:

Follow-ups:

Call #: 93225 Patient: Christopher Rust DOB: 05-Dec-1968 (Age: 42 years)

<https://web.nhs.net/owa/?ac=Item&t=IPM.Note&id=RgAAAADZBay2TwZ8S7nW1...> 13/06/2011

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Full Report**Mr Christopher Rust****05/12/1968****Male****S/135/1968/6****Transferred Out****Address**

41 Sigurd Street Burghhead Moray IV30 5GE

Address Type: Main address

Communication numbers

Telephone - home 01343 831061

Problems

Low Back Pain

Started: 08/02/2001

Ended:

Currently Relevant

Started: 29/06/1998

Ended:

Medical History

20/06/2011 [V]Administrative encounters 16 Docman documents exported. Paper records.

12/06/2011 Seen by co-operative doctor GMED Sheet NHS24 GMED

28/04/2011 Failed encounter for bloods

10/03/2011 White British

07/03/2011 Contusion (bruise) with intact skin after platelet giving - seen in A&E BP high for check - if still high for further

BP and ECG and bloods Dr Denise McFarlane

05/03/2011 Seen by casualty doctor A E Sheet Dr Grays Accident Emergency

05/03/2011 Seen by co-operative doctor GMED Sheet NHS24 GMED

18/09/2010 Seen by co-operative doctor GMED Sheet NHS24 GMED

19/07/2010 History / symptoms Vague abdo and bilateral flank pain on and off for two years, now more persistent.

Decreased appetite, no weight loss, no change in bowels and urine. Goes to gym a lot and does a lot of lifting while offshore. Abdo SNT, no masses, BS normal. Urinalysis - clear P - Advised try simple analgesia, gradually increase exercise, if not settling, return 7 bloods

11/02/2010 [X]Psychosis NOS - drug induced

11/02/2010 Seen by casualty doctor A E Sheet Accident Emergency

18/08/2009 Letter from specialist Clinical Letter Dr Grays Pluscarden Clinic

18/08/2009 Drug psychoses

18/08/2009 Discharge summary Discharge Letter/Summary Dr Grays Ward 4

17/08/2009 Hospital inpatient wd 4 drug induced psychosis

15/08/2009 Letter from specialist Clinical Letter Dr Grays Pluscarden Clinic

15/08/2009 Letter from specialist Clinical Letter Dr Grays Pluscarden Clinic

14/08/2009 Seen by accident and emergency doctor A E Dr Grays A E

01/07/2009 Failed encounter

09/01/2009 Sexual symptom c/o pain in the testicles only during intercourse occasionally since few days, no

dysuria/burning micturition/fever/swelling. Plan - reassured & R/V - if symp persists

09/01/2009 Palpitations c/o palpitations while sleeping and at rest since 4 weeks, last for few minutes assoc with SOB. feels

heart is beating fast and missed beat, No chest pain/dizziness. Ex smoker gave up 3 yrs ago, alcohol occasionally, F/H -IHD - had IHD. O/E -

Looks well, no pallor, HR 81/mt regular, BP 134/76, Heart -1+2 no murmurs, chest -bil good AEImp - 9 ectopic beats ? missed beat. Plan - check ECG, TFT,

R/V - if symp persists - may need 24 hr heart tracing.

19/09/2008 Telephone encounter d/w MDH-likely eustachian tube dysfunction. Trial 1/12 of antihistamines then r/v INB

19/09/2008 Deafness L ear- feel pressure and intermittent dizziness. Worried about wax Needs good hearing for job- to pass

medical every year. O/E Ears- R- normal TM, no wax. L- NADN on sustained nystagmus- few beats both directions. No past pointing. Tuning fork tests normal

deafness ? cause? d/w other GP

19/09/2008 Site of abdominal pain left sided for last 7 weeks- in renal angle. urine cloudy on a couple of occasions. No

other problems. Bowels okay. working offshore- no heavy physical work. O/e looks well. Abdo SNT no organomegaly no tenderness in renal angle. BS normal. r

loin pain ? cause? PMISU if nil found- for r/v and ? further inv.

06/03/2008 Letter sent to patient Escape Research Study Invitation Reminder

25/02/2008 Telephone encounter Needing ENG1 off shore medical doing directed to Seafeld practice Buckie

11/10/2007 Letter sent to patient Research Study Information Leaflet

08/10/2007 Letter encounter to patient Escape Study: Smokers Questionnaire/Invitation Letter

25/03/2007 Other wrist injuries STI Right

25/03/2007 Seen by accident and emergency doctor A E Dr Grays A E

23/01/2007 Prostatism obstructive symptoms and terminal dribbling for some time. also urgency. pain on defecation felt

in prostate. no dysuria. has long term and faithful. symptoms now getting difficult to cope with. O/E smooth bipolar prostate. slightly tender. not

particularly enlarged. I ? prostatitis ? BPH MSU + urine for chlamydia. keen to try medication now as going offshore. try tamsulosin - 6 weeks given - review

when next onshore.

23/01/2007 Alcoholism killed in Iraq 2 years ago. since then drinking heavily. works offshore 4 weeks on 4 weeks

off. when on shore drinking every day. recently was working onshore and was caught under the influence. work willing to maintain employment - needs

letter to state that has no mental health problems underlying - consented to providing letter for work - advised re charge. discussed way forward. has not had

a drink for 5 weeks. very few withdrawal symptoms. refer to D+ A team. also discussed bereavement counselling

16/01/2007 Letter from specialist Clinical letter Dr Grays General Surgery

09/10/2006 Ear pain Pain in left ear. Shooting pain when wind blows in ear. Also problems when flying. Works offshore.

No discharge from ear. Hearing ok. Feels congested. No dental problem. O/E Normal ear drum and ear canal. Plan to try decongestants whilst offshore on

next occasion. If no better to return.

09/10/2006 Cold sore (herpetic) Cold sore on lip. Started after cut during shaving. Has recurrent cold sores. No

improvement with zovirax. Discharging. Very painful. O/E infected cold sore. Plan fucidin cream. counselled re use of anti-virals - does not wish to continue

zovirax.

26/09/2006 History / symptoms struck head off object small haematoma reassured

26/09/2006 Reversal of vasectomy - unspecified Saphenectomy 18 months ago after relationship finished four years ago

now in new relationship and will get married next year wishing to discuss with surgeon the possibility of a reversal fully understand the low likelihood of

success would like to take things forward in possible to refer for opinion Mr Gunn

12/06/2006 Notes summary on computer

16/03/2006 Patient MRE received from HB

Elgin Community Surgery, House, Northfield Terrace, Elgin, Morayshire, IV30 1NE

Tel: 01343 542234

Page 1/5

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Full Report

Mr Christopher Rust	05/12/1968	Male	S/135/1968/6	Transferred Out
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22/02/2006 Patient registered - GPR. GPR Form Elgin Community Surgery Mrs [REDACTED]
22/02/2006 Skin and subcutaneous tissue infections around mouth seen by GP for trail of doxycycline Mr [REDACTED] Gamble
22/02/2006 Fungal infection of skin not on reg treatment Mr [REDACTED] Gamble
28/04/2005 Bilateral vasectomy for contraception
13/05/2004 Other hand injury, excluding finger Nail gun injury Right Thenar eminence
26/04/2002 C/O: a rash, persistent recurring rash arms and torso. Looks like pityriasis but itchy. Terbinafine didn't help. P/
skin scrapings to mycology, review with results ? derm referral if -ve mycology Dr [REDACTED] Neison
01/04/2002 Pityriasis versicolor
12/03/2002 Fungal infection of skin Flaired again always worse when working on ship/DW patsettsing noew for a trial of
terbinafine when away next if needed Dr [REDACTED] Houliston
12/03/2002 Chest pain Whilst working and getting out of bed rarely gets left sided chest wall pain. Lasts a very short time
O/E Fit looks well HS dual Chest clear/No tenderness/Chest wall pain not cardiac Reassured R SOS Dr [REDACTED] Houliston
05/10/2001 Nursing care 4 sutures removed from top of head. Sustained laceration 1 week ago in Norway. Wound
healing/area scabbed. Advised to leave and eventually it will soften Ms [REDACTED]
18/09/2001 [V] Removal of sutures 4 sutures removed from back of head following alleged assault 8 days ago. Wound
healed and scabbed. Ms [REDACTED]
01/06/2001 Notes summary on computer Dr Orlando Trujillo
09/02/2001 Back pain without radiation NOS Fell whilst working in the lift about 4' landed on flat of back pain in the same
area no radiation down legs/O/E tender/L4 with paravertebral spasm SLR 90 LBP secondary to fall mechanical For Chiropractor and NSAID
Dr [REDACTED] Houliston
10/08/2000 Fungal infection of skin Ongoing probs with fungal skin complaint. Keen for Rx. Agree trial of Itraconazole. ?
INB refer to Dermatology. Dr Dr Locum
22/06/2000 Medial epicondylitis of the elbow Physio Dr [REDACTED] Houliston
19/06/2000 Tinea Corporis for skin scrapping Dr [REDACTED] Houliston
21/10/1999 Medial epicondylitis of the elbow local steroid injection performed Dr [REDACTED] Houliston
17/06/1999 Piles - haemorrhoids pr nil else Dr [REDACTED] Houliston
30/10/1998 [S] Elbow joint Dr [REDACTED] Houliston
16/07/1998 [V] Attention to surgical dressing, ros x 2 - healed Mrs [REDACTED]
08/07/1998 Removal of foreign body from skin NEC glass removed from R elbow Dr [REDACTED] Houliston
28/06/1998 Vasectomy counselling Dr [REDACTED] Houliston
29/06/1998 Trinita Dr [REDACTED] Houliston
1996 Irritable bowel syndrome
1995 Drugs of abuse screening in prison- HIV neg.
1985 Emergency appendectomy
09/04/1984 [V] Personal history of psychoactive substance abuse - Solvent abuse
02/04/1980 Accessory nipple - Left
01/04/1980 Pectus excavatum, congenital
18/06/1971 Fracture of clavicle - right

Repeat Masters

Acute and Repeat Issue Therapy

23/01/2007	issued	TAMSULOSIN HCl nri cap 400micrograms	Supply: (60) capsule(s)	TAKE ONE DAILY
09/10/2006	issued	FUSIDIC ACID crm 2% w/v	Supply: (15) gram(s)	APPLY 3 TIMES/DAY
22/02/2006	issued	MUPIROCIIN crm 2%	Supply: (15) gram(s)	APPLY THREE TIMES A
DAY				
06/05/2002	issued	ITRACONAZOLE caps 100mg	Supply: (14) capsule(s)	TWO DAILYNotes for
patient: ChrisThe skin scrapings did suggest a fungal infection. As such the best treatment would be this antifungal agent that I know you have had before in August 2000. This should help but may not act straight away. Please take this treatment and come back to see me in two months if things are no better.RegardsMark Houston				
12/03/2002	issued	TERBINAFINE crm 1%	Supply: (15) gram(s)	APPLY TWICE DAILY
08/02/2001	issued	DICLOFENAC ec tab 50mg	Supply: (50) tablet(s)	TAKE ONE 3 TIMES/DAY
AFTER FOOD				
10/08/2000	issued	ITRACONAZOLE caps 100mg	Supply: (15) capsule(s)	TWO DAILY
19/06/2000	issued	TERBINAFINE crm 1%	Supply: (30) gram(s)	APPLY TWICE DAILY
17/06/1999	issued	XYLOPROCT oint	Supply: (30) gram(s)	APPLY AS NEEDED
29/06/1998	issued	CANESTEN crm 1%	Supply: (50) gram(s)	APPLY 2-3 TIMES/DAY

Recall

09/03/2011	Recall on 09/03/2012 for O/E - blood pressure reading with Mrs [REDACTED] Maciver	Status:Outstanding
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Consultation

20/06/2011	Administration	Mrs [REDACTED] Houliston
13/06/2011	Third Party Consultation	Mrs [REDACTED] Houliston
28/04/2011	Clinic	Mrs Avril Harthorne
10/03/2011	Administration	Dr Denise McFarlane
09/03/2011	Clinic	Mrs [REDACTED] Maciver
08/03/2011	Third Party Consultation	Mrs [REDACTED]
07/03/2011	Third Party Consultation	Miss [REDACTED]
07/03/2011	Triage	Dr Denise McFarlane
20/09/2010	Third Party Consultation	Mrs [REDACTED] Munro
19/07/2010	Surgery consultation	Dr Inez [REDACTED]
30/04/2010	Third Party Consultation	Mrs [REDACTED]
26/04/2010	Administration	Mrs [REDACTED] Maciver

Elgin Community Surgery, [REDACTED] House, Northfield Terrace, Elgin, Morayshire, IV30 1NE

Tel: 01343 542234

Page 2/5

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Full Report

Mr Christopher Rust **05/12/1968** **Male** **S/135/1968/6** **Transferred Out**

22/04/2010 Third Party Consultation Mrs [REDACTED]
 21/04/2010 Third Party Consultation Mrs [REDACTED]
 21/04/2010 Administration Mrs [REDACTED]
 24/02/2010 Administration Dr Denise Mcfarlane
 15/02/2010 Third Party Consultation Mrs [REDACTED]
 25/08/2009 Administration Mrs [REDACTED] Mactiver
 18/08/2009 Third Party Consultation Mrs [REDACTED]
 17/08/2009 Administration Dr Denise Mcfarlane
 15/08/2009 Third Party Consultation Mrs [REDACTED]
 14/08/2009 Third Party Consultation Mrs [REDACTED] Munro
 01/07/2009 Surgery consultation Dr [REDACTED] Lyon
 22/01/2009 Administration Ms [REDACTED] Drysdale
 15/01/2009 Results recording Dr Denise Mcfarlane
 14/01/2009 Clinic Mr [REDACTED] Gamble
 09/01/2009 Third Party Consultation Mrs [REDACTED]
 09/01/2009 Clinic Mrs Avril Hartshorne
 09/01/2009 Surgery consultation Dr Gp Sd
 24/09/2008 Results recording Dr Jacqueline [REDACTED]
 19/09/2008 Telephone call to a patient Dr Gp Registrar
 19/09/2008 Surgery consultation Dr Gp Registrar
 06/03/2008 Administration Mrs [REDACTED] Houlston
 25/02/2008 Triage Dr [REDACTED] Houlston
 11/10/2007 Administration Mrs [REDACTED] Houlston
 08/10/2007 Administration Mrs [REDACTED] Houlston
 30/03/2007 Administration Mr [REDACTED]
 27/03/2007 Administration Mr [REDACTED]
 26/03/2007 Third Party Consultation Ms Lesley Coghill
 25/03/2007 Third Party Consultation Mrs Jacqueline [REDACTED]
 24/01/2007 Administration Mrs [REDACTED] Munro
 23/01/2007 Surgery consultation Dr Gp Registrar
 16/01/2007 Third Party Consultation Mrs [REDACTED] Munro
 09/10/2006 Surgery consultation Dr Gp Registrar
 26/09/2006 Other Dr [REDACTED] Houlston
 26/09/2006 Surgery consultation Dr [REDACTED] Houlston
 12/06/2006 Administration Mr [REDACTED]
 31/05/2006 Other Mrs Avril Hartshorne
 16/03/2006 Administration Mrs [REDACTED] Hewkin
 22/02/2006 Clinic Mr [REDACTED] Gamble
 06/05/2002 Other Dr [REDACTED] Houlston
 26/04/2002 Clinic Ms [REDACTED]
 26/04/2002 Surgery consultation Dr [REDACTED] Neison
 12/03/2002 Surgery consultation Dr [REDACTED] Houlston
 05/10/2001 Clinic Ms [REDACTED]
 18/09/2001 Clinic Ms [REDACTED]
 01/06/2001 Other Dr Orlando Trujillo
 08/02/2001 Surgery consultation Dr [REDACTED] Houlston
 10/08/2000 Surgery consultation Dr Dr Locum
 26/06/2000 Other Dr [REDACTED] Houlston
 23/06/2000 Other Mrs Wilma [REDACTED]
 22/06/2000 Other Dr [REDACTED] Houlston
 19/06/2000 Clinic Mrs [REDACTED]
 19/06/2000 Surgery consultation Dr [REDACTED] Houlston
 21/10/1999 Surgery consultation Dr [REDACTED]
 17/06/1999 Surgery consultation Dr [REDACTED]
 30/10/1998 Surgery consultation Dr [REDACTED] Houlston
 16/07/1998 Surgery consultation Mrs [REDACTED]
 08/07/1998 Surgery consultation Dr [REDACTED] Houlston
 29/06/1998 Surgery consultation Dr [REDACTED] Houlston
 30/07/1997 Surgery consultation Dr [REDACTED]

Blood pressure

09/03/2011 13:48:00 BP 144/91 taken Sitting Cuff: Standard recall due: 09/03/2012 O/E - blood pressure reading
 09/01/2009 16:56:00 BP 134/76 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading
 22/02/2006 14:22:00 BP 135/75 taken Sitting from Left Cuff: Standard recall due: O/E - blood pressure reading
 26/04/2002 BP 126/82 recall due: O/E - blood pressure reading
 12/03/2002 BP 140/98 recall due: O/E - blood pressure reading
 Rpt PN 1/12

Referrals

24/01/2007 Refer for Alcoholism at Dr [REDACTED] Hospital department of Drug and Alcohol Service with by: Dr Gp Registrar

Elgin Community Surgery, [REDACTED] House, Northfield Terrace, Elgin, Morayshire, IV30 1NE
 Tel: 01343 542234

Page 3/5

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Full Report**Mr Christopher Rust** 05/12/1968 Male S/135/1968/6 Transferred Out

26/09/2006 Refer for Reversal of vasectomy - unspecified at Dr [REDACTED] Hospital department of Urology with Mr Iain Gunn
 by: Dr [REDACTED] Houlston
 22/06/2000 Refer for Medial epicondylitis of the elbow at Dr [REDACTED] Hospital department of Physiotherapy with
 by: Dr [REDACTED] Houlston

Smoking

09/03/2011 Ex-smoker cigarettes per day Ex smoker
 [REDACTED] Maciver
 09/01/2009 Ex-smoker cigarettes per day Ex smoker
 Avril Hartshorne
 22/02/2006 Smoker 40 cigarettes per day Cigarette smoker
 Gamble
 12/03/2002 Ex-smoker cigarettes per day Tobacco consumption
 [REDACTED] Houlston

Mrs

Mrs

Mr Jon

Dr

Alcohol

22/02/2006 Current drinker 4 units per week Alcohol consumption
 Gamble
 12/03/2002 Current drinker 6 units per week Alcohol consumption
 [REDACTED] Houlston

Mr [REDACTED]

Dr

Weight

19/07/2010 Weight: 88 kgs BMI: 28.4 O/E - weight
 22/02/2006 Weight: 79 kgs BMI: 25.5 O/E - weight
 12/03/2002 Weight: 75 kgs BMI: 23.1 O/E - weight

Height

22/02/2006 Height: 1.76 metres O/E - height
 12/03/2002 Height: 1.8 metres O/E - height

Mr [REDACTED] Gamble
 Dr [REDACTED] Houlston

Immunisations

Date	Vaccine	Stage	Given	Routine Measure	Due
13/12/1997	TETANUS	Stage: B	Given	Routine Measure	Due 13/12/2007
03/07/1982	TETANUS	Stage: B	Given	Routine Measure	Due 03/07/1992
03/07/1982	PERTUSSIS	Stage: B	Given	Routine Measure	Due
19/03/1982	BCG	Stage: 0	Given	Routine Measure	Due
26/08/1970	MEASLES	Stage: 1	Given	Routine Measure	Due 26/08/1973
10/03/1970	POLIO	Stage: 1	Given	Routine Measure	Due 07/04/1970
10/03/1970	PERTUSSIS	Stage: 1	Given	Routine Measure	Due 07/04/1970
10/03/1970	TETANUS	Stage: 1	Given	Routine Measure	Due 07/04/1970
10/03/1970	DIPHTHERIA	Stage: 1	Given	Routine Measure	Due 07/04/1970

Thyroid Stimulating Hormone

14/01/2009 TSH - thyroid stim. hormone = 1.22
 Hormone" = 1.22(0.35 - 3.3)

Original result: "Thyroid Stim

Barium meal

11/1995 Barium meal Normal

Blood glucose

19/06/2000 Random blood sugar = 4 mmol/L

Electrocardiogram

09/01/2009 ECG - general ECG Elgin Community Surgery
 09/01/2009 ECG Normal reviewed by Dr White

Urine test

19/09/2008 Urine microscopy: pus cells Original result: "Pus cells" = NEGNEG
 19/09/2008 Urine dipstick: test leucocytes +

Other Diagnostic Imaging

26/03/2007 Imaging interpretation X-ray result Dr Grays Imaging

Wrist X-ray

26/03/2007 Wrist X-ray Normal Right

Diet

22/02/2006 Diet - patient initiated Eating habits: Good Type of diet:
 eating some sat fats, low salt, adds sugar Mr [REDACTED] Gamble

fruit & veg.

