Subject Access Request

Patient	Miss Lesley Brown
Date of birth	08-May-1980 (age 46)
Gender	F
NHS number	0805809767
Patient's address	7 Howes Brae Skirling Biggar Lanarkshire ML12 6FA
Date range selected	Full record
Organisation	MMA Legal
Reference	100033

Problems

Active

This section is empty.

Significant Past

This section is empty.

Minor Past

07-Nov-2025 Dr Fiona Macsween
Domestic stress

03-Nov-2025 Dr Helen Wilkinson
Acute reaction to stress

07-Oct-2025 Ms Marley Smith
Cervical smear screen

23-Sept-2025 Dr Julie Hutchison
Bereavement

23-Sept-2025 Dr Julie Hutchison
Nail infection NOS

22-Sept-2025 Dr Julie Hutchison
[D]Rash and other nonspecific skin eruption NOS

18-Sept-2024 Sharmella Summan
Bereavement

25-Jun-2024 Dr Nicole Macsween
Paronychia of finger

14-Jun-2024 Dr Nicole Macsween
Knee joint pain

09-Apr-2024 Dr George Marsden
Anxiety state NOS

07-Dec-2023 Dr Fiona Macsween
Cellulitis and abscess NOS

21-Nov-2023 Sharmella Summan
Bereavement

22-Aug-2023 Sharmella Summan
Bereavement

11-Aug-2023 Dr Naaila Ahmad
Shoulder pain

30-May-2023 Ms Joan Kane
Abscess NOS

06-Mar-2023 Dr Nicole Macsween
Abscess NOS

15-Feb-2023 Sharmella Summan
Family bereavement

Consultations

MMA copy

17-Apr-2026 Dr Joanne Sime Triage

Diagnosis (P3) Triage Ongoing issue with lumps on shoulder plus abdo pain for 2 weeks for f2f

16-Apr-2026 Mrs Lynn Scott Third Party Consultation

Administration (P3) Administration Administration Letter SAR req Admin

02-Apr-2026 Miss Lucie Robb Medicine Management

Administration (P3) Seen by pharmacist HUB LR

02-Apr-2026 Ms Laura Thomson Surgery consultation

Administration (P3) Outpatient clinic letter received Graeme Pharmacy, 09/03/26Quetiapine supplied
Administration (P3) Site of encounter NOS HUB LT

02-Apr-2026 Dr George Marsden Surgery consultation

Diagnosis (P3) Triage Needs more abx to complete course as per FS consult. Pt worried about it, suggest if not respondign to abx after 2 weeks woudl be reasonable to review and consider derm ref. Uses sunbeds

01-Apr-2026 Mrs Helen Mcmunn Administration

31-Mar-2026 Mrs Isobel Muir Third Party Consultation

09-Mar-2026 Administration (P3) Administration Administration Letter Prescription

25-Mar-2026 Dr Felicity Sasada Surgery consultation

Administration (P3) Consultation Multiple nodular type sores on left shoulder - 3 lesions in close proximity. Previously has been on lymecycline for several years which helped - doesnt get flare up of lesions in axillae or groin so not really consistent with HS more cystic acne type lesions - shoulders + back and face, has been on isotretinoin in the past but poor MH so wouldnt want this again. Agreed trial of doxycycline initially BD then OD for up to 4 weeks then reassess. Became tearful in consult as we discussed stress and smoking as an exacerbating factor for skin problems. Recently started on mirtazapine although hasnt started taking this, advised could be alternative to diazepam/quetaipine, also wants to get bloods checked for monitoring as on antipsychotics for long time now (advised re: low dose so less risk of complications) Will look at referral for counselling for her as she feels that she would benefit from this now.
Administration (P3) SMS text message sent to patient Hi Lesley, have a look at the following link re: sources of mental health support. Help and Support Service Types: Self Referral - Biggar Medical Practice
Examination Blood sample -> Lab NOS hba1c, lipids fasting, LFTs
Examination **Blood sample -> Lab NOS**hba1c, lipids fasting, LFTs:
Blood sample -> Lab NOS hba1c, lipids fasting, LFTs (No range available)

20-Mar-2026 Dr Fiona Macsween Triage

Diagnosis (P3) Triage Called asking for diazepam. Been using four times a day tells me cant cut it down. Ongoing issues with ***** *****Tells me not depressed but is socially isolating, tearful at times on the call, not sleeping wellWe had a very frank and boundaried chat about the diazepam. Explained she had not kept to her side of reduction suggested by GM and that diazepam is not helping the anxiety overall, and that this needs reduced with plan to eventually stop scripts and we will be firm with this. I have issued enough for her to cut down to three a week for one week then twice a week for 3 weeks with plan to try and reduce even within that, and she needs to d/w me before further issue to reduce then to once and aim to stropDisucssed mirtazapine as not sleeping and as mood stabiliser/to help anxiety and she consents to trialling this. Rv 1mWSG meantime, FOR CONTINUITY IF DIAZEPAM REQUESTED PLEASE SEND TO ME or GM

20-Mar-2026 Mrs Helen Mcmunn Administration

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11-Mar-2026 Ms Elizabeth Galloway Medicine Management

Administration (P3) Unsuccessful attempt to contact patient by telephone

11-Mar-2026 Ms Elizabeth Galloway Medicine Management

Administration (P3) Unsuccessful attempt to contact patient by telephone

11-Mar-2026 Ms Elizabeth Galloway Medicine Management

Intervention (P3) Medication requested Patient requesting Diazepam, last issued from past acutes 23/02/26.
Administration (P3) Unsuccessful attempt to contact patient by telephone To discuss Diazepam requested too early - not due till 23/03/2026.

11-Mar-2026 Mrs Lorna Grant Administration

23-Feb-2026 Dr George Marsden Surgery consultation

Diagnosis (P3) Chronic benzo use alongside quetiapine for situational stress. Using up to 4 x 2mg daily. Need to monitot this closely. Agreed needs to make 56 tabs last 1 month, will aim to gradually reduce this over time.

13-Feb-2026 Other

Administration (P3) SMS text sent to patient Summary of smart message sent to patient / Dear Lesley, IMPORTANT PATIENT NOTICE From Friday 6th March to Wednesday 11th March 2026, inclusive - patient services at the practice will be extremely limited. This is to allow the health board to implement a new IT system. During this period we will have no access to any computerised systems or patient records. Please click on the following link for further information. https://www.biggarmedicalpractice.co.uk/reduction-in-service-from-6th-to-11th-march-2026/

06-Feb-2026 Ms Danielle Brown Other

04-Feb-2026 Mrs Lorna Grant Other

20-Jan-2026 Dr George Marsden Surgery consultation

Diagnosis (P3) Abscess NOS
Diagnosis (P3) On right angle of jaw, come up over 2 days. Feels a bit run down but not feverish
Diagnosis (P3) Well. T36.4.1.5cm area of tender red swelling over right jaw angle. No clear punctum yet
Diagnosis (P3) IMP: Evolving abscessPLAN;- abx, if does not settle or gets worse seek review, warned may need formal I and D at hospital 9

20-Jan-2026 Dr George Marsden Surgery consultation

Diagnosis (P3) Tender swelling under jaw, approx 2 inches across

16-Jan-2026 Ms Danielle Brown Other

31-Dec-2025 Other

Administration (P3) SMS text sent to patient Summary of smart message sent to patient / Lesley, Please note that Biggar Medical Practice is closed on New Years day and the 2nd January 2026. We will re-open on Monday 5th January at 8am. We wish all our patients a Happy New Year. / New Year closure

30-Dec-2025 Ms Danielle Brown Other

20-Dec-2025 Other

Administration (P3) SMS text sent to patient Summary of smart message sent to patient / Dear Lesley Brown, Biggar Medical Practice is closed on Christmas Day and Boxing Day (Thursday 25th and Friday 26th December) and will re-open at 08.00am on Monday 29th December. With best wishes.

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09-Dec-2025 Dr Nicole Macsween Other

Diagnosis (P3)	not known to me, put in as telephone call as my last pt, see consults below, Lesley advises had court date yesteday, feels no further forward, has had no contact from ***** and no clarification if going to see ***** for xmas. Tells me driving just now with me on loudspeaker with trees down on road and I can hear storm with known storm warnings, have expressed cannot continue this phone call for safety. Lesley advises me current dose 4mg BD (so 8mg total) per day, has found this dose beneficial cf to lower doses, previously found couldn't go out or meet anyone without distress ++, more manageable currently, although remains deeply distressed by situation with *****. feels we are her only contact, I enquired re CPN Lesley vague re this and DOCMAN not working this afternoon for me to clarify re mental health letters, Lesley becoming increasingly dependent on practice, have explained we are unable to alter outcome of ***** and to try contact Lesley's CPN. Have agreed to issue 2 wk course at current dose. then ended call as explained cannot continue this call with current driving conditions, lesley advises she agrees and plans to turn to head home as concerned about dirving conditions.

02-Dec-2025 Dr Helen Wilkinson Telephone Consultation

Diagnosis (P3)	***** , still feels very stressed and upset and very anxious. ***** and was on her own that day. ***** ***** ***** but does not know anything about it. very distressed about the process. taking quetiapine 50-75mg at night, can't take small dose earlier in the day as can't function properly in day with it. offered to start SSRI as this may help with anxiety but was quite angry about this as not depressed, but reacting to this situation. she is really just looking for more diazepam , taking 4 tabs at day at present as per GM. review as needed

02-Dec-2025 Dr Helen Wilkinson Telephone Consultation

Administration (P3)	Failed encounter - no answer when rang back x2
Intervention	Medication review done
Intervention	Medication review done

26-Nov-2025 Mr Docman Docman Other

25-Nov-2025 Dr George Marsden Surgery consultation

Symptom (P3)	Domestic stress
Diagnosis (P3)	Ongoing. *****. Not coping and really distressed. Found diazepam helped sleep and distress. Has been referred to CMHT. Happy to give further script of diazepam pending CMHT review

20-Nov-2025 Ms Alison Mutch Other

13-Nov-2025 Other

Administration (P3)	SMS text sent to patient Summary of smart message sent to patient / Dear Lesley, The Practice is currently preparing for the installation of a new clinical system, which will take place early next year. As such, a significant upgrade to its IT systems is required in advance, meaning that all phones and other systems will be offline. To minimise disruption to patients, the upgrade has been planned to coincide with NHS Lanarkshire's Practice training day, whereby the practice would normally be closed in the afternoon. As such the practice will be closed from 12pm Wednesday 19th until 8am on Thursday 20th Nov. On Wednesday 19th, all systems will be offline between 12pm and 2pm. However between 2pm and 6pm if you require acute or urgent medical attention please call the practice as usual and you will be diverted to dedicated call handlers who will triage you to the most appropriate person. For routine enquiries such as blood results or repeat prescriptions, please call when the practice re-opens. Thank you. Biggar Medical Practice / Practice Closure info

MMA copy

12-Nov-2025 Dr Julie Hutchison Surgery consultation

Symptom (P3)	Domestic stress
Diagnosis (P3)	'not in a good way today ' 'up to 90', there is a ***** - details unclear, no SW allocated yet. not sleeping - keeps waking up. not eating. under mental health team - spoke to them a few days ago. denies being depressed although very teary on the phone. coming up to the *****. aware she has been very distressed/volatile lately, says this was because she just coulnd't cope ***** *****. at her wits end. again admitted to wishing she was dead but denies any actual suicidal plans. no shouting/swearing and able to have rational conversation once calmed down. diazepam helps but we talked about the fact that it is not suitable for long term use. been taking tds. has CPD - unclear when they are going to contact her again - and also has good support *****
Diagnosis (P3)	distressed on the phone. pressure of speech++ initially although then was calmer.
Diagnosis (P3)	reduce diazepam to bd with aim to reduce further if continued after that. not keen on ssri at present but advised worth considering if things not imrpoving. encouraged to engage with cpn and discussed breathing space/samaritans. chat re other measures - exercise - is going to try and go back to the gym - may need lanarkshire referral - had previously, walks the dogs, has a friend she trusts to speak to. WSG

07-Nov-2025 Dr Fiona Macsween Surgery consultation

Symptom (P3)	Domestic stress
Diagnosis (P3)	Lengthy telephone call almost 25mins. Called to duty. Swearing/verbally agressive/shouting - did calm down eventually. Distress***** arrested yest due to shouting at school staff re her issues. Anxiety +. Says wants to be dead but is VERY clear that she is not suicidal. Ranting about issues. I explained she really needs to be calm and not be shouting/swearing during interactions as this wont help the situation. Needing more diazpeam which I have issued given distress *****. Continues to not show on phone any empathy *****seems angry *****. Declines SSRI. Had to end call as she was talking in circles about her grievances re how things have been done, and explain I didn't think I could add anymore today. Has CPN now, is not suidical, no acute risks today

06-Nov-2025 Mr Docman Docman Other

06-Nov-2025 Mr Docman Docman Other

05-Nov-2025 Ms Janet Graham Surgery consultation

Diagnosis (P3)	Unsuccessful attempt to contact via mobile no listed this morning. Brief message left, ensuring confidentiality, to state Miss Brown can contact Practice directly if she wishes to reschedule. If she calls back within 3 weeks, and is not currently open to CMHT, please allocate telephone appointment. Otherwise, this should go via GP/ANP to ensure suitability for this service. Many thanks, J Graham - RMN

04-Nov-2025 Mr Docman Docman Other

Intervention	8H51.: General surgical referral (SCI Gateway Referral) *Out Patient. Sender: Dr Helen Wilkinson; Reason: 8H51.: General surgical referral (SCI Gateway Referral)*

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03-Nov-2025 Dr Helen Wilkinson Surgery consultation

Intervention	Referral for further care . *Sender: Dr Helen Wilkinson; Reason: Referral for further care*
Diagnosis (P3)	Acute reaction to stress
Diagnosis (P3)	very distressed about events at home last week as detailed below. Is very angry about what has happened, ***** Is very angry with the way school managed the complaint from *****, with SW for not investigating or speaking to her first *****, with family members whoh have not been in contact with her for 4 years and now calling her ***** questioning her parenting, angey that SW involved are people who already know of her and she knows of them. angry *****, regarding the disclosure and says that ***** is very difficult. says that now she doesn't want to have anything to do with the school, with SW, *****, as no-one has followed the correct procedures and feels lets down by what has been said. hasd a call from paramedic at weekend who was tasked with taking her to huntly burn but on talking to her he agreed this wasn't needed. has friends who are supportive and in contact with her, one is acting as a mediator. lives alone. *****says not taking any other meds, not taking alcohol, has smoked a joint to help sleep not slept much over weekend. denies thoughts of self harm or suicide, says that the threeedogs and horse are protective factors. says she would harm others- on talking about this further she indicates that she will do this verbally by telling all these people what she thinks if she gets the chance to speak to them, denies that she plans or thinks aobut physical violence towards any of them, and has no history of physical violence
Diagnosis (P3)	good eye contact, talking ++, tearful ***** is mentioned but at other times smiling no hallucinations
Diagnosis (P3)	had a call from DBI at end of consultation, they are going to call her backfor short term diazepamrefer to MH team - she requested not west team as has seem them beofre and knows some from prev social times, but advised due to her postcode/address cannot refer to lanarkshire servicearranged appt with MHLN later this week to check in with heradvised if worsening mental health/distress/ thoughts of self harm to contact us again or OOH/ED

03-Nov-2025 Dr Fiona Macsween Surgery consultation

Diagnosis (P3)	Argument with***** ***** (social work informed her by coming to door in afternoon). apparently they tried to section her over weekend but talking pressure of speech +++, clearly distressed but telling me "****** ******" and "im thinking of getting the police involved t******". sounds manic over the phone, and f2f made to assess. may just be distress and reaction to major life event, however needs f2f. tells me not suicidal but "almost homicidal" - angry ++ with social work for this, tells me they arent doing things buy the book, that the social worker that came to her door used to be a pole dancer etc.

03-Nov-2025 Mr Docman Docman Other

03-Nov-2025 Mr Docman Docman Other

01-Nov-2025 Mr Docman Docman Other

28-Oct-2025 Miss Dawn Wallace Other

07-Oct-2025 Ms Marley Smith Surgery consultation

Intervention (P3)	Cervical smear taken
Examination (P3)	O/E-vaginal speculum exam. NAD
Examination (P3)	O/E - no vaginal discharge
Diagnosis (P3)	ML speculum used.
Examination (P3)	O/E Cervix: transitional zone seen
Administration (P3)	Informed consent for cervical smear given
Administration (P3)	Chaperone offered
Diagnosis	Cervical smear screen
Diagnosis	Cervical neoplasia screening

NHSA copy

06-Oct-2025 Ms Marley Smith Surgery consultation

Examination	Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative
Diagnosis	Virology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: - Cervical smear - human papillomavirus negativeReviewer comment: Abnormal/Normal Flag:

02-Oct-2025 Mrs Helen Mcmunn Other

23-Sept-2025 Dr Julie Hutchison Other

Symptom (P3)	Bereavement
Diagnosis (P3)	Nail infection NOS
Diagnosis (P3)	toenails, many months, keen for rx.
Diagnosis (P3)	unable to see as covered in red nail varnish!
Diagnosis (P3)	rx below, hand in clippings, keen for oral rx if positive so if clippings show hyphae then appt for lfts.
Diagnosis (P3)	long chat re the circumstances *****. teary but appears to be coping well given the situation, getting out, looks after her horse/dogs/kids - *****. doesn't think she is depressed. quetiapine helps to take the edge of her anxiety and helps her sleep - keen to continue. WSG

22-Sept-2025 Dr Julie Hutchison Telephone Consultation

Diagnosis (P3)	[D]Rash and other nonspecific skin eruption NOS
Diagnosis (P3)	on her chin, recurrent/pervasive, wondering if herpes
Diagnosis (P3)	looks more like impetigo, try rx below, if not resolving consider course antivirals/swab.
Diagnosis (P3)	struggles with mood and anxiety, *****, not long our of an abusive relationship, states ***** ***** invovlement of women's aid. spoke briefly re options of ssri as anxious and 'don't get joy out of anything'. she will have a think and let me know if wishes to try anything.

19-Sept-2025 Dr Joanne Sime Surgery consultation

Administration (P3)	Failed encounter - message left on answer machine 13:32

19-Sept-2025 Dr Joanne Sime Surgery consultation

Diagnosis (P3)	1. lesion on chin keeps recurring wonders if cold sore can tr and send in photo has been to pharmacist and fed up with PA advising her to go there 2. problems mental health says ongoing for a while and fed up trying to get appt here says it is a nightmare see OH entry then DNA last appt with them happy has questions she wants answered happy with f2f next working day

04-Sept-2025 Mrs Helen Mcmunn Other

19-Aug-2025 Other

Administration (P3)	SMS text sent to patient Summary of smart message sent to patient / Dear Lesley Brown, Further to the previous message you may have received, please note that Biggar Medical Practice will be closed from 2pm - 6pm tomorrow, 20/08/25. If you require acute or urgent medical attention during this time, call the practice as usual and you will be diverted to our dedicated (NHS Lanarkshire) call handlers who will triage you to the most appropriate person. For routine enquiries, such as blood results or repeat prescriptions please call when the practice opens on Thursday 21/08/25. Many thanks

05-Aug-2025 Miss Shirley Porter Other

03-July-2025 Miss Dawn Wallace Other

MMA copy

30-Jun-2025 Ms Amy Lindsay Surgery consultation

Diagnosis (P3)	occupational therapy
Diagnosis (P3)	2nd DNA OT initial assessment appointment. As per PCOT policy, Letter will be sent to communicate that referral now closed and discharged back to care of GP. A.Lindsay, OT.

30-Jun-2025 Mr Docman Docman Other

06-Jun-2025 Ms Amy Lindsay Surgery consultation

Diagnosis (P3)	occupational therapy
Diagnosis (P3)	Primary Care Occupational Therapy S- Lesley called OT service following receiving DNA letter on 05/06/25. OT returned call this morning, Lesley verbally consented to engage in call. Lesley described really struggling at the moment with her mental health. She explained she really needs a GP appointment however has found it really challenging to wait on the line to speak with reception as she described lots going on at the moment and feels so overwhelmed. Lesley described deterioration in current mental state has stemmed from recent *****, she explained she has had to give statements to Police and now *****, she reports she has since cut contact and blocked them on all devices. Lesley reports she really needs further support and someone to talk too, described difficultly engaging in daily tasks e.g. housework, self-care, routine. Lelsey explained has continued to really struggle with mental health, following *****. OObjectively quite upset and tearful on the phone. Primary Care OT - OT emphasised we can definetly support with functional goals and supporting Lesley to improve function, however we cannot offer talking therapy and suggested alongside OT input consideration of talking therapies might be beneficial given this is something Lesley identified she would find helpful. Discussed if now best time to engage in goal focused intervention with OT if lots going on, Lesley keen to try. Talking Therapies - OT emphasised importance of reading reviews. Explained following services are within Lanarkshire- Liber8, Manda Centre, Lanarkshire CBT and counselling service and Clydesdale Esteem Charity based in Lanark. Womens Aid- encouraged to contact Womens aid for emotional support following recent trauma with*****. Lesley explained she is already in contact with them in the Borders and missed a call from them last Friday. Lesley agreeable to get back in touch with them. Wellbeing - discussed current coping strategies, Lesley identified she finds sitting out in the garden and spending time with dog helpful. Encouraged to prioritise time engaging in these occupations. Risks- Lesley denies DSH or suicidal ideation, safety protective factor of ***** identified. Worsening advice given - breathing space, samaritans and getting in touch with GP. A- Build up of complex social factors and background of trauma, negatively impacting mental health and function. Would benefit from more talking therapy based support alongside OT can offer support more so around function and looking at ways to improve engagement in ADLs. Plan- 1. Re-arranged OT appointment for 30/06/25 @ 10am. 2. Consent given to email over talking therapies to bbl.ojr80@gmail.com3. Lesley intending on getting in touch with GP and womens aid and considering possibility of talking therapies. A.Lindsay, OT.

04-Jun-2025 Miss Dawn Wallace Other

03-Jun-2025 Miss Dawn Wallace Other

Web Copy

19-May-2025 Ms Amy Lindsay Surgery consultation

Diagnosis (P3)	occupational therapy
Diagnosis (P3)	DNA OT initial assessment. Will send DNA letter and if no response within 10 working days assumed now not a good time to engage with primary care OT and referral would then be closed with duty of care back to GP. A.Lindsay, OT
Administration (P3)	SMS text sent to patient Summary of text message sent to patient / Miss Lesley Brown Thank you for consenting to the use of our text message service. Please note that as a result you will be eligible to receive the following information... Appointment reminders. Invitation for long term condition reviews. Personalised updates following test results, whether normal or follow up is required. If you no longer wish to consent to this service please reply with STOP. Biggar Medical Practice

19-May-2025 Mr Docman Docman Other

14-May-2025 Other

Administration (P3)	SMS text sent to patient Summary of text message sent to patient / MissLesleyBrown Biggar Medical Practice is starting a text messaging service to contact patients. If you would like to use this service please DO NOT reply to this message. If you would prefer not to be contacted by text, please reply to this message with the word STOP

08-May-2025 Miss Dawn Wallace Other

01-May-2025 Ms Amy Lindsay Surgery consultation

Diagnosis (P3)	occupational therapy
Diagnosis (P3)	Primary Care OT referral received. Time spent screening notes and then called Lesley to initiate triage call. Introduced self and role. Lesley verbally consented to engage in call. Explained has been really struggling for a few years now with her mental health. Described tragic accident of ***** and has really struggled since. Accessed bereavement counselling via Mental health team in the Borders at the time, however Lesley described this had limited benefit as she knew counsellor from when Lesley used to drop ***** *****Lesley explained PCMHLN has given a name of another counselling organisation, OT also discussed the MANDA centre in Hamilton may be helpful to be aware off also. In relation to function, Lesley described struggling with most aspects of her function including maintaining good self-care, keeping ontop of household chores and has increased anxiety going shopping. Described always busy however very limited routine. Has support network in Peebles and in touch with friends. Has dogs and enjoys being out with them. Lesley also described leaving a really difficult relationship. Reports currently unemployed and does not feel able or ready to consider other avenues of employment. Plan-agreed alongside more talking based thereapies as recommended by PCMHLN, OT service could help with more of the functional goals. Lesley happy to try OT input and arranged initial assessment on Monday 19th of May at 2pm in the Biggar surgery. A.Lindsay, OT.

16-Apr-2025 Ms Janet Graham Surgery consultation

Diagnosis (P3)	Follow up (1) - Miss Brown called surgery arlier today to change to a teleconsult as she had no access to her car this afternoon. Signal much clearer today, no muffled sound. Describes herself as continuing to feel quite low in mood - states poor motivation and lacking structure and routine. Keen to develop this and improve socialisation to benefit mood. Discussed role of PCOT and she was agreeable to me completing referral to this service today - now sent. Miss Brown also feels she would benefit from counselling and I have provided details of Clydesdale Counselling for her to consider. No follo wup arranged at this time, but she is aware she can request re-referral via GP if additional support required in future. J Graham - RMN

16-Apr-2025 Mr Docman Docman Other

Web Copy

08-Apr-2025 Mrs Isobel Muir Other

Administration (P3)	Telephone encounter Patient came to practice reception with face injury looking to have it checked, advised patient to attend A &E. After taking quidance from HW I called patient to advise to call minor injuries. Patient called OOH yesterday 7th April and failed to attend for assessment. OOH was workflowed to JH

07-Apr-2025 Mr Docman Docman Other

02-Apr-2025 Ms Janet Graham Surgery consultation

Diagnosis (P3)	Telephone Triage - signal poor and voice sounded nuffled. Basic details taken and face to face appointment arranged for further assessment and planning - agreeable with this plan. Tearful when speaking, spoke briefly ***** ***** ***** - she plans to discuss further with GP and school. States she is "really struggling" since the ***** *****. States she is unsure what supports she needs, perhaps counselling. Denies suicidal intent - admits thoughts of wanting to be with ***** but denies any plan or intent, citing ***** as protective factor. States no addictions issues, occassionally smokes "a joint to help me sleep". Agreed face-to-face appointment: 16/4/25 @ 2pm. Worsening advice given meantime. J Graham - RMN

01-Apr-2025 Mrs Helen Mcmunn Other

19-Mar-2025 Dr Gillian Barlow Surgery consultation

Diagnosis (P3)	Acttually came in for an apt with her *****, then asked her ***** to sit in the aiting room so she could talk to me alone. ***** ***** Then went on to say she feels terrible, very low, every day feels like she does not want to be here, but says would not do anything to harm herself, ***** are strong protective factor. ***** *****
Diagnosis (P3)	In first instance, given appt for Janet Graham, MHLN. To call back if things deteriorat further

19-Mar-2025 Dr Gillian Barlow Surgery consultation

Diagnosis (P3)	Abdo - soft and non-tender, no faecal loading, BS normal

11-Mar-2025 Ms Tara Broadfoot Surgery consultation

Diagnosis (P3)	Failed CLW telephone encounter with Lesley this morning, called at 10.50am and again at 11am, phone ringing out to voicemail. I have emailed Lesley asking her to contact the medical practice to book a suitable f/u telephone appointment if she still requires support from the CLW service. I will close support to CLW service on 25/03/2025 to allow patient time to respond. TBroadfoot, CLW
Administration (P3)	Failed encounter

04-Mar-2025 Miss Dawn Wallace Other

25-Feb-2025 Ms Tara Broadfoot Surgery consultation

Diagnosis (P3)	CLW f/u call with Lesley today. Lesley apologised for missing our previous F2F appointment she was unwell and did not manage to cancel in time. Discussed counselling supports and agreed and emailed contact details and links to 3 services for information, these are CRUSE Bereavement Scotland, Counselling and CBT Centre and NHS 24 Living Life. Agreed and booked a f/u telephone appointment for 2/52 - 11/03/2025 at 2.15pm to discuss go over these services and any other relevant supports. TBroadfoot, CLW

18-Feb-2025 Ms Tara Broadfoot Surgery consultation

Administration (P3)	Failed encounter
Diagnosis (P3)	Failed telephone encounter with Lesley this morning. I have left a voicemail asking Lesley to call the medical practice to arrange a suitable follow-up appointment with CLW. In the meantime I have booked one more follow-up telephone appointment for next week - 25/02/2025 (2nd attempt). TBroadfoot, CLW

NMA copy

11-Feb-2025 Ms Tara Broadfoot Surgery consultation

Diagnosis (P3)	CLW follow-up call to Lesley this afternoon, she did not attend in person today so I called her instead. Lesley apologised***** was unable to attend, I asked her if she is ever unable to attend any F2F appointments in future to please call the medical practice to rearrange appointment. Lesley was unable to speak about her current situation today so we agreed to speak next week over the telephone instead. Agreed and booked telephone appointment for 18/02/2025 at 9.45am. TBroadfoot, CLW

05-Feb-2025 Ms Tara Broadfoot Surgery consultation

Diagnosis (P3)	CLW triage call today, introduced and explained CLW service, keen for support with service. Patient mentioned counselling supports and would prefer F2F appointment. Agreed and booked a F2F follow-up appointment for 11/02/2025 at 3.45pm. TBroadfoot, CLW

28-Jan-2025 Sharmella Summan Surgery consultation

Diagnosis (P3)	Long consultation***** continues to be difficult - finds it difficult to trust anyone enough to express griefIn the last year ***** ***** *****HAs not been sleeping or getting any peaceSkin has broken out, lost weight, not eating NO intentions of suicide or self harm - *****remain protective factors
Diagnosis (P3)	Rapport throughout, emotionally lable at times but appropriatly reactive given subject matter, no evidence of psychosis or hallucinations
Diagnosis (P3)	Lives with ***** and dogs, looks after horses, *****
Diagnosis (P3)	Agreed small supply of diazepam as one off - she understands there will be no repeatsShe will contact Grief and Loss groupHappy to be re-referred to CLW

25-Jan-2025 Mr Docman Docman Other

13-Dec-2024 Ms Alison Mutch Other

31-Oct-2024 Mrs Helen Mcmunn Other

26-Oct-2024 Mr Docman Docman Other

18-Sept-2024 Sharmella Summan Telephone Consultation

Symptom (P3)	Bereavement
Diagnosis (P3)	feeling terriblecan't stop crying, no control over emotions*****feels something needs to change as admits she has been distracting and running away from feeling by trying to keep busyincreasing sucidal thoughts - no plans, ***** is protective factor, feels able to keep her self safetoday plans to cut the grass and lie outside in the sun until ***** gets home from school
Diagnosis (P3)	F2F next week - declined appt before thenaccepting of signposting to grief and loss group - will be in touch herselfdeclined CLW at this stage but will discuss further on MondayNo change to medication today - taking 2-3 quetiapine daily discussed emotional regulation and grounding

12-Sept-2024 Miss Shirley Porter Other

02-Aug-2024 Mrs Helen Mcmunn Other

30-July-2024 Mrs Lynn Scott Surgery consultation

Administration (P3)	Did not attend - no reason

30-July-2024 Mrs Lynn Scott Administration

Administration (P3)	DNA surgery appointment - 1st letter letter to patient

27-July-2024 Mr Docman Docman Other

MMA copy

16-July-2024 Ms Pamela Wallace Surgery consultation

Diagnosis (P3)	DNA Treatment Room Bloods

11-July-2024 Dr Gillian Barlow Telephone Consultation

Diagnosis (P3)	Called again. Patient wasn't expecting so early a call! Says knee is now fine. Says it happens intermittently and settles quickly with NSAID.
Diagnosis (P3)	Advised CRP up at 15, other bloods okay. Says also gets some alopecia and was wondering about thyroid. TFTs not done. Suggest rrepeat CRP with TFTs and urate. Appt made

11-July-2024 Dr Gillian Barlow Telephone Consultation

Diagnosis (P3)	Called at 7.53am, went to voicemail, left message to say I will try once more in a little while

25-Jun-2024 Dr Nicole Macsween Surgery consultation

Diagnosis (P3)	Paronychia of finger
Diagnosis (P3)	2 finger nails skin surrounding swollen and tender approx 12malso thinks has some toenails and fingernails fungal nail infetion, discoloured and break easily, has not tried any txworks with horses, paints own nails to hide this
Diagnosis (P3)	nails painted - can see yellowing discolouration underneath some fingernailsswollen particularly 2nd right fingernail - paronychia, looks like biting around nail beds but tells me not just easily broken/frgaile skin in this area
Diagnosis (P3)	mycology for finger and toenailsrecent fluclox trial different Abxadvised try to reduce trauma to nails and nail beds
Diagnosis (P3)	while here 1d hx left sore ear, has had a 'bad cold' for a few days, no cough, no temp, no cp, slight reduced hearing that side same time frame
Diagnosis (P3)	right ear - healthy intact tm, no waxleft ear - slightly erythematous tm, patent eac
Diagnosis (P3)	IMp - ETD, explained would expect otalgia/hearing to resolve within 7d of nasal congetsion symptoms and review if ongoing, abx for nail will cover ear

24-Jun-2024 Ms Marley Smith Surgery consultation

Examination	Serum albumin SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	46 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	91 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	21 U/L
Examination	Serum bilirubin level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	4 umol/L
Examination	Serum chloride SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	104 mmol/L
Examination	Serum creatinine SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	**58 umol/L**
Examination	Eosinophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.4
Examination	Haemoglobin estimation SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	152 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	**32.8 pg**
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	339 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	96.8 fL
Examination	Monocyte count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.6
Examination	Neutrophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	5.7
Examination	Platelet count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	308
Examination	Serum potassium SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	4.3 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	4.63
Examination	Serum sodium SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	142 mmol/L
Examination	Serum urea level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	6.1 mmol/L
Examination	Total white blood count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	9.4
Examination	Percentage lymphocytes SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	2.6

BMA copy

Examination	Liver function test Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 4Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		
Examination	Urea and electrolytes Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 6Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal		
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	38 mmol/mol	
Examination	Plasma C reactive protein SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	15 mg/L	
Examination	Rheumatoid factor SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum< 10		
Examination	Rheumatoid factor Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.448 L/L	
Examination	Basophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.1	
Examination	Red blood cell distribution width SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	13.3 %	
Examination	Differential whitecell count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		
Diagnosis (P3)	Attended for smear but has period so would prefer to delay. Asking about STI screening ***** *****. Self swabs provided today for Gonorrhea and chlamydia provided today, bloods taken prior to this converstation so unable to add in BBV, patient not concerned re same but advised if she would like this done would need to be another blood test		
Diagnosis (P3)	Has a few issues she would like to discuss with GP, swollen finger - thinks is a fungal nail infection but really swollen around base of nail. Feels like she struggles to breathe, no known resp conditions but smokes +++ advised to try cut back		
Diagnosis	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 15Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Plasma C reactive protein) Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: see EMIS task (NMCS)Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	46 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	91 U/L	(Range: 30 - 130)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	21 U/L	(Range: 5 - 55)
Examination	**Serum bilirubin level**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum bilirubin level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	4 umol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	104 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: **Abnormal** Serum creatinine SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	**58 umol/L**	**(Range: 60 - 100)**
Examination	**Eosinophil count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.4	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	152 g/L	(Range: 115 - 165)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	**32.8 pg**	**(Range: 27 - 32)**

MMA copy

Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	339 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	96.8 fL	(Range: 80 - 100)
Examination	**Monocyte count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.6	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	5.7	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	308	(Range: 140 - 450)
Examination	**Serum potassium**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum potassium SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	4.3 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	4.63	(Range: 3.9 - 5.6)
Examination	**Serum sodium**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum sodium SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	142 mmol/L	(Range: 133 - 146)
Examination	**Serum urea level**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: Serum urea level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	6.1 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white blood count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Total white blood count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	9.4	(Range: 4 - 11)
Examination	**Percentage lymphocytes**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Percentage lymphocytes SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	2.6	(Range: 1 - 4)
Examination	**Liver function test**Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 4Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:: Liver function test Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 4Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		(No range available)
Examination	**Urea and electrolytes**Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 6Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal: **Abnormal** Urea and electrolytes Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 6Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	38 mmol/mol	(Range: 20 - 42)
Examination	**Plasma C reactive protein**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum: **Abnormal** Plasma C reactive protein SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum	15 mg/L	(No range available)
Examination	**Rheumatoid factor**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum< 10: Rheumatoid factor SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum< 10		(No range available)
Examination	**Rheumatoid factor**Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:: Rheumatoid factor Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.448 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA	13.3 %	(Range: 11 - 16)
Examination	**Differential whitecell count**SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		(No range available)
Diagnosis	**(Non Coded Event - Haemoglobin A1c level - IFCC standardised)**Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:: (Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:		(No range available)

MMA copy

Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 15Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal:	
	(Non Coded Event - Full blood count - FBC) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 15Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal	(No range available)
Diagnosis	**(Non Coded Event - Plasma C reactive protein)**Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: see EMIS task (NMCS)Abnormal/Normal Flag: Abnormal:	
	(Non Coded Event - Plasma C reactive protein) Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: see EMIS task (NMCS)Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum> 59:	
	GFR calculated abbreviated MDRD SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum> 59	(No range available)

24-Jun-2024 Ms Marley Smith Surgery consultation

24-Jun-2024 Ms Marley Smith Surgery consultation

24-Jun-2024 Dr Nicole Macsween Surgery consultation

14-Jun-2024 Dr Nicole Macsween Surgery consultation

Diagnosis (P3)	Knee joint pain
Diagnosis (P3)	informs me few years ago (not registered with us then and nil on patient summary) red hot right knee, settled after 1 dose naproxen from gp, is unsure what cause was, no interim symptoms1d hx swelling anterior right knee, hot to touch, redfeels well in self, no temp, no n/v, no recent surgery/diabetes/uclers etcno other joint swelling/erythemano early morning siffnesspmh alopecia, no other personal/fh autoimmunevaricose vein left calf years, mildly tender
Diagnosis (P3)	normal gaitapyrexialpre-patella area erythema/warmth, minimal swelling, FROM non tender, no crepitusleft knee nadcalves snt equal size, left calf varicose vein, compressible, not hardened, no ulceration/erythema
Diagnosis (P3)	explained criteria for referral varicose veins, does not meet criteria, nsaid for knee should help settle tenderness in varicose vein, wsg advice eg ucleration/erythema/bleeding of VV reviewright knee ?? pre-patella bursitis, differential diagnosis gout vs inflammatory arthritis, cover with abx and nsaid with ppibloodssg advice - if not settling 24 hrs or if spreading/unwell in self review including ooh as friday pm at present

14-Jun-2024 Dr Julie Hutchison Telephone Consultation

Diagnosis (P3)	knee swollen, struggling to walk on it, has varicose veins on other leg which is swollen, fhx DVT. appt

05-Jun-2024 Mrs Jaime Sutton Other

28-May-2024 Mr Docman Docman Other

23-Apr-2024 Dr Nicole Macsween Surgery consultation

Administration (P3)	Did not attend - no reason

17-Apr-2024 Sharmella Summan Surgery consultation

Diagnosis (P3)	DNA double appt - called mutliple times - straight to VM - message left.

Web copy

17-Apr-2024 Sharmella Summan Telephone Consultation

Diagnosis (P3)	couldn't get up this morning to come innot in a good waycrying all the timesleeping a lotfinsihed her trauma therapy - still seeing Amanda from children first fortnightlygettng hard to manage emotions around ***** ***** *****- fell out with pals&loss of support networkwishes she was dead constantly - ***** ***** only thinks keeping her here. no plans or intent.
Diagnosis (P3)	discussed CLW for grief support - she is agreeable to thisin mean time if worseign suicdality or plans/intent aware to get in touch

16-Apr-2024 Sharmella Summan Telephone Consultation

Diagnosis (P3)	continues to struggle with *****and sleep. ***** at home. feeling suicidal at home but states ***** as protective factors. has not been reviewed for some time regarding this - double appt booked tomorrow to asess risk.

09-Apr-2024 Dr George Marsden Surgery consultation

Diagnosis (P3)	Anxiety state NOS
Diagnosis (P3)	Needing more medication. Very keen to speak to SS. Asked if I could help but prefers to follow up with SS. Prebooked a triage apt for 16/4/24.

12-Feb-2024 Ms Alison Mutch Other

09-Jan-2024 Mrs Helen Mcmunn Other

18-Dec-2023 Ms Joan Kane Surgery consultation

Diagnosis (P3)	2/7 hx of lower back pain/renal angle, radiating across abdomen into chest, no altered sensation perianal, worse yesterday am, called an ambulance, taking ibuprofen and paracetamol with good effect, seen by SAS and they ? UTI. No urinary symptoms. No fevers. No cough.
Diagnosis (P3)	Fully weightbearing, normal gait, non-tender on palpation thoracic/lumbar spine, tender L loin, no saddle paraesthesia, abdo SNT, no organomegaly, bowel sounds present, chest clear, T: 36.6, P:76, R:15, Sa02:99% MSU: ++leucocytes, +protein, +blood. Unable to send MSU as PM appt.
Diagnosis (P3)	Treat for upper UTI as prescribed, plenty fluids, simple analgesia, Review if no improvement on completion of treatment or earlier if worsening symptoms.

MMR copy

18-Dec-2023 Dr Gillian Barlow Surgery consultation

Diagnosis (P3)	Developed bad lower back pain yesterday and called an ambulance. They attended and assessed her and thought she may have a UTI. They did not take her to hospital - says she couldn't go because of her *****. She says they told her to make an appt with GP today
Diagnosis (P3)	See docman letter. This actually says OOHs were going to take over care. Not sure what happened there! F2F appt

18-Dec-2023 Mr Docman Docman Other

13-Dec-2023 Sharmella Summan Surgery consultation

Diagnosis (P3)	DNA appt yesterday - was stuck on the motorway in an accident and could not use phone.

08-Dec-2023 Dr Fiona Macsween Other

Diagnosis (P3)	face worse, eyelid swollen shut, im concerned re facial cellulitis. f2f given.

08-Dec-2023 Dr Fiona Macsween Surgery consultation

Diagnosis (P3)	Cellulitis and abscess NOS
Diagnosis (P3)	feelingunwell since yest, shivery at times, hot and cold, nausea. generally unwell. swelling has spread right to under eye area and pressure +++. vision sl fuzzy this am but normal since. been on metro for dental abscess low R side and c/o augmentin yest (now had 4 doses).
Diagnosis (P3)	T 35.8, HR 76, sats 97%, RR 16. swelling now extending and significant swelling over L cheek and under eye/periorbital. PEARLA, tells me vision fine driving down here, but feels pressure ++ in eye area. no neck swleling/trismus. airway fine etc
Diagnosis (P3)	Imp - facial cellulitis now extending peri orbital. Obs ok, but feels unwell with it. Spoke to Lewis maxfax on call at QUEH, he will d/w reg and get abck as to who sees her.

08-Dec-2023 Dr Fiona Macsween Surgery consultation

Diagnosis (P3)	maxfax will see in ward 63 QUEH

07-Dec-2023 Dr Gillian Barlow Telephone Consultation

Diagnosis (P3)	On antibiotics for right sided dental abscess. metronidazole, started 2 daya ago. Had had the problem for a few days before this. Now has come up with a swelling below left eye, says it is red and hard. Having problems with internet and has not been able to send in photo
Diagnosis (P3)	Note that she had a right sided facial cellulitis and abscess in 2019 which required I&D and IV antibiotics. Needs F2F to assess, appt given

07-Dec-2023 Dr Fiona Macsween Surgery consultation

Diagnosis (P3)	Cellulitis and abscess NOS
Diagnosis (P3)	current R dental abscess on metronidazole. however this am awoke and L cheek over area of acne swollen and inflamed and painful. feels a bit hot and cold at times. is eating and drinking. no visual upset but feels some pressure that extends to below eye area.
Diagnosis (P3)	T 36.7, HR 71 reg, sats 99%, RR 16. looks well. L cheek - abscess under infected boil from acne, 1.5x1.5cm, external erythema and sl heat, not under eye in socket area, contained within cheek/skin. full mouth opening etc.
Diagnosis (P3)	oral ABx however strict worsening advice if increasing in size/visual upset/affects eye area/temp/unwell/spreading redness etc will need urgent review and likley best A&E in this instance. call tomorrow for review if not settling.

MR copy

27-Nov-2023 Mrs Lynn Scott Other

Administration (P3)	Failed encounter SS was due to call for follow up today (27/11/23) but is off this week. please book in for tel apt with Sharmella when next available.

21-Nov-2023 Sharmella Summan Surgery consultation

Symptom (P3)	Bereavement
Diagnosis (P3)	support offered over the phone. Not doing well.*****coming up next week and dog was killed suddenly. ***** as it was ***** dog they got after***** ***** as does Lesley. Arranged for catch up next week to check in.

20-Nov-2023 Dr Julie Hutchison Telephone Consultation

Diagnosis (P3)	dog run over at the weekend, very unexpected event, killed instantly. currently seeing counsellor re mental health issues - PTSD. next appt with counsellor is next monday. asking to speak to SS as has had support from her previously and found it very helpful.*****. appt given with SS tomorrow.
Diagnosis (P3)	teary, distressed.

01-Nov-2023 Mrs Helen Mcmunn Other

06-Oct-2023 Mrs Isobel Muir Other

07-Sept-2023 Mr Docman Docman Other

Intervention	8H51.: General surgical referral (SCI Gateway Referral) *Follow-up/Return Outpatient. Sender: Dr Joanne Sime; Reason: 8H51.: General surgical referral (SCI Gateway Referral)*

05-Sept-2023 Dr Naaila Ahmad Telephone Consultation

Intervention	Referral for further care . *Sender: Dr Naaila Ahmad; Reason: Referral for further care*
Diagnosis (P3)	Mob - per task. *****Continues to be under Borders CMHT as although moved remain within Borders area. Felt has good chat with Dr Hutchison recently. Feels quite low right due to recent bereavement. Sleep-Poor Mood-Low Energy-Normal Concentration-Low, Has always had dark thoughts but would never act on these thoughts as has *****. No SH, has had suicidal ideation since *****Protective factor-***** *****. Has supportive friends.
Diagnosis (P3)	Signposted to CRUSE bereavement, LMM, Beating the blues. Write to Borders for review.

04-Sept-2023 Mrs Jaime Sutton Other

24-Aug-2023 Miss Shirley Porter Other

Administration (P3)	Failed encounter See task

22-Aug-2023 Sharmella Summan Telephone Consultation

Diagnosis (P3)	tearful. ***** and this is brought back a lot of griwef around***** fed up and doesn't want to be here. onging counselling. F2F offered.

22-Aug-2023 Sharmella Summan Surgery consultation

Symptom (P3)	Bereavement
Diagnosis (P3)	supportive consultation around bereavement. as below. dark thoughts at times but *****keeps her motivated and safe. support offered. directed to grief support group in Biggar, will try to reach out to friend.

17-Aug-2023 Sharmella Summan Surgery consultation

15-Aug-2023 Miss Dena Kennedy Surgery consultation

Examination	Serum albumin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	44 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	76 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	17 U/L
Examination	Serum vitamin B12 SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	495 pg/mL
Examination	Serum bilirubin level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4 umol/L
Examination	Serum chloride SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	102 mmol/L
Examination	Serum cholesterol SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	5 mmol/L
Examination	Serum creatinine SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	61 umol/L
Examination	Eosinophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.5
Examination	Serum ferritin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	61.9 ng/mL
Examination	Serum ferritin Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:	
Examination	Serum folate SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 2	
Examination	Haemoglobin estimation SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	138 g/L
Examination	Serum HDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	1.81 mmol/L
Examination	Serum LDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	2.8 mmol/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	32.7 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	333 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	98.1 fL
Examination	Monocyte count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.6

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Examination	Neutrophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	5.3	
Examination	Platelet count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	282	
Examination	Serum potassium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.2 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	4.22	
Examination	Serum sodium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	141 mmol/L	
Examination	Serum triglycerides SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	0.9 mmol/L	
Examination	Serum TSH level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	3.63 mU/L	
Examination	Serum urea level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.3 mmol/L	
Examination	Total white blood count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	9.3	
Examination	Percentage lymphocytes SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	2.7	
Examination	Plasma glucose level SPECIMEN ID: 3087182350SPECIMEN TYPE: Flu ox	4.7 mmol/L	
Examination	Liver function test Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 4Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		
Examination	Urea and electrolytes Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 6Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		
Examination	Plasma C reactive protein SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 6		
Examination	Haematocrit SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.414 L/L	
Examination	Basophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.1	
Examination	Red blood cell distribution width SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	13.1 %	
Examination	Differential whitecell count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA		
Examination	Total Cholesterol: HDL ratio SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	2.8	
Examination	Free T4 level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	14.1 pmol/L	
Diagnosis (P3)	Not fasted		
Administration (P3)	Comment note		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 3087182350Specimen Type: Flu oxNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 2Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Plasma C reactive protein) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum lipids) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 5Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - B12/folate level) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 3Lab comment: None given|Reviewer comment: Prescription done (SS)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 3087182350Specimen Type: EDTANumber of Test(s): 15Lab comment: None given|Reviewer comment: Just out of normal range - OK (SS)Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	44 g/L	(No range available)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	76 U/L	(No range available)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	17 U/L	(No range available)
Examination	**Serum vitamin B12**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum vitamin B12 SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	495 pg/mL	(No range available)

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Examination	**Serum bilirubin level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum bilirubin level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4 umol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	102 mmol/L	(No range available)
Examination	**Serum cholesterol**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum cholesterol SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	5 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum creatinine SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	61 umol/L	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: **Abnormal** Eosinophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.5	(No range available)
Examination	**Serum ferritin**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum ferritin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	61.9 ng/mL	(No range available)
Examination	**Serum ferritin**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:: Serum ferritin Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)
Examination	**Serum folate**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 2: **Abnormal** Serum folate SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 2		(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	138 g/L	(No range available)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: **Abnormal** Serum HDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	1.81 mmol/L	(No range available)
Examination	**Serum LDL cholesterol level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum LDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	2.8 mmol/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	32.7 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	333 g/L	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	98.1 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.6	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	5.3	(No range available)
Examination	**Platelet count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	282	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum potassium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	4.22	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum sodium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	141 mmol/L	(No range available)
Examination	**Serum triglycerides**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum triglycerides SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	0.9 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum TSH level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	3.63 mU/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum: Serum urea level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.3 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Total white blood count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	9.3	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA: Percentage lymphocytes SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	2.7	(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Flu ox: Plasma glucose level SPECIMEN ID: 3087182350SPECIMEN TYPE: Flu ox	4.7 mmol/L	(No range available)
Examination	**Liver function test**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 4Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:: Liver function test Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 4Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)

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Examination	**Urea and electrolytes**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 6Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag::		
	Urea and electrolytes Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 6Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 6:		
	Plasma C reactive protein SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 6		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.414 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	13.1 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA:		
	Differential whitecell count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA		(No range available)
Examination	**Total Cholesterol: HDL ratio**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum:		
	Total Cholesterol: HDL ratio SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	2.8	(No range available)
Examination	**Free T4 level**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum:		
	Free T4 level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	14.1 pmol/L	(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 3087182350Specimen Type: Flu oxNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag::		
	(Non Coded Event - Plasma glucose level) Specimen Id: 3087182350Specimen Type: Flu oxNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 2Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag::		
	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 2Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Plasma C reactive protein)**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag::		
	(Non Coded Event - Plasma C reactive protein) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Serum lipids)**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 5Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag: Abnormal:		
	(Non Coded Event - Serum lipids) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 5Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - B12/folate level)**Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 3Lab comment: None given|Reviewer comment: Prescription done (SS)Abnormal/Normal Flag: Abnormal:		
	(Non Coded Event - B12/folate level) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 3Lab comment: None given|Reviewer comment: Prescription done (SS)Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 3087182350Specimen Type: EDTANumber of Test(s): 15Lab comment: None given|Reviewer comment: Just out of normal range - OK (SS)Abnormal/Normal Flag: Abnormal:		
	(Non Coded Event - Full blood count - FBC) Specimen Id: 3087182350Specimen Type: EDTANumber of Test(s): 15Lab comment: None given|Reviewer comment: Just out of normal range - OK (SS)Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum> 59:		
	GFR calculated abbreviated MDRD SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum> 59		(No range available)

15-Aug-2023 Sharmella Summan Surgery consultation

15-Aug-2023 Sharmella Summan Surgery consultation

15-Aug-2023 Sharmella Summan Surgery consultation

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14-Aug-2023 Dr Julie Hutchison Telephone Consultation

Diagnosis (P3)	Shoulder pain
Diagnosis (P3)	seen a couple of days ago by NA, just looking for more advice re shoulder - on urgent care list, discussed dose of naproxen, note yet started PPI, advised can add in paracetamol, says she is not keen on tabs but I explained that there is nothing else I can do to settle things quickly, says does pilates and yoga and horse riding and gym, appears to have been back at the gym on friday, advised re relative rest and physio.

11-Aug-2023 Dr Naaila Ahmad Surgery consultation

Intervention	Referral for further care . *Sender: Dr Naaila Ahmad; Reason: Referral for further care*
Diagnosis (P3)	Shoulder pain nerve
Diagnosis (P3)	Spoke with friend on phone who is a chiropracter who wonders whether she has trapped a nerve on right arm. Constant tingling. Discomfort-electric shocks, struggling with sleep, cant turn over and put pressure on it. RIght arm feels weaker and less movement. Symptoms occurred within last 3-4d, felt from scapula, posterior upper arm and down to hands. quite active and feels quite low energy which isnt like her. Works out in gym. Has taken anproxen, no effect. Smoker-roll ups 8-10d, alcohol-minimal. Propranolol and couldn't feel sensations of hands and discontinued from then-anxiety, minimal effect.
Diagnosis (P3)	No visible abnormalityDiscomfort with ext rotation and abudction, discomfort at 160 degrees with flexion and abduction. Pain felt within posterior of arm.No neck discomfort, full movement.
Diagnosis (P3)	Sounds like trapped nerve, trial neurpathic medication, taking quetiapine and warned of low BP/increased tiredness with taking medication simultanrously.
Diagnosis (P3)	Brought *****with her but wanted to discuss MH but did not want to discuss in front od*****. States has had a difficult time recently but feeling better but would like to openly discuss. States can keep herself safe and denies any thoughts of SH, SI or hallucinations. Speaking with PTSD therapist from Borders, finding it beneficial and has 5-6 more sessions.
Diagnosis (P3)	New to area, previous known to CMHT in Borders, taking quetiapine. Refer to CMHT for continuation of care. Advised can contact on the day for a call from dr otherwise can ask staff to arrange a routine call to discuss. If MH deteriorates, contact 111 or A+E when OOH.
Diagnosis (P3)	Contacted for blood test, app next wk however no discussion with clinical team regarding these bloods. Advised quetiapine bloods which she should have every few months but hasn't had for over a year. Requested routine bloods on system as nil on portal eithier.

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11-Aug-2023 Dr Joanne Sime Surgery consultation

Diagnosis (P3)	failed encounter 10.12 continually engaged

11-Aug-2023 Dr Joanne Sime Surgery consultation

Diagnosis (P3)	difficult to ascertain exactly what issue is says fatigued and just not feeling well tingling in hands and feet has bloods booked for next week but feels needs to be seen as "just not right" for f2f

11-Aug-2023 Dr Naaila Ahmad Telephone call to a patient

Diagnosis (P3)	Left VM, continue with naproxen for 7-10days regular use and px PPI to protect stomach. If symptoms change or worsen to contact 111/999 when OOH.

04-Aug-2023 Miss Shirley Porter Other

13-July-2023 Dr George Marsden Surgery consultation

Diagnosis (P3)	Note letter from OMFS. Pt has seen dentist and was advised teeth healthy

04-July-2023 Mr Docman Docman Other

20-Jun-2023 Dr Nicole Macsween Other

Diagnosis (P3)	see task, phoned back as pt tells me really needs medication today. sometime stakes up to 3 per day, have amended this on record. otherwise feeling relatively stable at present, see below looks like incident with police has been discussed with CLW. Did rieterate to pt that if doesn't answer phone backs from triage may not be able to always process the same afternoon with duty GP, but will arrange today and pt will collect from reception.

20-Jun-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Lesley had text my works mobile stating she needed to speak with me urgently. I called her and she seemed very distressed. She was claiming she has been being harrassed by the polic in th Borders specifically from Gala police station. This was a lengthy call and I advised her to write it all down and take this information to the police s this was not soemthing I could deal with. She has now started her PTSD counselling nd found it helpful until she got calls from these police officers who she felt threatened her. I again urged her to call the police in Lanark as we are now Police Scotland to discuss fully with them.

19-Jun-2023 Dr Helen Wilkinson Telephone Consultation

Administration (P3)	Failed encounter - no answer when rang back 12.08

19-Jun-2023 Dr Helen Wilkinson Telephone Consultation

Administration (P3)	Failed encounter - no answer when rang back 14.22

09-Jun-2023 Mr Docman Docman Other

Intervention	(SCI Gateway Referral) *Dental. Sender: Dr George Marsden; Reason: (SCI Gateway Referral)*

08-Jun-2023 Dr George Marsden Surgery consultation

Intervention	Referral for further care . *Sender: Dr George Marsden; Reason: Referral for further care*
Diagnosis (P3)	Pt looking to get referred for recurrent abscess on right lower jaw. Had previous on right zygoma. Has residual lump since abx and worried about recurrent infection. Advised if recurrent symptoms then to contact us while waiting OFMS review

06-Jun-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - DNA for F2F. Will call and arrange another.

01-Jun-2023 Mrs Helen Mcmunn Other

30-May-2023 Ms Joan Kane Surgery consultation

Diagnosis (P3)	Abscess NOS
Diagnosis (P3)	Hx as triage.
Diagnosis (P3)	Abcess R chin, tells me has started to recede, approx size of a small grape, red, hot with a white head on, firm collection underlying, not tense, surroudning skin not red or swollen, no tracking erythema, apyrexial 36.4
Diagnosis (P3)	Keen for I&D but advised not indicated at present, for antibiotic as prescribed, plenty fluids, avoid squeezing, Review if no improvement on completion of treatment or earlier if worsening symptoms including increaed pain, swelling, redness or heat.

30-May-2023 Ms Joan Kane Other

Diagnosis (P3)	4/7 hx of painful swelling on chin, now feels firm, red and hot, had similar on cheek 2/12 ago, previously had facial cellulitis, appt.

02-May-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Lesley did not show for her F2F today. I tried calling like I usually do but no answer this time. I will try again this afternoon and I unsuccessful will put her in for an appointment for next week and try her again then.

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27-Apr-2023 Mrs Jaime Sutton Other

25-Apr-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Lesley attended her F2F today. We discussed in length the ***** She feels she is stuck and unable to move forward. Like she is just existing. She has moved away from the area she lived when the accident happened and although she feesl she needed this she is quite isolated. She doesn't open up and speak to people easily and fells she is now needing to process what has happened and needs some counselling. She did start counselling which the GP referred her to however this was online and kept glitching and she really did not feel that it was helpful, instead made her more anxious and against trying to open up. We had previouslt discussed Esteem in Lanark and maybe The Haven for some supports for herself and the haven for her *****. She seemed keen to look explore this again and I have put another appointment on for F2F net week to take tyhis further hopefuly.

18-Apr-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Called and spoke with Lesley to emind her of her appointment. She will not make it today as she has a friend stayig with he and they were out orking in the garden. She asked again if she could rearrange this appointment to 25/04. New app booked 25/04 1400/1415hrs

11-Apr-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Called Lesley earlier than our F2F appointment just as a reminder as she had forgotten the last appointment. Unfortunately she had again forgotten our F2F today at 1415hrs. I informed her this ould be a phone appointment now as I was having to work remotely howecer she has asked if we could rearrange this as she was busy this afternoon. I have made another appointment for 18/04 and will text and phone her prior to remind her. She is keen to engage with supports and services.

29-Mar-2023 Miss Mehreen Anjum Surgery consultation

Intervention (P3)	Medication reconciliation
Administration (P3)	Outpatient clinic letter received Oral and maxillofacial dated 06/03/2023
Intervention (P3)	Medication commenced a weeks course of flucloxacillin supplied by hospital

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28-Mar-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Patient did not attend F2F as planned however I did get her on the phone. She had forgottent that the appointment was today. We disussed a referral to Haven and she seemed keen for this. ***** *****. We also discussed elament which shew is ahppy to go on herself and have a look at. I have arranged another F2F appointment for 11/04 at 1415hrs when I am back from leave to check progress of this referral and chat more on supports.

23-Mar-2023 Mr Docman Docman Other

16-Mar-2023 Dr Joanne Sime Surgery consultation

14-Mar-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Had a long conversation with Lesley about***** *****. She was very upset on the phone but she is very self aware. We have booked a F2F follow up appointment for 1400hrs Tuesday 28th to discuss what groups or supports could be availbale for her. She likes the sound of Esteem in lanark, however there are more options which we can discuss fully.

08-Mar-2023 Mr Docman Docman Other

07-Mar-2023 Mr Docman Docman Other

06-Mar-2023 Dr Nicole Macsween Other

Diagnosis (P3)	Abscess NOS
Diagnosis (P3)	see below hxPrior right cheek facial abscess requiring admission for I&D and IV ABx with resultant scarring requiring plastics involvementRecurrence last 2/7 - right cheek swollen, hot and tenderfeeling nauseous***** *****
Diagnosis (P3)	Normal obs50pence approx size abscess, hot to touch right cheek over cheekbone, no spreading erythema, no orbital involvement
Diagnosis (P3)	Discussed options, looks like will require further I&D +/- IV ABx, d/w Max Fax no service running at monklands just now, working out of Forth Valley (diversions), admission to Forth Valley for Max Fax Ax

06-Mar-2023 Dr Gillian Barlow Telephone Consultation

Diagnosis (P3)	Gets bad acne and on treatment for this. had a lump on cheek a few days ago and tried to squeeze it. Last few days side of face really swollen. Says had something similar about 4 years ago and is worried it is the same thing.
Diagnosis (P3)	see letter in docman from 15/02/2019, had facial cellulitis and abscess that required I&D and IV antibiotics and was left with a bad scar afterwards, for which she was referred to Plastics for revision of scar. F2F appt given

28-Feb-2023 Ms Lisa Turner Surgery consultation

Diagnosis (P3)	CLW - LT - Called and spoke with patient. She was not expecting my call and was busy with her*****and horses and wasn't in a position to speak. I arranged to call her next Tuesday same time when *****

15-Feb-2023 Sharmella Summan Telephone Consultation

Diagnosis (P3)	Low mood recently.***** Moved here in Dec which was a goo dthing but has been difficult. Tskes quetiapine 25mg at night but feels this has stopped working so increased to 50mg but this makes her feel drowsy in the morning. Needs repeat quietiapine and would like a gym pass (had one in borders and that helped). On waiting list for counselling PTSD. ***** at home and 3 dogs. Has a support worker that comes once a week from Children's First. Known to West Team at NHS Borders for psychiatry and can make contact if needed. Really struggling on her own - would like to come in for F2F to chat further.

15-Feb-2023 Sharmella Summan Surgery consultation

Symptom (P3)	Family bereavement
Diagnosis (P3)	Long chat about grief. Really struggling on her own. No identified risks to self or *****
Diagnosis (P3)	Gym pass, community link worker, Janet Graham, review in 1 month

26-Jan-2023 Mr Docman Docman Other

Administration Scottish - ethnic category 2001 census

25-Jan-2023 Mr Docman Docman Other

Mr Copy

Medications (inc. issues)

Acute

02-Apr-2026 Doxycycline 100mg capsules
14 capsule - 1 CAPSULE TWICE DAILY FOR THE FIRST WEEK THEN ONCE DAILY THEREAFTER FOR 4 WEEKS THEN REASSESS

11-Mar-2026 Quetiapine 25mg tablets
60 tablet - 1 - 3 tabs daily

Repeat

11-Mar-2026 Quetiapine 25mg tablets
60 tablet - 1 - 3 tabs daily

Past

25-Mar-2026 Doxycycline 100mg capsules Acute Medication (Past)
14 capsule - 1 CAPSULE TWICE DAILY FOR THE FIRST WEEK THEN ONCE DAILY THEREAFTER FOR 4 WEEKS THEN REASSESS

20-Mar-2026 Mirtazapine 15mg tablets Acute Medication (Past)
30 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT

20-Mar-2026 Diazepam 2mg tablets Acute Medication (Past)
56 tablet - MAX THREE TIMES DAILY FOR ONE WEEK THEN MAX TWICE DAILY FOR THREE WEEKS THEN REVIEW

23-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - UP TO 3 TIMES DAILY - NO MORE THAN 56 TABS PER MONTH

06-Feb-2026 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

04-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - TO BE USED SPARINGLY WHEN REQUIRED MAX FOUR TIMES A DAY

20-Jan-2026 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

20-Jan-2026 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

16-Jan-2026 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - TO BE USED SPARINGLY WHEN REQUIRED MAX FOUR TIMES A DAY

30-Dec-2025 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - TO BE USED SPARINGLY WHEN REQUIRED MAX FOUR TIMES A DAY

30-Dec-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

09-Dec-2025 Diazepam Tablets 2 mg Acute Medication (Past)
56 tablet - TO BE USED SPARINGLY WHEN REQUIRED MAX FOUR TIMES A DAY

02-Dec-2025 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE OR TWO TO BE TWICE A DAY AS REQUIRED

02-Dec-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

25-Nov-2025 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE OR TWO TO BE TWICE A DAY AS REQUIRED

20-Nov-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

12-Nov-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY MAX

07-Nov-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY IF REQUIRED

03-Nov-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY IF REQUIRED

28-Oct-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

02-Oct-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

23-Sept-2025 Amorolfine Hydrochloride Medicated Nail Lacquer 5 % Acute Medication (Past)
5 ml - APPLY WEEKLY

22-Sept-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - TAKE ONE THREE TIMES A DAY

04-Sept-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

05-Aug-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

03-July-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

04-Jun-2025 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

03-Jun-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

08-May-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

02-Apr-2025 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

01-Apr-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

04-Mar-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

28-Jan-2025 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

28-Jan-2025 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

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28-Jan-2025 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN THREE TIMES A DAY AS REQUIRED

13-Dec-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

31-Oct-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

31-Oct-2024 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 gram - APPLY THINLY AT NIGHT

12-Sept-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

02-Aug-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

25-Jun-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - TAKE ONE TABLET TWICE DAILY

14-Jun-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY FOR 7 DAYS

14-Jun-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE TWICE DAILY IF REQUIRED WITH MEALS

14-Jun-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - ONCE IN MORNING WHILE TAKING NAPROXEN

05-Jun-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

09-Apr-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

12-Feb-2024 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 gram - APPLY THINLY AT NIGHT

12-Feb-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

09-Jan-2024 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

18-Dec-2023 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
10 tablet - TAKE ONE TWICE DAILY

07-Dec-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

07-Dec-2023 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

01-Nov-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

06-Oct-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

04-Sept-2023 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 gram - APPLY THINLY AT NIGHT

04-Sept-2023 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

04-Sept-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

17-Aug-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
84 tablet - TAKE ONE DAILY FOR 3 MONTHS

11-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE DAILY

04-Aug-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

20-Jun-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 3 tabs daily

01-Jun-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 2 tabs daily

30-May-2023 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

27-Apr-2023 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

27-Apr-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 2 tabs daily

16-Mar-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 2 tabs daily

16-Mar-2023 Desogestrel Tablets 75 micrograms Acute Medication (Past)
84 tablet - TAKE ONE DAILY

16-Mar-2023 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 gram - APPLY THINLY AT NIGHT

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16-Mar-2023 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - TAKE ONE DAILY

15-Feb-2023 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
60 tablet - 1 - 2 tabs daily

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

04-Nov-2025 Dr Helen Wilkinson
8H51.: General surgical referral (SCI Gateway Referral)
Out Patient. Sender: Dr Helen Wilkinson; Reason: 8H51.: General surgical referral (SCI Gateway Referral)

03-Nov-2025 Dr Helen Wilkinson
Referral for further care
. Sender: Dr Helen Wilkinson; Reason: Referral for further care

07-Sept-2023 Dr Joanne Sime
8H51.: General surgical referral (SCI Gateway Referral)
Follow-up/Return Outpatient. Sender: Dr Joanne Sime; Reason: 8H51.: General surgical referral (SCI Gateway Referral)

05-Sept-2023 Dr Naaila Ahmad
Referral for further care
. Sender: Dr Naaila Ahmad; Reason: Referral for further care

11-Aug-2023 Dr Naaila Ahmad
Referral for further care
. Sender: Dr Naaila Ahmad; Reason: Referral for further care

09-Jun-2023 Dr George Marsden
(SCI Gateway Referral)
Dental. Sender: Dr George Marsden; Reason: (SCI Gateway Referral)

08-Jun-2023 Dr George Marsden
Referral for further care
. Sender: Dr George Marsden; Reason: Referral for further care

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Test Requests

31-Dec-9999 Dr Julie Hutchison
Liver function test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: LFTsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Gillian Barlow
Thyroid hormone tests
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: TFTs, CRP, UrateRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Gillian Barlow
Plasma C reactive protien
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: TFTs, CRP, UrateRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Gillian Barlow
Blood urate
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: TFTs, CRP, UrateRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Full blood count - FBC
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Urea and electrolytes
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Liver function test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Plasma C reactive protien
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Haemoglobin A1c level
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Marley Smith
Rheumatoid factor
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Nicole Macsween
Full blood count - FBC
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Nicole Macsween
Urea and electrolytes
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

MMA copy

31-Dec-9999 Dr Nicole Macsween
Liver function test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Nicole Macsween
Plasma C reactive protien
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Nicole Macsween
Haemoglobin A1c level
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Nicole Macsween
Rheumatoid factor
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, CRP, HbA1C, RhFRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Prolactin level
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: ProlactinRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Full blood count - FBC
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Urea and electrolytes
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Liver function test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Serum lipids
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

MMA copy

31-Dec-9999 Miss Dena Kennedy
Thyroid hormone tests
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Blood glucose result
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Blood haematinic level
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Miss Dena Kennedy
Plasma C reactive protien
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, Serum Lipids, TFTs, Glucose, Haematinics, CRPRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Full blood count - FBC
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Urea and electrolytes
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Liver function test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Thyroid hormone tests
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Blood glucose result
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

NMA copy

31-Dec-9999 Dr Naaila Ahmad
Serum lipids
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Plasma C reactive protien
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Naaila Ahmad
Blood haematinic level
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: FBC, U and E, LFTs, TFTs, Glucose, Serum Lipids, CRP, HaematinicsRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

Test Results

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25-Mar-2026 Dr Felicity Sasada			
Result: Blood sample -> Lab NOS*hba1c, lipids fasting, LFTs*			
Blood sample -> Lab NOS hba1c, lipids fasting, LFTs			(No range available)
24-Jun-2024			
Result: Serum albumin*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum*			
Serum albumin SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		46 g/L	(Range: 35 - 50)
24-Jun-2024			
Result: Serum alkaline phosphatase*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum*			
Serum alkaline phosphatase SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		91 U/L	(Range: 30 - 130)
24-Jun-2024			
Result: serum alanine aminotransferase level*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum*			
serum alanine aminotransferase level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		21 U/L	(Range: 5 - 55)
24-Jun-2024			
Result: Serum bilirubin level*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum*			
Serum bilirubin level SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		4 umol/L	(No range available)
24-Jun-2024			
Result: Serum chloride*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum*			
Serum chloride SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		104 mmol/L	(Range: 95 - 108)
24-Jun-2024			
Result: Serum creatinine*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum* Abnormal			
Serum creatinine SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum		**58 umol/L**	**(Range: 60 - 100)**
24-Jun-2024			
Result: Eosinophil count*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA*			
Eosinophil count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		0.4	(No range available)
24-Jun-2024			
Result: Haemoglobin estimation*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA*			
Haemoglobin estimation SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		152 g/L	(Range: 115 - 165)
24-Jun-2024			
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA* Abnormal			
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		**32.8 pg**	**(Range: 27 - 32)**
24-Jun-2024			
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA*			
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA		339 g/L	(Range: 320 - 360)

24-Jun-2024
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	96.8 fL	(Range: 80 - 100)

24-Jun-2024
Result: Monocyte count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	0.6	(Range: 0.2 - 0.8)

24-Jun-2024
Result: Neutrophil count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	5.7	(Range: 2 - 7.5)

24-Jun-2024
Result: Platelet count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	308	(Range: 140 - 450)

24-Jun-2024
Result: Serum potassium *SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum	4.3 mmol/L	(Range: 3.5 - 5.3)

24-Jun-2024
Result: Red blood cell (RBC) count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	4.63	(Range: 3.9 - 5.6)

24-Jun-2024
Result: Serum sodium *SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum	142 mmol/L	(Range: 133 - 146)

24-Jun-2024
Result: Serum urea level *SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum*

Serum urea level SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum	6.1 mmol/L	(Range: 2.5 - 7.8)

24-Jun-2024
Result: Total white blood count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	9.4	(Range: 4 - 11)

24-Jun-2024
Result: Percentage lymphocytes *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	2.6	(Range: 1 - 4)

24-Jun-2024
Result: Liver function test *Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 4 Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR) Abnormal/Normal Flag:*

Liver function test Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 4 Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR) Abnormal/Normal Flag:		(No range available)

24-Jun-2024
Result: Urea and electrolytes *Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 6 Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR) Abnormal/Normal Flag: Abnormal*
Abnormal

Urea and electrolytes Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 6 Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR) Abnormal/Normal Flag: Abnormal		(No range available)

24-Jun-2024
Result: Haemoglobin A1c level - IFCC standardised *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	38 mmol/mol	(Range: 20 - 42)

24-Jun-2024
Result: Plasma C reactive protein *SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum*
Abnormal

Plasma C reactive protein SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum	15 mg/L	(No range available)

24-Jun-2024
Result: Rheumatoid factor *SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum< 10*

Rheumatoid factor SPECIMEN ID: 4067577812 SPECIMEN TYPE: Serum< 10		(No range available)

24-Jun-2024
Result: Rheumatoid factor *Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 1 Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR) Abnormal/Normal Flag:*

Rheumatoid factor Specimen Id: 4067577812 Specimen Type: SerumNumber of Test(s): 1 Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR) Abnormal/Normal Flag:		(No range available)

24-Jun-2024
Result: Haematocrit *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	0.448 L/L	(Range: 0.37 - 0.47)

24-Jun-2024
Result: Basophil count *SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA*

Basophil count SPECIMEN ID: 4067577812 SPECIMEN TYPE: EDTA	0.1	(No range available)

MHA Copy

24-Jun-2024
Result: Red blood cell distribution width*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA 13.3 % (Range: 11 - 16)

24-Jun-2024
Result: Differential whitecell count*SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 4067577812SPECIMEN TYPE: EDTA (No range available)

24-Jun-2024
Result: (Non Coded Event - Haemoglobin A1c level - IFCC standardised)*Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag:*
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 1Lab comment: None given.|Reviewer comment: Normal - NO action required (MAR)Abnormal/Normal Flag: (No range available)

24-Jun-2024
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 15Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 4067577812Specimen Type: EDTANumber of Test(s): 15Lab comment: None given.|Reviewer comment: Just out of normal range - OK (MAR)Abnormal/Normal Flag: Abnormal (No range available)

24-Jun-2024
Result: (Non Coded Event - Plasma C reactive protein)*Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: see EMIS task (NMCS)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Plasma C reactive protein) Specimen Id: 4067577812Specimen Type: SerumNumber of Test(s): 1Lab comment: None given.|Reviewer comment: see EMIS task (NMCS)Abnormal/Normal Flag: Abnormal (No range available)

24-Jun-2024
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 4067577812SPECIMEN TYPE: Serum> 59 (No range available)

15-Aug-2023
Result: Serum albumin*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 44 g/L (No range available)

15-Aug-2023
Result: Serum alkaline phosphatase*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 76 U/L (No range available)

15-Aug-2023
Result: serum alanine aminotransferase level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 17 U/L (No range available)

15-Aug-2023
Result: Serum vitamin B12*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum vitamin B12 SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 495 pg/mL (No range available)

15-Aug-2023
Result: Serum bilirubin level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum bilirubin level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 4 umol/L (No range available)

15-Aug-2023
Result: Serum chloride*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 102 mmol/L (No range available)

15-Aug-2023
Result: Serum cholesterol*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum cholesterol SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 5 mmol/L (No range available)

15-Aug-2023
Result: Serum creatinine*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 61 umol/L (No range available)

15-Aug-2023
Result: Eosinophil count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*
Abnormal
Eosinophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA 0.5 (No range available)

15-Aug-2023
Result: Serum ferritin*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Serum ferritin SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum 61.9 ng/mL (No range available)

MMA copy

15-Aug-2023
Result: Serum ferritin*Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:*

Serum ferritin Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 1Lab comment: None given|Reviewer comment: Normal - NO action required (SS)Abnormal/Normal Flag:		(No range available)

15-Aug-2023
Result: Serum folate*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 2*
Abnormal

Serum folate SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum< 2		(No range available)

15-Aug-2023
Result: Haemoglobin estimation*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	138 g/L	(No range available)

15-Aug-2023
Result: Serum HDL cholesterol level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*
Abnormal

Serum HDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	1.81 mmol/L	(No range available)

15-Aug-2023
Result: Serum LDL cholesterol level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum LDL cholesterol level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	2.8 mmol/L	(No range available)

15-Aug-2023
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	32.7 pg	(No range available)

15-Aug-2023
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	333 g/L	(No range available)

15-Aug-2023
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	98.1 fL	(No range available)

15-Aug-2023
Result: Monocyte count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	0.6	(No range available)

15-Aug-2023
Result: Neutrophil count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	5.3	(No range available)

15-Aug-2023
Result: Platelet count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	282	(No range available)

15-Aug-2023
Result: Serum potassium*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)

15-Aug-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	4.22	(No range available)

15-Aug-2023
Result: Serum sodium*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	141 mmol/L	(No range available)

15-Aug-2023
Result: Serum triglycerides*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum triglycerides SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	0.9 mmol/L	(No range available)

15-Aug-2023
Result: Serum TSH level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum TSH level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	3.63 mU/L	(No range available)

15-Aug-2023
Result: Serum urea level*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum*

Serum urea level SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum	4.3 mmol/L	(No range available)

15-Aug-2023
Result: Total white blood count*SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 3087182350SPECIMEN TYPE: EDTA	9.3	(No range available)

MWA copy

15-Aug-2023
Result: Percentage lymphocytes *SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA	2.7	(No range available)

15-Aug-2023
Result: Plasma glucose level *SPECIMEN ID: 3087182350 SPECIMEN TYPE: Flu ox*

Plasma glucose level SPECIMEN ID: 3087182350 SPECIMEN TYPE: Flu ox	4.7 mmol/L	(No range available)

15-Aug-2023
Result: Liver function test *Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 4 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:*

Liver function test Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 4 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:	(No range available)

15-Aug-2023
Result: Urea and electrolytes *Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 6 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:*

Urea and electrolytes Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 6 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:	(No range available)

15-Aug-2023
Result: Plasma C reactive protein *SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum< 6*

Plasma C reactive protein SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum< 6	(No range available)

15-Aug-2023
Result: Haematocrit *SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA	0.414 L/L	(No range available)

15-Aug-2023
Result: Basophil count *SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA*

Basophil count SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA	0.1	(No range available)

15-Aug-2023
Result: Red blood cell distribution width *SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA*

Red blood cell distribution width SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA	13.1 %	(No range available)

15-Aug-2023
Result: Differential whitecell count *SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA*

Differential whitecell count SPECIMEN ID: 3087182350 SPECIMEN TYPE: EDTA	(No range available)

15-Aug-2023
Result: Total Cholesterol: HDL ratio *SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum*

Total Cholesterol: HDL ratio SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum	2.8	(No range available)

15-Aug-2023
Result: Free T4 level *SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum*

Free T4 level SPECIMEN ID: 3087182350 SPECIMEN TYPE: Serum	14.1 pmol/L	(No range available)

15-Aug-2023
Result: (Non Coded Event - Plasma glucose level) *Specimen Id: 3087182350 Specimen Type: Flu ox Number of Test(s): 1 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:*

(Non Coded Event - Plasma glucose level) Specimen Id: 3087182350 Specimen Type: Flu ox Number of Test(s): 1 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:	(No range available)

15-Aug-2023
Result: (Non Coded Event - Thyroid hormone tests) *Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 2 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:*

(Non Coded Event - Thyroid hormone tests) Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 2 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:	(No range available)

15-Aug-2023
Result: (Non Coded Event - Plasma C reactive protein) *Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 1 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:*

(Non Coded Event - Plasma C reactive protein) Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 1 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag:	(No range available)

15-Aug-2023
Result: (Non Coded Event - Serum lipids) *Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 5 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag: Abnormal*

(Non Coded Event - Serum lipids) Specimen Id: 3087182350 Specimen Type: Serum Number of Test(s): 5 Lab comment: None given|Reviewer comment: Normal - NO action required (SS) Abnormal/Normal Flag: Abnormal	(No range available)

MMA copy

15-Aug-2023
Result: (Non Coded Event - B12/folate level)*Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 3Lab comment: None given|Reviewer comment: Prescription done (SS)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - B12/folate level) Specimen Id: 3087182350Specimen Type: SerumNumber of Test(s): 3Lab comment: None given|Reviewer comment: Prescription done (SS)Abnormal/Normal Flag: Abnormal (No range available)

15-Aug-2023
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 3087182350Specimen Type: EDTANumber of Test(s): 15Lab comment: None given|Reviewer comment: Just out of normal range - OK (SS)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 3087182350Specimen Type: EDTANumber of Test(s): 15Lab comment: None given|Reviewer comment: Just out of normal range - OK (SS)Abnormal/Normal Flag: Abnormal (No range available)

15-Aug-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 3087182350SPECIMEN TYPE: Serum> 59 (No range available)

Other Items

This section is empty.

Attachments

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Borders Sexual Health

The Health Centre
Currie Road
Galashiels TD1 2UA
Telephone 01896 663700
www.borderssexualhealth.org.uk

NHS Borders

Medical in Confidence:
Dr. Mcintosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles

Date 21 July 2017

Our Ref GF/ly
AN02724065

Direct Line 01896 663700

MMA copy

Dear Doctor

Re: Lesley Brown, 51 Witchwood Crescent, Peebles, EH45 9AH
DoB: 08/05/1980
Clinic date: 28/07/2017

Your patient attended a Borders Sexual Health clinic. She was found to have a candida infection and was treated with Fluconazole and Clotrimazole 1% cream .

If the infection does not resolve she may self refer back to the clinic.

After discussion of contraceptive options, she was commenced Cerelle on for contraception.

She was tested and found to be negative for chlamydial, gonococcal, syphilis and HIV infection.

Yours sincerely

Gillian Forbes
Lead Nurse Specialist - Borders Sexual Health

Page 1 of 1

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Distress Brief Intervention
Connected Compassionate Support

http://www.dbi.scot/

Scottish Government
Riaghaltas na h-Alba
gov.scot

SAMH, Brunswick House, 51 Wilson Street, Glasgow, G1 1UZ

Local Tel No: 01896 494025

For Information only

MMA copy

Date 02/1/22

Dear Sr

Re – Lesley Anne Brown
52 Horsburgh Street
Innerleithen
Peeblesshire
EH44 6LF
08/05/1980

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 21/12/21. she is now engaging in a period of up to 14 days consecutive DBI support.

Following conclusion of support a further letter will be sent.

Yours sincerely

Yom Alexander

DBI Admin

V2 07/12/17

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Reception - Innerleithen HC (NHS Borders)

From: samh dbiborders <SAMH.DBIBorders@nhs.scot>
Sent: 28 December 2021 16:09
To: Reception - Innerleithen HC (NHS Borders)
Subject: 7 day letter
Attachments: Letter to Person in Distress with final attempt to contact.docx

Dear Dr Watt

Please find attached a copy of the 7 Day Letter

Regards

MMA copy

1

NHS Confidential: Personal data about a patient

Distress Brief Intervention
Connected Compassionate Support

Scottish Government
Riaghaltas na h-Alba
gov.scot

http://www.dbi.scot/

SAMH, Brunswick House, 51 Wilson Street, Glasgow, G1 1UZ

Local Tel No: 01896 494025

Action

Date 28/12/21

Dear Lesley Anne Brown

Re – Lesley Anne Brown
52 Horsburgh Street
Innerleithen
Peeblesshire
EH44 6LF
08/05/1980

I am writing to advise that you were recently referred to our DBI (Distress Brief Intervention) service. Unfortunately you have not responded to our initial attempts to contact you.

If you would like to receive support from, or discuss anything with, the DBI service, please contact us within seven days of the date of this letter. Otherwise we will assume that you do not wish to receive support at this time and your DBI case will be closed.

Yours sincerely

Tom Alexander

DBI Admin

Cc to GP

V3 30/10/18

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Borders Sexual Health

The Health Centre
Currie Road
Galashiels TD1 2UA
Telephone 01896 663700
www.borderssexualhealth.org.uk

NHS Borders

Medical in confidence
Dr E Macintosh
Hay Lodge Health Centre
Peebles

Date 29th December 2008
Our Ref DC/AN0272-4065/hm
Direct Line 01896 663700

MEA copy

Dear Dr Macintosh

Pt: Lesley Brown, 1 Old Row South, Lyne Farm, Peebles EH45 DoB: 08.05.1980
Problem: 1. Concern about herpes
2. Facial acne
3. Vulval vaginal candidiasis

Lesley was seen in the Sexual Health Clinic on 2nd December 2008. She had repeatedly developed sores on her chin [redacted] Painful lumps had developed into blisters which then healed. She had 2 episodes of this and was concerned that it might be related to herpes simplex virus. She also had a change in her discharge and some period pain. [redacted] She had a cervical smear in 2005 and uses condoms for contraception.

On examination there was some mild acne and dermatitis on the chin. There were no obvious HSV lesions. There was a thrushy vaginal discharge. Microscopy showed the presence of many types of yeast.

Tests for gonorrhoea, syphilis, chlamydia & HIV were negative. Swabs from the chin were negative for herpes type I & II. She was given hydrocortisone 1% cream for treatment of facial dermatitis and fluconazole 150mg stat for vulval vaginal candidiasis. She was given general advice on skin care. We have not arranged to see her again.

Yours sincerely

Dr Dan Clutterbuck
Consultant in Genito-Urinary Medicine

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NHS Lanarkshire

Occupational Therapy in primary care:
a LOT to offer

Ref: 0805809767
Date: 30/06/25

Lesley Brown
7 Howes Brae
Skirling
Biggar
ML12 6FA

If telephoning, please ask for:

Primary Care Occupational Therapy Team

Tel: ***01698 755175***
Email: ***occupationaltherapyprimarycareteam@lanarkshire.scot.nhs.uk***

MMA copy

Dear Lesley,

I was sorry you were unable to attend our recently scheduled face-to-face Occupational Therapy appointment on Monday 30th of June at 10am. As you have been unable to attend the last two appointments offered by our service, we have now discharged you back to the care of your GP.

Should your situation change and you would like to access Occupational Therapy in the future, please get in touch with our team on the above number and we can discuss this further with you.

Yours sincerely

A. Lindsay

Occupational Therapist

Royal College of Occupational Therapists

South Lanarkshire Health and Social Care Partnership

Health&Social Care North Lanarkshire

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NHS Borders

Immediate Discharge Letter

DISCHARGE LOUNGE

Patient Details:

Patient's Name : Lesley Brown
Dob : 08/05/1980
CHI Number: 0805809767
GP address:

Compliance aid
Other
Community pharmacy:

Date of admission: 16/2/12
Date of Discharge: 16/2/12
Consultant: ATM
Ward: 4

Fit For Discharge [Y] Green Card Issued

Diagnosis	ICD 10 Code
1. ~~URTI + MSK chest pain~~ Pleurisy - URTI	
2.	
3.	

Medication change codes:
C = Continued W = Withhold
↑ = Increased ↓ = Decreased
N = New

Drug sensitivities: NKDA

	Discharge Medication	Dose	Route	Times of Administration 8	12	18	22	Comments	Medication Change Code	Supply
1	Amoxicillin	500 mg	Oral	X		X	X	5 days		✓
2	Paracetamol	1 g	Oral	X	X	X	X			✓
3	Dihydrocodeine	30-60 mg	Oral	X	X	X	X	Max dose 240 mg/day		✓
4	DICLOFENAC	50 mg	ORAL					PRN TDS.		✓
5										
6										
7										
8										
9										
10										
11										
12										

Pharmacist check | Dispensed by | Final check [signature] Date 16/2/12 | Not applicable. Supplied from ward

Medication stopped

Admitted with 1 week history of sore throat, cough productive of sputum and 4 day history of pleuritic chest pain. o/e apyrexial, normal observations, examination unremarkable, slightly tender R lower chest wall. ECG SR, bloods and D-dimer NAD, CXR is clear – nil focal. Imp: URTI with musculoskeletal chest pain. Discharged analgesia and to complete 5 days of amoxicillin . Advised smoking cessation

Follow up:

Signature	[signature]	**Bleep or Contact Number**	6004		
Name (in capitals)	LIM HAN YING	**Grade**	FY1	**Date**	16/2/12

NURSE CHECKLIST

MDT required Y / N Completed/initial

- Physiotherapy..... ♦ _____
- Occupational Therapy..... ♦ _____
- Social Work ..... ♦ _____
- Rapid Response ..... ♦ _____
- Dietician ..... ♦ _____
- Pharmacist ..... ♦ _____

DISCHARGE LOUNGE/NURSE CHECKLIST

Valuables/belongings ♦
Expected Date of Discharge _____
Estimated Hour of Discharge _____
Transport: Private ♦ Other ♦ _____
Discharge lounge ♦

Information to patients/carers:

MWA COPY

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AMBULANCE INF. TO PATIENT 14.07.
FAXED ADMISSION SLIP TO A+E BGH.

NHS Borders

REQUEST FOR ADMISSION/URGENT CONSULTATION

DETAILS OF PATIENT

Full Name LESLEY BROWN

Address 029 ROW SOUTH
LYNE FARM
PEEBLES

Dr K EATON

Date of Birth 08 05 60

Previous Attendance (Hospital)

Occupation

Unit No. (if available)

TO THE ADMITTING SURGEON UNIT HOSPITAL

Dear Doctor,

I would be grateful if you would admit/examine and admit if necessary the above patient.

HISTORY OF PRESENT COMPLAINT: Bowel dysfunction since 6 years ago. Severe constipation / Diarrhoea / Diclofenac over weekend. Nausea or vomiting. Bladder frequency

FINDINGS ON EXAMINATION: SLR - 15° R + C + tone normal. Started. Sensation & R varus, R hamstring

SIGNIFICANT PAST ILLNESSES: Nil. Ø not

PRESENT DRUG THERAPY AND KNOWN ALLERGIES: Diclofenac
Dosfalen
Diclofenac

PROVISIONAL DIAGNOSIS: Bowel pain ? not flags

Yours faithfully,

Date

Time

B275

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NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Neurosurgery
L Basic SIGN Referral

Western General Hospital (S116H)

Urgency of referral **Urgent**

Date of referral 07-Jun-2007

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley A
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

Old Row
South Lyne Farm
PEEBLES
TWEEDDALE
EH45 8NR

Contact number(s)

Voice : 740659

REFERRING PRACTITIONER DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES

Contact number(s)

Voice : 01721 720601

MRI scan attached

MMA copy

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Assessment required

Comment: I would be grateful for your assessment of this lady. I enclose her MRI report. She originally presented in the middle of March with low back pain for four weeks and was seen as an emergency on 27th complaining of decreased sensation on emptying her bladder and perineal numbness. She was sent for an assessment at Borders General who suggested continuing with analgesia and anti-spasmodics. Her symptoms have fluctuated since then and we arranged an MRI scan as an outpatient. She is currently a lot better and denies any new symptoms.

I would be grateful for your assessment.

Yours sincerely

Dr G E McIntosh

Reason for referral

Care type requested: Out Patient - New
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Date of onset	Date Recorded
[M]Intradermal naevus	Excised	Benign		10-Jan-2007
Termination of pregnancy		Medical.	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery		Male infant.	17-May-2002	17-May-2002
Forceps delivery		HFFD. Male infant.	11-Apr-2000	11-Apr-2000
Anxiety state NOS				19-Aug-1997
Alopecia areata		and 1996		01-Jan-1987

Past procedures (High priority - carried out within the last 12 months)

Description	Modifier	Date performed	Date Recorded
Contraceptive diaphragm		23-Mar-2005	23-Mar-2005
Stress counselling		16-Feb-1999	16-Feb-1999
Suction termination of pregnancy		24-Jul-1997	24-Jul-1997
Suction termination of pregnancy		19-Dec-1996	19-Dec-1996

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	1 Tab upto	4 times daily	18-May-2007	
Amitriptyline Hydrochloride	04.03.01.0	TABS 10MG	2 Tabs	At night	18-May-2007	
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	1 Tab upto	4 times daily	03-May-2007	
Amitriptyline Hydrochloride	04.03.01.0	TABS 10MG	2 Tabs	At night	03-May-2007	
Amitriptyline Hydrochloride	04.03.01.0	TABS 10MG	2 Tabs	At night	16-Apr-2007	
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	1 Tab upto	4 times daily	16-Apr-2007	
Amitriptyline Hydrochloride	04.03.01.0	TABS 10MG	1 or 2 Tabs	At night	30-Mar-2007	
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	1 Tab upto	4 times daily	30-Mar-2007	
Diclofenac Sodium	10.01.01.0	Ec TABS 25MG	1 or 2 Tabs	3 times daily	30-Mar-2007	

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Lactulose	01.06.04.0	Oral SOLN 3.35G/5ML	15-30mls	bd	30-Mar-2007
Otosporin	12.01.01.0	Ear DROPS	2 Drops	3 times daily	30-Mar-2007
Chloramphenicol	11.03.01.0	Eye OINT 1%	Apply	4 times daily	30-Mar-2007
Co-Codamol	04.07.01.0	15/500mg Caplet TABS	2 Tabs	every 4 to 6 hours	19-Mar-2007

Clinical warnings

Additional relevant information

Smoking status (SPICE):Current smoker
Alcohol status (SPICE):Alcohol intake within recommended sensible limits
Patient Weight in Kilograms:76
Patient Height in Metres:1.75
Patient BMI:24.82
Patient Blood Pressure (Systolic):120
Patient Blood Pressure (Diastolic):80

Signature of referring doctor (or other professional) **Date**

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101013844664H
Unique Care Pathway Number:
101013844664H

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospitaland hospital address

Hospital unit no.: B006G

Email address: -

Urgency of referral	**Urgent**
Date of referral	13-Jun-2017
Date submitted	27-Jun-2017

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Robert Manson		
GMC code	6157957	GP code	51187
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Postnatal depression

Comment: Dear Colleague

I would very much appreciate your input with this 37 year old woman who had a [redacted] ago. She has now presented with what sounds like a fairly longstanding depressive episode and is finding life challenging at present.

Lesley relates much of her current difficulties to her relationship with [redacted] Lesley has [redacted] Whilst she wasn't willing to discuss the details of the relationship it appears that there significant trust issues and worries regarding this. She feels unsupported and is often on her own with [redacted] At present she reports persistent low mood and feeling stressed and anxious. She is ruminating much of the time. She appears to be bonding well with [redacted] and denies any hallucinations. There are no thoughts of either self harm or harming [redacted]

Lesley has had previous episodes of depression and has been seen by the West Team in the past.

At present I have prescribed Fluoxetine 20mg and will continue to see her, however, I believe she would benefit from further support at this stage. She has declined postnatal depression counselling sessions in Gala.

Yours sincerely

Dr Robert Manson

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	Not Applicable	-
Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-

NMA copy

Weight: 76 -

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	25-Aug-2016
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH MORNING	-	08-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

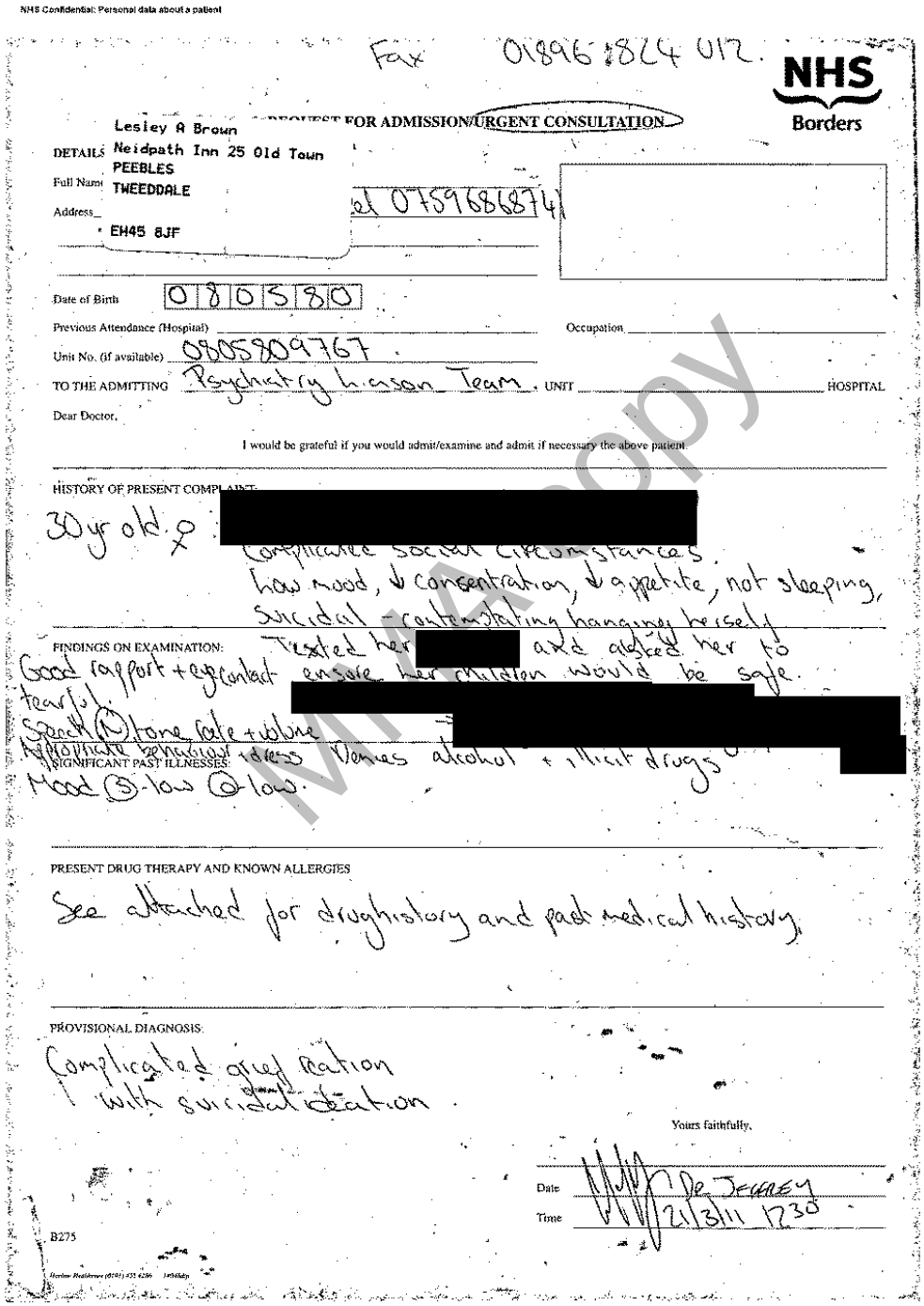
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Signature of referring doctor (or other professional) **Date**

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Fax 01896 824 012.

NHS Borders

REQUEST FOR ADMISSION/URGENT CONSULTATION

DETAILS Lesley A Brown
Neidpath Inn 25 Old Town
PEEBLES
TWEEDDALE
EH45 8JF

Full Name

Address

el 07596868741

Date of Birth 08 05 80

Previous Attendance (Hospital)

Occupation

Unit No. (if available) 0805809767

TO THE ADMITTING Psychiatry Liaison Team UNIT HOSPITAL

Dear Doctor,

I would be grateful if you would admit/examine and admit if necessary the above patient.

