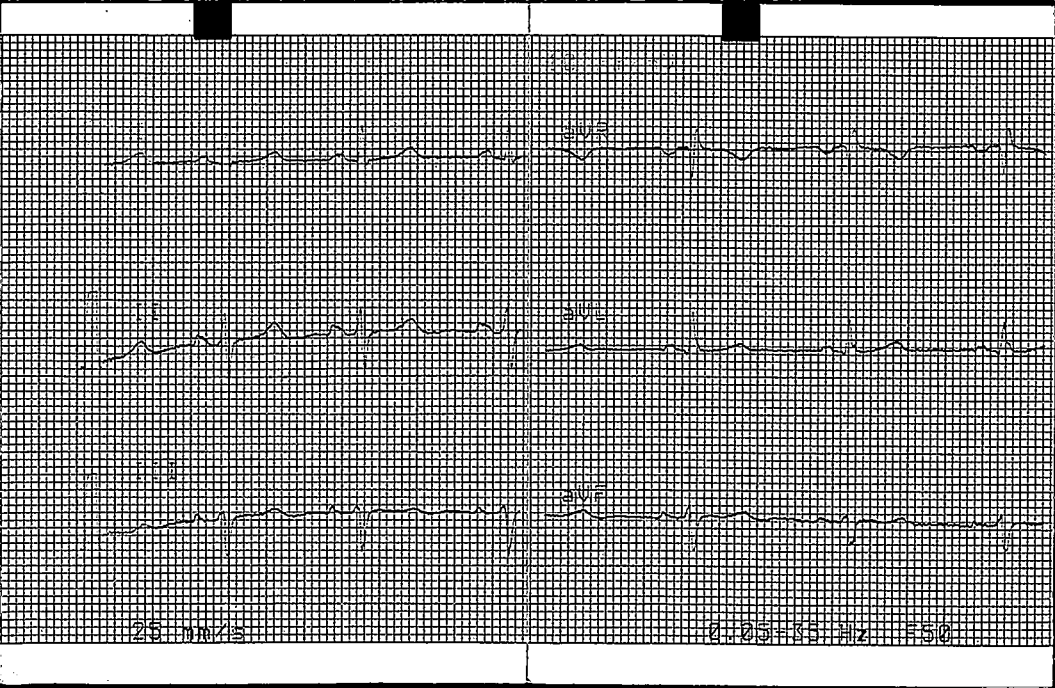
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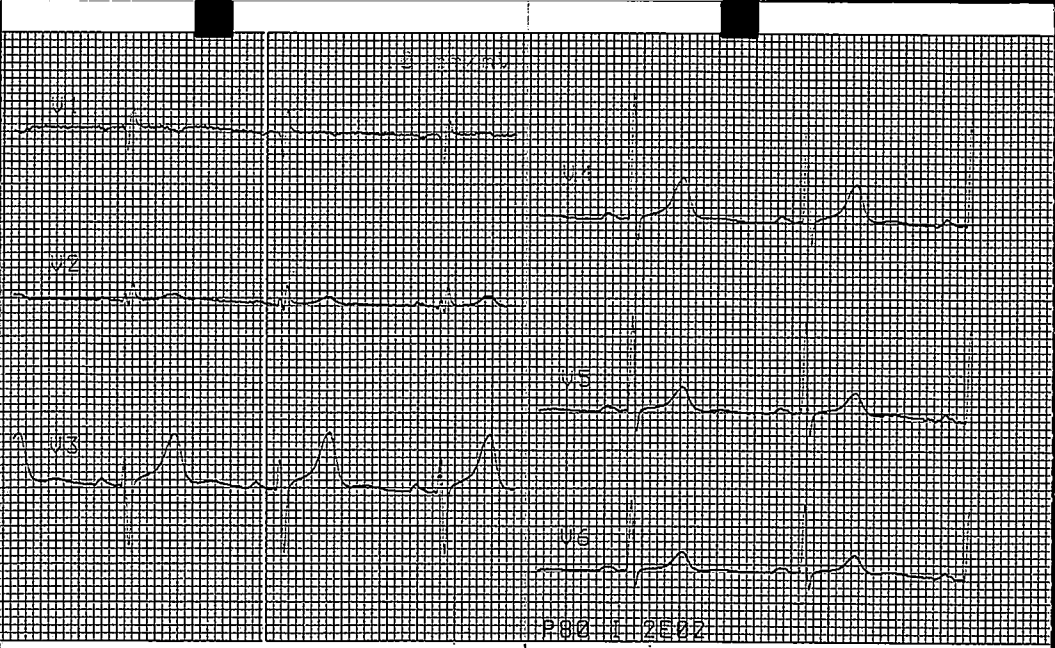
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