Elgin Community Surgery, [REDACTED] House, Northfield Terrace, Elgin, Morayshire, IV30 1NE
 Tel: 01343 542234

Page 4/5

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Full Report

Mr Christopher Rust 05/12/1968 Male S/135/1968/6 Transferred Out

Exercise

22/02/2006 Exercise grading Moderate weights ,moutain bike and swims reg when at home Mr [REDACTED] Gamble

New Registration Consultation

22/02/2006 New patient consultation Seen by: Clinician: Mr [REDACTED] Gamble
30/07/1997 New patient screen done Seen by: Clinician: Dr [REDACTED]

Urinalysis - Glucose

22/02/2006 Urine test for glucose Nil

Urinalysis - Protein

22/02/2006 Urine protein test Nil

History

22/02/2006 FH: Ischaemic heart disease of Ischaemic heart disease [REDACTED] on [REDACTED] side
Mr [REDACTED] Gamble

Occupation

22/02/2006 Production electrician Mr [REDACTED] Gamble

Free Thyroxine

14/01/2009 Free T4 level = 17 Original result: "Free T4" = 17(10 - 25)

Microscopy, culture & sensitivities

19/09/2008 Sample microscopy : red cells Original result: "Red cells" = 8([0])*** NUMERIC VALUE SUPPLIED: = 8 ***

Procedures, Specimens and Samples

09/03/2011 Lab. test requested - not done fasting lipids
22/01/2009 Test result to pat.by phone Bloods
14/01/2009 Blood sample taken tft
23/01/2007 Lab. test requested - not done MSU + chlamydia

Total patients for report 1

Elgin Community Surgery, [REDACTED] House, Northfield Terrace, Elgin, Morayshire, IV30 1NE

Tel: 01343 542234

Page 5/5

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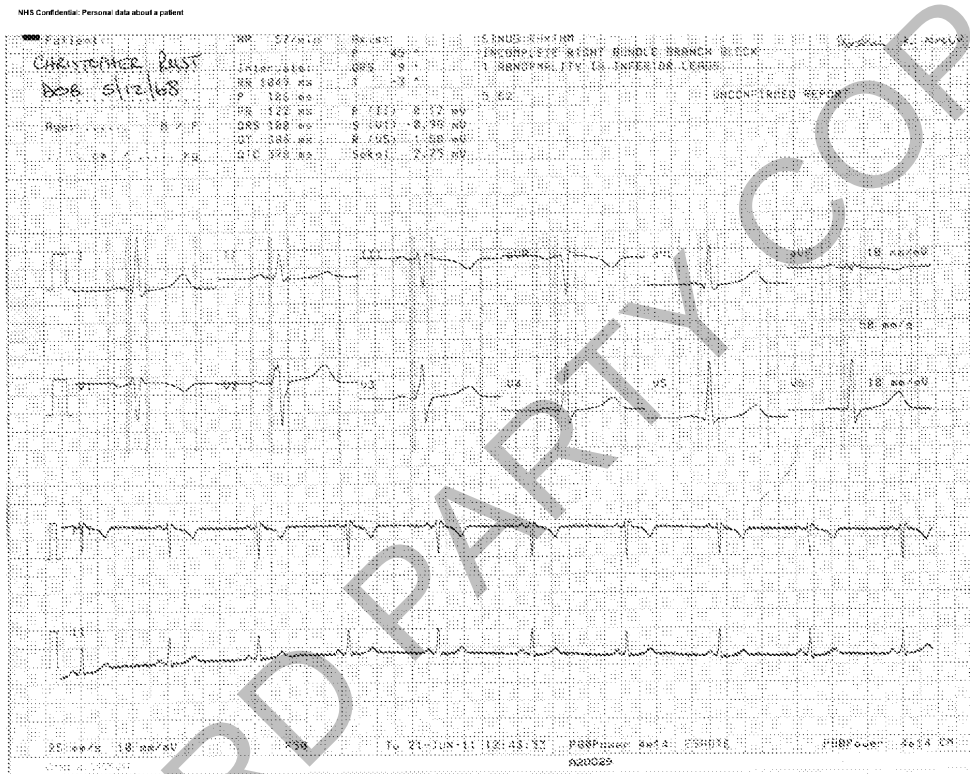
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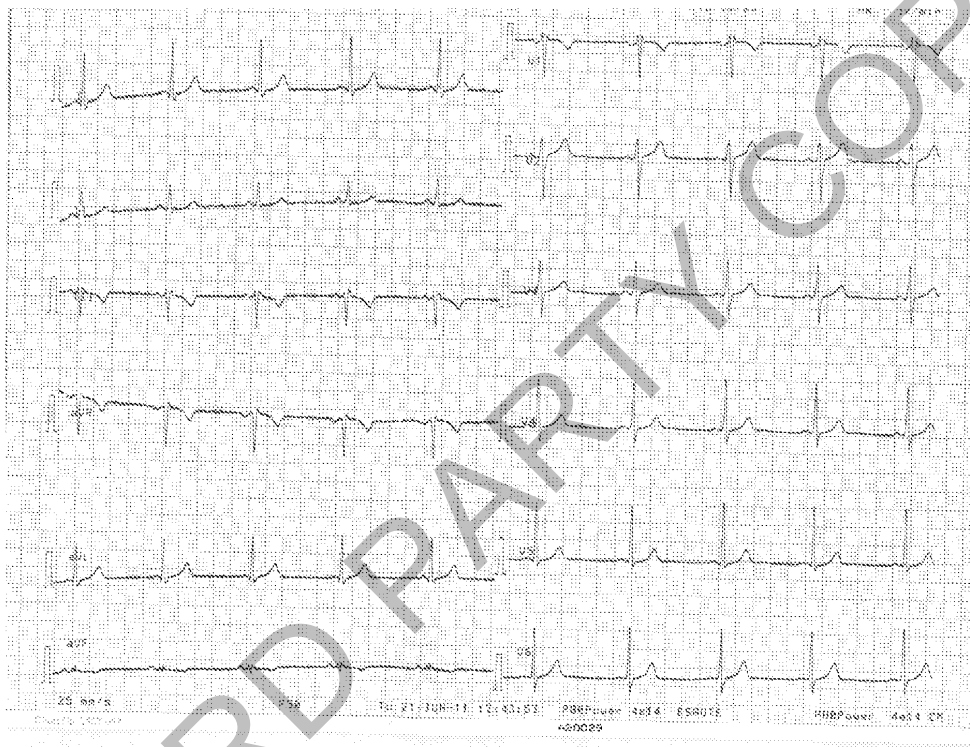
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ABERDEEN ROYAL INFIRMARY

BIOCHEMISTRY/HAEMATOLOGY

RUST, CHRISTOPHER	0512682275	Dr [REDACTED]	ZOLD
CRAIGSHANNOCH COTTAGE	0512682275	Fyvie Oldmeldrum Med	
FOLLA RULE		Oldmeldrum Health Ce	67
ROTHIENORMAN	05/12/1968	[REDACTED] Way	

Specimen Date/Time	Lab No	Specimen Type	Ref. Range	Units
21/06/2011 12:35	380822	Blood		
Sodium	139	(137 - 144)	mmol/L	
Potassium	4.2	(3.5 - 4.9)	mmol/L	
Chloride	100	(98 - 106)	mmol/L	
Urea	5.9	(3.4 - 7.0)	mmol/L	
Creatinine	84	(84 - 116)	umol/l	
eGFR (MDRD aligned)	>60	(60 - 140)	ml/min/1.73m2	
Albumin	48	(37 - 49)	g/L	
Tot Bilirubin	11	(1 - 22)	umol/L	
Ala Amino Trans	29	(1 - 40)	U/L	
Alk Phosphatase	85	(45 - 105)	U/L	
Gamma Glut Trans	* 52	(4 - 35)	U/L	
Glucose	4.9	(3.7 - 5.6)	mmol/L	
Thyroid Stim Hormone	1.64	(0.35 - 3.30)	mU/L	
Free T4	20	(10 - 25)	pmol/L	
Cholesterol	* 6.0	(3.4 - 5.2)	mmol/L	
HDL Cholesterol	1.2	(0.8 - 1.9)	mmol/L	
LDL Cholesterol	2.7	(1.4 - 5.0)	mmol/L	
Tot Chol / HDL Ratio	5.0			
Triglyceride	* 4.51	(0.6 - 2.0)	mmol/L	
Haemolysis	-			
Lipaemia	-			
Icteric	-			

Report Date 21/06/2011 Report Time 19:00

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ABERDEEN ROYAL INFIRMARY

BIOCHEMISTRY/HAEMATOLOGY

RUST, CHRISTOPHER	0512682275	Dr [REDACTED]	ZOLD
CRAIGSHANNOCH COTTAGE	0512682275	Fyvie Oldmeldrum Med	
FOLLA RULE		Oldmeldrum Health Ce	67
ROTHIENORMAN	05/12/1968	[REDACTED] Way	

Specimen Date/Time	Lab No	Specimen Type	Ref. Range	Units
21/06/2011 12:35	226125	Blood		
HB	157	(140 - 180)	g/l	
RBC	5.0	(5.0 - 6.0)	x10 ¹² /l	
HCT	0.44	(0.42 - 0.54)	l/l	
MCV	88	(83 - 98)	fl	
MCH	31	(27 - 32)	pg	
PLT	254	(140 - 400)	x10 ⁹ /l	
MPV	10.1	(7.0 - 10.4)	fl	
WBC	6.0	(4.0 - 10.0)	x10 ⁹ /l	
NEUT	3.80	(1.5 - 7.0)	x10 ⁹ /l	
EOS	0.19	(0.1 - 0.5)	x10 ⁹ /l	
BASO	0.03	(0.01 - 0.10)	x10 ⁹ /l	
LYMPH	* 1.40	(1.5 - 4.0)	x10 ⁹ /l	
MONO	0.40	(0.2 - 0.8)	x10 ⁹ /l	
[REDACTED]	0.10	(0.05 - 0.50)	x10 ⁹ /l	

Report Date 21/06/2011 Report Time 19:00

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THIRD COPY

WIMBORNE HEALTH CENTRE

Name: ALEX CHRISTOPHER
ID: 000002293
DOB: 05 DEC 1968
MR
Sex: Male
Race: Cauc

Date: 07-Jul-2011
Time: 14:38:22
Referred by: K. H. WILLIAMS
Medications: APENLOL, ASPIRIN
Test Indication: CHEST PAIN
Test Type: BRUCE
Technician: DAVID RUTLEDGE

MUSE Loc: 0

Phase	Stage	Time in Phase	Duration of Stage	Speed Gm/200	Grade (%)	H.L. (BETS)	H.R. (bpm)	R.P. (bpm)	R.P.P. (x100)	P.E.	V.P. (x100)(AVF)	ST	Comments
PRE-TEST		00:00	00:00	0.0	0.0	1	65	122/90	75		6	0.17	
SUPINE		04:02	04:02	0.0	0.0	1	60				0	0.1	
STANDING		04:35	01:35	1.8	0.0	1	52	128/90	76		1	0.1	
EXERCISE	1	05:00	03:00	2.7	10.0	4	85	155/90	139		1	0.4	
	2	06:00	03:00	4.0	12.0	7	106	160/90	166		0	0.5	
	3	09:00	03:00	5.5	14.0	10	141	170/90	240		38	0.2	
	4	12:00	03:00	6.8	16.0	13	165	180/100	261		0	0.4	
PEAK EX		06:00	06:00	5.8	15.0	13	162				0	0.4	
RECOVERY		06:13	06:13	0.0	0.0	1	86	136/78	117		0	0.2	

Results:

Procedure: BRUCE
Date/Time Test: 12:00
Maximum Heart Rate Attained: 172bpm 37% Max Predicted: 178bpm
Maximum BP: 192/90
Maximum Monitoring Interval: 120S
Reason for Termination:
BREATHLESSNESS, NO CHEST PAIN, DIFFICULT INTERPRETATION, LOSS
OF INTERESTING VEC'S AT ONE POINT, POSSIBLE MINOR SE CHANGES
INSEDER LEADS, RESOLVING QUICKLY IN RECOVERY

Impressions:

Case 1000 Confirmed By: David Rutledge Date: 7/7/11

Permitted

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NHS Grampian

Dr [REDACTED]
Consultant Cardiologist
Department of Cardiology
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to Dr [REDACTED] Secretary
Extension 52123
Direct Line (01224) 552123
Fax (01224) 550692
Email jpenny1@nhs.net

Dr [REDACTED] Inverurie Cardiology Clinic 13 October 2011

SW / JP

Dr L Sharp
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CRN: 0606254W

CHI: 0512682275

© NO Paper Copy Required For GP

Date Dictated: 13/10/2011
Date Typed: 17/10/2011

Dear Dr Sharp

**Mr Christopher Rust (5 December 1968) Craigshannoch Cottage,
Rothienorman, Inverurie, AB51 8UN**

Following your referral of 25.07.2011, he failed to attend for his outpatient appointment at the Inverurie clinic today. In line with our DNA policy, a further appointment will require re-referral.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen Walton'.

Dr Stephen Walton
Consultant Cardiologist

Christopher Rust, (0606254W), SW

This letter is viewable in SCI Store

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ABERDEEN ROYAL INFIRMARY

BIOCHEMISTRY/HAEMATOLOGY

RUST, CHRISTOPHER	0512682275	Dr Nelia Lourens	ZOLD
CRAIGSHANNOCH COTTAGE	0512682275	Fyvie Oldmeldrum Med	
FOLLA RULE		Oldmeldrum Health Ce	67
ROTHIENORMAN	05/12/1968	Way	

Specimen Date/Time	Lab No	Specimen Type	
13/01/2012 08:47	348344	Blood	
		Ref. Range	Units
Sodium	141	(133 - 146)	mmol/L
Potassium	4.9	(3.5 - 5.3)	mmol/L
Chloride	103	(95 - 108)	mmol/L
Urea	6.3	(2.5 - 7.8)	mmol/L
Creatinine	84	(50 - 120)	umol/L
eGFR (MDRD aligned)	>60	(60 - 140)	ml/min/1.73m2
Albumin	49	(37 - 49)	g/L
Tot Bilirubin	11	(0 - 20)	umol/L
Ala Amino Trans	36	(5 - 55)	U/L
Alk Phosphatase	81	(30 - 130)	U/L
Gamma Glut Trans	* 89	(4 - 35)	U/L
Fasting Glucose	5.6	(3.7 - 5.6)	mmol/L
Thyroid Stim Hormone	1.84	(0.35 - 3.30)	mU/L
Free T4	17	(10 - 25)	pmol/L
Cholesterol	* 5.5	(3.4 - 5.2)	mmol/L
HDL Cholesterol	1.2	(0.8 - 1.9)	mmol/L
LDL Cholesterol	3.0	(1.4 - 5.0)	mmol/L
Tot Chol / HDL Ratio	4.7		
Triglyceride	* 2.98	(0.6 - 2.0)	mmol/L
Haemolysis	-		
Lipaemia	-		
Icteric	-		

Report Date 13/01/2012 Report Time 19:00

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ABERDEEN ROYAL INFIRMARY

BIOCHEMISTRY/HAEMATOLOGY

RUST, CHRISTOPHER	0512682275	Dr Nelia Lourens	ZOLD
CRAIGSHANNOCH COTTAGE	0512682275	Fyvie Oldmeldrum Med	
FOLLA RULE		Oldmeldrum Health Ce	67
ROTHIENORMAN	05/12/1968	Way	

Specimen	Date/Time	Lab No	Specimen Type	Ref. Range	Units
	13/01/2012 08:47	019630	Blood		
HB		162	(140 - 180)	g/l	
RBC		5.2	(5.0 - 6.0)	x10 ¹² /l	
HCT		0.47	(0.42 - 0.54)	l/l	
MCV		90	(83 - 98)	fl	
MCH		31	(27 - 32)	pg	
PLT		271	(140 - 400)	x10 ⁹ /l	
WBC		5.3	(4.0 - 10.0)	x10 ⁹ /l	
NEUT		3.00	(1.5 - 7.0)	x10 ⁹ /l	
EOS		0.28	(0.1 - 0.5)	x10 ⁹ /l	
BASO		0.06	(0.01 - 0.10)	x10 ⁹ /l	
LYMPH		* 1.40	(1.5 - 4.0)	x10 ⁹ /l	
MONO		0.40	(0.2 - 0.8)	x10 ⁹ /l	
		0.13	(0.05 - 0.50)	x10 ⁹ /l	

Report Date 13/01/2012 Report Time 19:00

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Aberdeen Royal Infirmary Virology / Microbiology
CPA Accredited

Name & Address	Patient No.	Report Address	Ward
RUST, CHRISTOPHER	0512682275	Dr Nelia Lourens	ZOLD
CRAIGSHANNOCH COTTAGE	0512682275	Fyvie Oldmeldrum Medical Group	
FOLLA RULE		Oldmeldrum Health Centre	
ROTHIENORMAN	05/12/1968	Way	

Helicobacter pylori IgG EIA Negative

Where applicable, name & address of Reference Laboratory
available if required.

Authorised by: [REDACTED]

=====

Spec. No:313531	Specimen Date:13/01/2012	Date received:13/01/2012
Page:1	Specimen:Venous Blood	Date reported:19/01/2012 11:00

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Extension: .tif
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Fyvie Oldmeldrum Medical Group, Oldmeldrum Health Centre, [REDACTED] Way, Oldmeldrum, AB51 0JZ. Tel 01651 872239

Fyvie Oldmeldrum Medical Group

Minor Surgery Consent Form

Patient's name: Mr Christopher Rust
Date of birth: 05/12/1968
CHI number: 0512682275
Address: 45 [REDACTED] Court
Rothienorman AB51 8SB

I agree to Dr / Nurse ... Dr C [REDACTED]

Performing the operation / course of ... SUBCUTANEOUS [REDACTED] NT INTN

I have received an explanation of this procedure from Dr / Nurse ... Dr C [REDACTED] ...

The explanation included:

- ☒ Description of the procedure(s)
- ☒ Potential outcome(s)
- ☒ Possibility of complications
- ☒ Aftercare advice
- ☐ Processing and timescale of results

Signed: [Signature]

Date: 09 March 2012

Drug/device name:			
Batch No:			
Expiry date:			

☒ Procedure added to Minor Surgery spreadsheet by (initials) [Signature]

[Signature]

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NHS Grampian, Woodend Hospital		RADIOLOGY REPORT	
		Page 1 of 1	
Name: Christopher Rust	Referrer: GP	CHI No: 0512682275	
Address: 80 Craigshannoch Cottage	Address: WILLIAMSON KELLY	Sec ID: 06062543X	
Village: Rothienorman	FYVIE/OLDMELDRUM	0512682275	
Postcode: AB51 8UN	MEDICAL GROUP		
D.O.B: 05/12/1968	ACADEMY WAY	Back No: 31222659	
	OLDMELDRUM		
	AB51 0JZ		
Exam Date: 05/03/2012			
Gallbladder is thin walled and calculi free. The liver is normal in size, shape and echotexture. No focal abnormalities.			
biliary duct dilatation. Normal portal vein flow demonstrated.			
Normal pancreas, spleen, aorta and both kidneys. The urinary bladder outlines normal.			
Conclusion: Normal scan.			
Reported By: [REDACTED] BAIN, Sonographer			
Reported Date: 05/03/2012			
Verified by: [REDACTED] BAIN, Sonographer on 05/03/2012			
Reported Date: 05/03/2012			
Reported By: [REDACTED] BAIN, Sonographer			

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NHS Grampian Physiotherapy Department Discharge Summary



PHYSIOTHERAPY
DEPARTMENT: INVERURIE TEL: 672740

Dear: Dr LOURENS

(GP PRACTICE OR CLINIC) FYVIE OLDMELORUM

RE: Mr / Mrs / Miss Rust 0512682275

DOB/CHI: Mr Christopher 45 Fri Court M
Rothienorman 0606254W
Inverurie
AB51 8SD 5 Dec 1968

ADDRESS (only if CHI not available) 

DIAGNOSIS 0512682275w

☐ The above named patient was referred / self-referred for physiotherapy and has completed a course of physiotherapy:

Patient reported improvement %

Functional status:

Unrestricted function
Able to work / Still has some limitations
Significant limitations

Discharge Comments / Recommendations:

ONA FIRST APPOINTMENT 30/4/12

☐ Has been transferred to for on-going physiotherapy

☒ Failed to attend their first appointment/ complete their course of physiotherapy

Date of Discharge 10512 Total attendances

Yours sincerely scutmm Date of letter 100512

Signature: scutmm
(Physiotherapist)

ZRQ001
White Copy - Physiotherapist Green Copy - Patient Records

REF. NUMBER: 080537

Hucknall Healthcare Tel: 01931 455 4186 310871.dps

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Pages:

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Page 1 of 2

NHS Grampian

Dr A D [REDACTED]
Consultant Cardiologist
Department of Cardiology
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to Dr [REDACTED] Secretary
Extension 53548
Direct Line (01224) 553548
Fax (01224) 550692
Email nclark@nhs.net

Cardiology Clinic: 12 June 2012

JCP/NDC

Dr K [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 12/06/2012
Date Typed: 13/06/2012

Dear Dr [REDACTED]

**Mr Christopher Rust (5 December 1968) 45 [REDACTED] Court,
Rothienorman, Inverurie, AB51 8SD**

This patient failed to attend yet another Cardiac Outpatient Clinic at the [REDACTED] Building, Aberdeen, on 12 June 2012. He previously DNA'd from the Inverurie Clinic on 13 October 2011. Looking at his notes, he has already had a negative treadmill test done by near-patient testing at Inverurie in July 2011. He has disadvantaged at least 2 patients by not attending the Inverurie and the Aberdeen clinics.

I have not arranged any further follow up.

Yours sincerely

Dr Jitendra Chottabhai [REDACTED]
Associate Specialist in Cardiology
Christopher Rust (0512682275)

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NHS Confidential: Personal data about a patient

Pathology Result : [REDACTED]
Patient : Rust, Christopher 05/12/1968
Test Result : 05/07/2012 "HB"
GP : Mr Svs System Supervisor
Dr Emily [REDACTED]

Laboratory Report

Sender :Aberdeen Royal Infirmary, Aberdeen Royal Infirmary
Requestor :Dr [REDACTED]
Date :04/07/2012 22:54
Report id :20120704225410075.0001 [ASTM IODR0100057773]
Patient :RUST, CHRISTOPHER; NHS No.: S/135/68/689

Request : "HB"

303888: "HB"
Type :Blood
Provider Ref :201207042254747^303888
Collected :04/07/2012 10:23
Comments :abdo pain and weight loss.

Observations

423..11 Hb estimation = 153 (140 - 180)
Original result: "HB" = 153(140 - 180)
426..00 Red blood cell (RBC) count = 5.1 (5.0 - 6.0)
Original result: "RBC" = 5.1(5.0 - 6.0)
426..00 Red blood cell (RBC) count = 0.45 (0.42 - 0.54)
Original result: "RBC" = 0.45(0.42 - 0.54)
42A..00 Mean corpuscular volume (MCV) = 89 (83 - 98)
Original result: "MCV" = 89(83 - 98)
42B..00 Mean corpusc. haemoglobin(MCH) = 30 (27 - 32)
Original result: "MCH" = 30(27 - 32)
42P..00 Platelet count = 274 (140 - 400)
Original result: "PLT" = 274(140 - 400)
42H..11 White blood count = 6.6 (4.0 - 10.0)
Original result: "WBC" = 6.6(4.0 - 10.0)
42J..00 Neutrophil count = 4.30 (1.5 - 7.0)
Original result: "NEUT" = 4.30(1.5 - 7.0)
42K..00 Eosinophil count = 0.18 (0.1 - 0.5)
Original result: "EOS" = 0.18(0.1 - 0.5)
42L..00 Basophil count = 0.07 (0.01 - 0.10)
Original result: "BASO" = 0.07(0.01 - 0.10)
42M..00 Lymphocyte count = 1.40 Abnormal (1.5 - 4.0)*Abnormal*
Original result: "LYMPH" = 1.40(1.5 - 4.0)
42N..00 Monocyte count = 0.60 (0.2 - 0.8)
Original result: "MONO" = 0.60(0.2 - 0.8)
42ZD.00 Large unstained cells = 0.12 (0.05 - 0.50)
Original result: [REDACTED] = 0.12(0.05 - 0.50)

Free Text and Further Information

Patient location :
XOLU

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NHS Confidential: Personal data about a patient

Pathology Result : [REDACTED]
Patient : Rust, Christopher 05/12/1968
Test Result : 06/07/2012 "Sodium"
GP : Mr Svs System Supervisor
Dr [REDACTED]

Laboratory Report

Sender :Aberdeen Royal Infirmary, Aberdeen Royal Infirmary
Requestor :Dr [REDACTED]
Date :05/07/2012 16:52
Report Id :20120705165218670.0001 [ASTM IODR01C0057873]
Patient :RUST, CHRISTOPHER; NHS No.: S/135/68/689

Request : "Sodium"

327907: "Sodium"
Type :Blood
Provider Ref :2012070560632326^327907
Collected :04/07/2012 10:23
Comments :abdo pain and weight loss.

Observations

4415.00 Serum sodium = 138 (133 - 146)
Original result: "Sodium" = 138(133 - 146)
4414.00 Serum potassium = 4.1 (3.5 - 5.3)
Original result: "Potassium" = 4.1(3.5 - 5.3)
4416.00 Serum chloride = 102 (95 - 108)
Original result: "Chloride" = 102(95 - 108)
4419.00 Serum urea level = 5.3 (2.5 - 7.8)
Original result: "Urea" = 5.3(2.5 - 7.8)
4413.00 Serum creatinine = 78 (50 - 120)
Original result: "Creatinine" = 78(50 - 120)
451E.00 GFR calculated abbreviated MDRD > 60 (60 - 140)
Original result: "MDRDA" > 60(60 - 140)
44M4.00 Serum albumin = 49 (35 - 50)
Original result: "Albumin" = 49(35 - 50)
44E3.00 Total bilirubin = 13 (0 - 20)
Original result: "Tot Bilirubin" = 13(0 - 20)
44GA.00 Plasma alanine aminotransferase level = 43 (8 - 55)
Original result: "Ala Amino Trans" = 43(8 - 55)
44F.00 Serum alkaline phosphatase = 89 (30 - 130)
Original result: "Alk Phosphatase" = 89(30 - 130)
44G4.00 Gamma - G.T. level = 84 Abnormal (4 - 35)*Abnormal"
Original result: "Gamma Glut Trans" = 84(4 - 35)
44CC.00 Plasma C reactive protein < 4 (0 - 4)
Original result: "C-Reactive Protein" < 4(0 - 4)
442A.00 TSH - thyroid stim. hormone = 0.48 (0.35 - 3.30)
Original result: "Thyroid Stim Hormone" = 0.48(0.35 - 3.30)
4427.00 Free T4 level = 19 (10 - 25)
Original result: "Free T4" = 19(10 - 25)
42h6.00 Haemolysis screening test = -
Original result: "Haemolysis" = -
44O.00 Serum lipids = -
Original result: "Lipaemia" = -
42g.00 Haematology test = -
Original result: "Icteric" = -

Free Text and Further Information

Patient Location :
ZOLD

Filename: igprda202607151032160.tif
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

Fyvie Oldmeldrum Medical Group, Oldmeldrum Health Centre, [REDACTED] Way, Oldmeldrum, AB51 0JZ. Tel 01651 872239

Fyvie Oldmeldrum Medical Group

Minor Surgery Consent Form

Patient's name: Mr Christopher Rust

Date of birth: 05/12/1968

CHI number: 0512682275

Address: 45 [REDACTED] Court
Rothienorman AB51 8SD

I agree to Dr / Nurse ... Dr C [REDACTED]

Performing the operation / course of (K) Substantive Prüfung in SW

I have received an explanation of this procedure from Dr / Nurse Dr C [REDACTED]

The explanation included:

- ☒ Description of the procedure(s)
- ☒ Potential outcome(s)
- ☒ Possibility of complications
- ☒ Aftercare advice
- ☐ Processing and timescale of results

Signed: _____

Date: 30 August 2012

<i>Drug/device name:</i>			
<i>Batch No:</i>			
<i>Expiry date:</i>			

☒ Procedure added to Minor Surgery spreadsheet by (initials) aw

NHS Confidential: Personal data about a patient

Page 1 of 5

NHS Grampian

Professor [REDACTED]
 Gastro-intestinal and Liver Service
 Wards 13:14
 Aberdeen Royal Infirmary
 ABERDEEN
 AB25 2ZN



Secretary Direct Line: 01224 550924
 Fax: 01224 550711
 E-mail: [REDACTED]

EE/RM

Dr [REDACTED]
 Fyvie Oldmeldrum Medical Group
 Oldmeldrum Health Centre
 [REDACTED] Way
 Oldmeldrum
 Aberdeenshire
 AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 10/09/2012
 Date Typed: 11/09/2012

Dear [REDACTED]

Mr Christopher Rust (5 December 1968) 45 [REDACTED] Court, Rothienorman, Inverurie, AB51 8SD

Thank you very much for referring this pleasant 43 year old man to the GI clinic. He attended today in the company of his [REDACTED] who is a dietician.