HISTORY OF PRESENT COMPLAINT:

30yr old ♀ [redacted]
Complicated social circumstances.
low mood, ↓ concentration, ↓ appetite, not sleeping,
Suicidal - contemplating hanging herself,

FINDINGS ON EXAMINATION:

Tested her [redacted] and asked her to ensure her relation would be safe.
Good rapport + eye contact
tearful.
Speech (N) tone rate + volume
Appropriate [redacted]
[redacted]

SIGNIFICANT PAST ILLNESSES:

Denies alcohol + illicit drugs
Mood (S) - low @ low.

PRESENT DRUG THERAPY AND KNOWN ALLERGIES

See attached for drug history and past medical history.

PROVISIONAL DIAGNOSIS:

Complicated grief reaction
with suicidal ideation.

Yours faithfully,

Date 21/3/11

Time 1230

Dr Jeffrey

B275

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Transport required? No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101002668603M
Unique Care Pathway Number: 101002668603M
CHI: 0805809767

REFERRAL TO

All specialties99
B Send by Post

Mr R Erskine
Counsellor
Psychological Services
12/14 Roxburgh Street,Galashiels

Consultant / receiving practitioner and/or specialty clinic
Hospital and hospital address
Hospital unit no.
Email address

Urgency of referral	Routine
Date of referral	14-Oct-2011
Date submitted	14-Oct-2011

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
Neidpath Inn 25 Old Town
PEEBLES
TWEEDDALE
EH45 8JF

Contact number(s)
Voice: 07596868741

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES
EH45 8JG

Contact number(s)

MWA Copy

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Voice: 01721 720601

MMA copy

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Prolonged grief reaction and low mood

Comment: Dear Rab

I wondered if you would consider meeting with Lesley Brown who is a lady I think you may have met before. I have recently started seeing her following the return of some low mood symptoms due to what seems to be an extended grief reaction following the [redacted]. Following this [redacted] which appears to have been in April this year but she was not able to grieve adequately for the [redacted] She was seen at the time by the Crisis Team at Huntlyburn and was supported appropriately. She has recently had contact with the police due to expressing her anger physically and I think this may have precipitated her seeking some assistance.

After I saw her this month I started to talk more with her about essentially trying to close this chapter of her life and in some way attempt to move on and continue to be a supportive mother for her young children. She accepts the need to do this but is having some problems coming to terms with how this may best be achieved and I wondered if you would be happy to meet with her to speak about some of the issues surrounding her loss and how she might move on. I have asked her to self refer herself to CRUSE in order that she may gain extra support and I will continue to keep seeing her monitoring her mental health otherwise.

I would be grateful for your further help with Miss Brown.

Yours sincerely

Dr Jess Barker
GP Registrar

Examinations and Investigations

Current smoker:	10 per day priority=2	25-Jan-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Mar-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	80	-
Systolic:	120	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS		-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

MMA copy

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Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	7 TABS	1 Tab At night	-	-
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	28 TABS	1 Tab In the morning	-	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

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Faxed 12.40pm Fax 01896 824 012.

NHS Borders

REQUEST FOR ADMISSION/URGENT CONSULTATION

DET Lesley A Brown
Full Addr Neidpath Inn 25 Old Town
PEEBLES
TWEEDDALE
Tel 07596868741
EH45 8JF

Date of Birth 01/05/80

Previous Attendance (Hospital)

Occupation

Unit No. (if available) 0905809767.

TO THE ADMITTING Psychiatry Liaison Team UNIT HOSPITAL

Dear Doctor,

I would be grateful if you would admit/examine and admit if necessary the above patient.

HISTORY OF PRESENT COMPLAINT:

30yr old ♀ [redacted] Complicated social circumstances. Low mood, ↓ concentration, ↓ appetite, not sleeping, Suicidal - contemplating hanging herself. Tested her [redacted] and asked her to ensure her children would be safe.

FINDINGS ON EXAMINATION:

Good rapport + appropriate tearful.
Speech (N) tone rate + volume
Appropriate behaviour + dress
Mood (S) low (O) low.

[redacted]

SIGNIFICANT PAST ILLNESSES: Denies alcohol + illicit drugs

PRESENT DRUG THERAPY AND KNOWN ALLERGIES

See attached for drug history and past medical history

PROVISIONAL DIAGNOSIS:

Complicated grief reaction with suicidal ideation.

Yours faithfully,

Date 21/3/11
Time 1730

Dr Jeffrey

B275

Harlaw Healthcare (0131) 455 9284 (4048)(p)

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NHS Borders

REQUEST FOR ADMISSION/URGENT CONSULTATION

DETAILS OF PATIENT

Full Name: LESLEY BAGAN

Address: 7/5 FINGLEMAU SQ. PEEBLES

Date of Birth: 06 05 80

Previous Attendance (Hospital): _____ Occupation: _____

Unit No. (if available): _____

TO THE ADMITTING: PAEDIATRIC UNIT: _____ HOSPITAL

Dear Doctor,

I would be grateful if you would admit/examine and admit if necessary the above patient.

HISTORY OF PRESENT COMPLAINT: 2 dy @ Abdom pain. No trauma. SOB + emesis. Pain 10/10 in RUQ / @ anterior

FINDINGS ON EXAMINATION: Agitated HR 100/- BP 105/69 RR 16 SAO2 95% Soft abdo. Tender: diffuse VR = @ RUQ Tender to percuss @ side. Lago rhs

SIGNIFICANT PAST ILLNESSES: Nil sig

PRESENT DRUG THERAPY AND KNOWN ALLERGIES

Nil sig

PROVISIONAL DIAGNOSIS: Abdom pain ? Appy Needs PR as clerked

Yours faithfully,

Date: 16/2/12

Time:

B275

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Seen 14-4-16 T

NHS Borders **BORDERS GENERAL HOSPITAL**
GENERAL RADIOGRAPHY REFERRAL

Private NHS

I/P Bed? Chair? Trolley?
O^2 req? Barrier nursed?

O/P Appt Transport

0805809767

Patient Surname: BROWN
Patient Forename: LESLEY A
Patient Address: 08/05/1980 F
B50415 Dr H Syme SYMHA
Hay Lodge H C
Lesley A Brown
51 Witchwood Crescent
Peebles
EH45 9AH
Patient CHI:

Clinician in Charge: SYME
Wd/OP: TWEED
Pat. tel. no: 07749602496
OK to leave message? Y /N
DOB:

EXAMINATION REQUE
(The Practitioner may decide that alternative examinations would be more appropriate, depending on the clinical background):
CXR

Priority Urgent / Routine

RELEVANT BACKGROUND CLINICAL INFORMATION (including previous surgery):
Smoker
cough (productive) for 8/52
↓ air entry bibasally
↑SOB on minimal exertion

WORKING DIAGNOSIS ? LRTI

SPECIFIC QUESTIONS TO BE ADDRESSED BY THIS EXAMINATION:

REFERRER SIGNATURE: ..... **Date:** 13/04/16
Print full name: Syme

Referrer code (compulsory field)
Contact Point Bleep: Telephone:

Risk Factors
Renal failure
Diabetes
Infection risk
Allergies
Relevant medications

IMPORTANT: It is a legal requirement that all requests for Radiology satisfy the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) see http://intranet/new_intranet/microsites/index.asp?siteid=363&uid=1
For all inpatient requests the intention to refer for this examination must be documented in the patient's casenotes, to enable crosschecking at the time of the procedure

Protocol/Notes

Authorised by: .....
(Authorising Operator)
or
Justified by:.....(Practitioner)
Examination performed by:..... (Operator)

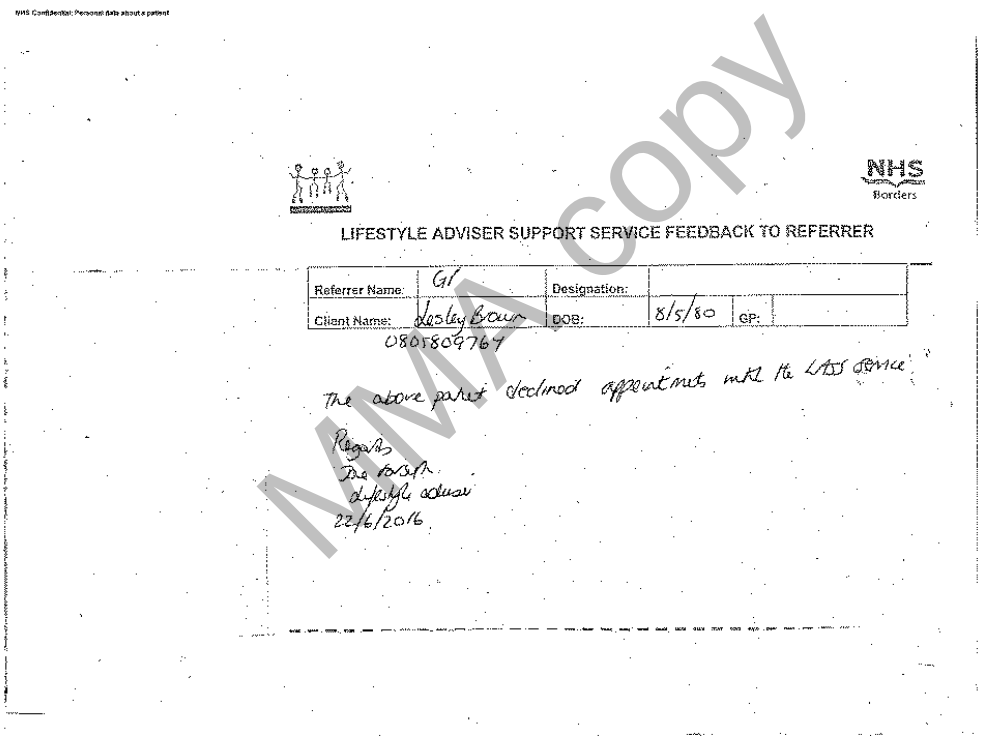
General referral form V5 6/11/09

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NHS Confidential: Personal data about a patient

NHS Borders

LIFESTYLE ADVISER SUPPORT SERVICE FEEDBACK TO REFERRER

Referrer Name:	GP	Designation:			
Client Name:	Lesley Bauer	DOB:	8/5/80	GP:	

0805809769

The above patient declined appointments with the LASS service.

Regards
Dr Nash
Lifestyle adviser
22/6/2016

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Filename: igprda202604221121420.pdf
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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101016092871C
Unique Care Pathway Number: 101016092871C

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.: B120H

Email address:

Urgency of referral	Routine
Date of referral	11-May-2018
Date submitted	11-May-2018

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

MWA copy

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Ongoing alopecia, missed previous appointment in July 2016

Comment: Dear Colleagues

I would be grateful if this lady could be reinstated on the routine dermatology waiting list. She was seen in March 2016 in dermatology on account of alopecia areata and was being treated by Dr Kemmett. She did not attend a planned follow up in July 2016, but this was because she had become pregnant around this time. She was removed from the waiting list and obviously has been busy in the interim, but has now come back to see me stating that she wishes to be re-referred for potential further Triamcinolone injections.

I am grateful to you for seeing her with this in mind.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]		17-May-2002	17-May-2002
Forceps delivery			11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

MMA copy

NHS Confidential: Personal data about a patient

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	20-Mar-2018
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	24-Apr-2018
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	20-Mar-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

Signature of referring doctor (or other professional) **Date** 11.5.18

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Additional: Scanned Document

Filename: igprda202604221121240_2.pdf
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NHS Lothian - Referral Letter

Referral To	St John's Hospital Plastic Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	15/01/2013
Date submitted	16/01/2013
UCPN	101004748021Z

PATIENT DETAILS

CHI number:	0805809767
Name:	Miss Lesley Brown
Date of birth:	08/05/1980
Sex:	Female

Contact Details

51 Witchwood Cresent
PEEBLES
TWEEDDALE
EH45 9AH

Voice(Home) : 07596868741

REFERRING PRACTITIONER DETAILS

Name:	Dr. Roger Brydon (GMC: 4306535)
Practice:	The Tweed Practice (16211)
Phone:	Voice : 01721 720601

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

NHS copy

CLINICAL INFORMATION

Reason for Referral: Large sebaceous cystic lesion on angle of right mandible, previous significant infection

Main Referral Text:

Dear Colleagues

I am referring this lady to you, not via the Adult Exceptional Referral Pathway, as it appears that the significant infection previously experienced by this lady in respect of this lesion would act as an inclusion criteria. In May last year she was aware of a significant lump on the right side of her face which was estimated to be 6 x 4 cm, slightly firm swelling on her right lower face and submandibular region. She was actually admitted to the Oral Surgeons at St Johns and had incision and drainage under local anaesthetic of this swelling, as well as IV antibiotics. At follow up it was also noted that she had some dental issues which were subsequently dealt with. However, the original site of infection was allowed to go on and heal and is now present as a fairly noticeable subcutaneous swelling on the right mandibular angle. Due to the significant and quite serious infection which she suffered previously, she is keen to look at whether or not this area would be suitable for a further excision. I am grateful to you for seeing her for review with this in mind and would be interested to hear your comments regarding any planned treatment in due course.

Yours sincerely

Dr Roger Brydon

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[X]Depressive episode			21/03/2011	21/03/2011
H/O: depression			28/01/2010	28/01/2010
White Scottish			11/02/2009	11/02/2009
[M]Intradermal naevus		Excised Benign	10/01/2007	10/01/2007
Termination of pregnancy		Medical.	07/12/2004	07/12/2004
Spontaneous vertex delivery		[redacted]	17/05/2002	17/05/2002

Forceps delivery	[redacted]	11/04/2000	11/04/2000
Anxiety state NOS		19/08/1997	19/08/1997
Alopecia areata	and 1996	01/01/1987	01/01/1987

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Contraceptive diaphragm	Size 75mm fitted.		23/03/2005	23/03/2005
Stress counselling	Referral to councellor.		16/02/1999	16/02/1999
Suction termination of pregnancy			24/07/1997	24/07/1997
Suction termination of pregnancy			19/12/1996	19/12/1996

Recent medication(Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Erythromycin And Zinc Acetate Lotion 40 mg/ml 12 mg/ml	90 ml	Apply Twice daily		11/01/2013	42 Days	11/01/2013

Additional information

Smoking history (Encounters):Cigarette smoker, 0 Cigarettes/day Date recorded:16-Feb-2012
Alcohol history (Encounters):Alcohol intake within recommended sensible limits Date recorded:25-Mar-2011
Patient Weight in Kilograms:76
Patient Height in Metres:175

MMA copy

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101007715835D
Unique Care Pathway Number:
101007715835D

CHI: 0805809767

REFERRAL TO

General Surgery - BreastC1A
B Breast Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospitaland hospital address

Hospital unit no.: B120H

Email address: -

Urgency of referral	**Urgent**
Date of referral	13-Aug-2014
Date submitted	13-Aug-2014

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07596868741

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Claire Meldrum		
GMC code	4610944	GP code	50067
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

MMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Large lump in left breast noticed three months ago

Comment: Dear Doctor

I would be most grateful for your review of this pleasant 34 year old single mum who first noticed a lesion approximately three to four months ago. Since that time it has become more prominent and she has felt it be uncomfortable. She has no personal or family history of breast problems.

On examination she has a large 3-4cm lesion in the upper breast on the left hand side which is obvious before palpation. It is tender to palpation. It does not appear to be adherent to underlying chest wall, is mobile, irregular in shape and consistency and does not appear to be fluctuant. There were no lesions in her axillae and no changes to the right breast. Also at this appointment she mentioned she had been feeling tired of late and also comments on a small lump in her right groin.

On examination she has a small probable lymph node approximately 1cm in the left groin and slightly larger possible lymph node in the right groin. In relation to this I have requested an ultrasound of the groin to determine the nature of this lesion.

In summary, I would be most grateful for your review of this pleasant 34 year old lady with a large lump in the left breast which has been present for three to four months.

Many thanks for your assistance in this matter.

Yours sincerely

Dr Claire Meldrum

Examinations and Investigations

Lump - Suspected Malignancy , Patient older than 30: true		-
Main Lesion:	Left Breast	-
Main Lesion:	(POSITION NOT SPECIFIED)	-
Main Lesion:	(SIZE NOT SPECIFIED)	-
Main Lesion:	(AXILLARY NODES NOT SPECIFIED)	-
Other Lesion:	(BREAST NOT SPECIFIED)	-
Other Lesion:	(POSITION NOT SPECIFIED)	-
Other Lesion:	(SIZE NOT SPECIFIED)	-
Other Lesion:	(AXILLARY NODES NOT SPECIFIED)	-
Previous Breast History:	Not Known	-
Menopausal Status:	Not Known	-
Current smoker:		21-Nov-2013
Cigarette smoker, 0 Cigarettes/day:		16-Feb-2012
Current smoker:	10 per day priority=2	25-Jan-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Mar-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

MMR Copy

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Clobetasone Butyrate Cream 0.05 %	1304000H0AAAAAA	30 GRAM	APPLY THINLY ONCE OR TWICE DAILY	-	16-Jul-2014
Qv Skin Lotion	-	500 ml	USE AS DIRECTED	-	04-Jul-2014
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	03-Jul-2014
Loratadine Tablets 10 mg	0304010D0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH MORNING	-	26-Jun-2014
Beclometasone Aqueous nasal spray 50 micrograms/actuation	-	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	26-Jun-2014
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	16-Jun-2014
Chlorphenamine Tablets 4 mg	-	28 TABLET	ONE TO BE TAKEN FOUR TIMES A DAY	-	16-Jun-2014
Permethrin Dermal cream 5 %	1310040Q0AAABAB	60 gram	TO BE USED AS DIRECTED	-	16-Jun-2014
Sodium Cromoglicate Eye drops 2 %	-	13.5 ML	ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)	-	30-May-2014
Cetirizine Hydrochloride Tablets 10 mg	0304010I0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	30-May-2014
Aveeno Body wash	-	500 ml	AS DIRECTED	-	30-May-2014
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	30-May-2014
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	19-May-2014
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	19-May-2014

Clinical warnings

Lifestyle risks

Smoking status	Alcohol consumption
Number per day	Units per day

MMA copy

Exercise status: Not Known | ? (not known) | ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101008850141S
Unique Care Pathway Number:
101008850141S

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospitaland hospital address

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	09-Mar-2015
Date submitted	10-Mar-2015

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07596868741

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Chronic alopecia

Comment: Dear Colleagues

You have previously seen this lady on a number of occasions on account of her troublesome acne. When she was in to see me this week she mentioned that she had been bothered by alopecia since the age of about 5, but had no recollection of ever having been seen by anyone about this. Specifically, she was wondering about the use of steroid injection to try and treat this. I explained to her that I was not aware that this was a treatment that was proven to be of any benefit, but that if she had really never been seen by a dermatologist on account of her alopecia since this time, then a review by dermatology would be valuable just to exclude any other treatable cause.

Examination revealed patchy hair loss throughout the scalp without any obvious underlying scalp irritation, in keeping with a probable diagnosis of alopecia areata. She has had routine bloods done over the course of the last six to nine months which were unremarkable. Her story of having had this for such a long period of time and never having been reviewed for it seems somewhat improbable, but I would be grateful if she could be sent a further routine appointment for yourselves for review of this specific problem and I look forward to hearing your thoughts regarding this in due course.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Current smoker:		21-Nov-2013
Cigarette smoker, 0 Cigarettes/day:		16-Feb-2012
Current smoker:	10 per day priority=2	25-Jan-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Mar-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]		17-May-2002	17-May-2002
Forceps delivery			11-Apr-2000	11-Apr-2000
Anxiety state NOS			19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

MMA COPY

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Clotrimazole Cream 1 %	1310020H0AAABAB	20 GRAM	APPLY TWO OR THREE TIMES DAILY	-	05-Mar-2015
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	06-Feb-2015
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	06-Feb-2015
Amoxicillin Capsules 500 mg	-	21 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	24-Dec-2014

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Has patient attended hospital before?:Yes

Hospital number if known:136071

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

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Signature of referring doctor (or other professional) **Date**

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Seen 13-8-14 T

NHS Borders **BORDERS GENERAL HOSPITAL**
GENERAL RADIOGRAPHY REFERRAL

Private NHS

I/P Bed? Chair? Trolley?
O^2 req? Barrier nursed?

O/P Appt Transport

Patient Surname: Lesley A Brown
Patient Forename: 51 Witchwood Crescent
Patient Address: Peebles EH45 9AH
CHI:0805809767 DOB:08/05/1980 GP:DR
0805809767
Patient CHI: BROWN LESLEY A
B50067 Dr C Meldrum GP007942
Hay Lodge H C

Clinician in Charge: CMeldrum
Wd/OP:
Pat. tel. no: OK to leave message? Y /N
DOB:

EXAMINATION REQUESTED
(The Practitioner may decide that alternative examinations would be more appropriate, depending on the clinical background):
USS (R) groin

Priority Urgent Routine

RELEVANT BACKGROUND CLINICAL INFORMATION (including previous surgery):
lump (R) groin
noticed few weeks ago
2cm, feels hard. 1cm lesion (L) groin
(referred urgently to breast clinic
3cm breast lesion (L) side

WORKING DIAGNOSIS ?LN

SPECIFIC QUESTIONS TO BE ADDRESSED BY THIS EXAMINATION: ?drug ? lesion

REFERRER SIGNATURE: ..... **Date:** 13/8/14
Print full name: CMELDRUM

Referrer code (compulsory field) GP007942 **Contact Point** Bleep: Telephone:

Risk Factors
Renal failure
Diabetes
Infection risk
Allergies
Relevant medications

IMPORTANT: It is a legal requirement that all requests for Radiology satisfy the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) see http://intranet/oow_intranet/microsites/index.asp?siteid=363&uid=1
For all inpatient requests the intention to refer for this examination must be documented in the patient's casenotes, to enable crosschecking at the time of the procedure

Protocol/Notes

Authorised by: .....
(Authorising Operator)
or
Justified by:.....(Practitioner)
Examination performed by:..... (Operator)

General referral form V5 6/11/09

MMA copy

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101010869631N
Unique Care Pathway Number:
101010869631N

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospitaland hospital address

Hospital unit no.
B006G

Email address
-

Urgency of referral	Routine
Date of referral	19-Feb-2016
Date submitted	22-Feb-2016

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

MMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: REFERRAL FOR PSYCHOLOGY - request for a course of CBT

Comment: Dear Colleagues

This 35 year old lady has been to see me on two occasions over the last 2 weeks; she is suffering from a high degree of distress [redacted]

Ms Brown recognises that this is an acute reaction to a very stressful event, but on exploration of her situation, it is apparent that she has experienced a number of traumatic ends to her relationships with [redacted] over the years and she has identified this as a pattern that she needs to change.

Prior to her most recent break up Lesley describes feeling low in mood and suffering from a poor appetite and low motivation. She describes herself as being a bright woman but she has very low self esteem and this has prevented her from achieving a meaningful career. She currently works in Greggs bakers, but has had to take some time off over the last 2 weeks because of her levels of distress following the [redacted]

Ms Brown has had a number of significant life events and losses over the years and she now recognises that it might be beneficial to work with a professional to help her improve her chronic low mood and poor self esteem.

Ms Brown says she drinks occasional alcohol, but does admit to smoking cannabis at least a couple of times each week.

We have discussed the need to stop smoking cannabis in order to help her current symptoms. Her PHQ-9 is currently 17, she has poor appetite and difficulty with sleep and we have therefore agreed to a trial of Mirtazepine which was started last week at 15 mgs nocte.

I would be most grateful if you would see this lady for an assessment and consideration for a course of CBT.

I attach a mental health assessment dated 21/03/2011 which you may find useful as background information.

I will continue to review Mrs. Brown over the coming months.

Yours sincerely

Dr Jo Robertson
GP Retainee

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Patient requires specialist care to implement a specific treatment:	true	-
Patient's problems have persisted despite primary care intervention:	true	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	Yes	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	17	-
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

MMA copy

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS		-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	17-Nov-2015
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TO BE TAKEN AT NIGHT	-	16-Feb-2016
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	11-Feb-2016
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	11-Feb-2016
Diphenhydramine Hydrochloride Tablets 25 mg	0304010N0AAAGAG	28 tablet	NOCTE	-	05-Feb-2016
Diazepam Tablets 2 mg	0401020K0AAAHAH	30 tablet	ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED	-	21-Jan-2016

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

MMA copy

Are you aware of the patient having additional needs?:false

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

MMA copy

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101013844664H
Unique Care Pathway Number:
101013844664H

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or **specialty clinic**

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospital and **hospital address**

Hospital unit no.: B006G

Email address: -

Urgency of referral	**Urgent**
Date of referral	13-Jun-2017
Date submitted	27-Jun-2017

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Robert Manson		
GMC code	6157957	GP code	51187
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Postnatal depression

Comment: Dear Colleague

I would very much appreciate your input with this 37 year old woman who had a [redacted] ago. She has now presented with what sounds like a fairly longstanding depressive episode and is finding life challenging at present.

Lesley relates much of her current difficulties to her relationship with [redacted]. Lesley has [redacted] she wasn't willing to discuss the details of the relationship it appears that there significant trust issues and worries regarding this. She feels unsupported and is often on her own with [redacted]t present she reports persistent low mood and feeling stressed and anxious. She is ruminating much of the time. She appears to be bonding well with [redacted] and denies any hallucinations. There are no thoughts of either self harm or harming [redacted]

Lesley has had previous episodes of depression and has been seen by the West Team in the past.

At present I have prescribed Fluoxetine 20mg and will continue to see her, however, I believe she would benefit from further support at this stage. She has declined postnatal depression counselling sessions in Gala.

Yours sincerely

Dr Robert Manson

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	Not Applicable	-
Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-

NMA copy

Weight: 76 -

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	25-Aug-2016
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH MORNING	-	08-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information
Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

Signature of referring doctor (or other professional) **Date**

MMA copy

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NHS Borders
Mental Health Network

Borders Crisis Team
2 Station Gate
Palma Place
MELROSE
TD6 9PS
Tel: 01896 824014
Fax: 01896 824012
www.nhsborders.org.uk

NHS Borders

Medical in Confidence

Dr Jeffrey
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH458JG

Date 22/03/2011 (dict: 21.03.11)
Your Ref
Our Ref AM/SM/136071
CHI No: 0805809767
Enquiries to: Sarah Manson/Mairi Buchanan
Extension
Direct Line 01896 824014
Email sarah.manson@borders.scot.nhs.uk/
mairi.buchanan@borders.scot.nhs.uk

Dear Dr Jeffrey

Re: Lesley Brown, 25 Old Town, Peebles (d.o.b. 08.05.80)

Thank you for referring Ms Brown to our Team this morning. As I said to you over the telephone, I met with her at her home this afternoon with my colleague Lena Wight.

As you had told us, Ms Brown was having suicidal thoughts triggered by the [redacted]
This is with a background of several significant life events and losses over the last three years or so, further complicated by the fact that her [redacted] - a position which Ms Brown regrets, since it will further complicate her grieving, but equally understands.

Ms Brown was brought up locally, and told us that her childhood was 'not great'. [redacted] she gave a lot of support to the family. She feels let down that they have not been able to reciprocate on this occasion. In terms of employment, having left school she has had a series of jobs, working in a tearoom, primary school, bar, and latterly in a baguettes shop, which recently closed down.

Ms Brown has [redacted]

Following the loss of most of her personal property in a flood caused by burst pipes in the winter of 2009, she is now living in a bedsit, due for renovation, which process will make her technically homeless within the next couple of weeks. She told us that the Council are aware of her situation, and she is keen to move quickly because of the memories associated with where she is at present. She normally looks after her [redacted] happened. In addition to the above life events and stressors, Ms Brown mentioned that her dog, a Rhodesian Ridgeback which she had had as a pet for twelve years or so died in December last year.

Web Copy

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Ms Brown told us that she smoked up to twenty cigarettes daily, and occasionally some 'weed'. She drank alcohol 'in moderation' – for example had two cans of lager the previous night. She denied using any other illicit substances. She said that she was generally a healthy person, keeping fit by cycling or, at least until a few months ago, walking her dog. She told us that you had today prescribed her 20mg Temazepam at night, and 2mg Diazepam three or four times daily.

In terms of mental state examination, Ms Brown was unkempt and casually dressed. She was reactive during our meeting, appropriately tearful at times, but also demonstrating a sense of humour. [redacted] she told us that she had been 'grumpy' from time to time, but had had no significant sleep problems or disturbed appetite. [redacted] she had found herself more wary of trusting others, but remained a sociable person, enjoying going out socialising or to various 'gigs'. There was no evidence of any significant mood disorder, formal thought disorder or abnormalities of perception.

Understandably, since she learned of [redacted] her sleep and appetite have suffered, and she has been confused and very tearful. She was able to share with us that she was both sad and angry – saying that although she loved [redacted], if she ever met up with [redacted] again she would 'give [redacted] a kicking'. She told us of the events prior to [redacted] – she had looked after [redacted] after [redacted]

Ms Brown admitted to having had fleeting thoughts of suicide, believing that hanging herself would be an end to her pain. However, she has strong protective factors in her [redacted] and although uncertain about what the future might bring, has aspirations to find a meaningful life in terms of employment. She feels that she has the intelligence to go to college, but has not yet been able to organise herself enough to apply. She was in the circumstances able to promise to keep herself safe, and a friend is going to spend the night with her tonight.

Plan:

- We will contact or visit Ms Brown daily, certainly for the next week.
- We have given her telephone numbers for support should that prove necessary.
- We will write to the Council supporting her request for early rehousing.

Thank you again for referring Ms Brown to our team.

Yours sincerely

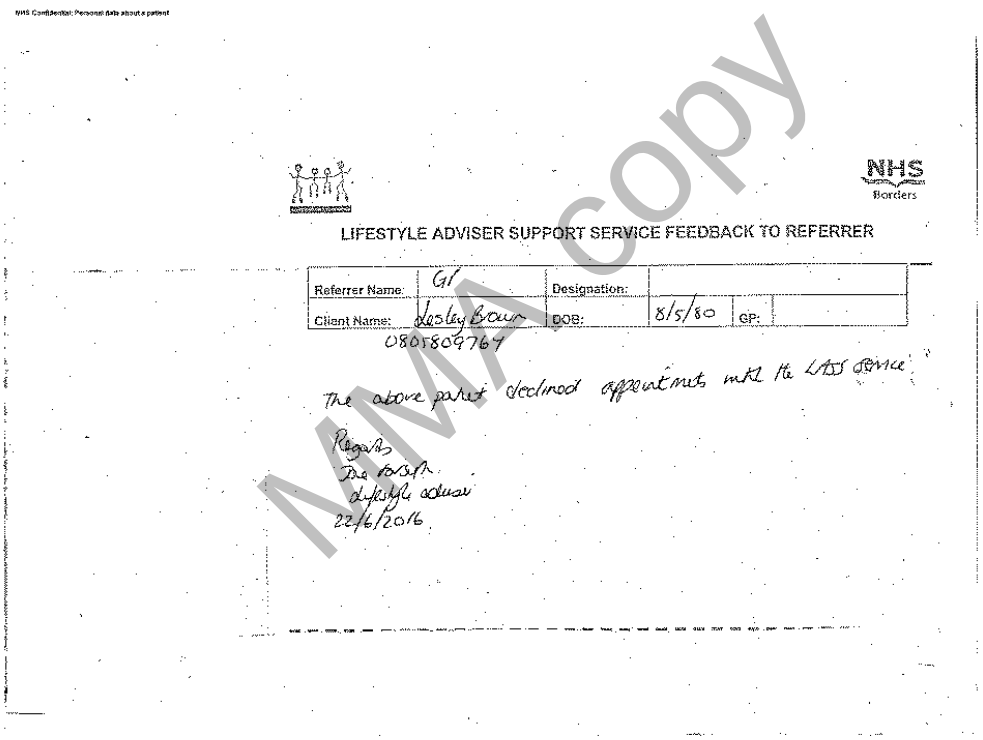
Alasdair Macdonald
Community Psychiatric Nurse

Date signed: 22-5-11
Time signed: 1206

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NHS Borders

LIFESTYLE ADVISER SUPPORT SERVICE FEEDBACK TO REFERRER

Referrer Name:	GP	Designation:			
Client Name:	Lesley Bauer	DOB:	8/5/80	GP:	

0805809769

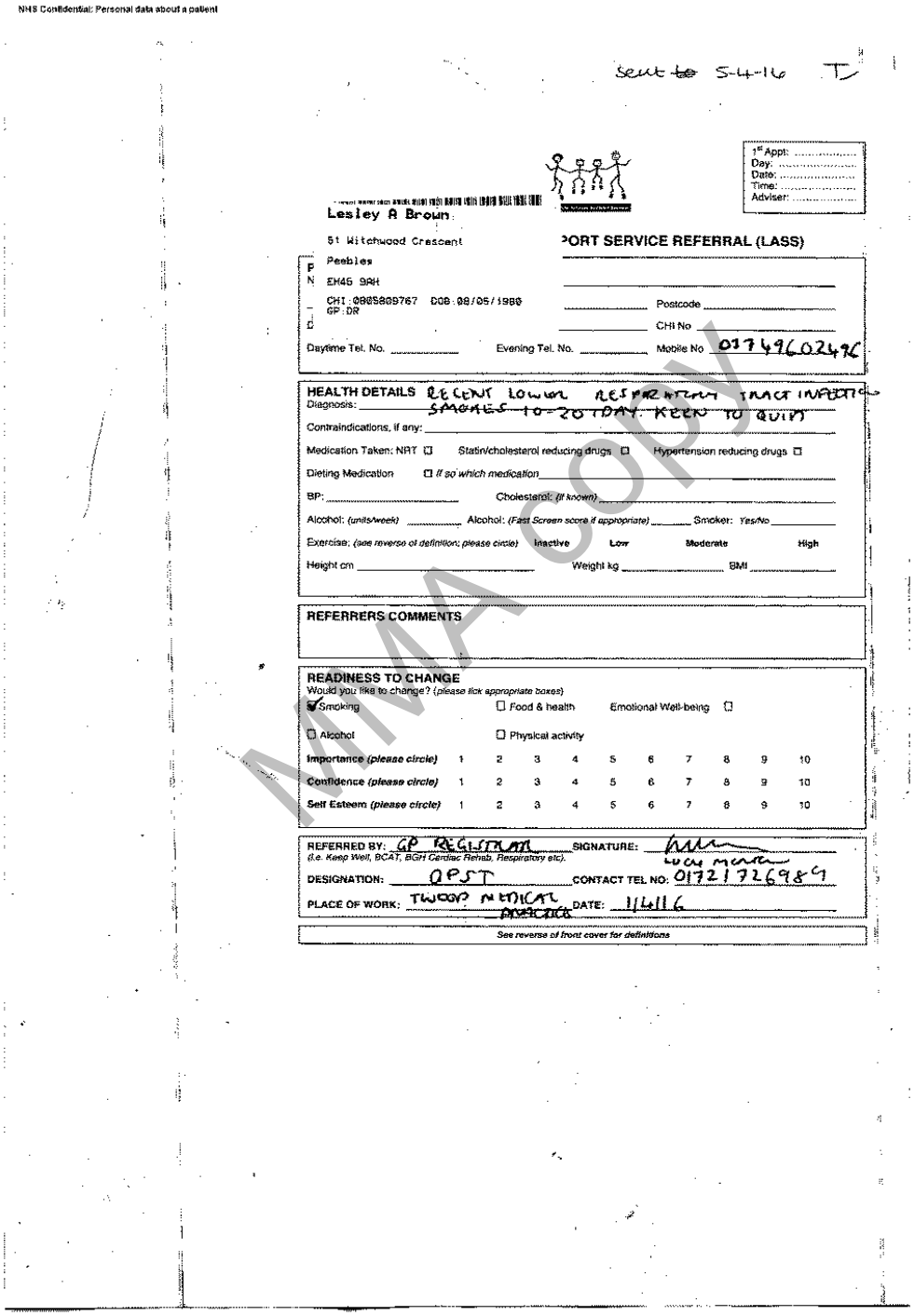
The above patient declined appointments with the LASS service.

Regards
Dr Nash
Lifestyle adviser
22/6/2016

MMA copy

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Sent to 5-4-16 T

1st Appt:
Day:
Date:
Time:
Adviser:

Lesley A Brown

51 Witchwood Crescent

Peebles

EH45 9AH

CHI: 0805809767 DOB: 08/05/1980
GP: DR

PORT SERVICE REFERRAL (LASS)

Postcode

CHI No

Daytime Tel. No. Evening Tel. No. Mobile No 07749602492

HEALTH DETAILS RECENT LOWER RESPIRATORY TRACT INFECTION
Diagnosis: SMOKES 10-20 TODAY. KEEN TO QUIT
Contraindications, if any:
Medication Taken: NRT ☐ Statin/cholesterol reducing drugs ☐ Hypertension reducing drugs ☐
Dieting Medication ☐ *If so which medication*
BP: Cholesterol: *(if known)*
Alcohol: *(units/week)* Alcohol: *(Fast Screen score if appropriate)* Smoker: *Yes/No*
Exercise: *(see reverse of definition; please circle)* Inactive Low Moderate High
Height cm Weight kg BMI

REFERRERS COMMENTS

READINESS TO CHANGE
Would you like to change? *(please tick appropriate boxes)*
☑ Smoking ☐ Food & health Emotional Well-being ☐
☐ Alcohol ☐ Physical activity

Importance *(please circle)*	1	2	3	4	5	6	7	8	9	10
Confidence *(please circle)*	1	2	3	4	5	6	7	8	9	10
Self Esteem *(please circle)*	1	2	3	4	5	6	7	8	9	10

REFERRED BY: GP REGISTRAR SIGNATURE:
(i.e. Keep Well, BCAT, BGH Cardiac Rehab, Respiratory etc).
DESIGNATION: QPST CONTACT TEL NO: 01721726984
PLACE OF WORK: TWEED MEDICAL PRACTICE DATE: 1/4/16

See reverse of front cover for definitions

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Seen 14-4-16 T

NHS Borders **BORDERS GENERAL HOSPITAL**
GENERAL RADIOGRAPHY REFERRAL

Private NHS

I/P
O^2 req? Bed? Chair? Barrier nursed? Trolley?

O/P Appt
Transport

0805809767

Patient Surname: BROWN
Patient Forename: LESLEY A
Patient Address: 08/05/1980 F
850415 Dr H Syme SYMHA
Hay Lodge H C
Lesley A Brown
51 Witchwood Crescent
Peebles
Patient CHI: EH45 9AH

Clinician in Charge: SYME
Wd/OP: TWEED
Pat. tel. no: 07749602496
OK to leave message? Y /N
DOB:

EXAMINATION REQUE
(The Practitioner may decide that alternative examinations would be more appropriate, depending on the clinical background):
CXR

Priority
Urgent Routine

RELEVANT BACKGROUND CLINICAL INFORMATION (including previous surgery):
Smoker
cough (productive) for 8/52
↓ air entry bibasally
↑SOB on minimal exertion

WORKING DIAGNOSIS ? LRTI

SPECIFIC QUESTIONS TO BE ADDRESSED BY THIS EXAMINATION:

REFERRER SIGNATURE: ..... **Date:** 13/04/16
Print full name: Syme

Referrer code (compulsory field)

Contact Point
Bleep: Telephone:

Risk Factors
Renal failure
Diabetes

Infection risk
Allergies
Relevant medications

IMPORTANT: It is a legal requirement that all requests for Radiology satisfy the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) see http://intranet/new_intranet/microsites/index.asp?siteid=363&uid=1
For all inpatient requests the intention to refer for this examination must be documented in the patient's casenotes, to enable crosschecking at the time of the procedure

Protocol/Notes

Authorised by: .....
(Authorising Operator)
or
Justified
by:.....(Practitioner)
Examination performed
by:..... (Operator)

General referral form V5 6/11/09

R31R

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101016092871C
Unique Care Pathway Number:
101016092871C

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address

Urgency of referral	Routine
Date of referral	11-May-2018
Date submitted	11-May-2018

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

MWA copy

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Ongoing alopecia, missed previous appointment in July 2016

Comment: Dear Colleagues

I would be grateful if this lady could be reinstated on the routine dermatology waiting list. She was seen in March 2016 in dermatology on account of alopecia areata and was being treated by Dr Kemmett. She did not attend a planned follow up in July 2016, but this was because she had become pregnant around this time. She was removed from the waiting list and obviously has been busy in the interim, but has now come back to see me stating that she wishes to be re-referred for potential further Triamcinolone injections.

I am grateful to you for seeing her with this in mind.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	[redacted]	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery	[redacted]	-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	[redacted]	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

MMA copy

NHS Confidential: Personal data about a patient

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	20-Mar-2018
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	24-Apr-2018
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	20-Mar-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

11.5.18

Signature of referring doctor (or other professional) **Date**

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101013844664H
Unique Care Pathway Number:
101013844664H

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospitaland hospital address

Hospital unit no.: B006G

Email address: -

Urgency of referral	**Urgent**
Date of referral	13-Jun-2017
Date submitted	27-Jun-2017

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Robert Manson		
GMC code	6157957	GP code	51187
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Postnatal depression

Comment: Dear Colleague

I would very much appreciate your input with this 37 year old woman who had a [redacted] ago. She has now presented with what sounds like a fairly longstanding depressive episode and is finding life challenging at present.

Lesley relates much of her current difficulties to her relationship with [redacted] Lesley has [redacted] she wasn't willing to discuss the details of the relationship it appears that there significant trust issues and worries regarding this. She feels unsupported and is often on her own with [redacted] At present she reports persistent low mood and feeling stressed and anxious. She is ruminating much of the time. She appears to be bonding well with [redacted] and denies any hallucinations. There are no thoughts of either self harm or harming [redacted]

Lesley has had previous episodes of depression and has been seen by the West Team in the past.

At present I have prescribed Fluoxetine 20mg and will continue to see her, however, I believe she would benefit from further support at this stage. She has declined postnatal depression counselling sessions in Gala.

Yours sincerely

Dr Robert Manson

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	Not Applicable	-
Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-

NMA copy

Weight: 76 -

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	[redacted]	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery	[redacted]	-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	25-Aug-2016
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH MORNING	-	08-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

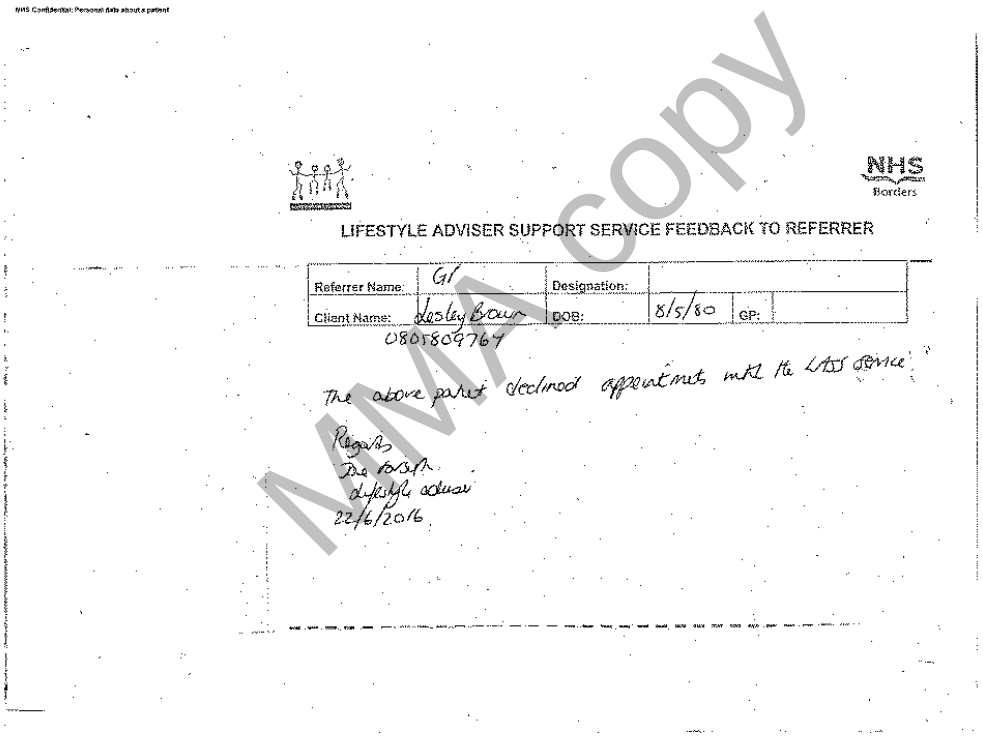
MMA copy

Signature of referring doctor (or other professional) **Date**

MMA copy

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NHS Borders

LIFESTYLE ADVISER SUPPORT SERVICE FEEDBACK TO REFERRER

Referrer Name:	GP	Designation:			
Client Name:	Lesley Bauer	DOB:	8/5/80	GP:	

0805809769

The above patient declined appointments with the LASS service.

Regards
Dr Nash
Lifestyle adviser
22/6/2016

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Seen 14-4-16 T

NHS Borders **BORDERS GENERAL HOSPITAL**
GENERAL RADIOGRAPHY REFERRAL

Private NHS

I/P
O^2 req? Bed? Chair? Barrier nursed? Trolley?

O/P Appt
Transport

0805809767

Patient Surname: BROWN
Patient Forename: LESLEY A
Patient Address: 08/05/1980 F
850415 Dr H Syme SYMHA
Hay Lodge H C
Lesley A Brown
51 Witchwood Crescent
Peebles
Patient CHI: EH45 9AH

Clinician in Charge: SYME
Wd/OP: TWEED
Pat. tel. no: 07749602496
OK to leave message? Y /N
DOB:

EXAMINATION REQUE
(The Practitioner may decide that alternative examinations would be more appropriate, depending on the clinical background):
CXR

Priority
Urgent Routine

RELEVANT BACKGROUND CLINICAL INFORMATION (including previous surgery):
Smoker
cough (productive) for 8/52
↓ air entry bibasally
↑SOB on minimal exertion

WORKING DIAGNOSIS ? LRTI

SPECIFIC QUESTIONS TO BE ADDRESSED BY THIS EXAMINATION:

REFERRER SIGNATURE: ..... **Date:** 13/04/16
Print full name: Syme

Referrer code (compulsory field)

Contact Point
Bleep: Telephone:

Risk Factors
Renal failure
Diabetes

Infection risk
Allergies
Relevant medications

IMPORTANT: It is a legal requirement that all requests for Radiology satisfy the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) see http://intranet/new_intranet/microsites/index.asp?siteid=363&uid=1
For all inpatient requests the intention to refer for this examination must be documented in the patient's casenotes, to enable crosschecking at the time of the procedure

Protocol/Notes

Authorised by: .....
(Authorising Operator)
or
Justified
by:.....(Practitioner)
Examination performed
by:..... (Operator)

General referral form V5 6/11/09

B31R

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101016092871C
Unique Care Pathway Number:
101016092871C

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address

Urgency of referral	Routine
Date of referral	11-May-2018
Date submitted	11-May-2018

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

MWA copy

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Ongoing alopecia, missed previous appointment in July 2016

Comment: Dear Colleagues

I would be grateful if this lady could be reinstated on the routine dermatology waiting list. She was seen in March 2016 in dermatology on account of alopecia areata and was being treated by Dr Kemmett. She did not attend a planned follow up in July 2016, but this was because she had become pregnant around this time. She was removed from the waiting list and obviously has been busy in the interim, but has now come back to see me stating that she wishes to be re-referred for potential further Triamcinolone injections.

I am grateful to you for seeing her with this in mind.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

MMA copy

NHS Confidential: Personal data about a patient

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	20-Mar-2018
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	24-Apr-2018
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	20-Mar-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

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11.5.18

Signature of referring doctor (or other professional) **Date**

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101018484100R
Unique Care Pathway Number:
101018484100R

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.: B120H

Email address: -

Urgency of referral	Routine
Date of referral	15-Apr-2019
Date submitted	15-Apr-2019

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Jennifer Carter		
GMC code	7133573	GP code	51438
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Hannah Syme		
GMC code	7073598	GP code	50415
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Scarring secondary to acne

Comment: Dear Colleague

I would be grateful if your team would kindly consider reviewing this 38 year old lady who is continuing to struggle with managing her severe acne. She was recently admitted to hospital for incision and drainage of a large facial abscess as a result of this. Her current regime of Epiduo and Lymecycline appears to be ineffective in keeping this under control.

Given recent events I would be grateful if your team would kindly consider reviewing her to see if there is any way we could potentially optimise her treatment. She responded poorly to Roaccutane previously. I suspect she may need further input from the plastic surgeons at Livingston given that the incision site of her abscess remains unhealed. However, I would be grateful if your team would kindly see her first to advise as to how we could manage her and prevent further infections given that further surgery is likely to be impacted by this. I would be grateful once you feel that there is nothing further that you can contribute if you would be able to pass your comments on to the plastic surgery team.

Many thanks.

Yours sincerely

Dr Hannah Syme

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	76	-
Systolic:	132	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011

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[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	05-Jun-2018
Cetirizine Hydrochloride Tablets 10 mg	0304010I0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	03-Apr-2019
Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %	-	45 GRAM	APPLY ONCE DAILY IN THE EVENING	-	11-Mar-2019
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Mar-2019
Dihydrocodeine Tablets 30 mg	0407020G0AAACAC	30 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	20-Feb-2019
Zopiclone Tablets 3.75 mg	0401010Z0AAACAC	7 TABLET	TAKE ONE AT NIGHT IF REQUIRED	-	20-Feb-2019
Clarithromycin Tablets 500 mg	0501050B0AAADAD	14 TABLET	ONE TO BE TAKEN TWICE A DAY	-	11-Feb-2019
Magnesium Sulfate Paste	1310050M0AAAAAA	50 gram	Apply As directed	-	11-Feb-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

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Signature of referring doctor (or other professional) **Date**

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Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

1010170624699
Unique Care Pathway Number:
1010170624699
CHI: 0805809767

REFERRAL TO

All specialties99
B Send by Post

Consultant / receiving practitioner and/or specialty clinic

Mr R Erskine
Counsellor
Hay Lodge Health Centre
Neidpath Road,Peebles

Hospital and hospital address

Hospital unit no.
-

Email address
-

Urgency of referral	Routine
Date of referral	26-Sep-2018
Date submitted	26-Sep-2018

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Jo Robertson		
GMC code	6165927	GP code	94501
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Request for counselling

Comment: Dear Rab

This 38 year old lady has agreed to referral to yourself. She recently suffered a bereavement after her [redacted]. She is feeling overwhelmed by having to manage this without support from her [redacted]. She has her own who she has good relationship with but doesn't feel she has anyone to talk things through with and has agreed to my referring her to yourself.

I would be grateful if you would offer and appointment when one becomes available.

Yours sincerely

Dr Jo Robertson
GP Retainee

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	76	-
Systolic:	132	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery	[redacted]	-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	[redacted]	-	19-Aug-1997	19-Aug-1997

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NHS Confidential: Personal data about a patient

Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	05-Jun-2018
Trimethoprim Tablets 200 mg	0501080W0AAAEAE	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	25-Sep-2018
Zopiclone Tablets 3.75 mg	0401010Z0AAACAC	7 TABLET	TAKE ONE AT NIGHT IF REQUIRED	-	18-Sep-2018
Zopiclone Tablets 3.75 mg	0401010Z0AAACAC	14 tablet	TAKE ONE OR TWO AT NIGHT IF REQUIRED	-	21-Aug-2018
Ulipristal Acetate Tablets 30 mg	-	1 TABLET	ONE TO BE TAKEN AS DIRECTED	-	21-Aug-2018
Cerelle Tablets 75 micrograms	-	84 TABLET	TAKE ONE TABLET DAILY	-	21-Aug-2018
Zopiclone Tablets 3.75 mg	0401010Z0AAACAC	5 tablet	TAKE ONE AT NIGHT IF REQUIRED	-	06-Aug-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

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pp Cm 26/9/18

Signature of referring doctor (or other professional) **Date**

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22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101019606268D
Unique Care Pathway Number:
101019606268D

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or specialty clinic

Borders General Hospital
Melrose
TD6 9BS

Hospitaland hospital address

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	17-Sep-2019
Date submitted	17-Sep-2019

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Jennifer Carter		
GMC code	7133573	GP code	51438
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Amy Doherty		
GMC code	7264743	GP code	99999
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: 1. Alopecia areata
2. Lesion outer aspect right thigh

Comment: Dear Dermatology Team

Please would you accept a referral for this 39 year old lady who you already know very well and treat her for her acne vulgaris. She is to be reviewed by yourselves again in three months time for her acne. She came to the surgery today to report new areas of alopecia areata on her scalp which she would like to see you again for in the near future for further Triamcinolone injections. She last had her patches injected on 16 July 2018 and found that this was extremely effective for her. She would ideally like these to be injected prior to the alopecia worsening again.

On another note she also showed me a lump on the outer aspect of her right thigh today. It feels quite cystic in nature but it is about 3 x 4cm in size. It is smooth and mobile and untethered to the skin, however, she reports this being very painful especially when sitting down or anything applying pressure on it, it does not look infected. She would appreciate your opinion on whether or not you might be able to remove this at some point in the future.

Kind regards

Dr A Doherty
GPST3
Tweed Practice

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	70	-
Systolic:	120	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013

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[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Lymecycline Capsules 408 mg	0501030L0AAABAB	112 CAPSULE	ONE TO BE TAKEN TWICE DAILY	-	03-Sep-2019
Hydrocortisone And Miconazole Cream 1 % + 2 %	-	15 gram	APPLY TWICE A DAY	-	01-Aug-2019
Desogestrel Tablets 75 micrograms	-	336 tablet	ONE TABLET DAILY	-	19-Jun-2019
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	19-Jun-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

Signature of referring doctor (or other professional) **Date**

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Brown Lesley A CHI: 0805809767 / MRN: 136071B DL 15/02/2019 v1

Discharge Letter

NHS Borders

Dr. RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Date of Completion: 15/02/2019

Dear Dr RA Brydon,

Name	CHI	DOB	Address
Lesley A Brown	0805809767	08/05/1980	51 Witchwood Crescent Peebles EH45 9AH

Admitted	Type	Discharged	Destination
13/02/2019 18:28	In Patient	15/02/2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Ahmed Mustafa	Ward 7	01896 826007

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment

Date	Procedures/Interventions/Operations

Inpatient Summary

Dear Doctor,
Ms Brown was admitted on 114/2/2019 with a Right sided facial cellulitis and abscess. She was seen in St John's Hospital in Livingston for an excision and drainage of the abscess and was then repatriated to the Borders General Hospital. She was initially treated with IV clarithromycin, and this has been stepped down to oral clarithromycin.

She is now fit for discharge with GP follow up in 6 weeks.

Follow Up
Nil

GP to follow up
Please re-examine the abscess in 6 weeks. If it has not resolved, she can be re-referred to Maxillofacial in St John's for further follow up.

Yours Sincerely,
Vivek Majumder
Surgical FY1

Community Support:

MMA copy

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None recorded.

Driving Restrictions: **NA**
Driving Advice:

Medication Info

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Comment	New Drug/ Dose Change?
Aveeno Cream	Topical	1	Application	As Required	Indefinite		
Clarithromycin 500mg Tablets	Oral	500	Milligrams	Twice a Day	1 Week		
Dihydrocodeine 30mg Tablets	Oral	30	Milligrams	Every 6-8 Hours When Required	1 Week		
Lymecycline 408mg Capsules	Oral	408	Milligrams	In The Morning	Indefinite		
Magnesium Sulfate Paste	Topical	1	Application	In The Morning	Indefinite		
Paracetamol 500mg Tablets	Oral	1000	Milligrams	Every 4-6 Hours When Required	1 Week		
Zopiclone 3.75mg Tablets	Oral	3.75	Milligrams	As Required	Indefinite	3.75mg at night	

Allergies:
Height: cm **Weight:** kg

Discontinued Medication:

Drug Name	Dose	UOM	Reason	Comment
Clarithromycin 500mg Tablets	500	Milligrams	No Longer Clinically Appropriate	IV CLARI
Dalteparin 5,000units/0.2mL Syringe	5000	Units	No Longer Clinically Appropriate	
Dihydrocodeine 30mg Tablets	30	Milligrams	No Longer Clinically Appropriate	
Ibuprofen 400mg Tablets	400	Milligrams	No Longer Clinically Appropriate	
Other	1	No Unit of Measure	No Longer Clinically Appropriate	TEDS
Paracetamol 500mg Tablets	1000	Milligrams	No Longer Clinically Appropriate	

This discharge letter will be reviewed by a senior clinician and a further letter sent if required.

Yours sincerely,
Dr Vivek Majumder
Doctor

Pharmacy Check	Printed Name	Signature
Clinical Check		

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NHS Confidential: Personal data about a patient

Brown Lesley A CHI: 0805809767 / MRN: 136071B DL 15/02/2019 v1

Dispensed By		
Final Check		



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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 11/03/2014
Date Authorised
Date/Time Printed 11/03/2014 16:04
Our Ref 600005618M
CHI 0805809767

Patient:	Ms Lesley Brown 51 Witchwood Crescent Peebles EH45 9AH	**UHPI:**	600005618M
		Date of Birth:	08/05/1980
Clinic Code:	DE/FRI	**Attendance Date:**	07/03/2014
Specialty:	Dermatology		
Consultant:	Dr Joseph P Dawson		

Dear Dr Brydon,

DIAGNOSIS:
Acne - on Roaccutane

Lesley was being maintained on low-dose Roaccutane (30 mg) but reported severe mood swings, depression and noticed that she was becoming quite aggressive with [redacted] who pointed this out to her. As a consequence, she stopped the Roaccutane for 3-4 days and immediately her mood swings, depression and aggression all settled.

In light of her job and the severity of the eczema she decided to start again and almost immediately developed similar symptoms.

She is very happy that coming off treatment will bring her back to normal within a day or so, and in light of that I have asked her to stop the Roaccutane again. She was due to finish it any way today, but it would not be a safe drug for her to take in the future, in light of these worrying side-effects.

As she returns to normal within a day or so, I have suggested that she stays off Roaccutane but for any flares of acne she should try and maintain on Tetralysal and Epiduo.

I hope this will keep things under control for her. If she develops any further problems, please refer her back to us.

Best wishes

Yours sincerely

Dermatology
Professor J L Rees
Secretary: 0131 536 2442
Dr R D Aldridge
Secretary: 0131 536 2417
Dr V R Doherty
Secretary 0131 536 2416
Dr P M Gordon
Secretary 0131 536 2418
Dr S A Holme
Secretary 0131 536 2410
Dr G M Kavanagh
Secretary 0131 536 2411
Dr D Kemmett
Secretary 0131 536 2442
Dr D A McKay
Secretary 0131 536 2441
Dr C S Murray
Secretary 0131 536 2411
Dr L Naysmith
Secretary 0131 536 2442
Dr O M V Schofield
Secretary 0131 536 2413
Dr M J Tidman
Secretary 0131 536 2052
Dr R P J B Weller
Secretary 0131 536 2414

Outpatient Clinic Letter

MMA copy

NHS Confidential: Personal data about a patient

University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 600005618M **Patient Name:** Ms Lesley Brown

DR JOSEPH F DAWSON
Locum Consultant Dermatologist

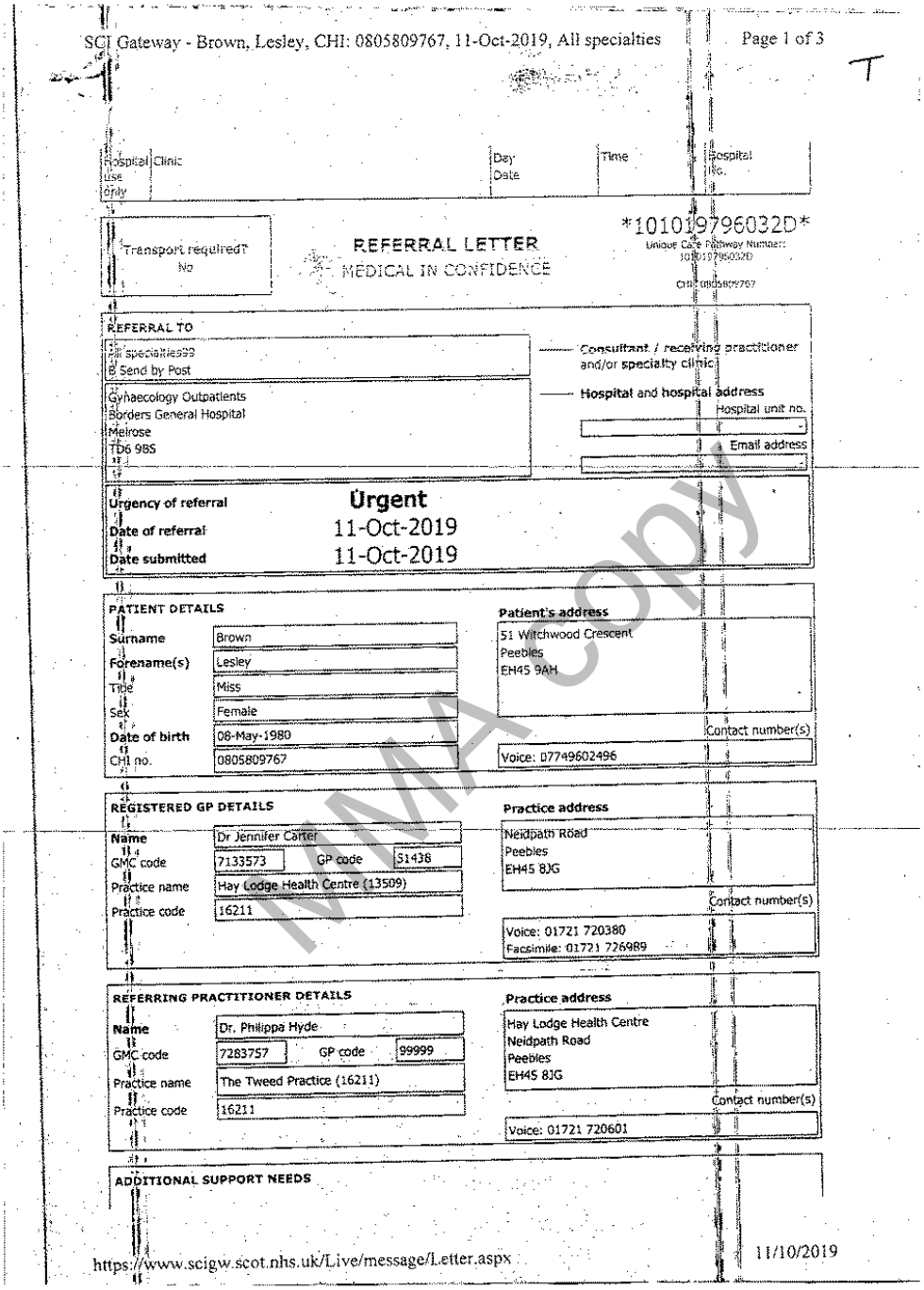
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SCI Gateway - Brown, Lesley, CHI: 0805809767, 11-Oct-2019, All specialties Page 1 of 3

T

Hospital Use Only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101019796032D
Unique Care Pathway Number:
101019796032D
CHI: 0805809767

REFERRAL TO

All specialties99
Send by Post

Gynaecology Outpatients
Borders General Hospital
Melrose
TD6 9BS

Consultant / receiving practitioner and/or speciality clinic

Hospital and hospital address

Hospital unit no.

Email address

Urgency of referral	**Urgent**
Date of referral	11-Oct-2019
Date submitted	11-Oct-2019

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr Jennifer Carter		
GMC code	7133573	GP code	S1438
Practice name	Hay Lodge Health Centre (13509)		
Practice code	16211		

Practice address
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720380
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Philippa Hyde		
GMC code	7283757	GP code	99999
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

ADDITIONAL SUPPORT NEEDS

MIA copy

https://www.scigw.scot.nhs.uk/Live/message/Letter.aspx 11/10/2019

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No known ASN requirements

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: TOP

Comment: APPOINTMENT ARRANGED FOR 23 OCTOBER 2019 AT 9.45 am

Dear Colleague

I am very grateful for you seeing Lesley Brown who I saw in my clinic today. She is a 39 year old lady who found out that she is pregnant last week and wishes to discontinue the pregnancy and terminate the pregnancy. She cannot remember the last day of her period but she thinks it was probably about eight weeks ago. She has put a great deal of thought into the decision and has come to this conclusion.

Lesley has [redacted]

Please find enclosed the correct paper work along with this referral letter.

Kind regards.

Yours sincerely
Dr. Philippa Hyde
GPST3
Tweed Practice

P. Hyde

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Diastolic:	70	-
Systolic:	120	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS		-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)		-	10-Sep-2014	10-Sep-2014
Breast mass (Left)		-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS		-	19-Aug-1997	19-Aug-1997

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Alopecia areata and 1996 01-Jan-1987 01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Lymecycline Capsules 408 mg	0501030L0AAABAB	112 CAPSULE	ONE TO BE TAKEN TWICE DAILY	-	03-Sep-2019
Co-Amoxiclav 500/125 Tablets	0501013K0AAAJAJ	21 TABLET	TAKE ONE THREE TIMES DAILY	-	30-Sep-2019
Hydrocortisone And Miconazole Cream 1 % + 2 %	-	15 gram	APPLY TWICE A DAY	-	01-Aug-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

MMA copy

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IN CONFIDENCE

Certificate A

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967

Certificate to be completed in relation to an abortion under Section 1(1) of the Act

I Dr PHILIPPA HYDE BMBS BMEDSCI(HONS) FRCOG

(Name and qualifications of practitioner: in Block Capitals)

of TWEED PRACTICE HAYDOCK HEALTH CENTRE, NEWBATH ROAD, PEEBLES, EH45 - 8JG

(Full address of practitioner)

Have/~~have not~~* seen/~~examined~~* the pregnant woman to whom this certificate relates at

(LESLEY BROWN) TWEED PRACTICE, HAYDOCK HEALTH CENTRE, NEWBATH ROAD, PEEBLES, EH45 - 8JG

*Delete as appropriate (Full address of place at which patient was seen or examined)

on 11TH OCTOBER 2019

and I

(Name and qualifications of practitioner: in Block Capitals)

of

(Full address of practitioner)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

*Delete as appropriate (Full address of place at which patient was seen or examined)

on

We hereby certify that we are of the opinion, formed in good faith, that in the case of

LESLEY BROWN

(Full name of pregnant woman: in Block Capitals)

of 51 WITHYWOOD CRESCENT, PEEBLES, EH45 - 9AH.

(Usual place of residence of pregnant woman: in Block Capitals)

- ☐ A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- ☑ B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- ☐ C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- ☐ D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
- ☐ E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(Tick appropriate box)

This certificate of opinion is given before the commencement of the treatment for the termination of pregnancy to which it refers.

Signed P. Hyde Date 11/10/2019

Signed Date

(OVERLEAF: CERTIFICATE B – FOR USE IN CASES OF EMERGENCY)

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NHS Confidential: Personal data about a patient

Distress Brief Intervention
Connected Compassionate Support

Distress Brief Intervention Level Two Referral Form

1. DETAILS

Name of Referred Per:	Lesley A Brown 51 Witchwood Crescent Peebles EH45 9RH CHI:0805809767 DOB:08/05/1980 GP:DR	Date of Birth:	CHI number:
Address:		Contact Telephone number(s): 07749602496	
Email Address (option		GP Details: Dr Hyde	

Other Professionals involved (if relevant):	Phone call within 24hrs is default contact method. Please specify any alternative instructions (contact method, 2nd named contact, email, etc; optional):

Best time to contact: Anytime ☑ Morning ☐ Afternoon ☐

2. REFERRER'S DETAILS

Name of Referrer: Dr Hyde	Job Designation: GP Registrar
Address & Contact Number of Referrer: Tweed Practice, Haylodge Hospital	
Email Address:	

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.

Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):

Low mood, had termination of pregnancy last week. Extremely upset. Feels guilt.

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):

Relationship problems.

Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use:

Emotional abuse from [redacted]

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 1 (No Distress) and 10 (Extreme Distress)

0 (No Distress) 1 2 3 4 5 6 7 8 (9) 10 (Extreme Distress)

Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes ☐ No ☑ Refused to answer ☐

Has the referred person given you consent to make this referral? Yes ☑ No ☐
(We cannot process the referral without this consent)
Has the referred person given you consent to share the above information? Yes ☑ No ☐
Has the Information Sheet been given to the person in distress? Yes ☑ No ☐

4.OFFICIAL USE ONLY:

Information may be disclosed to the level two provider under Section 29(3) of the Data Protection Act 1998 if this person is known to be violent, and it is likely that the safety of the level two provider will be

V.5 Final: 11/10/2017

MMA copy

NHS Confidential: Personal data about a patient

compromised. Please provide relevant information below.

Signed (referrer):	P. Ahle	**Date & Time:**	31/10/19 1200

Please email this referral form to SAMH.DBIBorders@nhs.net.

MMA copy

V.5 Final: 11/10/2017

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101025332344T
Unique Care Pathway Number:
101025332344T

CHI: 0805809767

REFERRAL TO

RenewG1B1
B Renew

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospital and hospital address

Hospital unit no.: B006G

Email address: -

Urgency of referral	Routine
Date of referral	19-Jan-2022
Date submitted	19-Jan-2022

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

52 Horsburgh Street
Innerleithen
EH44 6LF

Contact number(s)

Voice: 07749 602496
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr Gregor Watt		
GMC code	3669521	GP code	51551
Practice name	St Ronans Health Centre (18671)		
Practice code	16121		

Practice address

Buchan Place
Innerleithen
EH44 6QE

Contact number(s)

Voice: 01896 830203
Facsimile: 01896 831202

REFERRING PRACTITIONER DETAILS

Name	Dr Eloise Miller (GPST1)		
GMC code	7670833	GP code	-
Practice name	St Ronan's Practice (16121)		
Practice code	16121		

Practice address

St Ronan's Health Centre
Innerleithen
EH44 6QE

Contact number(s)

Voice: 01896 830203

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Referral to Primary Care Mental Health

Comment: Low mood and anxiety following recent bereavement

Dear colleagues,

Lesley is a 41yr old [redacted] before Christmas. Since then she has found her mood low and has been experiencing anxiety symptoms, most noticably difficulty sleeping. She has been using Zopiclone, Diazepam and Temazepam and has recently agreed to a trial of propranolol but is not keen on antidepressants. She has [redacted] and Lesley is also struggling with how to talk about this to [redacted] she has some support from bereavement charities but this remains a source of upset and stress.

She heard about your services through a neighbour and is keen to engage with any support you may be able to offer. She has found talking to friends unhelpful but does see a positive effect on her mood from her recent increase in exercise.

Many thanks for helping her,
Dr Eloise Miller
GPST1

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Temazepam Tablets 10 mg	0401010T0AAAMAM	7 tablet	TAKE ONE TABLET AT NIGHT	-	14-Jan-2022
Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %	-	45 GRAM	APPLY ONCE DAILY IN THE EVENING	-	14-Jan-2022
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	14-Jan-2022
Temazepam Tablets 10 mg	0401010T0AAAMAM	7 tablet	TAKE ONE TABLET AT NIGHT	-	31-Dec-2021
Propranolol Hydrochloride Tablets 40 mg	0204000R0AAAJAJ	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	16-Dec-2021
Diazepam Tablets 5 mg	0401020K0AAAIAI	15 tablet	ONE TO BE TAKEN UP TO THREE TIMES DAILY WHEN REQUIRED	-	16-Dec-2021
Diazepam Tablets 2 mg	0401020K0AAAHAH	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	13-Dec-2021
Temazepam Tablets 10 mg	0401010T0AAAMAM	14 tablet	TAKE ONE TABLET AT NIGHT	-	13-Dec-2021
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	20 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	13-Dec-2021
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	14 tablet	TAKE ONE AT NIGHT IF REQUIRED	-	06-Dec-2021
Diazepam Tablets 2 mg	0401020K0AAAHAH	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	30-Nov-2021
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	7 TABLET	TAKE ONE AT NIGHT IF REQUIRED	-	30-Nov-2021

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Flucloxacillin Capsules 500 mg	0501012G0AAABAB	20 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	29-Oct-2021

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

New/Repeat problem:New

Is this person known to other services in Mental Health?:No

Is this person having suicidal thoughts?:No

Has this person had any talking therapies in the last 2 years?:No

Are you aware of the patient having additional needs?:false

Signature of referring doctor (or other professional) **Date**

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Distress Brief Intervention
Connected Compassionate Support

1. DETAILS

Name of Referred Person: Lesley A Brown		Date of Birth:	CHI number:
Address: 51 Witchwood Crescent, Peebles, EH45 9RH		Contact Telephone number(s): 07749 602496	
Email Address: CHI:0805809767 DOB:08/05/1980 GP:DR		GP Details: MANSON	
Other Professionals Involved (if relevant):	Phone call within 24hrs is default contact method. Please specify any alternative instructions (contact method, 2nd named contact, email, etc; optional):		

Best time to contact: Anytime ☐ Morning ☐ Afternoon ☐

2. REFERRER'S DETAILS

Name of Referrer: DR MANSON	Job Designation: GP
Address & Contact Number of Referrer: TWEED MP 0721 720601	
Email Address:	

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.

Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):

acute distress

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):

- relationship ended
- recent court case

Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use:

- pt denies any risk

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 1 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 (7) 8 9 10

(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes ☐ No ☐ Refused to answer ☐

Has the referred person given you consent to make this referral? Yes ☑ No ☐
(We cannot process the referral without this consent)
Has the referred person given you consent to share the above information? Yes ☑ No ☐
Has the Information Sheet been given to the person in distress? Yes ☐ No ☑

4.OFFICIAL USE ONLY:

Information may be disclosed to the level two provider under Section 29(3) of the Data Protection Act 1998 if this person is known to be violent, and it is likely that the safety of the level two provider will be compromised. Please provide relevant information below.

V.5 Final: 11/10/2017

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Signed (referrer):	**Date & Time:** 12:50 6/9/21
[redacted]	
Please email this referral form to SAMH.DBIBorders@nhs.net	

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V.5 Final: 11/10/2017

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Distress Brief Intervention
Connected Compassionate Support

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1. DETAILS

Name of	0805809767 BROWN LESLEY ANNE 08/05/1980 F 851551 Dr G Watt Innerleithen HC	Date of Birth:	CHI number:
Address		Contact Telephone number(s): 07749 602496	
Email A		GP Details: GWatt	
Other Professionals involved (if relevant):		Advise phone call or text within 24hrs is default contact method. Alternative instructions for contact (method, 2nd named contact etc; optional):	

Best time to contact: Anytime ☐ Morning ☐ Afternoon ☐

2. REFERRER'S DETAILS

Name of Referrer: G Watt	Job Designation: GP
Address & Contact Number of Referrer:	
Email Address:	

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.
Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):

depression ++

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):

[redacted] → distressed ++ no sleep unable to function

Are there any known **risks to self** (e.g. suicidal thoughts, self harm etc), **from others** (e.g. physical, sexual, emotional etc), or related to substance use:

anxiety ++ worry for [redacted] seeing old events

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 7 8 (9) 10
(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes ☐ No ☑ Refused to answer ☐

Has the Information Sheet been given to the person in distress? Yes ☐ No ☑

4. TO BE COMPLETED BY REFERRER: Risks to others

Information may be disclosed to the level two provider under Data Protection Act 2018 Schedule 2, Part 1, Section 2, subject to considerations of relevancy and proportionality, if this person is known to be **violent**, and it is likely that the **safety** of the level two provider will be compromised. Please provide relevant information below.

Signed (referrer): GWatt	**Date & Time (when seen):** GWatt 21/12/21

Please email this referral form to SAMH.DBIBorders@nhs.scot

V11 18/12/2020

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http://www.dbi.scot/

SAMH, Brunswick House, 51 Wilson Street, Glasgow, G1 1UZ

Local Tel No: 01896 494025

For Information only

MMA copy

Date 17/01/22

Dear Dr Watt

Re – Lesley Anne Brown
52 Horsburgh Street
Innerleithen
Peeblesshire
EH44 6LF
08/05/1980

I am writing to advise you that Lesley Anne Brown was referred to our Distress Brief Intervention Service by yourself on 21/01/22.

Following input from our service to assist Lesley manage the distress that she experienced, the following interventions were offered and agreed with Lesley.

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Support to connect with local services

Client was discharged from our service on 14/01/22.

Please find a copy of the Distress Management Plan attached.

Yours sincerely

Tom Alexander

DBI Admin

cc

V2 07/12/17

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http://www.dbi.scot/

SAMH, Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Tel No: 0141 530 1056

For Information only

Date: 10/05/2022.

Dear Dr Wat,

Re – Lesley Brown
Address: 52 Horsburgh Street, Innerleithen, EH44 6LF
DOB:08/05/1980

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 09/05/2022. Patient is now engaging in a period of up to 14 days consecutive DBI support.

Following conclusion of support a further letter will be sent.

Yours sincerely,

Carrie Lockie,
DBI Admin.

V2 07/12/17

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Reception - Innerleithen HC (NHS Borders)

From: Amy Wallace (NHS Borders)
Sent: 17 February 2022 09:54
To: Administration - St. Ronans Practice (NHS Borders)
Subject: Borders Crisis Team Referral Criteria.docx
Attachments: Borders Crisis Team Referral Criteria.docx

Please forward to Dr Ward.

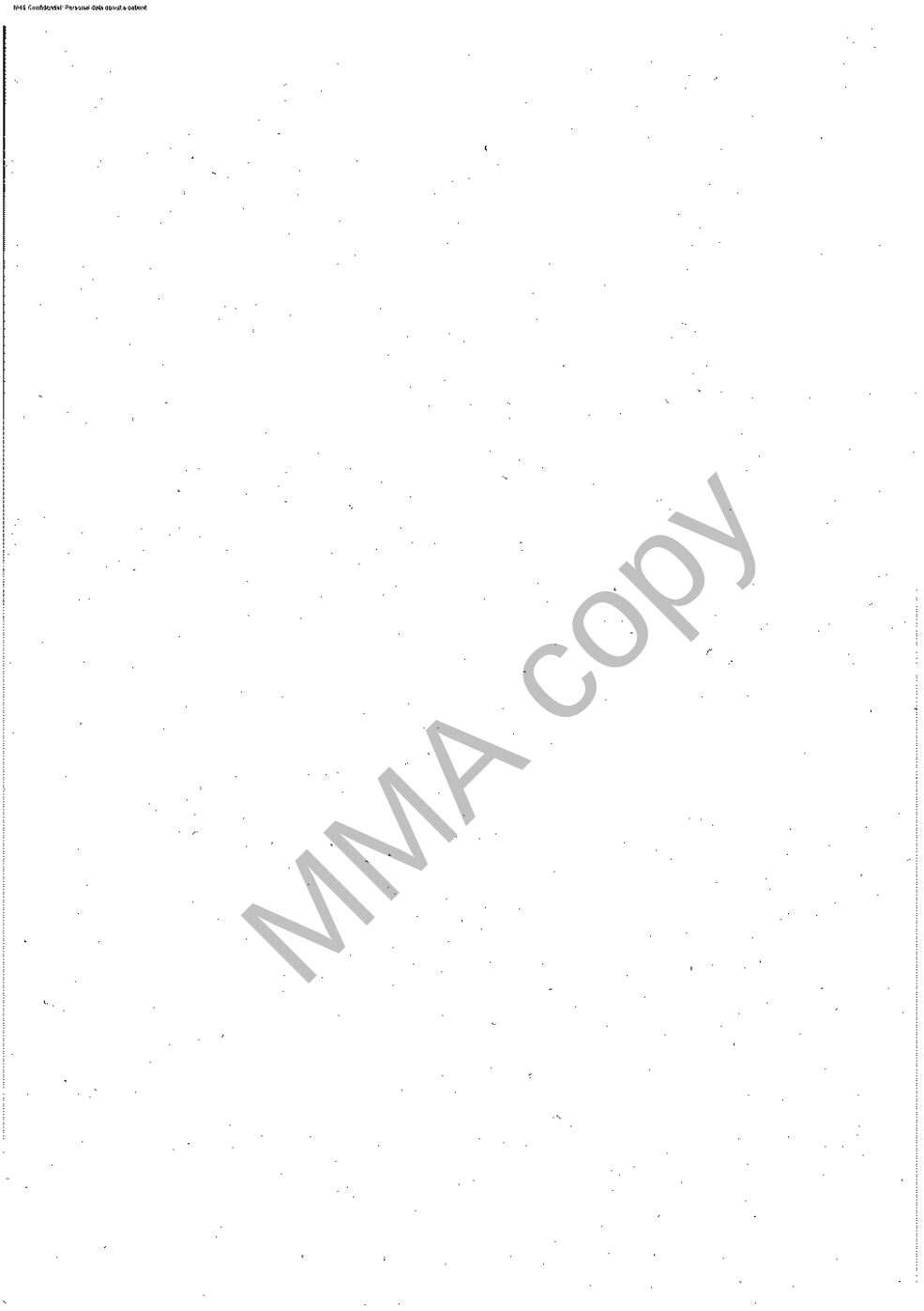
Further to our conversation last night here is our referral criteria. I note from the patients record she has failed to engage with Renew and needs to call them to arrange a further appointment. It may be worth encouraging her to do this as this support will be the most beneficial for her.

Kind regards,

Amy

Amy Wallace
Clinical Lead
Borders Crisis Team
01896 827320

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Borders Crisis Team (BCT)

Information for Referrers and Referral Criteria

1.0. What is Borders Crisis Team (BCT)?

BCT provides short term intensive care for people who are experiencing a mental health crisis using a recovery focused approach.

Main Aims: –

- To provide an alternative to hospital admission.
- To offer rapid assessment, interventions, practical help and support to people suffering from a mental illness or crisis related illness, for people who require to be seen within a 24 hour period.
- To act as an initial point of contact for all GP emergency referrals which are not currently open to a Community Mental Health Team.
- To facilitate early discharge from in-patient psychiatry ward.

Timescale	Team
Emergency – within 24 Hours	BCT
Urgent – within 7 working days	CMHT (South, East, West)
Routine – within 9 weeks	CMHT (South, East, West)

Structure of Team: –

BCT comprises of the following staff:-

Team Manager
Clinical Lead
Band 6 Community Nurses
Administrative Staff
Training grade Medical Staff as available on rotation out of hours.

Hours of Work: –

This service operates 24 hours, 7 days a week. The core shifts are:-

Early Shift - 0730 – 15.30 hrs
Day Shift - 09.00 – 1700 hrs
Late Shift - 1315 – 2115 hrs
Night Shift - 2100 – 0745 hrs

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2.0. Function of the Borders Crisis Team

The core function of the BCT is to ensure people who are at risk of being admitted to hospital are treated in the least restrictive environment and with the minimum disruption to their lives. Where hospital admission does occur the BCT can assist in minimising in-patient stays by facilitating early discharge and support back to the community.

Therefore BCT will:-

- Be available 24 hours a day, 7 days a week.
- Provide the earliest possible assessment of people who meet the service criteria, normally within 24 hours from time of referral.
- Undertake detailed assessment by skilled and experienced mental health practitioners.
- Identify the needs of the person in crisis (and their carers where necessary).
- Provide care in the least restrictive environment.
- Facilitate admission to hospital where this is the most appropriate intervention.
- Carry out in-reach to wards to minimise the length of hospital admission by facilitating early discharge with active involvement in discharge planning and provision of intensive home treatment.
- Provide intensive home based treatment, support, information, education and medication management where this will meet the needs of those in crisis.
- Reduce service users' vulnerability to crisis and maximise their resilience.
- Provide support, information and psycho-education for relatives and carers.
- Link service users, relatives and carers to other services for ongoing support as appropriate.
- Work closely with other professionals/services involved, ensuring sufficient communication and service co-ordination.
- Ensure a collaborative approach, which considers the contributions, needs and health and safety of service users, relatives, carers, the general public and staff.

3.0. Service Definition of Crisis

The term 'crisis' is defined in many different ways and is often experienced as a combination of feelings and/or physical manifestations such as depression, despair and powerlessness (Bristol in Mind, 2004).

Within the context of BCT, crisis involves the presentation of an individual whose normal coping mechanisms and resources have become overwhelmed by the onset or relapse of severe mental distress or illness. The crisis renders the individual and carer unable to manage their circumstances, presenting a risk to themselves or others, thus requiring a same day specialist assessment of their mental health needs.

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3.1. Eligibility Criteria for BCT

Referrals to BCT must be:-

- People aged between 18 and 69 inclusive (referrals to BCT can be made for patients outwith this age range Out of Hours, within hours referrals for under 18's or older adults should be directed towards CAMHS/MHOAS).
- Resident within Borders area either permanently or temporarily.
- Considered to be an immediate significant risk of self harm and/or a significant risk to others due to mental ill health/distress.
- Seen by the referrer on the same day that referral is made.
- People aged 17 and under should be referred to CAMHS.

Clinically, the person should be medically fit to be seen and where under the influence of alcohol or drugs, factors affecting assessability need to be discussed at initial triage. In instances where assessability is compromised, for example due to the effects of intoxication, the referrer may be asked to re-refer once the person is deemed able to engage in the assessment process.

3.2. Referral Process

The referral telephone number for BCT is 01896 827320 (internal – 27320). Referrals will be triaged.

Referrals to BCT can be made by:-

- Community Mental Health Teams (CMHT).
- Acute in-patient service.
- Social Workers.
- Liaison Psychiatry.
- GPs/BECS.
- Social Workers
- Health Visitors/Midwives

BCT **do not** take self referrals.

GP requests for emergency same day mental health assessments can be directed to BCT. Urgent (within 5 working days) and routine mental health assessment should be directed to the appropriate Community Mental Health Team.

Referrals to BCT would normally involve telephone or face-to-face discussion between the BCT nurse and the professional who has seen/spoken to the person in crisis. Triage of referrals is an opportunity for BCT to gather as much detailed information as possible to make safe, clinical decisions and to facilitate prioritisation of clinical activity.

The minimum information required for making a referral to BCT would include:-

- Details of assessed risk.
- Summary of presenting circumstances and nature of crisis.
- Details of mental health crisis including appropriate history.
- Details of carer support including other supportive networks.
- Details of dependents.
- Up-to-date Crisis Card and BRAT (if referral from CMHT).

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- Contact details for referrer and patient
- Current medication
- Use of alcohol/substances
- Can patient safely come to or be brought to appropriate place for assessment

When a referral is received the urgency and degree of risk for the person, staff and others involved will be discussed with the referrer. Initial risk screening is included in the initial triage and assessment process. (Where referral is made by a mental health practitioner, an up-to-date risk assessment should be available). When referrals do not require immediate action or response, an appropriate time to assess the person will be agreed with the referrer. The service will be measured against service response time of 24 hours.

BCT will provide advice, information and signposting for referrals not meeting the criteria, but will not assume responsibility for them. In the event of any discord regarding such decisions, BCT and referrers are encouraged to discuss this with Team Manager or Clinical Lead.

3.3. Triage and BCT Assessment

Arrangements for assessment will usually be made by BCT, and there needs to be an agreed plan about how to proceed if BCT cannot contact the patient. BCT recognise the 4 hour waiting time target for A & E departments set by Scottish Government (ISD Scotland) and along with referring colleagues from there will endeavour to collaborate in meeting the target as much as possible by prioritising referrals from A & E, providing this does not compromise patient safety.

IMA COPY

3.4. Assessment Environment

Assessment could potentially occur in a range of settings. These include:-

- BGH (Accident & Emergency, BECS).
- GP Health Centres.
- At the individual's own home.
- Community Hospitals

BCT will not conduct an assessment in an environment where risk of personal safety is deemed unacceptable. BCT practitioners will remove themselves from an assessment at any point where they feel personal safety may be compromised. BCT practitioners will liaise with appropriate services before, during or following such scenarios to address outstanding risk issues.

3.5. Assessment Process

Assessments are carried out and documented on 'Initial Assessment' paperwork. This includes:-

- Assessing the presenting problem; clinical signs and symptoms.
- Completing comprehensive 'risk screening' with the individual, including risk of self harm/suicide and risk to others.
- Assessing the presence of and care arrangements for dependent children.
- Assessing any Child Protection or Adult at Risk concerns, noting any formal procedures in place.

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- Assessing the efficacy of administered medication and concordance.
- If female, asking whether she is pregnant or not, if on psychotropic medication their contraceptive use *(this is particularly relevant to ask if the woman is taking mood stabilisers and her illness places her at risk of unplanned pregnancy)*.
- Assessing the potential impact of intoxication (either through alcohol or drugs) on assessability, the level of risk and/or escalation of crisis.
- Assessing physical health needs.
- Identifying social support and needs (e.g. housing, financial situation).
- Gathering relevant information from family, friends and others who may be accompanying the person at the time of assessment.
- Identifying details of any crisis management/prevention plan or Safety Care Plan.
- Indentifying willingness to engage with services.
- Identifying what other community supports/people are available to enhance care.

It is essential that the service user is a partner throughout this process and is involved in making decisions in the assessment and care planning process. The service user's definition of recovery should be established to underpin all future care arrangements. The involvement and assessment of carers' needs are also integral to this process in accordance with statutory requirements and best practice.

3.6. Outcomes of BCT Assessment

Following assessment by BCT, the potential outcomes are:-

- Discharge back to Primary Care
- On ward referral/signposting to statutory and/non statutory services
- Admission to BCT caseload for intensive support
- Admission to acute inpatient unit or medical hospital
- Referral to CMHT

Immediately following assessment the GP and referrer will receive a copy of the assessment letter.

4.0. In-reach and Early Discharge

Effective and efficient communication between in-patient areas and community teams is essential for ensuring the safe and smooth transition of people's care across the different elements of the patient pathway. Active and early involvement in discharge planning of people admitted into hospital is a key feature of this service and BCT will be able to facilitate earlier discharge, providing intensive support and assessment, which can continue in the home setting. This should be available once the pressing or immediate requirements for admission are no longer exerting such an influence on the person's presentation.

Potential early discharge may be considered where the person:-

- Remains unwell.
- Poses some concern regarding risk, particularly to self.
- Has had some unsupervised time out of the ward.
- Shows variable insight or treatment adherence.
- Has limited existing community support.

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Early discharge is not suitable for people who:-

- Have no home to go to.
- Live out with Borders area.
- Are clinically very stable (concordant with treatment/pose no risk/show good judgement
- Demonstrate known hostility/threats to BCT staff in the context of mental illness.
- Already have extensive support package.
- Are unwilling to engage with BCT.

BCT will arrange to meet with the service user and liaise with any carers/family and community supports that are already in place to help determine suitability for home treatment.

All individuals receiving a supported discharge from BCT must have a post discharge follow up appointment in place with the CMHT within 7 days before being accepted by BCT.

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http://www.dbi.scot/

SAMH, Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Tel No: 0141 530 1056

For Information only

Date: 25/05/22

Dear Dr Watt

Re – Lesley Brown
52 Horsburgh Street
Innerleithen
EH44 6LF
DOB: 8/5/1980

I am writing to advise you that Lesley Brown was referred to our Distress Brief Intervention Service on 09/05/22.

Following input from our service to assist Lesley manage the distress that she experienced, the following interventions were offered and agreed with her

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Support to connect with local services

Client was discharged from our service on 25/05/22.

Please find a copy of the Distress Management Plan attached.

Yours sincerely

Tom Alexander

DBI Admin

cc

V2 07/12/17

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Distress Brief Intervention
Connected Compassionate Support

Distress Management Plan (D-MaP)

What is it?

- The Distress Management Plan (D-MaP) is a core component of DBI. It is a resource to help someone receiving DBI support to begin to explore and make sense of their distress. Using it they will also clarify their aims and expectations, problem-solve key issues and identify strategies to manage their distress now and in the longer term.

- Given the benefits of a D-MaP, it is considered a mandatory component of DBI. It is expected that all those who are referred to DBI Level 2, and who engage with the service, will develop a D-MaP. There are three parts:

  Part A: Current distress, concerns and strengths
  Part B: Problem solving, action planning
  Part C: Strategies to manage and cope with distress

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What is its purpose?

- The D-MaP focuses attention on a number of different areas which can help a person to manage their distress. The D-MaP breaks down some of the challenging or tricky parts of this process into manageable chunks so as not to overwhelm.

- With your help the person can begin to understand more about their distress and experiences as well as what works well and less well for them. They may also acquire the insight and skills which will help them to manage their health and wellbeing now and in the future. Therefore, the D-MaP is designed to empower those using it to identify personally relevant solutions and actions now and also for the future.

- DBI support is available for a period of 14 consecutive days. Leaving the 14-day period of support with a well-developed D-MaP can help the person take the important next steps beyond DBI support.

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How is it used?

- During the 14-day period of support the D-MaP can be used to keep track and record important issues relevant to the person and their distress. It can also be used to record any actions or plans the person decides upon — therefore, the D-MAP has both a short term and longer term outlook.

- Reviewing their D-MaP can help the person track any progress towards their desired objectives or aims. This might result in updates and/or revisions over the course of the 14 days of contact and support. This is to be expected as a person's experiences, expectations and plans may change over the period of DBI support.

- Not everyone will stay engaged with DBI long enough or feel able to complete the D-MaP from start to finish, so it is important that you use your judgment to decide when a D-MaP is complete.

- When introducing the D-MaP you should explain what it is and why it may be helpful. Let the person know that you can help them to develop and use it, but that it is their D-MaP, and they can add or change parts during the 14-day period of support. At the beginning ask them to sign the D-MaP (or record their verbal consent) in the space provided on the front page. DBI Practitioners should record whether any work/development of the D-MaP has taken place by updating the version number and date on the first page of the D-MaP, regardless of whether the D-MaP is a 'work in progress' or considered 'complete'.

- The D-MaP is designed to be as straightforward as possible to use and much of it is intuitive. Some people may need your assistance to develop the D-MaP, for example if they have difficulty with reading and writing or are very distressed when you see them. Other people will want to discuss it with you initially and then work on it themselves for a while. There is no fixed way of developing the D-MaP. You will need to be flexible here and judge the best approach for each person you work with.

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What happens to it?

- The DBI Level 2 service should keep a full record of the D-MaP during the period of support and once the person has exited the service.

- The person in distress should be provided with the final version of the D-MaP when exiting the 14-day DBI support period. They may also wish to keep a copy for their own reference during the period of support.

- A version of the 'final' or most recent version of the D-MaP should be sent to the person's GP at the end of the period of contact, as well as to any other relevant services involved in the person's care and support.

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Distress Brief Intervention
Connected Compassionate Support

My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Your signature ____L.Brown_____ Date _____

DBI Practitioner's signature _ L. Sage _ Date _____

DBI Service use:

Has the person given you consent to develop/update D-MaP on their behalf?

Yes ☒ No ☐

Please update each time D-MaP is worked on/updated/revised

Version	Date	Version	Date
1	___16/05/22_____	7	_____
2	____19/05/22_____	8	_____
3	____23/05/22_____	9	_____
4	_____	10	_____
5	_____	11	_____
6	_____	12	_____

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Distress Brief Intervention
Connected Compassionate Support

Name: _____Lesley Brown_____ CHI Number: 0805809767_____
DBI Practitioner: _____

My Distress Management Plan

Part A: What led to me feeling distressed?

What things led me to become distressed recently?

My emotions
Suicidal thoughts, Trauma, Childhood ACE, bereavement

Family or relationships
[redacted]

Practical (for example housing, money…)
PIP needs help to complete forms for Citizen's advice centre to organise finances.

Physical (for example pain, illness…)
Panic attacks, anxiety

Other concerns…

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What has helped me in the past to manage in similar circumstances?

Family, friends, support services
Friends

Activities
Likes to be out with dogs

Coping strategies
Talking, distraction being out with [redacted]

Other…

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Background information…

Multiple challenges contributing to current distress.

[redacted]

Anger – sometimes worries that this is uncontrollable around specific people.

Financial concerns – currently trying to complete forms for PIP application but struggling to do this. – Citizen's advice contacted. Benefits advisor assigned – Teresa.

Poor relationship with [redacted] after disclosed childhood sexual abuse by [redacted] and had no part in Lesley's children's lives.

PTSD symptoms described from finding [redacted] Lesley had to clean [redacted] flat on her own with no support.

Upcoming court case causing stress.

Poor relationship with [redacted]

Concerned about [redacted] – Parentline contact advised.

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At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

Have you felt suicidal or harmed yourself recently?

Yes / No / Unclear

Apart from your GP do you receive care or support from another service?

Yes – I receive care or support from_____.

No – I do not receive care or support from another service.

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Distress Brief Intervention
Connected Compassionate Support

Name: _____Lesley Brown_____ CHI Number: _____

DBI Practitioner: ___L. Sage_____

My Distress Management Plan

Part B: What I can do to help prevent me from feeling distressed?

Problems and challenges: *What are the main things in my life that add to my distress?*	**Solutions**: *How to improve things…*
[redacted] *Finances* *Employment* *Neighbour court case*	**Counselling for self and [redacted] Cruse advised and contact given. Parentline advised to help support [redacted]** **Lesley feels that she needs to move house and area – first steps advised to organise finances to support this process.** **PIP award – help from friend to complete forms and Citizen's advice centre in Peebles contacted. Benefit's advisor assigned.** **GP to be informed of need for potential need for referral to Mental Helath Services due to multiple issues stated above.**

Action plans

My overall goal is: Organise finances to support myself and [redacted] so we can look at moving.

What will I do? Complete PIP application forms and look at available benefits.

Where will I do it? Home and Citizen's advice centre, Peebles.

2019-05-31 V1.4 D-Map

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When will I do it? Ongoing as a priority.

How will I do it? With help from friend, [redacted] from Citizen's advice.

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Distress Brief Intervention
Connected Compassionate Support

Name: __L. Brown_____ CHI Number: _____
DBI Practitioner: ___L. Sage_____

My Distress Management Plan

Part C: What I can do when I am beginning to feel distressed…

Triggers: *What things lead me to become distressed?*
Multiple – thinking of [redacted] and passing close to the water.

Feeling over whelmed with current situations such as [redacted] distress and up-coming court case.

Feeling like I have no support.

Warning signs: *What do I think about? How am I feeling? How am I behaving?*

Anger and sadness.
Reactive to deep sadness with anger at certain people and situations. I can be volatile and am worried about this.

Coping plans: *What will I do if I think that I might become distressed? (If X, then I will Y)*

If I feel anger building, I can try and remove myself from the situation.
Offered breathing techniques and visualisations but declined at this time.

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2019-05-31 V1.4 D-Map

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Support: *If I feel like I need support, I can speak to or contact…*

Cruse bereavement – 0808 808 1677
Parentline – 08000 28 22 33

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Distress Brief Intervention
Connected Compassionate Support

DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm.**

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people.** Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

DBI Tool 11 'Safety Plan' can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in*.

MMA copy

DBI Practitioner use only

Sharing information with other relevant services

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

Sharing information with other individuals

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, parents or partners. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their parents.

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2019-05-31 V1.4 D-Map

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101026550262R
Unique Care Pathway Number:
101026550262R

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Mental Health
SCI Gateway Virtual Location
NHS Borders

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital unit no.
B006G

Email address
-

Urgency of referral **Urgent**
Date of referral 08-Jun-2022
Date submitted 08-Jun-2022

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

52 Horsburgh Street
Innerleithen
EH44 6LF

Contact number(s)

Voice: 07749 602496
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr Gregor Watt		
GMC code	3669521	GP code	51551
Practice name	St Ronans Health Centre (18671)		
Practice code	16121		

Practice address

Buchan Place
Innerleithen
EH44 6QE

Contact number(s)

Voice: 01896 830203
Facsimile: 01896 831202

REFERRING PRACTITIONER DETAILS

Name	Dr. Gregor Watt		
GMC code	3669521	GP code	51551
Practice name	St Ronan's Practice (16121)		
Practice code	16121		

Practice address

St Ronan's Health Centre
Innerleithen
EH44 6QE

Contact number(s)

Voice: 01896 830203

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

NMA copy

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Bereavement [redacted] Severely low mood, bouts of irrational thoughts and aggresion.