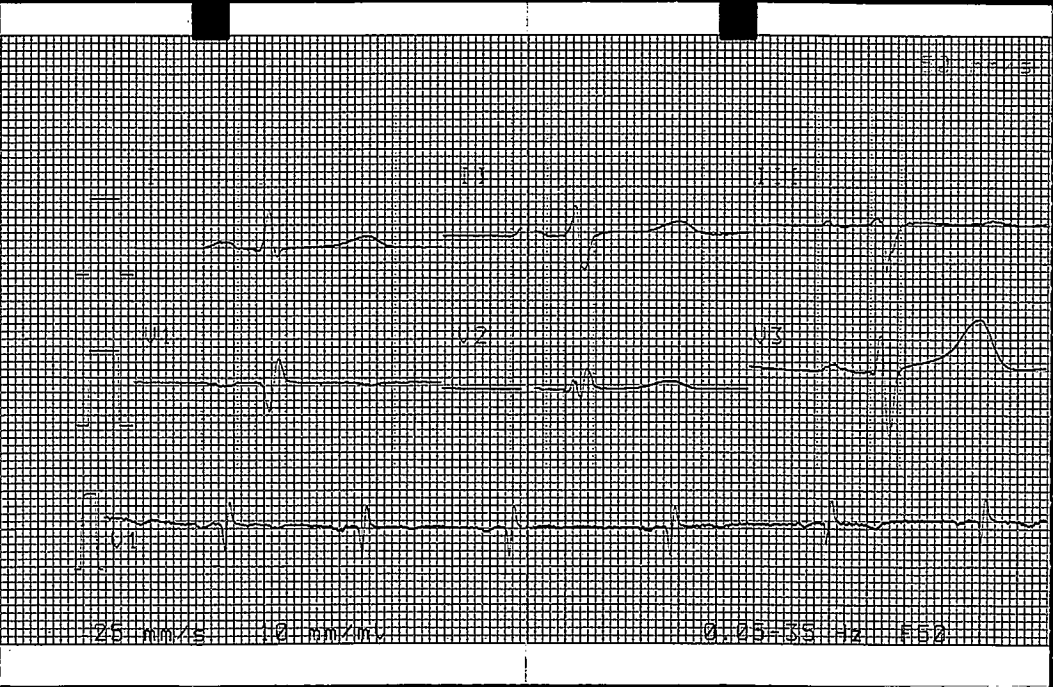
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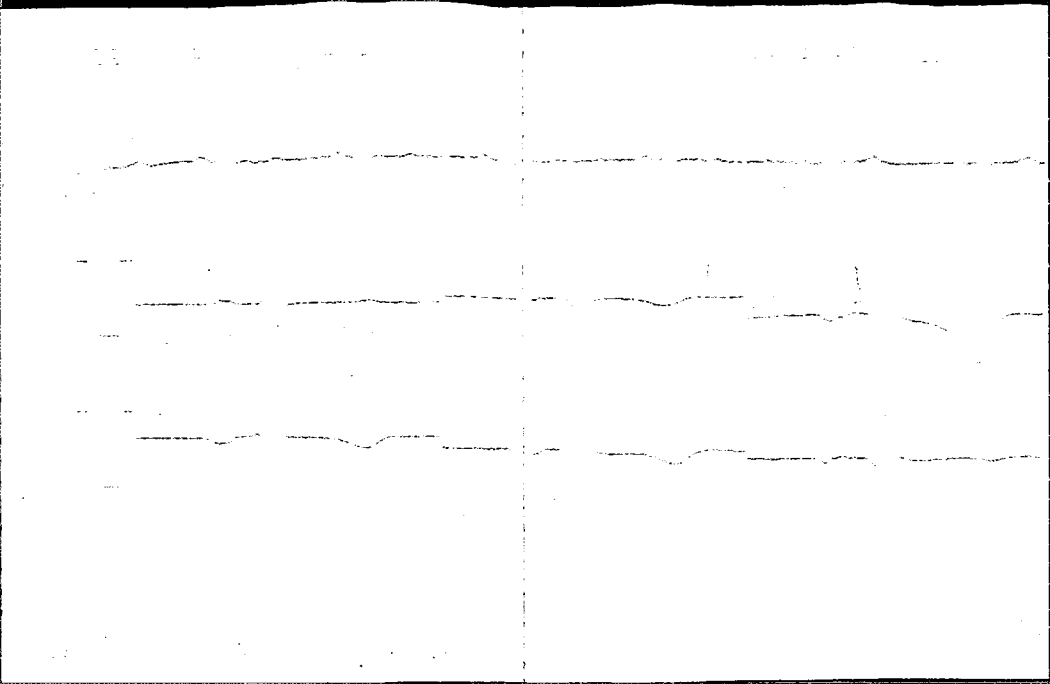