He essentially reports a 4 year history of episodes of LIF pain and some left loin pain. These pains have been getting worse and he now reckons that they are essentially constant. In addition he also reports diarrhoea with his bowels moving up to 4 x per day passing soft to semi-solid stool. He has not passed any blood pr. His appetite is variable and his weight has come down by one stone without being on any special diet. He also reports profuse night sweating and headaches. He denies rigors. He does not have any nocturnal diarrhoea. He suffers from frequent crops of painful mouth ulcers and complains of lower backache and left shoulder ache. He does not report any eye problems or any skin manifestations.

His past medical history includes pityriasis vesicular, right bundle branch block, haemorrhoids, IBS, accessory nipple, acquired pectus carinatum. He has had bilateral vasectomy for contraception. He also had an emergency appendicectomy in 1985. He is currently on Simvastatin, Atenolol and Aspirin. He also takes Omeprazole 20mg daily. He has no known allergies. He is married and has 3 [REDACTED]. He stopped smoking 15 years ago. He currently consumes between 30 and 40 units of alcohol per week. He used to be a much heavier drinker and had 3 years during his 20's when he was essentially abusing alcohol on a regular basis. He works offshore and his job involves manual work for 6-7 hours per day. His [REDACTED] is aged 60 and suffers from alcoholic liver disease and his [REDACTED] is aged 58 and has had two MI's. His [REDACTED] [REDACTED] possibly had bowel cancer.

Clinical examination today revealed a healthy looking man with a weight of 88.4Kg, and a BMI of 28.54. Urinalysis revealed a trace of ketones and + of protein. There was no evidence of anaemia, jaundice or lymphadenopathy and abdominal examination was essentially normal with no evidence of any masses or organomegaly.

There are a number of issues that we need to sort out in this case. In the first instance I will arrange for him to have a colonoscopy to exclude inflammatory bowel disease or any other significant bowel pathology. His [REDACTED] description of his diarrhoea could fit with steatorrhoea

Christopher Rust (0512682275)

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Page 2 of 5

and there is of course the possibility of chronic pancreatitis secondary to alcohol excess. I have checked a variety of routine blood tests and I shall keep you informed of his progress.

With kind regards
Yours sincerely



Prof Emad [REDACTED]
Professor of Gastroenterology (Consultant)

WL: CWL URGENT COLONOSCOPY

THIRD PARTY COPY

Christopher Rust (0512682275)

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Page 3 of 5

The test results below are accurate as at 11/09/2012 13:55:41

2012-09-10 11:00:00 Haematology**Blood Haematitic Levels**

Description	Value	Range	Unit	Normalcy Notes
Vitamin B12	266	200 - 700	ng/l	
Ferritin	199.1	20.0 - 300.0	ug/l	
Serum Folate	6.7	3.0 - 20.0	ug/l	

Full Blood Count - FBC

Description	Value	Range	Unit	Normalcy Notes
HB	140	140 - 180	g/l	
RBC	4.50	5.0 - 6.0	$\times 10^{12}/l$	R
HCT	0.41	0.42 - 0.54	l/l	R
MCV	91	83 - 98	fl	
MCH	31	27 - 32	pg	
PLT	216	140 - 400	$\times 10^9/l$	
WBC	5.1	4.0 - 10.0	$\times 10^9/l$	
NEUT	3.30	1.5 - 7.0	$\times 10^9/l$	
EOS	0.21	0.1 - 0.5	$\times 10^9/l$	
BASO	0.05	0.01 - 0.10	$\times 10^9/l$	
LYMPH	1.10	1.5 - 4.0	$\times 10^9/l$	R
MONO	0.40	0.2 - 0.8	$\times 10^9/l$	
	0.07	0.05 - 0.50	$\times 10^9/l$	

2012-09-10 11:00:00 Biochemistry**Plasma Glucose Level**

Description	Value	Range	Unit	Normalcy Notes
Glucose	6.4	3.7 - 5.6	mmol/L	R

2012-09-10 11:00:00 Biochemistry**Antenatal Screening**

Description	Value	Range	Unit	Normalcy Notes
Alpha Fetoprotein	2	0 - 10	kU/L	

Immunoglobulins

Description	Value	Range	Unit	Normalcy Notes
Serum IgG	6.81	6.0 - 16.0	g/L	
Serum IgA	2.59	0.8 - 2.8	g/L	
Serum IgM	0.72	0.50 - 3.00	g/L	

Christopher Rust (0512682275)

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Page 4 of 5

Albumin	42	35 - 50	g/L
Total Protein	63	60 - 80	g/L

Protein Electrophoresis

Description	Value	Range	Unit	Normalcy Notes
Paraprotein Type				
Paraprotein Quantity				
Electrophoresis comment	See Below			
Set Comments	NO PARAPROTEIN BAND VISIBLE			

Liver Function Test

Description	Value	Range	Unit	Normalcy Notes
Alk Phosphatase	89	30 - 130	U/L	
Ala Amino Trans	54	8 - 55	U/L	
Gamma Glut Trans	139	4 - 35	U/L	R
Tot Bilirubin	9	0 - 20	umol/L	

Serum Amylase Level

Description	Value	Range	Unit	Normalcy Notes
Amylase	86	0 - 90	U/L	

Cardiac Enzymes

Description	Value	Range	Unit	Normalcy Notes
Asp Amino Trans	25	10 - 45	U/L	

Serum Calcium

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.20		mmol/L	
Calcium (adjusted)	2.16	2.20 - 2.60	mmol/l	R
Phosphate	0.74	0.80 - 1.50	mmol/L	R

Tumour Marker Levels

Description	Value	Range	Unit	Normalcy Notes
CEA	1	0 - 3	ug/L	

Urea and Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	140	133 - 146	mmol/L	
Potassium	4.2	3.5 - 5.3	mmol/L	
Chloride	105	95 - 108	mmol/L	
Urea	7.9	2.5 - 7.8	mmol/L	R
Creatinine	80	50 - 120	umol/l	

Christopher Rust (0512682275)

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Page 5 of 5

eGFR (MDRD aligned) >60 60 - 140 ml/min/1.73m2

Serum C Reactive Protein Level

Description	Value	Range	Unit	Normalcy Notes
C-Reactive Protein	<4	0 - 4	mg/L	

Thyroid function test

Description	Value	Range	Unit	Normalcy Notes
Free T4	20	10 - 25	pmol/L	
Thyroid Stim Hormone	0.42	0.35 - 3.30	mU/L	

Biochemical test

Haemolysis	-
Icteric	-
Lipaemia	-

Christopher Rust (0512682275)

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COLONOSCOPY REPORT

Name:	Christopher RUST, 05/12/1968 (M)	Address:	45 Court Rothienorman Inverurie Aberdeenshire AB51 8SD
CHI No:	0512682275		
Case note no.:	0512682275		
GP:	Dr KM Fyvie Oldmeldrum Medical Group Oldmeldrum Health Centre Way Oldmeldrum AB51 0JZ	Priority:	Elective
		Status:	Outpatient/NHS
		Hospital:	Aberdeen Royal Infirmary
		Referring Cons:	Prof Emad MA (Gastroenterology)
		Procedure date:	17th September 2012

Indications

Increased stool frequency tending to looser stool.
Clinically important comments: Clinic letter not available.

Consultant/Endoscopist
Mr Malcom Loudon

Instrument

GI - CFQ260DL 2911250

Report

Bowel preparation with 02 sachet of Picolax was good.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, insertion confirmed by seeing ileocaecal valve and tracker. The caecum was identified positively by the ileocaecal valve, the tri-radiate caecal fold and digital pressure. The scope was retroflexed in the rectum. The examination to the limit of insertion was normal.

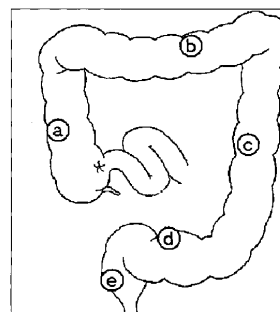
Premedication

Alfentanil 250 mcg
Midazolam (IV) 2 mg

Follow up

Awaiting pathology results. Return to the referring Consultant.

Mr Malcom Loudon
Consultant Surgeon
c.c. Rust, Christopher



a: Proximal ascending
b: Distal transverse
c: Distal descending
d: Distal sigmoid
e: Rectum

Specimens taken

Biopsy (x2 site a, x2 site b, x2 site c, x2 site d and x2 site e)

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NHS Grampian Physiotherapy Department Discharge Summary



PHYSIOTHERAPY
DEPARTMENT: Inverurie TEL: 672070

Dear:

(GP PRACTICE OR CLINIC)

RE: Mr / Mrs / Miss

DOB/CHI:

Rust
Mr Christopher
45 Fraser Court
Rothienorman
Inverurie
AB51 8SD

0512682275

0606254W

5 Dec 1968

ADDRESS (only if CHI not available)

DIAGNOSIS

☐ The above named patient was referred / self-referred for physiotherapy and has completed a course of physiotherapy:

Patient reported improvement

%

Functional status:

Unrestricted function

Able to work / Still has some limitations

Significant limitations

Discharge Comments / Recommendations:

This patient was assessed and given treatment as above. He/She was then asked to opt-in for further treatment if necessary and has not done so.

☐ Has been transferred to for on-going physiotherapy

☐ Failed to attend their first appointment/ complete their course of physiotherapy

Date of Discharge

0 2 / 1 0 / 2

Total attendances

1

Yours sincerely

Print Name:

Date of letter

Signature:

(Physiotherapist)

ZRQ001

White Copy - Physiotherapist Green Copy - Patient Records

REF. NUMBER: 080537

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Page 1 of 2

Aberdeen Upper Limb Unit

Orthopaedic Department
Woodend Hospital
Aberdeen
AB15 6X

Mr. D A Cairns Prof. A J [REDACTED] Mr. K [REDACTED] Mr. D F M Lawrie

Mrs A Quirk (Extended Scope Practitioner)

Secretary to:

Prof A J [REDACTED] K [REDACTED] 01224 556 755 (marydouglas@nhs.net)
Mr. D A Cairns/Mr. D F M Lawrie 01224 556 453 [REDACTED].lambert@nhs.net)

Clinic Letter – 29th October 2012

AQ/MD

C/O Referring GP
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 29/10/2012
Date Typed: 08/11/2012

Dear C/O Referring GP

Mr Christopher Rust (5 December 1968)
45 [REDACTED] Court, Rothienorman, Inverurie, AB51 8SD

Thank you for referring this gentleman with pain deep in the left shoulder which is a constant ache being sharp at times. It radiates to his neck at times. He is right-handed. The pain is made worse lying on his left side, lifting more than 5kg and particularly using his arms above shoulder height. He denies pins and needles or numbness. His sleep is disturbed when he turns or lies on his left side. The problem started with a sudden onset for no apparent reason 8 months ago and has gradually worsened since. He has had 2 steroid injections into the lateral aspect of the shoulder, the first one giving him 2 weeks of fair relief. He has not had any effect from the second one. He attended physiotherapy and got too painful Theraband exercises and has not yet been reviewed. He had not had x-rays to date. He has no other previous injuries or pains in his shoulder.

Christopher Rust (0512682275)

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Page 2 of 2

He is currently being investigated for left sided abdominal pain and has high blood pressure, which is controlled with Atenolol and he is also on a statin. Mr Rust does a heavy manual job on the supply boats, month on month off. He is unable to cycle or swim. His weight has reduced over the last month or so, his ■■■■ thinks he has been eating less but he has not been feeling great and he also describes night sweats.

On examination there was some soft swelling over the left scapula with mild poking chin posture, the left shoulder held slightly higher and slight winging of his left scapula. He had an asymmetrical chest. Cervical range of movement, he had some pain in his trapezius on the left side on left rotation and right side flexion. Other movements were full and pain free. Shoulder range of movement, he could elevate fully with poor scapular control. He had 90 degrees of abduction with stiffness and pain limiting. He had full internal rotation with ½ range of external rotation, again with pain limiting. Passive movement was similar to active in terms of external rotation but he had good elevation. On testing the rotator cuff he had significant pain and some weakness on abduction and external rotation. There was no problem with internal rotation and slight pain on biceps testing.

Mr Rust had x-rays of his shoulder today which are consistent with the clinical picture of impingement. In light of the swelling and night sweats, Professor ■■■■ also reviewed this gentleman and assessed him today. We both believe that he is suffering from impingement with the need for physiotherapy management in the first instance, concentrating on pain free exercises for scapular control, posture and rotator cuff. We have arranged to review him in the New Year to consider his progress. If he is struggling with the exercises due to pain I wonder if Muriel ■■■■ the Physiotherapist in Inverurie, might give him a further subacromial injection in the meantime or we can review that in January. Professor ■■■■ is keen that his investigations with regards to his abdomen are complete prior to considering any surgical intervention.

Yours sincerely



Ms ■■■■ Quirk
Consultant Physiotherapist

c.c.

Physiotherapy Department
Inverurie Hospital
Inverurie
Aberdeenshire

Christopher Rust (0512682275)

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07/11 2012 08:31 FAX 01651891834

FYVIE HEALTH CENTRE

+ OLDMELMEDCEN
TO: 901651691834

001/001
P.1/1

7-NOV-2012 08:23 FROM:

GASTROENTEROLOGY

Page 1 of 2

NHS Grampian

Professor El-Omar
Gastro-Intestinal and Liver Service
Wards 13:14
Aberdeen Royal Infirmary
ABERDEEN
AB25 2ZN



Secretary Direct Line: 01224 550924
Fax: 01224 550711
E-mail: [REDACTED]

EE/RM

*** DRAFT COPY ***

CHI: 0512682275

Dr Craig
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

NO Paper Copy Required For GP

Date Dictated: 06/11/2012
Date Typed: 07/11/2012

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1988) 45 [REDACTED] Court, Rothiemoran, Inverurie,
AB51 8SD

I would be very grateful if you would prescribe some Creon for Mr. Rust. As you know his colonoscopy was normal and biopsies excluded microscopic colitis. He drinks alcohol to excess and I suspect that he does have a degree of chronic pancreatitis. His [REDACTED] described his stool as being consistent with steatorrhoea. There is no harm in trying some Creon to see if this offers him some symptomatic benefit. He will be reviewed back at my clinic in due course.

With kind regards
Yours sincerely

EEL [REDACTED]
PROFESSOR OF GASTROENTEROLOGY

Christopher Rust (0512682275)
FORM ZMW 100U (Rev. April 1992)
GENERAL MEDICINE CORRESPONDENCE

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NHS Grampian, Turriff Hospital		RADIOLOGY REPORT	
		Page 1 of 1	
Name:	Christopher Rust	Referrer:	GP
Address:	45 [REDACTED] COURT ROTHIENORMAN Inverurie Aberdeenshire AB51 8SD	Address:	FAWCETT [REDACTED] FYVIE/OLDMELDRUM MEDICAL GROUP [REDACTED] WAY OLDMELDRUM AB51 0JZ
Postcode:	AB51 8SD	CHI No:	0512682275
D.O.B.	05.12.1968	Sec.ID:	0606254W, 0512682275
		Book No:	31752699

Exam Date: 26.02.2013 Exam: XR Chest

Chest:

Heart size at the upper limit of normal. Upper thoracic scoliosis with associated degenerative changes affecting the upper ribs bilaterally. No evidence of any pulmonary abnormality.

Reported By: DR. [REDACTED] HUSSEY, Consultant Radiologist

Reported Date: 27/02/2013

Verified by: DR. [REDACTED] HUSSEY, Consultant Radiologist on 27/02/2013

Reported Date: 27/02/2013

Reported By: DR. [REDACTED] HUSSEY, Consultant Radiologist

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Aberdeen Upper Limb Unit

Orthopaedic Department
Woodend Hospital
Aberdeen
AB15 6X



Mr. D A Cairns Prof. A J [REDACTED] Mr. K [REDACTED] Mr. D F M Lawrie

Mrs A Quirk (Extended Scope Practitioner)

Secretary to:

Prof A J [REDACTED] K [REDACTED] 01224 556 755 (marydouglas@nhs.net)
Mr. D A Cairns/Mr. D F M Lawrie 01224 556 453 [REDACTED].lambert@nhs.net)

Clinic Letter – 4th March 2013

AQ/MD

Dr Lourens
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 04/03/2013
Date Typed: 20/03/2013

Dear Dr Lourens

Mr Christopher Rust (5 December 1968)
45 [REDACTED] Court, Rothienorman, Inverurie, AB51 8SD

I reviewed this gentleman in clinic following his physiotherapy. Unfortunately he only attended for one physiotherapy appointment and initially he thought things had improved. He claims they did not get in touch with further appointments but I am uncertain where the mistake lay. Mr Rust as you know works offshore one month at a time. He is currently taking too many Dihydrocodeine which I believe you are aware of. He feels the pain is agonising whenever he moves his arm and much more comfortable at rest.

On examination he continues to have restricted range of movement and weakness of the rotator cuff which did appear intact but very painful. He had full passive range of movement.

Christopher Rust (0512682275)

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Page 2 of 2

Mr Rust has now concluded his abdominal investigations and had a diagnosis I believe of chronic pancreatitis. I have discussed his case with Professor [REDACTED] and put him on the list for a subacromial decompression. I have discussed with Mr Rust that trying to get his pain under control in the meantime is very important and therefore he is going to make an appointment to see yourselves. Mr Rust is very frustrated and angry about the whole shoulder problem and we discussed today that this is not helping his situation. He is keen for a cancellation or any earlier appointment for surgery.

Yours sincerely



Ms [REDACTED] Quirk
Consultant Physiotherapist

Christopher Rust (0512682275)

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NHS Grampian Physiotherapy Department Discharge Summary



PHYSIOTHERAPY
DEPARTMENT: INV TEL: 672740

Dear: DR

(GP PRACTICE OR CLINIC) INV

RE: Mr / Mrs / Miss CHRISTOPHER RUST

DOB/CHI: 0512682275

ADDRESS (only if CHI not available)

DIAGNOSIS ☹ Shoulder pain

☒ The above named patient was referred / self-referred for physiotherapy and has completed a course of physiotherapy:

Patient reported improvement %

Functional status:

Unrestricted function

Able to work / Still has some limitations

Significant limitations

Discharge Comments / Recommendations:

Given advice + exercises. Did not re-attend for further physio + has been d/c.

☐ Has been transferred to for on-going physiotherapy

☐ Failed to attend their first appointment/ complete their course of physiotherapy

Date of Discharge 200313 Total attendances 2

Yours sincerely
Print Name: CHRIS MEIKLEJOHN Date of letter 200313

Signature: C.M.J.
(Physiotherapist)

ZRQ001
White Copy - Physiotherapist Green Copy - Patient Records

REF. NUMBER: 080537

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Grampian Medical Emergency Department

Page 1 of 2

Date: Monday 15-Apr-13

Case No:24527

Case Type:Home Visit

Patient Name:Christopher Rust
 Current Address
 45 Court Rothienorman

Sex Male Date of birth: 05-Dec-1968 Age: 44 years
 Home Address (If Different)

CHI No 0512682275
 Own Dr

Inverurie
 AB51 8SD

Phone Today:01651 821719

Home Phone

Call Origin NHS24

NameJudas

Tel

Patient Notes:

SurgeryFyvie/Oldmeldrum M/Group
 Receive time NHS24:06:25

PCC [] Home Visit []

Appointment Time:

Arrival Time:

Case Priority:2 Hours

Case Type: Home Visit

Case Questions:

NHS 24 Advice by (Nurse Advisor) (Forth Valley)

Triage Start 18:32

Reported Condition STOMACH CRAMPS, 1 DAYS, SEE AV

Triage Start

Triage End 19:29

Triage End

NHS24 Recorded Allergies
 NIL KNOWN

NHS24 Recorded Conditions
 HYPERTENSION

NHS24 Recorded Medications
 NIL

Clinical Summary:

Clinical summary created by: (Nurse Advisor) (Forth Valley) [15/04/2013 19:32:43]

UPPER ABDO PAIN FOR WORSE TODAY AND ABDO SWOLLEN AND TENDER, VOMITING ++, SEVERAL EPISODES OF DIARRHOEA. APPEARS SOB, BUT IS TALKING IN SENTENCES. DIZZY WHEN MOBILE. STOPPED DIHYDROCODETENE 3/7 AGO. COLONOSCOPY 5/12, NIL FOUND. A DIETICIAN. FEELS THAT HE A PANCREATITIS.

HV 2 HOURS.

Disposition: Contact GP Practice within 4 Hours (as soon as possible)

Reported Condition Receive Time:

Operator:

Latest Advice: Consulted by:

Advice Start

Advice End

Latest Consultation:Consulted by: Ramasamy, Anubama
 c/o pain abd since morning.came off dhc 2/7 ago for shoulderproblems.been taking
 ibuprofen and paracetamol.
 been sick and feels sick.clear fluid.pain abd mostly upper abd.
 no blood in vomit.
 bowels opened.diarrhoea since came off dhc.no blood/mucus.
 been drinking and not eaten anything
 has had colonoscopy last yr nad,under follow up

Cons. Start 20:48

Cons. Finish 20:55

Examination:

in bed.comfortable.can speak full sentences not distressed
 temp 36.9 pulse 68 bp 128/78 spo2 97%on air
 chest clear
 p/a:soft tender epigastrium+++/no guarding rigidity
 soft/bs+
 urinalysis:nad no ketones

Clinical Codes:

R090. [D]Abdominal pain

Report Statistics:

Report produced by Adastra Version 3 - 15/04/2013 21:16:14

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Page 2 of 2

Date: Monday 15-Apr-13

Case No:24527

Case Type:Home Visit

Diagnosis:

acute Gastritis

?? withdrawal from codeine

Treatment:

pts ■■■ who is a dietician ver much concerned?ulcer ?gastritis .

pt ost 1 st in 6 months.poor appetite

explaine dthe findings

given metoclopramide 5mg/ml exp 3/15 and buccastem 3mg supply given

tramadol 50mg i.m exp 7/14 given.

adv to take omeprazole 40mg and light diet and fluid.