Comment: Dear team,

I would be most grateful for your urgent input with this 42 year old lady.
Lesley lost her [redacted] in November of last year in fatal accident. I have attached her recent DBI report and I believe she requires more support in relation to her grief and coping strategies.

Please see attached.

Many thanks

Alice Whigham
ANP working on behalf of the patients named GP.

Examinations and Investigations

Primary referral reason:	Patient presents a risk to self or others with underlying suspected mental disorder	-
Patient presents a risk to self or others with underlying suspected mental disorder:	true	-
Patient's problems have persisted despite primary care intervention:	true	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	Yes	-
Risk factor: Past history of self harm:	Yes	-
Risk factor: Current risk to others:	Yes	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	Not Applicable	-
PHQ-9, reason if not applicable:	recent DBI involvement - report attached.	-
Diastolic:	65	-
Systolic:	98	-

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
[X]Depressive episode, unspecified	recurrent	-	06-Sep-2021	06-Sep-2021
Epidermal cyst	probable (R) thigh	-	31-Dec-2019	31-Dec-2019
Legally induced abortion	4th	-	25-Oct-2019	25-Oct-2019
Cellulitis and abscess NOS	(R) facial - exc + drainage	-	13-Feb-2019	13-Feb-2019
Anxiety states	psych	-	07-Sep-2017	07-Sep-2017
[X]Depressive episode, unspecified	-	-	08-Jun-2017	08-Jun-2017
Normal delivery in a completely normal case	-	-	17-Feb-2017	17-Feb-2017
Misuse of drugs NOS	Cannabis	-	16-Jun-2016	16-Jun-2016

MMA copy

Anxiety states	-	-	21-Jan-2016	21-Jan-2016
Benign breast cyst (Left)	multiple	-	09-Sep-2014	09-Sep-2014
Cystic acne	-	-	09-Sep-2013	09-Sep-2013
Sebaceous cyst - wen	exc	-	03-Jun-2013	03-Jun-2013
Sebaceous cyst - wen	I+D	-	13-May-2012	13-May-2012
[X]Depressive episode, unspecified	-	-	24-Apr-2012	24-Apr-2012
Pleurisy	-	-	16-Feb-2012	16-Feb-2012
Nondependent alcohol abuse, unspecified	-	-	26-May-2011	26-May-2011
Misuse of drugs NOS	Cannabis	-	21-Mar-2011	21-Mar-2011
[X]Depressive episode, unspecified	-	-	28-Jan-2010	28-Jan-2010
Other acne	-	-	02-Dec-2008	02-Dec-2008
Impetigo	-	-	11-Mar-2008	11-Mar-2008
Intervertebral disc prolapse NOS	L5-S1	-	01-Jun-2007	01-Jun-2007
[M]Intradermal naevus	benign on neck - exc	-	11-Dec-2006	11-Dec-2006
Legally induced abortion	3rd	-	04-Dec-2004	04-Dec-2004
Normal delivery in a completely normal case	-	-	17-May-2002	17-May-2002
Forceps delivery	-	-	11-Apr-2000	11-Apr-2000
Anxiety states	psych	-	26-Feb-1998	26-Feb-1998
Legally induced abortion	2nd	-	24-Jul-1997	24-Jul-1997
Legally induced abortion	-	-	19-Dec-1996	19-Dec-1996
Disturbance of conduct NEC	behavioural problems, seen by psych (in residential care)	-	15-Jul-1994	15-Jul-1994
Child abuse NEC	Pt stated to psych - [redacted] physically abused her	-	01-Jan-1990	01-Jan-1990
Sexual abuse	Pt stated to psych [redacted] abused her	-	01-Jan-1990	01-Jan-1990
Alopecia areata	-	-	28-Apr-1987	28-Apr-1987

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	26-Apr-2022
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 CAPSULE	2 Caps Daily	-	26-Apr-2022
Cerelle Tablets 75 micrograms	-	63 tablet	TAKE ONE TABLET DAILY	-	26-Apr-2022
Temazepam Tablets 10 mg	0401010T0AAAMAM	7 tablet	TAKE ONE TABLET AT NIGHT	-	26-May-2022

MMA copy

Clinical warnings

Smoking status: Number per day 10-19 (moderate smoker)

Alcohol consumption: Units per day 1 (trivial drinker)

Lifestyle risks

Exercise status: Enjoys heavy exercise

Allergies

Adverse reaction to amoxycillin - 2017-02-27

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Family conditions

Description	Extension	Modifier	Date	Date recorded
Family history of deep vein thrombosis	-	-	17-Feb-2017	17-Feb-2017

Signature of referring doctor (or other professional) **Date**

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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

1010298499031
Unique Care Pathway Number:
1010298499031

CHI: 0805809767

REFERRAL TO

Oral SurgeryD3
B Oral Surgery

Consultant / receiving practitioner and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS

Hospitaland **hospital address**

Hospital unit no.: B120H

Email address: -

Urgency of referral	Routine
Date of referral	09-Jun-2023
Date submitted	09-Jun-2023

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	-
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

7 Howes Brae
Skirling
Biggar
ML12 6FA

Contact number(s)

Voice: 07341 811248
Voice: 07341 811248
E-mail: bb1.0jr80@gmail.com

REGISTERED GP DETAILS

Practice address

REFERRING PRACTITIONER DETAILS

Name	Dr. George Marsden		
GMC code	6151146	GP code	12386
Practice name	Biggar Health Centre (62312)		
Practice code	62312		

Practice address

South Croft Road
Biggar
Lanarkshire
ML12 6BE

Contact number(s)

Voice: 01899 220383

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint
Description: Lump/swelling
Examinations and Investigations

IMMA copy

If lump/swelling:	Facial
Additional free-text Information:	Mrs Brown was seen earlier in the year for an I&D of an abscess on her right cheek. Over recent weeks she has been troubled with a similar scenario affecting her right lower jaw. She has had a couple of courses of antibiotics for a recurrently infected cyst. She has a residual cyst there and she is keen to get this excised to prevent complications as per previously. Thank you for your further assessment and management. Kind regards Dr George Marsden
Has the patient previously attended the department to which they are being referred?:	Don't Know
Has the patient previously attended the Borders General Hospital?:	Don't Know

Reason for referral

Care type requested: Dental

Expected outcome: Dental

Past medical history

Current and recent medication

No medications recorded

Clinical warnings Smoking status Alcohol consumption

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

Signature of referring doctor (or other professional) **Date**

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101030699295B
Unique Care Pathway Number:
101030699295B

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Mental Health
SCI Gateway Virtual Location
NHS Borders

Consultant / receiving practitioner and/or **specialty clinic**

Hospital and **hospital address**

Hospital unit no.: B006G

Email address: -

Urgency of referral	Routine
Date of referral	07-Sep-2023
Date submitted	07-Sep-2023

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

7 Howes Brae
Skirling
Biggar
ML12 6FA

Contact number(s)

Voice: 07341 811248
Voice: 07341 811248

REGISTERED GP DETAILS

Name	Dr. Julie Hutchison		
GMC code	4447269	GP code	14265
Practice name	Biggar Health Centre (62312)		
Practice code	62312		

Practice address

South Croft Road
Biggar
Lanarkshire
ML12 6BE

Contact number(s)

Voice: 01899 220383
Facsimile: 01899 229525

REFERRING PRACTITIONER DETAILS

Name	Dr. Joanne McCrone		
GMC code	4445614	GP code	14877
Practice name	Biggar Health Centre (62312)		
Practice code	62312		

Practice address

South Croft Road
Biggar
Lanarkshire
ML12 6BE

Contact number(s)

Voice: 01899 220383

ADDITIONAL SUPPORT NEEDS

MMA copy

No known ASN requirements

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: For review of ongoing mental health issues

Examinations and Investigations

Primary referral reason:	Patient has recently accessed mental health services in another area and a need for ongoing care is identified	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	Don't know	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	Don't know	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	Don't know	-
PHQ-9 score:	Not Applicable	-

Reason for referral

Care type requested: Follow-up/Return Outpatient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Shoulder pain	nerve	-	11-Aug-2023	11-Aug-2023
Abscess NOS	-	-	06-Mar-2023	06-Mar-2023

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Quetiapine Fumarate Tablets 25 mg	0402010ABAAABAB	60 TABLET	1 - 3 tabs daily	-	04-Sep-2023
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	TAKE ONE DAILY	-	04-Sep-2023
Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %	-	45 gram	APPLY THINLY AT NIGHT	-	04-Sep-2023
Folic Acid Tablets 5 mg	0901020G0AAAGAG	84 tablet	TAKE ONE DAILY FOR 3 MONTHS	-	17-Aug-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 capsule	ONE DAILY	-	11-Aug-2023
Quetiapine Fumarate Tablets 25 mg	0402010ABAAABAB	60 TABLET	1 - 3 tabs daily	-	04-Sep-2023
Quetiapine Fumarate Tablets 25 mg	0402010ABAAABAB	60 TABLET	1 - 3 tabs daily	-	20-Jun-2023

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

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Patient will accept any doctor:true
Patient will accept any site:true

Social circumstances
Ethnic Origin: (White) Scottish

_____ _____
Signature of referring doctor (or other professional) **Date**

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Distress Brief Intervention
Connected Compassionate Support

Scottish Government
Riaghaltas na h-Alba
gov.scot

http://www.dbi.scot/

13 JAN 2023

SAMH, Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Tel No: 01896 494025

For Information only

Date 13/1/23

Dear Dr

Re – Lesley BROWN
52 Horsbrugh Street
INNERLEITHEN
EH44 6LF
DOB: 08.05.1980

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 12.1.23. They are now engaging in a period of up to 14 days consecutive DBI support.

Following conclusion of support a further letter will be sent.

Yours sincerely,

Tom Alexander

DBI Administrator

MMA copy

V2 07/12/17

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Distress Brief Intervention
Connected Compassionate Support

Scottish Government
Riaghaltas na h-Alba
gov.scot

http://www.dbi.scot/

SAMH, Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Tel No: 01896 494025

For Information only

VMA copy

Date 31/01/23

Dear Dr Watt

Re – Lesley BROWN
52 Horsbrugh Street
INNERLEITHEN
EH44 6LF
DOB: 08.05.1980

I am writing to advise you that Lesley BROWN was referred to our Distress Brief Intervention Service on 12/01/23.

Following input from our service to assist Lesley manage the distress that they experienced, the following interventions were offered and agreed with Lesley.

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Support to connect with local services

Client was discharged from our service on 26/01/23.

Please find a copy of the Distress Management Plan attached.

Yours sincerely

Tom Alexander

DBI Admin

V2 07/12/17

NHS Confidential: Personal data about a patient

Distress Brief Intervention
Connected Compassionate Support

Distress Management Plan (D-MaP)

What is it?

- The Distress Management Plan (D-MaP) is a core component of DBI. It is a resource to help someone receiving DBI support to begin to explore and make sense of their distress. Using it they will also clarify their aims and expectations, problem-solve key issues and identify strategies to manage their distress now and in the longer term.

- Given the benefits of a D-MaP, it is considered a mandatory component of DBI. It is expected that all those who are referred to DBI Level 2, and who engage with the service, will develop a D-MaP. There are three parts:

Part A: Current distress, concerns and strengths
Part B: Problem solving, action planning
Part C: Strategies to manage and cope with distress

What is its purpose?

- The D-MaP focuses attention on a number of different areas which can help a person to manage their distress. The D-MaP breaks down some of the challenging or tricky parts of this process into manageable chunks so as not to overwhelm.

- With your help the person can begin to understand more about their distress and experiences as well as what works well and less well for them. They may also acquire the insight and skills which will help them to manage their health and wellbeing now and in the future. Therefore, the D-MaP is designed to empower those using it to identify personally relevant solutions and actions now and also for the future.

- DBI support is available for a period of 14 consecutive days. Leaving the 14-day period of support with a well-developed D-MaP can help the person take the important next steps beyond DBI support.

MMA copy

How is it used?

- During the 14-day period of support the D-MaP can be used to keep track and record important issues relevant to the person and their distress. It can also be used to record any actions or plans the person decides upon — therefore, the D-MAP has both a short term and longer term outlook.

- Reviewing their D-MaP can help the person track any progress towards their desired objectives or aims. This might result in updates and/or revisions over the course of the 14 days of contact and support. This is to be expected as a person's experiences, expectations and plans may change over the period of DBI support.

- Not everyone will stay engaged with DBI long enough or feel able to complete the D-MaP from start to finish, so it is important that you use your judgment to decide when a D-MaP is complete.

- When introducing the D-MaP you should explain what it is and why it may be helpful. Let the person know that you can help them to develop and use it, but that it is their D-MaP, and they can add or change parts during the 14-day period of support. At the beginning ask them to sign the D-MaP (or record their verbal consent) in the space provided on the front page. DBI Practitioners should record whether any work/development of the D-MaP has taken place by updating the version number and date on the first page of the D-MaP, regardless of whether the D-MaP is a 'work in progress' or considered 'complete'.

- The D-MaP is designed to be as straightforward as possible to use and much of it is intuitive. Some people may need your assistance to develop the D-MaP, for example if they have difficulty with reading and writing or are very distressed when you see them. Other people will want to discuss it with you initially and then work on it themselves for a while. There is no fixed way of developing the D-MaP. You will need to be flexible here and judge the best approach for each person you work with.

MMA copy

What happens to it?

- The DBI Level 2 service should keep a full record of the D-MaP during the period of support and once the person has exited the service.
- The person in distress should be provided with the final version of the D-MaP when exiting the 14-day DBI support period. They may also wish to keep a copy for their own reference during the period of support.
- A version of the 'final' or most recent version of the D-MaP should be sent to the person's GP at the end of the period of contact, as well as to any other relevant services involved in the person's care and support.

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dbi Distress Brief Intervention Connected Compassionate Support

My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Your signature _____ Date _____

DBI Practitioner's signature _____ Date _____

DBI Service use:

Has the person given you consent to develop/update D-MaP on their behalf?

Yes ☐ No ☐

Please update each time D-MaP is worked on/updated/revised

Version	Date	Version	Date
1	_____	7	_____
2	_____	8	_____
3	_____	9	_____
4	_____	10	_____
5	_____	11	_____
6	_____	12	_____

MMA copy

2019-05-31 V1.4 D-Map

NHS Confidential: Personal data about a patient

Name: _____ CHI Number: _____
DBI Practitioner: _____

My Distress Management Plan

Part A: What led to me feeling distressed?

What things led me to become distressed recently?

My emotions

Family or relationships

Practical (for example housing, money…)

Physical (for example pain, illness…)

Other concerns…

What has helped me in the past to manage in similar circumstances?

Family, friends, support services

Activities

Coping strategies

Other…

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2019-05-31 V1.4 D-Map

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Background information...

At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

Have you felt suicidal or harmed yourself recently?

Yes / No / Unclear

Apart from your GP do you receive care or support from another service?

Yes – I receive care or support from_____.

No – I do not receive care or support from another service.

MMA copy

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Name: _____ CHI Number: _____

DBI Practitioner: _____

My Distress Management Plan

Part B: What I can do to help prevent me from feeling distressed?

Problems and challenges: *What are the main things in my life that add to my distress?*	**Solutions**: *How to improve things...*

Action plans

My overall goal is:

What will I do?

Where will I do it?

When will I do it?

How will I do it?

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2019-05-31 V1.4 D-Map

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Name: _____ CHI Number: _____
DBI Practitioner: _____

My Distress Management Plan

Part C: What I can do when I am beginning to feel distressed...

Triggers: *What things lead me to become distressed?*

Warning signs: *What do I think about? How am I feeling? How am I behaving?*

Coping plans: *What will I do if I think that I might become distressed? (If X, then I will Y)*

Support: *If I feel like I need support, I can speak to or contact...*

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2019-05-31,V1.4 D-Map

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dbi Distress Brief Intervention Connected Compassionate Support

DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm.**

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people**. Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

DBI Tool 11 'Safety Plan' can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in.*

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DBI Practitioner use only

Sharing information with other relevant services

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

Sharing information with other individuals

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, parents or partners. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their parents.

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Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

1010381305997
Unique Care Pathway Number:
1010381305997

CHI: 0805809767

REFERRAL TO

Borders Adult Community Mental Health ServiceG1B2
B Mental Health

Mental Health
SCI Gateway Virtual Location
NHS Borders

Consultant / receiving practitioner and/or **specialty clinic**

Hospital and **hospital address**

Hospital unit no.: B006G

Email address: -

Urgency of referral	**Urgent**
Date of referral	04-Nov-2025
Date submitted	04-Nov-2025

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

7 Howes Brae
Skirling
Biggar
ML12 6FA

Contact number(s)

Voice: 07341 811248
Voice: 07341 811248

REGISTERED GP DETAILS

Name	Dr. Julie Hutchison		
GMC code	4447269	GP code	14265
Practice name	Biggar Health Centre (62312)		
Practice code	62312		

Practice address

South Croft Road
Biggar
Lanarkshire
ML12 6BE

Contact number(s)

Voice: 01899 220383
Facsimile: 01899 229525

REFERRING PRACTITIONER DETAILS

Name	Dr. Helen Wilkinson		
GMC code	4708340	GP code	10880
Practice name	Biggar Health Centre (62312)		
Practice code	62312		

Practice address

South Croft Road
Biggar
Lanarkshire
ML12 6BE

Contact number(s)

Voice: 01899 220383

ADDITIONAL SUPPORT NEEDS

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No known ASN requirements

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Acute reaction to stress

Comment: Dear Colleagues,

Please arrange an urgent appointment for this 45 year old lady who is currently experiencing very high levels of distress. She is previously known to Mental Health services, having been diagnosed with PTSD after the [redacted] She had some psychology treatment in 2023. She has been taking quetiapine up to 75mg a night for some time.

She has been living in Skirling with her [redacted] Last week [redacted] reported at school that her [redacted] had hit her, which Lesley denies and says they had an argument before [redacted] went to school . It sounds that their relationship has been quite strained. The school contacted Social Services and Ruby was taken to the care of other family members.

Lesley has been extremely distressed following this. She is very angry that formal processes have not been followed correctly. She expressed suicidal thoughts to SW at the end of last week and she was referred to the ambulance service and DBI, although she was not seen. Today she is presenting with distress and agitation, talking quickly and fleeting between different issues with the different people involved.

Underlying this is her ongoing distress following the loss of her [redacted] She describes her pet dogs and horse as protective factors, but mentions several times that she may harm the others involved in this case as she is so angry with them.

I have given her a prescription for diazepam 2mg up to three times a day, in addition to the quetiapine up to 75mg at night, she has been prescribed for some time.

In view of her situation and distress and PMH, she would benefit from an urgent MH assessment and further support. She would prefer not to be seen by anyone she has had contact with socially in the past.

Yours sincerely,

Dr Helen Wilkinson

Examinations and Investigations

Primary referral reason:	The patient requires expertise or specialist care to establish a diagnosis	-
Risk factor: Current suicidal ideation with planning/intent":	No	-
Risk factor: Past history of violence:	Don't know	-
Risk factor: Current/past history of self harm:	No	-
Risk factor: Current risk to others:	Don't know	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	Don't know	-
PHQ-9 score:	Not Applicable	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Acute reaction to stress	-	-	03-Nov-2025	03-Nov-2025

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Nail infection NOS	-	-	23-Sep-2025	23-Sep-2025
[D]Rash and other nonspecific skin eruption NOS	-	-	22-Sep-2025	22-Sep-2025
Paronychia of finger	-	-	25-Jun-2024	25-Jun-2024
Knee joint pain	-	-	14-Jun-2024	14-Jun-2024
Anxiety state NOS	-	-	09-Apr-2024	09-Apr-2024
Cellulitis and abscess NOS	-	-	07-Dec-2023	07-Dec-2023
Shoulder pain	nerve	-	11-Aug-2023	11-Aug-2023
Abscess NOS	-	-	06-Mar-2023	06-Mar-2023

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Quetiapine Fumarate Tablets 25 mg	0402010ABAAABAB	60 TABLET	1 - 3 tabs daily	-	28-Oct-2025
Diazepam Tablets 2 mg	0401020K0AAAHAH	14 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY IF REQUIRED	-	03-Nov-2025
Amorolfine Hydrochloride Medicated Nail Lacquer 5 %	1310020A0AAAAAA	5 ml	APPLY WEEKLY	-	23-Sep-2025
Amoxicillin Capsules 500 mg	-	15 capsule	TAKE ONE THREE TIMES A DAY	-	22-Sep-2025

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Is work impacted?:No
Are relationships impacted?:Yes
Is self-care impacted?:Yes
Are hobbies impacted?:No
Are you aware of the patient having additional needs?:false
Patient will accept any doctor:true
Patient will accept any site:true

Social circumstances

Ethnic Origin: (White) Scottish

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Signature of referring doctor (or other professional) **Date**

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Primary Care Occupational Therapy Service
Referral Form

Locality:	Clydesdale	Surgery:	Biggar

Patients referred must meet all of the following criteria:
- Aged 16 and over (excluding 16-18 year olds still at school)
- Not actively engaged/ recently referred to secondary care services who have OT available within their service including CMHT, Addictions, Stroke, and ICST/IRT teams.
- Motivated to engage with a collaborative, goals based intervention

Points for consideration:

Evidence tells us the following individuals tend to engage well/ benefit from occupational therapy intervention:
- Individuals at an early stage of their health journey e.g. recently diagnosed with a long-term condition
- Individuals with reduced mental wellbeing affecting day to day function
- Individuals struggling at work and keen to avoid period of absence
- Those reporting recent changes in function and keen to maintain independence

Evidence tells us the following individuals tend <u>not</u> to engage/ benefit from occupational therapy intervention:
- Those with chaotic life circumstances limiting their capacity to engage with a goal focused intervention.
- Those experiencing acute mental ill health requiring multi-disciplinary intervention to meet their needs.
- Those who have displayed a pattern of non-engagement or passive engagement when referred to services.

<u>Patient Details</u> (please attach CHI label)
CHI: 0805809767

Name: Miss Lesley Brown

Address: 7 Howes Brae, Skirling, Biggar, ML12 6FA

Telephone number for triage call 07341811248

<u>Referrer Details</u>
Janet Graham – Charge Nurse
Primary Care Mental Health & Wellbeing Service

Date of referral 16/4/25

Reason for Referral to Occupational Therapy (please tick all relevant issues)

Patient expressing concern with regards to their physical health or mental wellbeing leading to:	√
Difficulty with daily activities/roles due to decreased function (i.e. decreased motor, sensory, psychological or cognitive functioning)	x
Difficulty with daily activities/roles due to physical environmental barriers	
Falls or fear of falling	
Reduced performance in workplace-at risk of sickness absence	
Currently signed off work and requires support to facilitate return	
Reduced socialisation or leisure opportunities	x

Presenting Condition, Relevant Medical History, Main Functional Difficulties, Patient Goals
Miss Brown has experienced various domestic stresses over the past few years. She was bereaved of her [redacted]
this. Miss Brown has experienced low mood since.
She more recently ended a relationship when she discovered her [redacted]

Miss Brown reports low motivation, poor routine and generally feeling overwhelmed. She is keen for support to engage with behavioural activation – wants to develop and maintain structure and routine, improve self and home care and improve socialisation.
I have also provided details for counselling for historical issues.

Lone working/ Risk issues. E.g. Environmental concerns/ history of aggression/ suicide/ self-harm

Low Risk – fleeting thoughts of not wanting to be here, but denies self-harm/suicidal intent. Denies forensic history. She has 3 large dogs at home – a Husky, a Mastiff and a Pointer.

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Patient consented to a referral being made to Occupational Therapy? Yes/No
PLEASE EMAIL ALL REFERRALS TO: PCOTreferrals@lanarkshire.scot.nhs.uk
For OT notes only

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NHS Borders

Mental Health Service

Psychological Services
12/14 Roxburgh Street
Galashiels
TD1 1PF

www.nhsborders.org.uk

Ms Lesley Brown
7/5 Kingsland Square
PEEBLES
EH45 8EZ

Date 01 November 2011
Your ref
Our ref RD/136071
CHI 0805809767

Enquiries to Rosemary Donald / Susan Brotherston
Tel 01896 668821
Email

Dear Ms Brown

I write further to our telephone conversation this afternoon when you gave me your new address.

Dr McIntosh has referred you to this department for counselling at Hay Lodge Health Centre. We will be in touch as soon as an appointment becomes available.

We enclose an information leaflet explaining a little of how the counselling service to Peebles works.

It is our policy to speak only to clients themselves about appointments or about any aspect of their care, unless we have their express permission to speak to a representative. We should be grateful, therefore, if you would complete the tear-off slip below and return it in the prepaid envelope.

Please let us know if you change your address.

If you would like to discuss this referral, or you feel at any time that you no longer wish to be seen, please contact the service by calling the number above.

Yours sincerely

Rosemary Donald
Team Secretary

Enc

copy: Dr E McIntosh, Tweed Medical Practice

Name: Lesley Brown Ref: 136071 Allocation: Rab Erskine Date: .....

My home telephone number is: .....
My mobile telephone number is: .....

I give / do not give permission for you to leave a message on my answerphone / voicemail.
I give / do not give permission for you to speak to my representative .....
Please delete as necessary *Name of representative*

I am happy for you to email me. Email address .....

Signed: .....

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NHS Borders

Mental Health Service

Psychological Services
12/14 Roxburgh Street
GALASHIELS
Selkirkshire
TD1 1PF

Tel 01896 668821
www.nhsborders.org.uk

NHS Borders

Dr Barker/McIntosh

Hayledge Health Centre

Date 8/5/12

CHI 0805809767

Dear Dr Barker/McIntosh

I have just discharged your patient Lesley Brown (8.5.80), following 0 counselling sessions. ~~My feeling at this point is that s/he has made no apparent/some/considerable progress.~~

With the client's permission, I can tell you that the following issues were amongst those considered during counselling.

lesley confirmed her initial appt for 20th March 2012 but dna'd. I have had no further contact since.

If she requests further referral I would be happy to offer her another session/ block of sessions.

Yours sincerely

Rab Erskine
Counsellor

Counselling discharge

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NHS Borders

Renew Service

Renew
Huntlyburn Cottages
Huntlyburn
MELROSE
TD6 9BD

www.nhsscotland.co.uk

In Confidence
Ms Lesley Brown
52 Horsbrugh Street
Innerleithen
Peeblesshire
EH44 6LF

Date : 25-Mar-2022
CHI No: 080 580 9767
Enquiries to: Renew secretary
Telephone: 07866596111

SAMPLE copy

Dear Lesley

I am writing with a brief summary of our discussion on the 16th March 2022 where we discussed your referral to the Renew team, and some of the difficulties you have been experiencing. We appreciate that it is not always easy to discuss these things, but it was helpful to hear what has been going on for you so that we could think of what steps to take next.

Focusing on your goals, you mentioned that you wanted to improve the life for you and [redacted] You said this would involve having more financial stability and to go on holiday together.

We discussed several support options which included:

1) An application for Personal Independent Payments. To make this claim you need to telephone 0800 917 222 and they will post out an application form. Citizens Advice can then offer support completing the form.
2) Mindfulness courses – Peer2Peer Mindfulness either online or in person
3) Wellbeing College (https://www.wellbeingcollege.org.uk/) or Together All (https://togetherall.com/en-gb/) for online courses which focus on improving mental health and wellbeing. You mentioned that a longer term goal was to start an English course at college and so some one-off courses might help you build up to this.
4) Referral to Live Borders so you could access gym, swim and exercise classes at a discounted rate. I have made this referral for you.
5) Health in Mind for peer support groups to give you an opportunity to talk about how you are feeling with others (https://www.health-in-mind.org.uk/)

We also discussed psychology therapy and we agreed Cruse Bereavement Scotland would be most suitable at this time. They offer 1-1 grief counselling and early intervention/support. I encouraged you to self-refer using which you felt you could do. There number is 0808 802 6161.

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As mentioned in our call, it is not unusual for people who are struggling with their mental health to have thoughts of not wanting to be around anymore. When we discussed this, you stated that you sometimes have these thoughts but that you had your [redacted] to look after and so would not act on these. However, if at any time you felt worse or concerned about yourself you felt you could use Breathing Space. I have also included some other useful numbers and phone apps for you to look at.

Crisis numbers:
The Samaritans 116 123
Breathing Space 800 83 85 87
NHS 111
Phone apps
Calm Harm – advice and tips when people feel like self-harming
Stay Alive – advice and tips when people experience thoughts of not wanting to be around anymore.
Feeling good app

Once again, thank you for taking the time to speak with me, should you have any further questions please do not hesitate to contact us. I have sent a copy of this letter to your GP so that they are kept up to date of your progress. I wish you all the best for the future.

Yours Sincerely,

Katy Harkin

Katy Harkin
Clinical Associate in Applied Psychology
Renew

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Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

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Biggar Medical Practice

From: Rachael Glover (NHS Borders)
Sent: 07 March 2023 11:45
To: Biggar Medical Practice; Biggar Medical Practice
Subject: EMailing : Letter sent to patient
Attachments: Letter sent to patient BROWN, Lesley 1132 28-Feb-2023.rtf

Hi

Letter for your records

Thanks

Rachael
Attached : Letter sent to patient BROWN, Lesley 1132 28-Feb-2023.rtf

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NHS Borders

Mental Health Service

East & West Adult Mental Health Team
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Lesley Brown
7 Howes Brae
Skirling
Biggar
ML12 6FA

Date 28-Feb-2023
Your Ref
CHI No 080 580 9767
Our Ref SS/RG
Enquiries to. East & West Team secretaries
Extension
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

Dear L. Brown,

Thank you for attending your initial psychological therapy session with myself on 28.02.2023 via telephone consultation.

In summary, you mentioned that your symptoms include low mood, anxiety, low motivation, lack of appetite, sleep difficulties, mistrust of others, feeling detached from reality, and feeling disconnected from others. Although it appears that there have been some premorbid difficulties, these symptoms appear to be mainly related to the loss of [redacted] Following your loss, you mentioned that large bodies of water, being anywhere around the Borders, and being in busy environments can be difficult for you. Furthermore, some protective factors were identified, including your [redacted] and physical exercise. You mentioned that you sometimes wish that you could not be here just so that you can see [redacted] again, but also said that you have to be here and no thoughts or intentions of harming yourself were disclosed.

We agreed to continue having weekly individual therapy sessions, starting from next week, hoping for these to be facilitated via video consultation. Your therapeutic goals were identified as a reduction of distress, being able to function more fully again, and being able to spend meaningful time with [redacted]

Pre-Therapy Clinical Outcome Measures:
PHQ-9 = 23, GAD-7 = 20, Phobia Scale Q1 = 0, Q2 = 7, Q3 = 8 (water), W&SAS = 23.

Yours sincerely,

[electronically verified]

Sofia Sykinioti
Locum Counselling Psychologist

CC: GP

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: LESLEY BROWN DATE: 28-1-10

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	(3)
2. Feeling down, depressed, or hopeless	0	1	2	(3)
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	(3)
4. Feeling tired or having little energy	(0)	1	2	3
5. Poor appetite or overeating	0	(1)	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	(2)	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	(1)	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	(2)	3
add columns:		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL: 18

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** ____
- **Somewhat difficult** ____
- **Very difficult** ____
- **Extremely difficult** ____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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NHS Borders
Mental Health Network

Borders Crisis Team
2 Station Gate
Palma Place
MELROSE
TD6 9PS
Tel: 01896 824014
Fax: 01896 824012
www.nhsborders.org.uk

NHS Borders

Medical in Confidence

Dr Jeffrey
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH458JG

Date 22/03/2011 (dict: 21.03.11)
Your Ref
Our Ref AM/SM/136071
CHI No: 0805809767
Enquiries to: Sarah Manson/Mairi Buchanan
Extension
Direct Line 01896 824014
Email sarah.manson@borders.scot.nhs.uk/
mairi.buchanan@borders.scot.nhs.uk

Dear Dr Jeffrey

Re: Lesley Brown, 25 Old Town, Peebles (d.o.b. 08.05.80)

Thank you for referring Ms Brown to our Team this morning. As I said to you over the telephone, I met with her at her home this afternoon with my colleague Lena Wight.

As you had told us, Ms Brown was having suicidal thoughts triggered by the suicide of [redacted]. This is with a background of several significant life events and losses over the last three years or so, further complicated by the fact that her [redacted] with whom she has been with for eight months, and had plans to move in together, [redacted]. Consequently it has been made clear to Ms Brown that she would not be made welcome at the funeral – a position which Ms Brown regrets, since it will further complicate her grieving, but equally understands.

Ms Brown was brought up locally, and told us that her childhood was 'not great'. [redacted] The relationship with her [redacted] is particularly poor, with the latter complaining about her to both social services and the police. Her [redacted] tends to be more supportive towards the boys of the family, being dismissive towards Ms Brown and [redacted]. She harbours some resentment towards her [redacted] for not supporting her when she disclosed one episode of having been sexually abused by her [redacted]. She also mentioned that her [redacted] and at the time she gave a lot of support to the family. She feels let down that they have not been able to reciprocate on this occasion. In terms of employment, having left school she has had a series of jobs, working in a tearoom, primary school, bar, and latterly in a baguettes shop, which recently closed down.

Ms Brown has [redacted] of her own from a relationship with [redacted]. After that, prior to her going out with [redacted] she had had a relationship with a [redacted]. She said that although she had only been with [redacted] for eight months, they got on really well, and were looking forward to a future together.

Following the loss of most of her personal property in a flood caused by burst pipes in the winter of 2009, she is now living in a bedsit, due for renovation, which process will make her technically homeless within the next couple of weeks. She told us that the Council are aware of her situation, and she is keen to move quickly because of the memories associated with where she is at present. She normally looks after her [redacted] for half the week. She told us that her [redacted] the distress his mother is experiencing, and she dreads [redacted] constantly asking her about what had happened. In addition to the above life events and stressors, Ms Brown mentioned that her dog, a Rhodesian Ridgeback which she had had as a pet for twelve years or so died in December last year.

0805809767

SMR copy

NHS Confidential: Personal data about a patient

Ms Brown told us that she smoked up to twenty cigarettes daily, and occasionally some 'weed'. She drank alcohol 'in moderation' – for example had two cans of lager the previous night. She denied using any other illicit substances. She said that she was generally a healthy person, keeping fit by cycling or, at least until a few months ago, walking her dog. She told us that you had today prescribed her 20mg Temazepam at night, and 2mg Diazepam three or four times daily.

In terms of mental state examination, Ms Brown was unkempt and casually dressed. She was reactive during our meeting, appropriately tearful at times, but also demonstrating a sense of humour. Before [redacted] she told us that she had been 'grumpy' from time to time, but had had no significant sleep problems or disturbed appetite. Following her split from [redacted] she had found herself more wary of trusting others, but remained a sociable person, enjoying going out socialising or to various 'gigs'. There was no evidence of any significant mood disorder, formal thought disorder or abnormalities of perception.

Understandably, since she learned of [redacted] her sleep and appetite have suffered, and she has been confused and very tearful. She was able to share with us that she was both sad and angry – saying that although she loved [redacted] if she ever met up with [redacted] again she would 'give [redacted] a kicking'. She told us of the events prior to [redacted] – she had looked after [redacted]

[redacted] Ms Brown now feels that although [redacted] and she were in love [redacted] she has been labelled as the 'bad person', to the extent of having been threatened.

Ms Brown admitted to having had fleeting thoughts of suicide, believing that hanging herself would be an end to her pain. However, she has strong protective factors in her [redacted] and although uncertain about what the future might bring, has aspirations to find a meaningful life in terms of employment. She feels that she has the intelligence to go to college, but has not yet been able to organise herself enough to apply. She was in the circumstances able to promise to keep herself safe, and a friend is going to spend the night with her tonight.

Plan:

- We will contact or visit Ms Brown daily, certainly for the next week.
- We have given her telephone numbers for support should that prove necessary.
- We will write to the Council supporting her request for early rehousing.

Thank you again for referring Ms Brown to our team.

Yours sincerely

Alasdair Macdonald
Community Psychiatric Nurse

Date signed: 22-5-11
Time signed: 1206

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NHS Borders
Mental Health Network

Borders Crisis Team
2 Station Gate
Palma Place
MELROSE
TD6 9PS
Tel: 01896 824014
Fax: 01896 824012
www.nhsborders.org.uk

NHS Borders

Medical in Confidence

Dr Jeffrey
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH458JG

Date 04/04/2011 (typed : 05.04.11)
Your Ref
Our Ref AM/MB
CHI No: 0805809767
Enquiries to: Sarah Manson/Mairi Buchanan
Extension
Direct Line 01896 824014
Email sarah.manson@borders.scot.nhs.uk/ mairi.buchanan@borders.scot.nhs.uk

NHS COPY

Dear Dr Jeffrey,

Re: Lesley Brown, 25 Old Town, Peebles Date of Birth: 08 05 1980

Further to my letter dated 22nd March 2011, we have been working with Ms Brown through a combination of home visits and occasional telephone support. We have focussed mostly on helping her establish the reality of her loss and normalise the associated emotional experience. We also contacted the housing department to support her being rehoused as a matter of urgency. Although she understandably did not attend [redacted] she subsequently visited the crematorium and has also sent a symbolic letter to [redacted] using a Chinese lantern. Essentially she has found this an understandably painful experience but she has worked through the early days of her loss in what appears to be a healthy manner.

When I met with her this morning, 4th of April 2011, she told me that she was feeling generally more settled but continued to experience a range of appropriate emotions at a less intense level than when we first met. She was adamant that she no longer had any suicidal thoughts or intent, with [redacted] being strong protective factors. She has found certain friends and more recently her [redacted] helpful sources of support. She told me that she was due to move into different accommodation later this week.

In the circumstances, we agreed that it would now be appropriate to discharge Ms Brown from our team with no formal psychiatric follow up at this stage.

~~Thank you again for referring Ms Brown to our Team.~~

Yours sincerely

Alasdair Macdonald
Community Psychiatric Nurse
Borders Crisis Team

Date signed: 5.4.11
Time signed: 16.00

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Lesley Brown **DATE:** 25.05.11

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
			add columns:	+ +
			TOTAL:	

not made plans . . . thinks of [redacted]

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all** ____ **Somewhat difficult** ____ **Very difficult** ____ **Extremely difficult** ____

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NHS Borders
Mental Health Network

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2 Station Gate
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Tel: 01896 824014
Fax: 01896 824012
www.nhsborders.org.uk

NHS Borders

Medical in Confidence

Dr Mundwell
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH458JG

Date 30/05/2011 (dict: 27.05.11)
Your Ref
Our Ref JS/SM/136071
CHI No: 0805809767
Enquiries to: Sarah Manson/Mairi Buchanan
Extension
Direct Line 01896 824014
Email sarah.manson@borders.scot.nhs.uk
Mairi.buchana@borders.scot.nhs.uk

Dear Dr Mundwell

Re: Lesley Brown, 7/5 Kingsland Square, Peebles (d.o.b. 08.05.80)

Thank you for referring this very pleasant 31 year old woman whom I saw at her home in Peebles on the 26th May 2011. Lesley had been seen by BCT earlier this year in March / April a week after the [redacted] I understand she presented to your surgery on the 25th May in a distressed state, hence your referral.

Lesley was much calmer when I saw her the following day, I do not think (and nor does Lesley) that she is suffering from a depressive illness or other mental disorder, but, rather, that she is going through a normal grieving process. [redacted] was clearly the love of Lesley's life. She is devastated by [redacted] misse[redacted] dreadfully and under the circumstances the grieving process is inevitably extremely painful for her, particularly in view of [redacted]

Lesley described having good and bad days. She is better when she is doing things and among people as this distracts her from thoughts of [redacted] though they are always in her mind. On bad days she cries uncontrollably and feels enormous physical pain she misses [redacted] so much. On the day of her visit to your surgery she had got up feeling dreadful, had phoned her [redacted] who had advised that she see yourself. Her emotions had been heightened by a very recent meeting with [redacted] Lesley sleeps very badly, she lost a considerable amount of weight in the weeks following [redacted] but this is now picking up. She has fleeting suicidal thoughts because she misses [redacted] so much but she is very clear that she would never kill herself, her [redacted] being very strong protective factors. At present she has them on Tuesdays and Fridays with them staying with thei[redacted] the rest of the week. Lesley finds various alternative therapies such as reiki and acupuncture helpful. She has also attended a séance and felt that she had managed to contac[redacted] She is pre-morbidly a very happy go lucky and outgoing person and clearly has a large number of friends though she finds it difficult to talk to them about [redacted] s finds she breaks down. She is able to talk to her [redacted] however. She feels with [redacted] that she will never be happy again and never be the same person again, but this is not unusual with such a bereavement.

I do not think that Lesley requires Crisis Team input. Painful as her emotions are she does not have a psychiatric illness but is undergoing a normal grieving process which will enviably fluctuate in intensity over time, but with time should ease. She does not require an antidepressant or other psychotropic medication beyond some immediate help with her sleep. She described severe insomnia

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and unfortunately has taken to drinking between a half and one bottle of vodka several times a week (though never on the days she has the children). I strongly advised her to discontinue this, not least due to its effects for worsening her anxiety and low mood. I have encouraged her to swim and go for long walks as she used to exercise as a stress buster. It also transpired that she is drinking up to 8 mugs of real coffee each day which will doubtlessly be contributing to both her anxiety levels and her insomnia. I think she would benefit from a further short course of Temazepam 20mgs for around 2 weeks. Cutting out the alcohol and most of the coffee will by then hopefully enable her sleep pattern to return to normal. I have not arranged to see Lesley again and have discharged her from the Crisis Team. I have given her the number of Link up Bereavement Support based in the chaplaincy centre at the Borders General Hospital which she may find helpful.

With best wishes.

Yours sincerely

Dr Joanna Smith
Consultant Liaison Psychiatrist

Date signed: 30.5.11
Time signed: 10.50

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Lesley Brown **DATE:** 6/10/11

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	✓ 3
2. Feeling down, depressed, or hopeless	0	1	2	✓ 3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	✓ 3
4. Feeling tired or having little energy	0	1	2	✓ 3
5. Poor appetite or overeating	0	1	2	✓ 3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	✓ 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓ 2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓ 2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	✓ 3
			add columns:	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)			**TOTAL:**	25

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all ____
	Somewhat difficult ____
	Very difficult ✓
	Extremely difficult ____

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NHS Borders

Mental Health Service

Psychological Services
12/14 Roxburgh Street
GALASHIELS
Selkirkshire
TD1 1PF

Tel 01896 668821
www.nhsborders.org.uk

Ms Lesley Brown
7/5 Kingsland Square
PEEBLES
EH45 8EZ

Date 08 March 2012
Your ref
Our ref RD/136071
CHI 0805809767
Enquiries to Rosemary Donald / Susan Brotherston

Dear Ms Brown

As we discussed over the telephone, an appointment has been made for you to see Rab Erskine, Counsellor

at 5.00 pm

on Tuesday 20 March 2012

at Hay Lodge Health Centre

Enclosed is a questionnaire, which we would be grateful if you could complete and bring with you to your appointment. The pink sheet explains the reasons for this questionnaire. If you have any queries about the questions these can be discussed at your appointment.

Yours sincerely

Rosemary Donald
Team Secretary

copy: Dr E McIntosh Tweed Medical Practice

Enc

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NHS Borders

Mental Health Service

West Adult Mental Health Services
The Cottages
Huntlyburn
Melrose
TD6 9BD

www.nhsborders.org.uk

NHS Borders

Ms Lesley Brown
Neidpath Inn
25 Old Town
Peebles
EH45 8JF

Date 24th October 2011
Your ref
Our ref SAB/136071
CHI 0805809767

Enquiries to Rosemary Donald / Susan Brotherston
Tel 01896 668821
Email

Dear Ms Brown

Dr McIntosh has referred you to this department for counselling at Hay Lodge Health Centre. We will be in touch as soon as an appointment becomes available.

We enclose an information leaflet explaining a little of how the counselling service to Peebles works.

It is our policy to speak only to clients themselves about appointments or about any aspect of their care, unless we have their express permission to speak to a representative. We should be grateful, therefore, if you would complete the tear-off slip below and return it in the prepaid envelope.

Please let us know if you change your address.

If you would like to discuss this referral, or you feel at any time that you no longer wish to be seen, please contact the service by calling the number above.

Yours sincerely

Susan Brotherston
Secretary

Enc

copy: Dr E McIntosh, Tweed Medical Practice

Name: Lesley Brown Ref: 136071 Allocation: Rab Erskine Date: .....

My home telephone number is: .....
My mobile telephone number is: .....

I give / do not give permission for you to leave a message on my answerphone / voicemail.
I give / do not give permission for you to speak to my representative ....
Please delete as necessary *Name of representative*

I am happy for you to email me. Email address .....

Signed: .....

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From: Gordon, Rosemary
Sent: 17 August 2017 10:00
To: Administration - Haylodge Health Centre
Cc: East-West Team Secretaries
Subject: FAO Dr Manson re LB CHI 0805809767

Dear Dr Manson,

Just to let you know that Lesley Brown cancelled her appointment with psychiatry this morning. We will offer her another appointment but would be grateful if you could inform us of any clinical change in the meantime.

Kind Regards

Dr Rosemary Gordon
StR West Team Community Mental health.

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BROWN
LESLEY A

B15741Dr J Barker

EALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** 24-2-2012

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	(2)	3
2. Feeling down, depressed, or hopeless	0	1	(2)	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	(3)
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or overeating	0	1	(2)	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	(2)	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	(1)	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	(1)	2	3

add columns: 2 + 8 + 9

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:** 19

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** ✓
- **Very difficult** _____
- **Extremely difficult** _____

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From: Scott, Fran
Sent: 28 June 2017 12:50
To: Administration - Haylodge Health Centre
Cc: East-West Team Secretaries
Subject: urgent referral LB 0805809767

Dear Dr Manson,
Thanks you for your referral of the above patient. I have downgraded this to a routine due to the minimal risk. However, the next available appointment won't be until mid-August so please get back in touch should the risk change.
Many Thanks
Fran Scott
CPN
West CMHT

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NHS Borders

Mental Health Service

East & West Adult Mental Health Teams
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Dr G M McIntosh
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH45 8JG

Date 21/11/2016
CHI No 0805809767
Our Ref 136071/SB
Enquiries to East & West Team secretaries
Extension
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

Dear Dr McIntosh

Re: Lesley Brown, 51 Witchwood Crescent, Peebles, EH45 9AH DOB: 08 05 1980

We wrote to the above named as part of our drive to reduce our waiting times for your area, asking if they still wished to be seen.

Miss Brown failed to respond in the time allocated and we have therefore removed their name from the waiting list. Please do not hesitate to re-refer in the future if appropriate.

Yours sincerely

Susan Brotherston
Secretary

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Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

USEFUL LINKS:
Small Changes Big Difference - Getting healthier and feeling good is about making small, manageable changes to your routine and sticking to them. For ideas on small changes you can make and for more information about healthy lifestyles access http://www.nhsborders.scot.nhs.uk/small-changes-big-difference

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Patient Health Questionnaire—PHQ-9

Name: Lesley Brown Date of Birth : 8/5/80 Today's Date: 16/2/16

Fill in the boxes with pen or pencil to mark your answers.

A. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Little interest or pleasure in doing things	☐	☑	☐	☑
2. Feeling down, depressed, or hopeless	☐	☑	☐	☐
3. Trouble falling/staying asleep, sleeping too much	☐	☑	☐	☑
4. Feeling tired or having little energy	☐	☑	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☑
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.	☐	☐	☐	☑
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☑	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.	☐	☑	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☑	☐	☐	☐
Total Score _____ =	_____ +	_____ +	_____ +	_____

B. If you have been bothered by any of the 9 problems listed above, please answer the following:

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult
☐	☐	☑	☐

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Mental Health Service

East & West Adult Mental Health Teams
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Dr G M McIntosh
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH458JG

Date 19/09/2017
CHI No 0805809767
Our Ref 136071/AMcH
Enquiries to East & West Team secretaries
Extension
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

Web copy

Dear Dr McIntosh

Re: Lesley Brown, 51 Witchwood Crescent Peebles EH45 9AH 08 05 1980

Thank you for referring this four month post natal woman with significant trust issues within her relationship and persistent complaints of loneliness, stress and anxiety.

I saw Lesley along with Ross Whitehead her CPN at her home on 7th September 2017. Lesley describes her mood as being flat although the last while this has improved. She can often get worked up and panicky in case anything happens to the baby, and is particularly concerned when the [redacted]. She is terrified in case the [redacted] takes her in the car (because of [redacted] bad driving), and also worries about the [redacted] choking. This concern is certainly secondary to Lesley's [redacted] However she also describes her happy moments which seemed genuine. These include spending time with the [redacted] at the park and with friends, some of whom have toddlers. She did have some increased impulsivity when her [redacted] was born but this has improved back to baseline. She has a chronic sleep pattern and good night for her will be 5-6 hours non stop. If she is really tired she will often sleep during the day when overnight would normally wake around 7.00 o'clock whether [redacted] was up or not. Her appetite has improved recently but she has chronic reduced appetite and very much will only eat when she is hungry. Her concentration is variable depending on what is happening and this is specifically to do with her relationship with her [redacted]

Lesley's [redacted] having a house round the corner but they spend most nights at Lesley's house. We discussed their relationship issues and Lesley states that anytime she tries to discuss these with [redacted] just leaves the house and doesn't come back for days.

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Lesley has no thoughts of either hurting herself or her [redacted] and there is no evidence of abnormal appearances or thoughts.

Past Psychiatric History
Lesley tells me that she was on Citalopram before she got pregnant and she felt this made her feel like she had cotton wool in her head. She also experienced post natal depression after having [redacted] not to the extent of this period. Of note she didn't mention she had Crisis Team input following the [redacted] as was also seen in 1998 by the West Team for anxiety.

Lesley sees her Health Visitor relatively frequently but declined referral to the Post Natal Depression Group as it is too much hassle to get to Galashiels.

Past Medical History
Recommend Efficiency and Nutrition
Fluoxetine 20 mg – sometimes makes her feel a bit fuzzy, not making a massive difference to her mood.

Allergy
None known

Drug and Alcohol History
Will occasional binge drink, enjoys a good night out but does not drink regularly. Used to smoke cannabis but stopped one year ago. Continues to smoke 10 roll ups a day.

Forensic History
Has been charged with a driving offence and assault which she got a suspended sentence for.

Family History
Lesley wonders if her [redacted] but other than this there is not family history of mental health issues. Specifically there is no history of suicide in her family.

Personal History
Lesley was born in Edinburgh and brought up in Peebles where she lived with [redacted] when she was 7 year old and she found this very difficult. She remembers the fighting that happened between her [redacted] and the guilt trips that [redacted] put on her when separated. Lesley and [redacted] both ended up living with [redacted] and her [redacted] 'touched her up'. There is also a history of physical abuse that Lesley both witnessed between her [redacted] and physical abuse towards Lesley. Lesley didn't speak to her [redacted] until the latter years. Lesley describes her [redacted] Lesley describes herself as a wild teenager and feels that is the way her family has treated her since, although she has done well with her life and has [redacted] She left school at age 16 and has worked in the Oven, the Park Hotel, Barony Castle, and Stobo Castle. Latterly she was working at

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Gregg Bakers but is on maternity leave. She describes this job as easy but she enjoys it, she enjoys interacting with the customers and it is well paid. She lives at home with [redacted] Her [redacted] Lesley describes her relationship with her first [redacted] and describes [redacted] as controlling and [redacted] also physically abused her.

Mental State Examination
Lesley was tidily dressed in her own home, playing with [redacted] when we arrived. There was no evidence of abnormal movements and she had good eye contact. Her speech was normal in all modalities. Lesley described her mood as low but objectively she was euthymic. She had a reactive asset. There was no evidence of any thought disorder. There is no evidence of any psychotic phenomenon throughout the consultation. Lesley describes that when things get too much she wishes that she wasn't here but has no suicidal ideation or intent. Certainly her [redacted] are her protective factor.

Summary and Formulation
Lesley is 36 year old female with an [redacted] Is currently struggling with trust issues with her relationship which are affecting her mood. She has a vulnerable personality, secondary to her [redacted] whilst she was young, physical abuse from her [redacted] and estranged relationship from her [redacted] Lesley does not show any signs of depression but anti-social state is definitely maintained by the difficulties in her relationship. Lesley has a very good relationship with her [redacted] a job which she enjoys and a good relationship with her Health Visitor. All which are protective factors.

Lesley is particular is looking for pointers to help with her life in order to help her deal with her mood fluctuations better.

Management Plan
1 I will refer Lesley to Beating the Blues
2 I will sent Lesley some information on the Post Natal Depression Group
3 I will sent Lesley a bus pass so that she is able to attend this class which can often be difficult to get to in Galashiels.
4 No changes to medication at present, I would be inclined to stop Lesley's anti-depressants in the Spring

I have not made any plans to see Lesley again but will phone her in 6-8 weeks time to see how she is doing. If at this time she does not feel that she needs to see me again then I will discharge her.

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If you have any question please do not hesitate to get in touch,

Kind regards
Yours sincerely

Dr Rosemary Gordon
Specialty Doctor

Date Signed

Time Signed

0805809767

Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

USEFUL LINKS:
Small Changes Big Difference - Getting healthier and feeling good is about making small, manageable changes to your routine and sticking to them. For ideas on small changes you can make and for more information about healthy lifestyles access http://www.nhsborders.scot.nhs.uk/small-changes-big-difference

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NHS Borders

Mental Health Service

East & West Adult Mental Health Teams
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Dr G M McIntosh
Tweed Medical Practice
Hay Lodge Health Centre
Peebles
EH45 8JG

Date 05/01/2018
CHI No 0805809767
Our Ref 136071 / RG / EB
Enquiries to East & West Team secretaries
Extension
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

Dear Dr McIntosh

Re: Lesley Brown 51, Witchwood Crescent Peebles EH45 9AH
DOB: 08 05 1980

I have tried to catch up with Lesley on numerous occasions via telephone, but have unfortunately been unable to get in touch with her. I assume that since she has also not got in touch with me that things have improved and that she does not require any further input from ourselves. Therefore I am discharging her from psychiatry follow up. As per my previous letter, I would be inclined to stop Lesley's antidepressants if she is doing okay in the spring.

If you have got any questions, please do not hesitate to get in touch.

Yours sincerely

Dr Rosemary Gordon
Speciality Registrar

Date Signed 9/1/18

Time Signed 1200

0805809767

Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

USEFUL LINKS:
Small Changes Big Difference - Getting healthier and feeling good is about making small, manageable changes to your routine and sticking to them. For ideas on small changes you can make and for more information about healthy lifestyles access http://www.nhsborders.scot.nhs.uk/small-changes-big-difference

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From: DBIBORDERS, Samh (NHS LANARKSHIRE) [samh.dbiborders@nhs.net]
Sent: 19 November 2019 14:28
To: Administration - Haylodge Health Centre
Subject: LB Discharge Letter and DMP
Attachments: Letter to GP to inform discharge following successful engagement.docx; DMP.pdf; 2019-05-31 V1.4 DBI D-MaP.docx

WARNING: This email originated from outside of NHS Borders. Do **NOT** click any links or open any attachments unless you are **COMPLETELY** sure they are safe. **Be aware that the sender's address could be forged.**

Dear Dr Hyde

Please see attachments regarding one of your patients.

Kind Regards

Caragh Mackay
DBI Admin Assistant

Distress Brief Intervention Team
The Hive
Lower Buckholmside
Galashiels
TD1 1RT
telephone no: **01896494025**

****
Your attention is drawn to the fact that this email originated from a source external to NHS Borders. Monitoring of email is taking place for reasons as stipulated in the NHS Borders E-mail Policy.
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Distress Brief Intervention
Connected Compassionate Support

http://www.dbi.scot/

Scottish Government
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gov.scot

SAMH, The Hive, Low Buckholmside, Galashiels, TD1 1RT

Tel No: 01896 494025

For Information only

07/11/19

Dear Dr Hyde

Re – Lesley Brown
Address – 51 Witchwood Crescent, Peebles, EH45 9AH
DOB – 08/05/80

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 31/10/19. She is now engaging in a period of up to 14 days consecutive DBI support, commencing 01/11/19.

Following conclusion of support a further letter will be sent.

Yours sincerely

Caragh Mackay
DBI Admin Assistant

Cc

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V2 07/12/17

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Distress Brief Intervention
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http://www.dbi.scot/

SAMH, The Hive, Low Buckholmside, Galashiels, TD1 1RT

Tel No: 01896 494025

For Information only

NMA copy

Date 09/09/21

Dear Dr Manson

Re – Lesley A Brown
Address -52 Horsburgh Street
Innerleithen
EH45 9AH
DOB - 08/05/80

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 06/09/21. She is now engaging in a period of up to 14 days consecutive DBI support.

Following conclusion of support a further letter will be sent.

Yours sincerely

Tom Alexander

DBI Admin

Cc

V2 07/12/17

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Distress Brief Intervention
Connected Compassionate Support

Distress Management Plan (D-MaP)

What is it?

- The Distress Management Plan (D-MaP) is a core component of DBI. It is a resource to help someone receiving DBI support to begin to explore and make sense of their distress. Using it they will also clarify their aims and expectations, problem-solve key issues and identify strategies to manage their distress now and in the longer term.

- Given the benefits of a D-MaP, it is considered a mandatory component of DBI. It is expected that all those who are referred to DBI Level 2, and who engage with the service, will develop a D-MaP. There are three parts:

  Part A: Current distress, concerns and strengths
  Part B: Problem solving, action planning
  Part C: Strategies to manage and cope with distress

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What is its purpose?

- The D-MaP focuses attention on a number of different areas which can help a person to manage their distress. The D-MaP breaks down some of the challenging or tricky parts of this process into manageable chunks so as not to overwhelm.

- With your help the person can begin to understand more about their distress and experiences as well as what works well and less well for them. They may also acquire the insight and skills which will help them to manage their health and wellbeing now and in the future. Therefore, the D-MaP is designed to empower those using it to identify personally relevant solutions and actions now and also for the future.

- DBI support is available for a period of 14 consecutive days. Leaving the 14-day period of support with a well-developed D-MaP can help the person take the important next steps beyond DBI support.

How is it used?

- During the 14-day period of support the D-MaP can be used to keep track and record important issues relevant to the person and their distress. It can also be used to record any actions or plans the person decides upon — therefore, the D-MAP has both a short term and longer term outlook.

- Reviewing their D-MaP can help the person track any progress towards their desired objectives or aims. This might result in updates and/or revisions over the course of the 14 days of contact and support. This is to be expected as a person's experiences, expectations and plans may change over the period of DBI support.

- Not everyone will stay engaged with DBI long enough or feel able to complete the D-MaP from start to finish, so it is important that you use your judgment to decide when a D-MaP is complete.

- When introducing the D-MaP you should explain what it is and why it may be helpful. Let the person know that you can help them to develop and use it, but that it is their D-MaP, and they can add or change parts during the 14-day period of support. At the beginning ask them to sign the D-MaP (or record their verbal consent) in the space provided on the front page. DBI Practitioners should record whether any work/development of the D-MaP has taken place by updating the version number and date on the first page of the D-MaP, regardless of whether the D-MaP is a 'work in progress' or considered 'complete'.

- The D-MaP is designed to be as straightforward as possible to use and much of it is intuitive. Some people may need your assistance to develop the D-MaP, for example if they have difficulty with reading and writing or are very distressed when you see them. Other people will want to discuss it with you initially and then work on it themselves for a while. There is no fixed way of developing the D-MaP. You will need to be flexible here and judge the best approach for each person you work with.

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What happens to it?

- The DBI Level 2 service should keep a full record of the D-MaP during the period of support and once the person has exited the service.

- The person in distress should be provided with the final version of the D-MaP when exiting the 14-day DBI support period. They may also wish to keep a copy for their own reference during the period of support.

- A version of the 'final' or most recent version of the D-MaP should be sent to the person's GP at the end of the period of contact, as well as to any other relevant services involved in the person's care and support.

MMA copy

dbi Distress Brief Intervention
Connected Compassionate Support

My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Your signature _____ Date _____

DBI Practitioner's signature _____ Date _____

DBI Service use:

Has the person given you consent to develop/update D-MaP on their behalf?

Yes ☐ No ☐

Please update each time D-MaP is worked on/updated/revised

Version	Date	Version	Date
1	_____	7	_____
2	_____	8	_____
3	_____	9	_____
4	_____	10	_____
5	_____	11	_____
6	_____	12	_____

MMA copy

2019-05-31 V1.4 D-Map

Distress Brief Intervention
Connected Compassionate Support

Name: Lesley Brown_____ CHI Number: _____
DBI Practitioner: Bev Smith_____

My Distress Management Plan

Part A: What led to me feeling distressed?

What things led me to become distressed recently?
Lesley is not happy with where she is staying cause [redacted] stays near and [redacted] Lesley misses her [redacted]. Lesley also had a termination, and is struggling with this.

My emotions
Crying and low mood.

Family or relationships
[redacted]

Practical (for example housing, money…)
Housing, money

Physical (for example pain, illness…)
Back and stomach

Other concerns…

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What has helped me in the past to manage in similar circumstances?

Family, friends, support services
Friends

Activities
Walking the dogs, biking, swimming

2019-05-31 V1.4 D-Map

Coping strategies
Meditation

Other…

Background information…

MMA copy

At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

10

At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

Have you felt suicidal or harmed yourself recently?

Yes / ***No*** / Unclear

Apart from your GP do you receive care or support from another service?

Yes – I receive care or support from_____DAS_____.

No – I do not receive care or support from another service.

MMA copy

Distress Brief Intervention
Connected Compassionate Support

Name: __Lesley Brown_____ CHI Number: _____
DBI Practitioner: Bev Smith_____

My Distress Management Plan

Part B: What I can do to help prevent me from feeling distressed?

Problems and challenges: *What are the main things in my life that add to my distress?*	Solutions: *How to improve things…*
[redacted] *Not happy in where staying* [redacted] *Termination*	**Apply to Eildon Housing** **Number for Cruse** **Relationship Scotland**

MMA copy

Action plans

My overall goal is:Want a settled life with [redacted]

What will I do? Going to contact lawyer, keep structure

Where will I do it? Look at moving house

When will I do it? Keep the exercise help

2019-05-31 V1.4 D-Map

How will I do it? Plan ahead

MMA copy

Distress Brief Intervention
Connected Compassionate Support

Name: __Lesley Brown_____ CHI Number: _____

DBI Practitioner: ___Bev Smith_____

My Distress Management Plan

Part C: What I can do when I am beginning to feel distressed…

Triggers: *What things lead me to become distressed?*

[redacted]*Lesley had a termination, Lesley lost her* [redacted]

Warning signs: *What do I think about? How am I feeling? How am I behaving?*

Crying, low mood

Coping plans: *What will I do if I think that I might become distressed? (If X, then I will Y)*

Meditation
Catch It App
Chill Panda App
Calm Breathing
Relationship Scotland
Cruse Bereavement

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2019-05-31 V1.4 D-Map

Support: *If I feel like I need support, I can speak to or contact…*
Few good friends
Breathing space
Samaritans
NHS24 111

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2019-05-31 V1.4 D-Map

Distress Brief Intervention
Connected Compassionate Support

DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm.**

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people**. Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

DBI Tool 11 'Safety Plan' can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in.*

MMA copy

2019-05-31 V1.4 D-Map

DBI Practitioner use only

Sharing information with other relevant services

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

Sharing information with other individuals

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, parents or partners. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their parents.

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2019-05-31 V1.4 D-Map

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Distress Brief Intervention
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http://www.dbi.scot/

SAMH, The Hive, Low Buckholmside, Galashiels, TD1 1RT

Tel No: 01896 494025

For Information only

19/11/19

Dear Dr Hyde

Re – Lesley Brown
Address – 51 Witchwood Crescent, Peebles, EH45 9AH
DOB – 08/05/80

I am writing to advise you that you referred Lesley to our Distress Brief Intervention Service on 31/10/19.

Following input from our service to assist Lesley manage the distress that she experienced, the following interventions were offered and agreed with her.

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Support to connect with local services e.g. Eildon Housing
4. Encouragement to use support apps and online resources

Client was discharged from our service on 15/11/19.

Please find a copy of the Distress Management Plan attached.

Yours sincerely

Caragh Mackay
DBI Admin Assistant

cc

V2 07/12/17

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NHS Confidential: Personal data about a patient

Reception - Innerleithen HC (NHS Borders)

From: samh dbiborders
Sent: 25 May 2022 10:33
To: Administration - St. Ronans Practice (NHS Borders)
Subject: Call back

Hi

Could Lesley Browns GP please give me colleague Lucy Sage a call on 07860 781646 to discuss a few things.

Regards

Tom

Lesley Brown
52 Horsburgh Street, Innerleithen, EH44 6LF
DOB: 8/5/1980
CHI: 0805809767

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Distress Brief Intervention
Connected Compassionate Support

My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Lesley A Brown_____ Date _____

DBI Practitioner's signature _____Fiona _____ Date ___10/9/21___

DBI Service use:

Has the person given you consent to develop/update D-MaP on their behalf?

Yes ☐ No ☐

Please update each time D-MaP is worked on/updated/revised

Version	Date	Version	Date
1	_____	7	_____
2	_____	8	_____
3	_____	9	_____
4	_____	10	_____
5	_____	11	_____
6	_____	12	_____

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2019-05-31 V1.4 D-Map

Distress Brief Intervention
Connected Compassionate Support

Name: __ Lesley A Brown____ CHI Number: __0805809767____
DBI Practitioner: __Fiona ____

My Distress Management Plan

Part A: What led to me feeling distressed?

What things led me to become distressed recently?

My emotions low , anger , lack of energy

Family or relationships don't have a with them I have good friends , have issues with [redacted]

Practical (for example housing, money…) money tight

Physical (for example pain, illness…) none

Other concerns… feeling overwhelmed and anger with the issues that happened.

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What has helped me in the past to manage in similar circumstances?

Family, friends, support services spending time with friends

Activities walking and going out on bike

Coping strategies

Other…

2019-05-31 V1.4 D-Map

Background information...
Feeling anger , anxiety , lack of motivation
Loss of [redacted]
Lack of support from her family
Issues around [redacted]

At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

8

At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box

0 = No distress
10 = Extreme distress

9

This is due to the loss of her cousin at the weekend

Have you felt suicidal or harmed yourself recently?

No

Apart from your GP do you receive care or support from another service?

No – I do not receive care or support from another service.

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Distress Brief Intervention
Connected Compassionate Support

Name: ____ Lesley A Brown____ CHI Number: __0805809767_____
DBI Practitioner: ____Fiona ___

My Distress Management Plan

Part B: What I can do to help prevent me from feeling distressed?

Problems and challenges: *What are the main things in my life that add to my distress?*	Solutions: *How to improve things…*
Had issues with court	**This has been dealt with**
Feeling anger toward some others that have said and done things to wards me	**Mood Juice anger management booklet** **Dealing with distress booklet**
[redacted]	**DrugFAM0300 888 3853** **Free helpline offered for those affected by someone else's drug or alcohol use, including those bereaved by addiction.**
	Recognising and Understanding Loss **https://www.youtube.com/watch?v=zstomEHsDWU**

Action plans
My overall goal is: to feel better with in myself
What will I do? I will work with Lac to get back engaging with things that I enjoy
Where will I do it? in my local area
When will I do it? when I have met with Lac
How will I do it? by doing things that I enjoy

2019-05-31 V1.4 D-Map

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2019-05-31 V1.4 D-Map

Distress Brief Intervention
Connected Compassionate Support

Name: ___ Lesley A Brown___ CHI Number: _____0805809767___
DBI Practitioner: __Fiona __

My Distress Management Plan

Part C: What I can do when I am beginning to feel distressed…

Triggers: *What things lead me to become distressed?*
The issues that happened with my [redacted] and few ago plus what other have said about me

Warning signs: *What do I think about? How am I feeling? How am I behaving?*
Feeling anger toward these people then I will start to feel low after this

Coping plans: *What will I do if I think that I might become distressed? (If X, then I will Y)*
Self-help resources, Grounding , practice breathing exercises
Do something distracting, keeping busy, have s daily routine
Talk about thoughts and feelings, try writing this down
Exercise, take part in interests and hobbies
Focus more on positives, challenge negative and unhelpful thoughts
Think about my needs do 1 thing a day for me
Be kind to myself

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Support: *If I feel like I need support, I can speak to or contact…*
Helplines Samaritans 116123 24 hours a day https://samaritans.org
Breathing Space 0800838587 6pm -2am weekends 6pm-6am
https://breathingspace.scot The calm helpline 0800 58 58 58 5pm-12
NHS24 111

Apps
Lets Meditate Guided Meditation,

2019-05-31 V1.4 D-Map

Stay alive app,

Links to websites
https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides/

https://www.livingwell.org.au/well-being/mental-health/grounding-exercises/

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Distress Brief Intervention
Connected Compassionate Support

DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm.**

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people**. Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

DBI Tool 11 'Safety Plan' can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in.*

MMA copy

2019-05-31 V1.4 D-Map

DBI Practitioner use only

Sharing information with other relevant services

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

Sharing information with other individuals

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, parents or partners. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their parents.

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SAMH, The Hive, Low Buckholmside, Galashiels, TD1 1RT

Tel No: 01896 494025

For Information only

MMA copy

Date 22/09/21

Dear Dr Manson

Re – Lesley A Brown
52 Horsburgh Street
Innerleithen
EH45 9AH
DOB: 08/05/80

I am writing to advise you that Lesley A Brown was referred to our Distress Brief Intervention Service by Dr Manson on the 09/09/21.

Following input from our service to assist Lesley manage the distress that she experienced, the following interventions were offered and agreed with Lesley.

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Referred to LAC

Client was discharged from our service on 21/09/21.

Please find a copy of the Distress Management Plan attached.

Yours sincerely

Tom Alexander

DBI Admin

cc

V2 07/12/17

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From: East-WestTeam Secretaries (NHS Borders)
Sent: 30 June 2022 13:49
To: Pam Ward (NHS Borders); East-WestTeam Secretaries (NHS Borders)
Subject: RE: CHI 0805809767

Hi Pam,

Lesley has been referred and accepted onto the psychology waiting list. She will be offered a triage appointment in due course and a letter from her assessment appointment will follow.

Thank you,
Ellie

Ellie Whiteley
Team Secretary

East/West Community Mental Health Teams
Huntlyburn House
Huntlyburn
Melrose
TD6 9BD

Tel: 01896 827270
Fax: 01896 827280

icon

From: Pam Ward (NHS Borders) <pam.ward@borders.scot.nhs.uk>
Sent: 29 June 2022 18:02
To: East-WestTeam Secretaries (NHS Borders) <East-West.TeamSecretaries@borders.scot.nhs.uk>
Subject: CHI 0805809767

Hi,

This patient tells me that she has been seen by your team recently. I am not sure if this is the case or whether any further input is planned?

Please advise.

Thanks,

Pam.

Dr Pamela Ward
St Ronan's Practice,
Innerleithen.
Tel 01896 830203.

(Tuesday am, Wednesday pm, Friday am)

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NHS Confidential. Personal data about a patient

NHS Borders

Mental Health Service

East & West Adult Mental Health Team
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Lesley Brown
52 Horsbrugh Street
Innerleithen
Peeblesshire
EH44 6LF

Date 14-Jul-2022
CHI No 080 580 9767
Our Ref MB/KC
Enquiries to East & West Team secretaries
Extension
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

Not a copy

Dear Lesley,

Thank you for taking the time to speak with me on 14th July 2022 for our initial assessment. This was an opportunity to find out more about the difficulties that led to your referral and to discuss if psychological therapy might be beneficial.

Summary of discussion

You described feeling "all over the place". You explained that since [redacted] last year you avoid going near the river. You described that when memories of the day arise in your mind, you feel as if you are back there and "can see the whole thing" and "feel sick to my stomach". You described struggling to concentrate, and said you feel unreal, as if you are "not actually here" and are "out of my body". You were clear that you are not depressed but feel "like somebody's shot me", and you expressed the anger you feel towards other people and the world. You explained that you have withdrawn from most people as you now prefer to be on your own, and you "don't trust anybody anymore and don't want to let anyone in". You said that you are "in fight mode all the time", and have lost weight as when you eat it feels as if the food sticks in your throat. You said that you struggle to fall asleep and wake early in the morning. You said that you watch a video of [redacted] but avoid speaking about [redacted] to anyone else. You explained that since [redacted] "I don't feel like myself" and "everything's changed".

You described finding some temporary sense of peace walking in the forest with your dogs, and that you also go to the gym, do gardening and reading.

Keeping safe

You described how important [redacted] is to you, and that you want to be alive to be here fo[redacted] You told me that because of [redacted] you do not harm yourself, and you do not drink alcohol.

Next steps

We discussed that many of the difficulties you are experiencing are an understandable response to the [redacted] and that psychological therapy could be helpful. This will not change the past, but can help to process the traumatic memories so that they do not feel as if they are happening again in the present, and so that your emotions feel more manageable. It sounded like you want to do this work in order to be able to live as best as you can in the present and future, for yourself and [redacted]

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We agreed your name will be added to our waiting list for psychological therapy, and we will be in contact as soon as this is available.

If you have any questions about the information in this letter, please do not hesitate to contact the office on 01896 827 270.

Yours sincerely,

Dr Monica Baseotto
Clinical Psychologist

MMA copy

Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

USEFUL LINKS:

Small Changes Big Difference - Getting healthier and feeling good is about making small, manageable changes to your routine and sticking to them. For ideas on small changes you can make and for more information about healthy lifestyles access http://www.nhsborders.scot.nhs.uk/small-changes-big-difference

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NHS Borders

Mental Health Service

East & West Adult Mental Health Team
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Dr. Watt
St Ronan's Health Centre
Innerleithen
EH44 6QE

Date 18-Jul-2022
Our Ref
CHI No 080 580 9767
Enquiries to East & West Team secretaries
Direct Line 01896 827270
Email east.westteamsecretaries@borders.scot.nhs.uk

MHA copy

Dear Dr. Watt

Re: Lesley Brown 52 Horsbrugh Street, Innerleithen, Peeblesshire, EH44 6LF DoB: 08-May-1980

Many thanks for your referral of the above named patient whom I met on 10th June 2022 for assessment at Cauldshiels with Peter Dunn CMHN.

Summary of GP reason for referral

Referred with low mood and poor sleep in the aftermath of her [redacted]

Narrative of current problem

Lesley is struggling with her emotions particularly anger sadness. She normally has good coping strategies but these have been overwhelmed. Lesley also lost her [redacted] and still struggles with this. Her [redacted] and lifted [redacted] hand to her. Lesley feels this is the last straw and she cannot have someone in her house who will be aggressive towards her.

Symptom screening

Mood: violently fluctuating emotions but reactive. Clear that she would never harm herself or end her life.
Anxiety: not normally but has been struggling to get out the house.
Sleep has been disturbed. Has been prescribed night sedation but does not want to become reliant.
Appetite poor
Concentration is normally good but is struggling at the moment
Enjoyment: loves being with her [redacted] and enjoys her dogs.

Past psychiatric history

Previously seen by west CMHT. See assessment letter 19/09/2017

Past medical history

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As above

Current medication

Temazepam.
Has been on citalopram and fluoxetine in the past.

Allergies

None known

Drug and alcohol history

Smokes cigarettes, enjoys a drink on a night out but not regularly. Will smoke cannabis with friends.

Forensic history

Assault charge which was not upheld.

Family history (suicide, major mental illness)

As previous letter

Family history (upbringing)

As previous letter

Personal history

As previous letter

Current social situation/current occupational details/financial stressors

Lesley is off sick from her job at Weatherspoon's in Peebles where she has worked for 5 years but says she has been harassed since being off sick and may not go back. No financial stressors disclosed.

Mental state examination

Appearance & behaviour: well turned out with good personal hygiene
Mood/affect: reactive; mood swinging from tearful to anger to laughter within the time of the assessment.
Thought structure:
Thought content:
Perceptual disturbances & abnormal experiences none apparent
Cognitive functioning not formally tested but appeared orientated to time place and person

Risk factors

No thoughts of harm to self or suicide [redacted]s a protective factor. Worries that she may hurt someone in a rage but not a particular person.

Summary & formulation

MWA copy

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Lesley is 42-year-old mother grieving the [redacted] on a background of a violent upbringing including physical abuse from her [redacted] which has led to difficulty managing hard emotions.

Management plan/care plan

Discussed at MDT on 5th July. Referred to psychology for triage.

Yours sincerely

Rosanne McGillvary

Date signed 18/07/2022
Time signed 15.02

MMA copy

Last year missed appointments cost NHS Borders over £1 million.
Cannot keep your appointment? Let us know and we can give it to someone else.

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Reception - Innerleithen HC (NHS Borders)

From: Rosanne McGillvary (NHS Borders)
Sent: 22 July 2022 16:37
To: Administration - St. Ronans Practice (NHS Borders)
Subject: Medication prescription
Attachments: Medication prescription BROWN, Lesley 1635 22-Jul-2022.rtf

Hi there

Please see the attached email regarding medication recommendation

Yours

Rosanne McGillvary
CMHN

MMA copy

NHS Confidential: Personal data about a patient

NHS Borders

Email

East/West Adult Mental Health Service
Huntlyburn House
MELROSE
TD6 9BD

Tel: 01896 827270
Fax: 01896 827280

NHS Borders

PRESCRIPTION REQUEST

Dear Dr Watt

I/my colleague (…Rosanne McGillvary ……) saw/spoke to your patient:

CHI No: 080 580 9767 …. Initials …LB…… (Lesley Brown)

of. 52 Horsbrugh Street, Innerleithen, Peeblesshire, EH44 6LF

contact telephone number / 07749602496

on ……today……

I wish to recommend the following change in medication as discussed with the Team Doctor:

……

Please prescribed 25mg quetiapine as required up to 3 times daily

……

Temazepam can be discontinued

……

PLEASE HIGHLIGHT (**mark bold**) WHICH ACTION IS REQUIRED – CHOOSE FROM 1, 2, 3 OR 4

1. ~~The patient has been informed of the medication change and already has a supply of medication.~~
2. ~~The patient requires a prescription and has been asked to make an appointment to see a doctor within 48 hours or 7 days.~~ (delete as appropriate)
3. **The patient does not require to see a GP but requires a prescription, which he/she will pick up from**

   ……her usual pharmacy……
4. ~~The patient requires a blood test and has been asked to make an appointment with the Practice Nurse~~

   on ……

Name …… **Designation**……

This email is intended for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender which is protected by physician-patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify this office.

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Biggar Medical Practice

From:	BOR CMHT Team Secretaries (NHS Borders)
Sent:	28 May 2024 14:04
To:	Biggar Medical Practice
Subject:	Letter to Gp re LB chi 080 580 9767
Attachments:	Letter sent to patient BROWN, Lesley (Miss) 1205 28-May-2024.rtf

FAO Dr George Marsden

Attached : Letter sent to patient BROWN, Lesley (Miss) 1205 28-May-2024.rtf

Morgan Corcoran
Team Secretary

East/West Community Mental Health Teams
Huntlyburn House
Huntlyburn
Melrose
TD6 9BD

Tel: 01896 827270
Fax: 01896 827280
e-mail – morgan.corcoran@borders.scot.nhs.uk

MMA copy

NHS Confidential: Personal data about a patient

NHS Borders

Mental Health Service

East & West Adult Mental Health Team
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Telephone 01896 827270
Fax 01896 827280
www.nhsscotland.co.uk

IN CONFIDENCE
Miss Lesley Brown
7 Howes Brae
Skirling
Biggar
ML12 6FA

Date 28-May-2024
Your Ref
CHI No 080 580 9767
Our Ref TW/MC
Enquiries to East & West Team secretaries
Extension
Direct Line 01896 827270

Dear Lesley,

I hope that you are well. I am sorry for the delay in sending you this summary letter after your psychology sessions ended. We met on a regular basis, mainly in Haylodge Health Centre, between June 2023 and January 2024.

Our sessions focused on helping you to talk about your grief relating to the traumatic loss of your [redacted] Early on in our contact, you spoke of how "raw" your grief continued to feel. You were struggling with feeling overwhelmed by your emotions at times, particularly feelings of anger and guilt. You told me that anger has been a "defense mechanism" for you since childhood. You described how you tended to avoid looking at photos or video clips of [redacted] and that you also avoided certain places, such as Dawyck, because you were fearful that you would somehow be unable to cope with the distress that this could cause you to feel. You spoke often in our sessions about your concern for [redacted] in terms of what [redacted] and how this might affect [redacted] gets older. You recognized that you had become more protective of [redacted] for example, not allowing [redacted] to go on play dates, however, you were trying to work on this, and as I recall, you were able to cope with [redacted] spending time at a neighbor's house.

Over the course of our sessions, you were gradually able to talk more about the loss of [redacted] and how this was affecting you [redacted] You commented that some happier memories of [redacted] became easier to access. At the same time, we identified some barriers to your grief; you told me that you did not feel "safe" to fully grieve [redacted] loss, because you were concerned that this would have a significant impact on your mental health and that this could cause [redacted] to once again seek full custody of [redacted] This was something that you continued to discuss with your family support worker from Children 1st.

We spent some time in our sessions talking about our normal reactions to experiences of trauma and helpful ways of coping. It was evident that you have developed some good coping strategies, which you are able to make good use of much of the time. These included your humour, exercise, spending time with your dogs and horses, re-connecting with some of your friends. Towards the end of our contact you mentioned that you were interested in perhaps volunteering or starting a college course.

view copy

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It was a pleasure to work with you in our sessions, Lesley and I wish you [redacted] the best for the future.

Yours sincerely,

Tracy Walker.

Dr Tracy Walker
Clinical Psychologist

Date signed: 28/05/24
Time signed

Copy to: GP

USEFUL LINKS:

Small Changes Big Difference - Getting healthier and feeling good is about making small, manageable changes to your routine and sticking to them. For ideas on small changes you can make and for more information about healthy lifestyles access http://www.nhsborders.scot.nhs.uk/small-changes-big-difference

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University Hospitals Division

St John's Hospital at Howden
Outpatient Department 2
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of Plastic Surgery

Dr RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date 31/07/2013
Our Ref 600005618M
CHI 0805809767

MMA copy

Dear Dr Brydon,

Patient: Brown, Lesley **DOB**: 08/05/1980
Address: 51 Witchwood Crescent, Peebles, EH45 9AH

Outpatient Appointment Non Attendance Letter

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT

According to our records, your patient did not attend the following appointment, which had been arranged for them.

Specialty and Consultant: **Plastic Surgery, Mr Hilal I Bahia**
Date and Time: **Wednesday 31 July, 2013 at 2:10 pm**

Please note that, in line with current NHS policy, you will not routinely be offered another appointment at this time.

If you contact us on the number below within 7 days of the date on this letter and let us know why you were unable to attend, we may be able to offer you another date. After this time, if you would still like to be seen, please contact your GP.

A copy of this letter has also been sent to your GP

Yours sincerely,

Julie Ruzgar
Patient Appointments Manager
Outpatient Services
Tel: 01506 522180

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Biggar Medical Practice

From: BOR CMHT Team Secretaries (NHS Borders)
Sent: 26 November 2025 11:53
To: Biggar Medical Practice
Subject: Emailing : LB 0805809767 1151 26-Nov-2025.rtf
Attachments: BROWN, Lesley (Miss) Print Selected Patient Consultations 1151 26-Nov-2025.rtf; Discharge letter given to patient BROWN, Lesley (Miss) 1504 20-Nov-2025 2025-11-26 11-51-53-110.rtf

Hi there,

For the attention of Dr Hutchison

Thank you,

Calum Johnston

Team Secretary
Community Mental Health Team

Attachment : BROWN, Lesley (Miss) Print Selected Patient Consultations 1151 26-Nov-2025.rtf

MMA copy

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NHS Borders

Mental Health Service

East & West Community Mental Health Teams
Huntlyburn House
Huntlyburn
MELROSE
TD6 9BD

Tel: 01896 827270
Email:bor.cmhtteamsecretaries2@borders.scot.nhs.uk

IN CONFIDENCE
Miss Lesley Brown
7 Howes Brae
Skirling
Biggar
ML12 6FA

Date: 20-Nov-2025
CHI No: 080 580 9767
Our Ref: NR,CJ
Enquiries to: As Above

MMA copy

Dear Lesley,

I hope this letter reaches you well. I write to you to formally summarise our telephone discussion from 18/11/25.

Following your initial assessment on 06/11/25 at Haylodge Health Centre, your case was discussed within the Community Mental Health Team meeting on 11/11/25. At this time it is felt by the team that you do not require ongoing support from our service. However as agreed with yourself, I have referred you on to the Borders Independent Advocacy Service and CHIMES service with Action for Children for ongoing support.

You will now be discharged from the Community Mental Health Team and your care will return to your General Practitioner.

I would like to thank you for taking the time to attend and I wish you all the best for the future.

Yours sincerely

Natalie Robson

Community Mental Health Nurse

BACMHT (West) 20/11/25 14:57

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BROWN, Lesley (Miss) NHS Borders Mental Health Services

BROWN, Lesley (Miss) Date of Birth: **08-May-1980 (45y)**

7 Howes Brae, Skirling, Biggar, ML12 6FA

CHI Number: 080 580 9767 Usual GP: HUTCHISON (Dr)

Consultations

Date	Consultation Text
20-Nov-2025 13:58	Telephone consultation (Huntlyburn House) ROBSON, Natalie (BACMHSCPN) Duration: 60 mins
Assessment	Templates: **Dynamic - RTT and PT Template, ARAF Template V2** RTT & PT Template • Appointment Reason - Return • Appointment Type - Review • Appointment Status - DNA discharge • Professional Group - Nurse • Location Type - Telephone Consultation • ARAF Template Assessment completed by Natalie Robson, Community Mental Health Nurse Mental state Lesley attended appointment today at Haylodge Health Centre late but was seen. Presented well kempt with evidence of good personal hygiene wearing make-up and clothing appropriate for weather. Lesley drove to appointment today. Tangential thoughts in the context of social/situational stressors but could be redirected at times. Some pressure of speech at the start of consultation which alleviated as discussions progressed. Some voice raising however Lesley redirected herself, apologised and stated this was due to distress regarding social work involvement and removal of [redacted] States at home she has noticed increase in tearfulness and "breaking" objects in her home when she feels distressed. She maintained appropriate/good eye contact throughout discussions. She did not appear to respond to any unseen stimuli, some evidence of low mood in the context of situational stressors, no mania, humour evident at times. Reports no auditory, olfactory or visual hallucinations. No suicidal ideation or expressed thoughts/acts of self harm, evidence of future planning regarding discussions around referral to services. Lesley describes her protective factors as her animals and family. She reports she would not consider suicide as her [redacted] and reflected on how this affected others. Diet: Lesley reports she prioritises a healthy diet but reports recently reduced motivation to eat. Reports is drinking fluids, mainly coffee (milk no sugar). Discussed if Lesley is taking any herbal medicines, Lesley advised she is taking Chlorophil suppliments, discussed her rational for this, she advised this is to support healthy skin. Sleep: Lesley has been given Diazepam and Quetiapine from her GP to aid sleep, reports this is not theraputic. Goes to bed around midnight and wakes around 07:15 but reports broken sleep due to vivid nightmares, longstanding. Reports no recollection of dreams, no terrors, no physical symptoms. Lesley states when she wakes she will remain in bed and can return to sleep.Substances: reports smoking 1-2g of Cannabis daily, usually smoking with tobacco. Discussed harm reduction. Lesley advised she sporadically uses alcohol but feels she does not require support in this area. Frequent alcohol free days, no symptoms reported to imply dependance. Mental state continuation Trauma: Lesley reports being diagnosed with complex post traumatic stress disorder, historically known to psychology, reports positive relationship with Tracy Walker Clinical Psychologist. She reports her [redacted] Lesley advised she feels guilt around this event as she had prompted [redacted] to leave [redacted] bed and take the dogs for a walk that day, feels if she had allowed [redacted] to remain in bed event would not have occurred. States she "hates" herself due to this, finds it difficult to "open up" about event as concerned if she can contain her grief if explored. Reports multiple abusive relationships with [redacted] Has domestic abuse charge against [redacted] Reports historical childhood sexual abuse from her [redacted] states this is where breakdown in trust with social work services commenced as feels she was let down by services [redacted] as was not believed and continued to live in the abusive home.Referrals: discussed Borders Independent Advocacy Service (BIAS), Action for Children (CHIMES) and Childrens First. Agreed to refer to CHIMES and BIAS, see Emis documents for referral rational. Supports: Lesley reports she has positive relationships in her life,

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naming her [redacted] Lesley reflects she is a good person and feels she is well thought of in the community. Communication: Lesley advised she can present as verbally aggressive on occasion, more-so in relation to social work. Discussed self care and supports for communication. Lesley advised she is triggered when professionals attend her home unannounced and states in meetings if she feels she is becoming overwhelmed she will leave with a view to returning when she has reduced her distress - reports this is by smoking, speaking with her supports or having "good food".Goals: discussed Lesleys goals regarding community mental health team (CMHT) input. Lesley advised she feels she has undiagnosed Attention Deficit Hyperactivity Disorder (ADHD) but did not describe symptoms today that this was impacting on her daily functioning. Lesley requests support regarding pending professional input regarding [redacted] and support with reporting her [redacted] as feels [redacted] is not safe in [redacted] care. Lesley requesting support regarding legal matters. Staff discussed supports that can be offered by CMHT, discussed emotional regulation, safety and stabilisation and decider skills. Advised regarding legal matter staff can support her to locate a lawyer but would be unable to assist in engaging with lawyers, explained rational which she appeared to accept. Due to tangential thoughts today full assessment was not completed, agreed to telephone tomorrow to complete assessment.
Engagement with services Continuation of assessment from 05/11/25:Telephone call to Lesley to complete assessment and onward referrals to CHIMES and BIAS. Lesley during initial call did not express any suicidal ideation, reflecting positively on time spent yesterday with her family, enjoying her meal and speaking with her friend who works at the restaurant. During completion of BIAS referral with Lesley, Police attended her home. Lesley became extremely distressed, verbally aggressive towards police stating she would not allow them access to her home and that her dogs would not allow them in. Staff offered reassurance which she accepted at times. Lesley put mobile call on loudspeaker. Lesley stated police were attending for a welfare check. Lesley stated their attendance was causing increased distress and she would complete suicide due to this. Police stated due to this they were unable to leave. Staff spoke with female officer who stated plan due to suicide expressed plan was to transport her to seek assessment. Police stated to Lesley that she had made threats to life towards Rubys Head Teacher and social work. Lesley advised that they (police) know her, know her situational stressors naming her [redacted] and that her current presentation is a distress response only. Lesley stated she was being searched by police and arrested/read her rights. Lesley requesting staff to call her lawyer George Moor & Co (Edinburgh) referenced name Richard Sutar, staff advised they would be unable to do this on her behalf but offered to contact her Next of Kin to advise/request. Lesley agreeable. Lesley states she feels the situation regarding [redacted] is "unfixable" and social work have "broken apart" her family. Lesley stated she has concerns regarding [redacted] Lesley stated [redacted] fears for [redacted] safety and requested Welfare Check to staff and police. Lesley expressing distress that social worker whom she knows personally attended her home previously to discuss the removal of [redacted] unannounced. Feels this was a conflict of interest and reflected her distaste regarding the social workers alledged history of being a "pole dancer". Lesley stated she is uncomfortable with current social work locality as [redacted] Lesley now expressing she is feeling "impulsive" and making threats to [redacted] and social work. Call ended with agreement staff will liaise with [redacted] at her request. Staff offered reassurance that her concerns will be raised with appropriate services.
Engagement with services continuation [redacted] due to accusation of Lesley hitting [redacted] Lesley denies this. Information from social work assistant Lindsay Silverstein advised that Lesley did admit to striking [redacted] previously. At present Lesley is not to be shared information without discussion with social work/public protection at their request. Alert added to Emis Alerts.CHIMES: See referral details and rational on Emis documents. Lesley is consenting to this referral.Borders Independent Advocacy Service: See referral details and rational on Emis documents. Lesley is consenting to this referral.Childrens First: Lesley stated she has made contact with this service today seeking support.Public Protection/Duty social work: aware of family, IRD date pending.

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Medication management Current prescribing from GP: Diazepam 2mg 3xday, Quetiapine 75mg nocte
Medication management continuation No recommendations from community mental health regarding GP prescribing.
Risk of absconding No risks known
Risk of self-harm 18/11/25: Lesley states she can experience fleeting feelings of "not wanting to be here" but denies active suicidal ideations or plans. States she would not harm herself, has no thoughts of self harm, reflecting on historical experiencees of peer completing suicide. 06/11/25: Lesley stating to Police she will complete suicide due to their attendance causing her distress and due to her percieved lack of support from social work.05/11/25: Lesley denies suicidal ideation or thoughts/acts of self harm. Future planning regarding appointments, social activites with family (reports is meeting auntie and cousin today to go for a meal at The Crown), onward referrals with CHIMES/Childrens 1st and Borders Independent Advocacy.
Risk of suicide 18/11/25: Lesley states she can experience fleeting feelings of "not wanting to be here" but denies active suicidal ideations or plans. States she would not harm herself, has no thoughts of self harm, reflecting on historical experiencees of peer completing suicide. 06/11/25: Lesley stating to Police she will complete suicide due to their attendance causing her distress and due to her percieved lack of support from social work.05/11/25: Lesley denies suicidal ideation or thoughts/acts of self harm. Future planning regarding appointments, social activites with family (reports is meeting [redacted]oday to go for a meal at The Crown), onward referrals with CHIMES/Childrens 1st and Borders Independent Advocacy.
Risk of harm to others 06/11/25: Lesley has been accused of making threats to life to [redacted]head teacher and the social work department. Currently in Police care. Lesley expressing if unsupported by social work she will attend [redacted]ome and regain custody [redacted]Lesley states she has spoken with "Nanette the head of social work" and advised she confirmed the case was not handled correctly and recommended Lesley seek legal advice. Lesley advised she has made a subject access request. Lesley stating frustation with head teacher stating she responded and closed the concerns she reported. Lesley stated she has spoken with Lesley Munro director of education and childrens services regarding matter.05/11/25: Lesley has been accused of assaulting her [redacted] Lesley denies this. Reports breakdown in relationships with social work but did not disclose today any threats to harm.
Abuse issues Lesley discloses historical childhood sexual abuse from her [redacted] Lesley discloses historical abuse from [redacted] Lesley advises [redacted]has domestic assault charges from her.
Neglect/Vulnerability issues (consider ASP/AWAI) Following discussion with Public Protection ? Adult Support and Protection. Team Manager Debra Grice made aware of Public Protection consideration involvement/case.
Child protection concerns Lesley has been accused of assaulting he[redacted] Lesley denies this. Child Protection, social work and police aware.[redacted]
Child protection concerns continuation 06/11/25: Social work advised Lesley as admitted to assaulting [redacted]historically. Concerns from Lesley regarding [redacted] has been liaised with Social work, public protection and police. Social work confirm Welfare Check has already been completed on [redacted] social work requested this information and further information regarding Ruby and pending case not be shared with Lesley. Social work duty request they be contacted in the first instance if she is requesting information on; 01896 662787.
Child well-being concerns Lesley has been accused of assaulting [redacted] Lesley denies this. Child Protection, social work and police aware.[redacted]
Child well-being concerns continuation 06/11/25: Social work advised Lesley as admitted to assaulting [redacted]historically. Concerns from Lesley regarding [redacted] has been liaised with Social work, public protection and police. Social work confirm Welfare Check has already been completed on [redacted] social work requested this information and further information regarding Ruby and pending case not be shared with Lesley. Social work duty request they be contacted in the first instance if she is requesting information on; 01896 662787.
Substance misuse Lesley discloses using Cannabis around 1-2g/day with tobacco. Lesley advised her alcohol use is sporadic but denies needing support in this area.Lesley advises [redacted] [redacted]egreed staff will share her concerns with services. - completed

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Support network Lesley reports she has positive relationships in her life, naming her [redacted] Lesley reflects she is a good person and feels she is well thought of in the community. Lesley reflects she is proud of [redacted] and reflects she is a supportive mother to her children reflecting on emotional and physical affection to [redacted]
Physical health No physical health concerns reported by Lesley.
Occupation of time Lesley has 3 dogs; Esme (12) Husky, Juno (6) Pointer/Deerhound and Brenna (2) Cane Corso whom she takes on walks.Lesley also has a horse Troy (8) whom she takes care of daily, she reports attending the yard with her friend [redacted] She reports spending time with her [redacted] plans social activities. Currently due to distress from the removal of [redacted], Lesley reports reduced motivation with household activities.
Housing and finances Currently living with her [redacted] reports no concerns or need for support regarding home/debts/finances. Not currently working, on Adult Disability. Lesley feels she is on the correct benefits at this time.
Any other issues Initial assessment not completed on 05/11/25 due to tangential thoughts from Lesley, assessment then interupted by Police attendance on 06/11/25. No impression of mental disorder from assessment.
Overall Impression of Risk Red- due to Inter-agency Referral Discussion pending. However does not meet critieria for community mental health team at this time. Appropriate supports in place via BIAS, CHIMES, Childrens First and Social work. Immediate Risk Management Plan - Discussed at team meeting on 11/11/25- does not meet service criteria, for onward referral to CHIMES and BIAS, discharge back to the care of GP.- Diagnosis of PTSD- No impression of mental disorder from initial assessment, presentation of distress is in the context of social/situational stressors and increased Police involvement due to threat allegations- Completed referrals to CHIMES and BIAS for ongoing support- services have confirmed they will support- Lesley has made contact with Childrens First for support- No information to be shared with Lesley regarding [redacted] case without prior discussion with Social Work- at the request of social work.- Public Protection (BGH), 01896 664580 - aware of family- Duty Social Work, 01896 662787 - aware of family (IRD pending date)- [redacted] - full information sharing consent given regarding [redacted] Lesley can present as verbally aggressive, agrees she will leave meetings if feeling overwhelmed- Risk to staff: has been accused of making threats to life to Head Teacher and social work- Has made threats regarding [redacted] services aware- Supports: positive relationships with [redacted]

Lesley aware of Stay Alive app and Distress Brief Intervention service if required.
Immediate Risk Management continuation Discharge from Community Mental Health Team at time of writing.

Comment Telephone consultation
Voicemail left requesting call back
ARAF updated and sent to GP to advise of discharge
PLAN
discharged from the Community Mental Health Team
Length of consultation 30 min
Administration 10

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NHS Lothian

St John's Hospital at Howden
SJH Ward 20 OPD
Howden Road West
Livingston
West Lothian
EH54 6PP

Dr Carter
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date: 17/09/2019

Outpatient Clinic Letter

Patient	Lesley Brown 51 Witchwood Crescent Peebles EH45 9AH	**CHI** **Date of Birth / Age** **UHPI**	**0805809767** 08/05/1980 (39 years) 600005618M
Speciality	Plastic Surgery	**Attendance Date**	30/08/2019
Consultant	Dr Ewa J Majdak-Paredes		

MMA copy

Dear Dr Carter

I saw this 39 year old lady in the clinic today. She presents with a scar situated on her right cheek following incision and drainage of an abscess which also required intravenous antibiotics. In her past medical history, she suffers from acne but is otherwise healthy. She smokes 10 cigarettes a day.

On examination today, she has a 1cm x 1cm scar with a pit and a sinus which has healed from the aforementioned surgery. It is possible to revise this scar and remove the pit closing the area directly. She would exchange this into a slightly longer hopefully, straight line scar, however, I have explained that scars can be unpredictable. I have explained what the procedure would entail, recovery and risks such as infection, bleeding, delayed healing, unpredictable scarring, cyst and dissatisfaction. I have also emphasised that smoking in particular increases risks of infection, wound healing problems and resultant unpredictable scarring. She is happy to accept those risks and go ahead with scar revision surgery. I, therefore, put her name on the waiting list for scar revision right cheek under local anaesthetic on a routine basis. In addition I sent her for a medical photograph today. We will keep you informed of her progress.