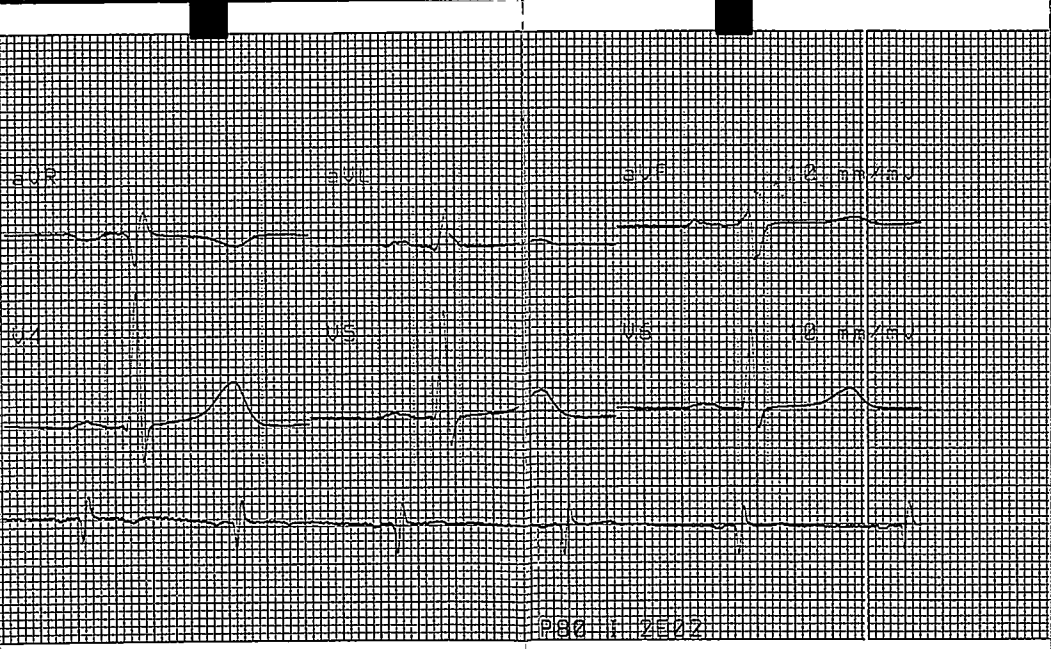
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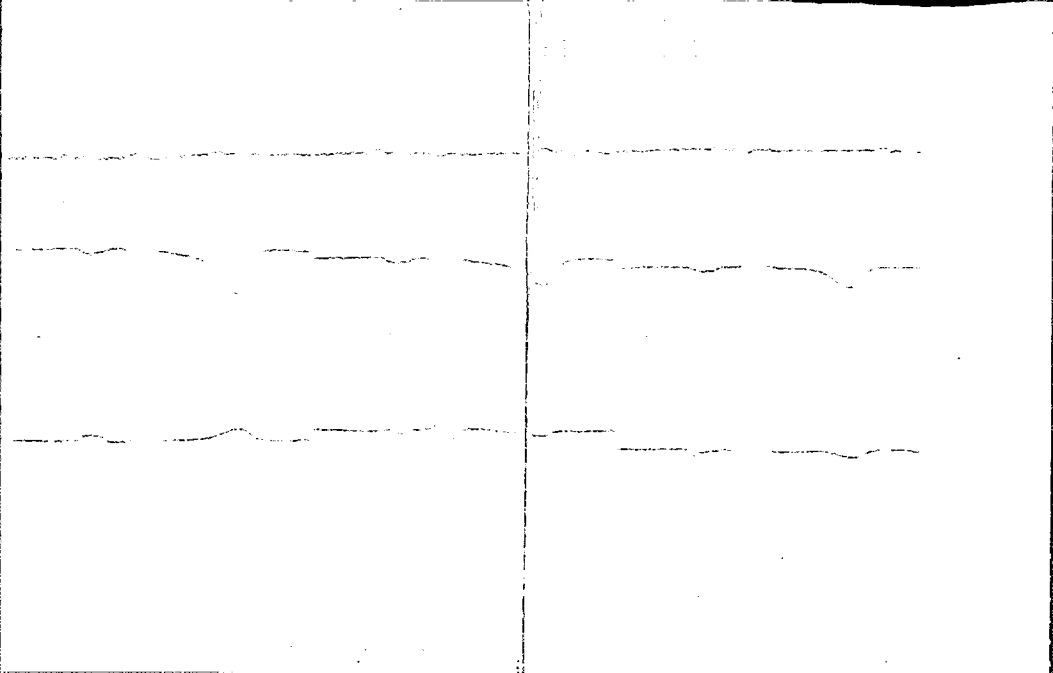