NOT to take any NSAIDS

explained to speak to own gp for follow ?endoscopy ref if chronic and on going

also strict worsening statement given

Prescription Items:

Informational Outcome(s)

Worsening Statement -

Patient Advised To Contact GP -

Report Statistics:

Report produced by Adastra Version 3 - 15/04/2013 21:16:14

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NHS Grampian

Professor [REDACTED]
Digestive Disorders Unit
Ward 104
Emergency Care Centre
Aberdeen Royal Infirmary
ABERDEEN
AB25 2ZN

Secretary Direct Line: 01224 550924
Fax: 01224 550711
E-mail: [REDACTED]



EE/RM

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 22/04/2013
Date Typed: 23/04/2013

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) 45 [REDACTED] Court, Rothienorman, Inverurie,
AB51 8SD

I reviewed Mr. Rust at the GI clinic this morning in the company of his [REDACTED]

The Creon has certainly helped his symptoms quite significantly. However the initial prescription was for the lower dose enzyme supplement and these did not work very well. He then purchased a much higher dose preparation and this seems to be very successful. I would be grateful therefore if you would prescribe him the higher dose of enzyme supplements. He continues to experience abdominal pain and I could sense quite significant anxiety on his part and certainly for his [REDACTED]. The pain is epigastric and in the LUQ. I guess it would be quite useful to exclude peptic ulcer disease and for this reason I will organise an upper GI endoscopy. I will also arrange for a CT scan of abdomen requesting a pancreatic protocol to assess the area thoroughly. He seems to be concerned about the possibility of pancreatic cancer. I had to remind him again today about the necessity of stopping or significantly curtailing his alcohol intake as this is clearly the culprit. The steatorrhoea has been sorted out by the Creon supplements. I plan to review him back at the clinic in 6 months' time and I shall update you about the result of the investigations in the meantime.

With kind regard
Yours sincerely

Prof Emad [REDACTED]
Professor of Gastroenterology (Consultant)

WL: CWL URGENT ENDOSCOPY

Christopher Rust (0512682275)

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GI Endoscopy Unit, Aberdeen Royal Infirmary
GASTROSCOPY REPORT

Name: **Christopher RUST, 05/12/1968 (M)**
CHI No: **0512682275**
Case note no.: **0512682275**

Address: **45 Court
Rothienorman
Inverurie
Aberdeenshire
AB51 8SD**

GP: **Dr KM [redacted]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[redacted] Way
Oldmeldrum
AB51 0JZ**

Priority: **Elective**
Hospital: **Aberdeen Royal Infirmary**
Referring Cons: **Prof Emad MA [redacted] (Gastroenterolog**
Procedure date: **8th June 2013**

Indications

Abdominal pain.
Co-morbidity: None. Physical status ASA I.

Consultant/Endoscopist

Dr Suhail [redacted]
Nurse: Medinet Nurse

Report

The procedure was completed successfully.
Apparent mucosal junction at 40cm from the incisors.
OESOPHAGUS. Grade A oesophagitis (mucosal breaks confined to the mucosal fold each no longer than 5mm) within (a).
STOMACH. Gastritis: mild erythematous/exudative with no bleeding and mild haemorrhagic with no bleeding within (b).

Instrument
GI-GIFH260 2856686

Premedication
No sedation given
Xylocaine (Spray) 100 mg

Diagnosis

OESOPHAGUS. Oesophagitis/reflux.
STOMACH. Gastritis.
DUODENUM. Normal.

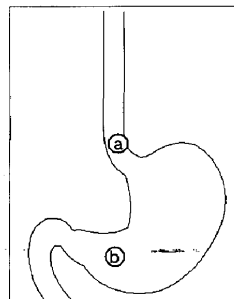
Medication

Please be kind enough to prescribe Omeprazole 20 mg oral o.d. for 6 weeks initially and then assess symptoms to see if longterm required.

Follow up

Awaiting pathology results. Return to the GI physician.

Dr Suhail [redacted]
Consultant Gastroenterologist (Locum)
c.c. Prof Emad MA [redacted] (Gastroenterology)



a: Lower oesophagus
(photographed)
b: Antrum

Specimens taken

Biopsy (x4 site b)

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Page 1 of 1

NHS Grampian

Professor [REDACTED]
Department of Digestive Diseases
Aberdeen Royal Infirmary
ABERDEEN
AB25 2ZN



Secretary Direct Line: 01224 550924
Fax: 01224 550711
E-mail: [REDACTED]

EE/RM

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 21/06/2013
Date Typed: 24/06/2013

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) 45 [REDACTED] Court, Rothienorman, Inverurie,
Aberdeenshire, AB51 8SD

I now have the result of gastric biopsies that were obtained on 08 06 2013. This was essentially normal with no evidence of H Pylori infection. He also had a CT scan of abdomen on 04 06 2013. The pancreas appeared normal with reserves parenchymal volume and no evidence of calcification or duct dilatation. The rest of the abdominal organs were normal. The results therefore are reassuring. He should be treated along the suggested lines. He will be reviewed back at my clinic in due course.

With kind regards

Yours sincerely

A handwritten signature in black ink, appearing to be "Shirley English".

Dr Shirley English
Associate Specialist
Signed on behalf of: Prof Emad [REDACTED]
Professor of Gastroenterology (Consultant)

MOPD 20 01 2014

Christopher Rust (0512682275)

This letter is viewable in SCI Store

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FYVIE OLDMELDROM MEDICAL GROUP



Dr [REDACTED] M [REDACTED]
Dr [REDACTED] G Connell
Dr [REDACTED]
Dr [REDACTED] M [REDACTED]
Dr [REDACTED] J Sharp
Dr [REDACTED] T [REDACTED]

Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Inverurie
AB51 0JZ
Tel (01651) 872239
Fax (01651) 871520

Ref: IW/AG

To whom it may concern

26 August 2013

Dear Sir/Madam

Re: Mr Christopher Rust
Date of Birth: 05th December 1968
Of: 45 [REDACTED] Court, Rothienorman, AB51 8SD

The above named patient is due for shoulder surgery on the 28th August to treat an Impingement syndrome of the shoulder. Due to this he is unfit for work the week commencing 26th August. Further medical certificates will be issued after the surgery.

Yours sincerely

Dr I [REDACTED]
Fyvie Oldmeldrum Medical Group

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L55


EXTENDED DISCHARGE DOCUMENT - [REDACTED] HOSPITAL
Please complete and provide copy to patient GP and retain copy in patient case notes.

1	Hospital:	[REDACTED] HOSPITAL 221 CROOKSTON ROAD GLASGOW G52 3NQ
2	Title: Forename Surname Address Postcode Date of Birth	Mr Christopher Rust Birchleigh Monkshill Fyvie AB538RL
3	GP: Address:	Dr [REDACTED] Old Meldrum Medical Group
4	Consultant ID: Specialty	Mr Brooksbank Orthopaedics
5	Ward/Department	Cruachan
6	Out of Hours Contact Telephone	0141 810 3151 [REDACTED] In Charge
7	Date of Admission	27/8/13
8	Date of Discharge	28/8/13
9	[REDACTED]	[REDACTED]
11	Presenting Complaint	Painful left shoulder
12	Mode of Admission	Elective
13	Source of Referral	GP
14	Surgery Performed	Left arthroscopic subacromial decompression
15	Clinical Progress	Fit for discharge
16	Results Awaited	
17	Investigations Pending	
18	Allergies	None Known
19	Stopped Medicines on Discharge	

BMI Healthcare House, 3 Paris Garden, Southwark, London SE1 8ND

T 020 3283 6600 F 020 3283 6601 E info@bmihealthcare.co.uk www.bmihealthcare.co.uk

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21	Medicines on Discharge	See Attached TTO Form if relevant
22	Follow up arrangements	4 weeks
24	Copy to Patient	Yes
25	Copy to [REDACTED]	
26	Extended discharge document to follow	Yes
27	Other information	
29	Staff Signature and Designation	Name- Designation- <i>SFCTOJ</i> <i>SIN</i>

HIS, Scottish Intercollegiate Guidelines Network (SIGN). The SIGN Discharge Document. Edinburgh: (SIGN guideline number 128).

BMI Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 8ND
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Dear Dr Williamson,



Please find enclosed referral for physiotherapy
for your patient: Christopher Rust D.O.B 5/12/68. I would be
[REDACTED] if you could arrange physiotherapy treatment for him as
soon as possible.

Kind Regards
[REDACTED]

221 Crookston Road, Glasgow G52 3NQ
T: 0141 810 3151 F: 0141 882 7439 E: enquiry@rosshall.com www.bmihealthcare.co.uk/rosshall
BMI Healthcare Limited Registered in England Number 2164270. Registered office BMI Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 8ND.

7/20/05

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Physiotherapy Department

Name	Rust, Mr Christopher 05/12/68 (M) PASID: R053411015 CHt: 0512662275 Birliegh Fyvie TURRIFF Aberdeenshire AB53 8RL EMPI: 16837848 Consultant: Mr [redacted] Brooksbank	
Address		
Contact Tel No.		
Room No.		Date 28/8/13.
D.O.B.		

Diagnosis and previous medical history

① Shoulder SAD.

Th - Frayed labrum - debrided. Cuff / Sub scap OK. V. thickened bursa - debrided, decompressed 5mm Burn.

Slung 48 hrs.

Treatment required

↑ Rom, strength, F'n when app. Posture

* Manual Sub-arming to neutral asap *

Ordered by: PP Mr [redacted] bank.

[Signature]
Miss [redacted]
(P-T)

SP7664 V1 01/11

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DN²⁸**EXTENDED DISCHARGE DOCUMENT - [REDACTED] HOSPITAL****Please complete and provide copy to patient GP and retain copy in patient case notes.**

1	Hospital:	[REDACTED] HOSPITAL 221 CROOKSTON ROAD GLASGOW G52 3NQ
2	Title: Forename Surname Address Postcode Date of Birth	Mr Christopher Rust Birchleigh Monkshill Fyvie AB538RL
3	GP: Address:	Dr [REDACTED] Old Meldrum Medical Group
4	Consultant ID: Specialty	Mr Brooksbank Orthopaedics
5	Ward/Department	Cruachan
6	Out of Hours Contact Telephone	0141 810 3151 [REDACTED] In Charge
7	Date of Admission	27/8/13
8	Date of Discharge	28/8/13
9	[REDACTED]	[REDACTED]
11	Presenting Complaint	Painful left shoulder
12	Mode of Admission	Elective
13	Source of Referral	GP
14	Surgery Performed	Left arthroscopic subacromial decompression
15	Clinical Progress	Fit for discharge
16	Results Awaited	
17	Investigations Pending	
18	Allergies	None Known
19	Stopped Medicines on Discharge	

BML Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 6ND

T 020 3283 6690 F 020 3283 6601 E info@bmlhealthcare.co.uk www.bmlhealthcare.co.uk

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21	Medicines on Discharge	See Attached TTO Form if relevant
22	Follow up arrangements	4 weeks
24	Copy to Patient	Yes
25	Copy to [REDACTED]	
26	Extended discharge document to follow	Yes
27	Other information	Please remost swores 5/9/13 thank you
29	Staff Signature and Designation	Name- S Fulton Designation- SJ

HIS, Scottish Intercollegiate Guidelines Network (SIGN). The SIGN Discharge Document. Edinburgh: (SIGN guideline number 128).

appt [REDACTED] 6/9/13 om 15.10.

BMI Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 8ND
T 020 3283 6600 F 020 3283 6601 E info@bmihealthcare.co.uk www.bmihealthcare.co.uk
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NHS WAITING LIST INITIATIVE

AM/LM/3411015

30th August 2013

Dr [REDACTED]
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

Dear Dr [REDACTED]

CHRISTOPHER RUST – D.O.B. 05.12.68
TEL NO: 07769 115809
BIRCHLEIGH, FYVIE, TURRIFF, AB53 8RL

Date of Admission: 27.08.2013

Date of Discharge: 28.08.2013

Diagnosis: Impingement syndrome left shoulder

Operation: Left arthroscopic subacromial decompression (W8193)

This gentleman had an uncomplicated subacromial decompression and he was discharged.

He will be reviewed at [REDACTED] Hospital in 8 weeks. He requires routine suture removal in 1 week.

Kind regards,

Yours sincerely

[REDACTED] BROOKSBANK
CONSULTANT ORTHOPAEDIC SURGEON

cc NHS notes
cc [REDACTED] Patient Services Manager, [REDACTED] Hospital
cc [REDACTED] notes

221 Crookston Road, Glasgow G52 3NQ
T: 0141 810 3151 F: 0141 882 7439 E: enquiry@rosshall.com www.bmihealthcare.co.uk/rosshall
BMI Healthcare Limited Registered in England Number 2164270. Registered office BMI Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 8ND.

SP4285

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NHS Grampian Physiotherapy Department Discharge Summary



PHYSIOTHERAPY
DEPARTMENT:

Inv: TEL: *672740*

Dear:

Dr Will

(GP PRACTICE OR CLINIC)

Ordmealdon

RE: Mr / Mrs / Miss

DOB/CHI:

--	--	--	--	--	--	--	--

Rust
Mr Christopher
Birchleigh, Monkshill
Fyvie Turriff
AB53 8RL

0512682275

M
0606254W

5 Dec 1968



ADDRESS (only if CHI not available)

DIAGNOSIS

Past Op SAs

☒ The above named patient was referred / self-referred for physiotherapy and has completed a course of physiotherapy:

Patient reported improvement

	%
--	---

Functional status:

Unrestricted function

Able to work / Still has some limitations

Significant limitations

Discharge Comments / Recommendations:

DNA 26/9/13

☐ Has been transferred to for on-going physiotherapy

☒ Failed to attend their first appointment/ complete their course of physiotherapy

Date of Discharge

0	9	1	0	1	3
---	---	---	---	---	---

Total attendances

1

Yours sincerely

Print Name:

CMunn

Date of letter

0	9	1	0	1	3
---	---	---	---	---	---

Signature:

(Physiotherapist)

[Signature]

ZRQ001

White Copy - Physiotherapist Green Copy - Patient Records

REF. NUMBER: 080537

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NHS WAITING LIST INITIATIVE

AM/LM/3411015

15th November 2013

Dr [REDACTED]
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

Dear Dr [REDACTED]

CHRISTOPHER RUST – D.O.B. 05.12.68

TEL NO: 07769 115809

BIRCHLEIGH, FYVIE, TURRIFF, AB53 8RL

Date of Surgery: 28.08.2013

Operation: Left arthroscopic subacromial decompression

I have seen this gentleman back at the clinic for review.

He has made a significant improvement and has attained a good range of movement. His wounds are well healed. Impingement testing and rotator cuff testing today are negative. His main ongoing complaint is that his shoulder is still sore when he lies on that side or turns over in bed at night. He has full internal rotation. I have advised him that this is one of the slowest things to improve and he will get a gradual improvement over a period of up to twelve months from his surgery. I have not arranged for routine review.

Kind regards,

Yours sincerely

[REDACTED] BROOKSBANK
CONSULTANT ORTHOPAEDIC SURGEON

cc NHS Grampian notes
cc [REDACTED] Patient Services Manager, [REDACTED] Hospital
cc [REDACTED] Hall notes

221 Crookston Road, Glasgow G52 3NQ
T: 0141 810 3151 F: 0141 882 7439 E: enquiry@rosshall.com www.bmihealthcare.co.uk/rosshall
BMI Healthcare Limited Registered in England Number 2164270. Registered office BMI Healthcare House, 3 [REDACTED] Garden, Southwark, London SE1 8ND.

5/14/2013

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Page 1 of 1

NHS Grampian

Professor [REDACTED]
Department of Digestive Diseases
Aberdeen Royal Infirmary
ABERDEEN
AB25 2ZN



Secretary Direct Line: 01224 550924
Fax: 01224 550711
E-mail: [REDACTED]

EE/RM

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 20/01/2014
Date Typed: 20/01/2014

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) Birchleigh, Fyvie, Turriff, AB53 8RL

I reviewed Mr. Rust at the GI clinic this morning.

Unfortunately he is still describing steatorrhoea but I think he should continue taking his Creon and increase the dose if necessary. As you know his CT scan of abdomen was normal and this was reassuring. I encouraged him to take the positives out of that and to build on it. His other main complaint is that of reflux and he seems to be taking an abnormally high dose of Esomeprazole. I told him that the maximum dose was 20mg. bd and any extra intake would be associated with side effects and of no benefit. The one thing that I think would be quite useful in his condition is Amitriptyline as treatment for this chronic pain which afflicts him every night. A small dose at night should be quite useful and I would be grateful if he could be on this long term. Otherwise I gave him general advice about the management of reflux. He will need to lose a little bit of weight by re-engaging with his exercise schedule. I encouraged him to consider jogging or swimming as ideal cardio-vascular exercise. I have now discharged him back to your capable care.

With kind regards
Yours sincerely

Prof Emad [REDACTED]
Professor of Gastroenterology (Consultant)

Christopher Rust (0512682275)

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**AUDIOLOGY
DEPARTMENT**Audiology Department
Woolmanhill Hospital
Aberdeen
AB25 1LDDR C [REDACTED]
OLDMELDRUM
HEALTH CENTRE
[REDACTED] WAY
OLDMELDRUM
AB51 0JZDate 23rd May 2014
Our Ref VK/CA/0512682275Extension 55479
Direct Line 01224 555479

E-Mail: audiologydepartment1@nhs.net

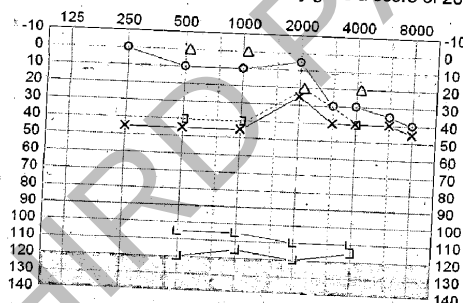
Dear Dr [REDACTED]

Re. CHRISTOPHER RUST (05/12/1968) BIRCHLEIGH, FYVIE, AB53 8RL

Thank you for referring the above patient who was seen at the tinnitus clinic for assessment as part of the Independent Audiology Practitioner Service.

History: Mr Rust reports a unilateral tinnitus to the left ear for the past 6-7 months. He describes the sounds as a continuous buzzing noise. He also reports trouble with his hearing on the left ear. He has not reported any other significant history of otalgia, otorrhea, vertigo or [REDACTED] history.

Outcome: On examination both tympanic membranes appeared normal. Pure Tone Audiometry demonstrated asymmetrical mild-moderate, sensori-neural hearing loss. Tympanometry showed normal movements of tympanic membranes bilaterally. (Results below) Tinnitus Handicap Inventory gave a score of 28 (>20 = significance).



In view of his asymmetric hearing loss and unilateral tinnitus, I have discussed the results with Mrs Provan, ENT who feels that Mr Rust should be sent for a MRI scan. Arrangements have been made for the scan. I have suggested to Mr Rust to bring in some background noises into the bedroom at night to aid him to sleep.

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I have also offered him a hearing aid for the left ear, which he is quite keen to try. Another appointment will be arranged for the fitting of the aid.

Yours sincerely



V. Kan
Audiologist

Cc. Hospital notes

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NHS Grampian

Consultant: Mr K W Ah-See
 Department of Otolaryngology/Head and
 Neck Surgery
 Wards 210/211

Mr Ah-See's Clinic
 Aberdeen Royal Infirmary
 Foresterhill

ABERDEEN AB25 2ZN
 Enquiries to Shona Nicoll
 Extension Ext 52117
 Direct Line (01224) 552117 Fax: (01224) 554569
 Email to Shonanicoll@nhs.net



JP/LC
 Dr C [REDACTED]
 Fyvie Oldmeldrum Medical Group
 Oldmeldrum Health Centre
 [REDACTED] Way
 Oldmeldrum
 Aberdeenshire
 AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 09/07/2014
 Date Typed: 10/07/2014

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) Birchleigh, monkshill, Fyvie
Turriff, AB53 8RL

This gentleman has had his MRI scan of his internal auditory meati and this was normal.

Yours sincerely

Mrs Janice Provan
Staff Grade

cc

Mr V Kannan,
 Audiologist
 Audiology Department
 WOOLMANHILL

Christopher Rust (0512682275)

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Cc

Mr Christopher Rust
Brichtleigh
Monkshill
Fyvie
TURRIFF
AB53 8RL

THIRD PARTY COPY

Christopher Rust (0512682275)

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PATIENT DISCHARGE INFORMATION

Grampian

Admission Date : 29/09/2014

Discharge Date : 30/09/2014 11:00 AM

Name :	Christopher Rust	D.O.B. :	05/12/1968
Address :	Birchleigh, Monkshill	Fyvie Turriff	Unit No : 0606254W
	Turriff		CHI No : 0512682275
Postcode :	AB53 8RL	Weight :	

HOSPITAL Aberdeen Royal Infirmary**THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE**

Consultant : JE

Ward : ARI - A&E

Tel : Reception - 01224 553306 / 50506

Resuscitation - 01224 554321/50114/50214/50114

Majors - 01224 552808 / 53290 / 53313

FLO CO - 01224 559027

NIC - 01224 559026

INFORMATION FOR GP☒ Emergency OR ☐ Elective

Specify any results awaited :

If no further letter to follow, [redacted] and approved by : _____ (signature of Post-Registration Doctor)

COMMENTS

Patient was admitted with superficial burns. Has been reviewed by plastics. They will review him in their outpatient clinic. Discharge letter to follow.

WHY YOU WERE IN HOSPITAL

Burns

Other Problems :

Procedure / Treatment :

Diagnosis : Superficial burns

WHAT HAPPENS NEXT ?

You will be seen in the Dressings clinic at Aberdeen Royal Infirmary

Name of Prescriber : [redacted] Philips

Drug / Medicine Sensitivity

Date : 30/09/2014 10:12:56 AM

NKDA

Bleep / Contact No : 55750

Ward Pharmacist :

© NHS Grampian GP DISCHARGE SUMMARY

Date Printed : 30/09/2014 10:12:56 AM

Page 1 of 2

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PATIENT DISCHARGE INFORMATION

Grampian

Admission Date : 29/09/2014 Discharge Date : 30/09/2014 11:00 AM

Name :	Christopher Rust	D.O.B. :	05/12/1968
Address :	Birchleigh, Monkshill	Unit No :	0806254W
	Turriff	CHI No :	0512682275
Postcode :	AB53 8RL	Weight :	

CHANGES TO ADMISSION MEDICATION

N/A

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

Name Of Medicine	Dose	Unit	How to take it	Frequency	What is it for?	How long to take	Hospital Pharmacy to dispense?	Pharmacy use only
Dihydrocodeine	30	mg	Oral	4 to 6 hourly as required	Pain		N	

Name of Prescriber : Philips

Drug / Medicine Sensitivity

Date : 30/09/2014 10:12:56 AM

NKDA

Bleep / Contact No : 55750

Ward Pharmacist :

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Date Printed : 30/09/2014 10:12:56 AM

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NHS Grampian

Consultants:

Miss M [REDACTED] Mr I Depasquale,
Mr A Curnier, Mr A Tadros
Mr J [REDACTED]
Plastic Surgery Department
Ward 214
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Direct Line (01224) 553914
Fax (01224) 550582
Email [REDACTED]

MD/EO

Dr C [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 14/10/2014
Date Typed: 16/10/2014

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) Birchleigh, monkshill, Fyvie
Turriff, Turriff, AB53 8RL

This patient failed to attend the out-patient clinic on 3.7.14.

We assume all is well and we have discharged her back to your care.

Yours sincerely

A handwritten signature in black ink, appearing to read "M. Davis".

Miss [REDACTED]
Consultant

Christopher Rust (0512682275)

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NHS GRAMPIAN, [REDACTED] Street		RADIOLOGY REPORT	
		Page 1 of 1	
Name:	Christopher Rust	Referrer:	GP
Address:	Birchleigh,monkshill Fyvie Turriff Turriff	CHI No:	0512682275
Postcode:	AB53 8RL	Sec.ID:	0606254W, 0512682275
D.O.B.	05.12.1968	Book No:	32988781

Exam Date: 15.04.2015 Exam: US Urinary Tract

The liver, gallbladder, pancreas, spleen and aorta all appear normal.
The kidneys are normal in size with no masses, calculi or obstruction present.
Normal urinary bladder.