Kind regards

NHS Confidential: Personal data about a patient

Yours sincerely

Ms Ewa Majdak-Paredes, PhD, FRCSEd (Plast), EBOPRAS
Consultant Plastic Surgeon

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University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of Plastic Surgery Local Anaesthetic

P1123234G/G00115/1/1

Dr J Carter
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date 05/09/2022
Our Ref 600005618M
CHI 0805809767

MMA copy

Dear Dr J Carter,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, Lesley **DOB:** 08/05/1980
Address: 51 Witchwood Crescent, Peebles, EH45 9AH

Dear Ms Brown

Notification of Removal From the Plastic Surgery Local Anaesthetic Outpatient Waiting List

Specialty: Plastic Surgery Local Anaesthetic

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that this is no longer required. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

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ROGER A. BRYDON, MBChB, MRCGP
CLAIRE MELDRUM, MBChB, MRCGP, DRCOG, DFFP
ROBERT MANSON, MBChB, MRCGP
JENNIFER CARTER, MBChB, MRCGP
LUCY SEDGWICK, MBChB, MRCGP, BSc hons
LUCIE E BUCKINGHAM, MBChB, MRCGP

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Telephone: 01721 720601
Fax: 01721 726989

T

AD/PM/600005618M
CHI 0805809767

28 February 2020

Dr Ewa Majdak-Paredes
Consultant Plastic Surgeon
St John's Hospital
Howden Road West
Livingston
EH54 6PP

Dear Dr Majdak-Paredes

Lesley Brown 51 Witchwood Crescent, Peebles, EH45 9AH (DOB 08.05.80)

Please see attached letter from your last meeting with the above patient in August 2019.

Just wondering if this patient was referred onwards for surgery or if perhaps she has been lost to follow up?

Yours sincerely

Dr Amy Doherty
GPST3
Tweed Practice

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F

NHS Borders
Physiotherapy Department

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Telephone: 01721 722080

www.nhsborders.org.uk

NHS Borders

DISCHARGE REPORT

To Dr McINTOSH **Date** 29/6/07

Re: LESLEY A. BROWN
Address: SOUTH LYNE FARM, PEEBLES
CHI no: 0605809767

Date of Referral 20/3/07
Date of Initial Appointment 3/4/07 **Date of Discharge** 13/6/07

This patient was referred by Dr MELDRUM for physiotherapy and treatment of:

LOW BACK PAIN BUT AS A RESULT OF THE MRI SCAN YOU ORGANISED SHE IS AWAITING AN APPOINTMENT WITH A NEUROSURGEON

I AM DISCHARGING HER FROM MY PHYSIOTHERAPY LIST + AWAITING THE OUTCOME OF THE SPECIALIST'S RECOMMENDATIONS.

29 JUN 2007

DL		FILE	✓
EM	✓	APPT.	
CM		NOTES	
RS		SUMMARY	
GPR		COMMENT	
RET		VISIT	

Yours sincerely

Kim

Kim Jackson
Physiotherapist

MMA copy

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Closed Call Details

Additional Details | Acknowledge this call

NHS No:	4350213	**Call Received:**	24/03/2007 09:49	**Received by:**		NHS 24
Outcome:	Attend PCEC within 4 Hrs			**Outcome Code:**	PCC4	
PCC:	BECS/BGH	**Triage Start:**	24/03/2007 10:33	**Triage Finish:**	24/03/2007 10:39	

Patients Present Location

Address:	1 Old Row Lyne Farm, Peebles, EH45 8NR
Phone:	01721 740659

Patient Home Details (0805809767)

Name:	LESLEY BROWN
Address:	1 Old Row Lyne Farm, Peebles, EH45 8NR
Phone:	01721 740659
Sex:	F
DOB:	08/05/1980
Age:	26 years old
Contact:	Austin
Contact Phone Number:	01721 740659

Registered GP Details (at time of call)

Dr Name:	McIntosh,Ewan
Practice:	PEEBLES LOVE PRACTICE (16211)
Script No:	850814

Clinical Summary:
Date: 24/03/2007
Description: SEVERE PAIN IN LOWER BACK WITH NUMBNESS AND TINGLING DOWN RIGHT LEG FOR 2 DAYS, FEELS RIGHT BUTTOCK BURNING - HOT TO TOUCH. ALSO NAUSEA AND SHIVERING. GP GAVE CO CODAPAR WITH NO EFFECT. PCEC 4 HOURS. HUB TO ARRANGE PLEASE.

Call Number:	0000072260	**Date:**	24/03/2007	**Time:**	10:51	**Passed:**	10:52
Status:	Attend						
Urgency:	Within 4 Hours	**Attended**	☑				

Notes to Practice:

Sciatica and low back pain for a week. Has had this in the past. Seen her own GP last week and put onto codapar 15/500 tabs x 2 QID. These are not sufficient and ibuprofen is also not working. No problem with bowels or urine. Walked in. Limited flexion in lumbar spine. SLR+. Neuro intact. Patient refused rectal exam. Abdo soft. Plan: reassurance and explanation. May take 3-6 weeks to recover. Rest if painful. Keep active as able. Physio arranged for next week. Ketorolac 30mg IMI stat. Add DHC 30mg tablet to codapar tabs. Diazepam 2-4mg nocte as needed. To see own GP next week for review.

Diagnosis:
Sciatica

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None			**Dept:**	None
Review by GP:	☐	**When:**				**Where:**	
Patient to contact GP:	☐						

Patient Arrival:	Date 24/03/2007	Time 13:21						
	Date	Start Time	Finish Time		Date		Start Time	Finish Time
Clinical1:	24/03/2007	13:30	13:50	**Clinical2:**				
	Clinical Group		Name		**Completion Date/Time:**	24/03/2007 14:00		
Duty Clinician	SALARIED GP's		Dr SCOTT FERGUSON		**Closed By:**	scottferguson		

Last Modified by PCEC: 24/03/2007 13:59

DL		FILE	✓
BM	✓	APPT.	
CM		NOTES	
PG		SUMMARY	
GPR		COMMENT	
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26/03/2007 TayCare

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Closed Call Details

Additional Details | Acknowledge this call

NHS No:	4440705	**Call Received:**	15/04/2007 10:15	**Received by:**	
Outcome:	Attend PCEC within 4 Hrs			**Outcome Code:**	PCC4
PCC:	BECS/BGH	**Triage Start:**	15/04/2007 12:03	**Triage Finish:**	15/04/2007 12:08

NHS 24

Patients Present Location

Address: 1 Old Row Lyne Farm, Peebles, EH45 8NR
Phone: 01721 740659

Patient Home Details (0805809767)

Name: LESLEY BROWN
Address: 1 Old Row Lyne Farm, Peebles, EH45 8NR
Phone: 01721 740659
Sex: F
DOB: 08/05/1980
Age: 26 years old
Contact: Astan
Contact Phone Number: 01721 740659

Registered GP Details (at time of call)

Dr Name: McIntosh,Ewan
Practice: PEEBLES LOVE PRACTICE (16211)
Script No: B50814

Clinical Summary: **Date:** 15/04/2007
Description: UNTRIAGED CALL PASSED TO PARTNERS

Call Number:	0000073972	**Date:**	15/04/2007	**Time:**	12:14	**Passed:**	12:15
Status:	Cancelled						
Urgency:	Within 4 Hours						

Notes to Practice:

tel - 4/52 low back pain and right sciatica, worse am, increasing numbness right leg past couple days. was on diazpam and amitriptyline - now finished. taking DHC pt unable to attend BGH - for HV in view of increasing paraesthesia. Dr on her way to see patient when call cancelled - patient happy to wait and see GP Mon AM

Diagnosis:

None

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None			**Dept:**	None
Review by GP:	☐	**When:**				**Where:**	
Patient to contact GP:	☐						
Patient Arrival:	Date	Time					
	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Clinical1:				**Clinical2:**			
	Clinical Group		Name		**Completion Date/Time:**	15/04/2007 12:55	
Duty Clinician	SESSIONAL GP'S		Dr JENNIFER CARRIE		**Closed By:**	mgrant1	

Last Modified by PCEC: 15/04/2007 13:45

MEDICAL COPY

DL		FILE	✓
EM	✓	APPT.	
CM		NOTES	
DS		SUMMARY	
GPR		COMMENT	
RET.		VISIT	

16/04/2007 TayCare

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Message only NHS24 call

PCC:	Haylodge PCEC			FOR PRACTICE	
NHS No:	5447282	Call Received:	10/02/2008 03:46	Received by:	(Non-clinical user) (Edinburgh)
Outcome:	Pt advised to go to A&E - For Information Only			Outcome Code:	AEP
		Consultation Start:	10/02/2008 03:53	Consultation Finish:	10/02/2008 04:05

NHS 24

Patients Present Location

Address:	45 Old Town, Peebles, EH45 8JE
Phone:	01721 722711 Ext:

Patient Home Details (0805809767)

Name:	LESLEY BROWN
Address:	1 Old Row Lyne Farm, Peebles, EH45 8NR
Phone:	
Sex:	F
DOB:	08/05/1980
Age:	27 Years
Contact:	

Registered GP Details (at time of call)

Dr Name:	MCINTOSH, GEORGE
Practice:	THE TWEED PRACTICE

Clinical Summary:	LACERATION TO BASE OF R THUMB FOR 3 HOURS AND SUSTAINED DEEP LACERATION TO PALM OF HAND, EDGES 1/2 INS APART.NOT CLEANED, NO PRESSURE APPLIED.HAS BLED, NOW REDUCED AMOUNT.NO TRANSPORT TO ATTEND BGH.HAY LODGE CONTACTED, HAPPY TO SEE IN FIRST INSTANCE, PATIENT AWARE MAY BE FORWARDED TO BGH
Condition:	CONTINUAL BLEEDING, LACERATION TO HAND 3HRS
Call Number:	20000094544
Received by TayCare:	10/02/2008 04:07

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1 Patient Contacts for Peebles - Tweed Medical Practice

NHS Confidential: Personal data about a patient

Patient : Lesley Brown **Case No 62090**

(Gender: Female) (DOB: 08/05/1980) (Age: 41 years) (CHI: 0805809767)

Case No 62090 **Case Date** 12/06/2021 10:56 **Own Dr**
Emergency Care Summary viewed on case

Current Address
52 Horsbrugh Street Innerleithen

EH44 6LF
Current Phone 07749 602496

Home Address (If Different)
51 Witchwood Crescent Peebles

EH45 9AH
Home Phone (If Different)

NHS 24 Advice by Rhiannon Smith (Call Taker Si) ()
VAGINAL BLEEDING 6 DAYS

Triage Start 10:58
Triage End 11:09

PCC4 PCEC within 4 Hrs

Clinical summary created by: Rhiannon Smith (Call Taker Si) () [12/06/2021 11:09:03]
Reason for call: VAGINAL BLEEDING 6 DAYS
PINKY DSCHARGE NOW BECOME DARKER IN COLOUR. SMELL TO DISCHARGE. NOT DUE PERIOD. NO COVID SYMPTOMS
Confirmed Symptom(s):
Vaginal bleeding
Vaginal bleeding; not feeling lightheaded

Symptom(s) not found:
No fever

Call Detail(s):

Clinical supervisor: NP E STEWART
12:06:2021 11:09:18 SMITHR2.. DW NP E STEWART - NORAMLLY HAS REGULAR PERIOD. IS ON MINI PILL. FOUL SMELLING DISCHARGE. LOWER ABDO PAIN. PCEC 4HRS..
Outcome: PCEC within 4 Hrs

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by Mackessack-Leitch, Ruaraidh **Consult Start** 11:14

Start Type Attend **End Type** Telephone Advice **Consult End** 11:31

History
PV discharge for 1wk, bad slightly fishy smell with pink colour/blood. No white clumps or forthiness. Little bit of cramping, but no pain. On POP, is not great at taking and will often miss doses. Would usually have regular bleeding, next due in about 10d. No urianry symptoms. Never had this before.
Regular sex with same partner. No pain or post coital bleeding.
Smears not up to date.

Examination

Report Statistics: Report produced by Adastra Version 3 - 12/06/2021 11:48:27

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Patient : Lesley Brown **Case No 62090**

(Gender: Female) (DOB: 08/05/1980) (Age: 41 years) (CHI: 0805809767)

Diagnosis

Likely bacterial vaginosis.

Treatment

Treat empirically with Metronidazole. Send to Boots in Galashiels; will pick up pregnancy test at same time. If not settling then to call back for
Advised to make appt for smear with GP practice.

Clinical Code(s)

K4219 Bacterial vaginosis

Prescriptions

Metronidazole 400mg tablets Take 1 tablet twice daily for 7 days. Do not drink any alcohol while on this medication as can cause severe reaction. 14.00

Informational Outcome(s)

Discharged with treatment and safety netting -

Referred to agency : Boots Galashiels NHS Borders

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Report Statistics:

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Closed Call Details

Additional Details | Acknowledge this call

NHS No:	6937223	**Call Received:**	07/03/2009 11:36	**Received by:**	(Non-clinical user) (Glasgow)	NHS 24	
Outcome:	PCEC within 4 Hrs			**Outcome Code:**	PCC4		
PCC:	BECS/BGH	**Triage Start:**	07/03/2009 11:38	**Triage Finish:**	07/03/2009 12:00		

Patients Present Location		**Patient Home Details (0805809767)**	
Address:	1 Old Row Lyne Farm, Peebles, EH45 8NR	**Name:**	LESLEY BROWN
Phone:	07826 810609 Ext:	**Address:**	1 Old Row Lyne Farm, Peebles, EH45 8NR
Registered GP Details (at time of call)		**Phone:**	
Dr Name:	MCINTOSH, GEORGE	**Sex:**	F
Practice:	THE TWEED PRACTICE (16211)	**DOB:**	08/05/1980
Script No:	850814	**Age:**	28 years old
		Contact:	

Clinical Summary:
Date: 07/03/2009
Description: PAIN PASSING URINE FOR 1/7 AND CALLER STATES URGENCY AND FREQUENCY PASSING URINE SINCE YESTERDAY, NOW HAVING BURNING PAIN AND HAS OBVIOUS BLOOD, PASSED SOME CLOTS THIS MORNING, PT STATES COULD POSSIBLY BE PREGNANT ALTHOUGH HAD NEGATIVE TEST FEW DAYS PREVIOUS REFER BONNYRIGG PCEC 4HRS WITH SAMPLE APPT 13.30. WORSENING STATEMENT GIVEN

Call Number:	0000121173	**Date:**	07/03/2009	**Time:**	12:00	**Passed:**	
Status:	Attend						
Urgency:	Within 4 Hours	**Attended:**	☑	**Date:**	07/03/2009	**Time:**	19:55

Notes to Practice:
frequency and dysuria for 1/7, never had UTI before, uses condoms for contraception, period finished 3/7 ago. normally fit and well. O/E: Temp 37.5C, urinalysis pos for Leuc, blood and proteine, HCG neg. given Trimethoprim 200mg bd for 5 days, see own GP if not settling, hand in further MSU, 48 hours after AB are finished to ensure haematuria clears.

Diagnosis:
UTI

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None		**Dept:**	None	
Review by GP:	☐	**When:**			**Where:**		
Patient to contact GP:	☑						

	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Consultation 1:	07/03/2009	20:20	20:35	**Consultation 2:**			
	Clinical Group		Name		**Completion Date/Time:**	07/03/2009 20:35	
Duty Clinician	SESSIONAL GP'S		Dr MIRIAM FUEHR		**Closed By:**	gmearns1	

Last Modified by PCEC: 07/03/2009 20:35

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09/03/2009 TayCare

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1 Patient Contacts for Peebles - Tweed Medical Practice

NHS Confidential: Personal data about a patient

Patient : Lesley Brown **Case No 65970**

(Gender: Female) (DOB: 08/05/1980) (Age: 41 years) (CHI: 0805809767)

Case No 65970 **Case Date** 26/07/2021 22:00 **Own Dr**

Emergency Care Summary viewed on case

Current Address
4 Caddon Court Innerleithen

EH44 6LW

Current Phone 07749 602496

Home Address (If Different)
51 Witchwood Crescent Peebles

EH45 9AH

Home Phone (If Different)

NHS 24 Advice by Fiona Walker (Usc Call Taker) ()

PAIN IN RHS OF CHEST AND RIBS 1DAY

Triage Start 19:13
Triage End 19:20

PCC4 PCEC within 4 Hrs

Clinical summary created by: Fiona Walker (Usc Call Taker) () [26/07/2021 19:22:36]
Reason for call: PAIN IN RHS OF CHEST AND RIBS 1DAY
CONCERNED ABOUT PLEURISY - SIMILAR PAIN SINCE YESTERDAY. NO COVID SYMPTOMS
26:07:2021 19:10:07 WALKERF.. CONCERNED ABOUT PLEURISY - SIMILAR PAIN SINCE YESTERDAY. NO COVID SYMPTOMS.. SHARP PAIN IN CHEST..
26:07:2021 19:18:03 SMITHP.. RHS CHEST PAIN WORSENING OVER 1/7. PAIN ON MOVEMNT AND ON BREATHING. HX OF PLEURISY AND THIS FEELS SIMILAR. WAS ADMITTED TO HOSPITAL BEFORE WITH THIS ADVISED ANALGESIA - PCEC4..
Outcome: PCEC within 4 Hrs

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by Jackson, Fiona **Consult Start** 20:08

Start Type Attend **End Type** Attend **Consult End** 20:20

History

Nurse practitioner phone call to Lesley 20.15hrs NP Jackson
Pain in right side of chest since yesterday, feels it when taking deep breath in, similar to when she had pleuirsy.
Pain is in right side radiates to front and back.
Coughing up grey/green phlegm, no blood in phelgm
Eating and drinking as usual
Passing urine as usual
No pain in throat or ears
Nose is stuffy - patient thinks this is due to hayfever
PMH; Plurisey
MEDS; OCP, Lymecylin, has take ibuprofen 90 mins ago with no effect
Allergies;Amoxycillin, roaccutane
Smokes 10 rolls up per day
Drinks alcohol
For face to face assessment in BUCC, to attend 22.00hrs, number given to phone on arrival.

Examination

Report Statistics: Report produced by Adastra Version 3 - 27/07/2021 00:56:51

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Patient : Lesley Brown	Case No 65970
(Gender: Female) (DOB: 08/05/1980) (Age: 41 years) (CHI: 0805809767)	

Diagnosis

Treatment

Clinical Code(s)
R065. [D]Chest pain

Prescriptions

Adastra Consult by Greene, Terence **Consult Start** 23:09

Start Type Attend **End Type** Attend **Consult End** 23:29

History

History as above.
Right sided chest pain - worse on inspiration.
Started yesterday.
Cough on and off. No sputum. Smoker.
no temps or fever.
On POP
No calf swelling/pain

Family history of DVT

Examination
t 36.4 Sats 98% HR 66 BP 116/62 RR 20

HS I + II + 0
Chest - Clear. No creps or wheeze.
Some tenderness intercostal on right side between 6th/7th rib
Calves SNT

Diagnosis
? MSK pain
?? PE

Treatment
Analgesia - Co dydramol prn

Check bloods - FBC, U+E, D DImer.

Pt needs to get home to care for children.

I will call with results. (provided with Apixaban - instructed not to take unless I call later advising to do so)

Clinical Code(s)

Prescriptions

Adastra Consult by Greene, Terence **Consult Start** 00:27

Start Type Attend **End Type** Attend **Consult End** 00:41

History

D- Dimer 54 (normal range)

Report Statistics: Report produced by Adastra Version 3 - 27/07/2021 00:56:51

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Patient : Lesley Brown	Case No 65970
(Gender: Female) (DOB: 08/05/1980) (Age: 41 years) (CHI: 0805809767)	

Examination

Diagnosis

Treatment

Unlikely PE.

Most likely muscular. Analgesia prn.

Covid swab sent earlier incase she needed to return for ctpa. Pt does not need to isolate as does not have temp/new cough or loss taste/smell.

If gets sputum/SOB or unwell / concerns - get back in touch.

(Pt will discard Apixaban)

Clinical Code(s)
R065. [D]Chest pain

Prescriptions

Informational Outcome(s)
Discharged with treatment and safety netting -

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NHS24 CONTACT REPORT

PCM ID:	71938544		
CHI:	0805809767	**Caller :** Self	
Surname:	BROWN	**Date/Time Call Received:**	09.05.2022 09:48:53
Forename:	LESLEY	**Date/Time Call Completed:**	09.05.2022 10:02:01
DOB:	08.05.1980		
Gender:	F		
Address:	52 Horsbrugh Street INNERLEITHEN EH44 6LF	**Current Location:**	52 Horsbrugh Street INNERLEITHEN EH44 6LF
Phone Number:	07749602496	**GP:**	GREGOR WATT ST RONAN'S PRACTICE ST RONAN'S PRACTICE
Phone Ext.:			ST RONAN'S HEALTH CENTRE
Special Directions:	Front Door		INNERLEITHEN EH446QE
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Distress Brief Intervention
REASON FOR CALL / RELEVANT INFORMATION:
VARIOUS SOCIAL STRESS

Confirmed Symptom(s):

#Other Professionals involved: NIL

#Alternative contact instructions : CALL

#Contact person in the morning

#Presenting Problem: SUICIDAL THOUGHTS, LOW MOOD, DISTRESS, AGITATION

#Contributing Factors: DEATH OF SON, EMPLOYMENT CONCERNS, MONEY ISSUES AND SOCIAL STRESS AND AGGREVATION WITH THEIR NEIGHBOUR

#Known risks: SUICIDAL THOUGHTS, PAST ABUSE HINTED AT BUT PT DID NOT GO INTO DETAIL

#Distress level 10 (0 low - 10 high)

#Not admitting to be under the influence of alcohol or other substances at the time of referral

#Information sheet has been discussed with the person in distress

#Relevant information regarding safety of level two provider: PT HAS RECENTLY BEEN CHARGED FOR SHOUTING AT THEIR NEIGHBOUR

History and Mental state:

#Main problem: PT STRUGGLING WITH THE [redacted] AND THE ONGOING TENSIONS WITH SOMEONE THEY KNOW WHO THEY HAD AN ALTERCATION WITH.

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NHS24 CONTACT REPORT

#Medication: DOES NOT WANT TO GO ON ANTI DEPRESSENTS

#Engagement with services: PSYCHIATRIST INVOLVED IN PT CARE. NO SOCIAL WORK INPUT

#RAG History and mental state: Green

Public protection considerations:

#Harm to others risk: PT HAS THOUGHTS OF HARMING SOMEONE THEY HAVE HAD PREVIOUS ALTERCATIONS, PT WAS SHOUTING AT THIS PERSON IN THE STREET AND GOT CHARGED FOR THIS. SOME ISSUES IN THE PAST WITH THIS PERSON. STATES IF THEY GOT THE PERSON IN THE DARK TO SEE HER THEY WOULD HIT HER.

#Adult protection: PT [redacted] STRUGGLING WITH BASIC TASKS DAILY

#Child protection: PT HAS [redacted]

#RAG Harm to others: Red

#RAG Child protection: Green

#RAG Adult protection: Red

Suicide or self-harm:

#Self-harm risk: PT DENIES SELF HARM

#Suicide risk: PT HAS SOME SUICIDAL THOUGHTS, IF [redacted] WASNT HERE PT WOULD ACT ON SUICIDAL THOUGHTS.

#RAG Suicide: RAG Red

#RAG Self-harm: Green

Social and personal risks:

#Support network: FRIEND THAT IS SUPPORTIVE

#Occupation/activity: WAS A CHEF BUT OFF WORK DUE TO MH. STATES IN A BIG DISPUTE WITH THEIR WORK

#Physical health: NO ALLERGIES

#Housing and finances: STATES HAS NO MONEY COMING IN.

#RAG Social and personal risks: Green

Risk from substance misuse:

#RAG Risk from substance misuse: Green

#Substance abuse risk: PT DENIES ALCOHOL AND DRUGS TODAY

Any other issues:

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NHS24 CONTACT REPORT

#Other issues: NOTHING NOTED

#RAG Any other issues: Green

Overall impression:

#Overall impression: PT AGREED TO SAFETY PLAN

#RAG Overall impression: Green

#RAG Summary: Red:3 Amber:0 Green:7 Not known:0

Call Detail(s):

#Clinical supervisor: M SINZARA SCN

#Call reason: Suicidal thoughts

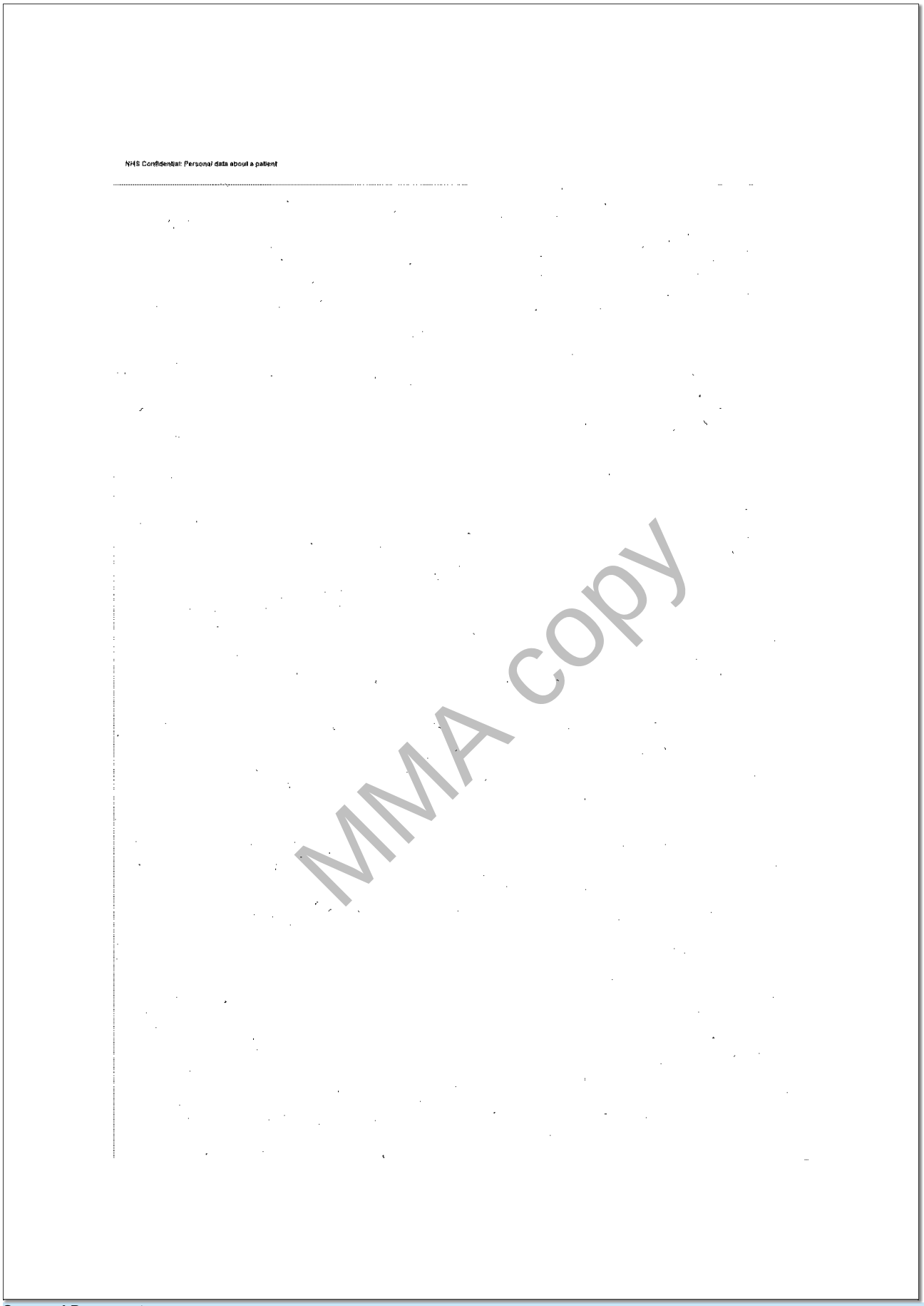
PAST MEDICAL HISTORY:

NOTES:

09:05:2022 10:00:05 FERGUSSONT HIGHLY DISTRESSED PT WHO HAS A LOT OF SOCIAL STRESS. PT [redacted] AND ALSO HAS ONGOING FRICTION WITH A NEIGHBOUR.
PT INDICATED THEY HAVE SUICIDAL THOUGHTS BUT DID AGREE TO KEEP THEMSELF SAFE TODAY. PT ALSO WORRIES ABOUT WORK AND THEIR FINANCES TOO
PT MENTIONED HARMING THEIR NEIGHBOUR BUT WHEN PRESSED ON THE MATTER THEY SAID IT WAS A FEELING AND DIDNT THINK THEY WOULD ACTUALLY DO IT
PT AGREEABLE TO WELFARE FORM AND DBI. PT AGREED TO SAFETY PLAN. DBI

Support Line Notes:

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1 Patient Contacts for Innerleithen - St Ronan's Medical Practice

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Patient : Lesley Brown **Case No 13435**

(Gender: Female) (DOB: 08/05/1980) (Age: 42 years) (CHI: 0805809767)

Case No 13435 **Case Date** 19/11/2022 07:30 **Own Dr** Watt, G

Emergency Care Summary viewed on case

Current Address
52 Horsbrugh Street Innerleithen

EH44 6LF

Current Phone 07341 811248

Home Address (If Different)

Home Phone (If Different)

NHS 24 Advice by Carol Stewart (Call Taker SI) ()

Triage Start 07:33

Triage End 07:50

TIGHT CHEST AND WHEEZY - 3 WEEKS

PCC4 PCEC within 4 Hrs

Clinical summary created by: Carol Stewart (Call Taker SI) () [19/11/2022 07:50:44]
Reason for call: TIGHT CHEST AND WHEEZY - 3 WEEKSConfirmed Symptom(s):
Has Fever
Displaying new confusion or changes in behaviour
Feels like passing out or has passed out or is currently lightheaded or dizzy
Pale
Cold
Clammy

Symptom(s) not found:
No chest pain front or back
Not currently bleeding
No traumatic injury within the past hour

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Clinical supervisor: GRAHAM NEILLANDS
19:11:2022 07:33:20 STEWARTC1.. RTN CALL - CONTACTED GP ON FRIDAY . AS BEEN UNWELL FOR 4 WEEKS .WITH COLD & FLU . ON QUETIAPINE . AWAITING BLOOD TESTS . NOT TAKEN QUETIAPINE LAST NIGHT . FEELS ANXIOUS AS COMING UP TO 1 YR [redacted] TO LOOK AFTER.. FINDING IT HARD TO CATCH BREATH ... FEELS VISION WEIRD / IN AND OUT.. RTN CALLER =- GENERALLY UNWELL. CHEST PAIN , TIGHTNESS, COUGH - PRODUCTIVE. LIGHTHEADED , VISION INTERMITTANTLY BLURRY , PU OK. THROAT PAIN, PARTICULARLY BAD ON SWALLOWING . OUTCOME - PCEC 4 HRS - HUB TO ARRANGE..
Outcome: PCEC within 4 Hrs

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by Gowans, Gordon **Consult Start** 08:20

Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 08:32

Report Statistics: Report produced by Adastra Version 3 - 19/11/2022 08:49:47

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Patient : Lesley Brown	Case No 13435
(Gender: Female) (DOB: 08/05/1980) (Age: 42 years) (CHI: 0805809767)	

History
telephone call to patient

she says been unwell last 3-4 weeks

feels hot n clammy
cough 3-4w
-occ bright green sputum

chest feels tight

visonon been blurry 3-4 weeks

feels light headed and own gp has arranged BT this monday

on quetiapine 5m and she feels couls be side fx

pmhx -MH issuses.note special notes.
meds per ecs
adr amoxycilin

? chest infection and ongoing fatigue symptoms

Examination

Diagnosis
?chest infection
?post viral fatigue

Treatment
advised see optician for eye check

doxycycline for ? chest infection eamiled to innerleithen pharmacy

sos 111 if worsening

explained if quetiapine needs red/stopped her gp is best placed to do this (after bt if they feel appropriate)

Clinical Code(s)
171.. Cough

Prescriptions
Doxycycline 100mg capsules 2 capsules day one then one per day for the rest of the course 8.00

Informational Outcome(s)
Patient Advised To Contact Own GP -
ECS/KIS/Special Notes Checked & Noted -

Referred to agency : M Farren Ltd Innerleithen NHS Borders

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NHS24 CONTACT REPORT

PCM ID:	71938544		
CHI:	0805809767	**Caller :** Self	
Surname:	BROWN	**Date/Time Call Received:**	12.01.2023 08:45:00
Forename:	LESLEY	**Date/Time Call Completed:**	12.01.2023 09:42:35
DOB:	08.05.1980		
Gender:	F		
Address:	52 Horsbrugh Street INNERLEITHEN EH44 6LF	**Current Location:**	7 Howes Brae Skirling BIGGAR ML12 6FA
Phone Number:	07341811248	**GP:**	GREGOR WATT ST RONAN'S PRACTICE ST RONAN'S PRACTICE ST RONAN'S HEALTH CENTRE INNERLEITHEN EH446QE
Phone Ext.:			
Special Directions:	Front Door		
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Distress Brief Intervention
REASON FOR CALL / RELEVANT INFORMATION:
MENTAL HEALTH CONCERNS

Confirmed Symptom(s):

#Other Professionals involved: NIL.

#Alternative contact instructions : PT REQUESTING CALL BACK ON PERSONAL MOBILE - 07341811248.

#Contact person in the afternoon

#Presenting Problem: PT REPORTS [redacted]
PT REPORTS FINANCIAL DIFFICULTY, EXPERIENCING ONGOING PANIC ATTACKS AND SYMPTOMS OF TRAUMA. PT ALSO REPORTS RECENTLY MOVING HOUSE - NOT REGISTED WITH GP IN LOCAL CATCHMENT AREA. AWAITING TRAUMA COUNSELLING CURRENTLY.

#Contributing Factors: PT NOT CURRENTLY WORKING. REPORTS FINANCIAL ISSUES AT TIMES BUT BORROWING MONEY FROM FRIENDS ETC AT TIMES. PT REPORTS ONGOING SYMPTOMS OF ANXIETY - POOR SLEEP AND APPETITE SINCE [redacted] PT WOULD BENEFIT FROM SIGNPOSTING TO LOCAL SUPPORT SERVICES AND ANXIETY MANAGEMENT TECHNIQUES.

#Known risks: PT REPORTS ONGOING SUICIDAL THOUGHTS - DENIES PREVIOUS ATTEMPTS AND DENIES ANY PLAN/INTENT AT TIME. DENIES SELF HARM/HX OF DSH. NIL FURTHER ISSUES NOTED.

#Distress level 10 (0 low - 10 high)

#Not admitting to be under the influence of alcohol or other substances at the time of referral

#Information sheet has been discussed with the person in distress

#Relevant information regarding safety of level two provider: NIL.

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NHS24 CONTACT REPORT

History and Mental state:

#Medication: AS STATED IN ECS.

#RAG History and mental state: Amber

#Main problem: PT REPORTS DX OF PTSD AND PANIC ATTACKS. PT REPORTS [redacted] PT REPORTS STRUGGLING WITH SOME FINANCIAL PRESSURE. PT REPORTS RECENT MOVE - DIFFERENT CATCHMENT AREA SO NOT REGISTERED WITH GP IN LOCAL AREA.

#Engagement with services: PT REPORTS AWAITING TRAUMA COUNSELLING - UNSURE OF TIMEFRAME - AROUND 7/8 MONTHS AGO.

PT UNDER THE CARE OF WEST TEAM.

PT HAS CPN CURRENTLY - CAN CONTACT AS AND WHEN NEEDED. LAST CONTACT AT THE START OF DECEMBER.

LAST CONTACT WITH OLD GP (PT NOW LIVES IN DIFFERENT CATCHMENT AREA) - SOMETIME BEFORE 15TH DEC 2022 RE MEDS.

Public protection considerations:

#Child protection: PT MOTHER TO [redacted] WHOM SHE LIVES WITH. [redacted] NO CONCERNS RE CHILDS WELFARE IDENTIFIED AT TIME. D/W MENP S BELL - ADV PP FORM NOT REQUIRED AT THIS TIME.

#Adult protection: PT REPORTS POOR SLEEP AND AFFETITE - ONGOING ISSUES SINCE [redacted]

#Harm to others risk: NIL THOUGHTS OF HARMING OTHERS DISCLOSED.

#RAG Child protection: Amber

#RAG Adult protection: Amber

#RAG Harm to others: Green

Suicide or self-harm:

#Self-harm risk: DENIES SELF HARM. DENIES THOUGHTS OF SELF HARM, DENIES HX OF DSH.

#RAG Suicide: Amber

#RAG Self-harm: Green

#Suicide risk: PT REPORTS SUICIDAL THOUGHTS - ONGOING FOLLOWING [redacted] DENIES PLAN/INTENT AT TIME. DENIES HX OF PREVIOUS SUICIDE ATTEMPTS.

Social and personal risks:

#Housing and finances: PT LIVES WITH [redacted] CURRENTLY. PT REPORTS SOME FINANCIAL DIFFICULTY - STRUGGLING WITH UTILITY BILLS ETC AT TIMES AND HAVING TO BORROW

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NHS24 CONTACT REPORT

MONEY FROM FRIENDS AT TIME. PT REPORTS DUE MAINTENANCE TOMORROW - DUE TO GET SHOPPING IN.

#RAG Social and personal risks: Amber

#Occupation/activity: PT NOT CURRENTLY WORKING. PT ENJOYS WALKING DOGS.

#Support network: [redacted] FRIENDS.

#Physical health: AS STATED IN PMH. PT REPORTS ONGOING ISSUE WITH APPETITE AND REDUCED APPETITE. PT REPORTS WEIGHT ISN'T GREAT. LAST ATE YESTERDAY - PT REPORTS APPETITE IS GETTING SLIGHTLY BETTER. PT REPORTS ONGOING SLEEP ISSUE SINCE 2021. PT REPORTS MANAGING PERSONAL CARE.

Risk from substance misuse:

#Substance abuse risk: DENIES ALCOHOL. DENIES ISSUE. DENIES ILLICIT SUBSTANCES. PT REPORTS USING CANNIBAS SOMETIMES WHEN STRUGGLING TO SLEEP.

#RAG Risk from substance misuse: Amber

Any other issues:

#RAG Any other issues: Green

#Other issues: NIL.

Overall impression:

#RAG Overall impression: Amber

#Overall impression: PT REPORTS DX OF PTSD AND PANIC ATTACKS. PT REPORTS [redacted] PT REPORTS STRUGGLING WITH SOME FINANCIAL PRESSURE CURRENTLY. PT REPORTS RECENT MOVE - DIFFERENT CATCHMENT AREA SO NOT REGISTERED WITH GP IN LOCAL AREA. DENIES SELF HARM. PT REPORTS ONGOING SUICIDAL THOUGHTS - DENIES PLAN/INTENT AT TIME. NIL THOUGHTS OF HARMING OTHERS DISCLOSED. NIL ALCOHOL/ILLICIT SUBSTANCES. PT AWAITING TRAUMA COUNSELLING CURRENTLY - UNSURE OF TIMEFRAME. PT UNDER CARE OF CMHT - CAN CONTACT CPN AS AND WHEN NEEDED. PT REPORTS POOR SLEEP AND REDUCED APPETITE AT TIMES - ONGOING ISSUES. D/W MHNP S BELL - ADV PROVIDE PT WITH PASS NUMBER. PT ALSO AGREEABLE TO DBI. PT REPORTED PLANS TO WALK DOGS WHILE [redacted] AT SCHOOL. PT AGREED TO KEEP SELF SAFE. WILL RECONTACT IF ANY CHANGE/WORSENING. ADV DBI.

#RAG Summary: Red:0 Amber:7 Green:3 Not known:0

Call Detail(s):

#Clinical supervisor: MHNP S BELL.

#Call reason: Grief

PAST MEDICAL HISTORY:

Type	Description	Date	Time

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NHS24 CONTACT REPORT

Type	Description	Date	Time
Conditions	PANIC ATTACKS	12.01.2023	08:52:10
Conditions	PTSD	12.01.2023	08:52:18

NOTES:

12:01:2023 09:41:45 WATSONM PT REPORTS DX OF PTSD AND PANIC ATTACKS. PT REPORTS [redacted] PT REPORTS STRUGGLING WITH SOME FINANCIAL PRESSURE CURRENTLY. PT REPORTS RECENT MOVE - DIFFERENT CATCHMENT... AREA SO NOT REGISTERED WITH GP IN LOCAL AREA. DENIES SELF HARM. PT REPORTS ONGOING SUICIDAL THOUGHTS - DENIES PLAN/INTENT AT TIME. NIL THOUGHTS OF HARMING OTHERS DISCLOSED. NIL ALCOHOL/ILLICIT SUBSTANCES...
PT AWAITING TRAUMA COUNSELLING CURRENTLY - UNSURE OF TIMEFRAME. PT UNDER CARE OF CMHT - CAN CONTACT CPN AS AND WHEN NEEDED. PT REPORTS POOR SLEEP AND REDUCED APPETITE AT TIMES - ONGOING ISSUES. D/W MHNP S BELL - ADV PROVIDE...
PT WITH PASS NUMBER. PT ALSO AGREEABLE TO DBI. PT REPORTED PLANS TO WALK DOGS WHILE [redacted] AT SCHOOL. PT AGREED TO KEEP SELF SAFE. WILL RECONTACT IF ANY CHANGE/WORSENING. ADV DBI.

Support Line Notes:

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1 Patient Contacts for

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Patient : Lesley Brown **Case No 78087**

(Gender: Female) (DOB: 08/05/1980) (Age: 44 years) (CHI: 0805809767)

Case No 78087 **Case Date** 07/04/2025 19:04 **Own Dr**
Emergency Care Summary viewed on case

Current Address
7 Howes Brae Skirling Biggar

ML12 6FA
Current Phone 07341 811248

Home Address (If Different)

Home Phone (If Different)

NHS 24 Advice by Jack Wilkie (Call Taker Si) ()

Triage Start 19:07
Triage Start
Triage End 19:25
Triage End

FACE INJURY 1 HOUR AGO

AED4 Speak to clinician within 4 Hrs
Clinical summary created by: Jack Wilkie (Call Taker Si) () [07/04/2025 19:25:41]
Reason for call: FACE INJURY 1 HOUR AGOConfirmed Symptom(s):
Cold

Symptom(s) not found:
No constricting band in chest
No crushing discomfort in chest
No pain radiating to jaw or upper back or neck or an arm
No pain moving through to the back
No heaviness, pressure or tightness in chest
No pain between shoulder blades
Not pale
Not clammy
No current fever

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

07:04:2025 19:06:09 WILKIEJ1.. INJURY TO FACE LEFT CHEEK BONE 1 HOUR AGO, ICE PACK BUT HAS HEADACHE, SORE JAWALSO.. DW PE JVINCENT - HORSE LEAD USED FOR DOG HAS HIT PATIENTS FACE WITH FORCE, PAIN TO CHEEK AND JAW, NO BRUISING, ADIVISED A&E SPEAK TO CLINICIAN 4 HOURS..
Outcome: Speak to clinician within 4 Hrs

NHS24 Recorded Allergies
NIL

NHS24 Recorded Conditions
PANIC ATTACKS
PTSD

NHS24 Recorded Medications

Reported Condition

Patient Allergies

Patient Condition

Patient Medication

Adastra Consult by Brydon, Sharon ANP **Consult Start** 19:40
Start Type Remote Consultation **End Type**Remote Consultation **Consult End** 19:52
History

Report Statistics:

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File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr G E McIntosh	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/05/1980
GMC Code of Registered GP	2338385
Practice Code	B16211
Smear Taker	Sheena Muir (PN)
Reporting Location	Edinburgh RI
SCCRS ID	**1278226235**
Laboratory ID	**13S1065332**
Smear Taken Date	**05/11/2013 00:00:00**
Result	**Negative (HK22.)**
Report Comments	
Recommended Management	**Routine Recall**
Recall Date	**05/11/2016**

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File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr G E McIntosh	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/05/1980
GMC Code of Registered GP	2338385
Practice Code	B16211
Exclusion Reason	**Defaulter**
Exclusion Date	**23/07/2013**
Exclusion End Date	**23/10/2015**
Extended	**No**
Closed	**No**
Next Recall Date	**30/04/2012**

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HAND-HELD NOTES MISPLACED – REPLACEMENT, 9.4.02

Borders Obstetric & Midwifery Service

Borders General Hospital NHS Trust Melrose TD6 9BS Tel: (01896) 826000 Antenatal clinic 826527 Labour ward 826897 - (24 hour advice line)	C.R.N. Name LESLEY ANNE BROWN. Address 60 DALATHO CRESC. PEEBLES. Date of birth 08.05.80.
Obstetrician BAM. (DR MACGIOWAN).	Home Tel. No. 01721-722741. Work Tel. No.
General Practitioner (G.P.) DR M'INTOSH.	Age & Occupation 21. Stopping work? __/__/__
Community Midwife DENISE KOPSH / FIONA SCOTT.	Religion: Marital status:
Surgery Address HAYLODGE H/C. PEEBLES. Tel: 01721 720601 Date of hospital booking 12/12/01. Gestation at booking ____wks	Name & address of partner Age & Occupation of partner Home Tel. No. Work Tel. No.
Social Work Yes ☐ No ☐ Name Work Base Tel. No.	Name, address & relationship of next of kin: Home Tel. No. Work Tel. No.

Booking test results	Normal	Attention			
Hb	12.5		T.P.H.A.	(Negative)	positive
ABO group	O		Hepatitis B	(Negative)	positive
Rhesus group	NEG.		Diabetic screen	4.4.	mmol/L
Antibodies Rhesus Others Specify	(No) Yes (No) Yes		M.S.U.	Sterile	infected
Rubella	(Immune)	Non immune	A.F.P. H.C.G.		m.o.m. m.o.m.
			Cervical smear	Date __/__/__	

B499

OCTOBER 2000

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Borders Obstetric & Midwifery Service

About your previous pregnancies

Type of birth	HFED	**Date**	11/04/00	Complications / Comments
Place of birth	B.G.H	Weeks	40	
Outcome	LB SB NND	Childs name		
Birth weight	3.870kg	Sex	[redacted] Girl	
Feeding		Age now	2.	
Length of labour	7+ Hrs	Pain relief		
Induction	No	Method	—	

Type of birth		**Date**	__/__/__	Complications / Comments
Place of birth		Weeks		
Outcome	LB SB NND	Childs name		
Birth weight		Sex	Boy Girl	
Feeding		Age now		
Length of labour		Pain relief		
Induction		Method		

Type of birth		**Date**	__/__/__	Complications / Comments
Place of birth		Weeks		
Outcome	LB SB NND	Childs name		
Birth weight		Sex	Boy Girl	
Feeding		Age now		
Length of labour		Pain relief		
Induction		Method		

Type of birth		**Date**	__/__/__	Complications / Comments
Place of birth		Weeks		
Outcome	LB SB NND	Childs name		
Birth weight		Sex	Boy Girl	
Feeding		Age now		
Length of labour		Pain relief		
Induction		Method		

Type of birth		**Date**	__/__/__	Complications / Comments
Place of birth		Weeks		
Outcome	LB SB NND	Childs name		
Birth weight		Sex	Boy Girl	
Feeding		Age now		
Length of labour		Pain relief		
Induction		Method		

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Borders Obstetric & Midwifery Service

Past Medical History

*Please insert further information in the space provided**

Gynaecological problems	*No*	*Yes*	**Sexually transmitted disease**	No	*Yes*
Infertility	*No*	*Yes*	**Herpes**	No	*Yes*
Operations	*No*	*Yes*	**Vaginal discharge**	No	*Yes*
High blood pressure	No	*Yes*	**Epilepsy**	No	*Yes*
High blood pressure on the pill	No	*Yes*	**Thyroid disease**	No	*Yes*
Respiratory disease (airways & lungs)	No	*Yes*	**Chickenpox**	**Yes**	*No*
Blood clots (DVT)	No	*Yes*	**Blood Transfusion**	No	*Yes* (specify)
			Reactions	No	*Yes*
Hepatitis (liver infection)	No	*Yes*	**Smoking before pregnancy**	No	*Yes* (No / day)
			Smoking at booking	No	*Yes* (No / day)
Kidney disease	No	*Yes*	**Alcohol**	No	*Yes* (No of units/Wk)
Urinary infection	No	*Yes*	**Medications**	No	*Yes* (specify)
			Allergies / Drug sensitivities	No	*Yes* (specify)
Diabetes	No	*Yes*	**Drugs of addiction / illegal drugs**	No	*Yes* (specify)
Mental illness	No	*Yes*	***Dental visit < 6 months***	Yes	*No*
Deafness	No	*Yes*	**Sight Defects**	Yes	*No*

***Further information:**

1 unit alcohol = ½ Pt beer, 1 Measure spirit, 1 Glass wine

Family history, self or partner

Diabetes	No	*Yes*	**High blood pressure**	No	*Yes*
Twins	No	*Yes*	**Birth abnormalities**	No	*Yes*
Chromosomal disorders	No	*Yes*	**Deafness**	No	*Yes*
			Sight defects	No	*Yes*

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Borders Obstetric & Midwifery Service

LMP	___/___/___	Certain	*Yes*	*No*	**Obstetric summary**
Cycle regular	*Yes* *No*	Normal	*Yes*	*No*	Livebirths
Previous contraception:		Ovulation induced	*Yes*	*No*	Miscarriages before 12 wks
Date stopped ___/___/___					Miscarriages after 12 wks
					Stillbirths
					Neonatal deaths
EDD by LMP		___/___/___	*Agreed date at 40 wks* ✓		Caesarean sections
EDD by ultrasound		___/___/___			Birthweight under 2.5 Kg
					Gestation under 37 wks

Height (cm)		*	BMI =	Weight Kg / Height cm²		* >26 or <20
Teeth	Normal	*Note*	Cardiovascular system		Normal	*Note*
Breasts	Normal	*Note*	Respiratory system		Normal	*Note*
Varicose veins	No	*Yes*	Smear taken		Normal	*Note*

* Further information

Antenatal clinic visits

Date	Weeks	Fundus (cm)	Presentation	Fifths above	FH or FM	Blood pressure	Oedema	Urine Protein	Urine Sugar	Weight Kg	Hb	TCA	Signature
12.12.01		BOOKING.									Bloods taken ✓.		
9.1.02.	23					130/78.		NEG	NEG.		12.5		
28.1.02	25+				FHH.								
6.2.02.	26		C	FREE.	FHH.	130/80.		NO	SPEC		Bloods ✓. 11.8.		
5.3.02.	30+				FHH.	120/80.					12.4.6		
3.4.02	34+	DNA. Message left on answerphone.									Anti D given 2.4.02.		
Letter from GAH. 4.4.02.	34	32.	C.	free.	FHH. 132.			NIL.			Bloods taken ✓		

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NHS Borders

Obstetrics & Gynaecology Department

Consultants:
Dr B A Magowan
Dr R Campbell
Dr M Q Menezes
Dr F E Rodger
Dr T Narrainen-Poulle
Dr K Darlow

Associate Specialist:
Dr S King

Dr E G McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000
www.nhsborders.org.uk
www.bissy.scot.nhs.uk

Dictated: 13-09-2016
Date: 22-09-2016
Our Ref: BAM/kg/CRN: 136071B
CHI: 0805809767

Enquiries to: Anne Renfrew
Direct Line: 01896 826732
Direct Fax: 01896 823476
E-mail: anne.renfrew@borders.scot.nhs.uk

NMA copy

Dear Dr McIntosh

LESLEY BROWN 08-05-1980
51 WITCHWOOD CRESCENT PEEBLES EH45 9AH

I reviewed this 36-year-old para 2 + 0 today at 16 weeks gestation. She was referred to plan growth scans as her PAPP-A was just under 0.4 mom's and she is smoking 15 a day. These have been arranged for 28 and 34 weeks.

She has had quite a difficult social time at the minute in that she is pregnant to a [redacted] has [redacted] with her but reassuringly [redacted] have been very supportive of this pregnancy. I think she is probably having a [redacted] this time around but cannot be completely sure.

We will see her at 28 and 34 weeks for growth scans.

Yours sincerely

Brian A Magowan FRCOG
Consultant Obstetrician & Gynaecologist

Cc Community Midwives
The Health Centre
Hay Lodge
Peebles

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PREGNANCY ASSESSMENT UNIT
Direct Telephone : 01896 826735 Fax : 01896 827744
Mon - Fri 8:30am - 4:30pm

NHS Borders

CHI No.: 0805809767
GP: Dr. Brydon
Exam Date: 12.07.2016

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
PEEBLES
EH45 8JG

MMA copy

We have reviewed your patient **LESLEY BROWN**, DOB 08.05.1980,

Indication:
Uncertain dates.

History:
Maternal age: 36 years. Menstrual cycle regular - LMP sure. Conception spontaneous. Pregnancy test: positive.
Obstetric History: **Gravida: 3**. **Para: 2**. Living children >=37W: 2. Mode of last delivery: SVD.
Medical History: Allergy: No known drug or other significant allergies. Nil of note. Citalopram Lymecycline.

Last period: 23.05.2016.
EDD by LMP: 27.02.2017.
Gestational age: 7 weeks + 1 day.

First Trimester Ultrasound:
Siemens Antares.

Diagnosis:
Early pregnancy: Ongoing singleton pregnancy.

To see GP to discuss ?Gynae referral
Lesley is shocked to find herself pregnant, and is very unsure if she wishes to continue with it. Lesley intends to make an appointment with her family GP to discuss her options. If she decides to continue with pregnancy, Lesley will contact CMW.

Heather Thomson Midwife Sonographer

Heather Thomson

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NHS Borders

Obstetrics & Gynaecology Department

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000
www.nhsborders.org.uk
www.bissy.scot.nhs.uk

NHS Borders

Consultants:
Dr B A Magowan
Dr R Campbell
Dr M Q Menezes
Dr F E Rodger
Dr T Narrainen-Poulle
Dr K Darlow

Associate Specialist:
Dr S King

Dictated: 08-11-2016
Date: 21-11-2016
Our Ref: BAM/kg/CRN: 136071
CHI: 0805809767

Enquiries to: Anne Renfrew
Direct Line: 01896 826732
Direct Fax: 01896 823476
E-mail: anne.renfrew@borders.scot.nhs.uk

Dr E G McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Dear Dr McIntosh

LESLEY BROWN 08-05-1980
51 WITCHWOOD CRESCENT PEEBLES EH45 9AH

I reviewed this 36 year old para 2 + 0 today at 24 weeks. We had planned to keep an eye on growth because of a slightly low PAPP-A and I had arranged to see her at 28 weeks. She was a little early at 24 weeks today, but I am pleased say the AC was between the 10th and 50th centile with normal liquor volume and Doppler. I will see her again in 6 weeks' time for a further scan.

We had quite a long chat about Caesarean section and back pain. She developed acute back pain about 6 months after one of her previous deliveries and wished to know whether a Caesarean section would minimise the risk of future back pain. I would not think that this will be the case even if her back pain had been much closer to the time of delivery and I am concerned that we would add the risks of relatively major surgery with no evidence of any benefit from her back. I have therefore declined the Caesarean section based on this.

We will see her back in 6 weeks' time for her repeat scan.

Yours sincerely

Brian A Magowan FRCOG
Consultant Obstetrician & Gynaecologist

Cc Community Midwives
The Health Centre
Hay Lodge
Peebles

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Brown Lesley A CHI: 0805809767 OPCL 30/01/2017 v1

Clinic Letter

NHS Borders

Department: Obstetrics & Gynaecology
Borders General Hospital

Dr. EG McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Anne Renfrew
Secretary
anne.renfrew@borders.scot.nhs.uk
01896 826732

MMA copy

Dear Dr. EG McIntosh,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 WITCHWOOD CRESCENT, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - OP Obstetrics; Clinic - Outpatients H Orange-1st Floor
Date and Time of Appointment - 30/01/2017 14:30

Clinical Comments:

I reviewed this 36-year-old para 2 + 0 today who is currently at 35 weeks and keeping well. She still has some back discomfort and we again discussed a Caesarean section. I am unpersuaded that this will make a difference to her neurological symptoms and we have therefore continued with the plan to go for normal delivery.

I had been scanning her because of her low PAPPA. The baby was the 10th centile which is slightly smaller than I would have expected given the size of the boys. Liquor volume and Doppler were entirely normal and I will simply see her in 2 weeks' time in Hay Lodge for a further scan.

Kind regards.

Yours sincerely

Brian A Magowan FRCOG

Consultant Obstetrician & Gynaecologist

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cc Community Midwives

Hay Lodge Health Centre

Neidpath Road

PEEBLES

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Immediate Discharge Letter

Immediate Discharge Letter Borders General Hospital

NHS Borders

Dr Ewan Mcintosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

The Maternity Unit,
Borders General Hospital
Melrose
TD6 9BS
18/02/2017

Dear Dr Mcintosh

Re :

Brown , Lesley CHI: 0805809767
51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH
08/05/1980
Consultant : Brian Magowan

This para 2+0 delivered on 17/02/2017 at 10:59. This baby was born at Borders General Hospital.

MMA Copy

Labour & Delivery

Labour onset	**Spontaneous**	Type Of Delivery	**Normal (SVD)**
Induction		Augmentation	
Length 1st Stage (hrs,mins)	**01:43**	Delivery Complications	
Length 2nd Stage (hrs,mins)	**00:11**	Placenta	**Complete**
Length 3rd Stage (hrs,mins)	**00:11**	Membranes	**Complete**
3rd stage comments	**Maternal effort**	Tears	**1st degree tear**
Pain Relief	**IM_Analgesia / Entonox / TENS**	Episiotomy	
Blood Loss (mls)	**500**	Skin Closure	
Reasons for Instrumental Delivery			

Infant

Baby H.P.I.		CHI Number	**1702175847**
Outcome	**Livebirth**	OFC (cm)	**32.5**
Sex	[redacted]	Crown Heel (cm)	**47**
Gestation	**39+0**	Cord	
Apgars	**9 (at 5 Mins)**	Hips	***Normal(Left) Normal(Right)***
Birth Weight (grams)	**2660**	Max Bilirubin	
Subsequent Weight (grams)		Phototherapy	**No**
Vitamin K	**Intra Muscular on 17/02/2017**	Hearing (L, R)	**Pass | Pass on 18/02/2017**
Baby Discharge Comments	**Baby initially slow to feed, given EBM/Aptamil, now going to the breast 2-3 hrly, attaching well. Low temp initially, baby in hot cot, now maintaining own temp well. No concerns at present.**	Blood Spot PKU	
		Blood Spot CH	
		Blood Spot CF	
		Blood Spot Repeat	
		Feeding on Discharge	**Mixed (Breast and Formula)**

Post Natal

Blood Group	**O Negative**	Discharge date	**18/02/2017**
Anti D	**Not Required**	Discharge Address	**51 Witchwood Crescent Peebles EH45 9AH**
Date Given			
Rubella Vaccine	**Not Required**	Drugs on Discharge	**Paracetamol 1g Amoxicillin 500mg Enoxaparin 40mg - 6wks (10 days supplied)**
Date Given		Follow Up Appt.	
Postnatal Hb Result	**Obtained,114 g/dl**	Discharge Comments	**Post natally well following SVD of baby girl. Small 1 degree tear, not sutured. EBL 500mls. PU'd and BO. Some assistance given with feeding initially but now managing well. Prolonged clexane due to FH of DVT.**
Treatment	**None**		**Male Barrier**
Last Smear	**01/01/2012**	Contraception	***Obtained From :*** **GP referral**

Signature Date 18/2/17 Consultant Letter Required? **Y / N**

https://www.scottishbirthrecord.scot.nhs.uk/Output/IDL_New.asp?SBR=901539 18/02/2017

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Brown Lesley A CHI: 0805809767 DL 18/02/2017 v1

Discharge Letter

NHS Borders

Dr EG McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Date of Completion: 18/02/2017

Dear Dr EG McIntosh,

Name	CHI	DOB	Address
Lesley A Brown	0805809767	08/05/1980	51 Witchwood Crescent Peebles EH45 9AH

Admitted	Type	Discharged	Destination
17/02/2017 04:30	In Patient	18/02/2017	

Specialty	Consultant	Ward	Telephone
Obstetrics	Dr Brian Magowan	Ward 17	01896 826017

Reason for Admission and Presenting Complaints	Admission Category
Child birth	Pregnant but not in Labour

Date	Procedures/Interventions/Operations

Inpatient Summary

Para 2+0 admitted 17/2/17 with SRM.
SVD of male infant on 17/02 at 1059. Est Blood loss - 500ml. 1st deg tear - not sutured.
Reports chest infection last 2 weeks. Productive of sputum and sore throat. Smoker. Obs normal.
Chest clear on auscultation. Started on Amoxicillin as increased WcC.
To continue prophylactic enoxaparin for 6 weeks. (Family history of DVT, smoker, chest infection)
Given 10 day supply from ward. To see GP for further prescription.

MN4 COPY

Follow Up for GP Action:

Please prescribe ongoing
enoxaparin 40mg - 6 weeks total.

Community Support:

None recorded.

Medication Info

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Comment	New Drug/ Dose Change?
Amoxicillin 500mg Capsules	Oral	500	Milligrams	Three Times a Day	7 Days	last dose due 24/2/17	
Enoxaparin 40mg (4,000units)/0.4mL Syringe	Injection	40	Milligrams	In The Morning	6 Weeks	prophylaxis	

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Brown Lesley A CHI: 0805809767 DL 18/02/2017 v1

Paracetamol 500mg Tablets	Oral	1000	Milligrams	Every 4-6 Hours When Required	No Duration Defined	max x4 daily	

Allergies:

Height: cm **Weight:** kg

Discontinued Medication:

Drug Name	Dose	UOM	Reason	Comment

This discharge letter will be reviewed by a senior clinician and a further letter sent if required.

Yours sincerely,
Dr Richard Kitto
Doctor

Pharmacy Check	Printed Name	Signature
Clinical Check		
Dispensed By		
Final Check		

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Miss Lesley Brown CHI: 0805809767 14/11/2019 17:03 v1

GP Letter

NHS Borders

Obstetrics & Gynaecology
Borders General Hospital

Borders General Hospital
Melrose
TD6 9BS
Main switchboard 01896 826000

Dr A Doherty
16211/1,The Tweed Practice

Hay Lodge Health Centre

Neidpath Road

Peebles,Peebles,EH45 8JG

Elaine Wight
Secretary
01896 826729
elaine.wight@borders.scot.nhs.uk

Dear Dr A Doherty,

Name	CHI	DoB	Address
Lesley A Brown	0805809767	08/05/1980	51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Admitted: 25.10.2019

Discharged: 25.10.2019

The above named patient has now been in and had a medical termination of pregnancy carried out.

She had a Mirena coil fitted for contraception prior to discharge.

Many thanks.

Yours sincerely

Kate Darlow MRCOG

Consultant Obstetrician & Gynaecologist

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G.H. AREA LABORATORY Telephone 01896 662237 MICROBIOLOGY

SNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley A.	27 Aug 1998	Dr E.M.S. CLYDE
ADDRESS	PATIENT No. / SEX	LABORATORY No.	
12 BRIDGEGATE COURT	136071 F	M9819969	Peebles Health Centre
PEEBLES	D.O.B. 08 May 1980		REQUESTED BY Dr E.M.S. CLYDE

RELEVANT CLINICAL DETAILS AND TREATMENT
IMB

Microscopy :
Trichomonas vaginalis Not seen.
Yeasts Not seen.
White cells None

NB doubtful about ? pregnancy possibly.

Culture
1) Mixed anaerobes sensitive to metronidazole.

	I	M	K	T
F				
N			✓	
A				
S				

ATED BY PM PRINTED 31 Aug 1998 High Vaginal Swab RECEIVED 28 Aug 1998

MMA copy

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B.G.H. AREA LABORATORY — BLOOD TRANSFUSION

SURNAME: BROWN	FORENAME: Lesley A	SPECIMEN DATE: 25 Mar 2002	REPORT TO: Dr G.E. MCINTOSH
ADDRESS: 60 DALATHO CRESCENT, PEEBLES	PATIENT No.: 136071 SEX: F	LABORATORY No.: T36262	Peebles Health Centre
	D.O.B.: 08 May 1980	26 Mar 2002 10:47	REQUESTED BY: Dr G.E. MCINTOSH
RELEVANT CLINICAL DETAILS AND TREATMENT: 34/40			** COPY REPORT **
PATIENTS GROUP: O Rh D NEGATIVE	ANTIBODIES: No antibodies detected	DIRECT ANTIGLOBULIN TEST	

PRODUCT DETAILS				TO BE COMPLETED BY NURSE/DOCTOR			
GRP/AMT	PACK No.	PRODUCT	EXPIRY	SET UP BY	CHECKED BY	DATE	TIME
1	F003278	D500	Sep 03	BAH	me	2/4/02	1400

OTHER RESULTS/COMMENTS:
Please return one copy of the enclosed report to the laboratory after administration of the anti D giving details of the date and time given. File the other co in the patients notes.

DATE/TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE "BLOOD ISSUE" FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

B T S | DATE REPORTED: 26 Mar 2002 | AUTH. BY

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B.G.H. AREA LABORATORY — BLOOD TRANSFUSION

SURNAME: BROWN	FORENAME: Lesley A	SPECIMEN DATE: 06 Feb 2002	REPORT TO: Dr G.E. MCINTOSH
ADDRESS: 60 [illegible]ATHO CRESCENT	PATIENT No.: 136071 / SEX: F	LABORATORY No.: T35033	Peebles Health Centre
PEEBLES	D.O.B.: 08 May 1980	07 Feb 2002 13:49	REQUESTED BY: Dr G.E. MCINTOSH
RELEVANT CLINICAL DETAILS AND TREATMENT: PREGNANT 28 wks			** COPY REPORT **
PATIENTS GROUP: O Rh D NEGATIVE	ANTIBODIES: No antibodies detected		DIRECT ANTIGLOBULIN TEST

PRODUCT DETAILS / TO BE COMPLETED BY NURSE/DOCTOR

GRP/AMT	PACK No.	PRODUCT	EXPIRY	SET UP BY	CHECKED BY	DATE	TIME
1	F003278	D500	Sept 2003	MAGowan	Clore	11/2/02	12 noon.

OTHER RESULTS/COMMENTS:
Please return one copy of the enclosed report to the laboratory after administration of the anti D giving details of the date and time given. File the other copy in the patients notes.

DATE/TIME REQUIRED: 07 Feb 2002

N.B. BLOOD UNITS WILL BE HELD IN THE "BLOOD ISSUE" FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

B T S | DATE REPORTED: 07 Feb 2002 | AUTH BY: JSh

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B.G.H. AREA LABORATORY Telephone 01896 662237 **BLOOD TRANSFUSION**

SURNAME: BROWN	FORENAME: Lesley A	SPECIMEN DATE: 29 Feb 2000	REPORT TO: Dr G.E. MCINTOSH
ADDRESS: 60 DALATHO CRESCENT, PEEBLES	PATIENT No.: 136071 SEX: F	LABORATORY No.: T19185 01 Mar 2000 16:00	Peebles Health Centre
	D.O.B.: 08 May 1980		REQUESTED BY: Dr G.E. MCINTOSH
RELEVANT CLINICAL DETAILS AND TREATMENT: PREGNANT			** COPY REPORT **
PATIENTS GROUP: O Rh D NEGATIVE	ANTIBODIES: No antibodies detected		DIRECT COOMBS TEST

PRODUCT DETAILS / TO BE COMPLETED BY NURSE/DOCTOR

GRP/AMT	PACK No.	PROD. CODE	EXPIRY	SET UP BY	CHECKED BY	DATE	TIME
1	100890780	D500	July 2001	BAM	✓	6/3/00	11 00

OTHER RESULTS/COMMENTS

Please return one copy of the enclosed report to the laboratory after administration of the anti D giving details of the date and time given. File the other copy in the patients notes.

DATE/TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE "BLOOD ISSUE" FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

BTS | DATE REPORTED: 01 Mar 2000 | AUTH. BY: WDL

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B.G.H. AREA LABORATORY Telephone 01896 662237 **BLOOD TRANSFUSION**

SURNAME	FORENAME	HOSP. No.	D.O.B.	SEX
BROWN	Lesley A	136071	08 May 1980	Female

ADDRESS	REQUESTED BY	REPORT TO
60 DALATHO CRESCENT	Dr G.E. MCINTOSH	Dr G.E. MCINTOSH
PEEBLES	LAB. No. T18267 19 Jan 2000	Peebles Health Centre

CLINICAL DETAILS: 28WKS PREGNANT

PATIENTS GROUP	ANTIBODIES	DIRECT COOMBS TEST
O Rh D NEGATIVE	No antibodies detected	

PRODUCT DETAILS				TO BE COMPLETED BY NURSE/DOCTOR			
GRP/AMT	PACK No.	PROD. CODE	EXPIRY	SET UP BY	CHECKED BY	DATE	TIME
1	100890780	D500	07 01	KAm	~	27/1/00	0420

OTHER RESULTS/COMMENTS

Please return one copy of the enclosed report to the laboratory after administration of the anti D giving details of the date and time given. File the other copy in the patients notes.

DATE/TIME REQUIRED

N.B. BLOOD UNITS WILL BE HELD IN THE "BLOOD ISSUE" FRIDGE FOR 48 HOURS AFTER DATE & TIME REQUIRED

B T S | DATE REPORTED 19 Jan 2000 | AUTH. BY NS

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B.G.H. AREA LABORATORY — Telephone 01896 662237 — CLINICAL CHEMISTRY

SURNAME: BROWN	FORENAME: Lesley A	SPECIMEN DATE: 19 Jun 1997	REPORT TO: Dr M. STANLEY, Peebles Health Centre
ADDRESS: 15 OLD TOWN, PEEBLES	PATIENT No.: 136071	SEX: F	LABORATORY No.: 245291
	D.O.B.: 08 May 1980		URINE
			REQUESTED BY: *Dr M. STANLEY*

RELEVANT CLINICAL DETAILS AND TREATMENT

LMP 6/52 AGO, POST OCP, ? PREGNANT.
FORM DATED 12/6/97, ? CORRECT.
Tests Requested: Routine Pregnancy Test
Routine Pregnancy Test Positive

Validated by: Auto
Printed on the 19 Jun 1997

	L	M	C	T
F				
N				
A				
S	POSITIVE			

G.P.
CONS

Lab.No:245291	Na	K	CO_2	Urea	Creat	Ca	Alb	Prot	Bili	AlT	Alk P	yGT	CK	AsT	Glucose
	135-145 mmol/L	3.5-5.0 mmol/L	24-30 mmol/L	2.5-6.6 mmol/L	60-110 µmol/L	2.12-2.62 mmol/L	36-47 g/L	60-80 g/L	M 5-25 µmol/L	10-42 U/L	26-100 U/L	7-35 U/L	24-195 U/L	0-42 U/L	3.-7.8 mmol/L
Received 13:18 19 Jun 1997															

IMMA copy

NHS Confidential: Personal data about a patient

B.G.H. AREA LABORATORY Telephone 01896 662237 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley A	04 Dec 1996	Dr E.M.S. CLYDE

ADDRESS	PATIENT No.	SEX	LABORATORY No.	
15 OLD TOWN	136071	F	197014	Peebles Health Centre
PEEBLES	D.O.B. 08 May 1980		URINE	REQUESTED BY Dr E.M.S. CLYDE

RELEVANT CLINICAL DETAILS AND TREATMENT
LMP 7/52 AGO

Tests Requested: Routine Pregnancy Test
Routine Pregnancy Test Positive

Validated by: Auto
Printed on the 04 Dec 1996

	L	M	C	T
F			✓	
N				
A				
S				

HAS APPT 12.10 Monday

Lab.No:197014	Na	K	CO_2	Urea	Creat	Ca	Alb	Prot	Bil	AlT	Alk P	γGT	CK	γT	G
	135-145 mmol/L	3.5-5.0 mmol/L	24-30 mmol/L	2.5-6.6 mmol/L	60-110 µmol/L	2.12-2.62 mmol/L	36-47 g/L	60-80 g/L	M 5-25 µmol/L	10-42 U/L	26-100 U/L	7-35 U/L	24-195 U/L	10-42 U/L	3.5 mmol
Received 13:49 04 Dec 1996															

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley A	24 Aug 2009 18:05	Dr G.E. MCINTOSH

ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW SOUTH LYNE FARM PEEBLES	136071	F	2035872	Peebles Health Centre
	D.O.B.		CHI No.	REQUESTED BY
	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT
THRUSH/VAGINAL DISCHARGE, ? IMPETIGO ON FACE

eGFR Cumulative Report
Specimen Type: SERUM
Validated by: Auto
Printed on the: 25 Aug 2009 14:04

Na	135	mmol/L	(135-145)
CO2	24	mmol/L	(24-30)
Urea	2.7	mmol/L	(2.5-6.6)
Creat	67	umol/L	(60-110)
Alb	42	g/L	(36-47)
Bili	6	umol/L	(2-17)
AlT	13	U/L	(10-42)
AlP	62	U/L	(26-100)
GGT	13	U/L	(6-35)
CRP	6	mg/L	(1-10)

Cumulative Report Area

Lab.No	Date	eGFR
**2035872	24/08/09	>90

26 AUG 2009

For more information about eGFR look on website www.renal.org

	Na	K	CO_2	Urea	Creat	Ca	Alb	Prot	Bili	AlT	Alk P	yGT	CK	AsT	Glucose
	135-145 mmol/L	3.5-5.0 mmol/L	24-30 mmol/L	2.5-6.6 mmol/L	60-110 µmol/L	2.12-2.62 mmol/L	36-47 g/L	60-80 g/L	M 5-25 µmol/L	10-42 U/L	26-100 U/L	7-35 U/L	24-195 U/L	10-42 U/L	3.6-7.8 mmol/L
No.: 2035872 Rec'd 13:38 25 Aug 2009															

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B.G.H. AREA LABORATORY Telephone 01896 826240 **MICROBIOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley A		24 Aug 2009	Dr G.E. MCINTOSH
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	M09048634	Peebles Health Centre
SOUTH LYNE FARM	D.O.B.		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT
VSG DISCHARGE 2/52

Microscopy	"CLUE CELLS" SEEN
Trichomonas vaginalis	Not seen.
Yeasts	Not seen.

27 AUG 2009

Culture
Normal flora only.

Microscopy consistent with "bacterial vaginosis"

PRINTED 11:16 27 Aug 2009 High Vaginal Swab RECEIVED 12:35 25 Aug 2009

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URINE/STOOL SAMPLE FORM (For use by Reception & Treatment Room Staff)

Please complete one of these forms for every sample taken. All forms to be scanned into computer. All positive samples should be brought to the GP's attention as soon as possible. The action part of this form should be completed and dealt with before scanning.

Reason for test .....
***(Must be completed)**

Date..10 march 09

Name..... 0805809767 .....

Date of Birth..... BROWN LESLEY A 08/05/1980 F .....

GP..... Dr G E McIntosh Hav Lodge HC .....

Urine	**Stool**
Blood.....	.....
Protein..... NAD	
Glucose.....	
Ketones.....	

Action Required.....

Prescription done: **YES / NO**

Staff to contact patient: **YES / NO**

Action Completed.....**(Signed)**

Forms/urine.stool.sample.form

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B.G.H AREA LABORATORY Telephone 01896 826240 **HAEMATOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley A		24 Aug 2009	Dr G.E. MCINTOSH
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	H1013090	Peebles Health Centre
SOUTH LYNE FARM	D.O.B.		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT

THRUSH/VAGINAL DISHCARGE ?IMPETIGO ON FACE.

TEST	HGB	MCV	Hct	RBC	MCH	MCHC	PLT	WBC	ESR	Retic	INR
	13.1	96.7	0.382	3.95	33.3	34.4	193	11.5	6		
	g/dl	fl		x10^12/l	pg	g/dl	x10^9/l	x10^9/l	mm/hr.		
RANGE	(11.5-16.5)	(80-100)	(0.36-0.46)	(3.8-5.8)	(27-32)	(32-36)	(150-400)	(4.0-11.0)	(0-29)		

26 AUG 2009

DIFFERENTIAL WBC (x10^9/l)
Neuts... : 8.40 (2.0-7.5)
Lymphs.. : 2.00 (1.0-4.0)
Monos... : 0.60 (0.2-1.0)
Eos..... : 0.30 (0-0.4)
Basos... : 0.20 (0-0.2)

REQUEST: FBC ESR SPECIMEN: EDT RECEIVED: 25 Aug 2009 13:09 PRINTED: 25 Aug 2009 13:16

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley A	09 Dec 2009 08:45	Dr G.E. MCINTOSH

ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	2096490	Peebles Health Centre
SOUTH LYNE FARM	D.O.B.		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT
RECURRING INFECTION

10 DEC 2009

eGFR Cumulative Report

Specimen Type: SERUM
Validated by: Auto
Printed on the: 09 Dec 2009 13:26

Glu 4.7 mmol/L (3.6-7.8)

Cumulative Report Area

Lab.No	Date	eGFR
**2035872	24/08/09	>90

For more information about eGFR look on website www.renal.org

No.: 2096490 Rec'd 13:11 09 Dec 2009	Na 135-145 mmol/L	K 3.5-5.0 mmol/L	CO_2 24-30 mmol/L	Urea 2.5-6.6 mmol/L	Creat 60-110 µmol/L	Ca 2.12-2.62 mmol/L	Alb 36-47 g/L	Prot 60-80 g/L	Bili M 5-25 µmol/L	AlT 10-42 U/L	Alk P 26-100 U/L	yGT 7-35 U/L	CK 24-195 U/L	AsT 10-42 U/L	Glucose 3.6-7.8 mmol/L

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Filename: igprda202604221112430.pdf
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B.G.H. AREA LABORATORY Telephone 01896 826240 **MICROBIOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley A		24 Aug 2009	Dr G.E. MCINTOSH
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	M09081247	Peebles Health Centre
SOUTH LYNE FARM	D.O.B.		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT

VSG DISCHARGE 2/52

Chlamydia(by PCR): Negative.

31 AUG 2009

PRINTED 11:43 28 Aug 2009 Endo-cervical Swab RECEIVED 12:35 25 Aug 2009

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URINE/STOOL SAMPLE FORM **(For use by Reception & Treatment Room Staff)**

Please complete one of these forms for every sample taken. All forms to be scanned into computer. All positive samples should be brought to the GP's attention as soon as possible. The action part of this form should be completed and dealt with before scanning.

Reason for test ..... Dysuria .....
***(Must be completed)**

Date..... 0805809767 .....
Name..... BROWN LESLEY A .....
Date of Birth.... 08/05/1980 F .....
B157410r G Jeffrey
GP..... Hay Lodge HC .....

Urine

Blood.....

Protein..... trace .....

Glucose.....

Ketones.....

Stool

.....

MSSU (sent) Yes/No

PCR Yes/No

Action Required.....

Prescription done: **YES / NO**

Staff to contact patient: **YES / NO**

Action Completed.....**(Signed)**

Forms/urine.stool.sample.form

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Filename: igprda202604221112420.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

B.G.H AREA LABORATORY Telephone 01896 826240 **HAEMATOLOGY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley A	09 Dec 2009	Dr G.E. MCINTOSH
ADDRESS	PATIENT No. / SEX	LABORATORY No.	
OLD ROW SOUTH LYNE FARM PEEBLES	136071 / F	H1053877	Peebles Health Centre
	D.O.B.	CHI No.	REQUESTED BY
	08 May 1980	0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT
RECURRING INFECTION

TEST	HGB	MCV	Hct	RBC	MCH	MCHC	PLT	WBC	ESR	Retic	INR
	13.7	94.6	0.403	4.26	32.2	34.0	223	10.5			
	g/dl	fl		x10^12/l	pg	g/dl	x10^9/l	x10^9/l			
RANGE	(11.5-16.5)	(80-100)	(0.36-0.46)	(3.8-5.8)	(27-32)	(32-36)	(150-400)	(4.0-11.0)			

DIFFERENTIAL WBC (x10^9/l)
Neuts... : 6.50 (2.0-7.5)
Lymphs.. : 2.60 (1.0-4.0)
Monos... : 0.80 (0.2-1.0)
Eos..... : 0.50 (0-0.4)
Basos... : 0.10 (0-0.2)

10 DEC 2009

REQUEST: FBC SPECIMEN: EDT RECEIVED: 09 Dec 2009 12:56 PRINTED: 09 Dec 2009 12:57

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Filename: igprda202604221112420_2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

B.C.H. AREA LABORATORY Telephone 01896 826240 **MICROBIOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley A		07 Jan 2011	Dr Grant JEFFREY
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	M10049879	Peebles Health Centre
SOUTH LYNE FARM	D.O.B		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr Grant JEFFREY

RELEVANT CLINICAL DETAILS AND TREATMENT

PV DISCHARGE

Microscopy :
Trichomonas vaginalis Not seen.
Yeasts Scanty

11 JAN 2011

Culture
1) Heavy growth of Candida sp.
N.gonorrhoeae NOT isolated.

PRINTED 10:34 10 Jan 2011 Endo-cervical Swab RECEIVED 14:38 07 Jan 2011

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Filename: igprda202604221112230.pdf
Extension:.tif
Pages:

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B.G.H. AREA LABORATORY Telephone 01896 826240 **HAEMATOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley		23 Jan 2014 15:00	GP Andrew STRAIN
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
51 Witchwood Crescent		F	H2963875	PEEBLES, TWEED
,	D.O.B		CHI No.	REQUESTED BY
Peebles	08 May 1980		0805809767	GP Andrew STRAIN

RELEVANT CLINICAL DETAILS AND TREATMENT
ITCH EASY BRUISING ON ROACCUTANE ? LOW PH

TEST	HGB	MCV	Hct	RBC	MCH	MCHC	PLT	WBC	ESR	Retic	INR
	136	94.1	0.401	4.26	32.0	341	175	10.0			
	g/L	fl		x10^12/L	pg	g/L	x10^9/L	x10^9/L			
RANGE	(115-165)	(80-100)	(0.36-0.46)	(3.8-5.8)	(27-32)	(320-360)	(150-400)	(4.0-11.0)			

27 JAN 2013

DIFFERENTIAL WBC (x10^9/l)
Neuts... : 7.10 (2.0-7.5)
Lymphs.. : 2.20 (1.0-4.0)
Monos... : 0.30 (0.2-1.0)
Eos..... : 0.40 (0-0.4)
Basos... : 0.10 (0-0.2)

REQUEST: FBC SPECIMEN: EDT RECEIVED: 24 Jan 2014 11:29 PRINTED: 24 Jan 2014 14:45

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Additional: Scanned Document

Filename: igprda202604221058500.pdf
Extension:.tif
Pages:

Samples:M19090761 Report Abnormal:NO Has History: YES CHI: 0905609767 Patient Name: Miss Lesley Brown Requestor: BUCKINGHAM, Lucie

SPECIMEN: M19090761
SAMPLE: Nail Clippings

Fungal Hyphae

Fungal Hyphae	SEEN

Fungal culture

Fungal culture	Fungi NOT Isolated.

Sample Comments
Culture failed to grow any fungi BUT
Microscopy consistant with dermatophyte infection

Requestor Comments
? Fungal Nail Infection

REQUESTOR:? Fungal Nail Infection

Culture failed to grow any fungi BUT
Microscopy consistant with dermatophyte infection

Labs|Microbiology SCI Store Report

Patient Demographics

Name:	Miss Lesley Brown	Date of Birth:	08 May 1980
Address:	51 Whitewog Crescent Peebles Peebleshire EH45 9AH	Sex:	Female
		Requestor:	BUCKINGHAM, Lucie
		CHI:	0905609767

Report Details
Date: 23 Mar 2020
MasterLab: M19090761
SCISTOREINPUT: 7611229
Sample Date: 20 Mar 2020 00:00

Report extracted from SCI Store by NHSB EDT Service Mon Mar 23 2020 12:22:23

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Filename: igprda202604221111180.pdf
Extension:.tif
Pages:

Samples:M18036427 Report Abnormal: NO | Has History: YES | CHI: 0605809767 | Patient Name: Lesley Brown | Requestor: SYME, HANNAH

SPECIMEN: M18036427

SAMPLE Faeces
(WASLIM

PROBLEM	See comment below
ACTION	Sample NOT processed
SAMPLE TAKEN BY	NS
TESTS REQUESTED	Cdt

Sample Comments
Duplicate request, sample not processed. No indication for repeat sampling.

Requestor Comments
RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, BORDERLINE HYPOTHYROID

REQUESTOR:*RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, REQUESTOR:*BORDERLINE HYPOTHYROID

Duplicate request, sample not processed. No indication for repeat sampling.

Labs|Microbiology SCI Store Report

Patient Demographics

Name:	Lesley Brown	Date of Birth:	08 May 1980
Address:	51 Witchwood Crescent Peebles Peeblesshire EH45 9AH	Sex:	Female
		Requestor:	SYME, HANNAH
		CHI:	0605809767

Report Details
Date: 22 Mar 2019
masterLab: M18036427
SCISTOREINPUT: 7073308
Sample Date: 22 Mar 2019 09:00

Report extracted from SCI Store by NHSB EDT Service Fri Mar 22 2019 14:32:04

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Additional: Scanned Document

Filename: igprda202604221110560.pdf
Extension:.tif
Pages:

Samples:M19117102 Report Abnormal: NO Has History: YES CHI: 0505859767 Patient Name: Lesley Brown Requestor: SYME, HANNAH

SPECIMEN: M19117102

SAMPLE: Serum Blood

Thyroid antibody screen

Thyroid peroxidase	Sent to external lab, awaiting result

Sample Comments

**Additional Clinical Details (not part of result):
Borderline hypothyroid.

Requestor Comments

Raised eosinophils struggling to put on weight.
Borderline hypothyroid.

REQUESTOR**Raised eosinophils struggling to put on weight.
REQUESTOR**Borderline hypothyroid.

Lab Comments

**Additional Clinical Details (not part of result):
Borderline hypothyroid.

Labs|Microbiology SCI Store Report

Patient Demographics

Name: Lesley Brown
Address: 51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9GH
Date of Birth: 08 May 1980
Sex: Female
Requestor: SYME, HANNAH
CHI: 0505859767

Report Details

Date: 08 Apr 2019
MasterLab: M19117102
SCISTOREINPUT: 7098243
Sample Date: 04 Apr 2019 00:00

Report extracted from SCI Store by NHSB EDT Service Mon Apr 8 2019 09:51:20

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Additional: Scanned Document

Filename: igprda202604221110520.pdf
Extension:.tif
Pages:

Samples:B4542943 | Report Abnormal: NO | Has History: NO | CHI: 0805809767 | Patient Name: Miss Lesley Brown | Requestor: BUCKINGHAM, Lucie

SPECIMEN: B4542943
SAMPLE: SERUM

Quantitative HCG

Description	Value	Range	Unit	Normalcy	Notes
HCG	<1		U/L		

Requestor Comments
LMP 1ST DEC 2019, +VE PREG.TEST 13.01/20, BLEEDING
AWAITING PAU SCAN

Clinical Comments
REQUESTOR''LMP 1ST DEC 2019, +VE PREG.TEST 13.01/20, BLEEDING
REQUESTOR''AWAITING PAU SCAN

Labs|Biochemistry — SCI Store Report

Patient Demographics

Name:	Miss Lesley Brown	**Date of Birth:**	08 May 1980
Address:	51 Witchwood Crescent Peebles Peeblesshire EH45 9AH	**Sex:**	Female
		Requestor:	BUCKINGHAM, Lucie
		CHI:	0805809767

Report Details
Date: 28 Jan 2020
MasterLab: B4542943
SCISTOREINPUT: 7554837
Sample Date: 27 Jan 2020 00:00

Report extracted from SCI Store by NHSB EDT Service Tue Jan 28 2020 15:00:38

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22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221110550.pdf
Extension:.tif
Pages:

Samples:M19117102 Report Abnormal: NO Has History: YES CHI: 0805899767 Patient Name: Miss Lesley Brown Requestor: SYME, HANNAH

SPECIMEN: M19117102
SAMPLE: Whole Blood

Thyroid antibody, screen	
Thyroid peroxidase	Result not ckd, also on external validation

Sample Comments
**Additional Clinical Details (not part of result):
Borderline hypothyroid.

Requestor Comments
Raised eosinophils struggling to put on weight.
Borderline hypothyroid.

REQUESTOR**Raised eosinophils struggling to put on weight.
REQUESTOR**Borderline hypothyroid.

Lab Comments

**Additional Clinical Details (not part of result):
Borderline hypothyroid.

Labs|Microbiology

SCI Store Report

Patient Demographics

Name:	Miss Lesley Brown	Date of Birth:	08 May 1980
Address:	51 Whitehaugh Crescent Peebles Peeblesshire EH45 9AR	Sex:	Female
		Requestor:	SYME, HANNAH
		CHI:	0805899767

Report Details

Date: 19 Apr 2019
MasterLab: M19117102
SCISTORENPIT: 7098243
Sample Date: 04 Apr 2019 09:00

Report extracted from SCI Store by NHSB EDT Service Fri Apr 19 2019 11:41:01

MMA copy

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22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221058480.pdf
Extension:.tif
Pages:

Samples:B4587098 Report Abnormal: YES Has History: NO CHI: 0805609767 Patient Name: Miss Lesley Brown Requestor: BRYDON, ROGER

SPECIMEN: B4587098

SAMPLE: SERUM

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	4.96	0.3 - 4.0	mU/L	HI

FT4

Description	Value	Range	Unit	Normalcy Notes
Free T4	12	9 - 19	pmol/L	

Requestor Comments
G/12 CHECK BORDERLINE HYPOTHYROID
NEGATIVE PEROXIDASE

REQUESTOR'16/12 CHECK BORDERLINE HYPOTHYROID
REQUESTOR'NEGATIVE PEROXIDASE

Labs|Biochemistry SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 5 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Date of Birth: 06 May 1980
Sex: Female
Requestor: BRYDON, ROGER
CHI: 0805609767

Report Details

Date: 16 Apr 2020
MasterLab. B4587098
SCISTOREINPUT: 7653191
Sample Date: 16 Apr 2020 12:16

Report extracted from SCI Store by NHSB EDT Service Fri Apr 10 2020 17:08:48

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Additional: Scanned Document

Filename: igprda202604221110540_2.pdf
Extension:.tif
Pages:



Samples:M19090357 Report Abnormal:NO Has History: NO CHI: 0605899767 Patient Name: Miss Lesley Brown Requestor: NDT_ON_FILE, Name

SPECIMEN: M19090357
SAMPLE: Nail Clippin
Fungal hyphae

Fungal hyphae Not seen.

Sample Comments
Fungal culture to follow in due course.

Requestor Comments
URGENT TOE NAIL.

REQUESTOR COMMENTS: TOE NAIL.

Fungal culture to follow in due course.

Labs|Microbiology

SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 51 Whitehead Crescent, Peebles, Peeblesshire, EH45 9AH

Date of Birth: 06 May 1980
Sex: Female
Requestor: NDT_ON_FILE, Name
CHI: 0605899767

Report Details

Date: 21 Aug 2019
MasterLab: M19090357
SCISTOREINPUT: 7311473
Sample Date: 20 Aug 2019 09:00

Report extracted from SCI Store by NHSB EDT Service Wed Aug 21 2019 12:41:35

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Additional: Scanned Document

Filename: igprda202604221110540.pdf
Extension:.tif
Pages:

Samples:B4391989 Report Abnormal: YES Has History: NO CHI: 3605699797 Patient Name: Miss Lesley Brown Requestor: SYME, HANNAH

SPECIMEN: B4391989
SAMPLE: SERUM

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	7.29	0.3 - 4.9	mU/L	HI

FT4

Description	Value	Range	Unit	Normalcy Notes
Free T4	11	9 - 19	pmol/L	

Requestor Comments
T/L2 CHECK
BORDERLINE HYPOTHYROID

REQUESTOR T/L2 CHECK
REQUESTOR BORDERLINE HYPOTHYROID

Labs|Biochemistry SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 55 Westward Crescent, Peebles, Peeblesshire, EH45 9AH
Date of Birth: 08 May 1980
Sex: Female
Requestor: SYME, HANNAH
CHI: 3605699797

Report Details

Date: 20 Jun 2019
MasterLab. B4391989
SCISTOREINPUT: 7217639
Sample Date: 19 Jun 2019 14:37

Report extracted from SCI Store by NHSB EDT Service Fri Jun 21 2019 17:54:48

MMA copy

Scanned Document
22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221111190.pdf
Extension:.tif
Pages:

Samples:M18036428 Report Abnormal: NO | Has History: YES | CHI: 0805859767 | Patient Name: Lesley Brown | Requestor: SYME, HANNAH

SPECIMEN: M18036428

PROBLEM	See comment below
ACTION	Sample NOT processed
SAMPLE TAKEN BY	NS
TESTS REQUESTED	C+S

Sample Comments
Duplicate request, sample not processed. No indication for repeat sampling.

Requestor Comments
RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, BORDERLINE HYPOTHYROID

REQUESTOR^^RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, REQUESTOR^^BORDERLINE HYPOTHYROID

Duplicate request, sample not processed. No indication for repeat sampling

Labs|Microbiology

SCI Store Report

Patient Demographics

Name:	Lesley Brown	Date of Birth:	05 May 1980
Address:	51 Whitlawood Crescent Peebles Peeblesshire EH45 9AH	Sex:	Female
		Requestor:	SYME, HANNAH
		CHI:	0805859767

Report Details
Date: 22 Mar 2019
masterLab: M18036428
SCISTOREINPUT: 7073307
Sample Date: 22 Mar 2019 00:00

Report extracted from SCI Store by NHSB EDT Service Fri Mar 22 2019 14:32:01

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Filename: igprda202604221058440_2.pdf
Extension:.tif
Pages:

Samples:R5200531 | Report Abnormal: YES | Has History: NO | CHI: 0805809767 | Patient Name: Miss Lesley Brown | Requestor: WHIGHAM, Alice

SPECIMEN: R5200531
SAMPLE, EDTA blood

Full blood count

Description	Value	Range	Unit	Normalcy Notes
Hb	140	115 - 165	g/L	
WBC	12.6	4 - 11	x10^9/L	HI
PLT	566	150 - 400	x10^9/L	HI
MCV	96.9	83 - 101	fl	
RBC	4.33	3.8 - 5.8	x10^12/L	
Hct	0.419	0.36 - 0.46	L/L	
MCH	32.3	27 - 32	pg	HI
MCHC	334	320 - 360	g/L	
Neut	8.72	2.0 - 7.5	x10^9/l	HI
Lymp	2.65	1.5 - 4.5	x10^9/l	
Mono	0.90	0.2 - 0.8	x10^9/l	HI
Eos	0.25	0 - 0.4	x10^9/l	
Baso	0.05	0 - 0.2	x10^9/l	

ESR

Description	Value	Range	Unit	Normalcy Notes
ESR	25	0 - 12	mm/hr.	HI

Sample Comments
FBC tests are currently out with the UKAS scope of accreditation for this Laboratory

Requestor Comments
ON QUETIAPINE

REQUESTOR'ON QUETIAPINE

FBC tests are currently out with the UKAS scope of accreditation for this Laboratory

Labs|Haematology Report — SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 52 HORSBRUGH STREET, Innerleithen, Peeblesshire, EH44 6LF
Date of Birth: 08 May 1980
Sex: Female
Requestor: WHIGHAM, Alice
CHI: 0805809767

Report Details
Date: 21 Nov 2022
MasterLab: R5200531
SCISTOREINPUT: 9084208
Sample Date: 21 Nov 2022 11:00

Report extracted from SCI Store by NHSB EDT Service Mon Nov 21 2022 14:48:37

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B.G.H. AREA LABORATORY Telephone 01896 826240 **MICROBIOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley A		20 Jan 2011	Dr Grant JEFFREY
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
OLD ROW	136071	F	M10021216	Peebles Health Centre
SOUTH LYNE FARM	D.O.B		CHI No.	REQUESTED BY
PEEBLES	08 May 1980		0805809767	Dr Grant JEFFREY

RELEVANT CLINICAL DETAILS AND TREATMENT
DYSURIA

Urine microscopy :
White Cells <10 x 10^6/L

Urine culture
No growth.

24 JAN 2011

PRINTED 10:11 21 Jan 2011 MSD RECEIVED 12:54 20 Jan 2011

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Brown
Forename	Lesley
CHI	0805809767
Date of birth	1980-05-08
Sex	Female
Address	

Specimen Details

Specimen Processed Date	12-01-2021 19:15
Test Start Date	11-01-2021 13:00
Test End Date	11-01-2021 12:15
GP Practice	16211
Specimen Number	AAF41280737
Administration Method	self

End of Report

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Report Date: 12/01/2021

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Filename: igprda202604221111170_2.pdf
Extension:.tif
Pages:

Samples:M18036426 Report Abnormal: NO Has History: NO CHI: 6805809767 Patient Name: Lesley Brown Requestor: SYME, HANNAH

SPECIMEN: M18036426

SAMPLE: Faeces

Faeces microscopy

Faecal microscopy	FORMED
Giardia intestinalis	Not seen.
Cryptosporidium sp.	Not seen.

Faeces culture

Salmonella sp. NOT isolated.
Shigella sp. NOT isolated.
Campylobacter sp. NOT isolated.
E.coli(serotype O157) NOT isolated.

Requestor Comments
RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, BORDERLINE HYPOTHYROID

REQUESTOR''RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT, BORDERLINE HYPOTHYROID

Labs|Microbiology SCI Store Report

Patient Demographics

Name: Lesley Brown
Address: 51 Wilkinsons Crescent, Pumpkin, Peebleshire, EH45 9AH
Date of Birth: 06 May 1980
Sex: Female
Requestor: SYME, HANNAH
CHI: 6805809767

Report Details

Date: 25 Mar 2019
Master#: M18036426
SCISTOREINPUT: 7076990
Sample Date: 22 Mar 2019 09:50

Report extracted from SCI Store by NHSB EDT Service Tue Mar 26 2019 12:22:42

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NHS Confidential: Personal data about a patient

B.G.H. AREA LABORATORY Telephone 01896 826240 **HAEMATOLOGY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley	25 Feb 2014 10:22	Dr Robert MANSON
ADDRESS	PATIENT No. / SEX	LABORATORY No.	
51 Witchwood Crescent	F	H2987879	PEEBLES, TWEED
,	D.O.B	CHI No.	REQUESTED BY
Peebles	08 May 1980	0805809767	Dr Robert MANSON

RELEVANT CLINICAL DETAILS AND TREATMENT

RASH

26 FEB 2013

TEST	HGB	MCV	Hct	RBC	MCH	MCHC	PLT	WBC	ESR	Retic	INR
	135	94.2	0.405	4.30	31.4	334	227	8.3	6		
	g/L	fl		x10^12/L	pg	g/L	x10^9/L	x10^9/L	mm/hr		
RANGE	(115-165)	(80-100)	(0.36-0.46)	(3.8-5.8)	(27-32)	(320-360)	(150-400)	(4.0-11.0)	(0-19)		

DIFFERENTIAL WBC (x10^9/l)

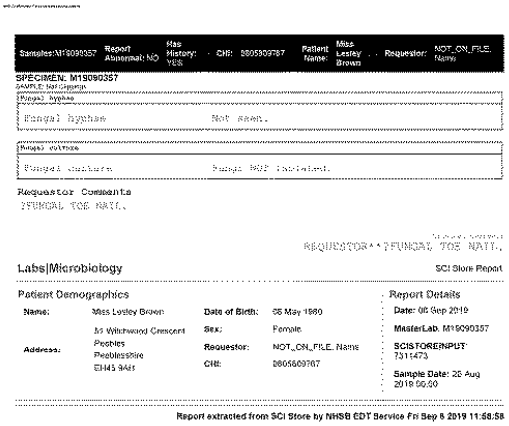
Neuts...	:	5.30	(2.0-7.5)
Lymphs..	:	2.10	(1.0-4.0)
Monos...	:	0.40	(0.2-1.0)
Eos.....	:	0.50	(0-0.4)
Basos...	:	0.10	(0-0.2)

REQUEST: FBC ESR SPECIMEN: EDT RECEIVED: 25 Feb 2014 12:47 PRINTED: 25 Feb 2014 14:07

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Samples:M19090357 Report Abnormal: NO Has History: YES CHI: 0805909767 Patient Name: Miss Lesley Brown Requestor: NOT_ON_FILE, Name

SPECIMEN: M19090357
SAMPLE: Nail Clippin
Fungal hyphae Not seen.
Fungal culture Fungus NOT isolated.
Requestor Comments
FUNGAL TOE NAIL.
REQUESTOR**FUNGAL TOE NAIL.