Fiona Dinsmore

28/4/12

28/4/65

Scanned

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Routine		Soon		Urgent	

Hospital **RAH** Date **08/05/2001**

Please arrange for this patient to attend the **OBSTETRICS**

Patients Surname **DINSMORE**

First Names **FIONA**

Address **124 HIGH PARKSAIL**

ERSKINE

Postal Code **PA8 7HX** Contact Telephone Number

CHI NO	2	8	1	1	6	9	3	1	8	1

Clinic of Dr/Mr **DR GEMMELL**

Maiden Surname

Single/Married/Widowed/Other

Date of Birth **28/11/69**

Patients Occupation

Has the patient attended hospital before? YES / NO If "yes" please state

Name of Hospital

Year attended Hospital No

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required

Name, Address & Telephone number of Medical/Dental Practitioner

Dr M. MACPHERSON
MAINS MEDICAL CENTRE
300 MAINS DRIVE
ERSKINE PA8 7JQ
TEL: 0141 812 3230 FAX: 0141 812 5226

Please use rubber stamp

C 87184

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

Dear Dr Gemmell

I would be grateful if you would see this lady and her partner at your sub-fertility clinic. She is 31 years old. She was attending Dr Yates for IVF initially as a private patient for one cycle and then one further cycle at the Royal Infirmary several years ago. This was with her previous partner. The story seems to be that she underwent tubal surgery whilst living in Yorkshire due to primary sub-fertility. It is thought that she had episodes of pelvic inflammatory disease. The tubal surgery seemed to be unsuccessful and she was initially worked up for IVF whilst still in Yorkshire. She moved to Erskine in 1995 and was referred to Dr Yates privately. After he had seen her for initial investigations and treatment he then put her on to his NHS list.

Fiona's new partner is not registered with myself and I have asked her to arrange for him to attend his own GP for semen analysis studies. In the meantime I would be grateful if you would arrange to see Fiona at your clinic to discuss whether she would be eligible for a further referral for IVF.

Many thanks for your assistance.

Yours sincerely

DR M MACPHERSON

ACCIDENT / EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

(6) 22 AUG 2000

AE No. 00/27802

SURNAME			FORENAMES		
DINSMORE			FIONA		

ADDRESS: 124 HIGH PARK SAIL ERSKINE

POST CODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
PA8 7HX	861-3274	28.11.69 (30)	F	Sep	CofS

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
JOHN WADDELL	FATHER	Dr McPHERSON	

ADDRESS	ADDRESS
58 BATHGO AVE RALSTON	MAINS DRIVE ERSKINE

POST CODE	TELEPHONE No.	POST CODE	TELEPHONE No.
	882 3736		

ACCIDENT/EMERGENCY DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
17/8/00	YES		1999

TIME OF ATTENDANCE: 17.00

MODE OF TRANSPORT: AMBULANCE ______ PUBLIC ______ OWN ✓ NONE ______

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP A&E ✓ GP SPEC. ____ 999 ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS: FSP ______ DRIVER ______ M/C DRIVER ______ OTHER ______ BSP ______ PED. ______ M/C PASSENGER ______

REASON FOR ATTENDANCE: (R) calf. pain / injury

	TIME
TRIAGE	1707
DOCTOR	19:15
NURSE	
LEFT DEPT.	19:30

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis – Soft tissue (R) injury (R) calf

X-Ray film / ECG shows NO.

Treatment given – IBUPROFEN

Drugs 5 days supply of IBUPROFEN 400mg TDS. has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ______ TT Booster ______ HATI ______ (Please Tick)

Would you please arrange ______

DISCHARGE CODES: Please Circle

1. Admission
2. ~~Discharge~~ (circled)
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

F C A

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged ______	Arranged ______	To be arranged ______					
Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (In Block Letters): DODD

Signature of Medical Officer: [signature]

Cons SR Reg (SHO) JHO Clin Assist Staff Grade (please circle)

SGH 458 0431551

6.4/71

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF: JN/JWM/041176

DATE: 1 March, 2000

IF TELEPHONING, PLEASE ASK FOR

EXT: 2076

Direct Line: 0141-884 9076

Dictated: 24/02/00
Typed: 01/03/00

PRIVATE & CONFIDENTIAL

Dr M McPherson
Mains Medical Centre
300 Mains Drive
Erskine PA8 7JQ

Dear Dr McPherson

FIONA DINSMORE, CHI No: 2811693181
123 High Parksail, Erskine PA8

Mrs Dinsmore did not come for her out-patient appointment on 24 February 2000. However I understand that she did present yesterday thinking that was the appointment time. In view of this I will send her out one further appointment but if she does not confirm I would not hold it open for her.