Reported By: [REDACTED] Bayliss, Sonographer

Reported Date: 15/04/2015

Verified by: [REDACTED] Bayliss, Sonographer on 15/04/2015

Reported Date: 15/04/2015
Reported By: [REDACTED] Bayliss, Sonographer

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Christopher George Rust

CHI: 0512682275

Emergency Department
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
Aberdeenshire, AB25 2ZN

Dept. Contact Details:
Tel:

Dr C [REDACTED]
FYVIE OLDMELDRUM MEDICAL GROUP
OLDMELDRUM HEALTH CENTRE
[REDACTED] WAY
OLDMELDRUM
AB51 0JZ

26 APR 2015

April 21, 2015

Source of Referral: Self referral

Dear Dr C [REDACTED]

Re: Christopher George Rust, Birchleigh, monkshill, Turriff, AB53 8RL
DOB: 05/12/1968 CHI: 0512682275

Your patient attended Aberdeen Royal Infirmary on: 21 APR 2015 at 16:45 hrs.

The A&E diagnosis was:

Contusion of other and unspecified parts of forearm

The following treatment was given:

Discharged to mobilise. Given Ibuprofen 800mg oral
stats

At the conclusion of treatment the patient was:

Discharged
at hrs.

Follow up:

No Follow Up

Additional Information:

Struck R forearm on shaft of sledge hammer. Localised
contusion. NBI on x ray

Yours sincerely,
EWEN MCLEOD
EM DP, ARI

ROLAND ARMES

Page 1 of 1

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Page 1 of 2

NHS Grampian

Mr [REDACTED] A Duthie
 Consultant Orthopaedic Surgeon
 Orthopaedic Department
 Woodend Hospital, Eday Road
 Aberdeen AB15 6XS



Enquiries to: [REDACTED] Hendry
 Direct: Line: (01224) 556148
 Fax: (01224) 556376
 Email to: d.hendry@nhs.net

Mr R A Duthie's Hip, Knee & Dupuytren's Clinic – Thursday 21/05/2015.
Aberdeen Community Health & Care Village

RD/DH

Dr J [REDACTED]
 Fyvie Oldmeldrum Medical Group
 Oldmeldrum Health Centre
 [REDACTED] Way
 Oldmeldrum
 Aberdeenshire
 AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 21/05/2015
 Date Typed: 28/05/2015

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) Birchleigh,monkshill, Fyvie
Turriff, Turriff, AB53 8RL

This gentleman failed to attend his New Out-Patient Appointment today and no reason was given. IN your referral letter it certainly sounds like he has early Dupuytren's contracture but you do not mention any contracture of the fingers. Unless he has at least a 30° contracture of MCP or PIP joint we would not consider any surgical intervention and I would be grateful if you could re-refer him once he has progressed to this stage.

Kind regards,
 Yours sincerely

Dr [REDACTED] Duthie
 Consultant

Christopher Rust (0512682275)

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Page 2 of 2

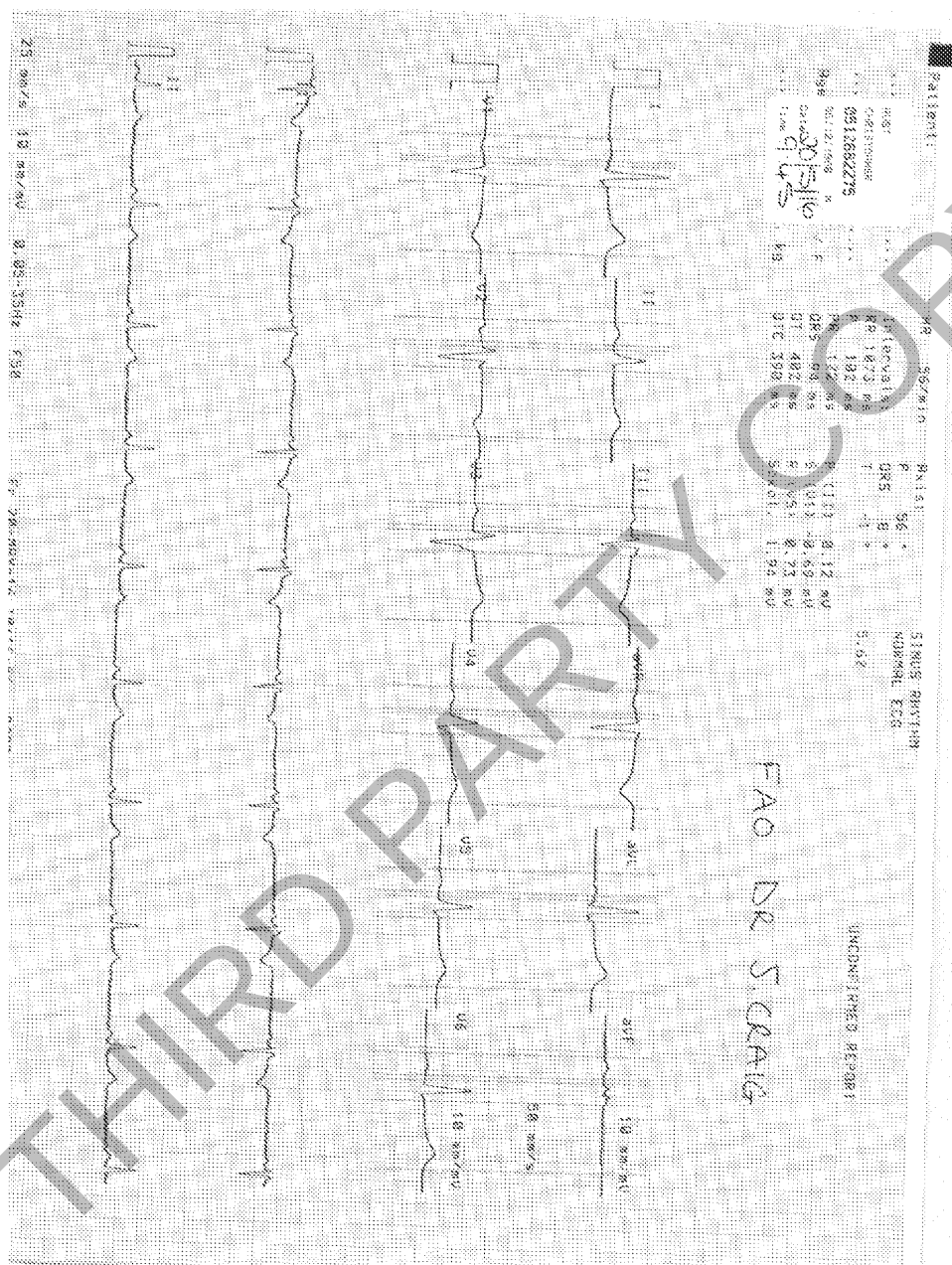
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Christopher Rust (0512682275)

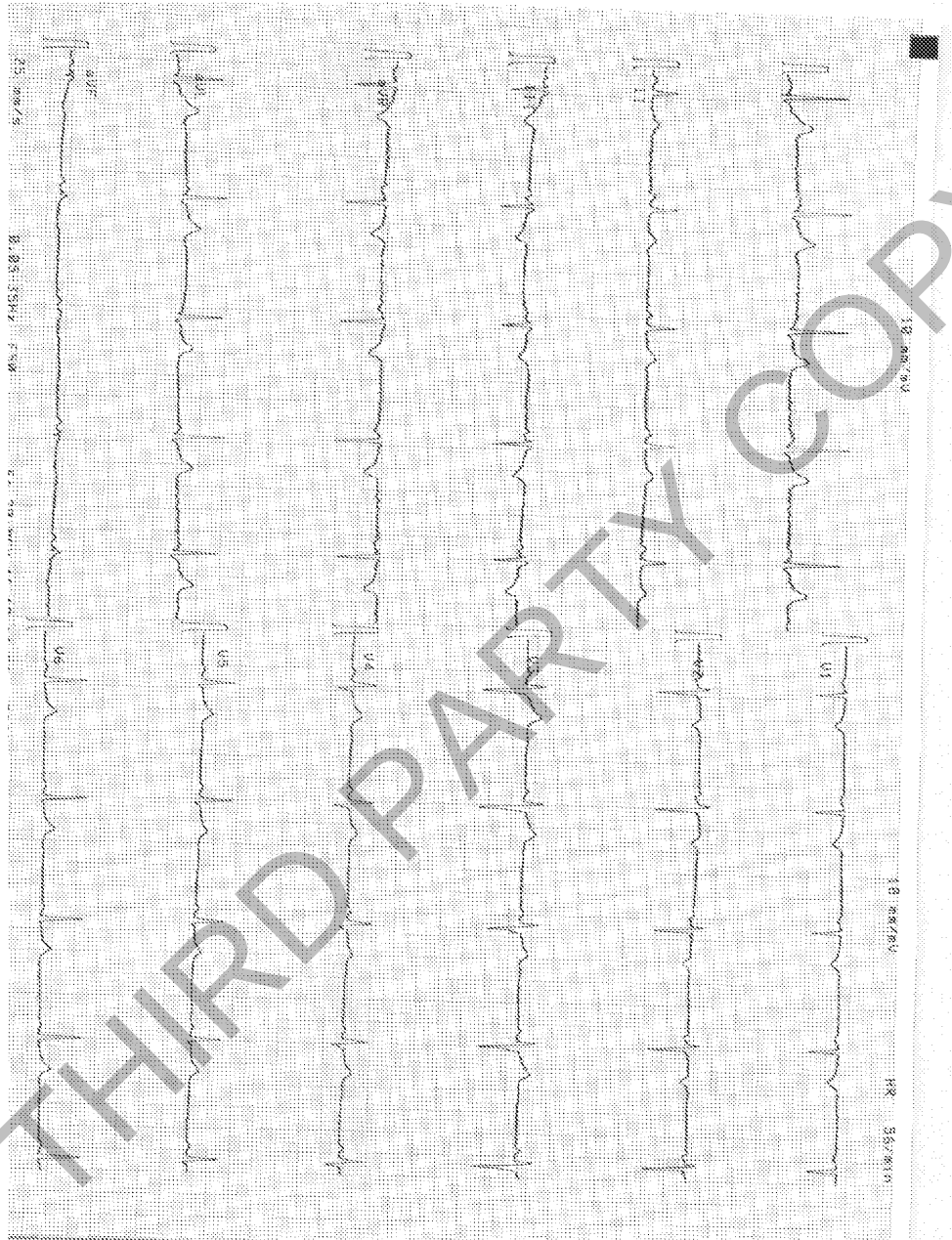
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Page 1 of 1

NHS Grampian

Mr [REDACTED] A Duthie
Consultant Orthopaedic Surgeon
Orthopaedic Department
Woodend Hospital, Edy [REDACTED]
Aberdeen AB15 6XS



Enquiries to: [REDACTED] Hendry
Direct Line: (01224) 556148
Fax: (01224) 556376
Email to: d.hendry@nhs.net

Mr Duthie's Hip, Knee & Dupuytren Clinic – Thursday 13.08.15.
Aberdeen Community Health & Care Village

RD/DH

Dr J [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 13/08/2015
Date Typed: 20/08/2015

Dear Dr [REDACTED]

Mr Christopher Rust (5 December 1968) Birchleigh,monkshill, Fyvie
Turriff, Turriff, AB53 8RL

This gentleman was again given an appointment at my clinic today and failed to attend with no reason being given. No further appointment will be issued unless of course you wish.

Kind regards,
Yours sincerely

A handwritten signature in black ink, appearing to read "Duthie".

Dr [REDACTED] Duthie
Consultant

Christopher Rust (0512682275)

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NHS Grampian

Dr A Y S Noman
Consultant Cardiologist
Cardiology Department
Level 1
Purple Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to: Dr Noman's Secretary
Secretary Direct Line (01224) 555054
Email: [REDACTED]tosh@nhs.net

SWCT

Dr Belding
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 01/08/2016
Date Typed: 04/08/2016

Dear Dr Belding

**Mr Christopher Rust (5 December 1968) Birchleigh, monkshill, Fyvie
Turriff, Turriff, AB53 8RL**

Following your referral of 12th July 2016, this patient failed to attend for an appointment at the Rapid Access Chest Pain Clinic this afternoon. I see he is a Merchant Seaman so he could have been unaware of this appointment - which was arranged at short notice- and so I will send him another. If you get the opportunity, in the meantime, I would be glad if you could encourage him to attend.

Yours sincerely

Dr [REDACTED]
Consultant Cardiologist

Copy:

Christopher Rust (0512682275)

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Reception
Cardiac Clinic
ARI

Please send a further RACPC appointment

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Christopher Rust (0512682275)

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0512682275

M
0606254W
5 Dec 1968

Rust,
Mr Christopher
Birchleigh, Monkshill
Fyvie Turriff
AB53 8RL

Out-Patient Department
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

8/11/2016

0512682275

Dear Dr Belding

Your patient Mr Rust

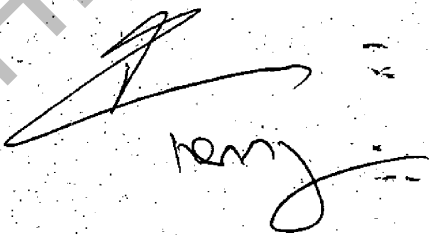
was examined today at the Cathology Out-Patient Department

and referred for CT coronary angiogram

A letter will follow shortly, but my immediate recommendations are as follows:

ETT - 9 mins no ischemia

Yours Sincerely





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NHS Grampian

Dr [REDACTED]
Consultant Cardiologist
Cardiology Department
Aberdeen Royal Infirmary
Aberdeen
AB25 2ZN



Enquiries to [REDACTED] Tindal
Direct Line (01224) 559927
Fax (01224) 550692
Email [REDACTED].tindal@nhs.net

Chest Pain Clinic: 08.11.16

BH/ST

Dr R Belding
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 08/11/2016
Date Typed: 10/11/2016

Dear Dr Belding

**Mr Christopher Rust (5 December 1968) Birchleigh, monkshill, Fyvie
Turriff, Turriff, AB53 8RL**

Background:

1. Oesophagitis
2. Long history of chest pain over 5 years
3. Normal exercise treadmill test 2014
4. Haemorrhoid
5. Irritable bowel syndrome
6. Previous right bundle branch block

Medications:

Aspirin
Discontinued Creon and Omeprazole recently

Cardiac risk factor profile:

- Ex-smoker 20 years
- [REDACTED] history coronary artery disease with both [REDACTED] and [REDACTED]
having MIs in their 50s
- Hyperlipidaemia

Christopher Rust (0512682275)

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Page 2 of 2

2.

Many thanks for referring this 47 year old Merchant Seaman who has been experiencing increasing frequency of chest pain of late. He describes the pain as a stitch in the centre of his chest radiating to his left arm and neck. It relieves within 5 minutes – 30 minutes after taking GTN spray. He has been waking up at night frequently over the last 3 months with episodes of the pain. He can walk about a mile before becoming sweaty and unwell. He describes the pain as non pleuritic and non positional.

Examination reveals a blood pressure of 160/90, pulse 80bpm. He looks fit and well. Chest was clear, heart sounds are dual, no evidence of cardiac failure, and no peripheral oedema.

His resting ECG demonstrates sinus rhythm, normal axis, no ischaemia. His treadmill test was completed to [REDACTED] protocol of 9 minutes achieving a maximum heart rate of 157 and a maximum exertion of 10.4 METs, 90% predicted heart rate. There were no significant ST changes diagnostic of ischaemia and no symptoms of angina.

In summary, this gentleman has a high cardiac risk factory profile with atypical chest pain and a reassuring exercise treadmill test with recurrent chest pain clinic presentations.

He is extremely keen for a definitive diagnosis and I have discussed the pros and cons of diagnostic angiography versus CTCA. He is happy to go ahead with CTCA and I have advised him that it may take up to 6 months on the waiting list for this to be done. It will also be extremely important to liaise closely with Radiology regarding the timing of the scan given that he is away at Sea for up to a month at a time.

Yours faithfully



Dr [REDACTED] Hennigan
Locum Consultant Cardiologist

Christopher Rust (0512682275)

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Rust, Christopher

Birchleigh, Monkshill

Fyvie

Turniff

AB53 8RL

*duSP
4.1.17
then scan*

*do 4/1/17
KW*

CHI: 0512682275

NHS
Grampian

Dear Doctor,

Your patient is booked to undergo a CT coronary angiogram. In order to obtain good images, it is essential that the patient has a steady and slow heart rate. According to our hospital records, this patient is not already taking a beta-blocker (or any other rate-limiting agent) on a regular basis and does not have any contraindication to beta-blockers.

We would, therefore, be grateful if you could provide the above patient with a prescription of Bisoprolol 2.5mg od. This should be started 2 days prior to coming for the procedure and continued until the day the procedure (three doses in total).

If you are aware of any contra-indication to beta blockers, in particular previous adverse reaction or severe obstructive airways disease, please provide below details of this contra-indication.

Details of contra-indication to beta-blockers (if present):

We thank you for your help

Awsan [REDACTED]
Consultant Radiologist

Struan Wilkie
Consultant Radiologist

#7529 P.001 / 001

ARIXRAKXSYUPPLIBS

30.DEC.2016 16:29 01224552729

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NHS Grampian

Dr [REDACTED]
Consultant Cardiologist
Cardiology Department
Level 1
Purple Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to [REDACTED] Tindal
Extension 59927
Direct Line (01224) 559927
Fax (01224) 550692
Email [REDACTED].tindal@nhs.net

BH/LW

Dr R Belding
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 28/02/2017
Date Typed: 03/03/2017

Dear Dr Belding

**Mr Christopher Rust (5 December 1968) Birchleigh, Monkshill, Fyvie,
Turriff, AB53 8RL**

I am writing with the report of this gentleman's CT coronary angiogram. This was performed in Dr [REDACTED] Hospital. Coronary anatomy revealed a right dominant coronary. The left system was unobstructed. As regards to the right coronary there was minor soft plaque in the proximal vessel only but nil obstructive.

In summary this gentleman has evidence of minor plaque on his CT however he has no obstructive coronary pathology necessitating invasive coronary angiogram. I would advise that he remains on Aspirin as well as high dose statin but he does not require any further cardiology follow up at present.

Christopher Rust (0512682275)

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Page 2 of 2

Yours sincerely



Dr [REDACTED] Hennigan
Locum Consultant Cardiologist

c.c. Mr Christopher Rust
Birchleigh
Monkshill
Fyvie
Turiff
AB53 8RL

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Christopher Rust (0512682275)

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	87811	Receive Date:	31-Aug-2018 01:06
Patient's Name:	Christopher Rust		
Date of birth:	5-Dec-1968 (49 years)	Gender:	M
Address:	Birchleigh Fyvie Turriff AB53 8RL	Current Address:	Birchleigh Fyvie Turriff AB53 8RL
Return Contact No:			
Tel No:	01651 891519		01651 891519
Mobile No:			
Priority:	4 Hours	Call Origin:	NHS24
Received:	31-Aug-2018 01:06	Calltype:	No Action
Advised:	01:21	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Denise McFarlane

NHS Number:
0512682275

Reported Condition:
CHEST PAIN SINCE 2PM

Followups:
None

NHSD details:
Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Chest Pain

Keyword selected
[X] CHEST PAIN

Algorithm:

Does the patient have one or more of the following symptoms?
[X] Feeling nauseated or vomiting

Does the patient describe their pain like one or more of the following symptoms:
[X] Pain radiating to jaw or upper back or neck or an arm

Does the patient have pain in their chest, either front or back?
--YES

Algorithm: DECISION SUPPORT

Reason for choosing selected endpoint:

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☒ NURSE TRIAGE

Please confirm caller's current location details

☒ The details are still correct

Disposition - Disposition 999 - Ambulance (ASAP)
999 - Ambulance (ASAP)

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PATIENT DISCHARGE INFORMATION

Grampian

Admission Date : 31/08/2018

Discharge Date : 31/08/2018 11:00 AM

Name :	Christopher Rust	D.O.B. :	05/12/1968
Address :	Birchleigh, Monkshill	Fyvie	Unit No : 0606254W
	Turniff		CHI No : 0512682275
Postcode :	AB53 8RL	Weight :	

HOSPITAL Aberdeen Royal Infirmary

THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE

Consultant : Dr Docea

Ward : ARI - Ward 103 (ECC)

Tel : Reception - 01224 555103

Staff base 4 - 01224 (5)54837 / 50999

Staff base 5 - 01224 553355

Staff base 6 - 01224 550543

NIC - 01224 559059

INFORMATION FOR GP



Emergency OR



Elective

Specify any results awaited :

If no further letter to follow, [redacted] and approved by :

(signature of Post-Registration Doctor)

COMMENTS

This patient was admitted with an episode of chest pain. An ACS was excluded as an admission troponin was negative (and this took place after 13 hours of pain) and ECGs did not show any acute ischaemic changes.

It was felt that the chest pain was likely reflux with oesophageal spasm.

Bloods and clinical examination were unremarkable. Patient was commenced on Esomeprazole and Gaviscon to use as required. He was also restarted on Simvastatin 40mg OD, as per latest cardiology letter. He was deemed fit for discharge today.

Kind regards,

SSMU Team
Ward 103 AR:

WHY YOU WERE IN HOSPITAL

Chest Pain

Other Problems :

Procedure / Treatment : ECG, Bloods

Diagnosis :

WHAT HAPPENS NEXT ?

No further hospital / clinic appointment is necessary

Name of Prescriber : Peter Stephen
Date : 31/08/2018 1:22:45 PM
Bleep / Contact No : 50999
Ward Pharmacist : [redacted]

Drug / Medicine Sensitivity

NKDA

NHS Confidential: Personal data about a patient



PATIENT DISCHARGE INFORMATION

Grampian

Admission Date : 31/08/2018

Discharge Date : 31/08/2018 11:00 AM

Name :	Christopher Rust	D.O.B. :	05/12/1968
Address :	Birchleigh, Monkshill	Fyvie	Unit No : 0606254W
	Turniff		CHI No : 0512682275
Postcode :	AB53 8RL	Weight :	

CHANGES TO ADMISSION MEDICATION

Simvastatin restarted.
Gaviscon advance and omeprazole for reflux.

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

Name Of Medicine	Dose	Unit	How to take it	Frequency	What is it for?	How long to take	Hospital Pharmacy to dispense?	Pharmacy use only
Simvastatin	40	mg	Oral	Night	Cholesterol		N	Labeled supply requested
Aspirin	75	mg	Oral	Morning			N	
Gaviscon Advance	5-10	ml	Oral	If required for heartburn		max 40ml in 24hrs	N	Labeled supply requested
Omeprazole	20	mg	Oral	Morning	as required for reflux		N	Labeled supply requested
Creon 25000unit Capsules	1	capsule	Oral	With meals			N	

Name of Prescriber : Peter Stephen
Date : 31/08/2018 1:22:45 PM
Bleep / Contact No : 50999
Ward Pharmacist : [REDACTED]

Drug / Medicine Sensitivity

NKDA

© NHS Grampian GP DISCHARGE SUMMARY

Date Printed : 31/08/2018 1:22:45 PM

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Page 1 of 3

NHS Grampian

Acute Medical Initial Assessment
Ward 101, Emergency Care Centre
Aberdeen Royal Infirmary
Foresterhill
ABERDEEN AB25 2ZN



Direct Line (01224) 551573
Fax (01224) 555918

RAD/FY

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 11/09/2018
Date Typed: 12/09/2018

Dear Dr [REDACTED]

**Mr Christopher Rust (5 December 1968) Birchleigh, Monkshill, Fyvie,
Turniff, AB53 8RL**

Admitted and discharged: 31 August 2018
Diagnosis: Low retrosternal chest pain – likely oesophageal
reflux with spasm

Please see below the text from an IDL relating to Mr Rust's recent admission. Earlier in the day, he had been mowing his lawn when he developed central, low retrosternal pain which radiated to the left axilla. There was nausea and sweating but no other symptoms were present. The discomfort did not settle with GTN used twice. It eventually resolved a few hours later. He has been investigated for similar pain in the past with normal ETT and MPS. Oesophagitis was noted on endoscopy. Since then, the PPI has been discontinued. That said, there is recent correspondence from Cardiology suggesting that, despite the negative investigations, he does carry risk factors for ischaemic heart disease and continuation of high dose statin was recommended.

ECGs were normal and the troponin at 13 hours following onset of pain was negative. We concluded that his symptoms were most likely due to oesophageal reflux with spasm and have discharged him with Esomeprazole and Gaviscon, both to be used as required. Simvastatin has also been re-started at 40 mg daily. He is discharged back to your care.