Labs|Microbiology SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 30 Whitehaugh Crescent, Peebles, Peeblesshire, EH45 9AR
Date of Birth: 05 May 1960
Sex: Female
Requestor: NOT_ON_FILE, Name
CHI: 0805909767

Report Details

Date: 06 Sep 2019
MasterLab: M19090357
SCISTOREINPUT: 7311473
Sample Date: 25 Aug 2019 00:00

Report extracted from SCI Store by NHSB EDT Service Fri Sep 6 2019 11:58:58

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Filename: igprda202604221058450.pdf
Extension:.tif
Pages:



Samples:M21128295 | Report Abnormal:NO | Has History: NO | CHI: 0805809767 | Patient Name: Miss Lesley Brown | Requestor: Covid Hub Assessment Clinic

SPECIMEN: M21128295
SAMPLE: Throat Swab (Viral)
COVID-19 (Coronavirus) PCR test

COVID-19 Coronavirus PCR test Negative.

Sample Comments
Test NOT included in UKAS Accreditation Scope.

Requestor Comments
Clinical Details
CHA+SWAB
Patient is Symptomatic?
Yes

REQUESTOR**Clinical Details
REQUESTOR**CHA+SWAB
REQUESTOR**Patient is Symptomatic?
REQUESTOR**Yes

Test NOT included in UKAS Accreditation Scope.

Labs|Microbiology — SCI Store Report

Patient Demographics

Name:	Miss Lesley Brown	Date of Birth:	08 May 1980
Address:	55 Whitehouse Crescent Peebles Peeblesshire EH45 9AH	Sex:	Female
		Requestor:	Covid Hub Assessment Clinic
		CHI:	0805809767

Report Details

Date: 27 Jul 2021
MasterLab: M21128295
SCISTOREINPUT: 8290571
Sample Date: 26 Jul 2021 23:16

Report extracted from SCI Store by NHSB EDT Service Tue Jul 27 2021 14:56:02

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Filename: igprda202604221058440.pdf
Extension:.tif
Pages:

Samples:B5200530 Report Abnormal: YES Has History: NO CHI: 5605809767 Patient Name: Miss Lesley Brown Requestor: WAUGHAM, Alice

SPECIMEN, B5200530

SAMPLE SERUM

LFT

Description	Value	Range	Unit	Normalcy	Notes
Albumin	37	35 - 50	g/L		
Bili	8	3 - 21	umol/L		
ALT	14	0 - 55	U/L		
ALP	104	40 - 150	U/L		

Ca AGR TP A2R

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.47	2.10 - 2.55	mmol/L		
Corrected Calcium	2.53	2.12 - 2.62	mmol/L		
Total Protein	72	66 - 79	g/L		

TSH

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.17	0.3 - 4.0	mU/L		

Prolactin

Description	Value	Range	Unit	Normalcy	Notes
Prolactin	71	109 - 557	mU/L	LO	

U+E

Description	Value	Range	Unit	Normalcy	Notes
Sodium	138	137 - 149	mmol/L		
POTASSIUM	4.8	3.5 - 5.3	mmol/L		
Urea	34	20 - 80	mmol/L		
eGFR	>90		mL/min/1.73m2		

Requestor Comments
ON CERTIFAINE

REQUESTOR'S ON CERTIFAINE

Labs|Biochemistry Report

SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 52 HORSBRUGH STREET Innerleithen Peeblesshire EH44 6LP
Date of Birth: 08 May 1980
Sex: Female
Requestor: WAUGHAM, Alice
CHI: 5605809767

Report Details

Date: 21 Nov 2022
MasterLab: B5200530
SCISTOREINPUT: 9654529
Sample Date: 21 Nov 2022 11:08

Report extracted from SCI Store by NHSB EDT Service Mon Nov 21 2022 15:48:37

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley	23 Jan 2014 15:00	GP Andrew STRAIN

ADDRESS	PATIENT No.	SEX	LABORATORY No.
51 Witchwood Crescent , Peebles	0805809767	F	C2963874
	D.O.B.		CHI No.
	08 May 1980		0805809767

PEEBLES, TWEED
REQUESTED BY
GP Andrew STRAIN

RELEVANT CLINICAL DETAILS AND TREATMENT
ITCH EASY BRUISING ON ROACCUTANE ? LOW PH

27 JAN 2013

eGFR Cumulative Report
Specimen Type: SERUM
Validated by: Auto
Printed on the: 24 Jan 2014 14:08

SODIUM	137	mmol/L	(135-145)	
Creat	53	umol/L	L (60-110)	
Albumin	40	g/L	(36-47)	
Bili	8	umol/L	(2-17)	
ALT	15	U/L	(10-42)	
ALP	58	U/L	(26-100)	

Sample slightly haemolysed, BILIRUBIN result may be affected
Sample slightly haemolysed, ALT result may be affected

Cumulative Report Area

Lab.No	Date	eGFR
**2963874	23/01/14	>60
2543633	16/02/12	>60
2035872	24/08/09	>90

For more information about eGFR look on website www.renal.org

No.: C296387 Rec'd 13:29 24 Jan 2014	Na 135-145 mmol/L	K 3.5-5.0 mmol/L	CO_2 24-30 mmol/L	Urea 2.5-6.6 mmol/L	Creat 60-110 umol/L	Ca 2.12-2.62 mmol/L	Alb 36-47 g/L	Prot 60-80 g/L	Bili M 5-25 umol/L	ALT 10-42 U/L	Alk P 26-100 U/L	yGT 7-35 U/L	CK 24-195 U/L	AsT 10-42 U/L	Glucose 3.6-7.8 mmol/L

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NHS Borders

NHS BORDERS - RADIOLOGY REPORT

CHI NUMBER: 0805809767 **CRN:** 136071B, 136071
Examination Number: 31837713 **Examination Date:** 23.09.2014 **Examination Time:** 10.40
Name: Lesley Brown DOB: 08.05.1980
Examination: US Groin Rt

Address: 51 WITCHWOOD CRESCENT, , Peebles, EH45 9AH
CC: -

Dictating Radiologist: Dr Hamish McRitchie (Consultant Radiologist) **Date Reported:** 23.09.2014
Typed by: VR Transcription
Referring Consultant: GP Referral

Referring Department / Location: MELDRUM CLAIRE
Department Address: HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES
PEEBLES
EH45 8JG

MHA copy

26 SEP 2014

Report:

Indication: Small right groin lump present for several weeks. Query lymph nodes.

Right groin ultrasound. Several small lymph nodes which do not reach pathological size. One of these is just under the skin overlying the femoral vein and artery. It has dimensions of 16 mm long axis by 5 mm short axis. It has no worrying features. It becomes more prominent on coughing due to a little underlying muscular weakness. There is no hernia or other pathology identified.

Opinion. The palpable lump is a small lymph node with no worrying features. End.

Dictating Radiologist / Clinical Specialist: Dr Hamish McRitchie (Consultant Radiologist)

Verified by Dr Hamish McRitchie (Consultant Radiologist) on 23.09.2014 at 20:03

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Filename: igprda202604221110570.pdf
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Pages:

Samples:B4338237 Report Abnormal: NO Has History: NO CHI: 0505859767 Patient Name: Lesley Brown Requestor: SYME, HANNAH

SPECIMEN: B4338237

SAMPLE: SERUM

TEST REQUEST ITEM SEE LABORATORY COMMENT

Sample Comments
TSH ANALYSED WITHIN THE LAST 28 DAYS. PLEASE CONTACT LABORATORY IF REPEAT TSH REQUIRED ON THIS SAMPLE.

Requestor Comments
RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT
BORDERLINE HYPOTHYROID

REQUESTOR:*RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT
REQUESTOR:*BORDERLINE HYPOTHYROID

Lab Comments

TSH ANALYSED WITHIN THE LAST 28 DAYS. PLEASE CONTACT LABORATORY IF REPEAT TSH REQUIRED ON THIS SAMPLE.

Labs|Biochemistry SCI Store Report

Patient Demographics

Name: Lesley Brown
Address: 51 Witchwood Crescent, Fastlies, Peebleshire, EH45 9AH
Date of Birth: 08 May 1980
Sex: Female
Requestor: SYME, HANNAH
CHI: 0505859767

Report Details

Date: 05 Apr 2019
MasterLab: B4338237
SCISTOREINPUT: 7096775
Sample Date: 04 Apr 2019 00:00

Report extracted from SCI Store by NHSB EDT Service Fri Apr 5 2019 16:26:57

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Dr Syme Peebles Inved.

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Clinical Immunology, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh.
Telephone: 0131 242 7525 / 9 Lothian Network x 27525 / 9

NHS Lothian

Department of Laboratory Medicine **CLINICAL IMMUNOLOGY REPORT**

M19117102

SURNAME BROWN **D.O.B.** 08/05/1980 **LAB REG. No.** HI158004M
Specimen: Blood
FORENAME/S LESLEY **DATE SAMPLE TAKEN** 04/04/2019 u/k
HOSPITAL NUMBER 0805809767 **DATE RECEIVED** 10/04/2019 12:49

TEST	RESULT	NORMAL RANGE
Anti Thyroid Peroxidase	36.0	WHO Units(0 - 100)

Specimen Comment: -
BORDERLINE HYPOTHYROID

MMA copy

REPORT TO BE RETURNED TO: Dr Edward A James
Laboratories, Borders Gen
Melrose

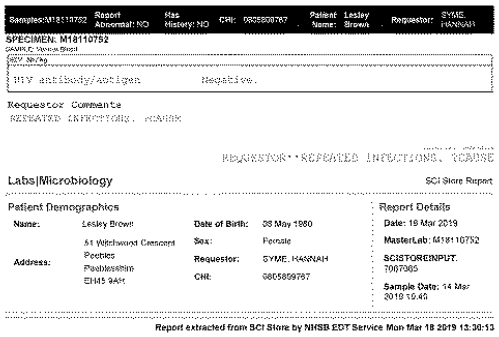
DATE REPORTED
18/04/2019 15:00

AUTHORISED BY
Rosa Allan

CONSULTANT IMMUNOLOGIST 0131 242 7521
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

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Filename: igprda202604221111200.pdf
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Pages:



Samples:M18110752 Report Abnormal: NO | Has History: NO | CHI: 0805899787 | Patient Name: Lesley Brown | Requestor: SYME, HANNAH

SPECIMEN: M18110752

SAMPLE: Venous Blood

HIV antibody/antigen Negative.

Requestor Comments
REPEATED INFECTIONS. #GARM

REQUESTOR ''REPEATED INFECTIONS. ''ROUTINE

Labs|Microbiology SCI Store Report

Patient Demographics

Name: Lesley Brown
Address: 51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AR
Date of Birth: 08 May 1960
Sex: Female
Requestor: SYME, HANNAH
CHI: 0805899787

Report Details
Date: 18 Mar 2019
MasterLab: M18110752
SCISTOREINPUT: 7007065
Sample Date: 14 Mar 2019 10:40

Report extracted from SCI Store by NHSB EDT Service Mon Mar 18 2019 13:30:13

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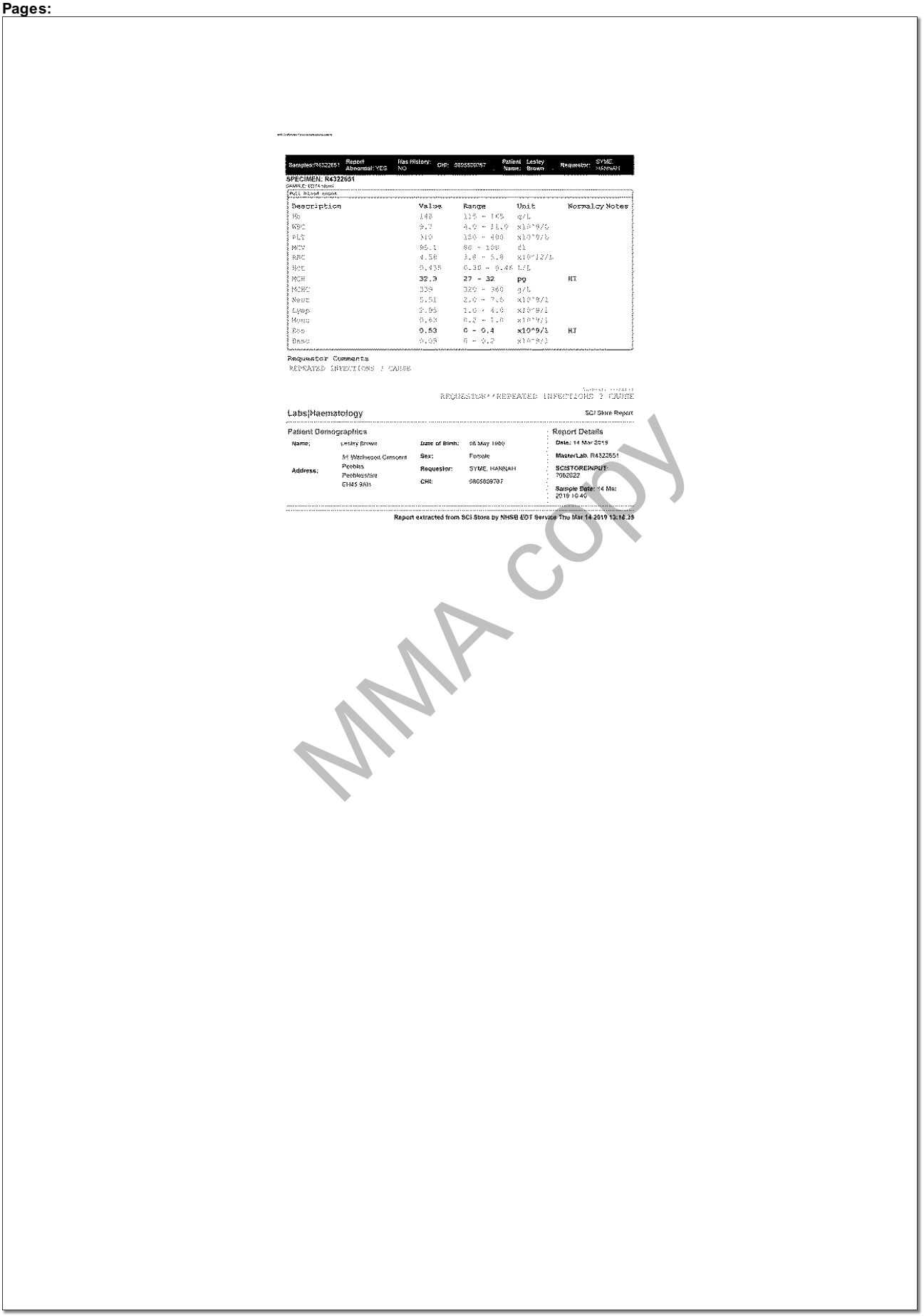
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22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221111220_2.pdf
Extension:.tif
Pages:



Samples:R4322651 Report Abnormal: YES | Has History: NO | CHI: 9805859797 | Patient Name: Lesley Brown | Requestor: SYME, HANNAH

SPECIMEN: R4322651

SAMPLE: EDTA blood

FULL Blood count

Description	Value	Range	Unit	Normalcy	Notes
Hb	148	135 - 165	g/L		
WBC	9.7	4.5 - 11.0	x10^9/L		
PLT	310	150 - 400	x10^9/L		
MCV	95.1	86 - 108	fL		
RBC	4.56	3.8 - 5.0	x10^12/L		
HCT	0.433	0.36 - 0.46	L/L		
MCH	32.3	27 - 32	pg	HI	
MCHC	339	320 - 360	g/L		
Neut	5.51	2.0 - 7.5	x10^9/L		
Lymp	3.35	1.5 - 4.0	x10^9/L		
Mono	0.60	0.2 - 1.0	x10^9/L		
Eos	0.53	0 - 0.4	x10^9/L	HI	
Baso	0.05	0 - 0.2	x10^9/L		

Requestor Comments
REPEATED INFECTIONS ? CAUSE

REQUESTOR''REPEATED INFECTIONS ? CAUSE

Labs|Haematology — SCI Store Report

Patient Demographics

Name: Lesley Brown
Address: 54 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AN
Date of Birth: 06 May 1960
Sex: Female
Requestor: SYME, HANNAH
CHI: 9805859797

Report Details

Date: 14 Mar 2019
MasterLab: R4322651
SCISTOREINPUT: 7062022
Sample Date: 14 Mar 2019 10:40

Report extracted from SCI Store by NHSB EDT Service Thu Mar 14 2019 13:16:35

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Filename: igprda202604221111390.pdf
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Pages:

Samples:C3689805 Report Abnormal: NO Has History: NO CHI: 5805809767 Patient Name: Miss Lesley Brown Requestor: STRAIN, ANDREW

SPECIMEN: C3689805

SAMPLE: SER:W

CRP

Description	Value	Range	Unit	Normalcy	Notes
CRP	4	0 - 5	mg/L		

Requestor Comments
REPEAT
SLIGHTLY RAISED CRP - MCC

REQUESTOR''REPEAT
REQUESTOR''SLIGHTLY RAISED CRP - MCC

Labs|Biochemistry SCI Store Report

Patient Demographics

Name: Miss Lesley Brown
Address: 51 Whitewood Crescent, Peebles, Peeblesshire, EH45 9AP
Date of Birth: 08 May 1980
Sex: Female
Requestor: STRAIN, ANDREW
CHI: 5805809767

Report Details
Date: 05 Jul 2017
MasterLab: C3689805
SCISTOREINPUT: 6101266
Sample Date: 05 Jul 2017 10:20

Report extracted from SCI Store by NHSB EDT Service Wed Jul 5 2017 13:26:49

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Filename: igprda202604221112220.pdf
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Pages:

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	F	SPECIMEN DATE	REPORT TO
BROWN	Lesley		25 Feb 2014 10:22	Dr Robert MANSON
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
51 Witchwood Crescent	0805809767	F	C2987878	PEEBLES, TWEED
Peebles	D.O.B. 08 May 1980		CHI No. 0805809767	REQUESTED BY Dr Robert MANSON

RELEVANT CLINICAL DETAILS AND TREATMENT
RASH

26 FEB 2013

eGFR Cumulative Report
Specimen Type: SERUM
Validated by: Auto
Printed on the: 25 Feb 2014 13:53

SODIUM	138	mmol/L		(135-145)	
POTASSIUM	4.4	mmol/L		(3.5-5.0)	
Creat	58	umol/L	L	(60-110)	
Albumin	42	g/L		(36-47)	
Bili	6	umol/L		(2-17)	
ALT	16	U/L		(10-42)	
ALP	57	U/L		(25-100)	
HDL Chol	1.8	mmol/L	H	(1.0-1.5)	
LDL Chol	2.5	mmol/L		(2.0-3.5)	
Chol/HDL Ratio	3.0			(2-5)	
Fasting Cholesterol	5.4	mmol/L	H	(3.5-5.0)	
Fasting Triglyceride	2.32	mmol/L	H	(0.6-1.7)	
CRP	6	mg/L		(1-10)	

Cumulative Report Area

Lab.No	Date	eGFR
**2987878	25/02/14	>60
2963874	23/01/14	>60
2543633	16/02/12	>60
2035872	24/08/09	>90

For more information about eGFR look on website www.renal.org

No.: C298787 Rec'd 12:47 25 Feb 2014	Na 135-145 mmol/L	K 3.5-5.0 mmol/L	CO_2 24-30 mmol/L	Urea 2.5-6.6 mmol/L	Creat 60-110 µmol/L	Ca 2.12-2.62 mmol/L	Alb 36-47 g/L	Prot 60-80 g/L	Bili M 5-25 µmol/L	AlT 10-42 U/L	Alk P 26-100 U/L	yGT 7-35 U/L	CK 24-195 U/L	AsT 10-42 U/L	Glucose 3.6-7.8 mmol/L

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley	25 Feb 2014 10:22	Dr Robert MANSON

ADDRESS	PATIENT No.	SEX	LABORATORY No.
51 Witchwood Crescent	0805809767	F	C2987878
,	D.O.B.		CHI No.
Peebles	08 May 1980		0805809767

PEEBLES, TWEED

REQUESTED BY
Dr Robert MANSON

RELEVANT CLINICAL DETAILS AND TREATMENT
RASH

eGFR Cumulative Report

Specimen Type: SERUM
Validated by: Auto
Printed on the: 25 Feb 2014 13:53

GGT 18 U/L (6-35)

Cumulative Report Area

Lab.No	Date	eGFR
**2987878	25/02/14	>60
2963874	23/01/14	>60
2543633	16/02/12	>60
2035872	24/08/09	>90

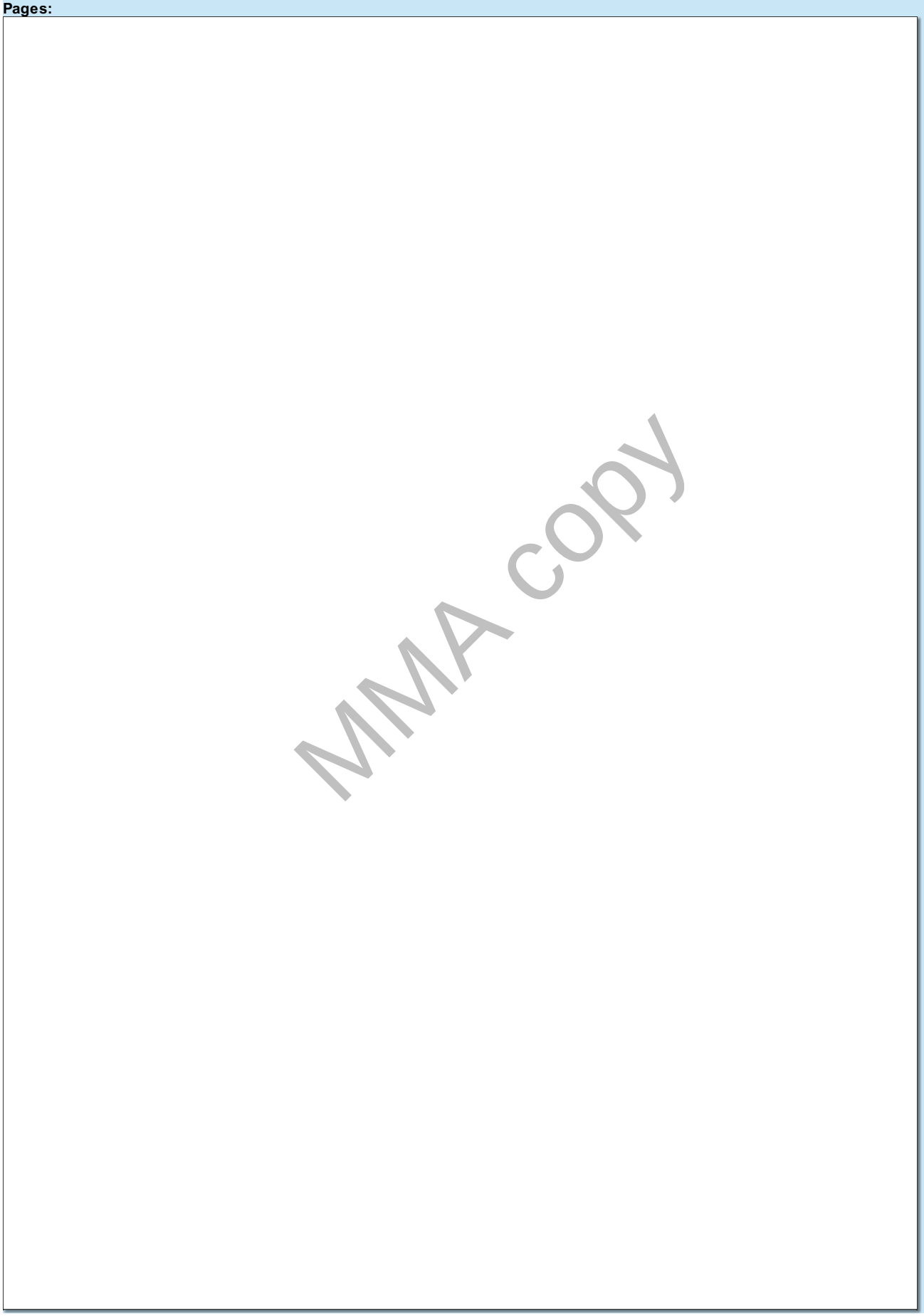
For more information about eGFR look on website www.renal.org

No.: C298787 Rec'd 12:47 25 Feb 2014	Na	K	CO_2	Urea	Creat	Ca	Alb	Prot	Bili	AlT	Alk P	yGT	CK	AsT	Glucose
	135-145 mmol/L	3.5-5.0 mmol/L	24-30 mmol/L	2.5-6.6 mmol/L	60-110 µmol/L	2.12-2.62 mmol/L	36-47 g/L	60-80 g/L	M 5-25 µmol/L	10-42 U/L	26-100 U/L	7-35 U/L	24-195 U/L	10-42 U/L	3.6-7.8 mmol/L

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Borders General Hospital NHS Trust
Melrose
Roxburghshire

RADIOLOGY REPORT

Surname	**BROWN**	Hospital No.	**136071B** Attd No. **574246**
First Name	**LESLEY**	CHI No.	**0805809767**
Address	**OLD ROW**	Consultant	**Dr G E McIntosh (2)**
	SOUTH LYNE FARM	Specialty	**GP**
	PEEBLES	Ward / Dept.	**Hay Lodge Health Centre Prac2**
		G.P.	**Dr G E McIntosh (2)**
Post Code	**EH458NR**		**Neidpath Road**
D.O.B.	**08/05/1980** Sex **Female**		**Peebles**

Copy Report To: Page 1 of 2

Indication: Persistent low back pain. Abnormal gait. Decrease sensation inner thigh.

MRI lumbar spine. Bony alignment is normal. The spinal cord terminates normally at T12-L1 level. T12-L1 disc and foramina are normal. L1-L2 disc and foramina are normal. The L2-L3 disc and foramina are normal. L3-L4 disc and foramina are normal. L4-L5 disc is dehydrated and the disc space is slightly reduced. There is a minor diffuse posterior disc bulge which does not compress the nerve roots. The foramina are widely patent. Minor degenerative changes of the facet joints noted. At the L5-S1 level the disc is dehydrated and the disc space is reduced. There is a large disc prolapse in a central location with a relatively broad base. This is compressing the thecal sac with displacement of all CSF. There is significant compression of the S1 nerve roots and probable compression of the remaining more distal nerve roots. The L5 nerve roots escape above the level of the disc. Minor bone marrow signal changes in relation to the degenerate L5-S1 disc. No prevertebral pathology identified.

Keywords:	Code:	Teaching:
Examination: **MR lumbar spine no gd**		Reported Date: **02/06/2007** Examination Date: **01/06/2007**

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Borders General Hospital NHS Trust
Melrose
Roxburghshire

RADIOLOGY REPORT

Surname	**BROWN**	Hospital No.	**136071B** Attd No. **574246**
First Name	**LESLEY**	CHI No.	**0805809767**
Address	**OLD ROW**	Consultant	**Dr G E McIntosh (2)**
	SOUTH LYNE FARM	Specialty	**GP**
	PEEBLES	Ward / Dept.	**Hay Lodge Health Centre Prac2**
		G.P.	**Dr G E McIntosh (2)**
Post Code	**EH458NR**		**Neidpath Road**
D.O.B.	**08/05/1980** Sex **Female**		**Peebles**

Copy Report To: Page 2 of 2

Opinion. The significant abnormality is a broad-based central disc prolapse at L5-S1 causing probable compression of all nerve roots and particularly compressing the S1 nerve roots on both sides as they approach their foramina. Is there any disturbance of bladder or bowel function or evidence of motor weakness? Combination of such findings with the MRI appearances would merit urgent referral. End.

Reported by: Dr Hamish McRitchie Authorised by: Hamish McRitchie(Radiologist) Typist: HMCR

DL		FILE	
EM	✓	APPT.	
CM		NOTES	✓

Keywords:	Code:	Teaching:
Examination: **MR lumbar spine no gd**		Reported Date: **02/06/2007** Examination Date: **01/06/2007**

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B.G.H. AREA LABORATORY

Telephone 01896 826240

CLINICAL CHEMISTRY

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley	20 May 2014 09:11	Dr Zeshan AHMAD

ADDRESS	PATIENT No.	SEX	LABORATORY No.	
51 Witchwood Crescent , Peebles	0805809767	F	C3048905	PEEBLES, TWEED
	D.O.B.		CHI No.	REQUESTED BY
	08 May 1980		0805809767	Dr Zeshan AHMAD

RELEVANT CLINICAL DETAILS AND TREATMENT

SKIN INFECTION

eGFR Cumulative Report

Specimen Type: SERUM
Validated by: Auto
Printed on the: 20 May 2014 13:41

SODIUM	138	mmol/L		(135-145)
POTASSIUM	4.5	mmol/L		(3.5-5.0)
Creat	65	umol/L		(60-110)
Albumin	38	g/L		(36-47)
Bili	9	umol/L		(2-17)
ALT	17	U/L		(10-42)
ALP	71	U/L		(26-100)
CRP	28	mg/L	H	(1-10)

Cumulative Report Area

Lab.No	Date	eGFR
**3048905	20/05/14	>60
2987878	25/02/14	>60
2963874	23/01/14	>60
2543633	16/02/12	>60
2035872	24/08/09	>90

21 MAY 2014

For more information about eGFR look on website www.renal.org

No.: C304890 Rec'd 12:57 20 May 2014	Na 135-145 mmol/L	K 3.5-5.0 mmol/L	CO_2 24-30 mmol/L	Urea 2.5-6.6 mmol/L	Creat 60-110 µmol/L	Ca 2.12-2.62 mmol/L	Alb 36-47 g/L	Prot 60-80 g/L	Bili M 5-25 µmol/L	AlT 10-42 U/L	Alk P 26-100 U/L	yGT 7-35 U/L	CK 24-195 U/L	AsT 10-42 U/L	Glucose 3.6-7.8 mmol/L

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B.G.H. AREA LABORATORY Telephone 01896 826240 **MICROBIOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley		19 May 2014	Dr G.E. MCINTOSH
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
51 Witchwood Crescent	0805809767	F	M14041682	PEEBLES, TWEED
,	D.O.B		CHI No.	REQUESTED BY
Peebles	08 May 1980		0805809767	Dr G.E. MCINTOSH

RELEVANT CLINICAL DETAILS AND TREATMENT
FINGER WOUND

26 MAY 2014

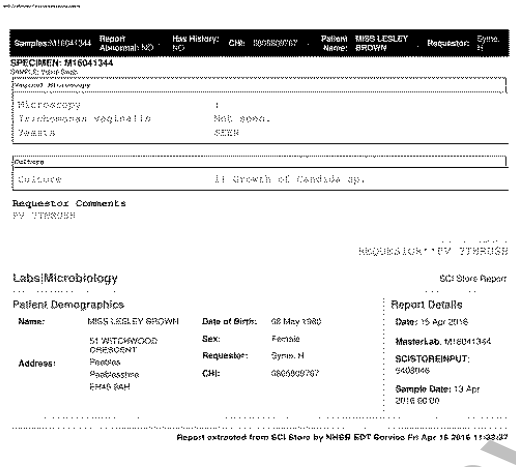
Culture		1
1) Heavy growth of B-haem Streptococcus gpA	Penicillin	S
	Erythromycin	S

PRINTED 15:30 22 May 2014 Wound Swab RECEIVED 13:14 20 May 2014

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Samples:M16041344 Report Abnormal: NO Has History: NO CHI: 0805809767 Patient Name: MISS LESLEY BROWN Requestor: Symo. H

SPECIMEN: M16041344
SWAB, Vaginal Swab

Microscopy
Trichomonas vaginalis — Not seen.
Yeasts — SEEN

Culture
Culture — 1+ Growth of Candida sp.

Requestor Comments
BV TTRUSH

REQUESTOR BV TTRUSH

Labs|Microbiology — SCI Store Report

Patient Demographics

Name: MISS LESLEY BROWN
Address: 51 WITCHWOOD CRESCENT, Peebles, Peeblesshire, EH45 8AH
Date of Birth: 08 May 1980
Sex: Female
Requestor: Symo. H
CHI: 0805809767

Report Details

Date: 15 Apr 2016
MasterLab: M16041364
SCISTOREINPUT: 9409946
Sample Date: 13 Apr 2016 00:00

Report extracted from SCI Store by NHSB EDT Service Fri Apr 15 2016 11:33:27

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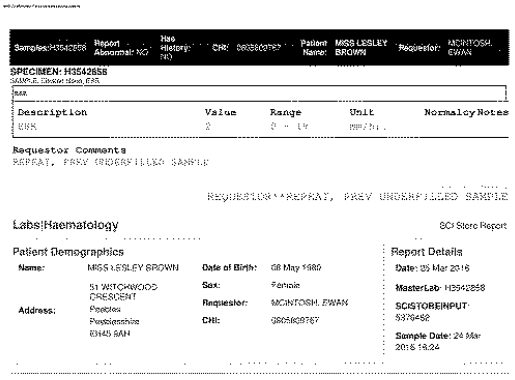
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Samples:H3542858 Report Abnormal: NO Has History: NO CHI: 0805629767 Patient Name: MISS LESLEY BROWN Requestor: MCINTOSH, EWAN

SPECIMEN: H3542858
SAMPLE: Blood (Whole), EDTA
EAK

Description	Value	Range	Unit	Normalcy	Notes
EBK	2	0 - 14	MM/HR		

Requestor Comments
REPEAT, PREV UNDERFILLED SAMPLE

REQUESTOR COMMENTS:REPEAT, PREV UNDERFILLED SAMPLE

Labs!Haematology — SCI Store Report

Patient Demographics

Name: MISS LESLEY BROWN
Address: 51 WITCHWOOD CRESCENT, Peebles, Peeblesshire, EH45 8AH
Date of Birth: 08 May 1980
Sex: Female
Requestor: MCINTOSH, EWAN
CHI: 0805629767

Report Details

Date: 25 Mar 2016
MasterLab: H3542858
SCISTOREINPUT: 9376458
Sample Date: 24 Mar 2016 18:24

Report extracted from SCI Store by NHSB EDT Service Fri Mar 25 2016 14:28:46

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Filename: igprda202604221111580.pdf
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Samples:M16001823 | Report Abnormal: NO | Has History: NO | CHI: 0805809767 | Patient Name: MISS LESLEY BROWN | Requestor: TOPALIAN, Joanne

SPECIMEN: M16001823
SAMPLE: MSU

Urine microscopy	
Urine microscopy	Unreadable due to debris

Urine culture	
Urine culture	No growth.

Sample Comments
Urine received in white-top universal. This may effect results. All urine samples for MC&S should be submitted in red-tip boric acid universal unless received in lab within 4 hours of collection.

Requestor Comments
Abdo Pain

REQUESTOR'*Abdo Pain

Urine received in white-top universal. This may effect results. All urine samples for MC&S should be submitted in red-tip boric acid universal unless received in lab within 4 hours of collection.

Labs|Microbiology — SCI Store Report

Patient Demographics

Name:	MISS LESLEY BROWN	**Date of Birth:**	06 May 1980
Address:	51 WITCHWOOD CRESCENT Peebles Peeblesshire EH45 8AH	**Sex:**	Female
		Requestor:	TOPALIAN, Joanne
		CHI:	0805809767

Report Details
Date: 26 Apr 2016
MasterLab: M16001823
SCISTOREINPUT: 5428867
Sample Date: 26 Apr 2016 00:00

Report extracted from SCI Store by NHSB EDT Service Thu Apr 28 2016 12:02:06

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B.G.H. AREA LABORATORY Telephone 01896 826240 **HAEMATOLOGY**

SURNAME	FORENAME		SPECIMEN DATE	REPORT TO
BROWN	Lesley		20 May 2014 09:11	Dr Zeshan AHMAD
ADDRESS	PATIENT No.	SEX	LABORATORY No.	
51 Witchwood Crescent		F	H3048906	PEEBLES, TWEED
,	D.O.B		CHI No.	REQUESTED BY
Peebles	08 May 1980		0805809767	Dr Zeshan AHMAD

RELEVANT CLINICAL DETAILS AND TREATMENT
SKIN INFECTION

TEST	HGB	MCV	Hct	RBC	MCH	MCHC	PLT	WBC	ESR	Retic	INR
	141	96.9	0.425	4.38	32.1	332	268	10.3	6		
	g/L	fl		x10^12/L	pg	g/L	x10^9/L	x10^9/L	mm/hr		
RANGE	(115-165)	(80-100)	(0.36-0.46)	(3.8-5.8)	(27-32)	(320-360)	(150-400)	(4.0-11.0)	(0-19)		

21 MAY 2014

DIFFERENTIAL WBC (x10^9/l)
Neuts... : 6.60 (2.0-7.5)
Lymphs.. : 2.70 (1.0-4.0)
Monos... : 0.50 (0.2-1.0)
Eos..... : 0.50 (0-0.4)
Basos... : 0.10 (0-0.2)

REQUEST: FBC ESR SPECIMEN: EDT RECEIVED: 20 May 2014 12:57 REPRINTED: 20 May 2014 13:58

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B.G.H. AREA LABORATORY Telephone 01896 826240 **CLINICAL CHEMISTRY**

SURNAME	FORENAME	SPECIMEN DATE	REPORT TO
BROWN	Lesley	27 May 2014 10:10	Dr Robert MANSON

ADDRESS	PATIENT No.	SEX	LABORATORY No.
51 Witchwood Crescent , Peebles	0805809767	F	C3053143
	D.O.B.		**CHI No.**
	08 May 1980		0805809767

PEEBLES, TWEED

REQUESTED BY
Dr Robert MANSON

RELEVANT CLINICAL DETAILS AND TREATMENT
REPEAT

28 MAY 2014

eGFR Cumulative Report
Specimen Type: SERUM
Validated by: Auto
Printed on the: 27 May 2014 13:38

HDL Chol	2.1	mmol/L	H	(1.0-1.5)
LDL Chol	2.4	mmol/L		(2.0-3.5)
Chol/HDL Ratio	2.5			(2-5)
Fasting Cholesterol	5.2	mmol/L	H	(3.5-5.0)
Fasting Triglyceride	1.47	mmol/L		(0.6-1.7)

Cumulative Report Area

Lab.No	Date	eGFR
**3048905	20/05/14	>60
2987878	25/02/14	>60
2963874	23/01/14	>60
2543633	16/02/12	>60
2035872	24/08/09	>90

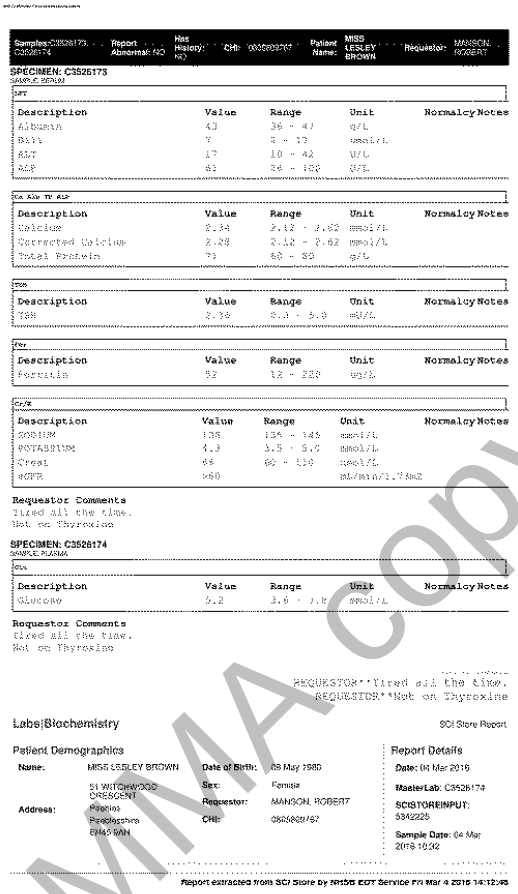
For more information about eGFR look on website www.renal.org

No.: C3053143 Rec'd 13:01 27 May 2014	Na 135-145 mmol/L	K 3.5-5.0 mmol/L	CO_2 24-30 mmol/L	Urea 2.5-6.6 mmol/L	Creat 60-110 µmol/L	Ca 2.12-2.62 mmol/L	Alb 36-47 g/L	Prot 60-80 g/L	Bili M 5-25 µmol/L	AlT 10-42 U/L	Alk P 26-100 U/L	yGT 7-35 U/L	CK 24-195 U/L	AsT 10-42 U/L	Glucose 3.6-7.8 mmol/L

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Samples:C3526173, C3526174 | Report Abnormal: NO | Has History: NO | CHI: 0604609787 | Patient Name: MISS LESLEY BROWN | Requestor: MANSON, ROBERT

SPECIMEN: C3526173
SAMPLE: SERUM

LFT

Description	Value	Range	Unit	Normalcy	Notes
ALBUMIN	43	36 - 47	g/L		
BILI	7	5 - 17	umol/L		
ALT	17	10 - 42	U/L		
ALP	61	36 - 122	U/L		

Ca Alb TP ALP

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.34	2.12 - 2.62	mmol/L		
Corrected Calcium	2.28	2.12 - 2.62	mmol/L		
Total Protein	73	60 - 80	g/L		

TSH

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.38	0.3 - 5.0	mU/L		

Fer

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	52	12 - 220	ug/L		

Cr/E

Description	Value	Range	Unit	Normalcy	Notes
SODIUM	135	134 - 145	mmol/L		
POTASSIUM	4.3	3.5 - 5.3	mmol/L		
Creat	66	60 - 110	umol/L		
eGFR	>60		mL/min/1.73m2		

Requestor Comments
Tired all the time.
Not on Thyroxine

SPECIMEN: C3526174
SAMPLE: PLASMA

Gluc

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.2	3.6 - 7.8	mmol/L		

Requestor Comments
Tired all the time.
Not on Thyroxine

REQUESTOR**Tired all the time.
REQUESTOR**Not on Thyroxine

Labs|Biochemistry — SCI Store Report

Patient Demographics

Name: MISS LESLEY BROWN
Address: 51 WITCHWOOD CRESCENT, Paisley, Renfrewshire, PA3 5NH
Date of Birth: 08 May 1980
Sex: Female
Requester: MANSON, ROBERT
CHI: 0804609787

Report Details

Date: 04 Mar 2016
MasterLab: C3526174
SCISTOREINPUT: 3342225
Sample Date: 04 Mar 2016 10:02

Report extracted from SCI Store by NHSS EDT Service Fri Mar 4 2016 14:12:45

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Brown Lesley A CHI: 0805809767 / MRN: 136071B DL 15/02/2019 v1

Discharge Letter

NHS Borders

Dr RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Date of Completion: 15/02/2019

Dear Dr RA Brydon,

Name	CHI	DOB	Address
Lesley A Brown	0805809767	08/05/1980	51 Witchwood Crescent Peebles EH45 9AH

Admitted	Type	Discharged	Destination
13/02/2019 18:28	In Patient	15/02/2019	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Ahmed Mustafa	Ward 7	01896 826007

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment

Date	Procedures/Interventions/Operations

Inpatient Summary

Dear Doctor,
Ms Brown was admitted on 114/2/2019 with a Right sided facial cellulitis and abscess. She was seen in St John's Hospital in Livingston for an excision and drainage of the abscess and was then repatriated to the Borders General Hospital. She was initially treated with IV clarithromycin, and this has been stepped down to oral clarithromycin.

She is now fit for discharge with GP follow up in 6 weeks.

Follow Up
Nil

GP to follow up
Please re-examine the abscess in 6 weeks. If it has not resolved, she can be re-referred to Maxillofacial in St John's for further follow up.

Yours Sincerely,
Vivek Majumder
Surgical FY1

Community Support:

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None recorded.

Driving Restrictions: **NA**
Driving Advice:

Medication Info

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Comment	New Drug/ Dose Change?
Aveeno Cream	Topical	1	Application	As Required	Indefinite		
Clarithromycin 500mg Tablets	Oral	500	Milligrams	Twice a Day	1 Week		
Dihydrocodeine 30mg Tablets	Oral	30	Milligrams	Every 6-8 Hours When Required	1 Week		
Lymecycline 408mg Capsules	Oral	408	Milligrams	In The Morning	Indefinite		
Magnesium Sulfate Paste	Topical	1	Application	In The Morning	Indefinite		
Paracetamol 500mg Tablets	Oral	1000	Milligrams	Every 4-6 Hours When Required	1 Week		
Zopiclone 3.75mg Tablets	Oral	3.75	Milligrams	As Required	Indefinite	3.75mg at night	

Allergies:
Height: cm **Weight:** kg

Discontinued Medication:

Drug Name	Dose	UOM	Reason	Comment
Clarithromycin 500mg Tablets	500	Milligrams	No Longer Clinically Appropriate	IV CLARI
Dalteparin 5,000units/0.2mL Syringe	5000	Units	No Longer Clinically Appropriate	
Dihydrocodeine 30mg Tablets	30	Milligrams	No Longer Clinically Appropriate	
Ibuprofen 400mg Tablets	400	Milligrams	No Longer Clinically Appropriate	
Other	1	No Unit of Measure	No Longer Clinically Appropriate	TEDS
Paracetamol 500mg Tablets	1000	Milligrams	No Longer Clinically Appropriate	

This discharge letter will be reviewed by a senior clinician and a further letter sent if required.

Yours sincerely,
Dr Vivek Majumder
Doctor

Pharmacy Check	Printed Name	Signature
Clinical Check		

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NHS Confidential: Personal data about a patient

Brown Lesley A CHI: 0805809767 / MRN: 136071B DL 15/02/2019 v1

Dispensed By		
Final Check		



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Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

600005618M F 08/05/1980
Brown, Lesley
51 Witchwood Crescent,
Peebles,
EH45 9AH
CHI 0805809767
16211 RA Brydon

Consultant: MR Bakia
Operator: K. Medjoub
GP: Dr Brydon

Dear Doctor,
Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: Excision Sebaceous cyst Dorsum

Findings / Results:

Further treatment is planned as follows:

Removal of sutures: 5 days c/o DFC

Follow up arrangements: Check S

Sickness absence form has been issued for: days / weeks

Discharge drugs

Drug	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Diclofenac 50mg	One tablet every 8 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

Yours faithfully,

Signature: Date: 23/06/13

Name: Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

MHA copy

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NHS

SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 18 Dec 2023
CHI Number : 0805809767

Dear Doctor, (Practice Code - 62312)

Lesley Anne Brown, 08/05/80 , 7 HOWES BRAE SKIRLING

Lesley Anne Brown, was attended by ambulance crew on 18 Dec 2023 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR010457072.

Yours sincerely,

Scottish Ambulance Service

MMA copy

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TerraPACE REPORT			
Time	00:14	Date	18/12/2023
PATIENT AND INCIDENT DETAILS			
Incident number		CR010457072	
Name		Lesley Anne Brown	
CHI Number		0805809767	
Date of Birth		1980-05-08	
Additional Comments and Observations		999 nhs 24 call, female 43, patient for the past 4 or 5 hours has been complaining of increased lower back pain and sometimes into her lower chest,this started yesterday and has not went away, no pain increase on inhalation, she went 5 hours without passing urine, she then started to drink more water and was then able to pass water, she last took paracetamol at 1400 today, she said she did not have any in the house, ooh were happy to take on her care once we spoke to them.	
Additional Comments: Presenting Complaint		POSS UTI	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	73	**BP**	112/77
Cap Refill	<=2 Secs	**ECG Rhythm**	Sinus Rhythm
Rhythm	Reg	**Arm**	Right
Central/Peripheral	Central	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
22:50	73	17	112/77	99	<=2 Secs	15	Alert		37.8	6.9	Sinus Rhythm	4	4	
23:10	77	17	124/86	99		15	Alert					4	4	

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After
22:56	Paracetamol	1	g	OR	07/2025	7	7
22:57	Ibuprofen	400	mg	OR	11/2025	7	7

HISTORY

AMPLE

Allergies	None

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Medication	AS PER ECS
Past Medical History	NIL
Last Eaten	>4 Hours Ago
Events Prior	LOWER BACK PAIN AND MOVING UP INTO LOWER CHEST.
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

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NHS Borders
Medical Services Directorate
Department of Medicine for the Elderly

Consultants:
Dr P D Syme
Dr A C H Gordon
Dr A T McLaren
Dr J M Bennison
Dr S Kerr
Dr C A Norris
Dr J Inglis

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000

www.nhsborders.org.uk

Dictated: 22-02-2012
Date: 24-02-2012
Our Ref: ATM/ sp/ 136071B
CHI: 0805809767

Enquiries to: Stacey Patterson
Direct Line: 01896 826019
Direct Fax: 01896 823476
E-mail: stacey.patterson@borders.scot.nhs.uk

Dr McIntosh
The Health Centre
Neidpath Road
Peebles

MAA copy

Dear Dr McIntosh

LESLEY BROWN 08-05-1980
7/5 KINGSLAND SQUARE PEEBLES EH45 8EZ

Date of Admission 16 February 2012
Date of Discharge 16 February 2012
Consultant Dr McLaren

Diagnosis

1. Pleurisy following lower respiratory tract infection
2. Smoking habit

This 32-year-old woman reported a 4 day history of right pleuritic pain, following a 1 week history of a sore throat and a cough productive of green sputum. Smoking habit for the past 15 years, normally 10 per day but this had increased to 20 per day since a bereavement when [redacted] Alcohol consumption estimated at 2- 5 bottles of wine per week in the past year.

She appeared well, haemodynamically stable and afebrile. No chest wall tenderness. Normal respiratory examination - no added sounds.

Haemoglobin 15.1, white cell count 11.5 and CRP 50. Normal D-dimer level. Normal urea and electrolytes. The ECG showed normal sinus rhythm 85 beats per minute and the chest x-ray showed clear lung fields.

The diagnosis was pleurisy following a respiratory tract infection.

She was started on Amoxicillin and supplied with analgesia - Dihydrocodeine, and/or Diclofenac. She was advised on smoking cessation. She was discharged home the same day.

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Our Ref: ATM/ sp/ 136071B
CHI: 0805809767

Drugs on Discharge

Amoxicillin 500 mg three times daily for 5 days
Paracetamol 1 g four times daily
Dihydrocodeine 30 - 60 mg as required maximum four times daily
Diclofenac 50 mg as required maximum three times daily

Follow up

None arranged.

Kind regards.

Yours sincerely

Dr A T McLaren
Consultant Physician

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Department of Oral & Maxillofacial Surgery
CT2: Dr Callum Weir
Tel: 01324 566360 / 566364

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr JK Hutchison
Biggar Health Centre
South Croft Road
Biggar
Lanarkshire
ML12 6BE

Date Dictated: 06/03/2023
Date Typed: 16/03/2023
Our Ref: CW/AMcK
CHI: 0805809767

Dear Dr JK Hutchison

Lesley Brown DOB: 08-05-1980
7 Howes Brae Skirling Biggar ML12 6FA

The above patient was seen in the maxillofacial department at Forth Valley Royal Hospital in regards to the swelling on her right cheek the patient has explained she has a 3 year history of pain and swelling in her right cheek underneath her zygomatic bone. The pain has radiated up into her head and along her upper right teeth. The patient explains that she had a similar swelling excised and drained in the past at Borders General Hospital.

Medically the patient takes Quetiapine for PTSD and has an allergy to elastoplast.

On examination there is a swelling of the right cheek below the zygoma with a raised fluctuant points.

My clinical impression is that this is either an infected sebaceous cyst or facial abscess.

Plan: Incision and drainage under local anaesthetic and course of oral antibiotics.

The swelling was incised and drained under local anaesthetic in the department today. Culture and sensitivity swab was taken of the pus. Post-operative instructions were given to the patient and she was discharged with a weeks course of Flucloxacillin 500mgs x3 daily. At this time no maxfax follow up is required and I return her back to your continuing care.

Kind regards

Yours sincerely

Dictated and electronically checked by:

Dr Callum Weir

MIA COPY

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Dental Core Trainee 2 in Oral and Maxillofacial Surgery

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NHS Confidential: Personal data about a patient

FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: BROWN, Lesley Anne (Miss)

Address: 7 Howes Brae
Skirling
Biggar
Lanarkshire

Age if under 12 yrs. Yrs / Mths

Postcode: ML12 6FA

Pharmacy Details
GRAEME
PHARMACY
124 HIGH STREET
BIGGAR
LANARKSHIRE
ML12 6DH

Pharmacy Stamp

DOB/CHI No. 0805809767

UC3277000GTAMNBR

Quetiapine 25mg tablets
Quant: 10 tablet
1-3 to be taken EACH DAY urgent supply

****
****
****
****

****
****
****
****

MWA copy

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 27.07.2024

Send To GP

3277
PS Contractor Code

2041101
GPhC Reg Number

62312
GP Practice Code

03/20

Please read notes overleaf and complete relevant parts

10125974127

07710771

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NHS Confidential: Personal data about a patient

FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: BROWN, Lesley Anne (Miss)

Address: 7 Howes Brae
Skirling
Biggar
Lanarkshire

Age if under 12 yrs Yrs / Mths

Postcode: ML12 6FA

Pharmacy Details
GRAEME
PHARMACY
124 HIGH STREET
BIGGAR
LANARKSHIRE
ML12 6DH
Pharmacy Stamp

DOB/CHI No.: 0805809767

UC3277000HJJHRC0

Quetiapine 25mg tablets
Quant: 10 tablet
ONE to TWO to be taken EACH DAY urgent supply

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 26.10.2024

Send To GP

3277 PS Contractor Code

2053026 GPhC Reg Number

62312 GP Practice Code

02/23

Please read notes overleaf and complete relevant parts

10236823510 07710771

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NHS
Lanarkshire

Occupational Therapy in primary care:
a LOT to offer

Ref: 0805809767
Date: 19/05/25

If telephoning, please ask for:
Amy Lindsay

Primary Care Occupational Therapy Team

Tel: ***01698 755175***
Email: ***occupationaltherapyprimarycareteam @lanarkshire.scot.nhs.uk***

Lesley Brown
7 Howes Brae
Skirling
Biggar
Lanarkshire
ML12 6FA

MNA copy

Dear Lesley,

I was sorry you were unable to attend your recently scheduled face-to-face appointment on Monday 19th of May at 14:00pm. If you would like to arrange a further appointment, please contact us on the above number.

If we have not heard from you within the next two weeks from the date of this letter, we will assume now is not the right time for you to engage with Occupational Therapy.

Should your situation change and you would like to access Occupational Therapy in the future, please get in touch with our team on the above number and we can discuss this further with you.

Yours sincerely

A. Lindsay

Amy Lindsay
Occupational Therapist

Royal College of Occupational Therapists

South Lanarkshire Health and Social Care Partnership

Health&Social Care North Lanarkshire

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Outlook

NHS24 Child Welfare -

From NHS24 Public Protection (NHS 24) <nhs24.publicprotection@nhs.scot>
Date Mon 03/11/2025 15:40
To Public Protection (NHS Borders) <Public.Protection@borders.scot.nhs.uk>; PeeblesLTT@scotborders.gov.uk <PeeblesLTT@scotborders.gov.uk>; Biggar Medical Practice <BiggarMedicalPractice@lanarkshire.scot.nhs.uk>

1 attachment (104 KB)
PP-0041066-NHS24 Public Protection Referral-03112025.pdf;

OFFICIAL

Dear Colleague

Please find attached a copy of an NHS 24 Public Protection referral. It concerns the patient: . Please share with the relevant professional within your agency.

** PLEASE NOTE DUE TO A CHANGE IN IT SYSTEM THE ATTACHED PUBLIC PROTECTION REFERRAL MAY LOOK SLIGHTLY DIFFERENT.
PLEASE CONTINUE TO DEAL WITH THE REFERRAL IN THE USUAL MANNER**

For any correspondence, please quote respond reference number - PP-0041066

FOR CHILD CONCERNS *PLEASE NOTE*
To: CPNA OFFICE: Please refer on to relevant Health Professional for Child/ren.

CPNA

If you have any questions please do not hesitate to email the Public Protection mailbox: ***nhs24.publicprotection@nhs.scot***. This mailbox is monitored Monday-Friday 08:30-16:30.

Kind Regards

Iony Urquhart

Public Protection Team
NHS 24

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NHS Borders

Medical Services Directorate
Borders General Hospital
MELROSE TD6 9BS
Dermatology Clinic – 9th January 2007
Dr E C Benton – Consultant in Dermatology

Telephone - 01896 826000
Fax – 01896 823476
www.nhsborders.org.uk

Dr E McIntosh
The Health Centre
Hay Lodge
PEEBLES

Date 10th January 2007
Your Ref
Our Ref ECB/sac/136071 0805809767
Enquiries to Sandra Campbell
Extension 6624
Direct Line 01896 826624
Email sandra.campbell@borders.scot.nhs.uk

MMA copy

Dear Dr McIntosh

LESLEY BROWN OLD ROW SOUTH LYNE FARM PEEBLES EH45 8NR DOB 08 05 80

Histology of the lesion removed from her right anterior neck by shave excision was a benign intradermal naevus. (Mole). No further treatment is required.

Yours sincerely

Dr E C Benton
Consultant in Dermatology

(ex Perth)

17 JAN 2007

	NOTES	
	SUMMARY	
GPR	COMMENT	
RET	VISIT	

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Public Protection Referral 1 (PPR 1)

NHS 24

Type of Concern	Adult Welfare, Child Welfare/Wellbeing
Reason for Concern	Mental Health/Self Harm (Parent/Carer)
Additional Categories of Concern	Concerning Behaviour (Parent/Carer)
Date and Time of Call	01/11/2025 10:40:00
SAP Record Number	PA 106150
Respond Case ID number	PP-0041066

Caller Name	Caller Phone Number	Callers relationship to patient	If Health Professional please specify
LESLEY BROWN	07341811248	Other (Please Specify)	

Patient Details					
Name	**D.O.B**	**Chi number**	**Gender**	**Age**	**Patient Phone Number**
Mrs Lesley Brown	08/05/1980	0805809767	Female	45 (26 to 50 Years)	

Patient Address
7 HOWES BRAE SKIRLING BIGGAR ML12 6FA

Patient Location at Time of Call

Person/s 'at risk' or whom there is a concern about.				
Name	**D.O.B**	**Chi number**	**Gender**	**Age**
Mrs Lesley Brown	08/05/1980	0805809767	Female	45 (26 to 50 Years)

[redacted]

GP Name	Practice Address	Practice Phone Number	Childs School (if known)
	SOUTH CROFT ROAD, BIGGAR	01899 220383	

Situation: (risk/concern):
PT IS CALLING AS SHE IS STRUGGLING AT PRESENT DUE TO HER [redacted] GETTING TAKEN OUT HER CARE AND PUT IN CARE OF [redacted] AS PT'S [redacted] ACCUSED PT OF HITTING HER AND INFORMED THE SCHOOL OF THIS . PT REPORTS THIS DID NOT HAPPEN AND WAS FOCUSING ON HER ANGER TOWARDS THE SCHOOL AND SOCIAL WORK IN THE WAY THEY DEALT WITH THE SITUATION . PT ALSO MENTIONED HOW SHE HAS STRUGGLED SINCE THE LOSS OF HER [redacted]

MWA copy

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NHS 24

Public Protection Referral 1 (PPR 1)

BLAMES HERSELF ABOUT [redacted]
Background: (reason for call, include analysis of any relevant and proportionate information that is appropriate to share i.e. KIS, special notes, previous calls / previous public protection concerns, frequent caller:
PT REPORTS SHE HAS NO INPUT FROM ANY SERVICES AT PRESENT - REPORTS SOCIAL WORKER CALLED THE EMERGENCY WORK ON THE 30/10 THE DAY THEY TOOK HER [redacted] OUT HER CARE . PT REPORTS THEY WERE TRYING TO SECTION HER
Assessment: in relation to your risk/concern:
PT PRESENTED AS ANGRY WHICH APPEARED TO BE DIRECTED TOWARDS SOCIAL WORK AND THE HER [redacted] SCHOOL. SHE FELT SHE HAD NOT BEEN INFORMED PRIOR TO HER [redacted] BEING REMOVED BY SOCIAL WORK. AN ACCUSATION BY [redacted] HAD BEEN MADE TO THE SCHOOL IN RELATION TO AN ALLEGED ASSAULT NY [redacted] MOTHER THE PATIENT. PATIENT STATES THAT THERE WAS NO WARNING TO ADVISE THE CHILD WOULD BE REMOVED . SOCIAL WORK ARRIVED AND REMOVED [redacted] TO THE CARE OF [redacted] . PT WENT ON TO SAY HOW SHE IS STILL STRUGGLING WITH THE LOSS OF HER [redacted] BLAMES HERSELF FOR [redacted] . STATES SHE NEEDS FURTHER SUPPORT ON GETTING HELP FOR OTHER CHILDREN DID SEE COUNCELLORS FOR A SHORT PERIOD BUT DID NOT FEEL THIS WAS BENEFICIAL. FEELS NOW SHE NEEDS SOME MORE SUPPORT . DID MENTION HOW SHE FEELS SHE IS GOING TO FLIP , NOT SLEEPING OR EATING WELL SINCE THE 30/10/25 . FEELS SHE HAS NO SUPPORT AROUND HER. SHE DENIED SUICIDAL IDEATION, SELF HARM OR HARM TO OTHERS. PATIENT FEELS THAT SHE NEEDS MORE MEDICATION TO ENABLE HER TO COPE MORE AND SLEEP. THE PATIENT DID PRESENT AS EXTREMELY ANGRY AND FRUSTRATED ESPECIALLY WHEN ADVICE TO CONTACT HER GP FOR A MEDICATION REVIEW AS MEDICATION APPEARED TO BE WHAT SHE WAS LOOKING FOR. HER GP COULD ALSO REFER FOR FURTHER PSYCHOLOGICAL OR MENTAL HEALTH SUPPORT IF , AFTER AN ASSESSMENT THIS MAY BENEFIT HER. A CONCERN HOWEVER, WHICH IS PERHAPS WORTH NOTING, (NURSE C HENDERSON WRITING THIS) WAS THAT SHE APPEARED SOMEWHAT VOLATILE IN RESPECT TO DESCRIBING HER [redacted] IN AN EXTREMELY DEROGATORY WAY (ON THE RECORDING) . MHNP C HENDERSON ADVISED THE PATIENT THAT OUR ADVICE STOOD IN RELATION TO SPEAKING WITH HER GP IN RELATION TO MEDICATION, FURTHER SUPPORT BUT WE WOULD ALSO RAISE A WELFARE FORM AS SHE APPEARS UNHAPPY THAT SHE IS NOT RECIEVING SOCIAL SERVICE SUPPORT. THE PATIENT WAS NOT HAPPY WITH THIS OUTCOME AND TERMINATED THE CALL. AS STATED , DENIED THOUGHTS TO HARM SELF OR OTHERS.
Recommendation
GP SW

NWA COPY

Final endpoint of call	Routine Appointment with GP Patient advised to contact appropriate service - For Information Only

If you took immediate action to ensure the adult/child was safe, provide the detail of any service/s contacted and include: names, incident numbers.

Service	Name	Information Shared	Incident Number
Police			
Social Work			
SAS			

Was Patient Sent to Primary Care	No

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Public Protection Referral 1 (PPR 1)

NHS 24

Facility (A&E, PCEC, GP In-Hrs etc.)	

Details of Attendance/Non-Attendance (If Applicable)	

Actions Taken if Patient Didnt Attend	

Is this a looked after and care experienced child?	
If yes, which local authority is the child known to?	

Public protection Specialist Nurse Follow Up
Concerns in relation to mental health with anger towards school and Social work detailed. Patient advised [redacted] was removed from their care following [redacted] reporting patient had assaulted them. Reduced oral intake and lack of sleep detailed. Lack of support highlighted. Referrer highlighted concerns in relation to the manner which patient described their [redacted] Referrer described this to be volatile and extremely derogatory. Patient was advised to contact GP regarding medication however patient appeared to be displeased with this outcome and call noted to have been terminated. Call made to Social work 14:30 and concerns shared. Social work confirmed details of child and advised ongoing child protection investigation. Sharing with GP, PPU for School Nurse and Social Services for information and consideration may benefit from further assessment and support and consideration of any impacts on child. Sharing in the best interest of the child. Iony Urquhart Public Protection Nurse Practitioner

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NHS Borders

Medical Services Directorate
Borders General Hospital
MELROSE TD6 9BS
Dermatology Initiative Clinic 2nd December 2006
Dr E C Benton – Consultant in Dermatology

Telephone - 01896 826000
Fax – 01896 823476
www.nhsborders.org.uk

Dr E McIntosh
The Health Centre
Hay Lodge
PEEBLES

Date 11 December 2006
Your Ref
Our Ref SW/sac/136071 0805809767
Enquiries to Sandra Campbell
Extension 6624
Direct Line 01896 826624
Email sandra.campbell@borders.scot.nhs.uk

IWMA copy

Dear Dr McIntosh

LESLEY BROWN OLD ROW SOUTH LYNE FARM PEEBLES EH45 8NR DOB 08 05 80

Diagnosis multiple melanocytic naevii

Treatment- shave biopsy – right anterior neck

Follow up letter with histology results.

Many thanks for referring this 26 year old girl who is a skin Type I/II who has no personal family history of skin cancer. She attended today predominantly for an assessment of her moles. When pressed for a history of change, she said that there was on perhaps on her back which had darkened in recent times, according to a history given by her partner who was not present with her today in clinic.

On examination today, Lesley had several melanocytic naevii on her back. Under dermatoscopy these naevii had a particular distribution of pigment and no lesions looked pretty clearly sinister. There was a good degree of homogeneity between individual naevii. The patient declined examination of any other areas other than her back and neck.

She had one benign melanocytic naevus on the right anterior neck which was quite protuberant, and which she requested removal. I have therefore performed a shave biopsy today and will be in touch with the result of the histology.

Yours sincerely

Dr Sarah Walsh
SpR in Dermatology

13 DEC 2006
REF. VISIT

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 19/09/2013
Date Authorised
Date/Time Printed 19/09/2013 16:14
Our Ref 600005618M
CHI 0805809767

Patient: Ms Lesley Brown
51 Witchwood Crescent
Peebles
EH45 9AH

UHPI: 600005618M
Date of Birth: 08/05/1980

Clinic Code: DE/DM2
Specialty: Dermatology
Consultant: Dr DA McKay
Attendance Date: 09/09/2013

Dear Dr Brydon,

DIAGNOSIS:
Cystic comedonal acne

MANAGEMENT:
Blood test today
Information about Roaccutane

REVIEW:
2 weeks

Thank you for referring this 33 year old lady to the dermatology outpatient clinic. She presented with a 2 year history of multiple lesions affecting her cheeks, one of which (on her right jaw line) was incised and drained by plastic surgeons. She started Dianette 6 months ago and feels that there has been a very good improvement on her back, however her cheeks are only marginally improved. She previously tried 4 months of antibiotics, but cannot remember which one, with no improvement. She does have a past medical history of depression after her [redacted] however is now off all antidepressants and feels very well. She now has a new job and is moving on with her life. She is not currently taking any medication and has no family history of note.

On examination today she had cystic and comedonal scarring acne affecting her cheeks and back. Her weight today was 64kg. The hospital anxiety and depression score showed her depression score was 4 which is normal and an anxiety score of 8 which is borderline.

As such we have done some screening blood tests and given her some information about Roaccutane and will see her back in clinic in 2 weeks time to consider starting this.

Dermatology
Professor J L Rees
Secretary: 0131 536 2442
Dr R D Aldridge
Secretary: 0131 536 2417
Dr V R Doherty
Secretary 0131 536 2416
Dr P M Gordon
Secretary 0131 536 2418
Dr S A Holme
Secretary 0131 536 2410
Dr G M Kavanagh
Secretary 0131 536 2411
Dr D Kemmett
Secretary 0131 536 2442
Dr D A McKay
Secretary 0131 536 2441
Dr C S Murray
Secretary 0131 536 2411
Dr L Naysmith
Secretary 0131 536 2442
Dr O M V Schofield
Secretary 0131 536 2417
Dr M J Tidman
Secretary 0131 536 2057
Dr R P J B Weller
Secretary 0131 536 2414

Outpatient Clinic Letter

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Cont'd...

Yours sincerely

Dr. Ee Ting Ooi
ST5 in Dermatology

ETO/ei/dictated 09/09/13

Ref: 600005618M **Patient Name:** Ms Lesley Brown

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date 29/11/2013
Our Ref 600005618M
CHI 0805809767

MMA copy

Dear Dr Brydon,

Patient: Brown, Lesley **DOB**: 08/05/1980
Address: 51 Witchwood Crescent, Peebles, EH45 9AH

Outpatient Appointment Non Attendance Letter

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT

According to our records, your patient did not attend the following appointment, which had been arranged for them.

Specialty and Consultant: **Dermatology, Dr DA McKay**

Date and Time: **Friday 29 November, 2013 at 11:40 am**

Please note that, in line with current NHS policy, you will not routinely be offered another date at this time and you have been removed from the waiting list.

A copy of this letter has also been sent to your GP. If you feel you still require treatment, please get in touch with your GP who will contact us again if necessary.

Yours sincerely,

Appointments Officer
Tel : 0131 536 2059/2060

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 14/10/2013
Date Authorised
Date/Time Printed 14/10/2013 10:10
Our Ref 600005618M
CHI 0805809767

Patient: Ms Lesley Brown
51 Witchwood Crescent
Peebles
EH45 9AH

UHPI: 600005618M
Date of Birth: 08/05/1980

Clinic Code: DM/REG
Specialty: Dermatology
Consultant: Dr DA McKay
Attendance Date: 04/10/2013

Dear Dr Brydon,

DIAGNOSIS:
Cystic comedonal acne

MANAGEMENT:
Roaccutane 30 mg daily for 2 months

REVIEW:
Pregnancy prevention programme in 1 month
Clinic appointment in 2 months

COMMENT:
I reviewed Ms Brown in the dermatology outpatient clinic. She is very keen to take Roaccutane and understands all the side effects and risks. Her GP is aware that she will be starting Roaccutane and she has also informed her [redacted] friends and colleagues to keep an eye on her. Psychologically and mentally she feels back to normal and ready to go ahead with her treatment. She is aware that she is at the slightly higher risk of mood swings and depression as she has had depression previously. I note that all blood tests were normal. She's no longer taking any antidepressants. We have started her on a low dose of Roaccutane 30 mg daily for the first 2 months and she knows that should she have any problems she should stop the drug and phone us as soon as she can and we will see her back urgently.

Yours sincerely

Dr Ee Ting Ooi
ST6 in Dermatology

Dermatology
Professor J L Rees
Secretary: 0131 536 2442
Dr R D Aldridge
Secretary: 0131 536 2417
Dr V R Doherty
Secretary 0131 536 2416
Dr P M Gordon
Secretary 0131 536 241[illegible]
Dr S A Holme
Secretary 0131 536 2410
Dr G M Kavanagh
Secretary 0131 536 241[illegible]
Dr D Kemmett
Secretary 0131 536 2442
Dr D A McKay
Secretary 0131 536 2441
Dr C S Murray
Secretary 0131 536 241[illegible]
Dr L Naysmith
Secretary 0131 536 2442
Dr O M V Schofield
Secretary 0131 536 2414
Dr M J Tidman
Secretary 0131 536 2052
Dr R P J B Weller
Secretary 0131 536 2414

Outpatient Clinic Letter

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G. EWAN McINTOSH, M.B., Ch.B., D.R.C.O.G., M.R.C.G.P.
ROGER A. BRYDON, M.B., Ch.B., M.R.C.G.P.
CLAIRE MELDRUM, M.B., Ch.B., M.R.C.G.P.,D.R.C.O.G.,D.F.F.P.
LYNN BUCHAN, M.B., Ch.B., M.R.C.G.P.
ROBERT MANSON, M.B., Ch.B., M.R.C.G.P.

Hay Lodge Health Centre
Neidpath Road
Peebles. EH45 8JG

Telephone: 01721 720601
Fax: 01721 726989

RB/PM/600005618M
CHI 0805809767

6 December 2013

Appointments Officer
Department of Dermatology
Lauriston Building
Lauriston Place
Edinurgh
EH3 9HA

Dear Colleague

Lesley Brown 51 Witchwood Crescent, Peebles, EH45 9AH (DOB 08.05.80)

I refer to your letter of 29 November 2013 advising us that Miss Brown had failed to attend an appointment with Dr D McKay on 29 November 2013. I would be grateful if you could send a further appointment to Miss Brown which she has assured she will attend.

Many thanks for your help in this matter.

Yours sincerely

Dr Roger Brydon

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Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 14/01/2014
Date Authorised
Date/Time Printed 14/01/2014 16:12
Our Ref 600005618M
CHI 0805809767

Patient: Ms Lesley Brown
51 Witchwood Crescent
Peebles
EH45 9AH

UHPI: 600005618M
Date of Birth: 08/05/1980

Clinic Code: DM/REG
Specialty: Dermatology
Consultant: Dr DA McKay
Attendance Date: 10/01/2014

Dear Dr Brydon,

DIAGNOSIS
Acne

MANAGEMENT
Continue Roaccutane 30 mg daily

INVESTIGATIONS
FBCs, U&Es, lipids

FOLLOW-UP
Four weeks for pregnancy prevention appointment and further Roaccutane prescription
Dr Dawson 7 March

COMMENT: This lady failed to attend her last appointment and therefore has not had any Roaccutane for a month. She took fairly low dose Roaccutane (30 mg) for two months and has noticed an improvement in her acne. She did feel her mood was perhaps a little lower that normal a few weeks ago although this seems to have evened out. She is a single parent and is working hard at Stobo Castle and she does not feel that her mood has particularly been effected by Roaccutane itself. She had drink over the festive period and although she was not on Roaccutane at that pointed, I have updated her LFTs today along with her lipids which were not checked at her last attendance. She wishes to continue with Roaccutane and therefore I have dispensed a further 30 mg today and made arrangements for her to return again to the clinic.

Best wishes

Yours sincerely

Dermatology
Professor J L Rees
Secretary: 0131 536 2442
Dr R D Aldridge
Secretary: 0131 536 2417
Dr V R Doherty
Secretary 0131 536 2416
Dr P M Gordon
Secretary 0131 536 2418
Dr S A Holme
Secretary 0131 536 2419
Dr G M Kavanagh
Secretary 0131 536 24[illegible]
Dr D Kemmett
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Secretary 0131 536 2411
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Secretary 0131 536 2442
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Secretary 0131 536 241[illegible]
Dr M J Tidman
Secretary 0131 536 2052
Dr R P J B Weller
Secretary 0131 536 2414

Outpatient Clinic Letter

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 600005618M **Patient Name:** Ms Lesley Brown

Dr Victoria Scott-Lang
ST6 in Dermatology

Ref: VSL/RP

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LYNN BUCHAN, M.B., Ch.B., M.R.C.G.P.
ROBERT MANSON, M.B., Ch.B., M.R.C.G.P.

Hay Lodge Health Centre
Neidpath Road
Peebles. EH45 8JG

Telephone: 01721 720601
Fax: 01721 726989

LB/PM/600005618M
CHI 0805809767

14 February 2014

Dr D McKay
Consultant Dermatologist
Department of Dermatology
Royal Infirmary of Edinburgh
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

Dear Dr McKay

Lesley Brown 51 Witchwood Crescent, Peebles, EH45 9AH (DOB 08.05.80)

You may be aware of this 33 year old lady who has been attending the dermatology department and is currently taking Roaccutane, 30mg daily, to treat her facial acne.

Miss Brown attended the surgery today requesting an antidepressant as she reports low mood, irritability, anger, disturbed sleep, tearfulness and anhedonia. She reports that these symptoms have developed since starting Roaccutane.

In addition, she has a faint blanching maculopapular rash on both arms and several raised cystic lesions with necrotic centres on her legs. She tells me she pointed out both the rash and lesions at her last dermatology review and was told they reflect a reaction to her Roaccutane.

Based on the moderate depressive features she is reporting as well as the skin rash, I have advised her to stop the Roaccutane with immediate effect. She is unhappy with this advice but agrees to stop. I believe her next dermatology review is scheduled for the 7 March but if you would like to reinitiate medication before then, please feel free to contact me here at the practice or the patient directly.

Yours sincerely

pp

Dr Lynn Buchan

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NHS Lothian

Immediate Outpatient Letter

IN CONFIDENCE

Serial number 141237

Hospital : Department : Consultant :

Name and address of General Practitioner

Mr/Mrs/Miss 50000561 8M F 08/05/1980
Surname: **Brown, Lesley**
51 Witchwood Crescent,
Peebles,
First Name: EH45 9AH
Address: CHI 0805809767
[redacted]
16211 RA Brydon
Weight (where applicable)

Your patient attended the clinic on:

Recommendations/comments:

Stop Rosuvastatin

Follow-up advice: To attend hospital for further review in

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LJT **	Dispensed/ Issued by:	Checked by:
1. TERBINAFINE	1	daily	—	3 months			
2.							
3. EPIDUO	to	spots at	night			Rx down	
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.
** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : (sign) Date : 7/3/14
(print)

Contact for advice : Tel/bleep no. :

WHITE COPY - TO PHARMACY PINK COPY - G.P. BLUE COPY - CASENOTES

RIE 334

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Department of Dermatology

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 11/03/2014
Date Authorised
Date/Time Printed 11/03/2014 16:04
Our Ref 600005618M
CHI 0805809767

Patient: Ms Lesley Brown
51 Witchwood Crescent
Peebles
EH45 9AH

UHPI: 600005618M
Date of Birth: 08/05/1980

Clinic Code: DE/FRI
Specialty: Dermatology
Consultant: Dr Joseph P Dawson

Attendance Date: 07/03/2014

Dear Dr Brydon,

DIAGNOSIS:
Acne - on Roaccutane

Lesley was being maintained on low-dose Roaccutane (30 mg) but reported severe mood swings, depression and noticed that she was becoming quite aggressive with the children, who pointed this out to her. As a consequence, she stopped the Roaccutane for 3-4 days and immediately her mood swings, depression and aggression all settled.

In light of her job and the severity of the eczema she decided to start again and almost immediately developed similar symptoms.

She is very happy that coming off treatment will bring her back to normal within a day or so, and in light of that I have asked her to stop the Roaccutane again. She was due to finish it any way today, but it would not be a safe drug for her to take in the future, in light of these worrying side-effects.

As she returns to normal within a day or so, I have suggested that she stays off Roaccutane but for any flares of acne she should try and maintain on Tetralysal and Epiduo.

I hope this will keep things under control for her. If she develops any further problems, please refer her back to us.

Best wishes

Yours sincerely

Dermatology
Professor J L Rees
Secretary: 0131 536 2442
Dr R D Aldridge
Secretary: 0131 536 2417
Dr V R Doherty
Secretary 0131 536 2416
Dr P M Gordon
Secretary 0131 536 2418
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Dr C S Murray
Secretary 0131 536 2411
Dr L Naysmith
Secretary 0131 536 2442
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Secretary 0131 536 2418
Dr M J Tidman
Secretary 0131 536 2052
Dr R P J B Weller
Secretary 0131 536 2414

Outpatient Clinic Letter

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University Hospitals Division

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 600005618M **Patient Name:** Ms Lesley Brown

DR JOSEPH F DAWSON
Locum Consultant Dermatologist

JFD/kmd/dictated 7/3/14

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NHS Borders

Dermatology Department

Consultant Dermatologists:
Dr Simone Laube
Dr Andrew MacKenzie
Dr Daniel Kemmett

Dr Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000
Fax: 01896 823476
www.nhsborders.org.uk

Dictated: 22-06-2015
Date: 29-06-2015
Our Ref: DK/ smcb/ 136071B
CHI: 0805809767

Enquiries to: Kate Rigg
Direct Line: 01896 826646
Direct Fax: 01896 823476
E-mail: kate.rigg@borders.scot.nhs.uk

Dermatology Clinic

Dear Dr Brydon,

LESLEY BROWN 08-05-1980
51 WITCHWOOD CRESCENT PEEBLES PEEBLESSHIRE EH45 9AH

Many thanks for referring this lady who I agree has patchy alopecia areata mainly effecting the posterior hair line but also around the crown of the scalp. I have injected these areas with Triamcinolone which should work but the overall autoimmune process may continue. I plan to review her again in 2 months.

Yours sincerely

D Kemmett

Daniel Kemmett
Consultant Dermatologist

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http://www.18weeks.scot.nhs.uk/how-to-achieve-and-maintain-18weeks/patient-pathways/dermatology

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Brown Lesley A CHI: 0805809767 OPCL 16/07/2018 v1

Clinic Letter

NHS Borders

Department: Dermatology

Dr. RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

kate.rigg@borders.scot.nhs.uk
Secretary to Dr Laube, Dr Kemmett and Dermatology Nurses
01896 826646

Dear Dr. RA Brydon,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - Dermatology; Clinic - Outpatients A - PINK - Ground Floor
Date and Time of Appointment - 16/07/2018 16:00

Clinical Comments:
Many thanks for referring this lady again who I remember before with alopecia areata. She gets patches from time to time but previously they had responded well to Triamcinolone. She has got 3 small patches present for the last few months and these were injected today. Review is planned for 3 months if needed.

Yours sincerely

Daniel Kemmett

Consultant Dermatologist .

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Printed on 25/07/2018 13:18 by Kate Rigg Page 1 of 1

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Brown Lesley A CHI: 0805809767 OPCL 14/03/2016 v1

Clinic Letter

NHS Borders

Department: Dermatology Department BGH

Dr. RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Dermatology Secretary
kate.rigg@borders.scot.nhs.uk
01896 826646

Dear Dr. RA Brydon,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 WITCHWOOD CRESCENT, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - Dermatology; Clinic - Outpatients A Pink Zone,Ground Fl
Date and Time of Appointment - 14/03/2016 10:00

Clinical Comments:
Many thanks for referring this lady who has alopecia areata. There were only small patches about 1cm in diameter and these were injected with Triamcinolone today. Review is planned for 3 months.

Yours sincerely

Dr D Kemmett

Consultant Dermatologist

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NHS
Borders

Borders General Hospital
Melrose
Roxburghshire
TN6 9BS
www.nhsborders.org.uk

Enquiries to: Main OPD
Extension: 01896 826757

11/07/2016

Dr RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Dear Dr RA Brydon

Lesley Brown, CHI: 0805809767, Referred to: Dermatology

I am writing to advise you that as your patient failed to attend their recent appointment, they have been removed from the waiting list.

The patient has been advised to contact you to agree a further referral if necessary.

I am bringing this removal to your attention as a final safeguard. If, after discussion with the patient, you still wish them to be seen a new referral will be required.

Yours sincerely,

L. E. Scott

Appointments Officer

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Brown Lesley A CHI: 0805809767 OPCL 04/06/2019 v1

Clinic Letter

NHS Borders

Department: Dermatology Department

Dr. H Syme
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Briony Holmes
Dermatology Secretary
01896826646
briony.holmes@borders.scot.nhs.uk

MMA copy

Dear Dr. H Syme,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - Dermatology; Clinic - Outpatients A - PINK - Ground Floor
Date and Time of Appointment - 04/06/2019 13:30

Clinical Comments:
Lesley Brown 08-05-1980

51 Witchwood Crescent Peebles Peeblesshire EH45 9AH

Diagnosis: Acne vulgaris - face

Unhealed incision - site of abscess incision and draining in February 2019 by plastic surgeons.

Plan: Increase Lymecycline to 408 mg twice daily

Continue Epiduo at night

Referral to maxillofacial plastic surgeons in St John's Hospital for follow up of right cheek

incision and draining non healing site

Follow up: Discharge from Dermatology

Thank you for referring this 38-year-old lady to the Dermatology Clinic.

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She has a history of acne vulgaris on her face for the last 10 years. Unfortunately she developed an abscess on her right cheek that had to have an incision and drainage done by the plastic surgeons and intravenous antibiotics at the Borders General Hospital. This area has not healed up and she is left with an unhealed wound on the right cheek.

Also she was on Isotretinoin 5 years ago for her acne vulgaris. Unfortunately she had to discontinue the treatment due to low mood and depression and she also had postnatal depression after the [redacted] Only her face is affected with these lesions. There are no cystic lesions. There is evidence of scarring which she is covering up with makeup on the lower part of her face. No lesions on her back or chest.

The patient is not keen to try Roaccutane again. I will refer her to the plastic surgeons again regarding this non healing lesion on her right cheek, following the previous incision and drainage in February. I have advised her that there would not be much we could do to regarding the scarring as she would not want to use Roaccutane again. An alternative treatment would be to try alternative oral antibiotics. I have advised her to use the increased dose of Lymecycline for at least 3 months and to have that reviewed in Primary Care. Lymecycline can be used in the long term if required. Alternative oral antibiotics could be tried in the long-term including Trimethoprim. Treclin gel can also be used as an alternative topical treatment.

Yours sincerely

K Andrews

GPSI Dermatology

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Borders General Hospital
Melrose
Roxburghshire
TD6 9BS
www.nhsborders.org.uk

Enquiries to: Main OPD
Extension: 01896 826757

18/10/2018

Dr RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Dear Dr RA Brydon

CHI: 0805809767

Lesley Brown, 51 Witchwood Crescent , Peebles, EH45 9AH

Referral to: Dermatology

Please see below, text from the letter that has been sent to the patient to notify them that they have been removed from the above Waiting List.
"Following your recent failure to attend your outpatient appointment, you will not be offered another appointment, and have been removed from our Waiting List.

If you have any ongoing symptoms relating to your condition, you should contact your GP in the first instance."

Yours sincerely,
L. E. Scott
Appointments Officer

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Miss Lesley Brown CHI: 0805809767 01/07/2019 12:24 v1

GP Letter

NHS Borders

Dermatology Department

Borders General Hospital
Melrose
TD6 9BS
Main switchboard 01896 826000

Dr H Syme
16211/1,The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles,Peebles,EH45 8JG

Briony Holmes
Dermatology Secretary
01896826646
briony.holmes@borders.scot.nhs.uk

Dear Dr H Syme,

Name	CHI	DoB	Address
Lesley A Brown	0805809767	08/05/1980	51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

****Referral letter to Plastics, St John's****

Dear Colleagues,

Lesley Brown 08-05-1980

51 Witchwood Crescent Peebles Peeblesshire EH45 9AH

Diagnosis: Unhealed scar, right cheek from previous incision and drainage.

Dr MacKenzie would be grateful if you could see this 38-year-old female in your clinic. She was seen by the plastic surgeons in February 2019 and had an incision and drainage of an infected abscess done at the time and was subsequently treated with intravenous antibiotics. The infection has healed up but unfortunately she is left with this unhealed wound on her right cheek. When she was admitted to the Borders General Hospital following the incision and drainage, they had recommended that she be referred to the maxillofacial plastics team at St John's for further follow up. She does have acne vulgaris which we are treating with oral Lymecycline. I would therefore be grateful if you could see her regarding this unresolved lesion from the previous incision and drainage. Your opinion is appreciated.

Yours sincerely

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Miss Lesley Brown CHI: 0805809767 01/07/2019 12:24 v1

K Andrews

GPSI Dermatology

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Brown Lesley A CHI: 0805809767 OPCL 31/12/2019 v1

Clinic Letter

NHS Borders

Department: Dermatology
BGH

Dr. A Doherty
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Miss Tammy Armstrong/Miss Briony Holmes
Secretaries to Dermatology Service
Telephone: 01896 826070/826646

Dear Dr. A Doherty,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - Dermatology; Clinic - Outpatients A - PINK - Ground Floor
Date and Time of Appointment - 31/12/2019 15:00

Clinical Comments:
Diagnosis: 1) Alopecia areata

2) Acne vulgaris

3) Probable epidermoid cyst - right thigh - clinically quiescent

Treatment: First ILT of the scalp

I was delighted to see Mrs Brown back in Dermatology Clinic today. She has been seen in the past and responded well to ILT for patch alopecia areata of the scalp. Unfortunately she's had recurrence of a few areas. I treated this again with ILT today and arranged for two future appointment for further treatment if required.

It was also mentioned that she had a recent problem with a cystic lesion at her right thigh. This transiently was inflamed and then she had a feeling of it having popped although no visible discharge externally with resolution of the tender symptomatology. She now has a residual 1 cm mobile cystic lesion without obvious punctum which most likely represents an epidermoid cyst but other benign pathologies such as a lipoma enter the differential. I do not feel that excision is indicated and I have therefore reassured Mrs Brown today.

I look forward to seeing her back for consideration of repeat ILT in the New Year.

MMA copy

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Yours Sincerely

Dr Andrew MacKenzie

Consultant Dermatologist .

http://www.dermatology.nhs.scot/dermatology-pathways/

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Clinic Letter

NHS Borders

Department: Dermatology
BGH

Dr. A Doherty
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Borders General Hospital
Melrose
TD6 9BS
Main Switchboard: 01896 826000

Miss Tammy Armstrong/Miss Briony Holmes
Secretaries to Dermatology Service
Telephone: 01896 826070/826646

Dear Dr. A Doherty,

Lesley A Brown; D.O.B: 08 May 1980; CHI: 0805809767
51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH

Attendance: Specialty - Dermatology; Clinic - Outpatients A - PINK - Ground Floor
Date and Time of Appointment - 11/02/2020 15:20

Clinical Comments:

Diagnosis: Patchy alopecia areata of the scalp

Treatment: Second treatment with intralesional Triamcinolone to the scalp

Review: 4 - 6 weeks

I was pleased to see Ms. Brown back in the Dermatology Clinic today. She has had a promising initial response to ILT with some regrowth at injected sites. She still has scattered involvement and further treatment was administered today without intraoperative complication. I made arrangements to see her back for consideration of further treatment in 4 -6 weeks time, I look forward to seeing her then.

Yours sincerely

Dr Andrew MacKenzie

Consultant Dermatologist .

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http://www.dermatology.nhs.scot/dermatology-pathways/

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University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department Of Oral and Maxillofacial Surgery

Dr McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Date First Created 14/05/2012
Date Authorised
Date/Time Printed 15/05/2012 11:21
Our Ref 600005618M
CHI 0805809767

Patient: Lesley Brown
7/5 KINGSLAND SQUARE
Peebles
EH45 8EZ

UHPI: 600005618M
Date of Birth: 08/05/1980

Ward: Ward 18 SJH

Admission Date: 13/05/2012

Consultant: Mr James I Morrison

Discharge Date: 15/05/2012

Consultant:
Mr J Morrison
Mr E Larkin
Mr MD Paley

Secretary:
Nicola Adams
Tel: 01506 523553

Discharge Medication	Dose	Frequency	Duration	Additional Info
Flucloxacillin Capsules	500 MG	FOUR times daily	5 Days	28 caps given
Paracetamol Caplets	1000 MG	FOUR times daily	1 Week	32 tabs given
Phenoxymethylpenicillin (Penicillin) Tablets	MG			
Phenoxymethylpenicillin (Penicillin) Tablets	500 MG	THREE times DAILY	5 Days	56 tabs given

Prescribed By ..... **Date** ..... **Print Name**.....
Dispensed By ..... **Date** ..... **Print Name**.....
Pharmacist Check ..... **Date** ..... **Print Name**.....
Final Check ..... **Date** ..... **Print Name**.....

PRINCIPAL DIAGNOSIS/PROCEDURE: 32YOF admitted with right facial swelling due to infected sebaceous cyst. Has history of small lump under skin for 4-5 years. Patient woke up on Friday with right facial swelling, attended GP, started on co-amoxiclav however no improvement observed.

TREATMENT: swelling was incised and draining under LA on 14.5.12, IV antibtiotics (flucloxacillin, benzylpenicillin)

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: patient to be reviewed in 1 weeks time possibly at BGH

CHANGES TO DRUGS SINCE ADMISSION: oral flucloxacillin, penecillin V

PREVIOUS ADVERSE DRUG REACTIONS: NKDA

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Inpatient Discharge Summary

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University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Cont'd... **Ref:** 600005618M **Patient Name:** Lesley Brown

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS nil

GP to please consider the following...

Should you need further information please contact...

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName.....T Schembri....

Designation....SHO OMFS..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

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NHS Borders

Oral Surgery Department

Consultant Maxillofacial Surgeons:
Mr M D Paley
Mr E B Larkin

Associate Specialist Oral Surgeon:
Mr N G Poppelwell

Senior Community General Dental Practitioner (Special Needs):
Mrs M McQuade

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000

www.nhsborders.org.uk

Dictated: 23-05-2012
Date: 24-05-2012
Our Ref: NGP/ gm/ 136071
CHI:

Enquiries to: Gwen MacDonald
Direct Line: 01896 826021
Direct Fax:
E-mail: gwen.macdonald@borders.scot.nhs.uk

Dr McIntosh
The Health Centre
Neidpath Road
PEEBLES

Dear Dr McIntosh

LESLEY BROWN 7/5 KINGSLAND SQUARE PEEBLES DOB 8/5/80

The above-named patient attended oral surgery at BGH for review. She had been an inpatient up at St John's over the weekend and they had asked me to review her. Unfortunately, they have given me no information about what was wrong..

On speaking to Lesley today it seems she was admitted with right-sided swelling in the lower border of her mandible. On further questioning she describes having a small lump in the skin on the right side. At St John's they had carried out incision and drainage extra-orally and had placed a small drain in the wound. She has also been given some antibiotics.

My clinical impression from seeing her today and from the history is that she had an infected sebaceous cyst on the right lower border of her mandible.

While she was there they took an OPT and told that she had a couple of teeth needing removed.

I have reviewed her OPT which shows a broken down UR6 and a broken down upper left wisdom tooth. Lesley seen her own dentist recently who is aware of a problem. Lesley tells me that if she is to have teeth extractedthat she wishes to be asleep.

Following our consultation today I have placed her on the waiting list for removal of the UR6 and upper left wisdom tooth under local anaesthetic and IV sedation. As far as her sebaceous cyst is concerned the swelling is resolving today. I have explained to her that it is better to wait several months to see if it resolves completely. However should there be a residual cyst then she may well require referral to dermatology for removal of this under local anaesthetic.

I will keep you informed of progress following removal of the teeth.

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Kind regards,

Yours sincerely, t

CC Mrs Mary Turnbull, Dental Surgeon

pp Mr N G Poppelwell
Locum Associate Specialist in Oral Surgery

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Miss Lesley Brown CHI: 0805809767 04/07/2023 11:39 v1

GP Letter

NHS Borders

Oral Surgery

Borders General Hospital
Melrose
TD6 9BS
Main switchboard 01896 826000

Dr GA Marsden
62312/1,Biggar Health Centre
South Croft Road
Biggar
Lanarkshire,Biggar,ML12 6BE

Lee Mitchell
Secretary to Mr Simon Moore
Consultant Oral Surgeon
Tel: 01896 826201
email: lee.mitchell@borders.scot.nhs.uk

Dear Dr GA Marsden,

Name	CHI	DoB	Address
Lesley A Brown	0805809767	08/05/1980	7 HOWES BRAE, SKIRLING, Biggar, Peeblesshire, ML12 6FA

Thank you for referring this patient. We would be most grateful if you could instruct the patient to see her dentist in the first instance as lesions of the teeth and jaws are frequently associated with dental disease and this needs to be excluded in the first instance. Cystic lesions involving the skin only should be referred to our colleagues in dermatology.

With best wishes.

Yours sincerely

Mr S Moore BDS MSc FDSRCSEd MSurgDentRCS MSNDRCSEd MDTFEd
Consultant Oral Surgeon

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NHS Borders

Day Procedure Unit

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826000
Fax: 01896 823476
www.nhsborders.org.uk

NHS Borders

Date : 1/8/12
Our Ref: MBR/GM/136071
CHI No: 0805809767

Enquiries to: Gwen MacDonald
Direct Line: 01896 826021
Email: gwen.macdonald@border.scot.nhs.uk

Dr Ewan McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Dr McIntosh

RE: LESLEY BROWN 51 WITCHWOOD CRESCENT PEEBLES DOB 8/5/80
DATE OF ATTENDANCE 1/8/12

Further to Mr Poppelwell's letter of the 23rd of May 2012 I am writing to advise that Lesley was admitted to BGH on the above date for removal of two upper teeth using conscious sedation and local anaesthesia because of her anxiety issues.

Both of these teeth proved difficult to deal with and root fragments were left on both sides. Lesley was informed of this and it is also recorded in her notes in case there is a problem in the future.

No follow up is planned at oral surgery and she is discharged to the continuing care of her dental practitioner.