Yours sincerely

Dr J Naismith
Consultant Psychiatrist

72

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF: JR/MMcL/041176

DATE:

IF TELEPHONING, PLEASE ASK FOR

Direct No. 0141-884-9085
Ext. 2085

Dictated : 21.01.2000
Typed : 26.01.2000

22 FEB 2000

PRIVATE & CONFIDENTIAL

Dr. M. McPherson,
Mains Medical Centre,
300 Mains Drive.
ERSKINE,
PA8 7JQ.

Dear Dr. McPherson

Re: Fiona Dinsmore (28.11.69) – CHI No. 2811693181
124 High Parksail, Erskine, PA8 7HX.

Mrs. Dinsmore failed to attend Dykebar Hospital for her out-patient appointment on 19th January 2000. We received no communication from her. I am due to leave Dykebar and will be unable to see her again myself. I have handed over her follow-up to Dr. Naismith, Consultant Psychiatrist, who is prepared to send her one further out-patient appointment. We will keep you informed.

Yours sincerely,

Julie P. Roy

Julie Roy,
S.H.O. in Psychiatry to Dr. Naismith

FCA

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A4B1119 3:99

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

IF TELEPHONING, PLEASE ASK FOR

Direct Line:
0141 580 4376

ROYAL ALEXANDRA HOSPITAL
ADULT PSYCHIATRY UNIT

YOUR REF:
OUR REF: JR/MMCE/041176

DATE: 12th January, 2000
(dictated): 6th January, 2000

PRIVATE & CONFIDENTIAL

Dr. McPherson,
Mains Medical Centre,
300 Mains Dr.,
ERSKINE.

Dear Dr. McPherson,

Re. Fiona Dinsmore, 124 High Parksail, Erskine, D.O.B. 28/11/69.

I reviewed Miss Dinsmore in the out-patient clinic on 5th January, 2000. Overall her mood seems to have improved and generally she feels more positive. She had a reasonable Christmas and New Year. Her father has helped her out financially, and she plans to start a new job next week working three nights per week in a Nursing Home.

With regards biological symptoms she still complains of disrupted sleep pattern, however she often lies in bed until three of four in the afternoon. Her appetite is variable and she still complains of having no energy with symptoms of poor memory and concentration. She is still having some passive suicidal thoughts.

She has had no ongoing side effects from her Venlafaxine. I would therefore suggest increasing her dose of Efexor XL to 150 mgs nocte. She has a further appointment to see myself in two weeks time. I will keep you informed of her progress.

Yours sincerely.

Julie Roy.
SHO to Dr. Naismith.

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

IF TELEPHONING, PLEASE ASK FOR

DATE: 5/1/00

Dear Dr. MACPHERSON

Re: FIONA DINSMORE, 124 HIGH PARKSAIL, ERSKINE.

I saw your patient at the out patient clinic on 5/1/00.

I would be grateful if you could prescribe the following medication:

VENLAFAXINE (EFEXOR XL) AT INCREASED DOSE OF 150mg NOCTE.

A letter containing further details will follow.

FLS

Your sincerely

Julie P. Roy

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: DYKEBAR OUT-PATIENT CLINIC.

DATE: 8/12/99

Dear Dr Macpherson,

Re Fiona Dinsmore, D.O.B. 28.11.69
124 High Parksail
Erskine

I saw Ms Dinsmore on behalf of Dr Naismith in the out-patient clinic today.

I would suggest reducing her dose of lofepramine to 70mg bd for 2 days, then 70mg daily for 2 days & then stopping it for 2 days before commencing VENLAFAXINE (EFEXOR XL) 75mg NOCTE.

I will review her again in 2 weeks time but would be grateful if you could prescribe her venlafaxine.

A full letter will follow in due course.

Thank you for your help.

Yours sincerely,

Julie Roy

SHO to Dr Naismith

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

18 DEC 1999

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JR/CAM/041176

DATE: 14 December 1999

Direct Line: 0141-884 9085

Dictated: 10 December 1999

PRIVATE & CONFIDENTIAL

F
C
A

Dr. M. Macpherson
Mains Medical Centre
300 Mains Drive
Erskine PA8 7JQ

Dear Dr. Macpherson,

Re: Fiona Dinsmore (28/11/69) CHI 2811693181 124 High Parksail, Erskine PA8 7HX

Thank you for referring this 30 year old lady whom I saw on Dr. Naismith's behalf in her out-patient clinic today 8 December 1999.

Ms. Dinsmore tells me that she felt fine up until her husband left her in July last year. "Since then it's been one thing after another". She was shocked by this at the time as she had always considered her marriage to be good, however later in the interview she admitted that her husband did in fact have an affair three years ago. Following her marriage break-up she has been left with debts of more than £5,000 plus her mortgage to pay. She is a trained Staff Nurse and worked in Erskine Hospital up until February of this year. She tells me that she was off sick up until September and then was dismissed because of poor health. Apparently Erskine Hospital used the excuse of a back injury sustained in an RTA in 1996 to dismiss her. I understand that she has put in a claim for unfair dismissal and the case is supposed to be going to a tribunal. Ms. Dinsmore tells me that she signed on to a nursing agency in October. She worked for a fair bit through October but the work has subsequently dried up. She is currently only receiving £50 per week in Jobseekers Allowance, but has been applying for various nursing jobs. However she does not feel as though she is motivated enough to work at the moment.