IDL Comments

Christopher Rust (0512682275)

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Page 2 of 3

This patient was admitted with an episode of chest pain. An ACS was excluded as an admission troponin was negative (and this took place after 13 hours of pain) and ECGs did not show any acute ischaemic changes.

It was felt that the chest pain was likely reflux with oesophageal spasm.

Bloods and clinical examination were unremarkable. Patient was commenced on Esomeprazole and Gaviscon to use as required. He was also restarted on Simvastatin 40mg OD, as per latest cardiology letter. He was deemed fit for discharge today.

Kind regards,

SSMU Team
Ward 103 ARI

Yours sincerely



Dr [REDACTED] Docea
Consultant

Christopher Rust (0512682275)

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Page 3 of 3

Changes To Admission Medication

Simvastatin restarted.
Gaviscon advance and omeprazole for reflux.

Drug Sensitivity

NKDA

Medications List (Prescriber: Jonathan Strickland)

Name of Medicine	Dose	Unit	Route	Frequency	What is it For?	Duration	Hospital Dispensed?
Simvastatin	55	mg	Oral	Night	Cholesterol		No
Aspirin	75	mg	Oral	Morning			No
Gaviscon Advance	\$ 10	ml	Oral	If required for heartburn		max 40ml 4 times	No
Omeprazole	20	mg	Oral	Morning	as required for reflux		No
Green 2500000 Capsules	1	capsule	Oral	With meals			No

Christopher Rust (0512682275)

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NHS Grampian**Emergency Department Ward**

Emergency Department
Level 0, Green Zone
Emergency Care Centre
Aberdeen Royal Infirmary
Foresterhill Campus
Aberdeen AB25 2ZN
Direct Line 01224-553177/550506
Fax 01224-550718



Email to sarahwatson@nhs.net

DU/SW

Dr C Watson
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
Aberdeenshire
AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 04/06/2019
Date Typed: 11/06/2019

Dear Dr Watson

Mr Christopher Rust (5 December 1968) Birchleigh, Monkshill, Fyvie, Turriff, AB53 8RL

Date of Admission: 03 June 2019
Date of Discharge: 03 June 2019
Consultant: Dr C [REDACTED]
Diagnosis: Head injury

This gentleman was admitted to the ED observation ward as he had a head injury. He had been quite agitated in the Department, pushing doors to get out. He had been bleeding from his head wounds and had a large boggy swelling over his right parietal area. He had a CT of his brain which showed no acute intracranial abnormality or skull fracture. It was noted that on his PRF form CCTV had shown the patient running into a metal pole and being knocked backwards. He was allowed to leave the ED ward as he had capacity.

There is no further follow up from the ED Team.

Yours sincerely

Christopher Rust (0512682275)

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Dr [REDACTED]
ST4
Signed on behalf of: Dr Deniz Ustuner
FY1

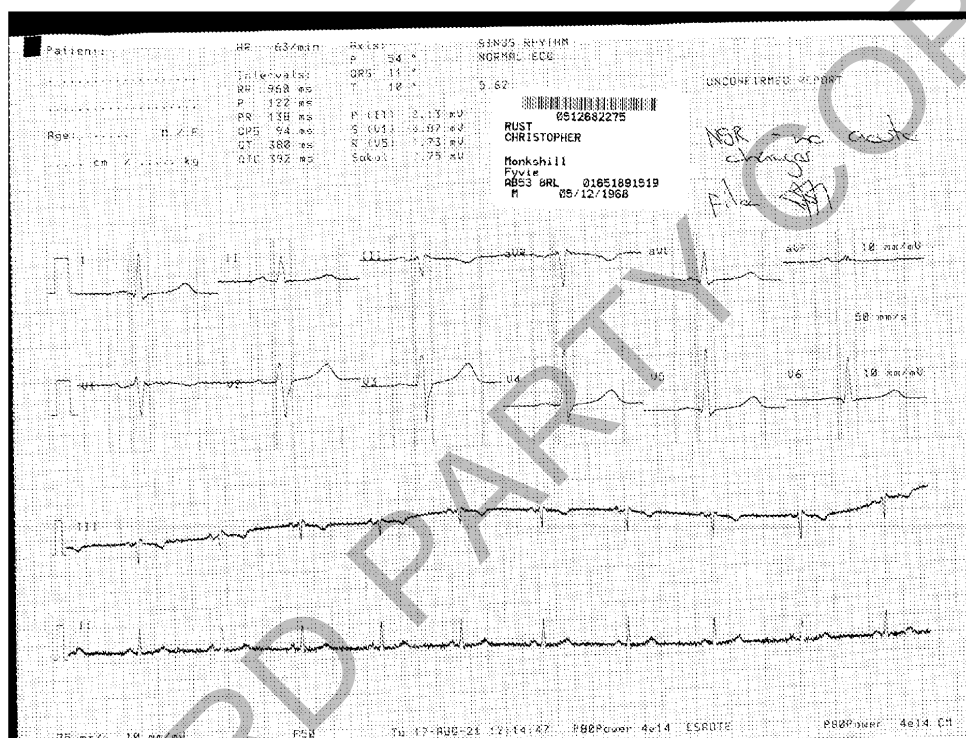
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Christopher Rust (0512682275)

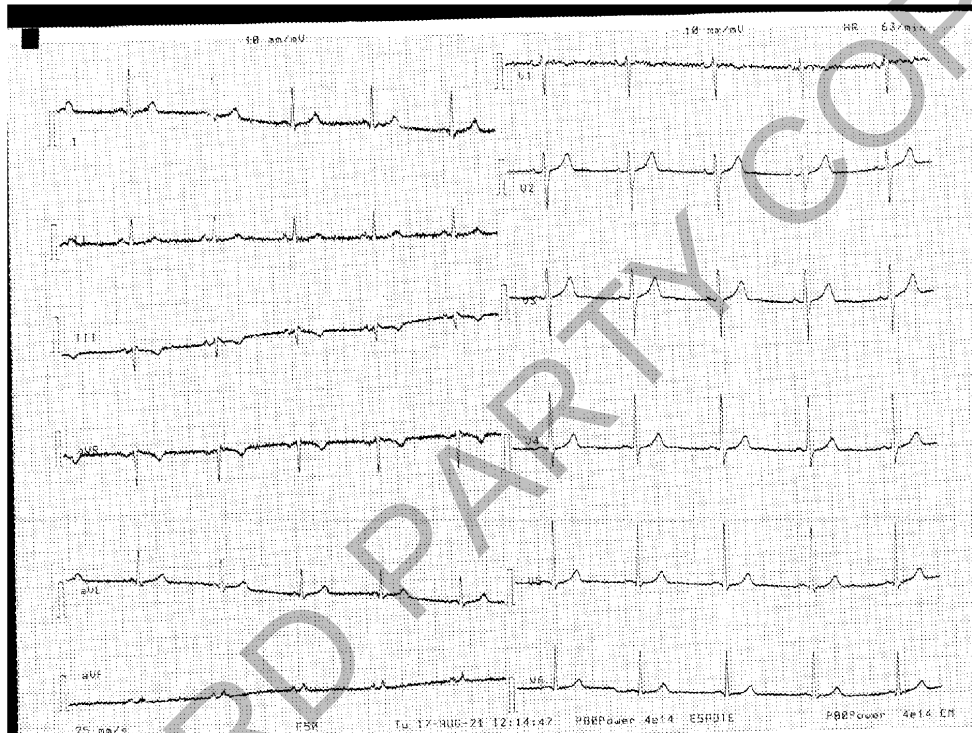
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Home Blood Pressure recording for:
Christopher Rust 5/12/1968

Reviewed by ☐ Please
File ☐

Date	First Reading			Second Reading		
	SYS	DIA	Pulse	SYS	DIA	Pulse
17/08/2021	151	100	74	144	97	77
	143	97	80	144	98	75
	139	98	72	137	97	75
	139	90	83	130	93	83
	157	104	96	146	99	87
	143	94	96	134	91	88
	140	93	92	143	91	93
	138	91	87	139	91	85
	141	93	90	139	90	84
	135	97	85	137	98	81
	155	93	78	146	101	77
	144	98	80	138	93	71
	154	105	130	144	95	122
	150	95	95	140	91	95
	135	86	104	136	91	100
	126	87	79	128	86	75
	138	90	82	135	88	82

Docman file date:

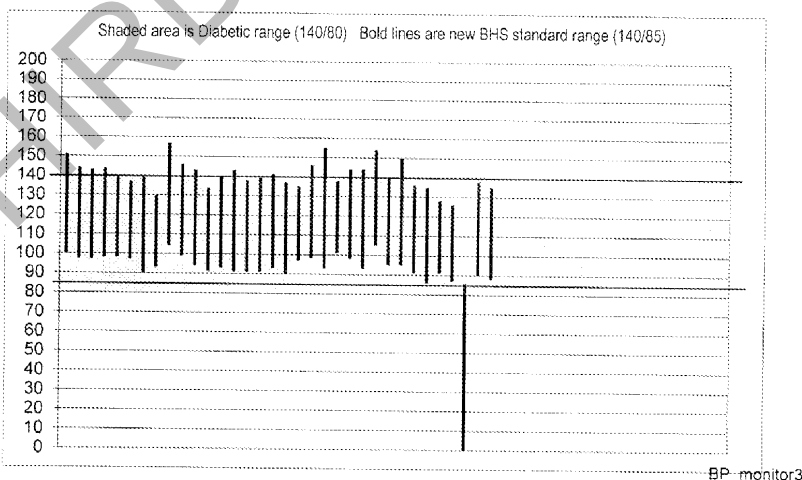
Current Anti-hypertensive Drugs

Old non-diabetic target 160/90			
Number of readings in/out of target range			
Systolic	<= 160	>160	
n= 33	33	0	
	😊	😞	
Diastolic	<= 90	>90	
n= 33	7	27	

New BHS non-diabetic target 140/85			
Number of readings in/out of target range			
Systolic	<= 140	>140	
n= 33	18	15	
	😊	😞	
Diastolic	<= 85	>85	
n= 33	0	34	

	1st SYS 1st DIA		2nd Sys nd Dia	
Maximum	157	105	146	101
Average	143	95	139	94
Median	141	94	139	93
Minimum	126	86	128	86

all Sys	all DIA
157	105
141	94
140	93
126	86



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Page 1 of 3

NHS
Grampian

Mr S [REDACTED]
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Woodend Hospital
Aberdeen AB15 6XS

Phone: 01224 556724
Email: [REDACTED]

NHS
Grampian

Outpatient Clinic - 31st May 2022

CU/JP

CHI: 0512682275

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date Dictated: 31/05/2022
Date Typed: 12/06/2022

Dear Dr [REDACTED]

Mr Christopher George Rust (05/12/1968) Birchleigh, Monkshill Fyvie, Turriff, AB53 8RL

Diagnosis: Bilateral plantar fibroma
- worse on the right
- not visible on the left today

Plan: US right foot
?Conservative treatment +/- shockwave therapy

Thanks for referring this 53 year old gentleman to the Foot & Ankle Clinic, I saw him today on behalf of Mr [REDACTED]. He reports an 18-24 month history of long-standing lumps in his foot bilaterally, worse on his right than left. Some days this is permanent and other days not quite. This gentleman has Dupuytren's and has hypertension. He is on Aspirin and Candesartan. He does not smoke but drinks about 3-4 units a week. He works as a Deck Manager on a supply boat (Oil & Gas) and finds that he is on his feet most of the day. He describes his symptoms as quite painful and he feels like he is stepping on pebbles. Some days the lumps are very big, other times not quite, but whether big or small, every time he is weight bearing he finds it very uncomfortable. He denies any pins and needles in his right leg. He did allude to some degree of numbness in his left foot but this does not give him any problems. He also complained of numbness in the ulnar distribution of his left hand.

On examination today, he had good toe to heel strike. He appeared slightly flat footed. On further examination, he had good strength in his legs, no sensory compromise he had good pulses as well.

Christopher George Rust, (0512682275)

NHS Confidential: Personal data about a patient

Page 2 of 3

On the plantar of his right foot, he had two pea-sized lumps and on palpation the distal lump was more tender as compared to the proximal lump.

I managed to look at his hands today and he has thickening of his palmar fascia as well and a very slight flexion of his left ring finger but nothing untoward. He tells me he continues to massage and stretch it. He has cut out wheat and sugar for his diet and thinks that this has softened the nodules a bit, I am not quite sure about the science behind this. From the ulnar side of things, I did an ??? examination as well as his Froment's sign and this all came back negative. Tinell's sign was quite significant and in the course of this I have offered to refer him to the Hand Clinic just for review and like he had said today he finds that his symptoms have slightly worsened and he describes the symptoms of numbness as worse. He gets symptoms of numbness and tingling in the morning and it is worse in the morning and tends to get better over the course of the day but just so that we keep an eye on him it might be worth having a look at him. He had good power in all fingers and both upper limb but I would rather he be referred to the experts for detailed examining and possible investigation as necessary.

From a Foot & Ankle point of view, the options would be to conservatively manage this gentleman before we go down the route of surgery. From the examination today, these lumps appear to be like plantar fibromas, however, the description of change in size over a short period of time does not quite fit, so we will organise a scan just to confirm that indeed it is a plantar fibroma. In the meantime, I will refer him to our Podiatry colleagues to organise something. The best people to see this gentleman would be the Orthotics as they can create bespoke splints or insoles for him but it takes quite a while for this to happen, so we will send him to the Podiatrist Team to find something off the shelf that he can walk around with and if they are unable to do so then he would indeed have to see the Orthotic Team for something more bespoke. We will see him when his scan results become available.

He is aware that shockwave therapy has also been known to help. He is also aware that these lumps have a tendency to recur following surgery but if we get to a point where surgery is the only option then we might have to surgically intervene.

Yours sincerely

Signed by Mrs Cynthia Uzowulu
Physician Associate at 9:52 AM on 28/07/2022

- Tasklist updated

Christopher George Rust, (0512682275)

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Page 3 of 3

Copy to:

Colleagues
Podiatry Department
MSK Hub
Ward 6
Woodend Hospital
Aberdeen

Colleagues
Hand Surgery Triage
Department of Orthopaedics
Woodend Hospital
(via Internal Correspondence)

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Christopher George Rust, (0512682275)

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Page 1 of 2

Aberdeen Virtual
Hand Clinic

Aberdeen Virtual Hand Clinic
Mr D Lawrie and Ms C [REDACTED]
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Woodend Hospital, Eday Road
Aberdeen AB15 6AS

Telephone: (01224) 550847

NHS
Grampian

Virtual Hand Clinic – 11/08/2022

LW/MJ

CHI:

Mr Christopher Rust
Birchleigh, Monkshill
Fyvie
Turriff
AB53 8RL

Date Dictated: 11/08/2022
Date Typed: 11/08/2022

Dear Mr Rust

Your doctor has written to let us know you have a problem with your hand or wrist. Many of the conditions we see can be treated safely without an operation. We have produced a website to provide you with information about your condition and offer advice about the options available to you. The information provided is the same as we would give in a clinic appointment.

From the information supplied by your GP we believe your diagnosis to be

Dupuytren's disease

Our website is available at aberdeenvirtualhandclinic.co.uk or you can use the QR code below. We recommend you [REDACTED] the page for your condition. You can navigate to this from the patient information page which also has information about realistic medicine upon which we base our practice.

Christopher George Rust, (0512682275)

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Page 2 of 2



To use this code:

- Open your photo app
- Focus on the code as if you want to take a photo
- Click on link which appears to take you to the site

Once you have [REDACTED] the information please contact us on the number below if you wish to book a clinic appointment to discuss your options or if you feel that the diagnosis does not fit your symptoms.

If the information provided is sufficient or you wish to try one of the non-operative options suggested first then rest assured you can use the number at any time to book an appointment about this condition if you change your mind or your disease progresses.

The number to phone is (01224) 550847. This is only an appointment booking line, no clinical advice is available at this number.

Yours sincerely

Signed by Ms [REDACTED]
Physician Associate at 1:01 PM on 12/08/2022
The Hand Surgery Team

Copy to:

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Christopher George Rust, (0512682275)

Aberdeen Virtual Hand Clinic

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Page 1 of 2

NHS
Grampian**Mr S [REDACTED]**
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Woodend Hospital
Aberdeen AB15 6XS

Phone: 01224 556724

Email: [REDACTED]

NHS
Grampian

SCR /KC

CHI: 0512682275

Mr Christopher Rust
Birchleigh, Monkshill
Fyvie
Turrieff
AB53 8RLDate Dictated: 15/11/2022
Date Typed: 25/11/2022

Dear Mr Rust

Further to your recent attendance for ultrasound scan having attended my clinic earlier in the year, I now have the result of the scan. This confirms the clinical suspicions of plantar fibromatosis. This is a condition akin to the Dupuytren's disease that you have in your hand. This is therefore a benign condition.

Following removal of these lesions surgically, there is a fairly high recurrence rate, therefore I would not recommend routinely removing these. The main stay of treatment would be to offload the area with orthotics. I understand my colleague who reviewed you in clinic has already referred you to podiatry for this. The other thing that can be beneficial from time to time is Shockwave treatment. This has variable outcomes, and is best performed if the condition is particularly active. I have referred you on to my colleague who administers Shockwave treatment.

At this stage I have not arranged any routine follow up in clinic, but if these interventions were unsuccessful then I would happily see you again to discuss.

Please note that my comments above refer to the foot only. The treatment of Dupuytren's disease in the hand is usually much more successful.

Kind regards.

Yours sincerely

Christopher George Rust, (0512682275)

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Page 2 of 2

Signed by Mr [REDACTED]
Consultant Orthopaedic Surgeon at 9:08 AM on 30/11/2022

cc.

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Ms Kerry [REDACTED]
Shockwave Clinic
Outpatients Department
Woodend Hospital

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Christopher George Rust, (0512682275)

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NHS
Grampian

Mr S [REDACTED]
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Woodend Hospital
Aberdeen AB15 6XS

Phone: 01224 556724
Email: [REDACTED]

NHS
Grampian

SCR/KC

CHI: 0512682275

Dr [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date Dictated: 01/03/2023
Date Typed: 15/03/2023

Dear Dr [REDACTED]

**Mr Christopher George Rust (05/12/1968) Birchleigh, Monkshill Fyvie, Turriff,
AB53 8RL**

This patient was due to attend my clinic today. He did not attend. I have already written to him to explain the results of his ultrasound, which is probably the reason he did not attend. No further appointments have been arranged for him.

Yours sincerely

Signed by Mr [REDACTED]
Consultant Orthopaedic Surgeon at 9:41 AM on 19/04/2023

Christopher George Rust, (0512682275)

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Woodend General Hospital
Eday Road
Aberdeen
AB15 6XS

Dr. J [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date: 17/03/2023

Dear Dr. J [REDACTED]

I write to inform you that the patient below has been removed from the **Orthopaedic - Foot & Ankle** waiting list.

Name:	Mr Christopher Rust
CHI Number:	0512682275

Your patient did not attend their appointment/admission today and as such they have been removed from the waiting list. We have advised the patient to make contact with the bookings team should this have been a genuine error and if so we will reinstate their place on the waiting list.

Please contact us if you have any concerns.

Yours sincerely,

Medical Secretary

Print Ref: PMS-mointb1 (VILGPRL)

15 MAR 2023

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Clinical Note



Name:	Mr Christopher Rust	CHI:	0512682275	DOB:	05/12/1968	Gender:	Male
Address:	Birchleigh, Monkshill, Fyvie , Turriff AB53 8RL						

URGENT

Clinical Contact Details

Specialty: Cardiology Date: 26/04/2023 15:13:16 Location: Aberdeen Royal Infirmary

Notes

Seen in the chest pain clinic, fr CTCA. Please can we trial a low dose long acting nitrate in the interim. Please issue GTN spray too. Cholesterol remains elevated at 6.0, consider repeating bloods and increase treatment. formal letter to follow

	Name	Date/Time:	Contact No:	Role:
Authorised By:	Clinton	26/04/2023 15:13:16	59109	Staff Nurse

A copy of this document has been sent to the NHS Grampian SCI Store.
A copy of this document has been sent to the patients registered GP.

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**NHS
Grampian**

Dr A Y S Noman
Consultant Cardiologist
Cardiology Department
Level 1
Purple Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to: Dr Noman's Secretary
Secretary Direct Line (01224) 555054
Email: [REDACTED]

Cardiology Chest Pain Clinic 26/04/2023 - Face to Face

AC/CA

CHI: 0512682275

Dr Gavin [REDACTED]
?
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date Dictated: 26/04/2023
Date Typed: 27/04/2023

Dear Dr [REDACTED]

Mr Christopher George Rust (05/12/1968) Birchleigh, Monkshill Fyvie, Turriff, AB53 8RL

Diagnoses:

1. Exertional sounding chest pain with breathlessness - ETT 26/4/23 - For CTCA

Past Medical History:

1. Seen by Cardiology
 - Normal exercise tolerance test 2014
 - CTCA 2017 minor soft plaque at proximal right coronary otherwise no other disease
2. Hypertension
3. Oesophagitis

Current Medications:

1. Aspirin 75 mg
2. Candesartan 8 mg
3. Atorvastatin 80 mg

Thank you for referring Mr Rust to the Chest Pain Service. He gives an 18 month history of a central chest discomfort which can radiate to his left arm and elbow. He

Christopher George Rust, (0512682275)

describes this as crushing and has associated breathlessness. It is related to exertion, if he stops it is relieved within an hour. Sometimes it can be ongoing up to 4-5 hours. He previously had GTN spray which helped ease his chest pain however it gave him a headache. He now has none prescribed.

He has no peripheral vascular disease, ankle swelling, nocturnal dyspnoea. He occasionally gets momentary palpitations, there is no syncope. He is not diabetic, asthmatic, epileptic, there is no GI bleed history or of stroke.

Socially he is a non-smoker who drinks a moderate amount of alcohol. He works 4 weeks away and 4 weeks at home. He [REDACTED] his [REDACTED] and [REDACTED]. He is a rescue vessel worker in the North Sea. He has a cardiac history of his [REDACTED] having an MI in her 50s and his [REDACTED] had a fatal MI in his 60s.

Bloods from September are essentially normal, cholesterol is elevated at 6.0 with triglycerides of 7.46.

Clinical examination today revealed chest was clear on auscultation, heart sounds were 1+2, blood pressure 126/84 mmHg and his heart beat was 68 bpm.

Resting ECG is sinus rhythm. He has T wave inversion in lead III and AVF.

We proceeded on to exercise tolerance testing today where he managed 9 minutes of the [REDACTED] protocol achieving 100% of his predicted heart rate for his age. The patient stopped the test at 9 minutes 41 seconds due to increasing breathlessness, no chest pain, no significant ST changes, a few isolated ventricular ectopics and couplets seen at peak exercise. He had an appropriate heart rate and blood pressure response and an uneventful recovery.

I had a conversation with Mr Rust that this is fairly reassuring, however we will repeat his CTCA to look for any coronary artery disease. In the interim I would start him on a low dose, long-acting nitrate to see if this helps with his symptoms. I was looking back at his cholesterol, it has remained elevated although he is on 80 of Atorvastatin. He tells me he does take this daily. I wonder whether it would be worthwhile repeating his cholesterol and starting him on a secondary statin.

I will be back in contact with the results of his CTCA. I will also request an Echocardiogram.

Yours sincerely

Signed by Mrs [REDACTED] Clinton
Cardiology Nurse Practitioner at 7:53 PM on 27/04/2023
CTCA requested online
Added to T/L v

Christopher George Rust, (0512682275)

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Page 3 of 3

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Christopher George Rust, (0512682275)

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Radiology

CT Department
 Yellow Zone
 Aberdeen Royal Infirmary
 Foresterhill Road
 ABERDEEN
 AB25 2ZN



Email: Gram.radiologyct@nhs.scot
 Phone No: 01224 551996

SDM/DAN

C/O Referring GP
 Fyvie Oldmeldrum Medical Group
 Oldmeldrum Health Centre
 [REDACTED] Way
 Oldmeldrum
 AB51 0JZ

CHI: 0512682275

NO Paper Copy Required For GP

Date Dictated: 18/05/2023
Date Typed: 18/05/2023

Dear C/O Referring GP

**Mr Christopher Rust (5 December 1968) Birchleigh, Monkshill, Fyvie,
 Turriff, AB53 8RL**

Your patient is booked to undergo a CT coronary angiogram on 1st June. In order to obtain good images, it is essential that the patient has a steady and slow heart rate. According to our hospital records, this patient is not already taking a beta-blocker (or any other rate-limiting agent) on a regular basis and does not have any contraindication to beta-blockers.