Kind regards

Yours sincerely,

Malcolm B Ross, BDS
Locum Associate Specialist in Oral Surgery

Cc
Mrs Mary Turnbull, Rosalind Kerr Pactice, 11 Elm Court, Cavalry Park, Peebles

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Registration Details

Personal details...		Address details...	
Date of birth	08/05/1980	Post Code	EH45 9AH
Sex	F	House Name Flat No	
Surname	Brown	No and Street	51 Witchwood Crescent
Previous Surname		Village	
Forenames	Lesley A	Town	Peebles
Calling Name	Lesley	County	Tweeddale
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
Next of kin			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	07749602496
Registered GP	Dr Jennifer Carter	Work Tel No	
Usual GP	Dr Jennifer Carter	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Key Code	
CHI Number	0805809767	Contact Phone No.	
NHS Number	801/80/040	Relationship to Patient	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Hay Lodge Health Centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	30/01/2012		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

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Problems

Active Problems		Authorised By	Code
19/10/2021	Total notes on computer	Mrs Chester	9346
12/01/2021	COVID-19 tested negative	Mrs Chester	PCS13509CO2
27/02/2017	Adverse reaction to Amoxicillin rash	Mrs Adams	EMISDRGA
17/02/2017	Spontaneous vaginal delivery - [redacted]	Mrs Ramsay	L20-1
10/08/2016	Patient pregnant	Mrs Lawson	62
10/09/2014	Lump in breast (Left)	Mrs Ramsay	K3171
03/06/2013	Excision of lesion of skin NEC - subcutaneous cystic lesion - right jaw line	Mrs Ramsay	7G033
21/03/2011	[X]Depressive episode	Dr Tweed	Eu32
28/01/2010	H/O: depression	Mrs Ramsay	1465
11/02/2009	White Scottish	Typists	9S13
10/01/2007	[M]Intradermal naevus Excised Benign	rec2	BBEJ
23/03/2005	Contraceptive diaphragm Size 75mm fitted.	samples	616
07/12/2004	Termination of pregnancy Medical.	samples	L05
17/05/2002	Spontaneous vertex delivery [redacted]	samples	Ly0
11/04/2000	Forceps delivery HFFD [redacted]	samples	L395
16/02/1999	Stress counselling Referral to councellor.	samples	67J
19/08/1997	Anxiety state NOS	Any UnknownUser	E200z
24/07/1997	Suction termination of pregnancy	samples	7E084
19/12/1996	Suction termination of pregnancy	samples	7E084
01/01/1987	Alopecia areata and 1996	Any UnknownUser	M2401

Past Problems		Authorised By	Code
13/11/2019	**Subject of multi-agency risk assessment conference**	Mrs Adams	13Hm
11/10/2019	**Did not attend - no reason**	Dr Tweed	9N42
06/08/2018	**Family bereavement** sister	Dr Meldrum	13M
12/05/2016	**Failed encounter**	Dr Tweed	9N4
24/12/2014	**Otitis media NOS**	Dr Brydon	F52z
13/08/2014	**Breast mass (Left)**	Dr Meldrum	K3171-1
21/11/2013	**Acute bronchitis**	Dr Tweed	H060

Health Admin Problems		Authorised By	Code
19/01/2007	Notes summary on computer	rec2	9344

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Investigations

Investigations		Authorised By	Code
10/04/2020	**Serum TSH level** (Source: LAB).		442W.
10/04/2020	**Serum free T4 level** (Source: LAB).		442V.
03/03/2020	**Fungal microscopy** (Source: LAB).		4JS3.
03/03/2020	**Culture for fungi** (Source: LAB).		4J45.
03/03/2020	**Fungal microscopy** (Source: LAB).		4JS3.
27/01/2020	**Serum total HCG level** (Source: LAB).		44Z3.
20/08/2019	**Fungal microscopy** (Source: LAB).		4JS3.
20/08/2019	**Culture for fungi** (Source: LAB).		4J45.
20/08/2019	**Fungal microscopy** (Source: LAB).		4JS3.
19/06/2019	**Serum TSH level** (Source: LAB).		442W.
19/06/2019	**Serum free T4 level** (Source: LAB).		442V.
04/04/2019	**Thyroid autoantibodies** (Source: LAB).		43G5.
04/04/2019	**(Non Coded Event -)** (Source: LAB).		
04/04/2019	**Thyroid autoantibodies** (Source: LAB).		43G5.
22/03/2019	**Microscopy** (Source: LAB).		4JS..
22/03/2019	**Stool sample for C/S** (Source: LAB).		4JH4.
22/03/2019	**(Non Coded Event -)** (Source: LAB).		
22/03/2019	**(Non Coded Event -)** (Source: LAB).		
14/03/2019	**HIV antibody/antigen (Duo)** (Source: LAB).		43d5.
14/03/2019	**Liver function test** (Source: LAB).		44D6.
14/03/2019	**Serum TSH level** (Source: LAB).		442W.
14/03/2019	**Serum vitamin B12** (Source: LAB).		42T..
14/03/2019	**Serum folate** (Source: LAB).		42U5.
14/03/2019	**Serum C reactive protein level** (Source: LAB).		44CS.
14/03/2019	**Urea and electrolytes** (Source: LAB).		44JB.
14/03/2019	**Serum free T4 level** (Source: LAB).		442V.
14/03/2019	**Full blood count - FBC** (Source: LAB).		424..
05/07/2017	**Full blood count - FBC** (Source: LAB).		424..
05/07/2017	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
05/07/2017	**Serum C reactive protein level** (Source: LAB).		44CS.
05/07/2017	**Cervical Cytology** (Source: Manually filed). Routine Recall -		4K22.
31/03/2017	**Full blood count - FBC** (Source: LAB).		424..
31/03/2017	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
31/03/2017	**Liver function test** (Source: LAB).		44D6.
31/03/2017	**Bone profile** (Source: LAB).		44Z2.
31/03/2017	**Serum C reactive protein level** (Source: LAB).		44CS.
31/03/2017	**Serum urate level** (Source: LAB).		44K5.
31/03/2017	**Urea and electrolytes** (Source: LAB).		44JB.
26/04/2016	**Urine microscopy** (Source: LAB).		46Z1.
26/04/2016	**Urine culture** (Source: LAB).		46U..
13/04/2016	**Microscopy** (Source: LAB).		4JS..
13/04/2016	**Sample culture** (Source: LAB).		4J17.
24/03/2016	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
04/03/2016	**Liver function test** (Source: LAB).		44D6.
04/03/2016	**Bone profile** (Source: LAB).		44Z2.
04/03/2016	**Serum TSH level** (Source: LAB).		442W.
04/03/2016	**Serum ferritin** (Source: LAB).		42R4.
04/03/2016	**Urea and electrolytes** (Source: LAB).		44JB.
04/03/2016	**Plasma glucose level** (Source: LAB).		44g..
04/03/2016	**Full blood count - FBC** (Source: LAB).		424..
04/03/2016	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
27/05/2014	**Fasting blood lipids** (Source: LAB).		44O5.
20/05/2014	**Full blood count - FBC** (Source: LAB).		424..
20/05/2014	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
20/05/2014	**Liver function test** (Source: LAB).		44D6.
20/05/2014	**Serum C reactive protein level** (Source: LAB).		44CS.
20/05/2014	**Urea and electrolytes** (Source: LAB).		44JB.
19/05/2014	**Sample culture** (Source: LAB).		4J17.
19/05/2014	**Sample: organism sensitivity** (Source: LAB).		4J15.
25/02/2014	**Full blood count - FBC** (Source: LAB).		424..
25/02/2014	**Erythrocyte sedimentation rate** (Source: LAB).		42B6.
25/02/2014	**Liver function test** (Source: LAB).		44D6.
25/02/2014	**Fasting blood lipids** (Source: LAB).		44O5.

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25/02/2014	**Serum gamma-glutamyl transferase level** (Source: LAB) .	44G9.
25/02/2014	**Serum C reactive protein level** (Source: LAB) .	44CS.
25/02/2014	**Urea and electrolytes** (Source: LAB) .	44JB.
23/01/2014	**Full blood count - FBC** (Source: LAB) .	424..
23/01/2014	**Liver function test** (Source: LAB) .	44D6.
23/01/2014	**Urea and electrolytes** (Source: LAB) .	44JB.
05/11/2013	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.

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Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
10/04/2020	Serum TSH level 4.96 mU/L	.....	0.3-4.9
10/04/2020	Serum free T4 level 12 pmol/L	...	9-19
03/03/2020	Fungus on microscopy SEEN		
03/03/2020	Culture for fungi		
27/01/2020	Serum total HCG level < 1		
20/08/2019	Fungal microscopy Not seen.		
19/06/2019	O/E - blood pressure reading blood		
19/06/2019	Blood pressure reading 120/70 mm Hg		
04/04/2019	Thyroid autoantibodies		
04/04/2019			
22/03/2019	Faeces appearance FORMED		
22/03/2019	Faeces examination - organisms Not seen.		
22/03/2019	Cryptosporidium microscopy Not seen.		
22/03/2019	Stool sample for C/S		
14/03/2019	HIV antibody/antigen (Duo) Negative.		
14/03/2019	Serum albumin 43 g/L	...	35-50
14/03/2019	Serum total bilirubin level 9 umol/L	...	3-21
14/03/2019	ALT/SGPT serum level 11 U/L	...	0-55
14/03/2019	Serum alkaline phosphatase 87 U/L	...	40-150
14/03/2019	Serum vitamin B12 546 ng/L	...	187-883
14/03/2019	Serum folate 4.6 ug/L	...	3-20
14/03/2019	Serum C reactive protein level 3 mg/L	...	0-5
14/03/2019	Serum sodium 139 mmol/L	...	137-144
14/03/2019	Serum potassium 4.3 mmol/L	...	3.5-5
14/03/2019	Serum creatinine 66 umol/L	...	50-98
14/03/2019	Glomerular filtration rate > 60		
14/03/2019	Haemoglobin estimation 148 g/L	...	115-165
14/03/2019	Total white cell count 9.7 x10^9/L	...	4-11
14/03/2019	Platelet count 310 x10^9/L	...	150-400
14/03/2019	Mean corpuscular volume (MCV) 95.1 fl	...	80-100
14/03/2019	Red blood cell (RBC) count 4.58 x10^12/L	...	3.8-5.8
14/03/2019	Haematocrit 0.435 L/L	...	0.36-0.46
14/03/2019	Mean corpusc. haemoglobin(MCH) 32.3 pg	...	27-32
14/03/2019	Mean corpusc. Hb. conc. (MCHC) 339 g/L	...	320-360
14/03/2019	Neutrophil count 5.51 x10^9/l	...	2-7.5
14/03/2019	Lymphocyte count 2.95 x10^9/l	...	1-4
14/03/2019	Monocyte count 0.63 x10^9/l	...	0.2-1
14/03/2019	Eosinophil count 0.53 x10^9/l	...	0-0.4
14/03/2019	Basophil count 0.09 x10^9/l	...	0-0.2
05/07/2017	Erythrocyte sedimentation rate 4 mm/hr.	...	0-19
05/07/2017	Cervical smear: negative Routine Recall -		
31/03/2017	Serum calcium 2.47 mmol/L	...	2.1-2.55
31/03/2017	Corrected serum calcium level 2.49 mmol/L	...	2.12-2.62
31/03/2017	Serum total protein 66 g/L	...	60-78
31/03/2017	Serum urate level 0.27 mmol/L	...	0.15-0.35
26/04/2016	Urine microscopy		
26/04/2016	Urine culture		
13/04/2016	Microscopy :		
13/04/2016	Trichomonas screening test Not seen.		
13/04/2016	Sample culture		
01/04/2016	Current smoker 15		
01/04/2016	Smoker 15 Cigarettes/day 10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. Feeling sob and a bit wheezy. Denies chest pain. Denies haemoptysis. Smoker-10-20/roll rups. 2-3 joints cannabis/day.		
04/03/2016	Serum ferritin 52 ug/L	...	12-220
04/03/2016	Plasma glucose level 5.2 mmol/L	...	3.6-7.8
28/05/2014	Assessing cardiovascular risk using SIGN score 1		
27/05/2014	Serum fasting total cholesterol 5.2 mmol/L	...	3.5-5
27/05/2014	Serum fasting triglyceride level 1.47 mmol/L	...	0.6-1.7
27/05/2014	Serum HDL cholesterol level 2.1 mmol/L	...	1-1.5

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27/05/2014	Serum LDL cholesterol level 2.4 mmol/L	.|.....	2-3.5
27/05/2014	Serum cholesterol/HDL ratio 2.5	..|.....	2-5
19/05/2014	Sample; organism sensitivity		
25/02/2014	Serum gamma-glutamyl transferase level 18 U/L	. . |.....	8-35
24/04/2012	Patient health questionnaire (PHQ-9) score 9	..|.....	0-27
17/11/2004	Body Mass Index 24.82	.....|	20-25
17/11/2004	O/E - weight 76		
17/11/2004	O/E - height 175	. . . |...	10-250
30/07/2002	Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an interval 12M		
07/12/2000	Cerv.smear: borderline changes Cervical Screening$$.clm - Repeat after an interval 6M In GP care		
31/05/2000	Cerv.smear: mild dyskaryosis Cervical Screening$$.clm - Repeat after an interval 3M In GP care		

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Attachments

Attachments			Authorised By	Code
14/11/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Stress at home; Duration: 14/11/2019 - 21/11/2019)	FitNote_cbb908a3-f5ef-4a48-aa78-65a51a2a04ef.pdf	Dr Tweed	9D15
31/10/2019	**eMED3 (2010) new statement issued, not fit for work** (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)	FitNote_c9c88ea3-0ea0-4667-bdfe-27e6a584a830.pdf	Dr Tweed	9D15
31/10/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)	FitNote_7abf78a2-ed58-4fdf-bff3-968ff7b2c8ec.pdf	Dr Tweed	9D15
18/09/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood due to life stressors; Duration: 18/09/2018 - 02/10/2018)	FitNote_ab7e7ebd-cd0c-4a13-af62-99ca3e3f5120.pdf	Dr Tweed 1	9D15
28/08/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bereavement; Duration: 24/08/2018 - 24/09/2018)	FitNote_b33e7c26-a2c4-495d-aeae-ac2d196fed12.pdf	Dr Brydon	9D15
06/08/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bereavement; Duration: 03/08/2018 - 24/08/2018)	FitNote_d86ecade-e877-407a-b4b7-0ce8b7558a74.pdf	Dr Meldrum	9D15
25/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 25/07/2016 - 01/08/2016)	FitNote_50d08d7b-0647-464a-bdec-5844d20c899e.pdf	Dr Tweed	9D15
11/07/2016	**MED3 (2010) issued by hand, not fit for work** (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)	FitNote_4649f1f1-e216-4b5f-9f58-eb9050d4e8a6.pdf	Dr Tweed	9D19
11/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)	FitNote_51984434-8e7e-4adf-a332-6e97f1e8a813.pdf	Dr Tweed	9D15
01/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 30/06/2016 - 11/07/2016)	FitNote_7982c569-a8be-4341-8ab1-f24d2082ea30.pdf	Dr Tweed	9D15

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Due Diary Entries

Due Diary Entries	Authorised By	Code
None		

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Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
27/08/2020	**Medication review OVERDUE**	Dr Tweed	8B314
30/04/2012	**Cervical smear: negative OVERDUE** Cervical Screening$$.clm Encounter	Mrs Ramsay	4K22.

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Alerts

Alerts		Authorised By	Code
22/09/2021	**Alert** 01.09.21 Patient is living in Innerleithen - will need to register with St Ronans. Geographical removal request has been sent to PSD on 15/09/2021	Mrs Chester	EMISALERT

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Drug Allergies

Drug Allergies		Authorised By	Code
27/02/2017	**Adverse reaction to Amoxicillin** rash	Mrs Adams	EMISDRGA
04/04/2014	**Adverse reaction to skin, eye, ENT and dental drugs NOS** Roaccutane - mood	Dr Brydon	TJGz

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Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

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Family History

Family History	Authorised By	Code
None		

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Referrals

Referrals		Authorised By	Code
11/10/2019	**Referral to breast clinic**	Dr Robertson	8HT1
17/09/2019	**8H43.: Dermatological referral (SCI Gateway Referral)**	Mrs Muir	8H43
15/04/2019	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Syme	8H43
28/09/2018	**Refer to counsellor**	Dr Tweed 1	8H78
11/05/2018	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Brydon	8H43
13/06/2017	**8H49.: Psychiatric referral (SCI Gateway Referral)**	Dr Manson	8H49
14/04/2016	**Refer for X-Ray**	Dr Syme	8HQ1
19/02/2016	**8H49.: Psychiatric referral (SCI Gateway Referral)**	Dr McIntosh	8H49
09/03/2015	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Brydon	8H43
13/08/2014	**8HTl.: Referral to breast clinic (SCI Gateway Referral)**	Dr Meldrum	8HT1
13/08/2014	**Refer for ultrasound investign**	Dr Meldrum	8HQ2
15/01/2013	**8H59.: Referred to plastic surgeon (SCI Gateway Referral)**	Dr Brydon	8H59
07/08/2007	**Referral for further care** Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Neurosurgery. Referral Nature: Not Specified. , Referral Reason: Actual Hospital: Western General Hospital Assessment required	Dr McIntosh	8H
03/04/2007	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Physiotherapy. Referral Nature: Investigate.	Dr McIntosh	8H
18/09/2006	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: , Referral Reason: Multiple pigmented Naevi	Dr McIntosh	8H
01/12/2004	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.	Dr Tweed	8H

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Immunisations

Immunisations		Authorised By	Code
17/11/2016	**Low dose diphtheria, tetanus and inactivated polio vaccinati** AC39B086BA exp 05/18 **(GMS)**	Mrs Hopkirk	65K5
17/11/2016	**Influenza vacc consent given**	Mrs Hopkirk	68NV
17/11/2016	**Seasonal influenza vaccination (Left)** Batch No33749421A Exp 08.17	Mrs Hopkirk	65ED

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Health Status

Health Status	
	Cervical smear
05/07/2017	result Cervical smear: negative
17/11/2004	Height 175 cm
17/11/2004	Weight 76 Kg
17/11/2004	Body Mass Index 24.82 kg/m2
19/06/2019	Blood pressure reading O/E - blood pressure reading
19/06/2019	Blood pressure reading 120/70 mm Hg
01/04/2016	Smoking Status Current smoker 15

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Miscellaneous

Other Observations		Authorised By	Code
23/09/2021	**Cervical smear defaulter** Exclusion From SCCRS Until 23/12/2025. Reason: Defaulter	Miss Wilson	9O8S
27/02/2020	**Medication review**	Dr Tweed	8B314
03/04/2018	**Ex patient of Dr McIntosh**	Mrs Adams	PCS13509EX2
21/04/2017	**Failed encounter** Noted mild raised CRP / WCC- may all be in keeping with pre-patellar bursitis. Was advised to return for review, see if / when consults. A Strain. GPST3.	Dr Tweed	9N4
01/11/2016	**Failed encounter** no reason	Dr Tweed 1	9N4
21/07/2016	**Did not attend - no reason** dr lm 7334291	Dr Tweed	9N42
01/04/2016	**Smoking cessation advice**	Dr Tweed	8CAL
01/04/2016	**Referral: smok cessatn advisor**	Dr Tweed	8H7i
01/04/2016	**Ex smoker**	Dr Tweed	137S
01/04/2016	**Smoking cessation advice**	Dr Tweed	8CAL
01/04/2016	**Refer to NHS stop smoking srvc**	Dr Tweed	8HkQ
17/11/2015	**Medication review done**	Dr Manson	8B3V
17/11/2015	**Medication review done**	Dr Manson	8B3V
19/08/2014	**Medication review done**	Dr McIntosh	8B3V
20/02/2014	**Medication review done**	Dr McIntosh	8B3V
21/11/2013	**Current smoker**	Mrs Ramsay	137R
21/11/2013	**Smoking cessation advice**	Mrs Ramsay	8CAL
21/11/2013	**Smoking cessation advice**	Dr Tweed	8CAL
21/11/2013	**Over countr nicotine repl ther**	Dr Tweed	8B3Y
23/07/2013	**Cervical smear defaulter** Exclusion From SCCRS Until 23/10/2015. Reason: Defaulter	Mrs Lawson	9O8S
24/02/2012	**Depression screen using quest**	Mrs Ramsay	6896
24/02/2012	**[X]Depressive episode**	Mrs Ramsay	Eu32
30/01/2012	**Scottish - ethnic category 2001 census**	Miss Clyde	9i21
10/10/2011	**Organ donor** Any organ	Any UnknownUser	9d45
06/10/2011	**Depression screen using quest**	Mrs Ramsay	6896
06/10/2011	**[X]Depressive episode**	Mrs Ramsay	Eu32
25/05/2011	**Patient health questionnaire (PHQ-9) score** 21: priority=2	Mrs Ramsay	388f
25/03/2011	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Mrs Mayer	136L
25/03/2011	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Mayer	8CAL
21/03/2011	**Depression screening using questions** priority=2	Dr Tweed	6896
21/03/2011	**Patient health questionnaire (PHQ-9) score** 27: priority=2	Dr Tweed	388f
25/01/2011	**Current smoker** 10 per day priority=2	Typists	137R
25/03/2008	**Medication review**	Any UnknownUser	8B314
11/03/2008	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr 3	8CAL
11/03/2008	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr 3	137R
01/12/2004	**Patient MRE received from HB** priority=1	Mrs Nicholson	9125
17/11/2004	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	136L
17/11/2004	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	8CAL
17/11/2004	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	137R
16/11/2004	**Pat. GP7B/GP8B card from HB** priority=1	Any UnknownUser	9124
12/11/2004	**Patient reg. form sent to HB** priority=1	rec10	9123
28/06/2002	**GP22-practice changed-moved** priority=1	Mrs Nicholson	923D
17/06/2002	**GP22-practice changed-moved** priority=1	Mrs Nicholson	923D
11/04/2001	**Medication review**	Any UnknownUser	8B314
07/12/2000	**Medication review**	Any UnknownUser	8B314
28/11/2000	**Medication review**	Any UnknownUser	8B314
30/09/1999	**Medication review**	Any UnknownUser	8B314
30/09/1999	**Medication review**	Any UnknownUser	8B314
09/06/1980	**Patient signed reg. form** priority=1	Any UnknownUser	9122
Not Known	**Marital Status: Single**	Any UnknownUser	1331

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Consultations

Consultations	
23/09/2021 00:00	Miss Hollie Wilson at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/12/2026. Reason: Defaulter
06/09/2021	Mrs Patricia Muir at Hay Lodge Health Centre
Comment	Referral emailed to DBI
06/09/2021	Dr Robert Manson at Telephone Consultation
Problem	discussed: current distress, feeling awful, mood worse, irritable, denies alcohol./substances. Very angry with family and recent court case etc. positives highlighted: new house, continues to work, has [redacted] recently ended [redacted]. Thoughts self harm but clear no intent. Children protective. Agree to following: 1. needs to register with St Ronan's 2. Start sertraline, worsening statement given 3. DBI in meantime.
01/09/2021	Dr Jennifer Carter at Hay Lodge Health Centre
History	Telephone consult due to Covid-19. See note below from Julie - Lesley confirmed that she has moved to Innerleithen, but she would like to stay registered with us. I have explained that this is not possible and she would need to register with the St Ronan's practice, but as she is not with them yet I could speak to her today and see what help I could offer until she re-registered. She was not happy with this and said I was damaging her mental health and she did not want to re-register elsewhere but to stay with us. Apologies, but explained this was not posible. Again asked how I could help her today - she said she only wants to speak to Dr Manson. Booked to his next availble telephone consults. Note will be added that advised to register elsewhere.
16/07/2021	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	DNA pill check - ? moved to innerleithen
11/06/2021	Dr Robert Manson at Telephone Consultation
Problem	temp interdict in today's court case, distressed, no plans to harm self, planning to go to Montaive to stay with friend, then coming back to see [redacted] on wed before court case next friday
10/06/2021	Dr Robert Manson at Data Entry
Problem	call to pt acute distress, tells me [redacted] on saturday, apparently via a legal order, court hearing tomorrow, pt distressed, poor sleep, in Innerleithen this evening, discussed options, given sleeping med, and advised, will contact us after hearing if necessary.
Comment	No other concerns this evening, worsening statement given
Medication	Zopiclone Tablets 3.75 mg *10 tablet TAKE ONE OR TWO AT NIGHT IF REQUIRED*
28/04/2021 10:36	Dr C Meldrum at Telephone Consultation
Problem	wonders if urine infection - feels urine concentration and ache lower back, no vomits, BO ok, frequency urination increased but not sore to Pu - taking supplements turmeric and sea kelp - suggestion drop urine sample for urinalysis in first instance if worsening symptoms or concerns to return for review CM
14/04/2020	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Phone consultation due to current covid-19 pandemic
History	Asking about sertraline dose- wonders why it has been increased. Says sleep is the problem, and mood is actually much better since starting the 50mg Sertraline. Would like sertraline to be put back to 50mg. Struggling to get to sleep and maintain a good nights sleep. Simple measures such as sleep hygiene discussed. Agree with LB, reluctant to prescribe sleepig tabs long term, however, willing to prescribe short term basis to get her back into more regular rhythm of a sleep cycle. Have asked her to take the 100mg sertraline tabs back to chemist for disposal. PH
Medication	Sertraline Hydrochloride Tablets 50 mg *56 tablet ONE TO BE TAKEN EACH DAY* Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
10/04/2020	Dr Lucie Buckingham at Data Entry

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History	s/b Alice for bloods - requesting more sertraline and sleeping tabs - reluctant to prescribe sleeping tabs so suggest increasing sertraline to 100mg instead - script done - rv with me by phone in few weeks
10/04/2020	Ms Alice Whigham at Hay Lodge Health Centre
Comment	Bloods as requested.
18/03/2020	Dr Registrar 1 Tweed at Telephone Consultation
Problem	Phone consultation due to covid-19 infection. Has some medication queries- not sleeping well and zopiclone not working. Would like to try something else. Sleep hygiene discussed. Eating well, exercising. Agreed to give a trial of Temazepam- second line on formulary. Also has athletes foot/ dry skin around toes- trial Canesten HC. Mentions an itchy area on her back- small spot. Unable to examine as phone consult. Has got a cold- said better not to come into the surgery. If not cleared up in a few weeks- to call back and we can discuss and see her depending on situation with consultations. PH
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
	Clotrimazole And Hydrocortisone Cream 1 % + 1 % *30 gramApply Twice daily*
27/02/2020	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	poor sleep, low mood, managing ok on sertraline, not had any contact with ex recently so feeling better about that, knows that night sedation not a long term solution, still waiting bereavement counselling, no suicidality, [redacted] present - again same situation with not be able to fully talk freely, hoping to move to innerliethen and get a house closer to some of her fmaily and friends and away from [redacted]
Medication	Zopiclone Tablets 3.75 mg *10 tablet TAKE ONE AT NIGHT IF REQUIRED*
	Lymecycline Capsules 408 mg *112 CAPSULE ONE TO BE TAKEN TWICE DAILY*
	Sertraline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
Comment	will chase up plastics review for scar on face - ?still on waiting list or lost to follow up. rv appt for mood/SSRI in another 1-2 months. Dr Doherty GPST3
Additional	Medication review
26/02/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	DNA
25/02/2020	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA Bloods
10/02/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	Mood low [redacted] - struggling with sleep. Discussed [redacted] ago - awaiting cruise bereavement counselling - encouraged to do this, didn't attend PAU - HCG<1. No suicidal thoughts, feels needs to move aways from exes - difficult to talk fully as [redacted] present. Agreed start sertreline 50mg and rv in 3 weeks
Medication	Sertraline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*
27/01/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	(1) LMP 1st Dec, on POP, positive preg test 13/1/2020, bled 2/7 17-19th Jan now bleeding started again, no abdo pain, hasn't rechecked preg test - d/w PAU - for serum HCG today and they will see on thursday at 930 at PAU - pt to contact them sooner if heavier bleeding or abdo pain. (2) ? fungal nail infection finger nail - for nail clippings and rv
16/01/2020	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
15/01/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	Discussed mental health - [redacted] Sleeping not good. Works as chef - difficult sleep pattern as also has [redacted] old. Uses zopiclone sporadically - requesting again - agreed limited amount and sporadic use. Also recently found out pregnant - LMP start Dec - unsure whether to proceed - still thinking about and discussing with [redacted] Has MTOP in Nov 2019. On POP - discussed ? alternative contraception, doesn't wish referring to gynae yet but knows to contact us again soon if needing any more discussion or wishing referring to gynae
Medication	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*

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20/12/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Chest pain/ left shoulder pain
History	Left side over ribs, and LEFT shoulder. Noticed on waking this morning. No SOB, pain when preses over the area. No cough, no haemoptysis. No hx clots on lungs or legs. No fevers and feeling otherwise well.
Examination	T 36.9 Spo2 99% air HR 59, regular, BP 110/60. Chest clear, palpation over the chest wall reproduces pain.
Comment	Imp: Likely MSK pain given nature and examination findings secondary to lying awkwardly in bed. Plan: Simple analgesia as required. Advised will recover within short time frame. PH
16/12/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
27/11/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	Stressed. has had a call form social work to say they have recieveda complaint about her smoking canabis and being aggressive towards her [redacted]She is ademant that this is a malicious complaint. She says she was smokign canabis last year after the[redacted] but 'this is not a problem anymore'. Also says that[redacted] was the agressor and she is gettign support from the domestic abuse team. She has recently had input for DBI and we discussed some of their techniques to put in place when she is feeling this way. Much calmer by end of consult. Plan to try and relax herself today and perhaps call social work tomorrow to ask what will be done about the complaint. Aware can return if further concerns.
18/11/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	SR for further issue of Zopiclone - Given on this occasion, but perhaps should be seen and this discussed again if requesting more.
14/11/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Requested further fit note due to ongoing stress which I have issUed. PH
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Stress at home; Duration: 14/11/2019 - 21/11/2019)
04/11/2019	Dr Robert Manson at Hay Lodge Health Centre
Problem	Stress/struggling, seeing DBI. Asking for more sleeping meds, discussed this and safety of using. Main stress relates t[redacted]ooking to move house, further away etc wit[redacted] given rx review pm
Medication	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*
31/10/2019 11:33	Dr C Meldrum at Hay Lodge Health Centre
Additional	
31/10/2019	Miss Catriona M Hegarty at Hay Lodge Health Centre
Comment	Referral to DBI emailed
31/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Distress
History	Had termination of pregnancy on Friday of last week. In my room is inconsolable. Extreme feelings of guilt, can't stop crying. Feeling low in mood. [redacted]r emotionally and psychologically abusing her. Feels like she needs to get away from Peebles. No current thoughts of self harm - [redacted] are protective. Not sleeping, feels like she needs time off work.
Examination	Crying, very upset. [redacted] also present.
Comment	Plan: DBI referral, zopiclone for sleep, fit note as does not feel she could cope at work. Follow up in 2 weeks. PH
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)
11/10/2019	Mrs Jill Chester at Hay Lodge Health Centre
New Referral	Referral to breast clinic Outpatient (NHS), Routine, Borders General Hospital, .
11/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Additional	
11/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Patient arrived half an hour late.

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History	Has decided to terminate her pregnancy. Appointment made at BGH. I will do paperwork and will be ready for patient to pick up from the surgery on Tuesday.
Comment	Appointment made at BGH. I will do paperwork and will be ready for patient to pick up from the surgery on Tuesday. PH

11/10/2019 Dr Registrar 1 Tweed at Hay Lodge Health Centre

Problem (FIRST)	**Did not attend - no reason**
Comment	Given my previous consultation with pt re, pregnancy and whether or not she wanted to continue, I will call the pt today to catch up and clarify. PH

07/10/2019 Dr Registrar 1 Tweed at Hay Lodge Health Centre

Problem	Pregnant
History	Found out pregnant over the weekend. In a 'tricky' home situation. Has two [redacted] Last period about 2 months ago. Having early signs of pregnancy. Living in 2 bed flat- thinks not an ideal situation to bring a child up in along with other three children. Seems undecided as to whether she would like to proceed with the pregnancy. Would like to speak with Janice, health visitor this week as she has a good relationship with her.
Comment	Plan: Follow up end of the week to determine if requires referral for TOP. PH

30/09/2019 Dr Robert Manson at Hay Lodge Health Centre

Problem	Infected seby cyst right outer thigh. Advised poultice. No fever. For abx, worsening statement given
Comment	review notes for amoxicitoin allergy - see Feb 217 - rash with amoxicillin, ppreviously had without issue, co-amox preferred medication today, discussed this agrees to take observe for s/e worsening statement given
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET TAKE ONE THREE TIMES DAILY*

16/09/2019 Dr Registrar 1a Tweed at Hay Lodge Health Centre

Problem	Alopecia - reoccurrence.
History	new 2x3 cm circular patch on top of head. known alopecia. previously had Triamcinolone injections into scalp with dermatology - would like re-referred back for recurrence. had a year ago 16/07/18.
Comment	will re-refer (under follow up for acne in 3 months time but will ask for earlier review for further injections) Dr Doherty GPST3

Problem	lump right outer thigh.
History	noticed small pea sized lump years ago but in the last week noticed more pain associated with pressure to lump. also noticed increased in size. concerned about cancer.
Examination	round spherical shape mobile smooth lump 3x3cm in size.
Comment	impression - cyst. not infected at the moment. will mention in derm letter ? consideration of removal. Dr Doherty GPST3

01/08/2019 11:07 Dr Registrar 1a Tweed at Hay Lodge Health Centre

History	Fungal toe nail infectio - longstanding, has been using nail lacquer but not helping symptoms, wanting to see about other treatment. Also skin infection surrounding this, has been using canesten/athletes foot spray- not helping.
Examination	Athletes foot between toes, thickening of toe nails. Skin red fungal looking rash on toes.
Medication	Hydrocortisone And Miconazole Cream 1 % + 2 % *15 gram APPLY TWICE A DAY*
Comment	Trial of daktacort. Nail clipping for toe infection. Aware of the option for fluconazole, discussed side effects of this, await nail clippings.

History	Damp house, mould in walls, awaiting rehousing. Wondering if she can have testing for whether this is having an effect on her. Not able to specify symptoms she is getting but says "doesn't feel right", worried about chest. Smoker.
Examination	Chest clear.
Comment	?CXR ?spirometry, will discuss with GP.

19/06/2019 11:04 Dr C Meldrum at Hay Lodge Health Centre

Problem	doing well, needs repeat POP, prefer options, failed coil insertion and implanon didn't suit, has seen derm re acne and to continue lymecycline and derm will ref plastics at st johns. Due to see grief counsellor later today re [redacted] looking forward to trip with he[redacted] over next few days , mood stable , rv as reqd CM
Examination	GE - blood pressure reading blood Blood pressure reading 120/70 mm Hg
Medication	Desogestrel Tablets 75 micrograms *336 tablet ONE TABLET DAILY* Lymecycline Capsules 408 mg *56 capsule ONE TO BE TAKEN EACH DAY*

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19/06/2019	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	bloods
19/06/2019	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	bloods
05/06/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
29/05/2019	Dr Hannah Syme at Data Entry
History	DNA appt no reason given
04/04/2019	Miss Alexina Hamilton T at Hay Lodge Health Centre
Comment	bloods
03/04/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	trial with antihistamine
Comment	allergic picture, ongoing scar over area of incision on right cheek for abscess, skin continues to flare ?dairy allergy > ref derm
Medication	Cetirizine Hydrochloride Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH DAY*
03/04/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	DNA routine appointment
26/03/2019	Miss Alexina Hamilton T at Hay Lodge Health Centre
Comment	DNA bloods
20/03/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	reviewed bloods - mildly elevated eosinophils (no history of asthma/allergies but alopecia, smoker and mould in council housing), borderline hypothyroid, struggles to put on weight and occasional abdominal cramps
Comment	helminth screen with 3xstool, check autoantibodies, stop smoking, review with results
14/03/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	bloods
20/02/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	See Docman re treamtment for abscess on rigth cheek - is significantly better now, but still feels a little numbness and tingling over the left cheeck and wonders if that is normal. Also still has painin the cheeck area and would like further dihydrocodiene and has completed the supply given on dischage - dischare letter says given on week supply and that was 5 days ago. Only for short tem, so only given 30 more. Also would like a further supply of zopiclone . has been using these intermitiantly since her sister passed away in July last year. Was not sleeping well in hospital and would like a further supply. On way out said that she has also had a discharge/breast lump since birth of [redacted] has similar in this area and it was investigated in 2014 with no concerns found. Advised to return for breast examination and full discussion of this.
Examination	Face has signidicanitly improved compared to discriptionin previous consults and dischage letters, evidence of healing abscess on left cheek - no erythema, no redness, no discharge. No swellign or erythema to eye/eyelid either.
Comment	Continues oral abx currently. Advised to return if symptoms worsening.
Medication	Zopiclone Tablets 7.5 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED* Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED* Dihydrocodeine Tablets 30 mg *30 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
19/02/2019	Dr Jennifer Carter at Tweed Practice
History	DNA appointment booked this morning.
13/02/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	ongoing swelling right cheek - large abscess over right cheek with significant facial cellulitis, eyelid puffy and closed up - erythematous, tender, been on antibiotics (clarithromycin) this week, painless full ROM EOM, PERLA, constant right sided headache, fevers and chills, denies change in acuity
Examination	temp 37.3, HR70

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Social	previous facial cellulitis in Livingston 7 years ago requiring hospital admission, previous problems with impacted wisdon teeth on right
Comment	facial cellulitis severe, advised immediate admission to hospital for IV abx +/- scan to r/o venous sinus thrombosis. d/w A+E will kindly assess

11/02/2019 — Dr R Brydon at Hay Lodge Health Centre

History	Swelling R cheek, looks like infected cystic acne. On lymecycline.
Examination	Indurated red area approx 2cm diameter, not fluctulant.
Medication	Clarithromycin Tablets 500 mg *14 TABLET ONE TO BE TAKEN TWICE A DAY* Magnesium Sulfate Paste *50 gram Apply As directed*
Comment	Rx as above initially, review if not settling.

12/12/2018 12:25 — Dr C Meldrum at Telephone Consultation

Problem	call to pt , called to say cant come to appt as [redacted] days ago and pt started to vomit this am and thinks could be norovirus , been sick few times. Appt was about her sore finger which been present few weeks but tender and red to one side of nail 4th finger R hand no redness up finger or hand excet around one side nail. Was feeling Ok yesterday no fevers or unwell. Felt some pins and needles in area sore nail and up into arm, says no redness elsewhere. Explained sounds like paronychia explained what that was usual rx is oral antibiotics (denies any issue with this previously) , suggest as current stomach bug should elevate hand and soak in teatree and water (pt has at home) - will issue antbx for prob paronychia to start when able (also requested lymecycline for skin as run out just now - suggest delay until after treated poss paronychia). Patient also wishes short course sleep tab last had 6 weeks ago but explaine dnot safe to do so if currently unwell wth vomit illness - pt accepting of this. Clearly explained that if redness starts to extend away from nail or symps vomiting or diarrhoea or starts to feel unwell in herself will need to be seen face to face for review and she should contact here or OOH to do so , pt happy to do so as regd CM

05/11/2018 15:14 — Dr Locum 1 Tweed at Hay Lodge Health Centre

History	g miller - ongoing back pain, radiating to r thigh - ant and post. works as chef. wee one to look after
Examination	walking very stiffly, virtually no rom, tender low r esp. not put on couch
Comment	add cocodamol, to self refer physio. wants to try work tomorrow but I suspect may not manage, will phone if needs line
Medication	Naproxen Tablets 500 mg *28 TABLET TAKE ONE TABLET TWICE DAILY* Co-Codamol 30/500 Tablets *60 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*

29/10/2018 — Dr Hannah Syme at Hay Lodge Health Centre

History	1. fungal toe nails - big toes - rubbing on shoes - discussed options - advised filing and using topical OTC lacquer, talked about risks/benefits of terbinafine - will have a think about whether she wants this 2. noticed lump in left breast, occasional nipple discharge, had toddler with her today who was running all over room > tci on wednesday for examination

19/10/2018 — Dr Locum 1 Tweed at Hay Lodge Health Centre

History	distraught, having found [redacted] - trying to contact her, no support from [redacted] tearful, and now R sided back pain
Comment	disc options. Refate? await counsellor. naprox. see 1m or sos. DR FAIRLEY
Medication	Naproxen Tablets 500 mg *28 TABLET TAKE ONE TABLET TWICE DAILY WITH OR AFTER FOOD* Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED*

28/09/2018 — Mrs Patricia Murr at Hay Lodge Health Centre

New Referral	Refer to counsellor Routine, ,

25/09/2018 — Dr R Brydon at Hay Lodge Health Centre

History	?UTI.
Medication	Trimethoprim Tablets 200 mg *6 TABLET ONE TO BE TAKEN TWICE A DAY*
Comment	Rx as above, review if not settling.

18/09/2018 — Dr Retainee Tweed 1 at Hay Lodge Health Centre

History	Overwhelmed by life. Lack of support from family. Struggling to come to terms with [redacted] Protective factors kids. No thoughts DSH. Not ready to return to work further sick line issued for 2/52. Offered ref Rab Erskine. Further short course Zopiclone. 3rd prescription in 6 weeks.
Medication	Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Low mood due to life stressors; Duration: 18/09/2018 - 02/10/2018)

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28/08/2018	Dr R Brydon at Hay Lodge Health Centre
Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf. (Diagnosis: Bereavement; Duration: 24/08/2018 - 24/09/2018)
21/08/2018	Dr Robert Manson at Hay Lodge Health Centre
Problem	1. Ongoing grief as before. Given further sleeping tablets. 2. UPSI 48 hours ago, discussed requesingt MAP, given ulipristal with advice on contraception etc. Planning to make appt at sex health clinic. encouraged. 3. Discussed contraception, start cerelle, review in 3/12. given advice.
Examination	O/E - BP reading
	Blood pressure reading 132/76 mm Hg
Medication	Zopiclone Tablets 3.75 mg *14 tablet TAKE ONE OR TWO AT NIGHT IF REQUIRED*
	Ulipristal Acetate Tablets 30 mg *1 TABLET ONE TO BE TAKEN AS DIRECTED*
	Cerelle Tablets 75 micrograms *84 TABLET TAKE ONE TABLET DAILY*
06/08/2018 11:20	Dr C Meldrum at Hay Lodge Health Centre
Problem (FIRST)	[redacted]
History	[redacted]eeds sickline from work , finding it difficult dealing with her family in the time after her death , funeral on friday, has suppor[redacted]ood relationship with them, tearful talking about he[redacted], sleeping poorly would like short course sleep tabs , awares risks sedation , addiction and if feeling drowsy or unwell, advised not to drive or operate heavy machinery , denies excess alcohol . Given contact details for cruse bereavement services , if worsening symptoms or concerns to return for review CM
Medication	Zopiclone Tablets 3.75 mg *5 tablet TAKE ONE AT NIGHT IF REQUIRED*
Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf. (Diagnosis: bereavement; Duration: 03/08/2018 - 24/08/2018)
15/05/2018	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	DNA
15/05/2018	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	DNA no reasons given.
30/04/2018	Dr R Brydon at Hay Lodge Health Centre
History	Rer-refer derm for alopecia - mised last appt as was pregnant.
27/11/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	Requesting cerelle, tells me started cerelle at FPC 6/12 ago, no issues, Given 3/12, review then. Aware s/e.
Medication	Cerelle Tablets 75 micrograms *84 tablet 1 Tab Daily*
Problem	Review fluoxetine, only taking every 2nd day, relationship better. Mood improved. Advised stop.
Problem	Asked about lymecycline, skin improved. advised not for lymecycline at present. review pm
24/07/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	ONgoing relationship stress. Ongoing suspicion of infidelity by partner. No s/e with fluoxetine, continue. Awaiting West team. rv 1/12, wsg.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
05/07/2017 09:56	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Cervical smear test - consent gained, cervix located easily and smear taken - Bloods
05/07/2017 00:00	Mrs Linda Melrose at General Practice Surgery
Follow up	(diary entry deleted) (Not Known)
Result	Cervical Cytology
26/06/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	ONgoing depression, tearful etc. No suicidal plans, children protective. Holiday last week to Cornwall wit[redacted] seems to have enjoyed and felt better when away. This week feeling worse again. Discussed couples counselling, will consider. Continue fluoxetine in meantime, review in 3-4 weeks, wsg. Refer West team.

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Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
15/06/2017	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	DNAd second appointment for smear and bloods
08/06/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	Depressive episode.
History	4 months post partum. Depressive episode, ongoing issue. Much of this relates to relationship difficulties. Lives with [redacted] often there too. Discussed relationship issues, clearly gives pt significant worry. Minimal support with [redacted] Delinced PND counselling sessions in Gala. Bonding well with [redacted] denies any hallucinations. No thoughts self harm/harming [redacted] Generally feeling low in mood, stressed and anxious, ruminating. Discussed options, strategies suggested such as having regular time on own, even if for short periods and exercising when able. In reality both are difficult to achieve here. Start SSRI (previously felt numbed by citalopram), review in a few weeks.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
21/04/2017	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Failed encounter Noted mild raised CRP / WCC- may all be in keeping with pre-patellar bursitis. Was advised to return for review, see if / when consults. A Strain, GPST3.
18/04/2017	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
05/04/2017	Dr G E McIntosh at Hay Lodge Health Centre
Comment	6/52 check No issues Breast feeding Due smear Contraception discussed -going to FPC.
31/03/2017	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	bloods
29/03/2017	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Further pain and swelling of now Left knee, part of more longstanding pattern, see below presentation post-R knee pain. Onset yesterday. Also feeling generally lethargic ?hot / sweaty- only 6 weeks post-partum.
Examination	Generally well, afebrile. No small joint synovitis. No rheumatoid nodules. R knee NAD. L knee- prepatellar bursitis- inflammation isolated to pre-patellar area with redness + heat. RoM from 0-120deg flexion pain free + no obvious effusion. No joint line tenderness.
Comment	Tricky to work out whether current episode simply related to more kneeling with new baby and pre-patellar bursitis or more longstanding relapsing/remitting poly-arthritis- Bloods incl inflamm markers, recommended reg. Ibuprofen + avoid kneeling wherever possible. rtv 2/52- if worsening / not improving or inflamm. markers raised, consider ref. to Rheum. A Strain, GPST3.
17/03/2017	Dr Hannah Syme at Hay Lodge Health Centre
History	knee swelling and redness flaring in right knee every few months, normal knee exam today currently asymptomatic ?reactive arthritis - needs to attend:photograph when sx occur
27/02/2017 13:04	Dr C Meldrum at Hay Lodge Health Centre
Problem	had rash with amoxicillin which has now settled but would like recorded in notes. 10 days post partum on enoxaparin for next 6 weeks has hx DVT, asking if can restart cerelle (desogestrel) - suggest she makes appt for rv with fam planning clinic as BNF suggests caution if hx thromboembolism, unsuitable for COCP due to age and smoker will use condoms menatime and given details for fam planning consult CM
07/02/2017	Dr Retainee Tweed 1 at Hay Lodge Health Centre
Medication	Clotrimazole Cream and Pessary 2 % + 500 mg *1 pack USE AS DIRECTED*
History	Itchy vulva. Smelly d/c. 37/40. FMF. no abdo pain or PV bleeding. BHC felt.
Comment	Tx as Candida. r/v if symptoms persist.
13/12/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	1) Patch of impetigo on chin, 24hrs. 2) PV discharge- slightly fishy, 29/40, no bleeding, FMF, no abdo pain. 3) Fungal nail 4) Request for letter to support housing application.
Examination	1) Impetigo, <1cm diameter on chin. 3) Fungal R great toenail.

Summary copy

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Medication	Fusidic Acid Cream 2 % *15 GRAM APPLY FOUR TIMES A DAY*
Comment	1) Fucidin top, see if not improving. 2) See Friday for PV + swabs. 3) See when no longer pregnant re. fungal nail. 4) Advised to request letter in writing to own GP. A Strain. GPST3.

17/11/2016 Dr Robert Manson at Hay Lodge Health Centre

Problem	24/40 1. Ongoing back issues: continuing physio/pilates. Observe. Has d/w BAM who wasn't keen on CS. 2. Mood low/variable. Irritable. No thoughts self-harm. Decided to come off citalopram earlier in pregnancy, discussed antidepressants. Review in 4/52.

17/11/2016 Mrs Julie Hopkirk at Hay Lodge Health Centre

History	Seasonal influenza vaccination (Left) Batch No33749421A Exp 06.17
Comment	24 weeks pregnant BOOSTRIX IPV given in R deltoid
Additional	Influenza vacc consent given Low dose diphtheria, tetanus and inactivated polio vaccinati AC39B086BA exp 05/18 **(GMS)**

01/11/2016 Dr Retainee Tweed 1 at Hay Lodge Health Centre

History	Failed encounter no reason

09/09/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	16/40 1) L buttock pain 2/52, feels like prev pelvic pain in pregnancy, not severe, no red flags 2) Cramping lower abdo pain ~1/52, no bleeding, watery/white PV discharge, ??bump reduced in size- thinks has thrush + has bought Tx for same (though 3rd episode this prenancy. 3) Low mood / anxiety- not helped by stopping citalopram and discovering possible infidelity on part of [redacted] concerned re. ?STI- no screening since ~Jan '16.
Examination	Well, BP 118/74, Abdo SNT, fundus only just palpable, non-tender. PV exam / swabs offered today but declined. No L spine tenderness, normal LL power, normal perineal sensation.
Comment	1) Likely developing pelvic girdle pain- advised pregnancy yoga. if worsening could ref to physio 2) ?cause for pain- has appt with BAM on Tuesday- advised keep in 1st instance + discuss with him (no appt in PAU today anyway) but call BGH over W/E if worsening pain/bleeding/discharge. 3) Seeing BAM for cons led care, off citalopram. no evidence major psychiatric disorder at present but awareness needed. Offered STI screening- will take canesten + contact if wishes additional screening next week. A Strain. GPST3.

25/07/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf. (Diagnosis: Low mood; Duration: 25/07/2016 - 01/08/2016)

21/07/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	Did not attend - no reason dr lm 7334291

11/07/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	Dr LM 7334291
Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf. (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)

08/07/2016 Dr Registrar 1 Tweed at Telephone Consultation

History	Phone call to PAU. They have organised dating scan on 11th july a 2pm. Tried to contact patient but no reply. Dr LM 7334291

07/07/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	Just found out she's pregnant. Not sure how far along, not sure about keeping pregnancy or not, wants to find out how far along she is. Last proper period 3 months ago, but a couple of very light periods since (lasting just a day or two). [redacted] Been drinking over last couple of months, smoking c-10-15/day. On citalopram and lymecycline. Mood not been great. Denies thoughts or self harm or suicide. Protective [redacted] and dog [redacted] previously and she says that she couldn't do that to her family.
Medication	Folic Acid Tablets 400 micrograms *90 tablet 1 Tab Daily*
Comment	1) Start vitamins 2) Stop lymecycline 3) Discuss with PAU-closed now for this evening, will phone tomorrow. Dr LM 7334291

01/07/2016 Dr Registrar 1 Tweed at Hay Lodge Health Centre

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Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis; Low mood; Duration; 30/06/2016 - 11/07/2016)
History	Dr LM 7334291

16/06/2016 — Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	Several month history of low mood and stress. Stress at work, and walked out of work on Monday. Been off since [redacted] with police recently which is also causing her stress.Stress wit[redacted] Denies thoughts of self harm or suicid[redacted] are protective factors. Drinking around 20 units/wek last 2 weeks. Smoking 15/day. Occasional joint of cannabis. Several close friends who she feels she can confide in, including one who works at breathing space. On citalopram 20mg.
Comment	Self certify for next couple of days. Phone next week to see if needs fit note. Given number for living life, breathing space and signposted to moodgym, moodjuice, and beating the blues. encouraged exercise. Review in 2 weeks or sooner if mood deteriorates. Worsening advice given. Dr LM 7334291

12/05/2016 — Dr Registrar 1a Tweed at Hay Lodge Health Centre

Problem (FIRST)	**Failed encounter**

26/04/2016 — Dr Registrar 1a Tweed at Hay Lodge Health Centre

History	bleeding started this morning mixture to dark and fresh blood, v heavy to start now not so bad, feels suprapubic region a bit firm but no abdo pain as such, says has had unprotected intercourse with [redacted] stopped POP a month ago, was using condoms on and off. has [redacted] says smears up to date. period due 7 days time, vomitted last night a few times feels nausous now, had 3 glasses wine last night says usual for her would not normally make her sick. lots going on in private life. stressed.
Examination	slim. T36.7, HR 77, sats 96% periphery. abso soft non tender. 2x urine dip preg tests Negative. Urine dip NAD except trace blood.
Comment	send away urine in case undx UTI causing slight abdo discomfort, for HCG blood test as cannot 100% rule out pregnancy with dip, given number sexual health servicesand agrees to contact them, ?consider mirena, clear worsening statement JT 7070601

26/04/2016 — Dr Registrar 1a Tweed at Phone Encounter

History	periopd not due for one week, heavy bleeding started today, flooding. Has had unprotected sex [redacted] feelswell in self, no pain.
Comment	attend for r/v emerg surgery, could be miscarriage/ectopic. wsg JT 7070601

14/04/2016 — Mrs Patricia Muir at Hay Lodge Health Centre

New Referral	Refer for X-Ray Outpatient (NHS), Routine, Borders General Hospital. .

13/04/2016 — Dr Hannah Syme at Hay Lodge Health Centre

History	1. thrush since antibiotics, vulval itcha nd profuse creamy discharge > for PV self-swab and clotrimazole, worsening statement 2. cough and SOB, worrying about cessation - discussed health risks re: cryptogenic copd with cannabis and chronic sinusitis > offered support - patient to think about cutting down on cannabis first, CXR and rv
Medication	Clotrimazole Cream and Pessary 2 % + 500 mg *1 pack USE AS DIRECTED*

05/04/2016 — Mrs Patricia Muir at Hay Lodge Health Centre

Comment	Referral to Lifestyle Advisor

01/04/2016 — Dr Registrar 1 Tweed at Hay Lodge Health Centre

Additional	Refer to NHS stop smoking srvc Smoking cessation advice Current smoker 15 Ex smoker Referral: smok cessatn advisor Smoking cessation advice Current smoker 15

01/04/2016 — Dr Registrar 1 Tweed at Hay Lodge Health Centre

History	Smoker 15 Cigarettes/day 10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. Feeling sob and a bit wheezy. Denies chest pain. Denies haemoptysis. Smoker-10-20/roll ups. 2-3 joints cannabis/day.
Examination	t 36.7. hr 88bpm so2 97% ra. chest--basal crackles/wheeze. smells of tobacco.

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Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Inh. 1) refer lifestyle advisor for smoking cessation 2) worsening advice given-if becomes more unwell over weekend then to return/contact nhs 24. If cough doesn't settle then may need cxr/spirometry . 3) repeat px given for citalopram/lymecycline. 4) patient advised to make appt to discuss mood-no current thoughts of self harm/suicidal ideation. kids protective factor. 5) course amoxicillin. Dr LM 7334291

24/03/2016 16:22 Mrs Sheena Muir at Hay Lodge Health Centre
Comment: Bloods

17/03/2016 Mrs Samantha Millar at Hay Lodge Health Centre
Comment: DNA bloods

04/03/2016 Mrs Samantha Millar at Hay Lodge Health Centre
Comment: bloods

23/02/2016 Dr G E McIntosh at Telephone Consultation

Comment	Felt unwell on mirtazepine -drowsy and aggrevated at times Better now stopped Previously helped by citalopram -Rx as below and review 10/7.
Medication	Citalopram Hydrobromide Tablets 20 mg *14 tablet ONE TO BE TAKEN EACH MORNING*

16/02/2016 Dr Retainee Tweed 1 at Hay Lodge Health Centre

History	Still struggling to cope since [redacted]Works Gregg's baker but unable to work at presen[redacted]Poor appetite and sleep, low self esteem and mood for several years but exacerbated by current stressors. Lesley describes having a difficult life "arsehole"[redacted]her relationships have all broken down and [redacted]Describes herself as "popular and bright but has not made anything of herself and once her kids grow up she will have nothing". Denies alcohol and occasional cannibis but on both appointments she has smelt of cannibis. She doesn't feel she can stop at present because she thinks she will "fall apart".
Examination	phq-9 - 17, describes many of the symptoms as pre-existing break-up
Comment	Agreed to trial of anti-depressant medication. Further r/v 1-2/52.
Medication	Mirtazapine Tablets 15 mg *28 tablet ONE TO BE TAKEN AT NIGHT*

05/02/2016 Dr Retainee Tweed 1 at Hay Lodge Health Centre

History	See RM entry. Feels like "falling apart", 2 kids at home, struggling with work. Not suicidal. Discussed acute stress response and that current emotions are normal in this circumstance. Discussed limited options for management and problems about further courses diazepam. Agreed to anti-histamine sedative for bedtime. Self referral to LLTTF as previous episodes of low mood in past and feels may benefit from developing techniques to manage stressors better. Agreed to further r/v 2-4/52 if needed.
Medication	Diphenhydramine Hydrochloride Tablets 25 mg *28 tablet NOCTE*

21/01/2016 Dr Robert Manson at Hay Lodge Health Centre

History	Acute stress. Pt found out last night that [redacted]has been cheating on her and has been texting other people. Tearful/anxious etc today. Has friends around.[redacted]At home with 2 children, keen to keep things together for them.
Comment	Discussed options, will make appt for sex health screen, for short course diazepam, given general advice about this. Worsening advice given.
Medication	Diazepam Tablets 2 mg *30 tablet ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED*

17/11/2015 Dr Robert Manson at Hay Lodge Health Centre

Problem	Multiple issues. 1. Requesting further acne meds, mod acne.finds limecycline helps, also asking for pm duac. 2. Takes cerelle, no PCB. Discussed compliance, given LARC advice, keen to continue POP due to skin. Smears up to date. 3. Requesting further ref to dermatology for alopecia. Missed follow up following previous steroid injection - has found improvement with injection. Called OPD to arrange f/u appt but advised to attend GP first. 4. Episodes feeling hot in bed at night - over last few nights, no other symptoms, given advice/observe/wsg.
Medication	Lymecycline Capsules 408 mg *28 capsule ONE TO BE TAKEN EACH DAY* Duac Once Daily Gel 5 % + 1 % *30 gram APPLY AT NIGHT* Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED* Cerelle Tablets 75 micrograms *3*84 tablet TAKE AS DIRECTED*
Additional	Medication review done Medication review done

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01/07/2015	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Wanting cotraception LMP 2/52 No IMB K4/28 Smears up to date Options discussed-will attend FPC re ? implant.
22/04/2015 15:58	Dr C Meldrum at Hay Lodge Health Centre
Problem	walk in , asking to be seen as concerned about rash, rash on chin, itchy and flaky
Examination	looks like impetigo
Medication	Fusidic Acid Cream 2 % *15 GRAM APPLY FOUR TIMES A DAY*
	Clotrimazole Cream 1 % *20 GRAM APPLY TWO OR THREE TIMES DAILY*
	Clotrimazole Pessary 500 mg *1 PESSARY ONE TO BE INSERTED AT NIGHT*
Problem	slept with [redacted] on sat night, wonders if has thrush, as itchy and white DC , trial canesten and pessary as requested. will attend GUM drop in for full screen, given toimes and call number CM
05/03/2015	Dr R Brydon at Hay Lodge Health Centre
History	Req referral to derm re alopecia - has had since childhood bnut seems worse at present - has specific questions about steroid injections which I was unable to answer definitively.
05/03/2015	Dr R Brydon at Hay Lodge Health Centre
Medication	Clotrimazole Cream 1 % *20 GRAM APPLY TWO OR THREE TIMES DAILY*
24/12/2014	Dr R Brydon at Hay Lodge Health Centre
History	URTI Sx 48h, now has painful L ear+++ this morning.
Examination	Obvious widespread inflammation of EAM and TM. No mastoid tenderness. No discharge.
Problem (FIRST)	**Otitis media NOS**
Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Advised analgesia, delayed Rx amox.
13/08/2014 14:17	Dr C Meldrum at Hay Lodge Health Centre
Problem (FIRST)	**Breast mass (Left)**
History	urgent ref clinic see letter
Problem	small lump R groin
Examination	? small LN R groin approx 2cm, L small lesion 1cm ?? reactive LNs - refer USS R groin CM
13/08/2014	Mrs Patricia Muir at Hay Lodge Health Centre
New Referral	Refer for ultrasound investign Outpatient (NHS), Routine, Borders General Hospital. ,
16/07/2014	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Needs letter re being unwell while on Roaccutane as missed payment for rent.Aware of fee Also review Rx for dianette -aware of risks.
Medication	Clobetasone Butyrate Cream 0.05 % *30 GRAM APPLY THINLY ONCE OR TWICE DAILY*
26/06/2014	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Felt v unwell yesterday like pleurisy again' Some post back pain not pleuritic and better today Apyrexial HR 100 Chest clear URT congestion -? hay fever - advised Also numerous issues Some pressure of speech Concerned re several benign looking moles No recent changes except knocked top off one -see for review when healed Also feels needs mammography for L breast tendemess - make appt for examination by lady doctor.
Medication	Loratadine Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH MORNING*
	Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*
16/06/2014 11:45	Dr C Meldrum at Data Entry
Problem	seen [redacted] after Lesley appt with ZA ? scabies trial rx for this CM
16/06/2014	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Examination	Generalised maclopapular rash.
Problem	Continues to have itchy rash over body, especially arms.Feels Cetrizine not helping pruritus.
Medication	Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED*

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	Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Imp: Dermatitis. Rx as above.advise not to scratch.see again if no improvement.
30/05/2014	Dr Robert Manson at Hay Lodge Health Centre
Problem	1. Symptoms of allergic conjunctivitis - settled today, for antihistamine and eye drops. 2. Areas dry, itchy skin for aveeno.
Medication	Sodium Cromoglicate Eye drops 2 % *13.5 ML ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)* Cetirizine Hydrochloride Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH DAY* Aveeno Body wash *500 ml AS DIRECTED* Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED*
28/05/2014	Nurse Sheila Semple at Hay Lodge Health Centre (13509)
Problem	**ASSIGN Score 1**
27/05/2014	Nurse Sheila Semple at Hay Lodge Health Centre
Comment	Fasting bloods.
20/05/2014 09:12	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Bloods
19/05/2014	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Infection right middle finger for last few days.No h/o trauma.
Examination	Temp36.7, O2sat99, P75/min, BP100/80, BM 4.7. Paronychia right middle finger. Few folliculitis both feet.
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Incision given over right distal phalanyx over abscess & some pus drained.Course of Abx .See again in 3/2.
14/03/2014	Dr R Brydon at Hay Lodge Health Centre
History	Rx from dermatology/
Medication	Epiduo Gel 0.1 % + 2.5 % *50 gramNOCTE TO SPOTS* Lymecycline Capsules 408 mg *28 capsule ONE TO BE TAKEN EACH DAY*
06/03/2014	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Problem	**Smoking cessation advice**
Problem	**Current smoker**
25/02/2014 10:13	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Bloods
18/02/2014	Dr Robert Manson at Hay Lodge Health Centre
Problem	Itchy blanching maculopapular rash. Pt states several episodes similar to this. Note recently advised to stop roaccutane. States mood has been better and last took roaccutane 3/7 ago.
History	Rash worse since this morning - blanching maculopapular rash over upper arms and neck area. No blisters. T 35.9.
Comment	given worsening advice - unclear cause from history but appears allergic type rash. Again reiterated not to take roaccutane. Repeat bloods and antihistamine.
Medication	Fexofenadine Hydrochloride Tablets 180 mg *30 tablet 1 Tab Daily*
11/02/2014	Dr L Buchan at Hay Lodge Health Centre
History	Asking for antidepressant - describes low mood, irritability, anger, disturbed sleep, tearfulness, not going out, anhedonia. On roaccutane, tells me she mentioned mood to dermatologist and was told to see GP. Also has skin reaction, told this is due to roaccutane - maculopapular rash on arms and necrotic looking spots on legs. Advised to stop Roaccutane immediately (not happy with this advice but agrees to stop) and I will write to inform Dermatology. has appt for r/v in a few weeks.
24/01/2014	Dr Registrar 1a Tweed at Data Entry
History	ALT 15, Alk P 58, Bili 8, Plt 175. No further action required- Derm f/u as planned.
23/01/2014	Dr Registrar 1a Tweed at Hay Lodge Health Centre

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History	Very itchy rash all over, told by Derm likley dermatitis related to Roaccutane, using top steroid sparingly. Also has easy bruising of legs with scratching/minimal trauma. No other bleeding. One area of more red eczematous change. Also requests pill rpt- no probs, no migraine, no IMB, happy with current OCP.
Examination	Widespread dermatitis, nil grossly infective, bruises on legs not extensive. Apyrexial. Appears otherwise well.
	O/E - blood pressure reading
	Blood pressure reading 106/72 mm Hg
Medication	Co-Cyprindiol Tablets *126 tablet ONE TO BE TAKEN AS DIRECTED*
	Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN FOUR TIMES A DAY*
	Epaderm Ointment *125 GRAM APPLY WHEN REQUIRED*
Problem	?Simply dermatitis related to Roaccutane, ??LFTs abnormal ??Low plts
Comment	Bloods for FBC + LFTs. Trial Piriton for itch. Epaderm 3x daily at least to torso + limbs. Cont top steroid as per derm. Has derm f/u next week- if bloods OK keep this appt.

21/11/2013 — Dr Reg 1a Tweed Tweed at Hay Lodge Health Centre (13509)

Additional	Over countr nicotine repl ther
	Smoking cessation advice

21/11/2013 — Dr Registrar 1a Tweed at Hay Lodge Health Centre

Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
History	Cough + SoB + fever. Green sputum past few days. Feeling tired + unable to work. Getting very hot at work at Stobo. Current smoker 20 CPD- plans to stop in new year- offered assistance + advised to contact pharmacy for support + NRT.
Examination	Temp 38, P 70, BP 124/70, CRT < 2secs. HS I+ II + 0. Chest- scatter crackles but nil focal. Resonant throughout.
Problem (FIRST)	**Acute bronchitis**
Comment	Amoxicillin 7/7, self-certify from work. Cont. paracetamol/cough remedies PRN. Return if desires more help with smoking cessation after D/W pharmacy.

05/11/2013 11:01 — Mrs Sheena Muir at Hay Lodge Health Centre

Comment	Cervical smear test - consent gained, cervix located easily and smear taken

05/11/2013 00:00 — Mrs Fiona Lawson at General Practice Surgery

Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)

08/10/2013 — Dr R Brydon at Telephone Consultation

History	Wanted to discuss starting roaccutane - offered general advice on benefits/risks but unable to advise on specifics.

23/07/2013 11:39 — Mrs Sheena Muir at Hay Lodge Health Centre

Comment	Requesting further supply of Co-cyprindiol tabs for problem skin. Not taking for contraception as well. Further Rx given (LB) for 6 months and to return to GP thereafter.

23/07/2013 00:00 — Mrs Fiona Lawson at General Practice Surgery

Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/10/2015. Reason: Defaulter

16/04/2013 — Dr R Brydon at Hay Lodge Health Centre

History	Further infected cyst on R cheek, in pre-auricular area. Tender and indurated, not yet fluctuant
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Rx as above; tcb if worsening.

29/03/2013 — Dr Locum 1 Tweed at Hay Lodge Health Centre

History	Acne moderate to sever with scarring on cheeks, improved but not resolved with zineryt. Has tried oxytetracycline in past. Discussed options, opted for dianette. No contraindications, not requiring for contraception CD
Examination	O/E - BP reading
	Blood pressure reading 108/68 mm Hg
Medication	Co-Cyprindiol Tablets *63 TABLET ONE TO BE TAKEN AS DIRECTED*

11/01/2013 — Dr R Brydon at Hay Lodge Health Centre

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History	Still has significant lump on R cheek, prev infected. Should be considered for removal. Refer St John's.
Medication	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml *90 ml Apply Twice daily*

06/09/2012	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Problem	**Pt health quest (PHQ-9) score 19**
Problem	**Depression screen using quest**
Additional	Pt health quest (PHQ-9) score 9

11/05/2012	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	Noticed a lump R side of face since last night.Painful, especially on chewing.No dental problem.
Examination	Temp 37.7. Nearly 6x4cm sloghtly firm swelling R lower face & submandibular region.Mobile.Slightly erythematous.
Comment	Imp: Submandibular Gland inflammation / Enalrgement due to blockage.Course of antibiotics & sees again in 1/52.
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*

10/05/2012	Dr Registrar 1 Tweed at Data Entry
History	Noted ammended as written in incorrect set after seeing pt. JB

30/04/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Improved but admitted to drinking this week esp. last night. Discussed this in light of temazepam and refused further rx given risks. Mood sl. better and nil SEs with citalopram. Advised re. attending Gala for Cruise sessions. See e.1/52. JB
Medication	Citalopram Hydrobromide Tablets 20 mg *14 tablet ONE TO BE TAKEN EACH MORNING*

24/04/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Grief following [redacted] Problems with childcare and [redacted]d couldn't attend wake. Issues with family relationships. Feels low again, nil suicidality. Poor sleep/conc/memory. Used diazepam via friend x1 for sleep. Tearful. Children reportedly OK and seeing s/w dept. Keen restart ADs and agree good idea. Focussed on behaviour of others and influence on her life - difficult H sits and accomodation unsuitable, keen move Edinburgh for new start. Disc. AD and script for temazepam to give some relief and rest, encouraged attend counselling re [redacted] will try. Has trusted friends locally who are supportive. See Monday to review 7/7 AD and temazepam. PHQ9 JB
Examination	Intermittent tears, anger but some warmth. NH psychomotor retardation. Obj/subj low in mood. Oral thrush and reported vaginal sx. also.
Problem	Low mood and recent bereavement. oral/vag thrush. Rx and see monday. JB
Medication	Citalopram Hydrobromide Tablets 20 mg *7 tablet ONE TO BE TAKEN EACH MORNING* Temazepam Tablets 10 mg *7 tablet ONE TO BE TAKEN AT NIGHT* Fluconazole Capsules 50 mg *7 CAPSULE ONE TO BE TAKEN EACH DAY*

29/03/2012	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Additional	[X]Depressive episode

15/03/2012	Mrs Sophie Dodds at Data Entry
Comment	Letter sent cancelling appt with Dr Barker 21/03/12 ST

24/02/2012	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	1.Seen in BGH with R lower chest pain, possible muscular pain, needs more pain killers.Smoke 20cig/day,2.Feeling low at the moment, citalopram given last year, stopped after some time.Previous h/o suicide, likes to have some help,No suicide thoughts now, two kids are protective factor.
Examination	Looks well.Little tender R lower chest.Chest clear. PHQ-9=19
Comment	Advised to stop smoking.Pain killers given for 10/7.Citalopram restarted, see again in 4/52.
Medication	Dihydrocodeine Tartrate Tablets 30 mg *56 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED* Paracetamol Tablets 500 mg *56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY*

05/01/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Called again to remind re. tetanus - asked to make apptmt t/room or p/nurse to confirm need +/- give. JB

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29/12/2011	Dr Registrar 1 Tweed at Data Entry
History	Call to pt. as not advised re. tetanus. Note nil recent booster post-school. No reply, will try again as no message facility on phone. JB
29/12/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Dog bite 2/7 ago - at friends house, "unprovoked", friend has children, rescue german shepherd. Well systemically. Mood stable. Pain at bite site upper R thigh
Examination	3x puncture wounds R inner thigh, surrounding ecchymosis and within erythema, nil fluct or d/c seen. afebrile.
Problem	Dog bite with probable superficial infection - abx 1/52. Advised consider duty to report incident. JB
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
20/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Brighter. Mood slightly better, low periods but less. Occ. tearful and low but nil SI/plan/DSH. Court case postponed but legal advice reassuring. Seeing friends/keeping active. Poor sleep, zopiclone useful on first dose then nil effect. Disc. sleep hygiene again - agreed LIMITED script for temazepam, not to be repeated. Disc. incr. citalopram dose and see 2-4/52 +/- crisis. Agreed plan to attend cruise + await counselling. JB
Medication	Temazepam Tablets 10 mg 5 tablet ONE TO BE TAKEN AT NIGHT Citalopram Hydrobromide Tablets 40 mg 14 tablet ONE TO BE TAKEN EACH MORNING
19/10/2011	Mrs Lorna Ramsay at Hay Lodge Health Centre
Additional	[X]Depressive episode Pt health quest (PHQ-9) score 25 Depression screen using quest
14/10/2011	Mrs Patricia Muir at Hay Lodge Health Centre
Comment	Referral sent to Rab Erskine, Counsellor
06/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Brighter and some warmth. PHQ25, disc, ADs - note prev use - not keen iterm use, explained mechanism/duration and need to re-ax. Nil DSH/SI plans. Disc. self-ref CRUISE and will ref for counselling at hlodge. Planning to be active - to go gym/walk etc. P restart citalopram, see 2/52, sooner if req. +/- OOH contact if low+++, refer counselling. JB priority=2
04/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Continuing feeling grief filwng [redacted] Evidence irritablylow mood/bio sx depresn - EMV sleep 000-0400hrs most night, daily crying, mood 2/10, poor mem/conc. Recent assault charge due 19thoct , poor housing situ. Nil DSH/SI plans but has had thoughts - children protective. Nil drink. Poor supports o/e occ. tears, some warmth, nil retdn. IMP extnd grief rctn+low mood. zopiclone/PHQ/review +/- ADs and attend grief counselling. See 2/7. JB priority=2
15/06/2011	Mrs Lorna Ramsay at Hay Lodge Health Centre
History	Patient health questionnaire (PHQ-9) score 21; priority=2
02/06/2011	Dr C Meldrum at Hay Lodge Health Centre
History	in for further script temazepam as per Dr Smith letter. coping OK, no suicidal thinking [redacted] seeing her kids every other day, going to attend bereavemt group next tuesday, seems more positive about future hoping to get house peebles with kids have just got kitten for them, rv as reqd CM priority=2
25/05/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	requests sicklne and Temazepam, I feel I am unable to prescribe since things are not improving, bereavement reaction, goin back to work might help, drinks heavily, one bottle of Wodka, can not sleep, suicidal, needs urgent asessment, safe to go home just now, has not made plans for suicide, friend coming today, will phone Alisdair MAcdonald again, I will too. priority=2
25/05/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	d/w Joanna Smith, consultant crisis team, they are going to see her tomorrow. A friend is arriving today. Bril. priority=2
06/04/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre

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History	[redacted] She was not allowed to go to funeral. Can not sleep but is ot suicidal. has got two children. RX given. TCB if no better or worse. in contact with ?cruise. priority=2
30/03/2011	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	see entry GJ pt requesting 7 day supply zopiclone cm priority=2
29/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:telephone call from alisdair macdonald - psych liason nurse with crisis team - they are going to continue with contact at present and he is happy for her to have 7 days worth of zopiclone if required. GJ priority=2
28/03/2011	Dr G E McIntosh at Hay Lodge Health Centre
History	Requesting further zopiclone -was told by PECS should take for week but no letter -advised and Rx 1 tab till seen by PECS mane priority=2
25/03/2011	Mrs Margaret Mayer at Hay Lodge Health Centre
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2
25/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	***NOT FOR DIAZEPAM/TEMAZEPAM*** message left by Alisdair MacDonald -psychiatry (tel 01896 824014) - not for further script temazepam/diazepam - advised using zopiclone instead. GJ priority=2
23/03/2011	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	contd will use support nos from PECS for support if shes concernd or needs support, pleased that PECS are helping her get placed for accomodation in peebles if poss CM priority=2
23/03/2011	Dr C Meldrum at Hay Lodge Health Centre
History	DW Lena and Christine at PECS pt presented at window saying told by PECS to come up as run out of meds and funeral tomorrow. DW PECS will issue zopiclone 7.5mg one for tonight and 4 diazepam and CRN Alistair will see her tomorrow again(daily contact with PECS see letter) - chat with pt obviously upset at not being able to attend funeral has plans to meet [redacted]iends next week and have a sort of wake - no active suicidal thoughts /plans mood reactive at times, sons 8 and 10 protective factor priority=2
21/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:feeling worse, feeling suicidal considering hanging herself[redacted] asking that she makes sure her children will be looked after. low mood. tearful. poor appetite. not sleeping. anhedonia. keen for help. O:tearful, good eye contact & rapport. appropriate behaviour/dress A:complicated grief reaction P:Rx as below, referred to crisis team - they will contact the patient this afternoon S:WSG, pt to call back if not heard from crisis team by 2pm today. GJ priority=2
Problem	**[X]Depressive episode**
History	Patient health questionnaire (PHQ-9) score 27: priority=2 Depression screening using questions priority=2
17/03/2011	Dr R Brydon at Hay Lodge Health Centre
History	[redacted] Very distressed. Emotional, weepy. Not sleeping. No suicidality of her own. Staying with [redacted]t present. Circumstances around funeral etc seem complicated - may complicate grieving process. For temazepam at present and RV PRN. RB priority=2
03/03/2011	Typists at Hay Lodge Health Centre
History	Current smoker 10 per day priority=2
25/01/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre

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History	S:1/52 history of spot on edge/inder R breast - tender to touch. also spot on chin - tells me this comes and goes. smoker 10 a day. O:(with chaperone-practice nurse) R breast- multiple striae, inferior medial edge of breast, small abscess, <5mm in diameter, slight erythema. chin- R side - small soft cyts A:cystic acne P:Rx as below, r/v 1/52, not using OCP S:WSG. GJ priority=2
07/01/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:vaginal discomfort and discharge (white) for last couple of days. initially some dysuria but now resolved. nil recent change in sexual partner. LMP 3/52 cycle 3/28. not using contraception. denies concerns about STI's but requested number. O: (chaperone SS)Vaginal exam- nil external erythema,Speculum-vault erythematous & thrush like. A:vaginal thrush P:Rx as below,urine for urinalysis,GUM tel number provided,LARC briefly discussed, advised to make non emergency appt re contraceptive. S:WSG. GJ priority=2
04/05/2010	Dr L Buchan at Hay Lodge Health Centre
History	Asked for emergency appointment for abdominal pain but left the waiting room before being seen. LBh priority=2
03/02/2010	Dr G E McIntosh at Hay Lodge Health Centre
History	Review -a lot calmer and more focused Planning to return home -discussed Wean off diazepam See 2/52 priority=2
03/02/2010	Typists at Hay Lodge Health Centre
Problem	**H/O: depression**
28/01/2010	Dr G E McIntosh at Hay Lodge Health Centre
History	Acutely depressed-Recent fight with [redacted] ,police involved Lost heating at home for several weeks [redacted] major money worriesLong discussion PHQ 18 Some thoughts self harm but no plans and does not feel she would do anything because of children Has reestablished contact with several of her family -getting support For citalopram and diazepam cover and see 1/52 priority=2
09/12/2009	Dr R Brydon at Hay Lodge Health Centre
History	Cystic acne and ?infected seb cyst R cheek. Rx as below. RB priority=2
09/12/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	Bloods. SS priority=2
18/11/2009	Dr C Meldrum at Hay Lodge Health Centre
History	symps UTI last few days tried drinking lots but not helped plan trial trimethoprim and rv if no better CM priority=2
17/11/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA bloods. SS priority=2
09/11/2009	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Sore throat, cough, runny nose.Not feverish no aches/pains.Smokes between 8-20/day. Afebrile. Advised steam/gargles and paracetamol. Try to cut down ciggarettes. R/V if not improving.HB priority=2
06/11/2009	Dr G E McIntosh at Hay Lodge Health Centre

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History	Seen with [redacted] -begining of probable flu -aching and sore throat -Apyrexial and throat NAD -advised Also recurring blistering area chin -previous impetigo but today looks like begining of cold sore -swab /advised Also several infected spots abdo wall -FBC /Glucose priority=2
24/08/2009	Mrs Sheena Murr at Hay Lodge Health Centre
History	Bloods taken. HVS and chlamydia swab taken. Patients feels my be at risk of STI, advised to attend GUM for full screen, card info, given, -sm priority=2
24/08/2009	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Vaginal discharge last few weeks, recurrant problem.Also lesions on face ? impetigo.Concerns re: cause of discharge/lesions on face.No Dysuria/bleeding.Not systemically unwell. Needs swab for chlamydia and bloods.Strongle adviced to attend the GUM clinic-details/num.been given.Fusidin for lesions on face if not settling -oral abx.HB priority=2
10/06/2009	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	impetio on the chin, yellow crusts. priority=2
19/05/2009	Dr R Brydon at Hay Lodge Health Centre
History	1. Recurrent thrush. Rx fluconazole, advice. 2. Acne on face and back. Rx lymecycline. RB priority=2
01/05/2009	Typists at Hay Lodge Health Centre
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an interval 36M In GP care Cervical smear: negative (30/04/2012) Cervical Screening$$.clm
30/04/2009	Mrs Julie Hopkirk at Hay Lodge Health Centre
History	cervical smear taken, mood very low [redacted] appoint with GP jh priority=2
11/02/2009	Typists at Hay Lodge Health Centre
Problem	**White Scottish**
27/01/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA bloods. SS priority=2
19/01/2009	Dr G E McIntosh at Hay Lodge Health Centre
History	Several problems but mainly L temporal headache no obvious triggers and only occ visual disturbance -bright lights.Has L upper wisdom tooth causing some pain . Also still spot on nose.Also still discharge PV.Also frequent bruising legs heal quickly and non today -OE pale HR 80 min BP130/76 Fundi normal-advised and see nose without make up and for PV/HVS priority=2
01/12/2008	Dr G E McIntosh at Hay Lodge Health Centre
History	Possible cold sore on chin after new [redacted] and also worried re occ ache in groin ,no discharge or GUS otherwise but advised re Sexual Health clinic Facila rash may be infected eczema -Rx priority=2
25/09/2008	Mrs Julie Hopkirk at Hay Lodge Health Centre
History	DNA for cervical smear jh priority=2
25/04/2008	Typists at Hay Lodge Health Centre
History	Cont. 23.04.08 - for full STI/HIV/Hepatitis screening in view of hx. Urine bottle for chlamydia given. Contact details of GUM clinic. TCA to discuss ongoing contraception. SJ priority=2
23/04/2008	Dr Locum 1 Tweed at Hay Lodge Health Centre
History	Requesting emergency contraception. Burst condom last night. New relationship [redacted] LMP 3 wks ago. no other episodes risk this cycle. Plan - RxLevonorgestrel 1.5 mg start. Advice re next period may be early/late. Pregnancy test if at all unusual. Discussed risk of ectopic - to seek help if any unusual bleed/low abdo pain. Barrier methods until next period. Strongly advised attend GUM clinic priority=2

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14/04/2008	Dr R Brydon at Hay Lodge Health Centre
History	Conjunctivitis. Rx chloramppgn. RB priority=2
25/03/2008	Dr G E McIntosh at Hay Lodge Health Centre
History	Medication review
17/03/2008	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA depo injection. SS priority=2
13/03/2008	Dr R Brydon at Hay Lodge Health Centre
History	Rx fucidin as well as fluclox. Also has mild thrush Sx - Rx canesten. Also has piles - Rx proctosedyll. RB priority=2
11/03/2008	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	1. Impetigo on chin, never had cold sores. Plan: Oral fluclox. 2 [redacted] using condoms, wishes more reliable contraception. Unreliable pill taking in past. Not keen on IUD/IUS. Considering implanon but wishes Depo in meantime. Has had before - on/off. Smoker, understands risk of osteoporosis and delayed return in fertility. Day 7 of cycle. No unprotected intercourse past 7/7. Plan: Commence Depo, advised to make appt with nurse marie. Use condoms for first 14 days. Advised no protection against STI. priority=2 Current smoker Disease: SPICE Basic Health Values. priority=2 Smoking cessation advice Disease: SPICE Basic Health Values. priority=2
11/02/2008	Dr G E McIntosh at Hay Lodge Health Centre
History	Acutely anxious [redacted] and she is concerned [redacted] and at times feels threatened. Also cut hand on glass at we but declined referral to go to A/E for stitching. Long discussion good support from family advised re CAB and SWD and I will speak to SW Also wound seen in TR and seems to be healing well -cleaned and review in TR 2/7 Wonders re testing for STD -advised priority=2
05/09/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	Has not heard from neurology who said they would see her on the ward several weeks ago. I will ask secretary to source referral. Otherwise doing well no red flags and generally fitter. priority=2
04/07/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	Advised that appt now 'routine' per WGH-to let us know of any deterioration /'red flags' priority=2
07/06/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Neurosurgery. Referral Nature: Not Specified. . Referral Reason: Actual Hospital: Western General Hospital Assessment required
12/04/2007	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	seeing Kim at physio re back problems advised to self-cert next week and contact if needs further advice priority=2
03/04/2007	Mrs Patricia Muir at Hay Lodge Health Centre
History	Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Physiotherapy. Referral Nature: Investigate.
19/01/2007	rec2 at Hay Lodge Health Centre
Problem	**[M]Intradermal naevus** Excised Benign
Problem	**Notes summary on computer**
18/09/2006	Dr G E McIntosh at Hay Lodge Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: . Referral Reason: Multiple pigmented Naevi

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15/04/2005	samples at Hay Lodge Health Centre
Problem	**Contraceptive diaphragm** Size 75mm fitted.
15/03/2005	Mrs Fiona Lawson at Hay Lodge Health Centre
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an interval 36M In GP care (diary entry deleted) (Not Known)
01/12/2004	Mrs Wilma Nicholson at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
01/12/2004	Mrs Jill Chester at Hay Lodge Health Centre
History	Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.
25/11/2004	Mrs Fiona Lawson at Hay Lodge Health Centre
History	Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an interval 12M (diary entry deleted) (Not Known)
22/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	O/E - weight O/E - weight
22/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2 Systolic blood pressure Diastolic blood pressure O/E - height O/E - weight O/E - height O/E - weight Systolic blood pressure Diastolic blood pressure
16/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
12/11/2004	rec10 at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
28/06/2002	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
17/06/2002	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
11/04/2001	Dr Dr E Clyde (Inactive) at Hay Lodge Health Centre
History	Medication review
11/12/2000	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Cerv.smear: borderline changes Cervical Screening$$.clm - Repeat after an interval 6M In GP care (diary entry deleted) (Not Known)
07/12/2000	Dr Dr E Clyde (Inactive) at Hay Lodge Health Centre
History	Medication review
28/11/2000	Dr G E McIntosh at Hay Lodge Health Centre

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History	Medication review
01/08/2000	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Cerv.smear: mild dyskaryosis Cervical Screening$$.clm - Repeat after an interval 3M In GP care (diary entry deleted) (Not Known)
19/10/1999	samples at Hay Lodge Health Centre
History	Migrated Data priority=2
Problem	**Patient signed reg. form** priority=1
Problem	**Alopecia areata** and 1996
Problem	**Anxiety state NOS**
Problem	**Suction termination of pregnancy**
Problem	**Suction termination of pregnancy**
Problem	**Stress counselling** Referral to councellor.
Problem	**Forceps delivery** HFFD[redacted]
Problem	**Spontaneous vertex delivery** [redacted]
Problem	**Termination of pregnancy** Medical.
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an interval 36M Out with GP care (diary entry deleted) (Not Known)
30/09/1999	Dr G E McIntosh at Hay Lodge Health Centre
History	Medication review
30/09/1999	Dr G E McIntosh at Hay Lodge Health Centre
History	Medication review
30/09/1999	Dr G E McIntosh at Hay Lodge Health Centre
History	Acute Consultation priority=2

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Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
02/07/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN TWICE DAILY 112 CAPSULE	08/07/2021P	Dr Robert Manson	REPEAT

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Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
08/07/2021	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	08/07/2021P	Dr Robert Manson	ACUTE
08/07/2021	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	08/07/2021P	Dr Robert Manson	ACUTE
10/06/2021	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 tablet	10/06/2021P	Dr Robert Manson	ACUTE
31/03/2021	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	31/03/2021P	Dr Jennifer Carter	ACUTE
31/03/2021	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	31/03/2021P	Dr Jennifer Carter	ACUTE
05/11/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	05/11/2020P	Dr Jennifer Carter	ACUTE
05/11/2020	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	05/11/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	03/09/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	03/09/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	03/09/2020P	Dr Jennifer Carter	ACUTE
03/06/2020	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	03/06/2020P	Dr Jennifer Carter	ACUTE
14/04/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	03/06/2020P	Dr Jennifer Carter	ACUTE
14/04/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	14/04/2020P	Dr Registrar 1 Tweed	ACUTE
10/04/2020	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 56 tablet	10/04/2020P	Dr Lucie Buckingham	ACUTE
26/03/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	26/03/2020P	Dr Jennifer Carter	ACUTE
18/03/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	18/03/2020P	Dr Registrar 1 Tweed	ACUTE
18/03/2020	**Clotrimazole And Hydrocortisone Cream 1 % + 1 %** Apply Twice daily 30 gram	18/03/2020P	Dr Registrar 1 Tweed	ACUTE
27/02/2020	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 10 tablet	27/02/2020P	Dr Registrar 1a Tweed	ACUTE
10/02/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	27/02/2020P	Dr Registrar 1a Tweed	ACUTE
18/11/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 TABLET	10/02/2020P	Dr Lucie Buckingham	ACUTE
31/10/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 TABLET	04/11/2019P	Dr Robert Manson	ACUTE
30/09/2019	**Co-Amoxiclav 500/125 Tablets** TAKE ONE THREE TIMES DAILY 21 TABLET	30/09/2019P	Dr Robert Manson	ACUTE
01/08/2019	**Hydrocortisone And Miconazole Cream 1 % + 2 %** APPLY TWICE A DAY 15 gram	01/08/2019P	Dr Registrar 1a Tweed	ACUTE
19/06/2019	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 336 tablet	19/06/2019P	Dr C Meldrum	ACUTE
19/06/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	19/06/2019P	Dr C Meldrum	ACUTE
30/04/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	30/04/2019P	Dr Jennifer Carter	ACUTE
30/04/2019	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 21 tablet	30/04/2019P	Dr Jennifer Carter	ACUTE
03/04/2019	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	03/04/2019P	Dr Hannah Syme	ACUTE
11/03/2019	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	11/03/2019P	Dr Hannah Syme	ACUTE
11/03/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	11/03/2019P	Dr Hannah Syme	ACUTE
20/02/2019	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN THREE TIMES A DAY 30 TABLET	20/02/2019P	Dr Jennifer Carter	ACUTE
20/02/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	20/02/2019P	Dr Jennifer Carter	ACUTE
11/02/2019	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 14 TABLET	11/02/2019P	Dr R Brydon	ACUTE
11/02/2019	**Magnesium Sulfate Paste** Apply As directed 50 gram	11/02/2019P	Dr R Brydon	ACUTE

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14/01/2019	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	14/01/2019P	Dr Jennifer Carter	ACUTE
14/01/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	14/01/2019P	Dr Hannah Syme	ACUTE
12/12/2018	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/01/2019P	Dr Jennifer Carter	ACUTE
12/12/2018	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	12/12/2018P	Dr C Meldrum	ACUTE
05/11/2018	**Naproxen Tablets 500 mg** TAKE ONE TABLET TWICE DAILY 28 TABLET	05/11/2018P	Dr Jennifer Carter	ACUTE
05/11/2018	**Co-Codamol 30/500 Tablets** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 60 tablet	05/11/2018P	Dr Jennifer Carter	ACUTE
29/10/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	29/10/2018P	Dr Jennifer Carter	ACUTE
19/10/2018	**Naproxen Tablets 500 mg** TAKE ONE TABLET TWICE DAILY WITH OR AFTER FOOD 28 TABLET	19/10/2018P	Dr Jennifer Carter	ACUTE
19/10/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	19/10/2018P	Dr Jennifer Carter	ACUTE
25/09/2018	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	25/09/2018P	Dr R Brydon	ACUTE
18/09/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	18/09/2018P	Dr Retainee Tweed 1	ACUTE
21/08/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 14 tablet	21/08/2018P	Dr Robert Manson	ACUTE
21/08/2018	**Ulipristal Acetate Tablets 30 mg** ONE TO BE TAKEN AS DIRECTED 1 TABLET	21/08/2018P	Dr Robert Manson	ACUTE
21/08/2018	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 84 TABLET	21/08/2018P	Dr Robert Manson	ACUTE
06/08/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 5 tablet	06/08/2018P	Dr C Meldrum	ACUTE
05/06/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	05/06/2018P	Dr Robert Manson	ACUTE
24/04/2018	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	05/06/2018P	Dr Robert Manson	ACUTE
20/03/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	20/03/2018P	Dr Robert Manson	ACUTE
23/01/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	23/01/2018P	Dr Robert Manson	ACUTE
27/11/2017	**Cerelle Tablets 75 micrograms** 1 Tab Daily 84 tablet	27/11/2017P	Dr Robert Manson	ACUTE
26/09/2017	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH MORNING 30 CAPSULE	13/10/2017P	Dr Robert Manson	ACUTE
13/06/2017	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	13/06/2017P	Dr Robert Manson	ACUTE
08/06/2017	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH MORNING 30 CAPSULE	24/07/2017P	Dr Robert Manson	ACUTE
21/02/2017	**Enoxaparin Injection 40 mg/0.4 ml pre-filled syringe** 1 TO BE INJECTED IN THE MORNING 42 pre-filled disposable injection	21/02/2017P	Dr G E McIntosh	ACUTE
07/02/2017	**Clotrimazole Cream and Pessary 2 % + 500 mg** USE AS DIRECTED 1 pack	07/02/2017P	Dr Retainee Tweed 1	ACUTE
13/12/2016	**Fusidic Acid Cream 2 %** APPLY FOUR TIMES A DAY 15 GRAM	13/12/2016P	Dr Registrar 1 Tweed	ACUTE
09/11/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	09/11/2016P	Dr Robert Manson	ACUTE
03/08/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	03/08/2016P	Dr Robert Manson	ACUTE
07/07/2016	**Folic Acid Tablets 400 micrograms** 1 Tab Daily 90 tablet	07/07/2016P	Dr Registrar 1 Tweed	ACUTE
08/06/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	08/06/2016P	Dr G E McIntosh	ACUTE
08/06/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	04/07/2016P	Dr Robert Manson	ACUTE
13/04/2016	**Clotrimazole Cream and Pessary 2 % + 500 mg** USE AS DIRECTED 1 pack	13/04/2016P	Dr Hannah Syme	ACUTE
01/04/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/04/2016P	Dr G E McIntosh	ACUTE
01/04/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	01/04/2016P	Dr Registrar 1 Tweed	ACUTE
01/04/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET	26/08/2016P	Dr R Brydon	ACUTE
17/03/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	17/03/2016P	Dr G E McIntosh	ACUTE

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23/02/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	23/02/2016P	Dr G E McIntosh	ACUTE
16/02/2016	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	16/02/2016P	Dr Retainee Tweed 1	ACUTE
11/02/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	11/02/2016P	Dr G E McIntosh	ACUTE
11/02/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	11/02/2016P	Dr G E McIntosh	ACUTE
05/02/2016	**Diphenhydramine Hydrochloride Tablets 25 mg** NOCTE 28 tablet	05/02/2016P	Dr Retainee Tweed 1	ACUTE
21/01/2016	**Diazepam Tablets 2 mg** ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED 30 tablet	21/01/2016P	Dr Robert Manson	ACUTE
17/11/2015	**Duac Once Daily Gel 5 % + 1 %** APPLY AT NIGHT 30 gram	17/11/2015P	Dr Robert Manson	ACUTE
17/11/2015	**Cerelle Tablets 75 micrograms** TAKE AS DIRECTED 3*84 tablet	17/11/2015P	Dr Robert Manson	ACUTE
02/11/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	02/11/2015P	Dr G E McIntosh	ACUTE
22/09/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	17/11/2015P	Dr Robert Manson	ACUTE
15/09/2015	**Cerelle Tablets 75 micrograms** ONE TO BE TAKEN AS DIRECTED 21 tablet	15/09/2015P	Dr G E McIntosh	ACUTE
31/07/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	31/07/2015P	Dr G E McIntosh	ACUTE
09/06/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	09/06/2015P	Dr G E McIntosh	ACUTE
30/04/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	09/06/2015P	Dr G E McIntosh	ACUTE
30/04/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	09/06/2015P	Dr G E McIntosh	ACUTE
22/04/2015	**Fusidic Acid Cream 2 %** APPLY FOUR TIMES A DAY 15 GRAM	22/04/2015P	Dr C Meldrum	ACUTE
22/04/2015	**Clotrimazole Cream 1 %** APPLY TWO OR THREE TIMES DAILY 20 GRAM	22/04/2015P	Dr C Meldrum	ACUTE
22/04/2015	**Clotrimazole Pessary 500 mg** ONE TO BE INSERTED AT NIGHT 1 PESSARY	22/04/2015P	Dr C Meldrum	ACUTE
12/03/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	12/03/2015P	Dr G E McIntosh	ACUTE
05/03/2015	**Clotrimazole Cream 1 %** APPLY TWO OR THREE TIMES DAILY 20 GRAM	05/03/2015P	Dr R Brydon	ACUTE
06/02/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	11/03/2015P	Dr G E McIntosh	ACUTE
06/02/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	06/02/2015P	Dr G E McIntosh	ACUTE
24/12/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	24/12/2014P	Dr R Brydon	ACUTE
01/12/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	01/12/2014P	Dr G E McIntosh	ACUTE
01/12/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	01/12/2014P	Dr G E McIntosh	ACUTE
15/10/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	15/10/2014P	Dr G E McIntosh	ACUTE
15/10/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	15/10/2014P	Dr G E McIntosh	ACUTE
18/08/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	18/08/2014P	Dr G E McIntosh	ACUTE
18/08/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	18/08/2014P	Dr G E McIntosh	ACUTE
16/07/2014	**Clobetasone Butyrate Cream 0.05 %** APPLY THINLY ONCE OR TWICE DAILY 30 GRAM	16/07/2014P	Dr G E McIntosh	ACUTE
04/07/2014	**Qv Skin Lotion** USE AS DIRECTED 500 ml	04/07/2014P	Dr G E McIntosh	ACUTE
03/07/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	03/07/2014P	Dr G E McIntosh	ACUTE
26/06/2014	**Loratadine Tablets 10 mg** ONE TO BE TAKEN EACH MORNING 30 TABLET	26/06/2014P	Dr G E McIntosh	ACUTE
26/06/2014	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	26/06/2014P	Dr G E McIntosh	ACUTE
16/06/2014	**Permethrin Dermal cream 5 %** TO BE USED AS DIRECTED 60 gram	16/06/2014P	Dr C Meldrum	ACUTE
16/06/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	16/06/2014P	Dr Registrar 1 Tweed	ACUTE
16/06/2014	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 TABLET	16/06/2014P	Dr Registrar 1 Tweed	ACUTE
30/05/2014	**Sodium Cromoglicate Eye drops 2 %** ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S) 13.5 ML	30/05/2014P	Dr Robert Manson	ACUTE
30/05/2014	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	30/05/2014P	Dr Robert Manson	ACUTE

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30/05/2014	**Aveeno Body wash** AS DIRECTED 500 ml	30/05/2014P	Dr Robert Manson	ACUTE
30/05/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	30/05/2014P	Dr Robert Manson	ACUTE
19/05/2014	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	19/05/2014P	Dr Registrar 1 Tweed	ACUTE
19/05/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	19/05/2014P	Dr G E McIntosh	ACUTE
10/03/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/03/2014P	Dr R Brydon	ACUTE
10/03/2014	**Epiduo Gel 0.1 % + 2.5 %** NOCTE TO SPOTS 50 gram	14/03/2014P	Dr R Brydon	ACUTE
18/02/2014	**Fexofenadine Hydrochloride Tablets 180 mg** 1 Tab Daily 30 tablet	18/02/2014P	Dr Robert Manson	ACUTE
23/01/2014	**Epaderm Ointment** APPLY WHEN REQUIRED 125 GRAM	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
23/01/2014	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 TABLET	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
23/01/2014	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 126 tablet	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
21/11/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	21/11/2013Q	Dr Registrar 1a Tweed	ACUTE
06/08/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	06/08/2013P	Dr G E McIntosh	ACUTE
23/07/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 126 tablet	23/07/2013P	Dr L Buchan	ACUTE
19/06/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 21 tablet	19/06/2013P	Dr L Buchan	ACUTE
13/05/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	13/05/2013P	Dr G E McIntosh	ACUTE
16/04/2013	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	16/04/2013P	Dr R Brydon	ACUTE
29/03/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	29/03/2013P	Dr R Brydon	ACUTE
29/03/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 63 TABLET	29/03/2013P	Dr G E McIntosh	ACUTE
11/01/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	11/01/2013P	Dr R Brydon	ACUTE
11/05/2012	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	11/05/2012P	Dr Registrar 1a Tweed	ACUTE
01/05/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	01/05/2012P	Dr Registrar 1 Tweed	ACUTE
30/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 7 tablet	30/04/2012P	Dr Registrar 1 Tweed	ACUTE
30/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	30/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 7 tablet	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Temazepam Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Fluconazole Capsules 50 mg** ONE TO BE TAKEN EACH DAY 7 CAPSULE	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/02/2012	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Citalopram Hydrobromide Tablets 40 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN FOUR TIMES A DAY 56 TABLET	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Dihydrocodeine Tartrate Tablets 30 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 56 tablet	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
29/12/2011	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	29/12/2011P	Dr Registrar 1 Tweed	ACUTE
20/10/2011	**Temazepam Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 5 tablet	20/10/2011P	Dr Registrar 1 Tweed	ACUTE
20/10/2011	**Citalopram Hydrobromide Tablets 40 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	20/10/2011P	Dr Registrar 1 Tweed	ACUTE
06/10/2011	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab in the morning 28 TABS	06/10/2011P	Dr Registrar 1 Tweed	ACUTE
04/10/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 7 TABS	04/10/2011P	Dr Registrar 1 Tweed	ACUTE
02/06/2011	**Temazepam Tablets 10 mg** 1 Tab Daily 7 TABS	02/06/2011P	Any Do Not Use Unknownuser	ACUTE