I understand that she has transferred all her debt to the one company who have reduced her debt repayments but she is still struggling to meet them. For the first time ever she failed to pay her mortgage this month. Apparently she has not made any attempt to speak to her bank manager or money advice etc. Her mother has lent her £800 but she is very reluctant to ask her for any further financial help.

F
C
A

Ms. Dinsmore tells me that initially she seemed to cope fairly well when things stated to go wrong. At first she had her bad times and her good times but now her mood is persistently low. There is no diurnal variation. She feels very irritable. "I am like someone possessed sometimes". She does not look forward to anything. She says that the only thing that keeps her going is the prospect of the claim for her back injury coming through next year. She hopes to use this money to go to college or university and re-train in another profession.

Re: Fiona Dinsmore (28/11/69) CHI 2811693181 124 High Parksail, Erskine PA8 7HX

She has considered taking an overdose on and off since last July. At the moment she has thoughts like these every day. She last had suicidal ideations "probably this morning". She tells me that she has got as far as writing a note "but that's when you feel guilty about what it would do to other people and my animals". She denies today that she intends to act on these ideas. "Don't worry I'm not going to do anything". However she says that she does not know what she would do if she lost her house and her pets. She looks after fifteen animals in total which she refers to as her children.

With regards her biological symptoms she describes initial insomnia with her falling asleep at 3/4.00 a.m. and then waking up at 7.00 a.m. to take her dogs out. Thereafter she returns to bed and over the past few weeks she has had no motivation to get up at all until 5.00 p.m. Her appetite is poor and she never feels hungry and does not eat very often. She said that she has never been a big eater and there is no recent history of weight loss. She tells me that she has no concentration and is constantly thinking about things. She describes her memory as abysmal especially her short term memory. She has trouble remembering what she has done the day before.

She describes having full flown panic attacks about three to four times per week. These are usually triggered when she starts to think about her unpaid bills etc. She has never attended relaxation classes. I understand that she attended a counsellor last year but stopped going when she began to feel better. You mentioned in your referral letter that you planned to re-refer Ms. Dinsmore to the counselling service but she was unaware of this when I spoke to her.

I understand that she was commenced on Paroxetine in August 1998 initially at a dose of 20mg daily which was increased to 30mg daily. This was discontinued and Lofepramine commenced in March 1999. Ms. Dinsmore is still taking Lofepramine at a dose of 70mg tds but she does not feel that it is helping. I note that she was also commenced on Half Inderal 80mg daily for panic attacks in September with Zolpidem 10mg nocte for insomnia. She does not feel that her night sedation is effective.

In her past psychiatric history Ms. Dinsmore took an overdose at the age of 15 years. Apparently she was in care at that time and had multiple family problems. I understand that she was followed up by a psychologist.

In her past medical history Ms. Dinsmore has suffered from chronic back pain following an RTA in 1996. She tells me that she has rheumatoid arthritis but only has very occasional mild flare ups of this. She also has a history of primary infertility and has had a laparotomy with a salpingectomy and division of adhesions. She had three failed courses of IVF in 1996, 1997 and 1998. She was due to have another cycle of treatment when her husband left her.

Her current drug therapy is as outlined above i.e. Lofepramine 70mg tds, Half Inderal 80mg daily and Zolpidem 10mg nocte.

In her personal history Ms. Dinsmore was born in Stranraer by normal delivery. She tells me that she was conceived following an affair by her natural mother and her brother-in-law. She was consequently adopted at the age of three weeks. She suffered from recurrent chest infections as a small child and underwent tests for cystic fibrosis which were negative. She had normal developmental milestones. She describes her childhood as traumatic. She tells me that she was mentally abused by her adoptive mother whom she found very domineering. Apparently her mother would sit her on her own in a dark room if she talked too much. "She was the type of person who would dangle carrots in front of you and then take them away".

Re: Fiona Dinsmore (28/11/69) CHI 2811693181 124 High Parksail, Erskine PA8 7HX

Apparently Ms. Dinsmore was clever at school and achieved straight A's. She went to Paisley Grammar and got on fairly well there up until Fourth Year when she decided to leave because her mother was pushing her too hard and she wanted to rebel against her. She left with seven O grades and worked for a while in an office on a YTS scheme. She then tried to go back to school to get her Highers but this did not work out. She then took a number of temporary jobs until she could get into nursing training. She trained in the Royal Alexandra Hospital until 1992 and then moved to live with her brother in Ripon as the job prospects in Scotland were so poor. She managed to obtain a job as a Staff nurse in a nursing home straight away.