We would, therefore, be grateful if you could provide the above patient with a prescription of Bisoprolol 2.5mg od. This should be started 2 days prior to coming for the procedure and continued until the day the procedure (three doses in total).

If you are aware of any contra-indication to beta blockers, in particular previous adverse reaction or severe obstructive airways disease, please provide below details of this contra-indication.

Details of contra-indication to beta-blockers (if present):

Christopher Rust (0512682275)

This letter is viewable in SCI Store

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Page 2 of 2

We thank you for your help.

Yours sincerely



Mrs Debbie Nutten
Medical Secretary
Signed on behalf of: Dr Sylvie [REDACTED]
Locum Consultant Radiologist

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Christopher Rust (0512682275)

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**NHS
Grampian**

Dr A Y S Noman
Consultant Cardiologist
Cardiology Department
Level 1
Purple Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to: Dr Noman's Secretary
Secretary Direct Line (01224) 555054
Email: [REDACTED]

AC/CA

CHI: 0512682275

Dr Gavin [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date Dictated: 20/06/2023
Date Typed: 22/06/2023

Dear Dr [REDACTED]

**Mr Christopher George Rust (05/12/1968) Birchleigh, Monkshill Fyvie, Turriff,
AB53 8RL**

Following Mr Rust's consultation at the Nurse-led Chest Pain Service, I am just writing to report his CT coronary angiogram.

His CTCA has concluded mild coronary artery calcification, minimal LAD stenosis but no other demonstrable plaque or significant stenosis in the other coronary arteries.

He has mild pectus excavatum, no abnormalities of note in the visualised lungs, soft tissues or bony structures.

With this result, it is reassuring for any obstructive coronary artery disease and he needs no further follow up. He also had a fairly reassuring exercise tolerance test at the clinic and I would recommend good control of any risk factors such as high cholesterol and blood pressure.

Any questions or queries, please do not hesitate to get in contact.

Yours sincerely

Signed by Mrs [REDACTED] Clinton
Cardiology Nurse Practitioner at 12:52 PM on 03/07/2023

Christopher George Rust, (0512682275)

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Page 2 of 2

Mr Christopher Rust
Birchleigh, Monkshill
Fyvie
Turriff
AB53 8RL

Dear Mr Rust,

Your CT angiogram is reassuring for any obstructive coronary artery disease and needs no further follow up. I note we are still awaiting the ultrasound of your heart and I will be back in contact with the results of this.

If you have any questions or queries please do not hesitate to get in touch.

■ Clinton

Christopher George Rust, (0512682275)

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**NHS
Grampian**

Dr A Y S Noman
Consultant Cardiologist
Cardiology Department
Level 1
Purple Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Enquiries to: Dr Noman's Secretary
Secretary Direct Line (01224) 555054
Email: [REDACTED]

AC/CA

CHI: 0512682275

Dr Gavin [REDACTED]
Fyvie Oldmeldrum Medical Group
Oldmeldrum Health Centre
[REDACTED] Way
Oldmeldrum
AB51 0JZ

Date Dictated: 10/10/2023
Date Typed: 11/10/2023

Dear Dr [REDACTED]

**Mr Christopher George Rust (05/12/1968) Birchleigh, Monkshill Fyvie, Turriff,
AB53 8RL**

Following Mr Rust's consultation at the Nurse-led Chest Pain Service and his subsequent reassuring CT coronary angiogram, I am just writing to report his echocardiogram.

His echocardiogram has been reported as a normal study with no structural or valvular problems, there is mild pulmonary regurgitation.

This needs no further follow up and he is discharged back into your care.

Yours sincerely

Signed by Mrs [REDACTED] Clinton
Cardiology Nurse Practitioner at 5:38 PM on 11/10/2023

Mr Christopher Rust
Birchleigh, Monkshill

Christopher George Rust, (0512682275)

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Page 2 of 2

Fyvie
Turriff
AB53 8RL

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Christopher George Rust, (0512682275)

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number: 77655 Receive Date: 30-Aug-2025 14:24
Patient's Name: Christopher Rust
Date of birth: 5-Dec-1968 (56 years) Gender: M
Address: Birchleigh Current Address: Co-Operative Retail Services Ltd
Fyvie Turriff Unit 1
AB53 8RL Oldmeldrum Inverurie
AB51 0FU
Return Contact No:
Tel No: 07939 880841 07939 880841
Mobile No:
Priority: 4 hours Call Origin:
Received: 30-Aug-2025 14:24 Calltype: Attend OOH Appointment
Advised: : Arrived PCC: 30-Aug-2025 17:00
Final Cons start: 30-Aug-2025 17:10 Final Cons End: 30-Aug-2025 17:23
Consulting Doctor: Own doctor: Gavin

CHI Number:
0512682275

Reported Condition:

Symptoms: This case was generated from 77493. Initial Symptoms: History: dizziness at 8.30am felt dizzy on getting out of bed felt nauseous was not sick also had 1 tinnitus since no prev ear problems FAST negative on triage Examination: not seen Diagnosis: ?labyrinthitis Treatment: for centre consultation inverurie centre 5pm f2f to assess Consult Clinician Name: Dr M

Final Consultation details:

Consultation Start - 30-Aug-2025 17:10
Consultation Finish - 30-Aug-2025 17:23
Consulting Clinician -

History - dizziness on waking this morning felt nauseous not sick also 1 sided tinnitus no prev ear problems normally fit and well due to go offshore monday
Examination - apyrexial sats 96% p80 ears both wax plug evident 1 canal more reddened
- unable to see drum bilat no discharge evident
Diagnosis - labyrinthitis
Treatment - for buccastem 3mg bd 10 issued from stock as chemist now shut handwritten

rx prochlorperazine maleate 5mg tds 85 olive oil 2 drops bd 10mls with
instructions gp review if not settling and ear syringe chemist 2 weeks if wax not
resolving advised not to go offshore monday as likely to make dizziness worse

Clinical
Codes - **F56.. Vestibular syndromes/disorders**

Followups:

Worsening Statement

Retrospective Centre Consult

Clinical Codes Summary (All Consultations):

F56.. Vestibular syndromes/disorders

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Home Blood Pressure recording for:

CHRISTOPHER RUST

05/12/1968

Reviewed by :

Please

File

Date	First Reading			Second Reading		
	SYS	DIA	Pulse	SYS	DIA	Pulse
17/12/2025	129	84	66	131	81	62
	128	80	82	122	78	82
	135	88	85	131	85	82
	129	82	76	128	83	80
	124	85	72	126	86	71
	145	84	82	146	88	89
	144	87	74	132	84	74
	137	86	72	130	85	70

Docman file date:

Current Anti-hypertensive Drugs

Old non-diabetic target 160/90

Number of readings in/out of target range

Systolic	<= 160	>160
n= 20	20	0

😊 😞

Diastolic	<= 90	>90
n= 20	8	0

New BHS non-diabetic target 140/85

Number of readings in/out of target range

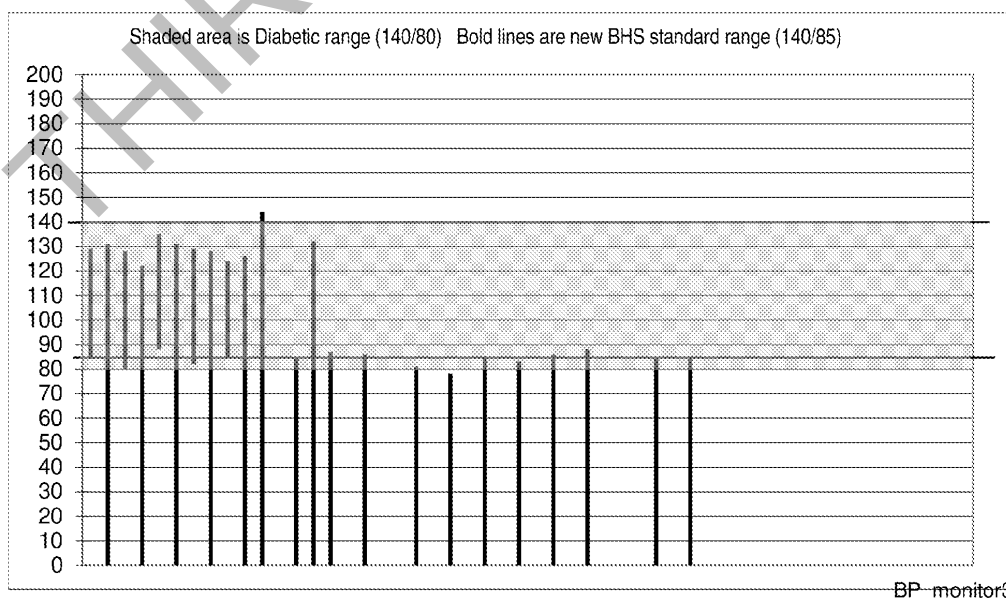
Systolic	<= 140	>140
n= 20	19	1

😊 😞

Diastolic	<= 85	>85
n= 20	5	3

	1st SYS	1st DIA	2nd Sys	nd Dia
Maximum	145	88	146	88
Average	134	85	131	84
Median	132	85	131	85
Minimum	124	80	122	78

all Sys	all DIA
146	88
132	84
131	85
122	78



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22-Jan-2026 Ms Julie Thomson

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Other Attachment : ASSIGN

Filename: 02MJ900Q.pdf

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ASSIGN - MR RUST, CHRISTOPHER GEORGE [05/12/1968]

Age [25-90]	57	Sex	Male	Diabetes	☐	Total Cholesterol	5.8
Postcode	AB53 8RL	Stroke/CHD family history	☒	HDL Cholesterol	0.9		
Cigarettes /day	0	Rheumatoid arthritis	☐	Systolic BP	149		
38D6. ASSIGN Score		Event Date		22/01/2026			
Percentage risk in 10 years: 22.64							

Smoking status	27/10/2022: Ex smoker [0]	Rheumatoid arthritis	
Diabetes		Total cholesterol	16/12/2025: Serum total cholesterol level [5.8]
Stroke ☒ history		HDL cholesterol	16/12/2025: Serum HDL cholesterol level [0.9]
CHD ☒ history	21/07/2011: FH: Angina < 60yrs	Blood Pressure	16/12/2025: O/E - Diastolic BP reading [98]

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09-Dec-2025 Miss Rianna Wemyss

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Clinical Letter : CHD monitoring 1st letter

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Dr Iqbal
Mrs Innes
Dr Inverurie
Dr Rajan

Kings Medical Practice
12 Sunnybank Road
Aberdeen
AB24 3NG

Carden House
Carden Place
Aberdeen
AB10 1UT

Meldrum Medical Group
Way
AB51 0JZ

0345 013 0740

09 Dec 2025

Mr Rust Christopher George

Birchleigh
Monkshill
Fyvie
AB53 8RL

Cardiac Review

We have recently changed the way we recall our patients for these Chronic Disease Management.

We would like to invite you to attend the practice for your annual cardiac check-up. This is a 2-stage assessment and is in addition to any other checks or reviews you may have had within the last year. **If you have already had this review recently, you can ignore this letter. The practice will invite you by letter for your annual cardiac review by your birthday month.**

Stage 1: 20 minute cardiac clinic appointment with our Health Care Assistant.
You must phone the practice to book this appointment. Tel 0345 013 0740

Meldrum Health Centre Press option 3 then option 2

Kings Medical Practice Press option 2 then option 2

You attend the practice for this appointment and our Health Care Assistant will:

Check your height and weight
Check your blood pressure
Take a blood test – **you do not need to fast.**
Ask some lifestyle questions.

Stage 2: Practice Nurse Review

This is a telephone review to discuss your recent test result from stage 1. This will be arranged for you when you attend your initial appointment (Stage 1).

We look forward to managing your care with you.

Yours sincerely
Newburn Ltd

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26-Nov-2025 Miss Rianna Wemyss

Additional: Scanned Document

Clinical Letter : Hypertens.monitor.1st letter

Filename: 02MJ900O.doc

Extension: .tif

Pages:



Dr Iqbal
Mrs Innes
Dr Inverurie
Dr Rajan

Kings Medical Practice
12 Sunnybank Road
Aberdeen
AB24 3NG

Carden House
Carden Place
Aberdeen
AB10 1UT

Meldrum Medical Group
Way
AB51 0JZ

0345 013 0740

0345 013 0740

26 Nov 2025

Mr Rust Christopher George

Birchleigh
Monkshill
Fyvie
AB53 8RL

We have recently changed the way we recall our patients for these Chronic Disease Management.

Hypertension Review

We would like to invite you to attend the practice for your annual hypertension check-up. This is a 2-stage assessment and is in addition to any other checks or reviews you may have had within the last year.

If you have already had this review recently, you can ignore this letter. The practice will invite you by letter for your annual hypertension review by your birthday month.

**Stage 1: 20 minute hypertension clinic appointment with our Health Care Assistant.
You must phone the practice to book this appointment. Tel 0345 013 0740**

Meldrum Health Centre Press option 3 then option 2

Kings Medical Practice Press option 2 then option 2

You attend the practice for this appointment and our Health Care Assistant will:

Check your height and weight

Check your blood pressure

Take a blood test – you do not need to fast.

Check a urine specimen – if possible please take one with you to the appointment. If you are unable to do so please be able to provide a sample at your appointment.

Ask some lifestyle questions.



Dr Iqbal
Mrs Innes
Dr Inverurie
Dr Rajan

Kings Medical Practice
12 Sunnybank Road
Aberdeen
AB24 3NG

Carden House
Carden Place
Aberdeen
AB10 1UT

Meldrum Medical Group
Way
AB51 0JZ

0345 013 0740

Stage 2: Practice Nurse/Pharmacist Review

This will be a telephone review to discuss your recent test result from stage 1. This will be arranged for you when you attend your initial appointment (Stage 1).

We look forward to managing your care with you.

Yours sincerely

Newburn Ltd at Old Aberdeen

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31-Oct-2022

Additional: Scanned Document

SCI Referral Letter :

Filename: 02MJ9001.HTML

Extension: .tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			31-Oct-2022	
<u>Patient Consent has been given for information sharing</u>			Date Referral Submitted	
			31-Oct-2022 @ 15:29:36	

Unique Care Pathway Number: 101027826633F

CHI No: 0512682275

REFERRAL TO	
Cardiology A2 Grampian General Protocol	? — Consultant / receiving practitioner? and/or? specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? — Hospital? and? hospital address
	Hospital unit no. N101H
	Email address
Urgency of Referral	Urgent
Sensitivity of Referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Marital Status	Not Known
Date of birth	05-Dec-1968
CHI No.	0512682275
Patients address	BIRCHLEIGH MONKSHILL FYVIE AB53 8RL
Contact details	Home: 01651 891519 Mobile: 07939880841

REFERRING PRACTITIONER DETAILS	
Name	Dr Russell McInnes
GP Code	16942
GMC Code	2619439
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre Way Oldmeldrum AB51 0JZ
Contact details	Voice: 0345 0130730

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring HCP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Reason For Referral**

? Worsening exertional chest pain

Referral/Reason /

Date Dictated: 28 October 2022 Date Typed: 31 October 2022

Background

FAO: Chest Pain Clinic

Dear Doctor

I would be grateful for your urgent opinion on this 53 year old seaman who works on a merchant vessel. He has a very long history, going back some 3+ years, of exertional chest pain which has recently become much more troublesome, coming on after less exertion and eased by rest. This is a typical angina history.

He also has numbness of his left small finger and a pain in the left axilla which neck movements make no difference to but I still suspect that both of these are probably cervical in origin.

He has a very strong history of ischaemic heart disease on both sides of his along with several premature deaths. He has not smoked for some 26 years. He is on Simvastatin, antihypertensive drugs and Aspirin.

I have arranged for an up to date fasting cholesterol as the last one was not fasted and this should be available to you on SCI Store when you see him.

I would be grateful for your advice on his further investigation and treatment.

Thank you for your help.

Yours sincerely

Dr [REDACTED] McInnes

Locum GP

Examinations and Investigations**Examinations**

Ex smoker	? Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 1995.	27-Oct-2022
Ex smoker	? Smoking status on date of event: Ex-smoker. NOTES: Stopped smoking approx 26 years ago.	22-Sep-2022
Ex smoker	? Smoking status on date of event: Ex-smoker.	10-Sep-2012
Alcohol intake within recommended sensible limits	? Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	? Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	? Drinking status on eventdate: Current drinker.	13-Jun-2011
Exercise grading	? Type of exercise: Moderate. NOTES: Swims and cycles. Works on a vessel, very active job.	22-Sep-2022

Investigations

NB: ? THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB: ? IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
28-Oct-2022	128	82			
22-Sep-2022	132	78			
03-Jul-2020	130	84			
22-Sep-2022			1.78	93.2	29.4
25-Feb-2013			1.778	85	26.8
13-Jun-2011			1.778	90	28.4

Reason for Referral**Care type requested**

Out Patient

Expected outcome

Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Dupuytren's contracture	-	-	-	11-Aug-2022
Essential hypertension	-	-	-	27-Jul-2022
Head injury	-	-	-	03-Jun-2019
Chest pain	-	-	-	31-Aug-2018
Contusion, forearm area	-	-	-	21-Apr-2015
Superficial burn NOS	-	-	-dressing	29-Sep-2014
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left) - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendectomy	-	-	01-Jan-1985

Medication Details**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Atorvastatin 80mg tablets	81727020	tablet	1 TABLET ONCE A DAY	-	28-Oct-2022	-
Candesartan 8mg tablets	81325020	tablet	1 TABLET ONCE A DAY	-	31-Aug-2021	-
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Atorvastatin 80mg tablets	-	tablet	1 TABLET ONCE A DAY	-	28-Oct-2022	-
Tadalafil 20mg tablets	-	tablet	1 BEFORE INTERCOURSE	-	28-Oct-2022	-
Simvastatin 40mg tablets	-	tablet	1 TABLET ONCE AT NIGHT	-	05-Apr-2017	-

Clinical Warnings**Lifestyle Risks****Clinical Alerts****Allergies and Intolerances**

H/O: drug allergy: Sildenafil 50mg tablets, Reaction type: Adverse Effect, [1B1G.00], Certainty of allergy: Likely, Severity of allergy: Moderate. 28-Oct-2022

Application Version No. 2.1.1c

Stylesheet Version No. 7.17

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23-Mar-2022 Dr Joy Ngai

Additional: Scanned Document

SCI Referral Letter :

Filename: 02MJ900F.HTML

Extension: .tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			23-Mar-2022	
Patient Consent has been given for information sharing			Date Referral Submitted	
			23-Mar-2022 @ 10:56:14	

Unique Care Pathway Number:1010258890691

CHI No:0512682275

REFERRAL TO	
Trauma and Orthopaedic SurgeryC8 Grampian General Protocol	? Consultant / receiving practitioner?and/or?specialty clinic
Woodend General Hospital Aberdeen AB15 6XS	? Hospital?and?hospital address
	Hospital unit no. N102H
	Email address
Urgency of Referral	Routine
Sensitivity of Referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Marital Status	Not Known
Date of birth	05-Dec-1968
CHI No.	0512682275
Patients address	BIRCHLEIGH MONKSHILL FYVIE AB53 8RL
Contact details	Home:01651 891519 Mobile:07769 115809

REFERRING PRACTITIONER DETAILS	
Name	Dr Joy Ngai
GP Code	-
GMC Code	7090332
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre Way Oldmeldrum AB51 0JZ
Contact details	Voice:0345 0130730

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring HCP and authorised for transmission. Referred By:Locum

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Reason For Referral ? Ledderhose disease right foot

Referral?Reason / Dear Colleague,

Background

I would be grateful for your input into the further management of this 53 year old gentleman, who has presented with changes consistent with Dupuytren's disease to both hands, and thickened cords to both feet over the past 4-5 months. He works on a boat in the North Sea. He is a non-smoker and drinks alcohol occasionally. He has well-controlled hypertension and is under annual review for cardiovascular risk factors.

On examination, the thickening to both palms is not causing any restriction to his activities at present. However there are two palpable nodules to the sole of his right foot, which is causing him significant discomfort when walking. He is keen to explore possible intervention to address his symptom.

Thank you very much.

Yours sincerely,

Dr Joy Ngai
Locum GP

Examinations and Investigations**Examinations**

Ex smoker	? Smoking status on date of event: Ex-smoker.	10-Sep-2012
Ex smoker	? Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	? Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	? Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	? Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	? Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB: ? THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD -

NB: ? IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED -

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
03-Jul-2020	130	84			
16-Mar-2018	150	84			
12-Nov-2013	125	80			
25-Feb-2013			1.778	85	26.8
13-Jun-2011			1.778	90	28.4

Reason for Referral

Care type requested Out Patient

Expected outcome Treat

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Head injury	-	-	-	03-Jun-2019
Chest pain	-	-	-	31-Aug-2018
Contusion, forearm area	-	-	-	21-Apr-2015
Superficial burn NOS	-	-	-dressing	29-Sep-2014
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left) - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendectomy	-	-	01-Jan-1985

Medication Details**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Candesartan 8mg tablets	81325020	tablet	1 TABLET ONCE A DAY	-	31-Aug-2021	-
Simvastatin 40mg tablets	72489020	tablet	1 TABLET ONCE AT NIGHT	-	05-Apr-2017	-
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

No medications recorded

Application Version No.2.1.1c

Stylesheet Version No.7.17

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08-July-2016

Additional:Scanned Document

SCI Referral Letter :

Filename: 02MJ900D.HTML

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			06-Jul-2016	
<u>Patient Consent has been given for information sharing</u>			Date Referral Submitted	
			08-Jul-2016 @ 17:28:16	

Unique Care Pathway Number:101011719658G

CHI No:0512682275

REFERRAL TO	
CardiologyA2 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? Hospital and hospital address Hospital unit no. N101H Email address
Urgency of referral	Routine
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	BIRCHLEIGH MONKSHILL FYVIE AB53 8RL
Contact details	Home:01651 891519 Mobile:07769 115809

REFERRING PRACTITIONER DETAILS	
Name	Dr Rowena Belding
GP Code	16942
GMC Code	7334343
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre Way Oldmeldrum AB51 0JZ
Contact details	Voice:01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By:Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Chest Pain

Referral I would be grateful if you could see this 47 year old Merchant Seaman. He has been getting intermittent chest pain on and off for the past 4 or 5 years, this has previously been investigated and he had a normal ETT at that time. He describes the pain as being central chest pain radiating to his left arm with tingling of his left hand. He can feel nauseated, short of breath, sweaty with palpitations and migraines present along with the pain. It usually lasts about 10 minutes and usually improves with rest. He tells me this pain is now happening around every second day both on exertion and when he is feeling distressed. He reports that over the past month these episodes have been getting more frequent and more severe and he has had a couple of times where the pain has lasted for many hours overnight. He is an ex smoker, drinks 30 units of alcohol a week, 2 caffeinated drinks a day and there is a history of IHD with both his having an MI around the age of 50. When I assessed him he did not have any ongoing chest pain, heart rate was 62, SA02 96%, BP 146/84. Heart sounds were normal, chest was clear and there was no anterior chest wall tenderness. I have given him some GTN spray to whether this helps when he gets one of these episodes. I would be grateful for your further assessment and advice of this gentleman, I have put this through as a routine referral as his pain has been going on for 5 years and he has previously had a normal ETT, however should you feel that you would like to see him sooner due to the increased frequency and severity he has recently been experiencing I would be grateful for you input about this.