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25/05/2011	**Temazepam Tablets 10 mg** 1 Tab Daily 7 TABS	25/05/2011P	Dr Retainee Tweed 1	ACUTE
06/04/2011	**Temazepam Tablets 10 mg** 1 Tab At night 14 TABS	06/04/2011P	Dr Retainee Tweed 1	ACUTE
30/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 7 TABS	30/03/2011P	Any Do Not Use Unknownuser	ACUTE
28/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 1 TABS	28/03/2011P	Dr G E McIntosh	ACUTE
23/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 1 TABS	23/03/2011P	Any Do Not Use Unknownuser	ACUTE
23/03/2011	**Diazepam Tablets 2 mg** 1 Tab up to 4 hourly 4 TABS	23/03/2011P	Any Do Not Use Unknownuser	ACUTE
21/03/2011	**Temazepam Tablets 20 mg** 1 Tab At night 7 TABS	21/03/2011P	Dr Registrar 1 Tweed	ACUTE
21/03/2011	**Diazepam Tablets 2 mg** 1 Tab up to every 4 hours 20 TABS	21/03/2011P	Dr Registrar 1 Tweed	ACUTE
17/03/2011	**Temazepam Tablets 10 mg** 1 Tab At night 14 TABS	17/03/2011P	Dr R Brydon	ACUTE
25/01/2011	**Flucloxacillin Capsules 500 mg** 1 Cap every 6 hours 28 CAPS	25/01/2011P	Dr Registrar 1 Tweed	ACUTE
07/01/2011	**Canesten Combi Pessary and cream** Apply As directed 1 INVAL	07/01/2011P	Dr Registrar 1 Tweed	ACUTE
07/04/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	07/04/2010P	rec6	ACUTE
02/03/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	02/03/2010P	Dr L Buchan	ACUTE
03/02/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	03/02/2010P	Dr G E McIntosh	ACUTE
03/02/2010	**Diazepam Tablets 2 mg** Half Tab to 1 Twice daily 10 TABS	03/02/2010P	Dr G E McIntosh	ACUTE
28/01/2010	**Diazepam Tablets 2 mg** 1 Tab 3 times daily 20 TABS	28/01/2010P	Dr G E McIntosh	ACUTE
28/01/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	28/01/2010P	Dr G E McIntosh	ACUTE
09/12/2009	**Fluconazole Capsules 150 mg** 1 Cap as single dose 1 CAPS	09/12/2009P	Dr R Brydon	ACUTE
09/12/2009	**Co-Amoxiclav 250/125 Tablets** 1 Tab 3 times daily 21 TABS	09/12/2009P	Dr R Brydon	ACUTE
09/12/2009	**Lymecycline Capsules 408 mg** 1 Cap Daily 112 CAPS	09/12/2009P	Dr R Brydon	ACUTE
18/11/2009	**Trimethoprim Tablets 200 mg** 1 Tab Twice daily 10 TABS	18/11/2009P	Any Do Not Use Unknownuser	ACUTE
06/11/2009	**Aciclovir Cream 5 %** Apply 5 times daily 1 CREAM	06/11/2009P	Dr G E McIntosh	ACUTE
10/06/2009	**Fusidic Acid Cream 2 %** Apply As directed 15 CREAM	10/06/2009P	Dr Retainee Tweed 1	ACUTE
19/05/2009	**Fluconazole Capsules 150 mg** 1 Cap as single dose 1 CAPS	19/05/2009P	Dr R Brydon	ACUTE
19/05/2009	**Lymecycline Capsules 408 mg** 1 Cap Daily 56 CAPS	19/05/2009P	Dr R Brydon	ACUTE
01/12/2008	**Fucidin H Cream** Apply morning and night 30 CREAM	01/12/2008P	Dr G E McIntosh	ACUTE
25/09/2008	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	25/09/2008P	Dr GP Registrar (Inactive)	ACUTE
14/04/2008	**Chloramphenicol Eye drops 0.5 %** 2 Drops 3 or 4 times daily 5 DROPS	14/04/2008P	Dr R Brydon	ACUTE
13/03/2008	**Proctosedyl Ointment** Apply as directed 30 OINT	13/03/2008P	Dr R Brydon	ACUTE
13/03/2008	**Canesten Combi Pessary and cream** Apply as directed 1 INVAL	13/03/2008P	Dr R Brydon	ACUTE
13/03/2008	**Fusidic Acid Cream 2 %** Apply 4 times daily 30 CREAM	13/03/2008P	Dr R Brydon	ACUTE
11/03/2008	**Flucloxacillin Capsules 500 mg** 1 Cap 4 times daily 28 CAPS	11/03/2008P	Dr Registrar 3	ACUTE
04/07/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	04/07/2007P	Dr G E McIntosh	ACUTE
04/07/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	04/07/2007P	Dr G E McIntosh	ACUTE
14/06/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	14/06/2007P	Dr G E McIntosh	ACUTE
13/06/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	13/06/2007P	rec6	ACUTE
18/05/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	18/05/2007P	Dr G E McIntosh	ACUTE
18/05/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	18/05/2007P	Dr G E McIntosh	ACUTE
03/05/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	03/05/2007P	rec6	ACUTE
03/05/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	03/05/2007P	rec6	ACUTE
16/04/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	16/04/2007P	gpass	ACUTE

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16/04/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	16/04/2007P	gpass	ACUTE
30/03/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Diclofenac Sodium E/c tablets 25 mg** 1 or 2 Tabs 3 times daily 168 TABS	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 1 or 2 Tabs At night 28 TABS	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Lactulose Solution 3,1-3,7 g/5 ml** 15-30mls bd 500 SOLN	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Chloramphenicol Eye ointment 1 %** Apply 4 times daily 4 OINT	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Otosporin Ear-drops** 2 Drops 3 times daily 5 DROPS	30/03/2007P	Dr G E McIntosh	ACUTE
19/03/2007	**Co-Codamol 15/500 Tablets** 2 Tabs every 4 to 6 hours 84 TABS	19/03/2007P	Any Do Not Use Unknownuser	ACUTE
09/01/2007	**Oxytetracycline Tablets 250 mg** 1 Tab morning and night 100 TABS	09/01/2007P	Dr G E McIntosh	ACUTE
21/02/2005	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 21 TABS	21/02/2005P	Any Do Not Use Unknownuser	ACUTE
31/01/2005	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 14 TABS	31/01/2005P	Any Do Not Use Unknownuser	ACUTE
31/01/2005	**Aqueous Cream** Apply 4 times daily 500 CREAM	31/01/2005P	Any Do Not Use Unknownuser	ACUTE
31/07/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	05/08/2018P	Dr R Bryden	REPEAT
28/10/2013	**Isotretinoin Capsules 10 mg** DO NOT PRESCRIBE OR DISPENSE 1 capsule	28/10/2013O	Dr R Bryden	REPEAT
11/03/2008	**Depo-Provera Prefilled syringe 150 mg/1 ml** to be injected 12 weeks 1 INJ	11/03/2008P	Dr G E McIntosh	REPEAT
14/08/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 1 or 2 Tabs At night 56 INVAL	Not Issued	rec3	REPEAT

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr G E McIntosh	**Filed By User**	Mrs Fiona Lawson
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/ 05/ 1980
GMC Code of Registered GP	2338365
Practice Code	B16211

Exclusion Reason	[redacted]
Exclusion Date	
Exclusion End Date	
Extended	
Cleared	
Next Recall Date	

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr G E McIntosh	**Filed By User**	Mrs Fiona Lawson
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/ 05/ 1980
GMC Code of Registered GP	2338385
Practice Code	B16211

Smear Taker	Sheena Muir (PN)
Reporting Location	Edinburgh RI

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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Lab Report ID : C2963874 **Coding Status** : Part Read Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-ITCH EASY BRUISING ON ROACCUTANE ? LOW FH

SPECIMEN : SERUM

		Abn	Value	Units	Range	Status
R	**Liver function test**					
R	Serum albumin		40	g/L	(36-47 U)	NK
R	Serum total bilirubin level		8	umol/L	(2-17 U)	NK
R	ALT/SGPT serum level		15	U/L	(10-42 U)	NK
R	Serum alkaline phosphatase		58	U/L	(26-100 U)	NK
R	**Urea and electrolytes**	Y				
R	Serum sodium		137	mmol/L	(135-145 U)	NK
R	Serum creatinine	LO	53	umol/L	(60-110 U)	NK
R	eGFR		> 60	mL/min/1.73m2		NK

Sample Collected Date : 23/01/2014 15:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/01/2014 13:29:00
Received Date : 24/01/2014 15:01:20
Requestor :
Requestor GMC Code :

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Lab Report ID : R2963875 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-ITCH EASY BRUISING ON ROACCUTANE ? LOW PH

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	**Full blood count - FBC**					
R	Haemoglobin estimation		136	g/L	(115-165 U)	NK
R	Total white cell count		10.0	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		175	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		94.1	fl	(80-100 U)	NK
R	Red blood cell (RBC) count		4.26	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.401	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)		32.0	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		341	g/L	(320-360 U)	NK
R	Neutrophil count		7.10	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.20	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.30	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count		0.40	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.10	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 23/01/2014 15:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/01/2014 13:29:00
Received Date : 24/01/2014 15:01:52
Requestor :
Requestor GMC Code :

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Lab Report ID : C2987878 **Coding Status** : Part Read Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~RASH

SPECIMEN : SERUM

		Abn	Value	Units	Range	Status
R	**Liver function test**					
R	Serum albumin		42	g/L	(36-47 U)	NK
R	Serum total bilirubin level		6	umol/L	(2-17 U)	NK
R	ALT/SGPT serum level		16	U/L	(10-42 U)	NK
R	Serum alkaline phosphatase		57	U/L	(26-100 U)	NK
R	**Fasting blood lipids**	Y				
R	Serum fasting total cholesterol	HI	5.4	mmol/L	(3.5-5.0 U)	NK
R	Serum fasting triglyceride level	HI	2.32	mmol/L	(0.6-1.7 U)	NK
R	Serum HDL cholesterol level	HI	1.8	mmol/L	(1.0-1.5 U)	NK
R	Serum LDL cholesterol level		2.5	mmol/L	(2.0-3.5 U)	NK
R	Serum cholesterol/HDL ratio		3.0		(2-5 U)	NK
R	**Serum gamma-glutamyl transferase level**					
R	Serum gamma-glutamyl transferase level		28	U/L	(6-35 U)	NK
R	**Serum C reactive protein level**					
R	Serum C reactive protein level		6	mg/L	(1-10 U)	NK
R	**Urea and electrolytes**	Y				
R	Serum sodium		138	mmol/L	(135-145 U)	NK
R	Serum potassium		4.4	mmol/L	(3.5-5.0 U)	NK
R	Serum creatinine	LO	58	umol/L	(60-110 U)	NK
R	eGFR		> 60	mL/min/1.73m2		NK

Sample Collected Date : 25/02/2014 10:22:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/02/2014 12:47:00
Received Date : 25/02/2014 15:00:57
Requestor :
Requestor GMC Code :

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Lab Report ID : R2987880 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~RASH

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	Full blood count - FBC	Y				
R	Haemoglobin estimation		135	g/L	(115-165 U)	NK
R	Total white cell count		8.3	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		227	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		94.2	fl	(80-100 U)	NK
R	Red blood cell (RBC) count		4.30	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.405	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)		31.4	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		334	g/L	(320-360 U)	NK
R	Neutrophil count		5.30	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.10	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.40	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count	HI	0.50	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.10	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 25/02/2014 10:22:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/02/2014 12:47:00
Received Date : 25/02/2014 15:01:17
Requestor :
Requestor GMC Code :

SPECIMEN : Citrated blood; ESR

		Abn	Value	Units	Range	Status
R	Erythrocyte sedimentation rate					
R	Erythrocyte sedimentation rate		6	mm/hr.	(0-19 U)	NK

Sample Collected Date : 25/02/2014 10:22:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/02/2014 12:47:00
Received Date : 25/02/2014 15:01:17
Requestor :
Requestor GMC Code :

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Lab Report ID : C3048905 **Coding Status** : Part Read Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-SKIN INFECTION

SPECIMEN : SERUM

		Abn	Value	Units	Range	Status
R	**Liver function test**					
R	Serum albumin		38	g/L	(36-47 U)	NK
R	Serum total bilirubin level		9	umol/L	(2-17 U)	NK
R	ALT/SGPT serum level		17	U/L	(10-42 U)	NK
R	Serum alkaline phosphatase		71	U/L	(26-100 U)	NK
R	**Serum C reactive protein level**	Y				
R	Serum C reactive protein level	HI	28	mg/L	(1-10 U)	NK
R	**Urea and electrolytes**					
R	Serum sodium		138	mmol/L	(135-145 U)	NK
R	Serum potassium		4.5	mmol/L	(3.5-5.0 U)	NK
R	Serum creatinine		65	umol/L	(60-110 U)	NK
R	eGFR		> 60	mL/min/1.73m2		NK

Sample Collected Date : 20/05/2014 09:11:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/05/2014 12:57:00
Received Date : 20/05/2014 15:01:29
Requestor :
Requestor GMC Code :

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Lab Report ID : R3048907 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-SKIN INFECTION

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	**Full blood count - FBC**	Y				
R	Haemoglobin estimation		141	g/L	(115-165 U)	NK
R	Total white cell count		10.3	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		268	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		96.9	fl	(80-100 U)	NK
R	Red blood cell (RBC) count		4.38	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.425	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)	HI	32.1	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		332	g/L	(320-360 U)	NK
R	Neutrophil count		6.60	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.70	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.50	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count	HI	0.50	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.10	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 20/05/2014 09:11:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/05/2014 12:57:00
Received Date : 20/05/2014 15:02:03
Requestor :
Requestor GMC Code :

SPECIMEN : Citrated blood; ESR

		Abn	Value	Units	Range	Status
R	**Erythrocyte sedimentation rate**					
R	Erythrocyte sedimentation rate		6	mm/hr.	(0-19 U)	NK

Sample Collected Date : 20/05/2014 09:11:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/05/2014 12:57:00
Received Date : 20/05/2014 15:02:03
Requestor :
Requestor GMC Code :

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Lab Report ID : M14041682 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-FINGER WOUND

SPECIMEN : Wound Swab

	Abn	Value	Units	Range	Status
R Sample culture					
R Sample culture					NK
-1) Heavy growth of B-haem Streptococcus gpA					
R Sample: organism sensitivity					
R Sample: organism sensitivity					NK
-1 Penicillin S Erythromycin S					

Sample Collected Date : 19/05/2014
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/05/2014 13:14:00
Received Date : 23/05/2014 07:00:16
Requestor :
Requestor GMC Code :

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Lab Report ID : C3053163 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~REPEAT

SPECIMEN : SERUM

		Abn	Value	Units	Range	Status
R	Fasting blood lipids	Y				
R	Serum fasting total cholesterol	HI	5.2	mmol/L	(3.5-5.0 U)	NK
R	Serum fasting triglyceride level		1.47	mmol/L	(0.6-1.7 U)	NK
R	Serum HDL cholesterol level	HI	2.1	mmol/L	(1.0-1.5 U)	NK
R	Serum LDL cholesterol level		2.4	mmol/L	(2.0-3.5 U)	NK
R	Serum cholesterol/HDL ratio		2.5		(2-3 U)	NK

Sample Collected Date : 27/05/2014 10:10:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/05/2014 13:01:00
Received Date : 27/05/2014 15:00:43
Requestor :
Requestor GMC Code :

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Lab Report ID : C3526174 **Coding Status** : Part Read Coded
Filed By User : Mrs Deborah Adams **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :
-Tired all the time.
-Not on Thyroxine

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R **Liver function test**					
R Serum albumin		43	g/L	(36-47 U)	NK
R Serum total bilirubin level		7	umol/L	(2-17 U)	NK
R ALT/SGPT serum level		17	U/L	(10-42 U)	NK
R Serum alkaline phosphatase		61	U/L	(26-100 U)	NK
R **Bone profile**					
R Serum calcium		2.34	mmol/L	(2.12-2.62 U)	NK
R Corrected serum calcium level		2.28	mmol/L	(2.12-2.62 U)	NK
R Serum total protein		71	g/L	(60-80 U)	NK
R **Serum TSH level**					
R Serum TSH level		2.36	mU/L	(0.3-5.0 U)	NK
R **Serum ferritin**					
R Serum ferritin		52	ug/L	(12-220 U)	NK
R **Urea and electrolytes**					
R Serum sodium		138	mmol/L	(135-145 U)	NK
R Serum potassium		4.3	mmol/L	(3.5-5.0 U)	NK
R Serum creatinine		66	umol/L	(60-110 U)	NK
R eGFR		> 60	mL/min/1.73m2		NK

Sample Collected Date : 04/03/2016 10:32:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2016 12:52:00
Received Date : 04/03/2016 15:00:57
Requestor :
Requestor GMC Code :

SPECIMEN : PLASMA

	Abn	Value	Units	Range	Status
R **Plasma glucose level**					
R Plasma glucose level		5.2	mmol/L	(3.6-7.8 U)	NK

Sample Collected Date : 04/03/2016 10:32:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2016 12:52:00
Received Date : 04/03/2016 15:00:57
Requestor :
Requestor GMC Code :

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Lab Report ID : R3526176 **Coding Status** : Coded
Filed By User : Mrs Deborah Adams **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-Tired all the time.
-Not on Thyroxine

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	Full blood count ~ FBC	Y				
R	Haemoglobin estimation		145	g/L	(115-165 U)	NK
R	Total white cell count	HI	12.4	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		239	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		96.6	fl	(80-100 U)	NK
R	Red blood cell (RBC) count		4.52	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.436	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)		32.0	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		332	g/L	(320-360 U)	NK
R	Neutrophil count	HI	9.30	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.40	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.50	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count		0.10	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 04/03/2016 10:32:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2016 12:52:00
Received Date : 04/03/2016 15:01:07
Requestor :
Requestor GMC Code :

SPECIMEN : Citrated blood; ESR

		Abn	Value	Units	Range	Status
R	Erythrocyte sedimentation rate					
R	Erythrocyte sedimentation rate					NK

~Specimen underfilled, please repeat.

Sample Collected Date : 04/03/2016 10:32:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2016 12:52:00
Received Date : 04/03/2016 15:01:07
Requestor :

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Requestor GMC Code :

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Lab Report ID : R3542858 **Coding Status** : Coded
Filed By User : Mrs Deborah Adams **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :
-REPEAT, PREV UNDERFILLED SAMPLE

SPECIMEN : Citrated blood; ESR

	Abn	Value	Units	Range	Status
R Erythrocyte sedimentation rate					
R Erythrocyte sedimentation rate		2	mm/hr.	(0-19 U)	NK

Sample Collected Date : 24/03/2016 16:24:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/03/2016 12:53:00
Received Date : 25/03/2016 15:01:22
Requestor :
Requestor GMC Code :

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Lab Report ID : M16041344 **Coding Status** : Coded
Filed By User : Miss Hollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-FV ?THRUSH

SPECIMEN : Vulval Swab

	Abn	Value	Units	Range	Status
R Microscopy	Y				
R Microscopy		:			NK
R Trichomonas screening test		Not seen.			NK
R Microscopy	PA	SEEN			NK
R Sample culture					
R Sample culture					NK
-1) Growth of Candida sp.					

Sample Collected Date : 13/04/2016
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/04/2016 15:51:00
Received Date : 15/04/2016 15:00:21
Requestor :
Requestor GMC Code :

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Lab Report ID : M16001823 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-Abdo Pain

SPECIMEN : MSU

	Abn	Value	Units	Range	Status
R Urine microscopy					
R Urine microscopy					NK
-Unreadable due to debris					
R Urine culture					
R Urine culture					NK
-No growth.					

Sample Collected Date : 26/04/2016
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/04/2016 13:21:00
Received Date : 28/04/2016 15:00:13
Requestor :
Requestor GMC Code :

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Lab Report ID : R3820279 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-POLY-ARTHRITIS MOSTLY L KNEE

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	**Full blood count - FBC**	Y				
R	Haemoglobin estimation		135	g/L	(115-165 U)	NK
R	Total white cell count	HI	11.6	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		265	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		95.0	fl	(80-100 U)	NK
R	Red blood cell (REC) count		4.30	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.408	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)		31.5	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		332	g/L	(320-360 U)	NK
R	Neutrophil count	HI	8.10	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.30	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.60	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count	HI	0.60	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.10	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 31/03/2017 09:25:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2017 13:17:00
Received Date : 31/03/2017 15:01:10
Requestor :
Requestor GMC Code :

SPECIMEN : Citrated blood; ESR

		Abn	Value	Units	Range	Status
R	**Erythrocyte sedimentation rate**					
R	Erythrocyte sedimentation rate		8	mm/hr.	(0-19 U)	NK

Sample Collected Date : 31/03/2017 09:25:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2017 13:17:00
Received Date : 31/03/2017 15:01:10
Requestor :
Requestor GMC Code :

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Lab Report ID : C3820277 **Coding Status** : Part Read Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-POLY-ARTHRITIS MOSTLY L KNEE

SPECIMEN : SERUM

		Abn	Value	Units	Range	Status
R	**Liver function test**					
R	Serum albumin		39	g/L	(35-50 U)	NK
R	Serum total bilirubin level		4	umol/L	(3-21 U)	NK
R	ALT/SGPT serum level		31	U/L	(0-55 U)	NK
R	Serum alkaline phosphatase		94	U/L	(40-150 U)	NK
R	**Bone profile**					
R	Serum calcium		2.47	mmol/L	(2.10-2.55 U)	NK
R	Corrected serum calcium level		2.49	mmol/L	(2.12-2.62 U)	NK
R	Serum total protein		66	g/L	(60-78 U)	NK
R	**Serum C reactive protein level**	Y				
R	Serum C reactive protein level	HI	27	mg/L	(0-5 U)	NK
R	**Serum urate level**					
R	Serum urate level		0.27	mmol/L	(0.15-0.35 U)	NK
R	**Urea and electrolytes**					
R	Serum sodium		139	mmol/L	(137-144 U)	NK
R	Serum potassium		4.7	mmol/L	(3.5-5.0 U)	NK
R	Serum creatinine		68	umol/L	(50-98 U)	NK
R	eGFR		> 60	mL/min/1.73m2		NK

Sample Collected Date : 31/03/2017 09:25:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2017 13:17:00
Received Date : 31/03/2017 15:01:29
Requestor :
Requestor GMC Code :

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Lab Report ID : C3889805 **Coding Status** : Coded
Filed By User : Mrs Linda Melrose **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-REPEAT
-SLIGHTLY RAISED CRP + WCC

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R Serum C reactive protein level					
R Serum C reactive protein level		4	mg/L	(0-5 U)	NK

Sample Collected Date : 05/07/2017 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/07/2017 12:25:00
Received Date : 05/07/2017 15:00:36
Requestor :
Requestor GMC Code :

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Lab Report ID : R3889807 **Coding Status** : Coded
Filed By User : Mrs Linda Melrose **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (928) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~REPEAT
~SLIGHTLY RAISED CRP + WCC

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	Full blood count - FBC	Y				
R	Haemoglobin estimation		151	g/L	(115-165 U)	NK
R	Total white cell count	HI	14.4	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		316	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		95.4	fl	(80-100 U)	NK
R	Red blood cell (RBC) count		4.77	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.456	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)		31.6	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		331	g/L	(320-360 U)	NK
R	Neutrophil count	HI	10.70	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.69	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.64	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count		0.30	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.08	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 05/07/2017 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/07/2017 12:25:00
Received Date : 05/07/2017 15:00:42
Requestor :
Requestor GMC Code :

SPECIMEN : Citrated blood; ESR

		Abn	Value	Units	Range	Status
R	Erythrocyte sedimentation rate					
R	Erythrocyte sedimentation rate		4	mm/hr.	(0-19 U)	NK

Sample Collected Date : 05/07/2017 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/07/2017 12:25:00
Received Date : 05/07/2017 15:00:42
Requestor :
Requestor GMC Code :

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr G E McIntosh	**Filed By User**	Mrs Linda Melrose
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/ 05/ 1980
GMC Code of Registered GP	2338385
Practice Code	B16211

Smear Taker	Sheena Muir (PN)
Reporting Location	RIE Cyt. Edinburgh

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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Lab Report ID : R4322651 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~REPEATED INFECTIONS ? CAUSE

SPECIMEN : EDTA blood

		Abn	Value	Units	Range	Status
R	**Full blood count - FBC**	Y				
R	Haemoglobin estimation		148	g/L	(115-165 U)	NK
R	Total white cell count		9.7	x10^9/L	(4.0-11.0 U)	NK
R	Platelet count		310	x10^9/L	(150-400 U)	NK
R	Mean corpuscular volume (MCV)		95.1	fl	(80-100 U)	NK
R	Red blood cell (REC) count		4.58	x10^12/L	(3.8-5.8 U)	NK
R	Haematocrit		0.435	L/L	(0.36-0.46 U)	NK
R	Mean corpusc. haemoglobin(MCH)	HI	32.3	pg	(27-32 U)	NK
R	Mean corpusc. Hb. conc. (MCHC)		339	g/L	(320-360 U)	NK
R	Neutrophil count		5.51	x10^9/l	(2.0-7.5 U)	NK
R	Lymphocyte count		2.95	x10^9/l	(1.0-4.0 U)	NK
R	Monocyte count		0.63	x10^9/l	(0.2-1.0 U)	NK
R	Eosinophil count	HI	0.53	x10^9/l	(0-0.4 U)	NK
R	Basophil count		0.09	x10^9/l	(0-0.2 U)	NK

Sample Collected Date : 14/03/2019 10:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/03/2019 12:37:00
Received Date : 14/03/2019 15:00:14
Requestor :
Requestor GMC Code :

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Lab Report ID : B4322650 **Coding Status** : Part Read Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (829) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
~REPEATED INFECTIONS ? CAUSE

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R **Liver function test**					
R Serum albumin		43	g/L	(35-50 U)	NK
R Serum total bilirubin level		9	umol/L	(3-21 U)	NK
R ALT/SGPT serum level		11	U/L	(0-55 U)	NK
R Serum alkaline phosphatase		87	U/L	(40-150 U)	NK
R **Serum TSH level**	Y				
R Serum TSH level	HI	5.31	mU/L	(0.3-4.9 U)	NK
R **Serum vitamin B12**					
R Serum vitamin B12		546	ng/L	(187-883 U)	NK
R **Serum folate**					
R Serum folate		4.6	ug/L	(3-20 U)	NK
R **Serum C reactive protein level**					
R Serum C reactive protein level		3	mg/L	(0-5 U)	NK
R **Urea and electrolytes**					
R Serum sodium		139	mmol/L	(137-144 U)	NK
R Serum potassium		4.3	mmol/L	(3.5-5.0 U)	NK
R Serum creatinine		66	umol/L	(50-98 U)	NK
R eGFR		> 60	mL/min/1.73m2		NK
R **Serum free T4 level**					
R Serum free T4 level		12	pmol/L	(9-19 U)	NK

Sample Collected Date : 14/03/2019 10:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/03/2019 12:37:00
Received Date : 14/03/2019 19:00:06
Requestor :
Requestor GMC Code :

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Lab Report ID : M18110752 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :
-REPEATED INFECTIONS. ?CAUSE

SPECIMEN : Venous Blood

	Abn	Value	Units	Range	Status
R HIV antibody/antigen (Duo)					
R HIV antibody/antigen (Duo)		Negative.			MK

Sample Collected Date : 14/03/2019 10:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/03/2019 13:54:00
Received Date : 18/03/2019 15:00:16
Requestor :
Requestor GMC Code :

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Lab Report ID : M18036428 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT,
-BORDERLINE HYPOTHYROID

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R					
R					NK
-See comment below					
R					NK
-Sample NOT processed					
R		NG			NK
R		C+S			NK

Sample Collected Date : 22/03/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 22/03/2019 14:33:00
Received Date : 22/03/2019 15:00:22
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : M18036427 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT,
-BORDERLINE HYPOTHYROID

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R					
R					NK
-See comment below					
R					NK
-Sample NOT processed					
R		NG			NK
R		C+S			NK

Sample Collected Date : 22/03/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 22/03/2019 14:33:00
Received Date : 22/03/2019 15:00:22
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : M18036426 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :
-RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT,
-BORDERLINE HYPOTHYROID

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R Microscopy					
R Faeces appearance		FORMED			NK
R Faeces examination - organisms		Not seen.			NK
R Cryptosporidium microscopy		Not seen.			NK
R Stool sample for C/S					
R Stool sample for C/S		-Salmonella sp. NOT isolated. Shigella sp. NOT isolated. Campylobacter sp. NOT isolated. E.coli(serotype O157) NOT isolated.			NK

Sample Collected Date : 22/03/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 22/03/2019 14:33:00
Received Date : 26/03/2019 15:00:14
Requestor :
Requestor GMC Code :

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Lab Report ID : B4338237 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-RAISED EOSINOPHILS, STRUGGLING TO PUT ON WEIGHT
-BORDERLINE HYPOTHYROID

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R					
R					NK
-SEE LABORATORY COMMENT					

Sample Collected Date : 04/04/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/04/2019 16:10:00
Received Date : 05/04/2019 19:00:17
Requestor :
Requestor GMC Code :

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Lab Report ID : M19117102 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-Raised eosinophils struggling to put on weight.
-Borderline hypothyroid.

SPECIMEN : Venous Blood

	Abn	Value	Units	Range	Status
R Thyroid autoantibodies					
R Thyroid autoantibodies					NK

-Result sent out, also on external SciStore

Sample Collected Date : 04/04/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 08/04/2019 09:33:00
Received Date : 19/04/2019 15:00:13
Requestor :
Requestor GMC Code :

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Lab Report ID : B4391989 **Coding Status** : Coded
Filed By User : Mrs Fiona Lawson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

**** ABNORMAL ****

Report Text :
-2/12 CHEKC
-BORDERLINE HYPOTHYROID

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R Serum TSH level	Y				
R Serum TSH level	HI	7.29	mU/L	(0.3-4.9 U)	NK
R Serum free T4 level					
R Serum free T4 level		11	pmol/L	(9-19 U)	NK

Sample Collected Date : 19/06/2019 14:37:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/06/2019 13:04:00
Received Date : 21/06/2019 19:01:19
Requestor :
Requestor GMC Code :

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Lab Report ID : M19090357 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-?FUNGAL TOE NAIL.

SPECIMEN : Nail Clippings

	Abn	Value	Units	Range	Status
R Fungal microscopy					
R Fungal microscopy		Not seen.			NK
R Culture for fungi					
R Culture for fungi					NK

-Fungi NOT isolated.

Sample Collected Date : 20/08/2019
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/08/2019 11:44:00
Received Date : 06/09/2019 15:00:06
Requestor :
Requestor GMC Code :

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Lab Report ID : B4542963 **Coding Status** : Part Read Coded
Filed By User : Miss Hollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

Report Text :

-LMP 1ST DEC 2019, +VE PREG.TEST 13.01/20, BLEEDING
-AWAITING PAU SCAN

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R Serum total HCG level					
R Serum total HCG level		< 1	U/L		NK

Sample Collected Date : 27/01/2020
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/01/2020 13:35:00
Received Date : 28/01/2020 15:01:02
Requestor :
Requestor GMC Code :

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Lab Report ID : M19090761 **Coding Status** : Coded
Filed By User : Miss Rollie Wilson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

** ABNORMAL **

Report Text :

-? Fungal Nail Infection

SPECIMEN : Nail Clippings

	Abn	Value	Units	Range	Status
R Fungal microscopy	Y				
R Fungus on microscopy	PA	SEEN			NK
R Culture for fungi					
R Culture for fungi					NK

-Fungi NOT isolated.

Sample Collected Date : 03/03/2020
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/03/2020 11:00:00
Received Date : 23/03/2020 15:00:10
Requestor :
Requestor GMC Code :

MMA copy

NHS Confidential: Personal data about a patient

Lab Report ID : B4587098 Coding Status : Coded
Filed By User : Miss Rollie Wilson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (828) Lesley A Brown DOB : 08/05/1980 CHI : 0805809767 SEX : F
ADR : 51 Witchwood Crescent Peebles

** ABNORMAL **

Report Text :

-6/12 CHECK BORDERLINE HYPOTHYROID
-NEGATIVE PEROXIDASE

SPECIMEN : SERUM

	Abn	Value	Units	Range	Status
R Serum TSH level	Y				
R Serum TSH level	HI	4.96	mU/L	(0.3-4.9 U)	NK
R Serum free T4 level					
R Serum free T4 level		12	pmol/L	(9-19 U)	NK

Sample Collected Date : 10/04/2020 12:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/04/2020 14:08:00
Received Date : 10/04/2020 19:00:17
Requestor :
Requestor GMC Code :

MMA copy

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr Jennifer Carter	**Filed By User**	Miss Hollie Wilson
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	0805809767
Name	BROWN, LESLEY
Date Of Birth	08/ 05/ 1980
GMC Code of Registered GP	7133573
Practice Code	B16211

Exclusion Reason	[redacted]
Exclusion Date	
Exclusion Bhd Date	
Extended	
Closed	
Next Recall Date	

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NHS Lothian - Referral Letter

Referral To	St John's Hospital Plastic Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	15/01/2013
Date submitted	16/01/2013
UCPN	101004748021Z

PATIENT DETAILS

CHI number:	0805809767
Name:	Miss Lesley Brown
Date of birth:	08/05/1980
Sex:	Female

Contact Details

51 Witchwood Cresent
PEEBLES
TWEEDDALE
EH45 9AH

Voice(Home) : 07596868741

REFERRING PRACTITIONER DETAILS

Name:	Dr. Roger Brydon (GMC: 4306535)
Practice:	The Tweed Practice (16211)
Phone:	Voice : 01721 720601

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

CLINICAL INFORMATION

Reason for Referral: Large sebaceous cystic lesion on angle of right mandible, previous significant infection

Main Referral Text:

Dear Colleagues

I am referring this lady to you, not via the Adult Exceptional Referral Pathway, as it appears that the significant infection previously experienced by this lady in respect of this lesion would act as an inclusion criteria. In May last year she was aware of a significant lump on the right side of her face which was estimated to be 6 x 4 cm, slightly firm swelling on her right lower face and submandibular region. She was actually admitted to the Oral Surgeons at St Johns and had incision and drainage under local anaesthetic of this swelling, as well as IV antibiotics. At follow up it was also noted that she had some dental issues which were subsequently dealt with. However, the original site of infection was allowed to go on and heal and is now present as a fairly noticeable subcutaneous swelling on the right mandibular angle. Due to the significant and quite serious infection which she suffered previously, she is keen to look at whether or not this area would be suitable for a further excision. I am grateful to you for seeing her for review with this in mind and would be interested to hear your comments regarding any planned treatment in due course.

Yours sincerely

Dr Roger Brydon

MEA copy

NHS Confidential: Personal data about a patient

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[X]Depressive episode			21/03/2011	21/03/2011
H/O: depression			28/01/2010	28/01/2010
White Scottish			11/02/2009	11/02/2009
[M]Intradermal naevus		Excised Benign	10/01/2007	10/01/2007
Termination of pregnancy		Medical.	07/12/2004	07/12/2004
Spontaneous vertex delivery		[redacted]	17/05/2002	17/05/2002
Forceps delivery			11/04/2000	11/04/2000
Anxiety state NOS			19/08/1997	19/08/1997
Alopecia areata		and 1996	01/01/1987	01/01/1987

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Contraceptive diaphragm	Size 75mm fitted.		23/03/2005	23/03/2005
Stress counselling	Referral to councellor.		16/02/1999	16/02/1999
Suction termination of pregnancy			24/07/1997	24/07/1997
Suction termination of pregnancy			19/12/1996	19/12/1996

Recent medication(Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Erythromycin And Zinc Acetate Lotion 40 mg/ml 12 mg/ml	90 ml	Apply Twice daily		11/01/2013	42 Days	11/01/2013

Additional information

Smoking history (Encounters):Cigarette smoker, 0 Cigarettes/day Date recorded:16-Feb-2012
Alcohol history (Encounters):Alcohol intake within recommended sensible limits Date recorded:25-Mar-2011
Patient Weight in Kilograms:76
Patient Height in Metres:175

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101007715835D
Unique Care Pathway Number:
101007715835D

CHI: 0805809767

REFERRAL TO

General Surgery - BreastCIA
B Breast Referral

Consultant / receiving practitioner and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address

Urgency of referral	**Urgent**
Date of referral	13-Aug-2014
Date submitted	13-Aug-2014

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07596868741

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Claire Meldrum		
GMC code	4610944	GP code	50067
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Large lump in left breast noticed three months ago

Comment: Dear Doctor

I would be most grateful for your review of this pleasant 34 year old single mum who first noticed a lesion approximately three to four months ago. Since that time it has become more prominent and she has felt it be uncomfortable. She has no personal or family history of breast problems.

On examination she has a large 3-4cm lesion in the upper breast on the left hand side which is obvious before palpation. It is tender to palpation. It does not appear to be adherent to underlying chest wall, is mobile, irregular in shape and consistency and does not appear to be fluctuant. There were no lesions in her axillae and no changes to the right breast. Also at this appointment she mentioned she had been feeling tired of late and also comments on a small lump in her right groin.

On examination she has a small probable lymph node approximately 1cm in the left groin and slightly larger possible lymph node in the right groin. In relation to this I have requested an ultrasound of the groin to determine the nature of this lesion.

In summary, I would be most grateful for your review of this pleasant 34 year old lady with a large lump in the left breast which has been present for three to four months.

Many thanks for your assistance in this matter.

Yours sincerely

Dr Claire Meldrum

Examinations and Investigations

Lump - Suspected Malignancy , Patient older than 30:	true	-
Main Lesion:	Left Breast	-
Main Lesion:	(POSITION NOT SPECIFIED)	-
Main Lesion:	(SIZE NOT SPECIFIED)	-
Main Lesion:	(AXILLARY NODES NOT SPECIFIED)	-
Other Lesion:	(BREAST NOT SPECIFIED)	-
Other Lesion:	(POSITION NOT SPECIFIED)	-
Other Lesion:	(SIZE NOT SPECIFIED)	-
Other Lesion:	(AXILLARY NODES NOT SPECIFIED)	-
Previous Breast History:	Not Known	-
Menopausal Status:	Not Known	-
Current smoker:		21-Nov-2013
Cigarette smoker, 0 Cigarettes/day:		16-Feb-2012
Current smoker:	10 per day priority=2	25-Jan-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Mar-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

MMA copy

NHS Confidential: Personal data about a patient

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Clobetasone Butyrate Cream 0.05 %	1304000H0AAAAAA	30 GRAM	APPLY THINLY ONCE OR TWICE DAILY	-	16-Jul-2014
Qv Skin Lotion	-	500 ml	USE AS DIRECTED	-	04-Jul-2014
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	03-Jul-2014
Loratadine Tablets 10 mg	0304010D0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH MORNING	-	26-Jun-2014
Beclometasone Aqueous nasal spray 50 micrograms/actuation	-	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	26-Jun-2014
Aveeno Cream 1 %	130201000BBCJAB	300 ml	APPLY WHEN REQUIRED	-	16-Jun-2014
Chlorphenamine Tablets 4 mg	-	28 TABLET	ONE TO BE TAKEN FOUR TIMES A DAY	-	16-Jun-2014
Permethrin Dermal cream 5 %	1310040Q0AAABAB	60 gram	TO BE USED AS DIRECTED	-	16-Jun-2014
Sodium Cromoglicate Eye drops 2 %	-	13.5 ML	ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)	-	30-May-2014
Cetirizine Hydrochloride Tablets 10 mg	0304010I0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	30-May-2014
Aveeno Body wash	-	500 ml	AS DIRECTED	-	30-May-2014
Aveeno Cream 1 %	130201000BBCJAB	300 ml	APPLY WHEN REQUIRED	-	30-May-2014
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	19-May-2014
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	19-May-2014

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

MMA Copy

Additional relevant information
Administrative information
Are you aware of the patient having additional needs?:false

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101008850141S
Unique Care Pathway Number:
101008850141S

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral
..... **Consultant / receiving practitioner** and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS
..... **Hospital and hospital address**

Hospital unit no.: B120H

Email address: -

Urgency of referral	Routine
Date of referral	09-Mar-2015
Date submitted	10-Mar-2015

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07596868741

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Chronic alopecia

Comment: Dear Colleagues

You have previously seen this lady on a number of occasions on account of her troublesome acne. When she was in to see me this week she mentioned that she had been bothered by alopecia since the age of about 5, but had no recollection of ever having been seen by anyone about this. Specifically, she was wondering about the use of steroid injection to try and treat this. I explained to her that I was not aware that this was a treatment that was proven to be of any benefit, but that if she had really never been seen by a dermatologist on account of her alopecia since this time, then a review by dermatology would be valuable just to exclude any other treatable cause.

Examination revealed patchy hair loss throughout the scalp without any obvious underlying scalp irritation, in keeping with a probable diagnosis of alopecia areata. She has had routine bloods done over the course of the last six to nine months which were unremarkable. Her story of having had this for such a long period of time and never having been reviewed for it seems somewhat improbable, but I would be grateful if she could be sent a further routine appointment for yourselves for review of this specific problem and I look forward to hearing your thoughts regarding this in due course.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Current smoker:		21-Nov-2013
Cigarette smoker, 0 Cigarettes/day:		16-Feb-2012
Current smoker:	10 per day priority=2	25-Jan-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Mar-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	"	"	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

MMA copy

NHS Confidential: Personal data about a patient

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Clotrimazole Cream 1 %	1310020H0AAABAB	20 GRAM	APPLY TWO OR THREE TIMES DAILY	-	05-Mar-2015
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	06-Feb-2015
Aveeno Cream 1 %	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	06-Feb-2015
Amoxicillin Capsules 500 mg	-	21 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	24-Dec-2014

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Has patient attended hospital before?:Yes

Hospital number if known:136071

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101010869631N
Unique Care Pathway Number:
101010869631N

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospital and hospital address

Hospital unit no.: B006G

Email address: -

Urgency of referral	Routine
Date of referral	19-Feb-2016
Date submitted	22-Feb-2016

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)

Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address

Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)

Voice: 01721 720601

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: REFERRAL FOR PSYCHOLOGY - request for a course of CBT

Comment: Dear Colleagues

This 35 year old lady has been to see me on two occasions over the last 2 weeks; she is suffering from a high degree of distress following her recent [redacted]

Ms Brown recognises that this is an acute reaction to a very stressful event, but on exploration of her situation, it is apparent that she has experienced a number of traumatic ends to her relationships with [redacted] over the years and she has identified this as a pattern that she needs to change.

Prior to her most recent break up Lesley describes feeling low in mood and suffering from a poor appetite and low motivation. She describes herself as being a bright woman but she has very low self esteem and this has prevented her from achieving a meaningful career. She currently works in Greggs bakers, but has had to take some time off over the last 2 weeks because of her levels of distress following the [redacted]

Ms Brown has had a number of significant life events and losses over the years and she now recognises that it might be beneficial to work with a professional to help her improve her chronic low mood and poor self esteem.

Ms Brown says she drinks occasional alcohol, but does admit to smoking cannabis at least a couple of times each week.

We have discussed the need to stop smoking cannabis in order to help her current symptoms. Her PHQ-9 is currently 17, she has poor appetite and difficulty with sleep and we have therefore agreed to a trial of Mirtazepine which was started last week at 15 mgs nocte.

I would be most grateful if you would see this lady for an assessment and consideration for a course of CBT.

I attach a mental health assessment dated 21/03/2011 which you may find useful as background information.

I will continue to review Mrs. Brown over the coming months.

Yours sincerely

Dr Jo Robertson
GP Retainee

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Patient requires specialist care to implement a specific treatment:	true	-
Patient's problems have persisted despite primary care intervention:	true	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	Yes	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	17	-
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

MMA copy

NHS Confidential: Personal data about a patient

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	1302010006BCJA8	300 ml	APPLY WHEN REQUIRED	-	17-Nov-2015
Mirtazapine Tablets 15 mg	-	28 tablet	ONE TO BE TAKEN AT NIGHT	-	16-Feb-2016
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	11-Feb-2016
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	11-Feb-2016
Diphenhydramine Hydrochloride Tablets 25 mg	0304010N0AAAGAG	28 tablet	NOCTE	-	05-Feb-2016
Diazepam Tablets 2 mg	0401020K0AAAHAH	30 tablet	ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED	-	21-Jan-2016

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101013844664H
Unique Care Pathway Number:
101013844664H

CHI: 0805809767

REFERRAL TO

West Community Mental Health Team - AdultG1T3
B Mental Health

Consultant / receiving practitioner and/or specialty clinic

Mental Health
SCI Gateway Virtual Location
NHS Borders

Hospital and hospital address

Hospital unit no.
B006G

Email address
-

Urgency of referral	**Urgent**
Date of referral	13-Jun-2017
Date submitted	27-Jun-2017

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Robert Manson		
GMC code	6157957	GP code	51187
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Postnatal depression

Comment: Dear Colleague

I would very much appreciate your input with this 37 year old woman who had a [redacted] four months ago. She has now presented with what sounds like a fairly longstanding depressive episode and is finding life challenging at present.

Lesley relates much of her current difficulties to her relationship with [redacted] Whilst she wasn't willing to discuss the details of the relationship it appears that there significant trust issues and worries regarding this. She feels unsupported and is often on her own with [redacted]. At present she reports persistent low mood and feeling stressed and anxious. She is ruminating much of the time. She appears to be bonding well with [redacted] and denies any hallucinations. There are no thoughts of either self harm or harming [redacted]

Lesley has had previous episodes of depression and has been seen by the West Team in the past.

At present I have prescribed Fluoxetine 20mg and will continue to see her, however, I believe she would benefit from further support at this stage. She has declined postnatal depression counselling sessions in Gala.

Yours sincerely

Dr Robert Manson

Examinations and Investigations

Primary referral reason:	Patient's problems have persisted despite primary care intervention	-
Risk factor: Current suicidal ideation:	No	-
Risk factor: Past history of violence:	No	-
Risk factor: Past history of self harm:	No	-
Risk factor: Current risk to others:	No	-
Risk factor: Misuse of drugs and/or alcohol:	No	-
Risk factor: Risk to children or adults at risk of harm:	No	-
PHQ-9 score:	Not Applicable	-
Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Current smoker:		21-Nov-2013
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

MMA copy

NHS Confidential: Personal data about a patient

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	- live girl	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS		-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream 1 %	130201000BBCJAS	300 ml	APPLY WHEN REQUIRED	-	25-Aug-2016
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH MORNING	-	08-Jun-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information
Administrative information

Are you aware of the patient having additional needs?: false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101016092871C
Unique Care Pathway Number:
101016092871C

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral
..... **Consultant / receiving practitioner** and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS
..... **Hospital** and **hospital address**

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	11-May-2018
Date submitted	14-May-2018

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Roger Brydon		
GMC code	4306535	GP code	51748
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Ongoing alopecia, missed previous appointment in July 2016

Comment: Dear Colleagues

I would be grateful if this lady could be reinstated on the routine dermatology waiting list. She was seen in March 2016 in dermatology on account of alopecia areata and was being treated by Dr Kemmett. She did not attend a planned follow up in July 2016, but this was because she had become pregnant around this time. She was removed from the waiting list and obviously has been busy in the interim, but has now come back to see me stating that she wishes to be re-referred for potential further Triamcinolone injections.

I am grateful to you for seeing her with this in mind.

Yours sincerely

Dr Roger Brydon

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	72	-
Systolic:	106	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	- [redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS	-	-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

MMA copy

NHS Confidential: Personal data about a patient

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	13020100088CJAS	300 ml	APPLY WHEN REQUIRED	-	20-Mar-2018
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	24-Apr-2018
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	-	90 ml	Apply Twice daily	-	20-Mar-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information

Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101018484100R
Unique Care Pathway Number: 101018484100R

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	15-Apr-2019
Date submitted	15-Apr-2019

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Jennifer Carter		
GMC code	7133573	GP code	51438
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Hannah Syme		
GMC code	7073598	GP code	50415
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Scarring secondary to acne

Comment: Dear Colleague

I would be grateful if your team would kindly consider reviewing this 38 year old lady who is continuing to struggle with managing her severe acne. She was recently admitted to hospital for incision and drainage of a large facial abscess as a result of this. Her current regime of Epiduo and Lymecycline appears to be ineffective in keeping this under control.

Given recent events I would be grateful if your team would kindly consider reviewing her to see if there is any way we could potentially optimise her treatment. She responded poorly to Roaccutane previously. I suspect she may need further input from the plastic surgeons at Livingston given that the incision site of her abscess remains unhealed. However, I would be grateful if your team would kindly see her first to advise as to how we could manage her and prevent further infections given that further surgery is likely to be impacted by this. I would be grateful once you feel that there is nothing further that you can contribute if you would be able to pass your comments on to the plastic surgery team.

Many thanks.

Yours sincerely

Dr Hannah Syme

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	76	-
Systolic:	132	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

MMA copy

NHS Confidential: Personal data about a patient

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]		17-May-2002	17-May-2002
Forceps delivery			11-Apr-2000	11-Apr-2000
Anxiety state NOS			19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Aveeno Cream	130201000BBCJA8	300 ml	APPLY WHEN REQUIRED	-	05-Jun-2018
Cetirizine Hydrochloride Tablets 10 mg	0304010I0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	03-Apr-2019
Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %	-	45 GRAM	APPLY ONCE DAILY IN THE EVENING	-	11-Mar-2019
Lymecycline Capsules 408 mg	0501030L0AAABAB	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Mar-2019
Dihydrocodeine Tablets 30 mg	0407020G0AAACAC	30 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	20-Feb-2019
Zopiclone Tablets 3.75 mg	0401010Z0AAACAC	7 TABLET	TAKE ONE AT NIGHT IF REQUIRED	-	20-Feb-2019
Clarithromycin Tablets 500 mg	0501050B0AADAD	14 TABLET	ONE TO BE TAKEN TWICE A DAY	-	11-Feb-2019
Magnesium Sulfate Paste	1310050M0AAAAAA	50 gram	Apply As directed	-	11-Feb-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information
Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date

MMA Copy

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

101019606268D
Unique Care Pathway Number:
101019606268D

CHI: 0805809767

REFERRAL TO

DermatologyA7
Borders General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	17-Sep-2019
Date submitted	17-Sep-2019

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address
51 Witchwood Crescent
Peebles
EH45 9AH

Contact number(s)
Voice: 07749602496

REGISTERED GP DETAILS

Name	Dr. Jennifer Carter		
GMC code	7133573	GP code	51438
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601
Facsimile: 01721 726989

REFERRING PRACTITIONER DETAILS

Name	Dr. Amy Doherty		
GMC code	7264743	GP code	99999
Practice name	The Tweed Practice (16211)		
Practice code	16211		

Practice address
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Contact number(s)
Voice: 01721 720601

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

CLINICAL INFORMATION

MWA copy

NHS Confidential: Personal data about a patient

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: 1. Alopecia areata
2. Lesion outer aspect right thigh

Comment: Dear Dermatology Team

Please would you accept a referral for this 39 year old lady who you already know very well and treat her for her acne vulgaris. She is to be reviewed by yourselves again in three months time for her acne. She came to the surgery today to report new areas of alopecia areata on her scalp which she would like to see you again for in the near future for further Triamcinolone injections. She last had her patches injected on 16 July 2018 and found that this was extremely effective for her. She would ideally like these to be injected prior to the alopecia worsening again.

On another note she also showed me a lump on the outer aspect of her right thigh today. It feels quite cystic in nature but it is about 3 x 4cm in size. It is smooth and mobile and untethered to the skin, however, she reports this being very painful especially when sitting down or anything applying pressure on it, it does not look infected. She would appreciate your opinion on whether or not you might be able to remove this at some point in the future.

Kind regards

Dr A Doherty
GPST3
Tweed Practice

Examinations and Investigations

Smoker 15 Cigarettes/day :	10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warmyfevery for last couple of months. Previously had pleurisy and worried she may have chest infection. F- TRUNCATED	01-Apr-2016
Current smoker 15 :		01-Apr-2016
Current smoker 15 :		01-Apr-2016
Ex smoker:		01-Apr-2016
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	25-Mar-2011
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	17-Nov-2004
Diastolic:	70	-
Systolic:	120	-
Body mass index:	24.82	-
Height:	175	-
Weight:	76	-

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

MMA copy

NHS Confidential: Personal data about a patient

Past medical history
Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Spontaneous vaginal delivery	[redacted]	-	17-Feb-2017	17-Feb-2017
Otitis media NOS	-	-	24-Dec-2014	24-Dec-2014
Lump in breast (Left)	-	-	10-Sep-2014	10-Sep-2014
Breast mass (Left)	-	-	13-Aug-2014	13-Aug-2014
Acute bronchitis	-	-	21-Nov-2013	21-Nov-2013
[X]Depressive episode	-	-	21-Mar-2011	21-Mar-2011
[M]Intradermal naevus	Excised Benign	-	10-Jan-2007	10-Jan-2007
Termination of pregnancy	Medical.	-	07-Dec-2004	07-Dec-2004
Spontaneous vertex delivery	[redacted]	-	17-May-2002	17-May-2002
Forceps delivery		-	11-Apr-2000	11-Apr-2000
Anxiety state NOS		-	19-Aug-1997	19-Aug-1997
Alopecia areata	and 1996	-	01-Jan-1987	01-Jan-1987

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Excision of lesion of skin NEC	- subcutaneous cystic lesion - right jaw line	-	03-Jun-2013	03-Jun-2013
Suction termination of pregnancy	-	-	24-Jul-1997	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996	19-Dec-1996

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Lymecycline Capsules 408 mg	0501030L0AAABAB	112 CAPSULE	ONE TO BE TAKEN TWICE DAILY	-	03-Sep-2019
Hydrocortisone And Miconazole Cream 1 % + 2 %	-	15 gram	APPLY TWICE A DAY	-	01-Aug-2019
Desogestrel Tablets 75 micrograms	-	336 tablet	ONE TABLET DAILY	-	19-Jun-2019
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	19-Jun-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Adverse reaction to skin, eye, ENT and dental drugs NOS - 2014-04-04

Additional relevant information
Administrative information

Are you aware of the patient having additional needs?:false

Social circumstances

Ethnic Origin: (White) Scottish

MMA copy

Signature of referring doctor (or other professional)

Date

NHS Confidential: Personal data about a patient

End of Document. Total Pages (including this one): 108

MMA copy

Scanned Document
22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221055520.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Registration Details - Patient No: 12842

Personal details...		Address details...	
Sex	F	**Post Code**	EH44 6LF
Surname	Brown	**House Name Flat No**	
Previous Surname		**No and Street**	52 Horsburgh Street
Forenames	Lesley Anne	**Village**	
Calling Name	Lesley	**Town**	Innerleithen
Date of birth	08/05/1980	**County**	Peeblesshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Borders	**Home Tel No**	07341811248
Registered GP	Dr Gregor Watt	**Work Tel No**	
Usual GP	Dr Gregor Watt	**Mobile Tel No**	07341811248
Residential Inst		**E Mail Address**	
Branch Surgery		**next of kin**	[redacted]
CHI Number	0805809767		
NHS Number			

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number		**Blocked Special**	
Records At		**Walking Quarters**	

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	19/10/2022		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

MMA copy

Medical Record

Problems

Active Problems		Authorised By	Code
25/02/2022	Verbally abusive behaviour towards care professional GP	Nurse Steventon	EMISNQVE9

NHS Confidential: Personal data about a patient

04/11/2021	Occupations chef	Nurse Steventon	0
06/09/2021	[X]Depressive episode, unspecified recurrent	Nurse Steventon	Eu32z
27/02/2017	Adverse reaction to amoxycillin rash	Nurse Steventon	TJ003
17/02/2017	Family history of deep vein thrombosis	Nurse Steventon	12CQ
09/09/2013	Cystic acne	Nurse Steventon	M2616
19/01/2000	Blood group O Rh(D) negative	Nurse Steventon	43x1
28/04/1987	Alopecia areata	Nurse Steventon	M2401

Past Problems		Authorised By	Code
19/07/2022	**Medication requested**	DR Ferguson	8B3H
21/12/2021	**Brief intervention** 4th group	Nurse Steventon	6H
29/11/2021	**Bereavement** [redacted]	Nurse Steventon	13Hc
06/09/2021	**Brief intervention** Distress, 3rd group of sessions	Nurse Steventon	6H
31/12/2019	**Epidermal cyst** probable (R) thigh	Nurse Steventon	M2y45
01/11/2019	**Brief intervention** Distress	Nurse Steventon	6H
25/10/2019	**Legally induced abortion** 4th	Nurse Steventon	L05
13/02/2019	**Cellulitis and abscess NOS** (R) facial - exc + drainage	Nurse Steventon	M03z
30/07/2018	**Bereavement** [redacted]	Nurse Steventon	13Hc
07/09/2017	**Anxiety states** psych	Nurse Steventon	E200
08/06/2017	**[X]Depressive episode, unspecified**	Nurse Steventon	Eu32z
17/02/2017	**Normal delivery in a completely normal case**	Nurse Steventon	L20
17/11/2016	**Low dose diphth, tet, acellular pert and inactiv polio vacc**	Nurse Steventon	65I8
22/06/2016	**Not - Lifestyle counselling** declined	Nurse Steventon	NEGATION-67H
16/06/2016	**Misuse of drugs NOS** Cannabis	Nurse Steventon	E25z
21/01/2016	**Anxiety states**	Nurse Steventon	E200
09/09/2014	**Benign breast cyst (Left)** multiple	Nurse Steventon	K300-1
03/06/2013	**Sebaceous cyst - wen** exc	Nurse Steventon	M262
13/05/2012	**Sebaceous cyst - wen** I+D	Nurse Steventon	M262
08/05/2012	**Not - Therapeutic psychology** DNA	Nurse Steventon	NEGATION-8G91
24/04/2012	**[X]Depressive episode, unspecified**	Nurse Steventon	Eu32z
24/02/2012	**Patient health questionnaire (PHQ-9) score, 19 /27**	Nurse Steventon	3881
16/02/2012	**Pleurisy**	Nurse	H51

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06/10/2011	**Patient health questionnaire (PHQ-9) score, 25 /27**	Steventon Nurse Steventon	388f
26/05/2011	**Nondependent alcohol abuse, unspecified**	Nurse Steventon	E2500
21/03/2011	**Suicidal ideation**	Nurse Steventon	1BD1
21/03/2011	**Misuse of drugs NOS** Cannabis	Nurse Steventon	E25z
15/03/2011	**Bereavement** [redacted]	Nurse Steventon	13Hc
28/01/2010	**Patient health questionnaire (PHQ-9) score, 18 /27**	Nurse Steventon	388f
28/01/2010	**[X]Depressive episode, unspecified**	Nurse Steventon	Eu32z
02/12/2008	**Other acne**	Nurse Steventon	M261
11/03/2008	**Impetigo**	Nurse Steventon	M05
01/06/2007	**Intervertebral disc prolapse NOS** L5-S1	Nurse Steventon	N123-1
11/12/2006	**[M]Intradermal naevus** benign on neck - exc	Nurse Steventon	BBEJ
04/12/2004	**Legally induced abortion** 3rd	Nurse Steventon	L05
17/05/2002	**Normal delivery in a completely normal case**	Nurse Steventon	L20
01/06/2000	**CIN I - mild dyskaryosis**	Nurse Steventon	4K23-1
11/04/2000	**Forceps delivery**	Nurse Steventon	L395
26/02/1998	**Anxiety states** psych	Nurse Steventon	E200
24/07/1997	**Legally induced abortion** 2nd	Nurse Steventon	L05
19/12/1996	**Legally induced abortion**	Nurse Steventon	L05
15/07/1994	**Disturbance of conduct NEC** behavioural problems, seen by psych (in residential care)	Nurse Steventon	E2C
25/05/1994	**Social worker involved** placed in residential care	Nurse Steventon	13G4
27/06/1990	**Measles/mumps/rubella vaccn.**	Nurse Steventon	65M1
01/01/1990	**Child abuse NEC** Pt stated to psych - [redacted] physically abused her	Nurse Steventon	SN55z-1
01/01/1990	**Sexual abuse** Pt stated to psych [redacted] abused her	Nurse Steventon	SN571
03/09/1981	**Measles vaccination**	Nurse Steventon	65A
08/05/1980	**Born by normal vaginal delivery**	Nurse Steventon	14Y3

Health Admin Problems		Authorised By	Code
27/04/2022	Notes summary on computer	Nurse Steventon	9344

Investigations		Authorised By	Code
21/11/2022	Liver function test (Source: LAB) .		44D6.
21/11/2022	Serum calcium (Source: LAB) .		44I8.

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21/11/2022	Serum TSH level (Source: LAB)	442W.
21/11/2022	Plasma prolactin level (Source: LAB) .	443g.
21/11/2022	Serum creatinine (Source: LAB)	44J3.
21/11/2022	Full blood count - FBC (Source: LAB) .	424..
21/11/2022	Erythrocyte sedimentation rate (Source: LAB) .	42B6.

Values

Date	Last Entry	Normal Range Indicator	Normal Range
21/11/2022	**Serum albumin 37 g/L**	.....	35-50
21/11/2022	**Serum total bilirubin level 8 umol/L**	.....	3-21
21/11/2022	**ALT/SGPT serum level 14 U/L**	.....	0-55
21/11/2022	**Serum alkaline phosphatase 104 U/L**	.....	40-150
21/11/2022	**Serum calcium 2.47 mmol/L**	.....	2.1-2.55
21/11/2022	**Corrected serum calcium level 2.53 mmol/L**	.....	2.12-2.62
21/11/2022	**Serum total protein 72 g/L**	.....	60-78
21/11/2022	**Serum TSH level 2.17 mU/L**	.....	0.3-4.9
21/11/2022	Serum prolactin level 71 mU/L	.....	109-557
21/11/2022	**Serum sodium 138 mmol/L**	.....	137-144
21/11/2022	**Serum potassium 4.8 mmol/L**	.....	3.5-5
21/11/2022	**Serum creatinine 54 umol/L**	.....	50-98
21/11/2022	**Glomerular filtration rate > 60**		
21/11/2022	**Haemoglobin estimation 140 g/L**	.....	115-165
21/11/2022	Total white cell count 12.8 x10^9/L	.....	4-11
21/11/2022	Platelet count 566 x10^9/L	.....	150-400
21/11/2022	**Mean corpuscular volume (MCV) 96.9 fl**	.....	83-101
21/11/2022	**Red blood cell (RBC) count 4.33 x10^12/L**	.....	3.8-5.8
21/11/2022	**Haematocrit 0.419 L/L**	.....	0.36-0.46
21/11/2022	Mean corpusc. haemoglobin(MCH) 32.3 pg	.....	27-32
21/11/2022	**Mean corpusc. Hb. conc. (MCHC) 334 g/L**	.....	320-360
21/11/2022	Neutrophil count 8.78 x10^9/l	.....	2-7.5
21/11/2022	**Lymphocyte count 2.85 x10^9/l**	.....	1.5-4.5
21/11/2022	Monocyte count 0.9 x10^9/l	.....	0.2-0.8
21/11/2022	**Eosinophil count 0.25 x10^9/l**	.....	0-0.4
21/11/2022	**Basophil count 0.05 x10^9/l**	.....	0-0.2
21/11/2022	Erythrocyte sedimentation rate 25 mm/hr.	.....	0-12
26/04/2022	**Blood pressure reading 98/65 mm Hg**		
26/04/2022	**O/E - BP reading 1) MH - much the same. Has found the last 2 days very tough, not interested in doing anything. Remains very tearful and angry. Appears to also be struggling with past issues in relation to family members. Remained calm for the consultation but clearly and visbily upset. Work not been very supportive and is looking at PIP [redacted] remains a positive but Lesley worries greatly about the effects of [redacted] on her. Good supports from friends, including friend who works for headspace. Remains adamant that she doesn't need anti depressants. Has gym induction booked for tomorrow. Looks to have lost weight and admits appetite is poor. Continues to smoke heavily. Denies alcohol excess. SLeeping remains disturbed and sporadic. 2) Keen to restart POP. Was on cerelle in past mainly for skin issues. No hx of migraine or VTE. Is a smoker however so POP safer. Denies risk of pregnancy. Periods normal. 3) 2 x small abscesses on buttocks. 1 on right buttock inflammed, and painful. erythema present. Hot and inflammed. No evidence of tracking as yet. 4) Acne on face continues to be painful and inflammed. Some pustules present. Not itchy or bleeding.**		

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24/02/2012	**Patient health questionnaire (PHQ-9) score 19 /27**	....../...	0-27
01/06/2000	**CIN I - mild dyskaryosis**		
19/01/2000	**Blood group O Rh(D) negative**		

Attachments		Authorised By	Code
30/06/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: debility; Duration: 20/06/2022 - 25/07/2022) FitNote_42642781-893e-4ce5-b6e7-dd8e883c7030.pdf	Dr Watt	9D15
20/05/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Debility; Duration: 20/05/2022 - 20/06/2022) FitNote_fe1d5a30-e632-442a-a3a8-215e6e005496.pdf	Dr Ward	9D15
19/04/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Debility; Duration: 19/04/2022 - 03/05/2022) FitNote_4e4a3340-5b15-493a-a687-f7992cede239.pdf	Dr Ward	9D15
15/03/2022	**eMED3 (2010) duplicate issued, not fit for work** FitNote.pdf, (Diagnosis: debliity; Duration: 15/03/2022 - 29/03/2022) FitNote_13b078c5-8e7e-4876-8524-8aac6d6bbb40.pdf	Dr Watt	9D17
15/03/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: debliity; Duration: 15/03/2022 - 29/03/2022) FitNote_13b078c5-8e7e-4876-8524-8aac6d6bbb40.pdf	Dr Watt	9D15
16/02/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Debility; Duration: 16/02/2022 - 16/03/2022) FitNote_c0f467b0-42e6-4e46-90ce-a8cb92f4ea47.pdf	Dr Ward	9D15
31/01/2022	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Debility; Duration: 10/01/2022 - 14/02/2022) FitNote_217ecc93-017c-41c4-a5cf-bde2224a7716.pdf	Dr Duncan	9D15
13/12/2021	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: debility; Duration: 29/11/2021 - 10/01/2022) FitNote_5972c240-04bb-49c8-a26a-5a42130d8fb4.pdf	Dr Watt	9D15

Due Diary Entries		Authorised By	Code
08/05/2045	**Influenza vaccination**	Dr Watt	65E..

Overdue Diary Entries		Authorised By	Code
05/01/2021	Cervical smear due OVERDUE 3YORS Recall	INTERNAL INTERNAL USER	685F.

Alerts		Authorised By	Code
	None		

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Drug Allergies		Authorised By	Code
27/02/2017	**Adverse reaction to amoxycillin** rash	Nurse Steventon	TJ003

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
17/02/2017	**Family history of deep vein thrombosis**	Nurse Steventon	12CQ

Referrals		Authorised By	Code
08/06/2022	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Watt	8H
19/01/2022	**JHCRE4: Referral to mental health service (SCI Gateway Referral)**	Dr Miller	JHCRE4

Immunisations		Authorised By	Code
17/11/2016	**Low dose diphth, tet, acellular pert and inactiv polio vacc**	Nurse Steventon	65I8
27/06/1990	**Measles/mumps/rubella vaccn.**	Nurse Steventon	65M1
03/09/1981	**Measles vaccination**	Nurse Steventon	65A

Health Status	
01/06/2000	**Cervical smear result** CIN I - mild dyskaryosis
26/04/2022	**Blood pressure reading** O/E - BP reading
26/04/2022	**Blood pressure reading** 98/65 mm Hg

Other Observations		Authorised By	Code
01/12/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:20 on Fri 02 of Dec at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
24/11/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:00 on Fri 25 of Nov at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
20/11/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:30 on Mon 21 of Nov at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
25/07/2022	**Medication changed** Temazepam discontinued	Ms Kilgour	8B316
25/07/2022	**Medication started**	Ms Kilgour	8B313-1
25/07/2022	**Prescription by supplementary prescriber**	Ms Kilgour	8B2J

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25/07/2022	**Outpatient clinic letter received** from CMHN	Ms Kilgour	9N3D2
21/06/2022	**Other medication management** Pharmacy:	Ms Stephenson	8BM
15/06/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 09:00 on Thu 16 of Jun at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
23/05/2022	**Did not attend - no reason** - smear appt	Nurse Steventon	9N42
22/05/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 11:50 on Mon 23 of May at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
25/03/2022	**Failed encounter** - no answer mobile	Dr Ward	9N4
13/01/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 15:20 on Fri 14 of Jan at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.		9N3G
04/11/2021	**Patient's next of kin**	Mrs Welsh	9182

Consultations

15/12/2022 — Miss Alice Whigham at St Ronans Health Centre

Comment: Medication request - did not attend for fasting bloods. Moving tomorrow so issued meds as requested. Made aware needs to join HC in new area asap and request blood work.

Medication: Cerelle Tablets 75 micrograms *168 TABLET TAKE ONE TABLET DAILY*
Lymecycline Capsules 408 mg *56 CAPSULE 2 Caps Daily*
Quetiapine Fumarate Tablets 25 mg *60 TABLET ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED*

01/12/2022 — at MJog

Additional: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:20 on Fri 02 of Dec at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.

24/11/2022 — at MJog

Additional: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:00 on Fri 25 of Nov at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.

23/11/2022 — Miss Alice Whigham at St Ronans Health Centre

Comment: WBC, Neutrophil, Platelets, and ESR mildly elevated - likely related to LRTI. TSH normal. Lesley feeling much better. Eating and drinking. Will recheck bloods next week for completeness and also fasting bloods as on Quetiapine. Recpetive to this.

21/11/2022 — Miss Alice Whigham at St Ronans Health Centre

Problem: FTF - 3/52 hx of feeling generally unwell. OOHs last night,

Examination: Apyrexial. Sats 96%, RR 14bpm, HR 85bpm regular, BP 110/70. Chest - crackles to right mid and lower zones. Left clear. Heart sounds I+II+0. Has been coughing and productive of dark green sputum. Started on antibs by OOHs last night. Denies fevers sx. No chest pain or

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Comment	palpitations. Smoker. States just feels awful, not sleeping, tatt. No appetite. Feels 'gittery'. No neuro sx. No faints/fits or LOC. Quite wound up today - has new house to move to in West lothian. Moving soon. Worried Quetiapine is making her feel this way. Advised I do think she has a chest infection and needs to take antibiotics - receptive to this. Bloods taken today for prolactin and also TSH. Coming up to a year since losing [redacted] clearly effecting MH. Also some ongoing social issues with neighbours. Long discussion - wants to stop Quetiapine as feels it makes her feel like a zombie. Advised not to stop suddenly. I will contact West team for advice and get back to Lesley. Receptive to this. Await blood results and will review with these and plan for MH. Receptive to this.
20/11/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:30 on Mon 21 of Nov at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
18/11/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - 3/52 hx of feeling generally unwell
Comment	States 3 weeks of cold and flu like sx. Tatt, lethargy, muslce aches. Denies fever sx. No GI sx. No chest pain or SOB. No productive cough, some nasal congestion. All very broad sx. Denies any headaches or pain. On Quetiapine and does not attend for bloods. Booked for ttf on Monday for bloods and exam. Worsening sx advice. Receptive to this.
19/10/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 % *45 GRAM APPLY ONCE DAILY IN THE EVENING*
Problem	PC - medication request
Comment	Doing ok. Has been offered a house - seems pleased with this and sees a moe as a positive for her and [redacted] Continues on Quetipine - Only taking 1 tab at night. Is aware needs to book for bloods and ECG. Also requesting topical treatment for acne.
Medication	Quetiapine Fumarate Tablets 25 mg *60 TABLET ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED*
21/09/2022	Dr Robert Duncan at St Ronans Health Centre
History	Bite right lower leg, about 2/7 go. 10cm spreading erythema and indurated skin. Given fluclox. Discussed parameters to contact if there is any change or worsening of the symptoms.
Medication	Flucloxacillin Capsules 500 mg *20 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
30/08/2022	Miss Alice Whigham at St Ronans Health Centre
Comment	Medication requested
Medication	Quetiapine Fumarate Tablets 25 mg *60 TABLET ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED*

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15/08/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	FTF - review
Comment	Marked improvement in demenour. Calmer and able to laugh. A pleasure to see such a difference in Lesley today. Was due to court for an issue that happened a while ago but not feeling able to go at present. Worried this will increase anxiety. Will write a letter to advise she does not attend at present. Awaiting MH input. Finding Quetiapine helpful. Will review as and when required. REceptive to this.
25/07/2022	Ms Fiona Kilgour at St Ronans Health Centre
History	Outpatient clinic letter received from CMHN Prescription by supplementary prescriber
Comment	Medication started Medication changed Temazepam discontinued
Medication	Quetiapine Fumarate Tablets 25 mg *60 TABLET ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED*
19/07/2022	DR Scott Ferguson at St Ronans Health Centre
Problem (FIRST)	**Medication requested**
History	Needs more temazepam. Has seen the W Team last week. Diagnosed with PTSD after the [redacted]. The letter from the WT indicates that she is on temazepam and makes no further recommendation on that. They have arranged psychological counselling for her. She says that she does not use it every night and that she is well aware of its addictive potential but that she really needs it as she has significant sleep problems. Patient became quite aggitated and defensive during this discussion but I just kept things very friendly and civil. I agreed to send a prescription to the Pharmacy. Call ended amicably.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
19/07/2022	DR Scott Ferguson at St Ronans Health Centre
Problem	Tried calling 16H00: no answer. left msg.
History	Tried again 16H40: no answer.
11/07/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	FTF - REview
Comment	States had a fight with nieghbours friend in Co-op carpark yesterday. Provoked. Scratches to arms and abdo. Does not want police involved. Remains low - desperate to leave Innerleithen. Has ftf with west team on thursday and has been in touch in CRUS also. Has applied to council to be moved. Asking for letter to support this. Will discuss with GPs and let her know. Calm and plesant today.
08/07/2022	Dr Robert Duncan at Telephone Consultation
History	For more temazepam.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*

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30/06/2022	Dr Gregor Watt at St Ronans Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 20/06/2022 - 25/07/2022)
29/06/2022	Dr Pamela Ward at St Ronans Health Centre
History	C/o chest tightness and electric shock sensations in both hands, since increasing propranolol.
Examination	Pulse 60, BP 133/88, HS normal, chest clear, hand NAD
Comment	Keen to stop propranolol. Advised wean off over a few days. Asking for help - not heard back from West team - asking me to chase up. Agreed I will contact them. Became increasingly agitated and saying can't sleep, sleeping tablets are not helping no one is helping her. Pointed out that she has repeatedly been told that the sleeping tablets will not help if taken continuously, and that she has had a lot of support from practice, DBI and West team. She doesn't feel any of this has helped. Not sure what else she is wanting. Asking re trauma counselling.
27/06/2022	Dr Elizabeth Labaeka at Telephone Call
History	Looking for Tenazepam refill, last script was 5 days ago, she says she has had to double dose to be bale to sleep. Awaiting feedback from from West team; Alice sent an email. I had a discussion with her Re; dependence; says I don't care about that , need to get sleep she says trying every non pharmacological advise and not helping. . No thought of selfharm. Home alone now; [redacted] is gone to be with [redacted] for the next few days.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
22/06/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - review
Comment	Bad weekend - had to call police in relation to anonimous text messages. Deflated and quiet today. States not sleeping. Exhausted. Awaiting info from review with west team. Will email for info. Will review as and when required.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
21/06/2022 12:53	Ms Bridget Stephenson at St Ronans Health Centre
Comment	Other medication management Pharmacy:
16/06/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC
Medication	Propranolol Hydrochloride Tablets 40 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Comment	Ongoing issues with neighbours and [redacted] Remains angry and frustrated. Tearful. Working with all services. Going to gym regularly. Feels anxiety has worsened and fount Propranalol helpful in past. Advised to not take if taking temazpean. Receptive to this. Will review as and when required.

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15/06/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 09:00 on Thu 16 of Jun at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
10/06/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - review
Comment	Calmer today. Has been down at BGH for 'psychological assessment' - I think this may be from my urgent referral. Found them helpful and easy to talk to. Under the impression they will be back in touch with her soon. Continues to struggle with her anger but able to rationalise today. Will review when required. Receptive to this.
08/06/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - Extreme distress
Comment	Argument with [redacted] today. Many hurtful words exchanged on both parts. Very distressed and emotional. Feelsing exhausted. COntinues to worry about her aggression. Continues to refuse antidepressants. Worked well recently with DBI. Has agreed to urgent referral to the West Team with DBI report attached. Rx as below. Will review on friday. Calmer and more reasonable at end of call.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
26/05/2022	Dr Rosie Dow at Covid-19 Telephone Consultation
History	wondering if she can ger chicken pox again as [redacted] has it discussed shingles possibility to contat if develops a rash simple advice fo [redacted] to conbtcat if unwell/concerned req rpt temazepam semis to get fairly freq discsuion re not helping establish sleep rpolutine lomng tgern dependency etc currently don't feel shes in posotion to take this on with dbi going round in circles re her immune sys thyroid problems (not on thyroxine) alopecia which also setted advised as ast tfts > 2 yrs ago could book for TFTs then said she wasn't worried about it and wouldn't didn't feel we were acheivig anyting going round in circles says she ok at the moement
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
23/05/2022	Nurse Winnie Steventon at Data Entry
Comment	Did not attend - no reason - smear appt
22/05/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 11:50 on Mon 23 of May at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
20/05/2022	Dr Pamela Ward at St Ronans Health Centre

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Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Debility; Duration: 20/05/2022 - 20/06/2022)
13/05/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Problem	PC - MH
Comment	Discussed recent report on DOCMAN - Lesley clam today. Co-operating with DBI. Agreed to further Temazepam. SEs advised again. Knows can make sleep worse and addictive properties. Will review as and when required. Receptive to this.
06/05/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Problem	PC - review
Comment	Feeling and sounding brighter today. Friends visiting. Asking for Temazepam. Not using everynight. SEs further discussed.
26/04/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
Problem	FTF - 1)MH 2)OCP 3) Boils x 2 on buttocks 4) Acne
Examination	O/E - BP reading 1) MH - much the same. Has found the last 2 days very tough, not interested in doing anything. Remains very tearful and angry. Appears to also be struggling with past issues in relation to family members. Remained calm for the consultation but clearly and visbily upset. Work not been very supportive and is looking at PIP. [redacted] remains a positive but Lesley worries greatly about the effects of [redacted] Good supports from friends, including friend who works for headspace. Remains adamant that she doesn't need anti depressants. Has gym induction booked for tomorrow. Looks to have lost weight and admits appetite is poor. Continues to smoke heavily. Denies alcohol excess. SLeeping remains disturbed and sporadic. 2) Keen to restart POP. Was on cerelle in past mainly for skin issues. No hx of migraine or VTE. Is a smoker however so POP safer. Denies risk of pregnancy. Periods normal. 3) 2 x small abscesses on buttocks. 1 on right buttock inflammed, and painful. erythema present. Hot and inflammed. No evidence of tracking as yet. 4) Acne on face continues to be painful and inflammed. Some pustules present. Not itchy or bleeding.
Medication	Cerelle Tablets 75 micrograms *63 tablet TAKE ONE TABLET DAILY* Lymecycline Capsules 408 mg *56 CAPSULE 2 Caps Daily*
Examination	Blood pressure reading 98/65 mm Hg
Comment	1) Keen to try gym and if not helping will consider medication. Also advised CRUSE. 2) Cerelle commenced. SEs discussed and will review in 3/12. Needs Smear. 3) Treat with fluclox. Apyrexial. Strong worsening advice. 4) Continue with lymecycline. Not to start this until finished fluclox. Will review as and when required. Receptive to consultation advice today.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET*

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	AT NIGHT
19/04/2022	Dr Pamela Ward at St Ronans Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Debility; Duration: 19/04/2022 - 03/05/2022)
14/04/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
07/04/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Problem	PC - insommnia
Comment	As below. Continues to struggle with sleep. Has agreed to a further discussion in relation to antidepressants next week. Was driving and did not want to discuss this today.
25/03/2022	Dr Pamela Ward at Telephone Consultation
History	Request for further sleeping tablets. Multiple discussions in past.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
25/03/2022	Dr Pamela Ward at Telephone Consultation
History	Failed encounter - no answer mobile
15/03/2022	Dr Gregor Watt at St Ronans Health Centre
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 15/03/2022 - 29/03/2022)
15/03/2022	Dr Gregor Watt at St Ronans Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 15/03/2022 - 29/03/2022)
10/03/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Problem	PC - Insomnia
Comment	States not slept for 7 days. Feels exhausted. Continues to be very angry and states at times cannot trust herself with her anger to others. Further discussed anti depressants - Advised I believe it may be helpful in hewr low mood and anger/anxiety. She is not as against this as before and has agreed to think about it again. Enaging with RENEW services. Script as below. Not had since 16th Feb. Re iterated that this is not long term and we need to address long term solutions. Lesley was in agreement with this.
28/02/2022	Dr Gregor Watt at St Ronans Health Centre

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History	asked for urgent TC recurrent episodes of sore knee worse today swollen around knee above the kneecap able to bend knee ok no fever worse when wet/cold no alco for analgesia for now and f2f when bit more mobile -happy with plan asked re last week-said didn't like risk discn about BDZ or that Dr hadnt read her notes -said on the edge everyday given her bereavement
Medication	Naproxen Tablets 250 mg *56 TABLET ONE -TWO TO BE TAKEN TWICE A DAY* Co-Codamol 8/500 Tablets *50 tablet ONE-TWO TO BE TAKEN FOUR TIMES A DAY*

25/02/2022	Dr Robert Duncan at Telephone Consultation
History	Patient telephoned and gave me 10 minutes of verbal abuse and physical threats. Trigger she says was because I have a penis. Hasn't spoken to me before but tells me everyone in town hates me and she will harm me if she ever sees me. Wanted temazepam but didn;t wasn't to discuss it. Only person here so no options for her to speak to anyone else. Patient hung up.

18/02/2022	Dr Pamela Ward at Data Entry
History	Written in retrospect re consultation below. Discussed risks with long term temazepam. Offered antidepressant such as mirtazapine to help mood and sleep - declined. Aware of risks of addiction with temazapam but says doesn't care.

16/02/2022	Dr Pamela Ward at St Ronans Health Centre
History	Seen face to face. As below. Not suicidal, non specific threats to some people. Long discussion. Accepting of crisis team input. Called crisis team who feel it is not an appropriate referral. I advised that I disagree.Called patient back - encouraged to engage with Renew as a priority.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Debility; Duration: 16/02/2022 - 16/03/2022)

16/02/2022	Dr Pamela Ward at Telephone Consultation
History	Very agitated, shouting/swearing, had enough. Threatening other people. Not sleeping, mood low. Asking for sleeping tabs, not wanting to consider antidepressants or any other help. Will rv at health centre 5pm

07/02/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - review
Comment	Feeling ok. Much the same. Sleep remains troublesome. Sounds brighter than previous phone calls. Temazepam as below - not using evey night and very aware of risks of dependance. Has joined gym. Good positive steps being made. Will review when needed.

07/02/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*

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31/01/2022	Dr Robert Duncan at St Ronans Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Debility; Duration: 10/01/2022 - 14/02/2022)
27/01/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - MH
Comment	Ongoing. Sleep still very disturbed. Remains very angry. Happy to issues further dose Temazepam as does not appear to be over using at present. States enjoys walking and gets out most days. Good friends near by. Still not keen to consider anti depressants. Advised review in 2/52. SEs discussed again in relation to Temazapam. Feels support has not been great from DBI. Will consult with GPs in relation to further supports we can offer Lesley.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
25/01/2022	Dr Eloise Miller at St Ronans Health Centre
History	Had phone appt booked - went straight to voicemail. Pt later called back to say phone was off as out walking dogs. Has booked another appt for tomorrow.
14/01/2022	Dr Eloise Miller at St Ronans Health Centre
History	1) Mental health - Things getting better in general but had encounter with old friend whilst out on awalk a few days ago and this brought up lots of anger around sons death, not slept since. Now really struggling with lack of sleep. Would like to try Temazapam again. Revisited antidepressants, still not keen, doesnt feel is depressed, more angry and upset. Getting some help from Breathing space, useful for her and [redacted] Neighbour had suggested Renew (works for them) and spoken to Lesley about what they can offer, agreed will refer. Also signposted towards togetherall and wellbeing services as would like to do more physical activity, finds walking really helpful. Plan - refer renew, short course Temazepam, catch up with GPs/Alice after this, worsening advice given in meantime. 2) Recurrence of acne, keen to go back on lymecycline and epiduo as previous.
Medication	Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 % *45 GRAM APPLY ONCE DAILY IN THE EVENING* Lymecycline Capsules 408 mg *28 CAPSULE ONE TO BE TAKEN EACH DAY*
13/01/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 15:20 on Fri 14 of Jan at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
05/01/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	PC - MH
	Much calmer on phonce call today, Currently with a friend. Feels well supported by friends around her. Managing sleep

Microscopy

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Comment	slightly better. Still not keen on antidepressants. Advised to contact HC if needs more advice or support. Receptive to this.

31/12/2021	Miss Alice Whigham at St Ronans Health Centre
Problem	MH
Comment	Extremely upset/anxious/frustrated and angry. Feels lost - unable to leave house. Has good support but feeling angry at everyone - long discussion about supports, medications, time and loss. Aware there is no tablet that will help her feel better but desperate for some relief from the grief. States [redacted]elps and keeps her busy. Not sleeping - not slept for a week. Discussed alcohol but states not drinking much at present. Advised she should consider antidepressants and trying to work with DBI - states she doesn't find them helpful - advised they will help if she can try to give it a chance. Have agreed to 7 days of Temazepam for rest. Strong advice about SEs - recpetive to this. Calmer at end of call. Will review next week.
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*

21/12/2021	Dr Gregor Watt at St Ronans Health Centre
History	ongoing distress ref dbi meds not helping much finding it hard to function [redacted]

16/12/2021	Miss Alice Whigham at St Ronans Health Centre
Medication	Propranolol Hydrochloride Tablets 40 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
Problem	PC - Severe anxiety - very recent bereavement.
Comment	Very upset on call. Very tearful and anxious. [redacted] is tomorrow and really struggling to cope with this and [redacted] Understandably angry and upset.. Has taken all Diazepam provided 2 days ago. States took 3 tabs at once. States no effect at all. States Temazepam also ineffective. Not sleeping. Feels needs to be ok for tomorrow. Disucssed the need for DBI - not keen at present. Discussed with Dr Dow - agreed for Propanalol short acting TDS and further script of 5mg diazepam TDS. Advised to contact Health centre, support lines etc next week. SEs discussed. Lesley receptive to this.
Medication	Diazepam Tablets 5 mg *15 tablet ONE TO BE TAKEN UP TO THREE TIMES DAILY WHEN REQUIRED*

13/12/2021	Dr Gregor Watt at St Ronans Health Centre
History	as above not sleeping [redacted]
Medication	Flucloxacillin Capsules 500 mg *20 capsule ONE TO BE TAKEN FOUR TIMES A DAY* Diazepam Tablets 2 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED* Temazepam Tablets 10 mg *14 tablet TAKE ONE TABLET AT NIGHT*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 29/11/2021 - 10/01/2022)

Patient copy

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06/12/2021	Dr Gregor Watt at St Ronans Health Centre
History	feels much the same not coping not concentrating [redacted] for more sedatives not wanting dbi for now
Medication	Zopiclone Tablets 7.5 mg *14 tablet TAKE ONE AT NIGHT IF REQUIRED*
30/11/2021	Dr Gregor Watt at St Ronans Health Centre
History	[redacted] and summoned passer by has to identify body today not driving for rx gen adv offered dbi will consider
Medication	Diazepam Tablets 2 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED* Zopiclone Tablets 7.5 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED*
29/10/2021	Miss Alice Whigham at St Ronans Health Centre
Medication	Flucloxacillin Capsules 500 mg *20 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
Problem	Lump left jaw line
Examination	Abcsess present on left jaw line. Swollen and painful. Hot to touch. Denies any dental pain. Pt spent entire consultation texting on her phone. Very difficult to assess. States feels awful. Limited communication due to being on her phone.
Comment	Fluclox given as clearly abscess present. Strong advice to contact dentist. Strong worseing advice.

MMA copy

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
None				

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
15/12/2022	**Quetiapine Fumarate Tablets 25 mg** ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED 60 TABLET	15/12/2022P	Miss Alice Whigham	ACUTE
15/12/2022	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 168 TABLET	15/12/2022P	Miss Alice Whigham	ACUTE
15/12/2022	**Lymecycline Capsules 408 mg** 2 Caps Daily 56 CAPSULE	15/12/2022P	Miss Alice Whigham	ACUTE
19/10/2022	**Quetiapine Fumarate Tablets 25 mg** ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED 60 TABLET	19/10/2022P	Miss Alice Whigham	ACUTE
19/10/2022	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	19/10/2022P	Miss Alice Whigham	ACUTE
21/09/2022	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 20	21/09/2022P	Dr Robert Duncan	ACUTE

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	capsule			
25/07/2022	**Quetiapine Fumarate Tablets 25 mg** ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED 60 TABLET	30/08/2022P	Miss Alice Whigham	ACUTE
16/06/2022	**Propranolol Hydrochloride Tablets 40 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	16/06/2022P	Miss Alice Whigham	ACUTE
26/04/2022	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	26/04/2022P	Miss Alice Whigham	ACUTE
26/04/2022	**Lymecycline Capsules 408 mg** 2 Caps Daily 56 CAPSULE	26/04/2022P	Miss Alice Whigham	ACUTE
26/04/2022	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 63 tablet	26/04/2022P	Miss Alice Whigham	ACUTE
28/02/2022	**Naproxen Tablets 250 mg** ONE -TWO TO BE TAKEN TWICE A DAY 56 TABLET	28/02/2022P	Dr Gregor Watt	ACUTE
28/02/2022	**Co-Codamol 8/500 Tablets** ONE-TWO TO BE TAKEN FOUR TIMES A DAY 50 tablet	28/02/2022P	Dr Gregor Watt	ACUTE
14/01/2022	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	19/07/2022P	Dr Gregor Watt	ACUTE
14/01/2022	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	14/01/2022P	Dr Gregor Watt	ACUTE
14/01/2022	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	14/01/2022P	Dr Gregor Watt	ACUTE
31/12/2021	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	31/12/2021P	Miss Alice Whigham	ACUTE
16/12/2021	**Propranolol Hydrochloride Tablets 40 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	16/12/2021P	Miss Alice Whigham	ACUTE
16/12/2021	**Diazepam Tablets 5 mg** ONE TO BE TAKEN UP TO THREE TIMES DAILY WHEN REQUIRED 15 tablet	16/12/2021P	Miss Alice Whigham	ACUTE
13/12/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 21 tablet	13/12/2021P	Dr Gregor Watt	ACUTE
13/12/2021	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 14 tablet	13/12/2021P	Dr Gregor Watt	ACUTE
13/12/2021	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 20 capsule	13/12/2021P	Dr Gregor Watt	ACUTE
06/12/2021	**Zopiclone Tablets 7.5 mg** TAKE ONE AT NIGHT IF REQUIRED 14 tablet	06/12/2021P	Dr Gregor Watt	ACUTE
30/11/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 21 tablet	30/11/2021P	Dr Gregor Watt	ACUTE
30/11/2021	**Zopiclone Tablets 7.5 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	30/11/2021P	Dr Gregor Watt	ACUTE
29/10/2021	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 20 capsule	29/10/2021P	Miss Alice Whigham	ACUTE

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BORDERS GENERAL HOSPITAL
NHS Trust

BREAST CLINIC

Mr John O'Neill, Consultant Surgeon
Mr John Rainey, Consultant Surgeon
Mr Ahmed Mustafa, Consultant Surgeon

Mrs June Denham, Macmillan Specialist Breast/Oncology Nurse
Telephone/bleep: 26830

Mrs Rose Bisland, Secretary Telephone: 01896 826919
Mrs Fiona Purves, Secretary Telephone: 01896 826917 Fax: 01896 826924

NHS Borders

Dr C Meldrum
Hay Lodge Health Centre
Neidpath Road
PEEBLES
EH45 8JG

Dear Dr Meldrum

Lesley BROWN, 51 Witchwood Crescent, Peebles, EH45 9AH, DOB 08/05/1980, Unit No. 136071, CHI No. 0805809767 **Clinic Date:**

Thank you very much for referring this young lady to my clinic. She started to note a lump in her left breast about 16 weeks ago. This lump is sometimes tender and she thinks this has been increasing in size and at first she thought it did not change with her period but on further questioning feels that pre menstruation she starts feeling tense and more tender. There is no past history of significance and she only suffers from some skin problems with acne.

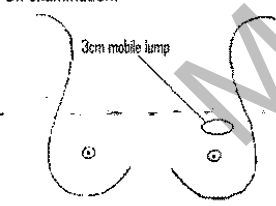
On examination, I do agree with you, you can basically see the lump at 12 o'clock position at the left side. I can feel it as a diffuse area and it is quite mobile. I first asked for an ultrasound and that showed a lumpy breast tissue with multiple small cysts. At that point I decided to go ahead and book a mammogram for the left breast after discussing it with our Breast Radiologist. This has been reported as normal R-1.

I have reassured Mrs Brown about her breast and informed her that this is normal breast tissue, probably more glandular with some small cysts of fibroadenosis type of lesion. We always have the choice of doing a core biopsy to confirm that if it starts to get larger or changes suddenly, however at this point I have decided to see her again in three months time to see how she gets on.

Past history of breast disease:

Family History:

On examination:



Clinical findings:
Lumpy breast tissue
Multiple cysts

Clinical Diagnosis:
benign

Mammography:
benign

Investigations:

Plan:
I have arranged a review appointment in 3 months

Drugs/Comments:

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BORDERS GENERAL HOSPITAL
NHS Trust

BREAST CLINIC

Mr John O'Neill, Consultant Surgeon
Mr John Rainey, Consultant Surgeon
Mr Ahmed Mustafa, Consultant Surgeon

Mrs June Denham, Macmillan Specialist Breast/Oncology Nurse
Telephone/bleep: 20630

Mrs Rose Bisland, Secretary Telephone: 01896 826919
Mrs Fiona Purves, Secretary Telephone: 01896 826917 Fax: 01896 826924

Yours sincerely

Mr A Mustafa

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Borders General Hospital

NHS Borders

Surgical Directorate
Borders General Hospital
Melrose
TD6 9BS

CHI: 0805809767
AM/jt/BGH
18/12/2014
Enquiries to: Mrs Jill Tod, Secretary
Extension: 26916
Direct dial: 01896 826916
email: jill.tod@borders.scot.nhs.uk

Dr Claire Meldrum
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

Dear Dr Meldrum

Miss Lesley Brown, 51 Witchwood Crescent, Peebles, Peeblesshire, EH45 9AH
DOB: 08/05/1980, Unit No.: 136071B, CHI: 0805809767

I reviewed Mrs Brown in the clinic today. She has reassured me that her left breast has settled completely. She did not really want to be examined again today. Her previous ultrasound mammogram were both normal R-1, U1 with small cysts. I have reassured her and discharged her to your care.

Yours sincerely

Mr Ahmed Mustafa
Consultant Surgeon

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TCITEMPSEEPC                                    NO INFORMATION ON COMMENTS SCRE
LOCAL RECORD FOUND - UPI CURRENT NUMBER/CC 0805809767 B
                                                DATE OF LAST UPDATE 16/11/04

CHI DISPLAY OF PATIENT DETAILS (CHI No 080580 9767)   ORIGIN B002A  CONSORTIUM
  surname:   BROWN                          1st fnme:   LESLEY
  2nd fnme:  A                              O. inits:
  bth snme:                                 prv snme:
  Alt fnme:                                 Title:
       sex:  FEMALE   m/s: NOT KNOWN        DOB:   08 05 1980  CONFIRMED(P/CARE)
  address 1: OLD ROW
          2: SOUTH LYNE FARM                Practice:  B1621 1
          3: PEEBLES, TWEEDDALE             postcode:  EH458NR
  NHS No:    801/80/40                      GP:  B5081 4      (G E MCINTOSH
  date acc:  121104   date into practice 121104        Disp. Dr:
  Mileage:
  area res:  B    Conc code:                Immig.        Inst.      reas. reg.
  new area:      reason for transfer A      old area 999  MRE DATA EXISTS -
  Hosp. recs: 00   Comm. recs: 01        prev. GP ref.: B5172 1 date acc  03100
  prev.    1: 47 HORSBURGH STREET
  address  2: INNERLEITHEN                  ADDRESS CHANGED ON 16 11 04   By B00
           3: PEEBLESSHIRE                  prev. postcode: EH446LF
NEXT SCREEN:  [S]  X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=M
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME L = LIST,
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LB

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The Tweed Practice

Dear Patient,

Welcome to the Tweed Practice. We aim to deliver an efficient service and it would be most helpful if you could provide us with the following information.

Surname Brown **Forename** Lesley **Date of Birth** 08/05/80

Address Lyne old row
South, Lyne farm **Phone No.** 01721 740 659

Occupation full time mum/student **Next of Kin** [redacted]

Last GP Dr watt **Marital Status** Single

Address of Last GP St ronans health centre, innerleithen

Although under the new GP Contract Regulations you are registering with the Practice and not an individual GP you can express a preference to see a named doctor, a male, or a female doctor. Please complete the following if you wish.

I would normally wish to see Dr. Mc Intosh **if available.**

I would normally wish to see a male/female doctor if available.

Smoking (please complete)

- **Never smoked**
- **Ex smoker – date of giving up** _____
- **Current smoker** 4 **cigarettes per day**

Alcohol History

Average intake 1 **Units per week** (one unit = ½ pint beer or glass wine or measure of spirit)

Women only –**Date of Last Smear** ....?.....**Where Done** Innerleithen **Result & Repeat Due** .....

? 2001.

VFW

Repeat Medication

Name	Stength	Dose

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Past Medical History

Do you suffer from any of the following? (please tick)		Date	Comments
Angina	☐		.....
History of Heart Failure	☐		.....
History of Heart Attack	☐		.....
High Blood Pressure	☐		.....
Diabetes	☐		.....
Asthma	☐		.....
Chronic Lung Disease	☐		.....
Epilepsy	☐		.....
Stroke	☐		.....
Thyroid Disease	☐		.....
Mental Health Problems	☐		.....

Cancer (please specify) _____

Allergies (please specify) _____

Other Relevant Past Medical History _____

_____

Immunisations – For under 6's Only – Please fill in the attached sheet.

Thank you for completing this form. Once you have done this you are ***invited to make an appointment to see our Practice Nurse.*** If you are housebound please let our Receptionists know and alternative arrangements can be made

New Patient Appointment (To be completed by Practice Nurse)

Date 17/11/04 ✓

BP 120/80 ✓

Height 1.75 ✓

Weight 76.0 ✓

Urinalysis NEG. GLUCOSE NEG PROTEIN

MMA copy

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ADULT FORM

MEDICAL QUESTIONNAIRE CONFIDENTIAL

PATIENT INFORMATION (Please complete as much as you can)

Mr/Mrs/Miss/Ms (Please delete as appropriate)

Surname Brown Forename lesley ann

Address 47 Horsburgh Date of Birth 09/05/80

street Occupation Homemaker

innerleithen Marital Status single

Postcode EH44 6LF Tel No. 831209 Next of Ki [redacted]

Name & Address of Last GP Dr mckintosh Haylodge Health centre peebles

PAST MEDICAL HISTORY

If you have had any serious illness or hospital admission, please give details:

Year ..... Illness/Operation .....

Year ..... Illness/Operation .....

Year ..... Illness/Operation .....

ALLERGIES Do you have any allergies? Please give details below:

no

IMMUNISATIONS Have you had your childhood immunisations? YES/~~NO~~

Date of last immunisation for **Tetanus** 1995 **Polio** 1995

MEDICATION List of medication taken (including, Pill/Bought Medicine)

.....

WOMEN ONLY

Date of last Cervical Smear 1999 Where Done Haylodge Health centre peebles

By Whom Dr clyde Result clear

MMA COPY

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TO BE COMPLETED BY DOCTOR

NAME.....(DOB).....Date.....
Height.....cm Weight.....kgs BMI.....
If BMI 26-30 O'weight 22A4 >Obese 22A5 Health ed - Exercise 6798
Health ed - Diet 6799

PERSONAL HISTORY (Problems) (Circle appropriate code)

Diabetes (NIDDM)	C100Z	Angina	14A5
Diabetes (IDDM)	C101Z	M.I.<60	14A3
C.V.A	G6	M.I.>60	14A4
T.I.A.	G65	Asthma	H33z
Essential Hyper.	G20	I.H.D.	G3

Other Significant Illness

SMOKING (Screening)

		ALCOHOL (Screening) Units/wk.....	
Never smoked	1371	Zero	1361 (teetotal)
Stopped Smoking (problems)	137K	0-5F 0-5M	1362 (trivial)
0-9/day (light)	1373	<14F <21M	1363 (light)
10-19/day (mod)	1374	14-21F 21-30M	1364 (moderate)
20-39/day (heavy)	1375	>21F >30M	1365 (heavy)
40+/day (v heavy)	1376	>30F >50M	1366 (v. heavy)
Health Ed. Smoking	6791	Health Ed. Alcohol	6792
		Ex Heavy Drinker	1360

BLOOD PRESSURE (Screening) B.P.....