Ms. Dinsmore met her husband Mark who was a friend of her brother in October 1992. They married in March 1993. Her husband was an army soldier but bought himself out of the army to move with her to Erskine in 1995 for reasons related to the IVF programme. Ms. Dinsmore found a job in a nursing home while her husband worked as a prison warden in Barlinnie. After eighteen months she gave up her job in the nursing home to take a job in Erskine Hospital instead.

Ms. Dinsmore said that overall there were ups and downs in her marriage but she had a close relationship with her husband. He had a brief affair in December 1996. Apparently there was no third party involved when he left in July last year. He gave his reason for leaving as he "just didn't want to be married anymore". Apparently since the separation he has turned nasty. On a couple of occasions Ms. Dinsmore found him hiding in her loft and wardrobe. Unfortunately during our interview I did not get the opportunity to expand on this further. Her husband is still paying maintenance and there are no divorce proceedings pending at the present time.

Ms. Dinsmore herself struck up a new relationship last year. After a brief romance her new partner moved in. She describes this as a "huge mistake". This gentleman is still currently living in her house to help out with the rent although they are no longer romantically involved. She complains that the CSA is now taking away half his wages, so his financial contribution to the household is minimal.

As noted above, Ms. Dinsmore is a keen animal lover and has four dogs, six cats and five kittens.

With regards her social history, Ms. Dinsmore smokes more than 30 cigarettes per day at the moment. She turned to alcohol initially after her husband left her but has not had a drink for several months now. With regards illicit drug use, she smokes the occasional joint only. She has no forensic history.

Ms. Dinsmore has a rather complicated family history. Her adoptive mother Isobel is 61 years old. She describes their relationship as closer now than it used to be. She still describes her mother as a bully. She has always found her very domineering and thinks that she mentally abused her when she was a child. She still tends to worry all the time about what her mother is going to think. She describes her adoptive father John as a rather ineffectual man. "He is just a hen-pecked old soul". She feels that he would love to help her more but he is hindered by her mother. She has a younger adopted sister whom she has never been very close to. She has always considered her sister to be her mother's favourite and she still has a lot of resentment towards her.

Ms. Dinsmore met her natural parents when she was nineteen years old. She traced them through an address on her adoption papers. She continued to have a good mother/daughter relationship with her natural mother up until her mother failed to contact her when her husband left. She felt very hurt and abandoned by this. She occasionally keeps in touch with her natural father Thomas. They get on well but are not close. Through her natural parents she has two full brothers, three half-brothers, two half-sisters and two step-sisters and one step-brother!

Re: Fiona Dinsmore (28/11/69) CHI 2811693181 124 High Parksail, Erskine PA8 7HX

She was introduced to her two full brothers when she was 19 and became very close to the elder of the two Gary whom she met her husband through. Her other brother Gavin is married to someone she does not like very much and they have not stayed in touch. She is not really in contact with the remainder of her family. Ms. Dinsmore describes her natural mother as being highly strung but there is no other family history of psychiatric illness as far as she is aware.

On mental state examination Ms. Dinsmore was an attractive lady with long, dark, neatly tied back hair. She was wearing clean, stylish clothes and she had made the effort to put on make-up. She was tearful at the beginning of the interview but overall looked fairly relaxed. She made good eye contact and a reasonable rapport was established. She smiled at times. Her speech was normal in rate and tone. Her mood was objectively and subjectively low but reactive. There was no evidence of any formal thought disorder. With regards her thought content she was worried about her debts and not being able to make her mortgage. She was very resentful towards her mother and her adoptive sister. As noted above she has had some suicidal ideation and has considered taking an overdose but denied planning to act on this for the time being. However she did not know what she would do if she lost her house and her animals. There was no evidence of any perceptual disturbance or cognitive impairment. Her insight was good. She recognised the need to try and motivate herself more. "I know what I'm doing to myself by lying around in bed all day".

In summary, this is a 30 year old trained staff nurse who has had problems with low mood and anxiety since the break-up of her marriage last year. She has had persistent low mood with biological symptoms for several months despite antidepressant therapy. She has had some suicidal ideation which seems to be fairly long-standing and she denies planning to act on this for the time being. She presently has significant financial problems which provoke a disabling anxiety reaction in her and she is not dealing with them effectively at the moment.