Many thanks

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker.	10-Sep-2012
Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	85	-
Patient Height in Metres	1.778	-
Patient BMI	26.8	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Contusion, forearm area	-	-	-	21-Apr-2015
Superficial burn NOS	-	-	-dressing	29-Sep-2014
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left) - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Accessory nipple	-	-	-	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-
Creon 25000 gastro-resistant capsules (BGP Products Ltd)	55110020	capsule	AS DIRECTED	-	10-Aug-2015	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	TAKE ONE TWICE A DAY	-	28-Jan-2014	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	-	dose	WHEN REQUIRED SPRAY ONE OR TW[more]	-	04-Jul-2016	-

Clinical warnings

No clinical alert data available

Additional relevant information

No history information available

Application Version No. 2.1.1c

Stylesheet Version No. 5.93

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09-May-2016

Additional: Scanned Document

SCI Referral Letter :

Filename: 02MJ900C.HTML

Extension: .tif

Pages:

General Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral				Date Referral Created
MEDICAL IN CONFIDENCE				06-May-2016
<u>Patient Consent has been given for information sharing</u>				Date Referral Submitted
				09-May-2016 @ 16:28:40

Unique Care Pathway Number: **101011344537P**CHI No: **0512682275**

REFERRAL TO	
CardiologyA2 Grampian General Protocol	7 _____ Consultant / receiving practitioner and/or specialty clinic
Albyn Hospital 21 Albyn Place Aberdeen AB10 1RW	7 _____ Hospital and hospital address
	Hospital unit no. N101V/
	Email address -
Urgency of referral	Routine
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	BIRCHLEIGH MONKSHILL FYVIE AB53 8RL
Contact details	Home: 01651 891519 Mobile: 07769 115809

REFERRING PRACTITIONER DETAILS	
Name	Dr. [REDACTED]
GP Code	63533
GMC Code	6024550
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre [REDACTED] Way Oldmeldrum AB51 0JZ
Contact details	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Chest pain

Referral I am grateful to you for arranging an appointment for this 47 year old gentleman who presented today with an episode of chest pain which occurred earlier in the week whilst he had been away working on a boat. He describes the pain as being fairly short lived, lasting only a minute or so, but quite severe and radiating down his left arm with pins and needles affecting his hand. He has generally been feeling more unwell with exertion, more short of breath and intermittently nauseated. At the time he was assessed he had just a dull ache in the left side of his chest which was different from the pain he had experienced previously.

Summary: On examination his pulse was 83 beats per minute and regular. Blood pressure was 130/88 and oxygen saturation was 97%. His chest was clear and his heart sounds were normal. He did also have some tenderness in the left anterior chest wall.

Christopher has a significant [REDACTED] history of heart disease and this in combination with his work, where he is often away for long periods of time on a boat, has prompted his concern about underlying heart disease.

I believe he was previously seen by Cardiology but as he failed to attend an appointment because of his work commitments, he was discharged.

I have arranged for him to have some routine blood tests and an ECG checked in the surgery but I am grateful to you for arranging to see him for an assessment to decide if he requires further investigation. I look forward to hearing from you.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker.	10-Sep-2012
Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	85	-
Patient Height in Metres	1.778	-
Patient BMI	26.8	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Contusion, forearm area	-	-	-	21-Apr-2015
Superficial burn NOS	-	-	-dressing	29-Sep-2014
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left) - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Accessory nipple	-	-	-	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-
Creon 25000 gastro-resistant capsules (BGP Products Ltd)	55110020	capsule	AS DIRECTED	-	10-Aug-2015	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	TAKE ONE TWICE A DAY	-	28-Jan-2014	-

Past Medication Section

No medications recorded

Clinical warnings

No clinical alert data available

Additional relevant information

No history information available

Application Version No. 2.1.1c

Stylesheet Version No. 5.93

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29-Aug-2014

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SCI Referral Letter :

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Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			29-Aug-2014	
<u>Patient Consent has been given for information sharing</u>			Date Referral Submitted	
			29-Aug-2014 @ 15:26:43	

Unique Care Pathway Number: 101007802705M

CHI No: 0512682275

REFERRAL TO	
Elective Orthopaedic Surgery C80 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Woodend General Hospital Aberdeen AB15 6XS	? Hospital and hospital address Hospital unit no. N102H Email address
Urgency of referral Routine	
Sensitivity of referral Sensitive	

PATIENT DETAILS	
Surname RUST	Patient's address
Forename(s) CHRISTOPHER	BIRCHLEIGH
Title MR	MONKSHILL
Sex Male	FYVIE
Date of birth 05-Dec-1968	AB53 8RL
CHI No. 0512682275	Contact details
	Home: 01651891519

REFERRING PRACTITIONER DETAILS	
Name Dr. Jennifer	Practice address
GP Code 63533 GMC Code 6024550	Oldmeldrum Health Centre
Practice name Fyvie Oldmeldrum Medical Group (31719)	Way
Practice code 31719	Oldmeldrum
	AB51 0JZ
	Contact details
	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** For the attention of the hand clinic - Dupuytren's Contracture**Referral:** Dear Doctor

Summary: I am grateful to you for arranging an appointment for this 45 year old gentleman who works as a Merchant Seaman. Christopher presented at the surgery today concerned about an area of thickening on the palmar fascia between the bases of the ring and pinky finger. This area can occasionally be painful and is gradually increasing in size. I wonder if this represents an early Dupuytren's Contracture and I am grateful to you for seeing him to advise about the most appropriate treatment for him.

Yours sincerely

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker.	10-Sep-2012
Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD -

NB: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED -

Patient Weight in Kilograms 85 -

Patient Height in Metres 1.778 -

Patient BMI 26.8 -

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 40000 gastro-resistant capsules [REDACTED] Healthcare ...	79261020	capsule	AS DIRECTED	-	28-Jan-2014	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	TAKE ONE TWICE A DAY	-	28-Jan-2014	-
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Dihydrocodeine 90mg modified-release tablets	-	tablet	TWICE DAILY PRN	-	27-Aug-2014	-

Clinical warnings

No clinical alert data available

Additional relevant information

No [REDACTED] history information available

Application Version No.2.1.1c

Stylesheet Version No.5.8

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09-Jan-2014

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SCI Referral Letter :

Filename: 02MJ900A.HTML

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral Letter			Date Referral Created	
MEDICAL IN CONFIDENCE			07-Jan-2014	
Patient Consent has been given for information sharing			Date Referral Submitted	
			09-Jan-2014 @ 13:00:09	

Unique Care Pathway Number: 101006510823R CHI No: 0512682275

REFERRAL TO	
Ear, Nose & Throat (ENT) C5 Grampian General Protocol Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? Consultant / receiving practitioner and/or specialty clinic ? Hospital and hospital address Hospital unit no. N101H Email address
Urgency of referral Routine Sensitivity of referral Sensitive	

PATIENT DETAILS	
Surname RUST Forename(s) CHRISTOPHER Title MR Sex Male Date of birth 05-Dec-1968 CHI No. 0512682275	Patient's address BIRCHLEIGH MONKSHILL FYVIE AB53 8RL Contact number(s) Voice: 01651891519

REFERRING PRACTITIONER DETAILS	
Name Dr. [REDACTED] GP Code 63967 GMC Code 2982980 Practice name Fyvie Oldmeldrum Medical Group (31719) Practice code 31719	Practice address Oldmeldrum Health Centre [REDACTED] Way Oldmeldrum AB51 0JZ Contact number(s) Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Tinnitus**Referral**

Summary: This 45 year old man works as a safety boat driver offshore. He presented with troublesome tinnitus particularly affecting his left ear though aware of some symptoms on his right ear. This has been present for a number of months and is gradually becoming more intrusive. He was aware of some loss of hearing but seem to be less troubled by this. There is no past or history of deafness or tinnitus and previous offshore medicals with hearing testing have appeared normal. He reports no nasal or sinus symptoms and no ear discharge or pain. On examination both tympanic membranes were normal and external audiometria were clear. The nasal passages and throat appeared clear. Audiogram screening revealed that he hears in his right ear 20 decibels at low frequency and 40 decibels above 4000 hertz and in his left ear he hears 30 decibels at low frequencies and only 50 to 60 decibels above 4000 hertz. I suspect he has a degree of early presbycusis of related tinnitus. I would be grateful if you would see him for further assessment with significant loss and advise on further appropriate management at this stage.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker.	10-Sep-2012
Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	26-Apr-2013
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	10-Sep-2012
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	85	-
Patient Height in Metres	1.778	-
Patient BMI	26.8	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Oesophagitis	-	-	/reflux and gastritis see on gastroscopy	14-Jun-2013
Shoulder pain	-	-	Left) - since 1/3/12. Listed on 4/3/13 for sub-acromial decompression	04-Mar-2013
No known allergies	-	-	-	12-Aug-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Accessory nipple	-	-	-	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Arthroscopic subacromial decompression	-	-	27-Aug-2013
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Aspirin 75mg gastro-resistant tablets	52995020	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Dihydrocodeine 90mg modified-release tablets	-	tablet	TWICE DAILY PRN	-	27-Nov-2013	-
Creon 40000 gastro-resistant capsules [REDACTED] Healthcare ...	-	capsule	AS DIRECTED	-	26-Nov-2013	-
Sudafed Decongestant 60mg tablets (McNeil Products Ltd)	-	tablet	1 TABLET FOUR TIMES DAILY	-	12-Nov-2013	-

Clinical warnings

No clinical alert data available

Additional relevant information

No [REDACTED] history information available

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30-July-2012

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SCI Referral Letter :

Filename: 02MJ9009.HTML

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SCI GATEWAY ELECTRONIC REFERRAL LETTER

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
30-Jul-2012
Date Referral Submitted
30-Jul-2012 @ 14:34:00

Unique Care Pathway Number: **101003972833E**CHI No: **0512682275**

REFERRAL TO	
Elective Orthopaedic Surgery C80 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Woodend General Hospital Aberdeen AB15 6XS	? Hospital and hospital address
	Hospital unit no. N102H
	Email address
Urgency of referral	Routine??
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	45 [REDACTED] COURT ROTHIENORMAN AB51 8SD
	Contact number(s)
	Voice: 01651821719

REFERRING PRACTITIONER DETAILS	
Name	Dr Nella Lourens
GP Code	16942
GMC Code	6161294
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre [REDACTED] Way Oldmeldrum AB51 0JZ
	Contact number(s)
	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Impingement syndrome of shoulder

Comment: I would be grateful if you could see this 43 year gentleman who works offshore in the oil industry. He has been bothered with a very painful left shoulder for the last few months. He has also received a course of physiotherapy. It was thought that he is suffering from impingement syndrome. He has had 1 steroid injection that gave him pain relief for 2 weeks only. I have today given him a course of Diclofenac, Dihydrocodeine and Paracetamol to cover his very severe pain in his left shoulder.

I would be grateful for your further assessment and management of this impingement syndrome. Mr Rust is also known with Cardiovascular Disease and is taking Simvastatin, Atenolol and Aspirin for prevention.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	17-Jun-2011
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	90	-
Patient Height in Metres	1.778	-
Patient BMI	28.4	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
No known allergies	-	-	-	12-Aug-2011
Hyperlipidaemia NOS	-	-	(mild) - TC = 6.0 and TC:HDL ratio = 5.0 - started SIMVASTATIN	13-Jun-2011
Chest pain	-	-	- not classically cardiac but "strong FH of IHD" and started on ATENOL and ASPIRIN	13-Jun-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Exercise ECG	-	-	07-Jul-2011
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Simvastatin 40mg tablets	06380003	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
Atenolol 50mg tablets	03059002	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-
Aspirin 75mg gastro-resistant tablets	01223002	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Diclofenac sodium 50mg gastro-resistant tablets	-	tablet	1 TABLET THREE TIMES A DAY, W[more]	-	27-Jul-2012	-
Dihydrocodeine 30mg tablets	-	tablet	TAKE 1-2 UP TOP FOUR TIMES DAILY .	-	27-Jul-2012	-
Dihydrocodeine 30mg tablets	-	tablet	TAKE ONE UP TOP FOUR TIMES DA[more]	-	23-Jul-2012	-
Co-codamol 30mg/500mg tablets	-	tablet	TAKE 1-2 UP TO 4 TIMES DAILY	-	04-Jul-2012	-
Dihydrocodeine 30mg tablets	-	tablet	TAKE ONE EVERY FOUR TO SIX HO[more]	-	29-Jun-2012	-
OMEPRAZOLE gastro-res cap 20mg	-	capsule	TAKE ONE TWICE A DAY	-	01-Jun-2012	-
DIHYDROCODEINE tabs 30mg	-	tablet	TAKE ONE EVERY FOUR TO SIX HO[more]	-	01-Jun-2012	-
DIHYDROCODEINE tabs 30mg	-	tablet	TAKE ONE EVERY FOUR TO SIX HO[more]	-	08-May-2012	-
SIMVASTATIN tabs 40mg	-	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
ATENOLOL tabs 50mg	-	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-

Clinical warnings

No clinical alert data available

Additional relevant information

No history information available

Signature of referring doctor (or other professional)

Date

Please email any feedback to: gramplan.cisteam@nhs.net
Please note that any change or support requests to the above address will be ignored

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16-May-2012

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SCI GATEWAY ELECTRONIC REFERRAL LETTER

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
15-May-2012
Date Referral Submitted
16-May-2012 @ 10:20:02

Unique Care Pathway Number: **101003626458J**CHI No: **0512682275**

REFERRAL TO	
GastroenterologyA9 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? Hospital and hospital address
	Hospital unit no. N101H
	Email address
Urgency of referral	Routine??
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	45 COURT ROTHIENORMAN AB51 8SD
Contact number(s)	Voice: 01651821719

REFERRING PRACTITIONER DETAILS	
Name	Dr. Jennifer
GP Code	63533 GMC Code 6024550
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre Way Oldmeldrum AB51 0JZ
Contact number(s)	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Inflammatory Bowel Disease**Comment:** I would be grateful for your help with this 43 year old gentleman who has been struggling for a number of months with abdominal pain.

Initially he presented with upper abdominal pain though symptoms have now located to the left iliac fossa where he experiences continued, occasionally colicky pain with associated diarrhoea.

He has had diarrhoea every day for the past 6 to 7 weeks and has had symptoms similar to this on and off for a year.

He has had no blood noted in his stools and he has no [REDACTED] history of inflammatory bowel disease.

Christopher works offshore and he is now beginning to find these symptoms more and more intrusive and disruptive to his daily routine.

On examination, his abdomen was soft but significantly tender in the left iliac fossa. I note he has recently had satisfactory blood tests. His Gamma GT was slightly elevated and we have discussed his alcohol intake. He has not had any inflammatory markers checked and I have arranged for this to be done today.

Both Christopher and his [REDACTED] are very concerned about his ongoing symptoms. They both suspect he may have a form of inflammatory bowel disease and are very keen for this to be investigated further with a colonoscopy.

I had raised the possibility with Christopher today that this may be more an irritable bowel type syndrome but in view of his persisting and ongoing symptoms, I am grateful to you for your review.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 17-Jun-2011 2004.	
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	90	-
Patient Height in Metres	1.778	-
Patient BMI	28.4	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
No known allergies	-	-	-	12-Aug-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendectomy	-	-	01-Jan-1985

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
SIMVASTATIN tabs 40mg	06380003	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
ATENOLOL tabs 50mg	03059002	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-
ASPIRIN ec tab 75mg	01223002	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
DIHYDROCODEINE tabs 30mg	-	tablet	TAKE ONE EVERY FOUR TO SIX HO[more]	-	08-May-2012	-
DIHYDROCODEINE tabs 30mg	-	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	23-Mar-2012	-
DIHYDROCODEINE tabs 30mg	-	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	01-Mar-2012	-
OMEPRAZOLE gastro-res cap 20mg	-	capsule	TAKE ONE TWICE A DAY	-	22-Feb-2012	-
SIMVASTATIN tabs 40mg	-	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
ATENOLOL tabs 50mg	-	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-

Clinical warnings

No clinical alert data available

Additional relevant information

No [REDACTED] history information available

Signature of referring doctor (or other professional)

Date

Please email any feedback to: grampian.cisteam@nhs.net
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19-Jan-2012

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SCI Referral Letter :

Filename: 02MJ9007.HTML

Extension: .tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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SCI GATEWAY ELECTRONIC REFERRAL LETTER

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
13-Jan-2012
Date Referral Submitted
19-Jan-2012 @ 10:19:15

Unique Care Pathway Number: **101003039292W**CHI No: **0512682275**

REFERRAL TO	
CardiologyA2 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? Hospital and hospital address
	Hospital unit no. N101H
	Email address
Urgency of referral	Routine??
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	CRAIGSHANNOCH COTTAGE FOLLA RULE ROTHIENORMAN AB51 8UN
	Contact number(s)
	Voice: 01651821719

REFERRING PRACTITIONER DETAILS	
Name	Dr Nella Lourens
GP Code	16942
GMC Code	6161294
Practice name	Fyvie/ Oldmeldrum Medical Group
Practice code	N31719
Practice address	Way Oldmeldrum Aberdeenshire AB51 0JZ
	Contact number(s)
	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Ischaemic heart disease**Comment:** Dear Doctor

I would be grateful if you could see this 43 year old gentleman with possible ischaemic heart disease, who i have previously referred to you in October. Unfortunately he was unable to attend his Clinic appointment then to working offshore.

I would therefore be grateful if you could see him for the same reasons as before. Please see attached my initial referral to yourself in October.

Since then Mr Rust has been keeping well, but has still had intermittent chest pain, especially on exertion. His work offshore can be very physical at times, and he will experience short bouts of chest pain. However he feels that this is a lot better after he has been started on Atenolol. He also takes Simvastatin 40mg at night and Aspirin, which we have recently changed to enteric coated after he had experienced abdominal pain.

We are also investigating for gastritis, as he has severe abdominal pain, and i am wondering if he might also have gallstones.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 17-Jun-2011	
	2004.	
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	90	-
Patient Height in Metres	1.778	-
Patient BMI	28.4	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
No known allergies	-	-	-	12-Aug-2011
Right bundle branch block	-	-	on ECG	07-Nov-2005
Accident caused by powered staple gun	-	-	left thenar eminence	12-May-2004
Pityriasis versicolor	-	-	-	01-Apr-2002
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 09/2001]	01-Sep-2001
Back pain without radiation NOS	-	-	-	08-Feb-2001
Tinea corporis	-	-	-	19-Jun-2000
Medial epicondylitis of the elbow	-	-	[MONTH AND YEAR OF EVENT 06/2000]	01-Jun-2000
Haemorrhoids	-	-	-	17-Jun-1999
O/E - foreign body in skin	-	-	removed glass from elbow	08-Jul-1998
Tinea	-	-	-	29-Jun-1998
Irritable bowel syndrome	-	-	[MONTH AND YEAR OF EVENT 01/1996]	01-Jan-1996
Nondependent abuse of drugs	-	-	[YEAR OF EVENT 1995] NOTES: while in prison.	01-Jan-1995
H/O solvent misuse	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 04/1984]	01-Apr-1984
Accessory nipple	-	-	-	01-Apr-1980
Acquired pectus carinatum	-	-	[MONTH AND YEAR OF EVENT 04/1980]	01-Apr-1980
Minor head injury	-	-	[MONTH AND YEAR OF EVENT 10/1971]	01-Oct-1971
Fracture of clavicle	-	-	[MONTH AND YEAR OF EVENT 06/1971] NOTES: right.	01-Jun-1971

Past procedures

Description	Laterality	Modifier	Date performed
Bilateral vasectomy for contraception	-	-	28-Apr-2005
HIV negative	-	-	01-Jan-1995
Emergency appendicectomy	-	-	01-Jan-1985

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
ASPIRIN ec tab 75mg	01223002	tablet	TAKE ONE DAILY	-	21-Jul-2011	-
ATENOLOL tabs 50mg	03059002	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-
SIMVASTATIN tabs 40mg	06380003	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
OMEPRAZOLE gastro-res cap 20mg	-	capsule	TAKE ONE TWICE A DAY	-	12-Jan-2012	-
OMEPRAZOLE gastro-res cap 20mg	-	capsule	TAKE ONE TWICE A DAY FOR A WE[more]	-	06-Jan-2012	-
OMEPRAZOLE gastro-res cap 20mg	-	capsule	TAKE ONE TWICE A DAY FOR A WE[more]	-	07-Nov-2011	-
ASPIRIN disp tab 75mg	-	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Clinical warnings

No clinical alert data available

Additional relevant information

No history information available

Signature of referring doctor (or other professional)

Date

Please email any feedback to: grampian.cisteam@nhs.net
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25-July-2011

Additional: Scanned Document

SCI Referral Letter :

Filename: 02MJ9006.HTML

Extension: .tif

Pages:

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SCI GATEWAY ELECTRONIC REFERRAL LETTER

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
22-Jul-2011
Date Referral Submitted
25-Jul-2011 @ 12:07:21

Unique Care Pathway Number: **101002305559P**CHI No: **0512682275**

REFERRAL TO	
CardiologyA2 Grampian General Protocol	? Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	? Hospital and hospital address
	Hospital unit no. N101H
	Email address
Urgency of referral	Routine??
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	RUST
Forename(s)	CHRISTOPHER
Title	MR
Sex	Male
Date of birth	05-Dec-1968
CHI No.	0512682275
Patient's address	CRAIGSHANNOCH COTTAGE FOLLA RULE ROTHIENORMAN AB51 8UN
	Contact number(s)
	Voice: 01651821719

REFERRING PRACTITIONER DETAILS	
Name	Dr. [REDACTED] Sharp
GP Code	63240
GMC Code	4602107
Practice name	Fyvie Oldmeldrum Medical Group (31719)
Practice code	31719
Practice address	Oldmeldrum Health Centre [REDACTED] Way Oldmeldrum AB51 0JZ
	Contact number(s)
	Voice: 01651 872239

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Registered GP

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint****Description:** Ischaemic heart disease

Comment: I would be grateful if you could see this 42 year old gentleman for advice regarding his current medication. Christopher has a very strong history of ischaemic heart disease. His had her first MI at age 49. Christopher recently experienced episodes of intermittent chest pain. The first episode occurred while he was playing swing in the garden with his He described this chest pain as a feeling of not being able to get enough breath and like a heavy weight on the front of his chest, and some tingling in his left hand. The pain lasted for about 20 minutes, and paramedics attended to him at that stage. Hospital admission was declined. He was subsequently seen in our surgery and issued with Atenolol 50mg and a GTN spray. The chest pain responded very well to the GTN spray, and he had to use it a few times. He tells me that after he started using the Atenolol, he was basically pain free. An exercise tolerance test was done where he managed 12 minutes on the treadmill, before having to stop for shortness of breath. No ischaemic changes was noted.

His blood pressure in our surgery was 154/98 prior to starting the Atenolol. His total cholesterol was 6, with triglycerides 4.51. His is an ex-smoker who stopped smoking in 2004. He has also been started on Simvastatin 40mg.

Christopher works offshore and keeps fit by cycling more than 10 a day when he is onshore. His normal exercise tolerance test is reassuring, though a classical description of angina puts us in a difficult position to decide if he needs primary or secondary prevention for heart disease. I have discussed this case with one of my colleagues and would value your specialist input regarding his medical management.

Yours sincerely

DR Nelia Lourens - Registrar

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 17-Jun-2011 2004.	
Ex smoker	Smoking status on date of event: Ex-smoker.	13-Jun-2011
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	13-Jun-2011

Investigations

NB: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Weight in Kilograms	90	-
Patient Height in Metres	1.778	-
Patient BMI	28.4	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** Not Specified**Past medical history****Medication Details****Current and recent medication**

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
ATENOLOL tabs 50mg	03059002	tablet	TAKE ONE EACH MORNING	-	21-Jul-2011	-
SIMVASTATIN tabs 40mg	06380003	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
ASPIRIN disp tab 75mg	01223001	tablet	TAKE ONE DAILY	-	21-Jul-2011	-

Past Medication Section

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
ASPIRIN disp tab 75mg	-	tablet	TAKE ONE DAILY	-	21-Jul-2011	-
SIMVASTATIN tabs 40mg	-	tablet	TAKE ONE AT NIGHT	-	21-Jul-2011	-
ATENOLOL tabs 50mg	-	tablet(s)	TAKE ONE EACH MORNING	-	29-Jun-2011	-
NITROMIN cfc free pump spray 400micrograms/dose	-	180 dose spray	ONE PUFF AS NEEDED	-	17-Jun-2011	-
ASPIRIN disp tab 75mg	-	tablet(s)	TAKE ONE DAILY	-	17-Jun-2011	-

Clinical warnings

No clinical alert data available

Additional relevant information

No history information available

Signature of referring doctor (or other professional)

Date

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