The possibility of admission was suggested to Ms. Dinsmore. She flatly refused this saying that coming up to Dykebar as an out-patient was embarrassing enough as it was. With regards to her management plan, I have suggested that she try to structure her day so that she has a purpose to get up in the morning and I have given her advice on good sleep hygiene. With regards her financial difficulties I have asked her to look into her benefits situation, and have given her the contact number for money advice. I would suggest discontinuing her Lofepramine with dose reduction over the next seven days and thereafter commencing Venlafaxine in the form of Efexor XL at a dose of 70mg nocte. She may benefit from classes in anxiety management and I will the need for this under review. I would be grateful if you would look in to the possibility of re-referring her for counselling.

Ms. Dinsmore has a further appointment to see me on Wednesday 29 December 1999. I will keep you informed of her progress.

Thank you once again for referring her.

Yours sincerely

Julie - P. Roy

Julie Roy
S.H.O. to Dr. J. Naismith

80

GLASGOW ROYAL INFIRMARY
AUSPICE CAELO
Part of
The North Glasgow University
Hospitals NHS Trust

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

ASSISTED CONCEPTION SERVICES
GROUND FLOOR
WALTON BUILDING
0141 - 211 - 4428
Consultants:
Dr Robin Yates
Dr Helen Lyall

Switchboard: 0141 211 4000
Direct Dial:
Fax Number:

760724W
DINSMORE F/NK
FIONA 28/11/1969
124 HIGH PARKSAIL
ERSKINE
PA8 7HQ

24 NOV 1999

Date: 22/11/99

Dear Dr Ferguson

Your patient has previously undergone treatment in our Unit. We are sorry that this was unsuccessful.

It is over a year since we heard from them. If treatment is delayed over a year we cannot guarantee that we will be able to offer treatment. We therefore encourage patients to book their next treatment cycle as soon as possible.

We have written to your patient explaining this and that if we do not hear from them in one month we would assume that they do not wish any further treatment and we would be required to remove their names from our treatment schedule.

The couple have not responded and we have therefore removed their names from our treatment schedule. However, if you have any information which would help us in this matter please contact us.

Yours sincerely,

DR ROBIN YATES
CONSULTANT GYNAECOLOGIST
ACS UNIT

DR HELEN LYALL
HONORARY CONSULTANT
ACS UNIT

HQS
accredited by the
Health Quality Service

81

Dr W. Tabony
Dr W. Murray
Dr J. Wills
Dr M. Macpherson

Mains Medical Centre
300 Mains Drive
ERSKINE
PA8 7JQ

Tel: 0141 812 3230
Fax: 0141 812 5226

Our Ref: MMACPH/SN

28th October, 1999

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: Fiona Dinsmore, 124 High Parksail, Erskine
D.O.B. 28.11.69

I can confirm that Fiona Dinsmore is a patient of mine at Mains Medical Centre.

She has been suffering from back problems over the past few years, and has attended orthopaedic surgeons at the Southern General Hospital. This was as the result of a road traffic accident in 1996. Although she still suffers from back pain, I believe that she would be fit to perform light duties at work. She is aware that heavy lifting and other related tasks, tend to exacerbate her back, and I would agree that it would be appropriate for her to be allowed to work in a position where she could avoid these tasks.

I hope that this is of some assistance in your enquiries.

Yours sincerely,

M MACPHERSON MBCHB MRCGP.

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Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital DYKEBAR HOSPITAL Date 14.6.99 CHI No. 2811169318 1

Please arrange for this patient to attend the SECTOR CONSULTANT PSYCHIATRIST clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname DINSMORE Maiden Surname

First Names FIONA Single/Married/Widowed/Other

Address 124 HIGH PARKSAIL, Date of Birth 28.11.69

ERSKINE Patient's Occupation

Postal Code PA8 Contact telephone number 561 3274

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital NO

Year of attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Please use rubber stamp

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

Dear Doctor,

I would be grateful if you would see this lady at your Out-Patient Department. She has been suffering from anxiety/depression symptoms, dating back to February, 1998.

At first this was thought to be due to stress with her workplace. This seemed to coincide with the timing of IVF treatment. Unfortunately, from August, 1998, she started to find her situation worsening and was commenced on Paroxetine, which initially seemed to help her with her low mood. She also attended a local counselling group, again finding this of some benefit. It came to light that her husband was having an affair, and this was obviously playing a big part in her symptoms. By March, 1999, her mood seemed to have worsened again and I decided to change her to Lofepramine. Again, there seemed to be an initial improvement with this, however, when she came to see me to-day, she said that she really felt that things had not changed much over the past few months. She remains very tearful, low in mood and lacking in confidence and the ability to concentrate. She said that she would be keen to attend counselling again, as this had helped her, and I have arranged this. She is finding it extremely difficult to sleep at night, and at present is using Zolpidem to help with this.

In view of her continuing problems, I would be most grateful for your assistance in her management. Thank you for seeing her.

Yours sincerely,

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

M MACPHERSON

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

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

Signature

355-2104

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