Normal (<150/90)	2464	B'line (150/90-170/100)	2465
Raised (170/100-200/120)	2466	Very High (>200/120)	2467

FAMILY HISTORY (Problems)

I.H.D. <60	12C2	C.V.A. >75	12C4
I.H.D. 60-75	12C3	Diabetes	1252
F.H. Health Ed. Given	6783	Negative Family History__ Please tick	
Thyroid		Glaucoma	

URINE Sugar.....Albumin.....TET.GIVEN.....

DRUGS TO BE ADDED TO COMPUTER (only applies to New Patients)

Name of Drug	Amount	Frequency

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NHS Confidential: Personal data about a patient

Brown, Lesley A
DoB: 08/05/1980

Report Valid On 15/04/05 09:44

Hay Lodge Health Centre
Page number

Lesley A Brown
51 Witchwood Cresent
PEEBLES
TWEEDDALE

EH45 9AH

Service Code: Permanent
DoB: 08/05/1980

Age: 24

Contact: ?
ContactRelship: ?
Email: ?
CHI Number: 0805809767
NHS Number: 801/80/40
Registered GP: Dr E Mcintosh
Registered: 12/11/2004
Seen By GP: Dr E Mcintosh
BMI: 24.8
Height: 1.75 m
Weight: 76 kg
BP: 120/80

Clinical / User Marker

23/03/2005	High	Contraceptive diaphragm Size 75mm fitted.
07/12/2004	High	Termination of pregnancy Medical.
17/05/2002	High	Spontaneous vertex delivery [redacted]
11/04/2000	High	Forceps delivery [redacted]
16/02/1999	High	Stress counselling Referral to councellor.
19/08/1997	High	Anxiety state NOS
24/07/1997	High	Suction termination of pregnancy
19/12/1996	High	Suction termination of pregnancy
01/01/1987	High	Alopecia areata and 1996

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Summary Sheet: Standard

Printed at 15/04/2005 09:44:44

NHS Confidential: Personal data about a patient

Brown, Lesley A
DoB: 08/05/1980

Report Valid On 13/12/04 09:53

Hay Lodge Health Centre
Page number 1

Registration

Miss Lesley A Brown
Old Row
South Lyne Farm
PEEBLES
TWEEDDALE
EH45 8NR

Telephone: 740659

Contact: ? ContactRelship: ?

Service Code: Permanent
DoB: 08/05/1980
Age: 24 .

CHI Number: 0805809767 NHS Number: 801/80/40

Registered GP: Dr E Mcintosh Seen By GP: Dr E Mcintosh

Registered: 12/11/2004

BMI: 24.8 Height: 1.75 m Weight: 76 kg BP: 120/80

Clinical / User Marker

07/12/2004 High Termination of pregnancy
Medical.

17/05/2002 High Spontaneous vertex delivery
[redacted]

11/04/2000 High Forceps delivery
HFFD [redacted]

16/02/1999 High Stress counselling
Referral to councellor.

19/08/1997 High Anxiety state NOS

24/07/1997 High Suction termination of pregnancy

19/12/1996 High Suction termination of pregnancy

01/01/1987 High Alopecia areata
and 1996

MMA copy

Summary Sheet: Standard

Printed at 13/12/2004 09:53:57

NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 09/09/03 09:32

St.Ronans Health Centre
Page number 1

Registration

Miss Lesley-ann Brown
47 Horsburgh Street
INNERLEITHEN
PEEBLESSHIRE

EH43 6LF

Telephone: 831209

Contact: ? ContactRelship: ?

Service Code: Permanent
DoB: 08/05/1980
Age: 23

CHI Number: 0805809767 NHS Number: ?
Patient ID:

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: Dr Pamela Ward
Acute Consultation: ?

Registered GP: Dr Pamela Ward
Repeat Consultation: ?
Registered: 17/06/2002 Confirmed: 18/06/2002 Records Received: 26/07/2002

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0
Parity: 0 Gravida: 0

Clinical / User Marker

26/07/2002	Medium	Patient MRE received from HB .
18/06/2002	Medium	Pat. GP7B/GP8B card from HB
17/06/2002	Medium	Patient reg. form sent to HB
12/11/2002	Low	Alopecia
12/11/2002	Low	Anxiety states
12/11/2002	Low	Forceps delivery
12/11/2002	Low	Spontaneous vaginal delivery
12/11/2002	Low	Termination of pregnancy

Screening

30/07/02	**Cervical Screening$$**	Cx. smear: repeat 12 months	
Repeat after an Interval - 1 Years		Second recall letter sent	Result letter sent
10/07/02	**Cervical Screening$$**	Letter invite to screening	
Call for screening		First recall letter sent	Send recall when due
07/12/00	**Cervical Screening$$**	Cerv.smear: borderline changes	
Repeat after an Interval - 6 Months		Do not send recall letter	Do not send result letter
31/05/00	**Cervical Screening$$**	Cerv.smear: mild dyskaryosis	
Repeat after an Interval - 3 Months		Do not send recall letter	Do not send result letter
16/12/96	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 3 Years		Do not send recall letter	Do not send result letter

Summary Sheet: Only If Data

Printed at 09/09/2003 09:32:03

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NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre
Page number 1

Registration

Miss Lesley-ann Brown
47 Horsburgh Street
INNERLEITHEN
PEEBLESSHIRE

EH44 6LF

Telephone: 831209

Service Code: Permanent
DoB: 08/05/1980
Age: 24

Contact: ?
ContactRelship: ?
Email: ?

CHI Number: 0805809767
NHS Number: ?
Patient ID:
Occupation:
Registered GP: Dr Pamela Ward
Repeat Consultation: ?
Registered: 17/06/2002
Confirmed: 18/06/2002
BMI: 0.0
Height: 0 m
Weight: 0 kg
Parity: 0
Gravida: 0

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: Dr Pamela Ward
Acute Consultation: 25/06/2004
Records Received: 26/07/2002
BP: 0/0

Priority Clinical / User Marker

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Adverse Reactions

Read Code	Description

Clinical / User Marker

12/11/2004	Medium	GP22-practice changed-moved
26/07/2002	Medium	Patient MRE received from HB
18/06/2002	Medium	Pat. GP7B/GP8B card from HB
17/06/2002	Medium	Patient reg. form sent to HB
12/11/2002	Low	Alopecia
12/11/2002	Low	Anxiety states
12/11/2002	Low	Forceps delivery
12/11/2002	Low	Spontaneous vaginal delivery
12/11/2002	Low	Termination of pregnancy

Screening

01/12/03	Cervical Screening$$	Screening invite - not replied
Repeat after an Interval - 12 Months	Send recall when due	Do not send result letter
30/07/02	Cervical Screening$$	Cx. smear: repeat 12 months
Repeat after an Interval - 1 Years	No response to letters	Result letter sent

Summary Sheet: Data Protection

Printed at 25/11/2004 10:56:05

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NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre
Page number 2

07/12/00	**Cervical Screening$$**	Cerv.smear: borderline changes	
Repeat after an Interval - 6 Months		Do not send recall letter	Do not send result letter
31/05/00	**Cervical Screening$$**	Cerv.smear: mild dyskaryosis	
Repeat after an Interval - 3 Months		Do not send recall letter	Do not send result letter
16/12/96	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 3 Years		Do not send recall letter	Do not send result letter

Referrals

Date Rec. **Priority** **Provider** **Speciality** **Nature** **Type**
Ref. Appt. **Reason For Referral** **Referred By** **Attendance Type**

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Fluoxetine CAPS 20MG	30 1 Cap Daily	28/06/2004
Fluoxetine CAPS 20MG	30 1 Cap Daily	25/05/2004
Ibuprofen TABS 400MG	30 1 Tab 3 times daily	09/09/2003

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review

Last Encounter

Date: Nov 25 2004 10:46AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Nov 12 2004 12:00AM

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Summary Sheet: Data Protection

Printed at 25/11/2004 10:56:05

NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre

Screening:

Clinical / User Markers:
GP22-practice changed-moved - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 26 2004 10:43AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 26 2004 10:39AM

Screening:
Cervical Screening$$ - Screening invite - not replied - Repeat after an interval - (Review 12M)

Clinical / User Markers:

Referrals:

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Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre
Page number 4

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 26 2004 10:38AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 21 2004 4:32PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Dr Gregor Watt
Date: Jun 25 2004 12:50PM
SR SEE DR FOR MORE

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Summary Sheet: Data Protection

Printed at 25/11/2004 10:56:05

NHS Confidential: Personal data about a patient

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Fluoxetine - CAPS 20MG	1 Cap - Daily	30

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Jun 25 2004 12:39PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Nurse Daly Date: Jun 16 2004 2:10PM

DNA SMEAR APPT

Screening:

Clinical / User Markers:

Referrals:

MMA copy

NHS Confidential: Personal data about a patient

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jun 9 2004 4:26PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: May 31 2004 10:08AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Nurse Daly Date: May 27 2004 2:15PM

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NHS Confidential: Personal data about a patient

DNA Smear appt.

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Dr Gregor Watt Date: May 25 2004 2:00PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Fluoxetine - CAPS 20MG	1 Cap - Daily	30

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Sep 15 2003 11:45AM

Screening:

Clinical / User Markers:

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Brown, Lesley-ann St.Ronans Health Centre
DoB: 08/05/1980 **Report Valid On 25/11/04 10:56** Page number 8

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Sep 15 2003 10:53AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Dr R L Cumming Date: Sep 9 2003 2:00PM

MUSCULOSKELETAL BACK PAIN

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Ibuprofen - TABS 400MG	1 Tab - 3 times daily	30

Repeat Prescriptions:

Disease Protocol Sessions:

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NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre

Date: Jun 16 2003 10:20AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Feb 5 2003 4:56PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Nov 12 2002 2:11PM

Screening:

Clinical / User Markers:

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NHS Confidential: Personal data about a patient

Alopecia - -

Termination of pregnancy - -

Anxiety states - -

Termination of pregnancy - -

Forceps delivery - -

Spontaneous vaginal delivery - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Sep 18 2002 2:33PM

Screening:

Cervical Screening$$ - Cervical smear: negative - Repeat after an Interval - (Review 3Y)

Cervical Screening$$ - Cerv.smear: mild dyskaryosis - Repeat after an Interval - (Review 3M)

Cervical Screening$$ - Cerv.smear: borderline changes - Repeat after an Interval - (Review 6M)

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Sep 11 2002 12:30PM

Screening:

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NHS Confidential: Personal data about a patient

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Sep 11 2002 12:28PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Aug 28 2002 4:56PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

MMA copy

NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

Disease Protocol Sessions:

Date: Aug 7 2002 2:23PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 30 2002 4:59PM

Screening:

Cervical Screening$$ - Cx. smear: repeat 12 months - Repeat after an Interval - (Review 1Y)

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 26 2002 12:00AM

Automatically generated by transaction

Screening:

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NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

St.Ronans Health Centre
Page number 13

Clinical / User Markers:

Patient MRE received from HB - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 10 2002 2:50PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Date: Jul 10 2002 3:23AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

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Summary Sheet: Data Protection

Printed at 25/11/2004 10:56:06

NHS Confidential: Personal data about a patient

Brown, Lesley-ann
DoB: 08/05/1980

Report Valid On 25/11/04 10:56

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Jun 18 2002 10:16AM

Automatically generated by transaction

Screening:

Clinical / User Markers:

Pat. GP7B/GP8B card from HB - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

Date: Jun 17 2002 10:48AM

Automatically generated by transaction

Screening:

Clinical / User Markers:

Patient reg. form sent to HB - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

==========

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NHS Confidential: Personal data about a patient

Brown, Lesley-ann St.Ronans Health Centre
DoB: 08/05/1980 **Report Valid On 25/11/04 10:56** Page number 15

Appointments List

Dr R L Cumming	Sep 9 2003 2:00PM
Nurse Helen	Oct 14 2003 2:Smear
Nurse Daly	Oct 1 2003 2:10PM
Nurse Daly	Nov 12 2003 3Smear
Nurse Daly	May 27 2004 2smear
Dr Gregor Watt	May 25 2004 2:00PM
Nurse Daly	Mar 30 2004 2smear□□
Nurse Daly	Mar 30 2004 2smear□□
Dr Gregor Watt	Jun 25 2004 12Fluoxetine
Dr Gregor Watt	Jun 22 2004 4:50PM
Nurse Daly	Jun 16 2004 2smear
Nurse Daly	Jun 16 2004 2smear
Dr Gregor Watt	Jun 10 2004 11:10AM
Dr Gregor Watt	Jun 10 2004 10:10AM
Nurse Daly	Jul 30 2002 3:30PM

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

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Summary Sheet: Data Protection Printed at 25/11/2004 10:56:06

NHS Confidential: Personal data about a patient

National Health Service Number 801 80 0640

Surname (Block Letters) BROWN

Forenames (Block Letters) LESLEY ANNE

Lesley A Broun
51 Witchwood Cresent
PEEBLES
TWEEDDALE
EH45 9AH

CLINICAL NOTES

Address

Date of Birth 8.5.80

Date	*	
15/4/85		Contact received. By Answer 125720
3-1-85	(R)	Worm 1/2 Ponfen 3/7 relief 82
30/5/85		Dup + Tet + P.bio
25/6/86	(W)	Thornhouse R. Vaseux 100, + advised
26/6/86 (wrong date)		Small ruptured abscess (L) little longer → Mg 50 Aldecta Areata – worsening recently. back to school. [redacted] Reassured, & return if worsens
21/4/87		Still worrying about form anxiety → refer dermatology
31/10/87	TR	(R) ear-ring sleeper embedded removed under styl chloride cleaned – advised (L) OK
24/3/88		Thornhouse R Vaseux 100,
20.6.88	S	1/12 athlete's foot. R. Canesten cream 50g
27.6.90		MMR. Measles Rubella Mumps
14/2/98	S	C Crusts of alopecia areata over occiput. (L) Tinea [illegible] – some eyebrow regrowth C Stiff neck on SW. Low extensor concern re her bedwetting – underlying intermittently difficulty from school / ? depressed – Discussion – no v. concussion – denies any problem – wound R for left alone – discussed Discussed: stiff neck – ? Mild about forgotten referral – no

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111E

IMVA copy

NHS Confidential: Personal data about a patient

Date	*	
		sure if pms - Rhodia to appt colposc or psychology referral or contact me
25/8/96	S	Referral for SW Discussed c Rowan Lea Has been refusing to go home 'doesn't get on' c father. Denies any suicidal problem - affect = good general health - Normotensive
2½/8/96		Blood fault 2/7 ago ~ 48/24 LMP 3/6 Regularly using OCP OCD K 5/28 BP 120/80. (Family unaffected / Dangerous but ok before with dr - matter left on recall 7½/24 Rhodia comes off / Discuss interaction & taking PCs
6/12/96.	S	DNA'd
16/7/96	S	Concerned RE alopecia areata. Has had this x 10 yr. Worse than ever. Transfer referral.
23/8/96		Refer Dr Aldridge
2/12/96		LMP 7 weeks ago. Condoms. Was on pill a while ago - stopped due to mood swings. Stopped pill 17 weeks ago. Steady boyfriend 2 yrs. Age 16 years now. He has action and is working IPT then appt
4/12/96		IPT = POSITIVE
9/12/96		8 wks pregnant Adverse effects explained Boyfriend - guilty war syndrome. Refer TOP
10/1/97		DNA appt
28/1/97		Pill again Breasts - 6/12 ↑% hypersensitive

*This column has been provided for doctors to enter A, V or C at their discretion

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10/82 (B2048) Dd. 8691304 2501328 500M 10/82 DW&S Ltd. 243

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): BRAWN

Forenames (Block Letters): LESLEY ANNE

CLINICAL NOTES

Address: ~~LAUNDRY COTT. DAWYCK.~~

Date of Birth: 08 05 80

Date	*	
25/2/97		DNA appt
13/3/97		Stopped pill 1 week ago. Wishes new variety 65 Kg BP 120/80 Very cooling regularly 4o Acne. R Dianette. 3/12 2 bites on L cheek well demarcated lesions Off pill + very cooling at present + until after established on Dianette OC Short course flucloxacillin for bites. Acne Small melanocytic cyst (L) eyelid. Very tiny + not easily seen. Awaiting skin dermatol appt re scalp cultures. Await outcome of that before further referral. (L) eyelid Eye cyst may subside anyway before melanocytic treatment needed. cyst
6/5/97		Request M.R.P. — unfortunately tomorrow a 4/5. LMP 20/4 R Shaw PC4. Consider - to retain PM
19/6/97		① bx basal for after shd ② bx ? sebo ? angioma - otherwise NAD RSA — RED shd
		a Request MAP - LMP 3/5 Urine dipstick - shd. - discussed - for discussion after mid board - advised
6/6/97		a ℞ steri ℞ LL. c. Discussed re annual review defer cytology for 6/52 No urgent problem. Pt would likely decline bx for fatty - refer consultant

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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NHS Confidential: Personal data about a patient

Date	*	
2/6/97		UnUP 6/52 ago.
		Stopped OCP 1/52 prior to treat. Using condoms
		2× episodes unprotected I.C: 1st - 1/12 ago.
		Worried re pregnancy. And - NAD
		Plan IPT. Review depending on result
19/6/97		IPT = POSITIVE.
30/6/97		Came to discuss IPT result as requested
		Not at all surprised it's positive. Was expecting pos. result.
		Has mentioned to [redacted]
		[redacted]
8/7/97		DNA
11/7/97		Rec above - discuss + leaflet
		and. friend - still keen
		unsure.
12/8/97		Rec TOP 3/52 - geon ?
		Dip/o - Proven offer.
		More anxious now deferred
		speaking Lenk self conf.
		Blood taken Doc - Discuss
		Rx needed. - refer counselling
		Zinia vaccine Rx Course
		3DD
		- © number eight pants -
		refer
30/1/97	TA	Mirena knows & accepts fam wx
		candle! - 3 clots & scalp.
		°COC °cerv Phil
1998		Losing temper a lot - can't control it - feeling
		quite depressed. Lots going on at the
		Early waking. moment. Pt Hyperventilating (worse)
		? a bit paranoid. Wants to start antidepressants
		Helping to sort
23/1/98	S	Cx above. Does not feel
		Generally better. depressed
		Refer hysterectomy
		K/S Colposcopy 70, 60 C8

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

CLINICAL NOTES

National Health Service Number: 801 80 040

Surname (Block Letters): BROWN

Forenames (Block Letters): LESLEY

Address: 60 Dalatho Cres. ~~12 BRIDGEGATE COURT~~ PEEBLES

Date of Birth: 8-5-80

Date	*	
18/6/98		c/o irregular bleeding 3-4 wks. Still today. Had a contraceptive inj in Sept 97 did not return. Now using pessary drug — inconclusive. Constant bleeding 3-4 wks. Bleeding at present. PT stat. LMP 3 wks ago. Irregular bleeding & PV Mony sickness ++. No severe abd pain ▷ ? Ectopic ? Threatened miscarriage. Urine bleeding Smear 96 due neg (RIE) PT then appt. preferably when no bleeding If bleeding continues come later urine for appt
3/7/98	S	TOP Dec 96. July 97.
		↘ DNA appt
21/8/98		Same cycle ↑ abdo cramping bleed LMP 2/7 (see above — Received 5/7 low = PT.) ° pain O/E Otherwise OK — Tx R Needs lifestyle — discussed — See for PV + HVS
27/8/98	S	PV + Smear + HVS. LMP. a few days ago. c/o Irregular bleeding. Depo provera July 97 — then stopped (given originally at RIE (agree LFP) (RIE clinic) after TOP. PV bleeding, no smear. HVS. Vague about pregnancy. Appt FMC II later.
27/8/98		HVS: TRICHOMONAS VAGINALIS = NOT SEEN YEAST = NOT SEEN WHITE CELLS = NONE. D MIXED ANAEROBES SENSITIVE TO METRONIDAZOLE.
7/9/98		See above. — Still bleeding. FSG

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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NHS Confidential: Personal data about a patient

Date	*	
		LMP ~ 3/52. Using sheets (unknown)
		Rx Metronidazole 400, T.d.s (2/52)
28.10.98		DNA.
25/2/99	S	Dizzy not feeling best, some of a/b gone, last boyfriend - best - Packet now. Still discharge - LMP 3/52 ? Mrs B.
		Rx Metronidazol 400, TDS (28)
		- refer counselling + advice re drugs +
16/6/99	OS	Alleged incident to neighbour 2/52 ago - attacked her + knife. Has felt terrified since. No sleep, edgy, uneasy. Discussed + how depression, suicidal + others + Conf + funded support for S/S. OE - Ox cervix only No obv. Rx Cinozolin 200, PR
9/9/99		DNA
30/9/99	S	1/ (R) eye - eye after bed 2/ LMP 3/12. last - Recent nonny problem. K 4/52. Abdo: Soft NAD. - Dx IPT.
1/10/99		IPT = POSITIVE (FOR BOOKING)
25/2/00		Management re dental condition + home. - discussed Ketoconazole. Rx Fluconazole 600
6/4/00		DNA.
10/4/00		DNA
14/4/00	V	(H) + baby. baby well. (R) breast tenderness ? getting breast pump. Recorded baby's wt (forceps/term)

*This column has been provided for doctors to enter A, V or C at their discretion

15/4/00 See Bordoo Note Filed.

Printed for The Stationery Office Dd 8456942 J10780

IMAGE COPY

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Brown

Forenames (Block Letters): Lesley

Address

Date of Birth: 8-5-80

Date	*	
12/6/00		3/7 infertile ® ovary lap. Ovarian diathesis. Tubes (B Fascly still) Needs anal a/b. - Rx. Metronidazole 250 qds 5D.
28/11/00	S	Lt leg ache worse over calf. Wt bearing tender Lt medial calf. Calf tight, tender ? tear. - calves soft. No swelling. Knees ligaments - ok. Pulses present For IPT + PV
1.12.00		IPT = NEGATIVE
7/12/00		LMP same mthly ago. PV + sweat HVS + dangling
8/12/00		HVS = TRICHOMONAS VAGINALIS = NOT SEEN Yeasts = Not seen White cells = + Chlamydia (by IF) = NEGATIVE. 1) Normal Flora Only.
31/1/01		See serum report - Lab ± 2
1/2/01		enlarged
1/4/01	S	Injury to neck - 3 hrs ago. Sister -
	Em	pulled neck forward. Pain on rotation. Whiplash No serious local tenderness. Injury neck
		Has analgesia - ibuprofen etc. Rx Cervical collar Trom + see PRN
16/5/01	ES	Laceration to right forearm yesterday - hand accidentally through bathroom glass panel. Didn't go to A+E as advised by nurse who dressed wound base. o/e: 2.5cm laceration right forearm, superficial exposing

*This column has been provided for doctors to enter A, V or C at their discretion

Subcutaneous fat only. No injury of tendons

SAB Dr Mackenzie → Practice Nurse. Checked with Child Health Service. BCG ie totally over — never got immunisations at age 15 — due today booster. Also due Diphtheria + Pertussis — patient aware. Mackenzie

FORM GP111F
355 2095

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Date	*	
6/8/01		BMA.
28/8/01	S	DNA
28/8/01	S	DNA
18/10/01		Lump ~ 3½ ago. Feels ↓. Sick but ½ doesn't feel like. ↑ prog. Increased bod. Sleep pattern. Have been erratic before. Sexually active. Check UPT. See ↓ ½ for result also needs ↓ smear.
19.10.01		PREGNANCY TEST = POSITIVE
25/10/01		Rung ↑ result – diagnosed on news. Lump could be 4/12 ago. But has ↓ missed period. Not sure what to do. To D/W partner + review ? ↓ scan & still unsure to check dates.
29/10/01		Cancelled. ? contact.
5/11/01		Has D/W partner will contact ↓ pregnancy. Feels better about it. Family supportive. needs scan for dates + AFP
22/11/01		Feeling sick nauseated but OK. Had scan now. 16+. Make appt ↓ m/w for AFP.
12.12.01		GLUCOSE = 4·4 (3·6-7·8)
		HGB = 12.5 MCV = 92 PLT = 253 WBC = 10·4 BLOOD GROUP = ORh D NEGATIVE NO ANTIBODIES DETECTED
		T PALLIDUM ELISA = NEG RUBELLA ANTIBODIES = PRESENT
		HEP B SURFACE AG = NOT DETECTED V. ZOSTER ANTIBODIES = PRESENT
9/1/02	S	23/40 BP 120/78 Urine negative Lie now ⅘
28/1/02		25+/40 ↑ cancelled that ↓ FMF. ↓ 40 in last few days. ↓ PMH ↓ some aid feels ok

*This column has been provided for doctors to enter A, V or C at their discretion

Small scale for dates.
Stress + anxiety re nausea + family situation (other) ↑ worry.

Printed for 150 B.P.(53791)

2/2/02 See Burden note

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters): Brown

Forenames (Block Letters): Lesley

Address: 66 Dalatho Crescent, Peebles

Date of Birth: 3-5-80

Date	*	Clinical Notes	Diagnosis
06.02.02		A/N Check – no hand-held notes BP 120/80	
		No Spec. of urine. FHV Presentation cephalic	
		Lead-free. Bloods taken MR	
06/02/02		Glucose = 4.6	
06/02/02		HGB = 11.8 MCV = 94.0 PLT = 266 WBC = 11.5	
5/3/02	S	30+/40. dad, BP 120/80	
		Urine FHH ✓. Nil else	
		(VSS 2/52)	
8/3/02		DNA midwives A/N clinic. Message left on answerphone	
10.4.02		Contacted Lesley by phone – has been seen @ A/N clinic BGH. All well. Placenta not low-lying. Bloods taken, had Anti-D 2.4.02. Advised her to see GP this week if possible and make appt to see MW 2/52	
20/5/02		MIDWIFE INFORMED THAT PATIENT HOME WITH BABY STAYING IN INVERCLYDE THEN TEMPORARILY, SHOULD BE UNDER CARE OF ST JOHNSTONE H.C. (BABY LESS THAN 24 HRS. D/C PACE.)	
24/5/02		See above. Appt to discuss contraception. Not been attending post-partum. discussed depo provera → commenced & advised 11th dose should be given until ~6/52 post-partum. Many to immunisation. to organise more & house GP check. Aware to get smear. C Hayfield	

*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

Surname (Block Letters): Brown

Forenames (Block Letters): Lesley-ann

CLINICAL NOTES

Address: 47 Hersbrough St. Innerleithen

Date of Birth: 8.5.80

Date	*	Clinical Notes	Diagnosis
30/11/00		Smear taken.	
			Dysmenorrhoea
8/10/03	LL		
14.10.03		Did not attend for cervical smear.	J. Ryan
12/11/03		DNA smear appt	Lesley
01/12/03		RE CERVICAL CYTOLOGY - 3rd recall sent	LES
12/01/04		RE CERVICAL CYTOLOGY - re-sent 3rd letter AS DECEMBER LETTER WAS NOT CALLED FOR	R/D2
11/2/04	T	Attempted to call re smear - number not available. Temporaries lgr.	JW
30/3/04		DNA Smear appt	Lesley
21/5/04		(1) smear test due this month (2) mum ↓ appt since ↓ unhappy, sleep ↓ 2 yng children, ex partner lives in other flat not much support ↓ family not smoked Δ: aux/dep → down - by Thursday - sa 2/52.	
16/6/04		DNA	
16/6/04		DNA Smear	
21/6/04			

Lesley-Ann Brown called at 1205 - no answer

PHONE CALL ONLY - GW 01721 722711 +1230

Just to let you know how she is with medication. Apologises for having to cancel appt. this morning as she is at mums in Peebles just now.

regurin®

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* This column has been provided for

FORM GP111F
355 2095

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National Health Service Number

Surname (Block Letters): BROWN

Forenames (Block Letters): LESLEY A

CLINICAL NOTES

Address: OLD ROW, LYNE FARM, PEEBLES EH45 8NR.

Date of Birth: 08/05/80

Date	*	Clinical Notes	Diagnosis
		New Pat. Exam. Date: 17/11/04	
17/11/04		N/P exam BP 120/80 Smokes 4-5/day sm.	
17/11/04		LMP 3 months ago Positive test 12/11/04 nausea ↓ appetite unexpected had been using condoms 2 children [redacted] with [redacted] will start folic acid smokes 5/day. diet. advice → Early dating scan. will come back Prob ≈ 12wks pregnant EPlatt	
07/12/04		Some PV bleeding & clots following MTOP last wk Pulse 64/reg BP 120/70. abdo. soft, NT appropriate. Adv. daily MJ	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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PRINTED FOR ASTRON, B33902 1/04 (017302)

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): BROWN

Forenames (Block Letters): LESLEY.

Address: FILE

Date of Birth: 8/5/80

Date	*	Clinical Notes	Diagnosis
30/11/04	S	Seen as emergency.	
		12 wks pregnant.	
		Seen by me 28/11/04 c bleeding + lower	
		abdo pain at BGH	
		USS yesterday confirms viable	
		pregnancy.	
		Referred TOP by me today (after	
		phonecall from EPC)	
		Patient v. distressed as has led	
		her [redacted] to believe she has	
		had a miscarriage. not told him	
		re TOP referral as [redacted] is against	
		it. no room for discussion	
		She feels cannot have another child	
		unstable financially and arguing	
		abt c [redacted]	
		very difficult position. Explained	
		that I feel she should be honest	
		and that my referral was done on	
		basis of open discussion c her	
		[redacted] I have explained I will	
		remain confidential and it is	
		her decision whether she tells	
		her [redacted] or not. She feels risk	
		to her and children of going	
		through c pregnancy for outweighs	
		any regret she may have about	
		TOP.	EP
		She is going to gynae clc tomorrow	
		and hopefully will have further	advice

* This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	Clinical Notes	Diagnosis
3/1/5	ES	(24)+	
		Developed rash	
		- few days → 1 week ago	
		- seen buying at mum in laws-	
		D/E allergic reaction	
		torso + arms	
		(P) cetirizine 10 mg OD (14)	
		Aqueous cream BID	
		Fam Plan :- 23 Feb 2005	
		→ make appt to discuss mirena coil	
		(Amer	
21/2/5	S	(24)+ smoker 6/day Advised.	
		rash improving but still itchy	
		(P) cetirizine 1 only OD (21)	
		cough + cold	
		? is worse on	
		inhaler good AE not coral	
		RV if not settling (Amer	
23/2/05		CHLAMYDIA (by COBAS PCR) : NEGATIVE.	
25/2/05		HVS: TRICHOMONAS VAGINALIS - NOT SEEN.	
		YEASTS. NOT SEEN.	
		NORMAL FLORA ONLY. CR/H.J.	
26/5/5		ONP.	
10/6/05	T	Hx ? chicken pox dx given re antenatal. Known bad	
		history - has - not sure on	
		Chicken pox diagnosis -	
		2 days ? lower counted	
		for life. Poor relation ?	
		pneumonia - to see HV again	
		- Advised ? HV	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

MMA copy

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): BROWN

Forenames (Block Letters): LESLEY A.

Address

Date of Birth: 08.05.80

Date	*	Clinical Notes	Diagnosis
7/9/06		DNA	
		ams	
13/4/07	S	↳ Numerous moles - look benign, but nodular + pigmented - go review days. Thyroid enlarged slightly - refer.	
9/11/07	S	Unsure if easy or neck for when mole pigmented - easy to be leaky Dembo one area from photo face and neck then 7 found here R ear. Emb. for clin Clay one decays neck and numbness arms Ofi: NAD BP 120/82 R Cyclizine 200 bd (Tod	
19/3/7	ES	low back pain with radiation into L 4/52 ago buttock + R thigh ? red flags hosp investigations (inc systen + codeine) ↳ indigestion A to Co-dam 25/500 1-2 QID (84) O/E NAD (R) leg. (R) referral to BBS ? works as playground supervisor (4 wk	

* This column has been provided for doctors to enter A, V or C at their discretion

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FORM GP111F

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PRINTED FOR ASTRON, BB37339 8/04 (017302)

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Date	*	Clinical Notes	Diagnosis
27/3/07	V	LBP ↑ ↓ smarter on effort bladder. See colleagues notes → BGH	
28/3/07	S	Ongoing back pain L5 a little better – seen @ A-E but Bloody – dull ache feel MRI scanned. Decision LBP → @ home pain/stiffness as before "CES" BGH.	
		Lots of mixed pain Comm R ↓ Diclofenac 50, ↓ Diazepam 2, 10, ↓ ↓ Diclofenac 50, #60	
		Tram started Diazepam R Paracetamol 10, ↓ on ↑ with + Ibuprofen 15 ↓ ↓ Clear constipation – R ↓ Diazepam Clear other system – R ↓ Diclofenac	
16/4/07		Ongoing lower back pain + (R) sciatica · No red flags · Cotton wool sensation walking on (R) foot · Hit/Lift: ↑ Tender lumbosacral area ↓ ROM lumbospine · ↓ sensation L5/S1 (R) leg ↓ ankle jerk (but present.) planters ↓ SLR 30° (L) 60° (R). (P) ↑ amitriptyline to 20mg nocte. Continue diclofenac + dihydrocodeine Could add PGM if not enough Discuss at TRL – ongoing pain + ↑ neurological	
18/4/07	–	down from – ↓ gradually ↓ – ↓ sed, floppy mild	
23/4/07	J	DNA	
24/4/07	SR	SICK LINE from 24/4/07	
		C ✓/SR	
27/4/07		Phone – not getting sleep ? pain	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

WWW COPY

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Lesley A Brown
Neidpath Inn 25 Old Town
PEEBLES
TWEEDDALE

EH45 8JF

Forenames (Block Letters): LESLEY

SOUTH

Date of Birth: 8-5-80

Date	*	Clinical Notes	Diagnosis
		– F at 30 Continuity for cont	
12/6/07	PJ	– seen @ 10pm ... her scan report – referred to neurosurg – discussed / advised – Aware of red flags advice.	
20/6/07	JS	DNA	
23/4/8		Requesting emergency contraception. Burst condom last night. New relationship. Recently split up from [redacted] LMP 4 wks ago, no other episodes PBL this cycle. (P) Rx Levonorgestrel 1.5mg stat. Advice re next period may be early/late. Pregnancy test if at all unusual. Discussed risk of ectopic – to seek help if any unusual bleed / low abdo pain. Barrier methods until next period. Strongly advised attend GUM clinic for full STI / HIV / hepatitis screening in view of hx. Dose given for Chlamydia given. Contact details of GUM clinic. TCA to discuss ongoing contraception. SSTG Thurston	
			Entered by LK 25/6/08

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FORM GP11F

355 2095

PRINTED FOR ASTRON, B47693 7/06 (017302)

EMIS STUDY

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FEMALE

801 80 040

SURNAME: BROWN

CHRISTIAN NAMES: LESLEY ANNE

ADDRESS: 66a Rosetta Rd Peebles

Date of Birth: 8 5 80

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1980	2/8	1st dose triple + polio	
30/12		2nd "	
1981	29/3	3rd "	
19/5		Cough 3 days	
		" some times	Otitis
		Upper resp. Cough"	
		Diarrhoea & V" for some time	
		3/7 chest clear	
		4/8 Left otitis media	
		5 ml Erythromycin (Bowel	
3/9		upset) Vaccine	
1 SEP 1983		(measles (Rec'd M.V.)	

* 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. 8 (Scotland)

(16.12.77) (E24120) Dd. No. 591217 500,000 2/78 J.&G.I.,Ltd. Gp. 259

MMA COPY

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I refer to your phone call on 4/4/07 regarding Lesley Brown.
A copy of the original referral is attached. This was sent to physio at Haylodge here in Peebles as we were advised by you that all BBS referrals should be sent to local physio first.

Tricia
Secretary
X 204

Sent 5/4/07

MMA copy

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DAVID R. LOVE, M.B., Ch.B., F.R.C.G.P., F.R.C.P. (Edin).
G. EWAN McINTOSH, M.B., Ch.B., D.R.C.O.G., M.R.C.G.P.
ROGER A. BRYDON, M.B., Ch.B., M.R.C.G.P.
CLAIRE MELDRUM, M.B., Ch.B., M.R.C.G.P.,D.R.C.O.G.,D.F.F.P.

Hay Lodge Health Centre
Neidpath Road
Peebles. EH45 8JG

Telephone: 01721 720601
Fax: 01721 726989

2nd April 2007

Our Ref: GEM/GH
Your Ref: 136071

Borders Back Service
Physiotherapy Department
Borders General Hospital
Melrose
TD6 9BS

Dear Colleague

Re: **Miss Lesley Brown, Old Row, South Lyne Farm, Peebles, EH45 8NR (dob: 08/05/80)**

I would be grateful if this lady could be considered for a soon appointment. She was recently referred to you by Dr Mundweil and has since presented with an exacerbation of her back pain and some paraesthesia in her groin, with an altered sensation on urinating. She was assessed at casualty by the orthopaedic team and it was felt she did not require an MRI scan and her symptoms have improved a little.

I would be grateful if she could be seen for further advice and support.

Yours sincerely

Dr G E McIntosh

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NHS BORDERS – REFERRAL FORM FOR LOW BACK PAIN

NHS Borders

FOR OFFICE USE ONLY			
Date of First Physio Contact	Date of Referral to BBS	Date Received by BBS	Date of First BBS Contact

DATE OF REFERRAL 02/10/2004

CHI Number:	Hospital Unit Number:

	Lesley A Brown	GP Details
Surname	South Lyne Farm	GP
Forename	PEEBLES	Practice Dr C J Meldrum
Address	TWEEDDALE	Practice Address Hay Lodge Health Centre Peebles EH45 8JG
Postcode	EH45 8NR	Telephone Number 720601 (01721)
Date of Birth	8/5/80 Age	Fax Number
Sex	Female Occupation Playgroup supervisor	
Telephone Number	740659	

CORD SIGNS (treat as emergency)

Bladder/Bowel Disturbance	☐	Saddle Anaesthesia	☐	Gait Disturbance	☐

RED FLAGS (tick as appropriate)

Recent Weight Loss	☐	History of Cancer	☐	Systematically Unwell	☐
Possible Infectious Causes	☐	Bilateral Leg Pain	☐	Thoracic Pain	☐
New/Altered Back Pain <20 > 55 +raised or abnormal FBC or LFT's					☐

DATE OF ONSET OF PRESENT COMPLAINT:	DATE OF FIRST GP APPOINTMENT:
Mid February	19/3/7

	YES	NO
Presenting Complaint – Low Back Pain	☑	☐
– Associated Leg Pain	☑	☐
Smyptoms affecting sleep	☑	☐
Off work because of **THIS** problem	☑	☐
Off work for longer than 6 weeks	☐	☑
Previous physio for **THIS** problem	☐	☑
Previous episodes of low back/leg pain	☑	☐
Previous referral to the Back Service	☐	☑
Previous referral to the Pain Clinic	☐	☑

YELLOW FLAGS – for example – (tick as appropriate)

Depression	☐	Anxiety	☐	Decreasing levels of activitiy	☐
Bereavement	☐	Related Distress	☐	Medication Issues	☐
Avoidance Behaviour	☐				

ADVICE LEAFLET GIVEN Yes ☑ No ☐

B1041

PTO

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MEDICATION Co-codamol 15/500
(OTC nurofen plus → indigestion)

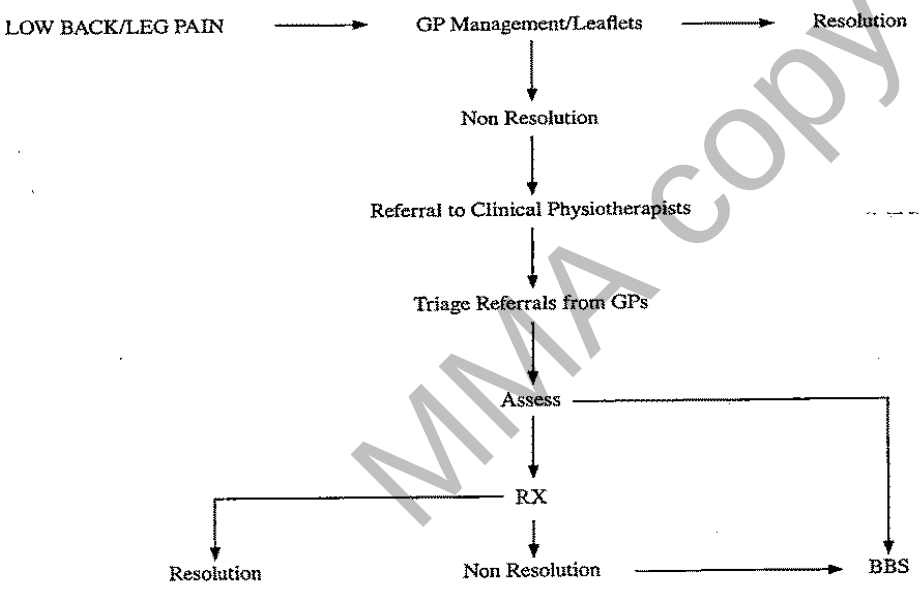
MEDICAL HISTORY

ALLERGIES

TEST RESULTS/INVESTIGATIONS

REFERRAL TO OTHER DEPARTMENTS

REFERRAL GUIDELINES



MMA COPY

PLEASE DO NOT HESITATE TO CONTCT US SHOULD YOU HAVE ANY CONCERNS REGARDING YOUR PATIENT.

BORDERS BACK SERVICE:

PHYSIOTHERAPY DEPARTMENT, BORDERS GENERAL HOSPITAL

Telephone: 01896 826548

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 GH.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Dermatology
Borders General Referral — **Consultant / receiving practitioner and/or specialty clinic**

Borders General Hospital — **Hospital and hospital address**

Hospital unit no. B120H

Email address

Urgency of referral Routine

PATIENT DETAILS

Surname	Brown
Forename(s)	Lesley A
Title	Miss
Sex	Female
Date of birth	08-May-1980
CHI no.	0805809767

Patient's address

Old Row
South Lyne Farm
PEEBLES
TWEEDDALE
EH45 8NR

Contact number(s)

Voice: 740659

REGISTERED GP DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	HAY LODGE HEALTH CENTRE (16211)		
Practice code	16211		

Practice address

NEIDPATH ROAD
PEEBLES
PEEBLES

Contact number(s)

Voice: 01721 720601

REFERRING PRACTITIONER DETAILS

Name	Dr. Ewan McIntosh		
GMC code	2338385	GP code	50814
Practice name	HAY LODGE HEALTH CENTRE (16211)		
Practice code	16211		

Practice address

NEIDPATH ROAD
PEEBLES
PEEBLES

Contact number(s)

Voice: 01721 720601

MHA copy

Sent 18/09/06 Glmca.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Multiple pigmented Naevi

Comment: Thank you for seeing this lady. She presents with a long history of slowly enlarging pigmented moles, some of which are pedunculated over her neck and trunk. None of them appear to have significant sinister features but I would be grateful for your opinion regarding their management. She is otherwise in good general health with no past history of note.

Examinations and Investigations

Current smoker: 17-Nov-2004 00:00

Alcohol intake within recommended sensible limits: 17-Nov-2004 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

Pre-existing conditions

Description	Start Date	Modifier	Extension	Date Recorded
Termination of pregnancy	07-Dec-2004	-	Medical.	07-Dec-2004
Spontaneous vertex delivery	17-May-2002	-	[redacted]	17-May-2002
Forceps delivery	11-Apr-2000	-		11-Apr-2000
Anxiety state NOS	-	-	-	19-Aug-1997
Alopecia areata	-	-	and 1996	01-Jan-1987

Past procedures (High priority)

Description	Extension	Modifier	Date Recorded
Contraceptive diaphragm	Size 75mm fitted.	-	23-Mar-2005
Stress counselling	Referral to councellor.	-	16-Feb-1999
Suction termination of pregnancy	-	-	24-Jul-1997
Suction termination of pregnancy	-	-	19-Dec-1996

Current Medication

No medications recorded

Recent Medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Hospital number if known:136071

Previous address 1:47 Horsburgh Street

Previous address 2:Innerleithen

Previous address 3:EH44 6LF

Patient's Age:26

Referred By:Registered GP

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Signature of referring doctor (or other professional) **Date**

MMA copy

NHS Confidential: Personal data about a patient

NHS Borders

NHS Borders.

Hay Lodge Hospital & Health Centre
Neidpath Road
Peebles EH45 8JG
Tel. No. 01721 722080
Fax. No. 01721 724223

25 MAR 2005

DL		FILE	✓
EM	✓	APPT.	
FC		NOTES	
RB	✓	SUMMARY	SC GH.
GPR		COMMENT	
RET.	✓	VISIT	

F.P. clinic.
Peebles.
23/3/05.

Dear Ewan,

Lesley Brown 8/5/80.
Old Row South,
Lyne Farm.

This patient attended for contraceptive advice. She was considering an I.U.C.D. and swabs had been negative. However she found even the initial examination too uncomfortable and decided instead to try a diaphragm with gynol II. contraceptive jelly. She was fitted with a * diaphragm size 75 mm. * Summary ✓ Qc
However she wished to have an injectable progesterone meanwhile, until she has become efficient in diaphragm use. IPT was negative and BP and weight satisfactory. Depoprovera 150 mg given
We shall see her for follow up.
With kind regards, Elizabeth.

MMA COPY

NHS Confidential: Personal data about a patient

[redacted]

CERVICAL CYTOPATHOLOGY

SMEAR No. UC011289M/05

NAME
ADDRESS Miss LESLEY BROWN
OLD ROW
SOUTH LYNE FARM
PEEBLES EH458NR
DATE OF BIRTH 08/05/1980
SURNAME AT BIRTH
N.H.S. No.
CHI/Clinic No. 0805809767

23/02/2005 24/02/2005
30/01/2005 See Below
See Below
Sheath
None
Routine Recall
Normal
Liquid based cytology
PARITY 2+1

Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles

Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road

DL		FILE	
GM		APPT.	
EC		NOTES	
FH		SUMMARY	
GPR		COMMENT	
RET.		VISIT	

CYTOPATHOLOGY REPORT

Negative ThinPrep, repeat routinely.

RESULT
Negative
TZ Indicators Present

CLINICIAN'S COMMENT

RECOMMENDATION
Routine Recall

Dr A R W Williams 03/03/2005

IMA copy

Miss LESLEY BROWN
OLD ROW
SOUTH LYNE FARM
PEEBLES EH458NR

Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles
EH45 8JG

UC011289M/05 23/02/2005

Feb 2008

14/3/05

NHS Confidential: Personal data about a patient

ST

Borders General Hospital NHS Trust

Dr R Campbell
Obstetrics & Gynaecology
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

NHS Borders

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Date: 2nd January, 2005
Your Ref:
Our Ref: AH/EW/136071

Enquiries to: *Elaine Wight*
Extension: 6729
Direct Line: 01896 826729
Fax: 01896 826728
E-mail:
elaine.wight@borders.scot.nhs.uk

Dear Dr McIntosh

Miss Lesley Brown Old Row South Lyn Farm Peebles EH45 8NR (dob 08.05.1980)

Admitted:	**03.12.2004**
Diagnosis:	**Unplanned pregnancy**
Procedure:	**Medical termination of pregnancy**
Date of Procedure:	**04.12.2004**
Discharged:	**04.12.2004**

This 24 year old was admitted for MTOP following an unplanned pregnancy. She had had anti-D just before her MTOP as she rhesus negative and products of conception were passed following the administration of vaginal Misoprostol. Contraception options were discussed and an information leaflet was given with advice to attend the Family Planning Clinic or your Surgery for further advice.

Best wishes.

Yours sincerely

Ali Hadi
Senior House Officer to Dr R Campbell

MMA COPY

17 JAN 2005

DI		FILE	✓
EM	✓	APPT.	
EC		NOTES	
RP		SUMMARY	
GPR		COMMENT	
RET.		VISIT	

NHS Confidential: Personal data about a patient

Borders General Hospital NHS Trust

Dr R Campbell
Obstetrics & Gynaecology
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

NHS Borders

Dr E Platt
Locum GP to Dr McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Date: 1st December, 2004
Your Ref:
Our Ref: AH/EW/136071

Enquiries to: *Elaine Wight*
Extension: 6729
Direct Line: 01896 826729
Fax: 01896 826728
E-mail:
elaine.wight@borders.scot.nhs.uk

Dear Dr Platt

Miss Lesley Brown Old Row South Lyn Farm Peebles EH45 8NR (dob 08.05.1980)

This 24 year old, para 3+0, was seen in the Gynaecology Out-Patient Clinic today for consideration of termination. Two weeks previously she had some nausea and vomiting with lower abdominal pain and pregnancy test was done which turned out to be positive. This came as a shock to her as she does not at all feel ready for another child with her two children aged [redacted] Her periods are normally erratic and says that she uses condoms for contraception as she had had a lot of problems with emotional liability whilst she was on the contraceptive pill. She said that [redacted] supportive of her decision of termination.

Lesley was counselled regarding the methods of termination, chlamydia screening and contraception and the decision was made for her to undergo medical termination for which she was given Mifepristone and will have her Prostaglandin and the rest of her treatment on 04.12.2004. She is rhesus negative and will, therefore, require anti-D following her termination.

Best wishes.

Yours sincerely

Ali Hadi
Senior House Officer to Dr R Campbell

MMA COPY

14 DEC 2004

DL		FILE	✓
EM	✓	APPT.	
EC		NOTES	
RB		SUMMARY	
GPR		COMMENT	
RET.		VISIT	

NHS Confidential: Personal data about a patient

PREGNANCY ASSESSMENT UNIT
Direct Telephone : 01896 826735 Fax : 01896 826720
Mon - Fri 8:30am - 4:30pm

NHS Borders

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

30-Nov-04

Dear Dr McIntosh

Consultant: Brian A Magowan

Re : Lesley Brown 4 Caddon Court INNERLEITHEN EH44 6LW
DOB 08/05/1980 Unit Number 136071

This 24 year old para 2+0 was seen on 29/11/2004 at the Pregnancy Assessment Unit.

Previously been referred to X-ray Department for a dating scan and, unfortunately, there had been some delay before this appointment reached my desk. Lesley was unsure of her LMP but thought to be around 3 months pregnant. On arrival today, Lesley had reported some heavy pv bleeding last night. However, on scan today a single viable intra-uterine pregnancy equating to 12 weeks and 5 days was identified. Lesley was not quite sure about today's finding and is adamant that she does not wish to continue with this pregnancy, therefore, Ih ave asked for a letter from yourself and have arranged an appointment at Gynae Out-Patients for Wednesday afternoon. Lesley was also given 250 iu anti-D as she is rhesus negative.

Diagnosis: Ongoing pregnancy
Management:
Follow Up To be seen in Gynae Out-Patients

Yours sincerely

Mandy Murray
Clinical Midwife Specialist

DL		FILE	✓
EM	✓	APPT.	
EC		NOTES	✓
RS		SUMMARY	
GPR		COMMENT	
RET.		VISIT	

01 DEC 2004

MMA COPY

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Hospital Use Only Clinic Day/Date Time Hospital No.

HAY LODGE HEALTH CENTRE, NEIDPATH ROAD, PEEBLES EH45 8JG 01721 720601
or 01721 720380

Routine / Urgent

Date 30/11/04

Hospital BORDERS GENERAL

Please arrange for this patient to attend the GYNAECOLOGY clinic of Dr. / Mr. DR. CAMPBELL

Patient's Surname BROWN

Maiden Surname

First Name LESLEY

Date of Birth 08/05/80

Address OLD ROW
SOUTH LYNE FARM
PEEBLES, EH45 8NR

Single / Married / Widowed / other

Patient's Occupation

Contact Tel. No.

Health Board of Residence BORDERS

Has the Patient attended this hospital before? Yes / No

Name G.P. EP/GEM/JC

Unit No.1

G.P's Code B5081 4

Unit No.

Practice Code 16211

Contract No. 0805809767

Dear Doctor

Thank you for seeing this 24 year lady who finds herself pregnant for the third time. Her last period was three months ago and she had a dating scan yesterday which shows her to be just over 12 weeks pregnant. She had had some bleeding and abdominal pain on Sunday and I am unsure as to whether this has settled down. Lesley [redacted] two children age[redacted] feel tha[redacted] be unable to cope with another child. This was a totally unexpected pregnancy and [redacted] have been using condoms for contraception. Lesley is very keen for a termination of pregnancy and I would be most grateful if you would see her with regard to this.

I have filled in and enclose the Certificate A with this letter.

Yours sincerely

Emma Platt

Dr. Emma Platt
Locum G.P.

Enc. Cert. A

MMA COPY

NHS Confidential: Personal data about a patient

Closed Call Details

Additional Details | Acknowledge this call

NHS No:	1358625	Call Received:	28/11/2004 17:53	Received by:	Sandra,	NHS 24	
Outcome:	Attend PCEC within 1 Hr			Outcome Code:	PCC2		
PCC:	BGH	Triage Start:	28/11/2004 17:57	Triage Finish:	28/11/2004 18:01		

Patients Present Location

Address:	Old Row, South Lyne Farm, Peebles, EH45 8NR
Phone:	01721 740659

Registered GP Details (at time of call)

Dr Name:	Mcintosh,Ewan
Practice:	PEEBLES LOVE PRACTICE (16211)
Script No:	B50814

Patient Home Details (0805809767)

Name:	LESLEY BROWN
Address:	
Phone:	01721 740659
Sex:	F
DOB:	08/05/1980
Age:	24 years old
Contact:	
Contact Phone Number:	01721 740659

Clinical Summary:
Date: 28/11/2004
Description: HEAVY VAGINAL BLEEDING,LOWER ABDOMINAL PAIN. 8 WEEKS PREGNANT. NOT BOOKED AS YET.USS BOOKED FOR TOMORROW.ATTEND PCEC 1HOUR

Call Number:	0000014656	Date:	28/11/2004	Time:	18:09	Passed:	18:14
Status:	Attend						
Urgency:	Within 1 Hour	Attended	☑				

Notes to Practice:
Pregnant-LMP approx 8 weeks ago.Booked for USS tom.Rhesus neg.3rd pregnancy.PV bleeding and lower abdo cramps 2 hrs.O/E p 80,BP 122/65,abdo mildly tender suprapubic,Spec fresh blood in vagina,No tissue/clots seen,Mild ooze cervix.Dx Threatened m/c.Will be seen in pregnancy unit tomorrow.

Diagnosis:
Threatened Miscarriage

Drugs: There were no drugs attached to the call

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To:	None			Dept:	None
Review by GP:	☐	When:				Where:	
Patient to contact GP:	☑						

	Date	Time					
Patient Arrival:	28/11/2004	19:35					
	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Clinical1:	28/11/2004	19:40	20:00	Clinical2:			
	Clinical Group		Name		Completion Date/Time:	28/11/2004 20:05	
Duty Clinician	SESSIONAL GP'S		Dr EMMA PLATT		Closed By:	jsavory	

DL		FILE	✓
EM	✓	APPT.	
EC		NOTES	
RO		SUMMARY	
GPR		COMMENT	
REF.		VISIT	

29/11/2004

TayCare

MIA COPY

NHS Confidential: Personal data about a patient

Karen - I don't see any point in ~~not~~ sending another letter at present

Pam.

P.S was she excluded in Feb

Pam

fde

Lesley Ann Brown D.N.A

3 3mew appt fmts 30/03/04 and 27/05/04 & 16/06/04

Tried to phone her 31/05/04 number unobtainable

Looked at pink Shld she be excluded for 1 year

Symbicort®

entered on computer 01/12/03 invite not replied recall 1 year

MMA copy

NHS Confidential: Personal data about a patient

ST RONANS HEALTH CENTRE

Dr R L Cumming
Dr G Watt
Dr P Ward

Buchan Place
Innerleithen
EH44 6QE

Tel: 01896 830203
Fax: 01896 831202

28 June 2004

Lesley Ann Brown
47 Horsburgh Street
Innerleithen
EH44 6LF

Dear Miss Brown

You have in the last two weeks not attended three appointments in the Health Centre. This has resulted in a waste of approximately 40 minutes of clinical time which could have been used by somebody else.

I would be grateful in future if you could let us know when you cannot attend so we can allocate the time to someone else.

On reviewing your file over the last few years this phase of not attending booked appointments has been persistent and with limited resources available we are sometimes forced to put people off our list should they persistently book appointments and not attend for them.

With thanks.

Yours sincerely

Dr G Watt

MIRA copy

NHS Confidential: Personal data about a patient

ST RONANS HEALTH CENTRE

Dr R L Cumming
Dr G Watt
Dr P Ward

Buchan Place
Innerleithen
EH44 6QE

Tel: 01896 830203
Fax: 01896 831202

1 March 2004

Lesley Ann Brown
47 Horsburgh Street
Innerleithen
EH44

Dear Lesley

It has been brought to my attention that you are overdue a cervical smear test. I see from looking back in your records that you have had problems with the smear tests in the past and I feel it is very important that we keep up to date with these. I would therefore be very grateful if you could an appointment with either one of the doctors or nurses for smear test as soon as possible. I realise it is perhaps not the most pleasant thing to have done, however we know that it helps to protect against cervical cancer and if we do pick up any abnormalities these can usually be treated very easily if they are picked up early.

If you have any particular concerns that you would like to discuss with me then please don't hesitate to get in touch.

Best wishes.

Yours sincerely

Dr P Ward

MMA COPY

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Dear Pam

This lady has been contacted on 4 occasions and had a recorded delivery letter sent on 12/01/04 01/12/03 She still has not responded re cervical screening.
Please advise of next appropriate action.

Thank you.

Karen

2

HER LAST SMEAR WAS 30/07/02
Neg 1 year recall.
Has had abnormal smears in the past

MMA copy

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ST RONANS HEALTH CENTRE

PARTNERS
R,L.Cumming
G. Watt
F.A.Soutter

Buchan Place
Innerleithen
EH44 6QE
Tel:01896 830203
Fax:01896 831202

Dear Miss Brona,

We have written to you twice to ask if you would come along for a smear. It is only because we feel it is an important test that we are writing a third time.

If you would like to discuss the test or to have it done please make an appointment for this. Remember that the smear can be taken by a trained nurse if you ask for this when making your appointment.

If you do not wish the test to avoid further reminders could you please **tick and sign** one of the statements below and return this letter to us in the SAE provided.

1. I do not wish a smear test at present but would like to be asked again in a few years time.
2. I wish to be removed from your recall list permanently.

Please sign name here .....

Any other comment you wish to make?
.....
.....
.....
.....
.....

Please remember that you can change your mind at any time.

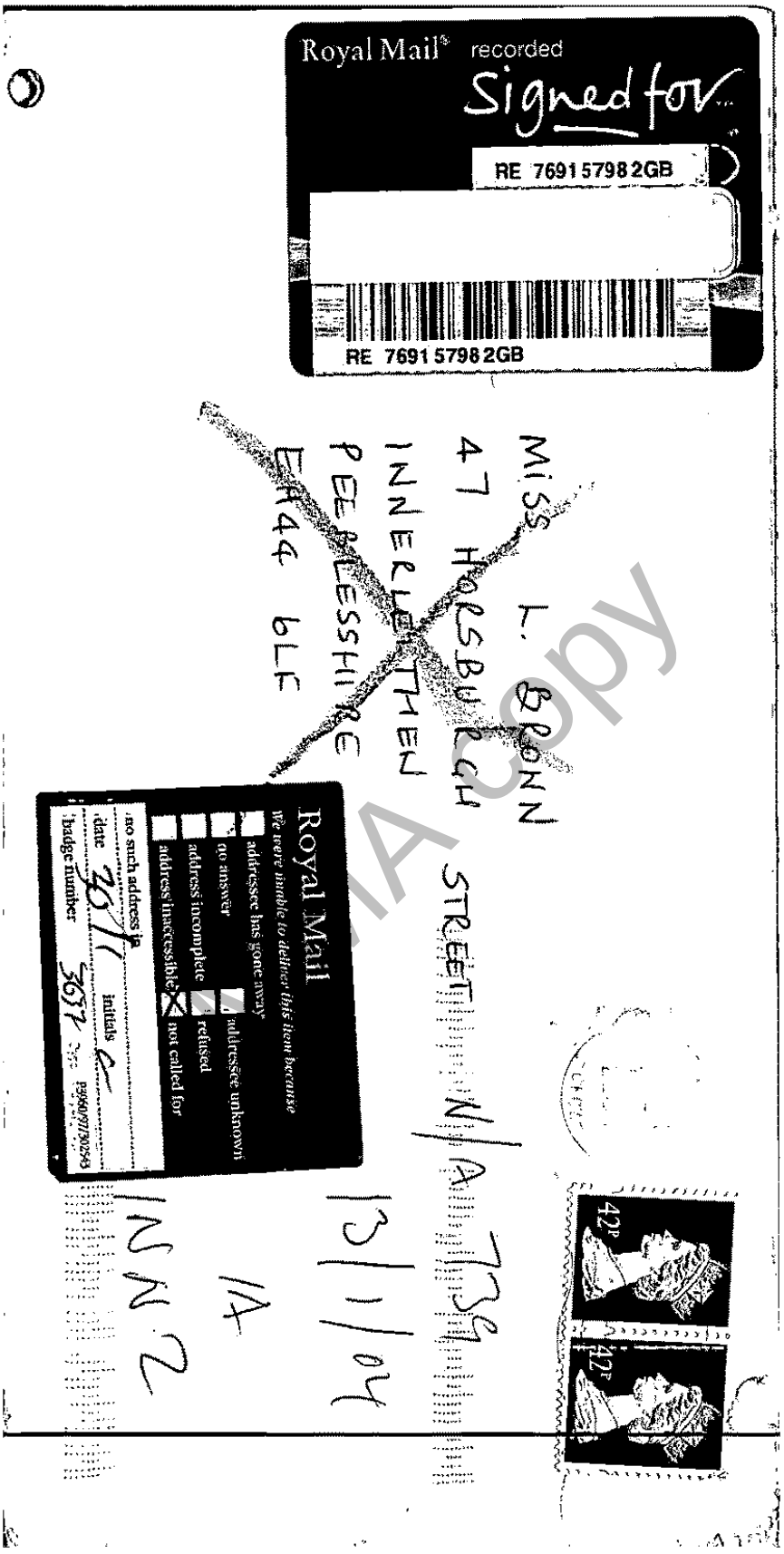
Kind regards
Yours sincerely,

K Simpson.

PP For Drs Cumming, Soutter & Watt

MMA copy

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COPY

NHS Confidential: Personal data about a patient

Miss Lesley-ann Brown
47 Horsburgh Street
INNERLEITHEN
PEEBLESSHIRE
EH436LF

ST RONANS HEALTH CENTRE
Innerleithen
Peeblesshire
EH44 6QE
01896 830203
3 October, 2003

Dear Miss Brown

We have written to you twice now to ask if you would come along for a repeat smear. It is only because we feel it is an important test that we are writing a third time.

If you would like to discuss the test or to have it done please make an appointment for this. Remember that the smear can be taken by a trained nurse if you ask for this when making your appointment.

If you do not wish the test to avoid further reminders could you please tick one of the statements below and return this letter to us in the SAE provided.

1. I do not wish a smear test at present but would like to be asked again in a few years time.

2. I wish to be removed from your recall list permanently.

Any other comment you wish to make? .....

Please remember that you can change your mind at any time.

* Please Sign here :

Yours sincerely,

K Simpson

pp Dr Pamela Ward

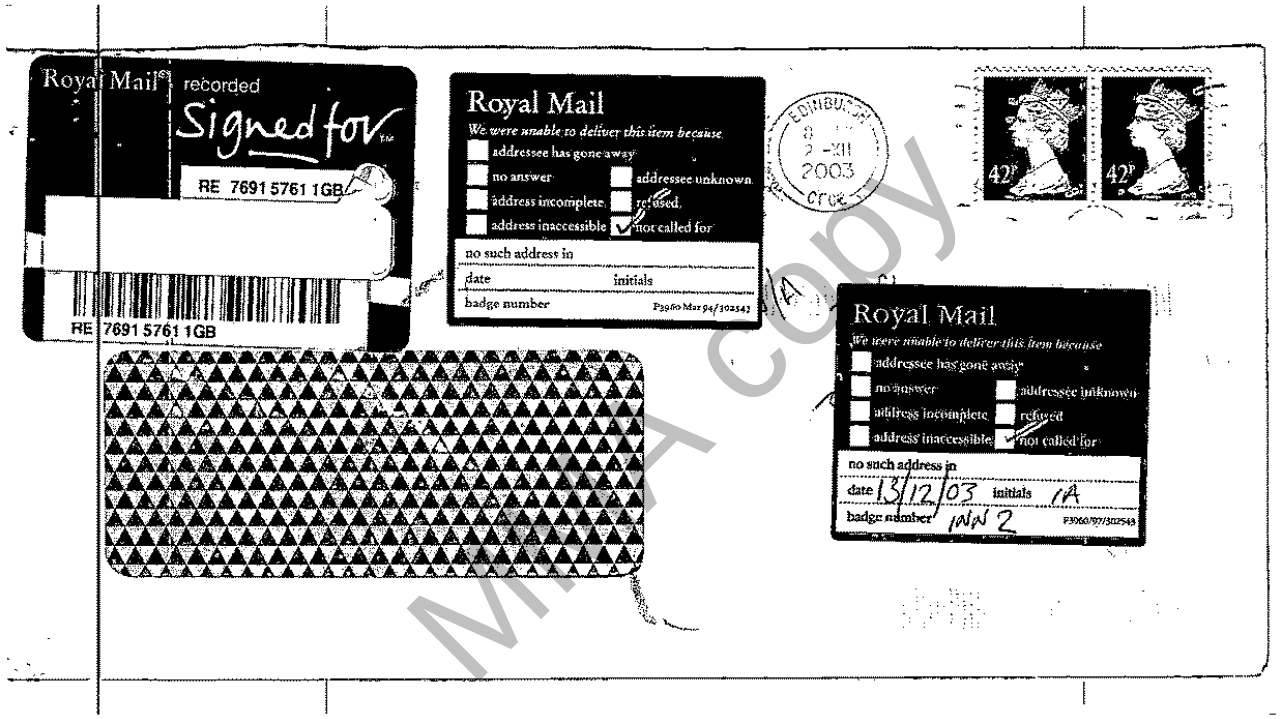
re-send 3rd letter 12/01/03

FILE

IMIGRAN

MMA copy

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MRA copy

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QCVA@DDAILYJCP/QCY003BA CERVICAL CYTOLOGY CALL/RECALL SYSTEM DATE: 18/06/2002 TIME: 20:43:18 PAGE: 3

HEALTH BOARD : BORDERS

CYTOLOGY PERSONS WITH NEW GP - B516O DR. SOUTTER

CHI NO.	NAME & ADDRESS	SCR. STATUS	RECALL DATE	GP NO. OLD	GP NO. NEW	TC NO. OLD	TC NO. NEW
0805809767	LESLEY-ANN BROWN 47 HORSBURGH STREET INNERLEITHEN PEEBLESSHIRE EH436LF	DEFAULTER	07/06/2001	B5081	B516O	B1621	B1612

DATE EXAM	DATE READ	SOURCE	SMEAR REASON	TEST TYPE	RESULT	RECALL ADVICE	INFECTION
07/12/2000	12/12/2000	OWN GP	CLINICAL	ACTION RECALL	BNC	6 MONTHS	NO INFECTION
31/05/2000	02/06/2000	OWN GP	CLINICAL	ACTION RECALL	MILD DYSKARYOS.	3 MONTHS	NO INFECTION
18/12/1996	16/12/1996	OTHER H.B.	NOT KNOWN	3 YEAR RE-TEST	OTHER/UNSPEC'D	3 YEARS	UNKNOWN

CHECK SMEAR RESULT

30/07/02 RPT 12 MONTHS

MMA copy

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[redacted]

DEPARTMENT OF PATHOLOGY
UNIVERSITY MEDICAL SCHOOL
TEVIOT PLACE EDINBURGH EH8 9AG
Tel: 0131-650 3000

CERVICAL CYTOPATHOLOGY

SMEAR No. UC05274SF/02

NAME
ADDRESS Miss LESLEY ANN BROWN
47 HORSBURGH STREET
INNERLEITHEN
PEEBLESSHIRE
DATE OF BIRTH
SURNAME AT BIRTH 08/05/1980
N.H.S. No.
CHI/Clinic No. 0805809767

	N	F
RLC		
GW		EH 36L
FS		
T		✓

Date taken 30/07/2002
Date received 31/07/2002

L.M.P. / Parity See Below
Cycle See Below
Contraception No Contraception.
Symptoms None
Indications Routine Recall
Cervix Normal
Specimen CERVICAL SMEAR
Other information p2+2

G.P.
Dr C Brown
St Ronan's Health Centre
Angle Park
Innerleithen
Peebleshire

SENDER
Dr C Brown
St Ronan's Health Centre
Angle Park
Innerleithen

CYTOPATHOLOGY REPORT

Negative smear.

Please repeat in 12 months.

OK
SEE G.P.
SPEAK TO G.P.

RESULT
Negative
TZ Indicators Present

* CLINICIAN'S COMMENT
N

RECOMMENDATION
Repeat smear

The sealed envelopes attached contain the information already printed/shown hereon. Type or write any details to be added in spaces provided * ***before*** detaching the envelopes from this copy. These details will then be transferred to the letter/report within the sealed envelopes.

TO
[redacted]

FROM
Dr C Brown
St Ronan's Health Centre
Angle Park
Innerleithen
Peebleshire
EH44 6PG

Smear No: UC05274SF/02 Date Taken: 30/07/2002

* You will be pleased to know that your cervical smear is normal. You should have your next smear in Jul 2003 and you should be sent a reminder at that time.
If you have any symptoms that worry you before then please contact your doctor.

Signature: Date:

MMA copy

NHS Confidential: Personal data about a patient

POSTNATAL DISCHARGE SUMMARY

MOTHER

Cons / GP: Dr McIntosh

Name: Lesley Ryan

CRN: C312655W

Discharge address: 60 Balatro Crescent Peebles. 4 Caddon Court Innerleithen.

Telephone No.:

Discharge date: 18/5/02 PN Day: 1

Parity: 1+0

Type of delivery: SVD

Indication for instrumental / operative delivery

Delivery date: 17/5/02 **Time:** 21:50 hrs

Length of labour in labour wd: hrs 18 mins

Length of labour prior to labour wd: hrs 40 mins

Analgesia: Entonox

Anaesthetic: —

Perineum: Intact / Tear / Episiotomy

Skin closure: ~~Tset~~ Vicryl

Blood loss: 450 ml

Placenta: Complete / incomplete

Membranes: Complete / incomplete ruptured.

Blood group: O Rh Neg

Anti D given: Yes / No

Date: 15/5/02 Time: 12:45 hrs

Rubella immune: Yes / No

Vaccine given: Yes / No

Date: / / Time: : hrs

P/N Hb: g/dl (Not done <48hrs P/N)

Treatment: None / Iron / Blood transfusion

Contraception: To see GP / Condom / Pill / None

Prescription:

P/N 6 Wk: Hospital / GP

Smear >3yrs ago: Yes / No

BABY

[redacted]

CRN: C312655W

Gestation: T+9 wks

Apgar score: 8 1min 10 5mins

Birth weight: 3670 Kg

Discharge weight: Kg

OFC: 35.9 cm Length: 54 cm

PKU Yes / No

Date: / / Time: : hrs

Cord: On / off

Hips checked: Yes / No Baby ≤ 2wks old C-P to check at 6-8 wk

Jaundice: Yes / No

Highest SBR: mmol/L

Feeding: Breast / bottle

OTHER NOTES (Including all discharge medication)

SIGNATURE: Amanda

MMA copy

White Copy—Community Midwife Yellow Copy—GP Pink Copy—Notes

B332

NHS Confidential: Personal data about a patient

Borders General Hospital NHS Trust

Dr B A Magowan
Obstetrics & Gynaecology
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

NHS Borders

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Date: 22nd May 2002
Your Ref:
Our Ref: BAM/MMcK/136071b

Enquiries to: *Marion McKenzie*
Extension: 6732
Direct Line: 01896 826732
Fax: 01896 826728
E-mail:
marion.mckenzie@borders.scot.nhs.uk

Dear Dr McIntosh

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Date of Admission: 17/05/2002
Date of Delivery: 17/05/2002 - SVD
Date of Discharge: 18/05/2002

Pregnancy 22 year old Para 1+0, blood group O rhesus negative. Hepatitis B negative. Rubella immune. Unremarkable pregnancy.

Labour and Delivery SVD at 10 plus 9 weeks. Primary perineal tear repaired with Vicryl.

Infant live [redacted] birth weight 3.87 kgs. Apgars 8 at one minute and 10 at five minutes.

Puerperium mother and baby well post-natally. Discharged less than 24 hours old. GP to check at 24 hours. Breast-feeding established. Anti-D 500 iu given for rhesus negative status. Smears up-to-date. To see GP in 6 weeks.

Kind regards.

Yours sincerely

Diane Simpson
Senior House Officer to Dr Brian A Magowan

MMA COPY

DL		FILE	✓
EM	✓	APPT.	
EC	✓	NOTES	
GER		SUMMARY	
AP		[illegible]	

check that seen by a GP last week
27 MAY 2002 INNOCULATED.

NHS Confidential: Personal data about a patient

POSTNATAL DISCHARGE SUMMARY 831-202.

MOTHER

Cons / GP Dr McIntosh

Name Lesley Ryan

CRN C312655W

Discharge address 60 SARATOGA CRES PEEBLES. 4 Caddon Court Innerleithen.

Telephone No.

Discharge date 18/5/02 **PN Day** 1

Parity 1+0

Type of delivery SVD

Indication for instrumental / operative delivery

Delivery date 17/5/02 **Time** 21:50 hrs

Length of labour in labour wd 2 hrs 18 mins

Length of labour prior to labour wd 2 hrs 40 mins

Analgesia Entonox

Anaesthetic —

Perineum Intact / Tear / Episiotomy

Skin closure ~~Prolene~~ Vicryl

Blood loss 450 ml

Placenta Complete / incomplete

Membranes Complete / incomplete ruptured.

Blood group O Rh Neg

Anti D given Yes / No

Date 17/5/02 Time 12:45 hrs

Rubella immune Yes / No

Vaccine given Yes / No

Date __/__/__ Time __:__ hrs

P/N Hb _____ g/dl / *Not done <48hrs P/N*

Treatment None / Iron / Blood transfusion

Contraception To see GP / Condom / Pill / None

Prescription

P/N 6 Wk Hospital / GP

Smear >3yrs ago Yes / No

BABY

[redacted] Name

CRN C312655W

Gestation T+9 wks

Apgar score 8 1min 10 5mins

Birth weight 3670 Kg

Discharge weight — Kg

OFC 35.9 cm Length 54 cm

PKU Yes / No

Date __/__/__ Time __:__ hrs

Cord On / off

Hips checked Yes / No Baby ≤ 24hrs old. C.P.H. check please.

Jaundice Yes / No

Highest SBR _____ mmol/L

Feeding Breast / bottle

OTHER NOTES (Including all discharge medication)

SIGNATURE Amanda

White Copy—Community Midwife Yellow Copy—GP Pink Copy—Notes

B332

MMA COPY

NHS Confidential: Personal data about a patient

Borders General Hospital NHS Trust

Dr B A Magowan
Obstetrics & Gynaecology
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

NHS Borders

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Date: 30th April 2002
Your Ref:
Our Ref: BAM/MMcK/136071a

Enquiries to: *Marion McKenzie*
Extension: 6732
Direct Line: 01896 826732
Fax: 01896 826728
E-mail:
marion.mckenzie@borders.scot.nhs.uk

1 MAY 2002

Dear Ewan

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Thank you for asking me to review this 21 year old Para 1+2 at 39 weeks today. You had been concerned about growth.

Clinically, and on ultrasound, I am pleased to say that the growth and liquor were normal. I will simply see her again in 2 week's time as had originally been planned.

With kind regards.

Yours sincerely

Brian A Magowan MRCOG
Consultant Obstetrician & Gynaecologist

DL		FILE	✓
EM	✓	APPT.	
EC		NOTES	
GPR		SUMMARY	
RET		CC	

MMA copy

NHS Confidential: Personal data about a patient

Borders General Hospital NHS Trust

Dr B A Magowan
Obstetrics & Gynaecology
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

NHS Borders

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Date: 25th March, 2002
Your Ref:
Our Ref: DS/MMcK/136071

Enquiries to: *Marion McKenzie*
Extension: 6732
Direct Line: 01896 826732
Fax: 01896 826728
E-mail:
marion.mckenzie@borders.scot.nhs.uk

Dear Dr McIntosh

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

I saw this pleasant 21-year-old Para 1+2 lady at 33 plus 4 weeks in Dr Magowan's Antenatal Clinic today. She was feeling well, her nausea having settled now. She has no increasing oedema, no headache, no PV bleeding and just mild backache. She has felt good fetal movements.

She attended for ultrasound scan because a low lying placenta had been identified in November. Today's scan showed an anterior placenta with the leading edge clear of the os.

On examination today her fundal height was 32 cms, longitudinal lie and cephalic presentation and the head was free. The fetal heart was heart, rate 132.

I took routine bloods for full blood count and blood group today. I understand this lady is rhesus D negative and therefore the Laboratory will contact the Health Centre should any anti-D be required at 34 weeks. Unfortunately the patient had forgotten her hand-held notes. I cannot identify any further problems at this stage and therefore have asked her to make a repeat appointment to be seen at term. Should she have any further problems in the meantime we would be happy to see her before then.

Kind regards.

Yours sincerely

4 APR 2002

Diane Simpson
Senior House Officer to Dr Brian A Magowan

DL		FILE	✓
EM	✓	APPT.	
ES		NOTES	
GPR		SUMMARY	
RET		COMMENT	

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ANTENATAL No.

HAND HELD NOTES LOST.

N.B. If there is anything on this card which you do not understand, Do not hesitate to ask your Doctor or Midwife.

L.M.P

E.D.D. 1.

2.

E.M.E.E.

Age 21

Parity 1+2.

Height

Blood Group O Rh NEG

Pregnancy Test:

Date Result

1.

2.

Ultrasound Scans

	Date	BPD	Weeks
1			
2			
3			

Surname Mrs BROWN

First Names LESLEY

Address 60 DALATHO CRESC. PEEBLES.

Date	Wks.	Weight (Kg)	Urine P	Urine S	BP	Fundus (cm) / Girth	Pres.	Level	FHH	Hb	Oed.	Problems, Investigations, Treatment etc (Please record all medicines)	Return Visit Date	Return Visit Place	G.P. Copy Sent
10.12.01												Booking			
9.1.02	23/40		—	—	130/78										
28.1.02	25+/40								FHB			AFP 16 wks. Yes/No			
06.2.02	28+				130/80		C	Free	FHH			Bloods taken			
5.3.02	30+				120/80				FHH						
3.4.02	D.N.A.														
Sun @ BAH	34.					32.	C	Free	FHH 132			Well. FMF.			
23/4/02	38+		Nil		110/70		C	F				Well. ? ~ SFD — US			
8/5/02	40+		Neg		120/82	D.	C	3/5	Eng H FHF			Well, no problem. To see Dr. Mazen on Tues.		Rings	

Analgesia

Signature

Special Problems

FOR OFFICE USE

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Bordoc

NAPP

FILE..

OxyContin® modified release oxycodone hydrochloride tablets

Name: Lesley Anne Brown

Address: 60 Dalatho Crescent
PEEBLES

EH45 8DU

[redacted]

Call Date/ Time: 02-Feb-2002 20:44

Call No.: 47450

Patients G.P.: GEM / PL

Duty G.P.: [illegible]

TEMPORARY RESIDENT? ☐

Home Add.: (if different) 60 Dalatho Crescent
PEEBLES

EH45 8DU

Home GP: McIntosh, G Ewan

Symptoms: medication advice

Time Seen/ Adv Sent: 20-44

Telephone Advice ☑
PCC Visit ☐
Home Visit ☐
Night Visit ☐

History and Clinical Findings: ② temple headache all day, ° aura ° flashing lights, ° N ° V. feels dizzy.
Has paracetamol at home.

① - attend Heylodge → pick up codydramol x4
TT 4 hourly ĉ prn
→ imigran 400mg x3.
80: oct Domecor.

FOLLOW UP

Admit to Hospital/Dept.:

GP to Contact/Visit on:

Patient to book appointment ☐

Nurse to visit on:

No further action ☑

DIED on:

CALL RESULTED? ☐ FAXED ☐

Diagnosis: Headache.

Treatment/ Advice: TCRS if new.

MMA copy

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BORDERS GENERAL HOSPITAL
NHS TRUST
OFFICE FAX: 01896 826728

Consultant Obstetricians & Gynaecologists:
Dr I E Lawles
Dr A J Gordon
Dr B A Magowan
Dr R Campbell

Associate Specialist:
Dr M A Abdel All

Secretaries:
Miss Elaine Wight 01896 826729
Mrs Nancy Chapman 01896 826728
Miss Marion McKenzie 01896 826732

E-mail:
marion.mckenzie@borders.scot.nhs.uk

BAM/MMcK/136071

12th November 2001

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Ewan

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Thank you for referring this 21 year old Para 1+2 who is currently almost 15 weeks by scan and keeping well with no significant problems. She will contact the practice in just under 2 weeks time for her AFP and booking bloods. Thereafter we will see her back at 31 weeks in Peebles. The comment was made that the placenta was slightly low and it would be worth rechecking when we see her back at that stage. I suspect it will not cause any significant problems.

With kind regards.

Yours sincerely

Brian A Magowan MRCOG
Consultant Obstetrician & Gynaecologist

MMA Copy

15 NOV 2001

	L	M	E	R
F		✓		
N				
A				
S				
C				

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 826000 FAX : 01896 823476

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BORDERS PRIMARY CARE NHS TRUST
MINOR INJURIES TREATMENT RECORD

(L)

Hospital/Health Centre ..... Hawick .....

Date: 13/5/01 ✓
Time Arrived : 12.30
Time Assessed: 12.35
Time Treatment Commenced: 12.37
If not assessed within 10 minutes of arrival, state reason: —

PATIENT DETAILS

Name: Lesley Brown
Address: 60 Dunthio Cres.

Age: 21 DOB: 8.5.80
Sex: M / (F)
GP's Name: Dr McIntosh.
GP's Address: Hawick Health Centre.

PATIENT ASSESSMENT

Description of Incident:

Received laceration to (R) forearm by banging on a window.

Assessment and Observations:

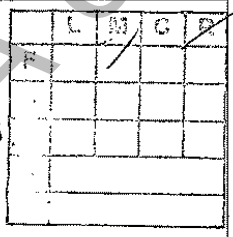
Wide deep wound. No bleeding. Clean. Tetanus status: 2yrs ago.

Main Diagnosis:
- Laceration ✓
- Bites/Stings
- Burns/Scalds
- Fracture
- Soft Tissue Injury
- Head Injury
- Other, Please Specify

PATIENT TREATMENT

Treatment given:

Wound cleaned and dressed.



Future Management: Patient sent to BGH for sutures.

EC

Treatment Given:
- Nurse Only ✓
- Nurse with Advice
- GP Attended

Treatment Time in Minutes:
- <15 ✓
- 15-30
- 30-60
- >60

ONCE ONLY DRUGS

Medicine	Dose	Route	Doctor's Sig.	Time Given	Given by

DRUGS DISPENSED TO PATIENT

Medicine	Dose	Route	Frequency	Doctor's Sig.	Disp. by	No. of tabs

Signature of Nurse Attending ..C Hunter.....Grade..SP..
Signature of Doctor Attending .....

Outcome:
- Discharged Home
- Admitted to Hospital
- Refer to GP
- Refer to Treatment Room

Other, Please Specify:

A/E @ BGH.

COPY TO MINOR INJURIES FILE

P684

MMA COPY

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[redacted]

DEPARTMENT OF PATHOLOGY
UNIVERSITY MEDICAL SCHOOL
TEVIOT PLACE EDINBURGH EH8 9AG
Tel: 0131-650 3000

CERVICAL CYTOPATHOLOGY

SMEAR No. UC081357Y/00

NAME
ADDRESS Miss LESLEY BROWN
60 DALATHO CRES
PEEBLES
EH458DU

DATE OF BIRTH 08/05/1980
SURNAME AT BIRTH
N.H.S. No.
CHI/Clinic No. BG136071B

Date taken 07/12/2000
Date received 12/12/2000

L.M.P. See Below
Parity
Cycle See Below
Contraception
Symptoms None
Indications Other
Cervix Normal
Specimen CERVICAL SMEAR
Other information 1+2/ Repeat Smear

G.P. Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles

31 JAN 2001

	L	M	C	R
F		/		

SENDER
Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road

CYTOPATHOLOGY REPORT

Nuclear changes bordering on dyskaryosis.

Please repeat in 6 months.

RESULT
Borderline nuclear changes
TZ Indicators Present

* CLINICIAN'S COMMENT

RECOMMENDATION
Repeat smear

Dr AS Krajewski 25/01/2001

NMA Copy

The sealed envelopes attached contain the information already printed/shown hereon. Type or write any details to be added in spaces provided ***before*** detaching the envelopes from this copy. These details will then be transferred to the letter/report within the sealed envelopes.

TO Miss LESLEY BROWN
60 DALATHO CRES
PEEBLES
EH458DU

FROM Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles
EH45 8JG

Smear No: UC081357Y/00 **Date Taken:** 07/12/2000

* There are some signs of inflammation on the smear test. It should be repeated in about 6 months. I would be happy to discuss this any time

Signature: [redacted] Date: 31/1/01

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DEPARTMENT OF PATHOLOGY
UNIVERSITY MEDICAL SCHOOL
TEVIOT PLACE - EDINBURGH EH8 9AG
Tel: 0131-650 3000

CERVICAL CYTOPATHOLOGY

SMEAR No. UC037709K/00

NAME Miss LESLEY BROWN
ADDRESS 60 DALATHO CRES
PEEBLES

DATE OF BIRTH 08/05/1980
SURNAME AT BIRTH
N.H.S. No.
CHI/Clinic No. BG136071B

Date taken 31/05/2000
Date received 02/06/2000

L.M.P. 06/07/1999 Cycle See Below
Parity See Below

Contraception

Symptoms None

Indications Routine Recall

Cervix Normal

Specimen CERVICAL SMEAR

Other information P1+2.

	L	M	C	R
F		✓		
A				
S				
C				

G.P.
Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles

SENDER
Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road

CYTOPATHOLOGY REPORT

Some squamous cells show koilocytosis and mild dyskaryosis.
Please repeat in 3 months.

RESULT
Mild dyskaryosis
T% Indicators Present

* CLINICIAN'S COMMENT

RECOMMENDATION
Repeat smear

Dr H M Kamel 23/07/2000

IMA Copy

The sealed envelopes attached contain the information already printed/shown hereon. Type or write any details to l added in the spaces provided ***before*** detaching the envelopes from this copy. These details will then be transferr to the letter/report within the sealed envelopes.

TO
Miss LESLEY BROWN
60 DALATHO CRES
PEEBLES

FROM
Dr GE Mcintosh
Hay Lodge Health Centre
Hay Lodge Hospital
Neidpath Road
Peebles
EH45 8JG

Smear No: UC037709K/00 Date Taken: 31/05/2000

* There is some mild inflammation on your smear test. The laboratory have suggested that we repeat this in 3 months time. I would be happy to discuss this any time

Signature: Date: 31.7.00

NHS Confidential: Personal data about a patient

Bordoc NAPP Partners in Primary Care Adastra

Name: Lesley Brown		Call Date/ Time: 15-Apr-2000 22:06	Call No.: 10614
Address: 60 Dalatho Crescent PEEBLES EH45 8DU		Patients G.P.: GEM / PL	Duty G.P.: IML
		TEMPORARY RESIDENT? ☐	
Call origin: Patient Tel/Name: -		Home Add.: (if different) 60 Dalatho Crescent PEEBLES EH45 8DU	
D.O.B./Age: 08-May-1980	Tel. No.: 01721 724480		
Special Circumstances:	Previous Calls: (1)	Home GP: McIntosh, G Ewan	

Symptoms:

Had a baby 4 days ago. Passed a lot of clotted blood. Is this normal?

History of Illness/Findings:

B/F this evening when passed large clot - size of teaspoon onto pad. No pain. Not offensive otherwise well.

m/w Visiting i am.

Forceps Delivery Pressure

Diagnosis: ADVICE

Treatment/ Advice:

	L	M	C	R
F		✓		
N				
A				
C				
C				

Temp/ Urine: 22·10

Telephone Advice ☐
PCC Visit ☐
Home Visit ☐
Night Visit ☐

FOLLOW UP

Admit to Hospital/Dept.:	
GP to Contact/Visit on:	
Patient to book appointment	☐
Nurse to visit on:	
Patient to contact again only if required	✓
DIED on:	
CALL RESULTED? ✓	FAXED ☐

MMA COPY

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BORDERS GENERAL HOSPITAL
NHS TRUST
DEPARTMENT FAX NO: 01896 662259

Consultant Obstetricians and Gynaecologists:
Dr. I. E. LOWLES
Dr. A. J. GORDON
Dr. B. A. MAGOWAN
Dr. R. CAMPBELL

Associate Specialist:
Dr. M. A. ABDEL-ALL

JM/MMcK/136071

18th April 2000

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Dr McIntosh

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Date of Admission: 10/04/2000
Date of Delivery: 11/04/2000 - HFFD
Date of Discharge: 12/04/2000

Pregnancy aged 19, Para 0+2, blood group O negative, Rubella immune, VDRL negative, Hepatitis B antibodies negative.

Labour and Delivery Lesley was admitted from home at 40 weeks gestation with a history of contractions, which had started earlier that day. She was noted to be in the early stages of active labour and proceeded to full dilatation in 5½ hours. Second stage of the delivery was delayed so this was ~~associated~~ assisted by non-rotational forceps delivery. Her episiotomy was sutured at the time of delivery.

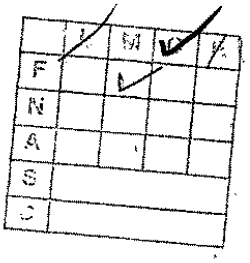
Infant live [redacted] birth weight 3.870 kgs. Apgar scores 9 and 9. No active resuscitation was required.

Puerperium Lesley's baby's blood group is A positive so 500 iu of anti-D immunoglobulin was given to Lesley. Both mum and baby remained well while on our ward with Lesley's haemoglobin being 12.0 g/dl the day after delivery. Thank you for seeing them both at their 6 week check.

Yours sincerely

J. R. Maguire

John Maguire
Senior House Officer to Dr Brian A Magowan



BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

MWA copy

NHS Confidential: Personal data about a patient

3 March 2000

Miss Lesley Brown
60 Dalatho Crescent
PEEBLES
EH45 8DU

Dear Miss Brown

You are now due a further injection of Anti D. I would be grateful if you could make an appointment at the Treatment Room in the Health Centre to have this carried out, as before.

Kind regards.

Yours sincerely

Carole Hope
Secretary

MMA copy

NHS Confidential: Personal data about a patient

7

28 February 2000

Miss Lesley Brown
60 Dalatho Crescent
PEEBLES
EH45 8DU

Dear Miss Brown

Could you please make an appointment to have a routine blood test taken at the Health Centre in the Treatment Room.

If you any queries about this please feel free to contact Midwife Morag Robertson.

Kind regards.

Yours sincerely

Carole Hope
Secretary

MMA copy

NHS Confidential: Personal data about a patient

25 January 2000

Miss Lesley Brown
60 Dalatho Crescent
PEEBLES
EH45 8DU

Dear Miss Brown

Could you please make an appointment to have your injection of Anti D. This will be done in the Treatment Room at the Surgery.

If you have any queries about this please contact Midwife Morag Robertson.

Kind regards.

Yours sincerely

Carole Hope
Secretary

MMA copy

NHS Confidential: Personal data about a patient

12

BORDERS GENERAL HOSPITAL
NHS TRUST

DEPARTMENT FAX NO: 01896 662259

Consultant Obstetricians and Gynaecologists:
Dr. I. E. LOWLES
Dr. A. J. GORDON
Dr. B. A. MAGOWAN
Dr. R. CAMPBELL

Associate Specialist:
Dr. M. A. ABDEL-ALL

BAM/MMcK/136071

30th November 1999

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Ewan

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Thank you for referring this 19 year old, Para 0+2 for booking. There has been some uncertainty about her dates and at scan last time no definite date was established. She is 21 weeks today by both BPD and femur length. She is, therefore, going to be too late screening for Spina Bifida. I was unable to see the lower part of the spine on scan but the head and cerebellum appeared entirely normal, making Spina Bifida unlikely. She is also aware that she is too late for Down's Syndrome screening but her risks at the age of 19 are low.

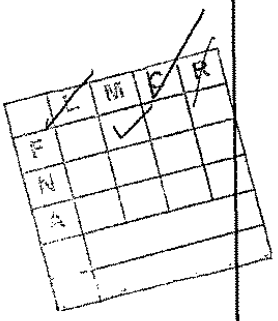
I will be pleased to share her care with you and will see her for review at 31 weeks.

With kind regards.

Yours sincerely

Brian A Magowan MRCOG
Consultant Obstetrician & Gynaecologist

MMA COPY



BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

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BORDERS GENERAL HOSPITAL
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DEPARTMENT FAX NO: 01896 662259

Consultant Obstetricians and Gynaecologists:
Dr. I. E. LOWLES
Dr. A. J. GORDON
Dr. B. A. MAGOWAN
Dr. R. CAMPBELL

Associate Specialist:
Dr. M. A. ABDEL-ALL

DN/MMcK/136071

16th November 1999

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Dr McIntosh

Miss Lesley Brown 60 Dalatho Crescent PEEBLES (dob 08/05/1980)

Thank you for referring Miss Brown, who is currently in her third pregnancy, the first 2 being terminations in 1996 and 1997. She is unsure of her dates and I could not successfully complete a dating scan to assign her proper dates because of baby's position, which made it extremely difficult.

She is very keen to have the serum screening for Down's Syndrome and Spina Bifida which will be done in 2 weeks time.

The results of her investigations are haemoglobin 12.6 g/dl, blood group O rhesus negative. No antibodies were detected. Random blood sugar 4.3 mmol'/l. VDRL negative. Hepatitis B negative. Rubella immune and MSU was sterile.

We plan to bring her back in 2 weeks time for an ultrasound scan to ascertain her dates and also for serum screening test. We are very pleased to share her antenatal care with you.

Yours sincerely

N. Deepa

Deepa Neelakantan
Specialist Registrar to Dr Brian A Magowan

	L	M	E	A
F		✓		
N				
A				
S				
C				

MMA copy

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

ANTENATAL No.

not understand. Do not hesitate to ask your

08/05/1980 9767 F

Miss Lesley A Brown
60 Dalatho Crescent
PEEBLES

Dr E Mcintosh B 5081 6

L.M.P 31.7.99
E.D.D. 1. 7.5.00
2. 10.4.00
E.M.E.F.

Age 19
Parity 0+2
Height 5'8"
Blood Group O Rh D NEG
NO ANTIBODIES DETECTED

Pregnancy Test:
Date Result
1.
2.

Ultrasound Scans

	Date	BPD	Weeks
1	30.11.99		21
2			
3			

Su
Fir
Ad

Date	Wks.	Weight (Kg)	Urine P	Urine S	BP	Fundus (cm.) / Girth	Pres.	Level	FHH	Hb	Oed.	Problems, Investigations, Treatment etc (Please record all medicines)	Return Visit Date	Return Visit Place	G.P. Copy Sent
25/10/99	12+	74	Nospec		120/80					12.6		GLUCOSE = 4.3 T.PALLIDUM ELISA = NEG. MSSU = NEG. HEPB SURFACE AG = NOT DETECTED. Booking bloods taken. MR RUBELLA ANTIBODIES PRESENT.			
20.12.99	23+		NAD		110/60			1				Well			
15/1/00	27+				120/70		C	1	✓	12.0		AFP 16 wks. Yes/No Well Gluc = 4.4			
22/2/00										12.2					
28/2/00										12.1		Gluc = 4.0			
10/3/00	36				120/70		C	B	✓			Well			
22/3/	37+				130/80 120/80		C	B	✓			- C hx showed - discussed			
07/06/02										11.8		Glucose. 4.6.			
25/03/02										11.4					
8.4.02															

Analgesia | Signature | Special Problems | FOR OFFICE USE

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BORDERS HEALTH BOARD

HOSPITAL

MATERNITY SERVICES AT

ANTENATAL No.

08/05/1980 9767 F

Miss Lesley A Brown
60 Dalatho Crescent
PEEBLES

Dr E Mcintosh B 5081 4

[redacted]

Case Ref No.

Consultant
Dr Maggowan

GP's Name & Address
Dr McIntosh
Hay Lodge HC
Tel. No. 720601
Deputy's Name

Tel. No. 720601

Date of Birth

Age 19

M/S/Div/Sep/Wid Stable relationship

Maiden Name

Date of Marriage

Religion

Occupation
Art model

FOLD HERE

OBSTETRIC HISTORY

Date	Wks	Place	Method	Wt	Sex	Complications	Feeding	Outcor
Dec'96			T	O	P			
July'97			T	O	P			

BOOKING EXAMINATION

Date 25.10.99 Parity 0+2 LMP 31.7.99 Certain / Uncertain Bleeding since LMP EDD 17.5.00 2

Cycle Regular / Irregular > 31 days Date stopped Pill IUCD in situ

FAMILY HISTORY

Abnormalities No
[redacted]
Diabetes No
Hypertension No
Hereditary Dis. No
Genetic Couns. No
Other No

MEDICAL HISTORY

Operations No
Blood Transfusions No
Chronic Diseases No
Drugs No
Allergies No
Attended Infertility Clinic
Smoking 1 /day ~~G,H,OH~~

FOLD HERE

SOCIAL HISTORY

CLINICAL EXAMINATION

AS
Teeth
RS
Breasts
CVS
VV's
CNS
Haemorrhoids
Pelvic Exam

INVESTIGATIONS

TEST	DATE	RESULT
Hb		
Blood Group		
Rhesus		B
VDRL		
Rubella Abs.		
Uricult/MSU		
Smear		
Other		

Patient Care Proposed by G.P.

Consultant Shared Full GP
GP Post-Natal Early Discharge GP/FP Advice
Signed ..... GP
Agreed by ..... Consultant

	Hospital	Community	
Parentcraft			Social Referral
			Home Help

MMA copy

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

DEPARTMENT FAX: 01896 662259

Consultant Obstetricians and Gynaecologists:
Dr. I. E. LOWLES
Dr. A. J. GORDON
Dr. B. A. MAGOWAN
Dr. R. CAMPBELL

Staff Obstetrician & Gynaecologist:
Dr. M. A. ABDEL-ALL

Ante-Natal Booking Confirmation

Dear Doctor

Thank you for your booking notification form in respect of:-

136071R F 08/05/80
BROWN LESLEY A
60 DALATHO CRESCENT
PEEBLES CHI Number
EH45 8DU 16211 0805809767
MCINTOSH

Your patient has been booked for hospital confinement.

Date 1-11-99 *Consultant* DR MAGOWAN

	L	M	D	P
F				
N				
A				
S				
C				

C RICHARDSON
Ante-Natal Clinic Sister

1st Ante-Natal Appointment, RGM

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY,
BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

: enw/forms/white

MMA copy

NHS Confidential: Personal data about a patient

Borders Community Health Services NHS TRUST

Our Ref: AM/HE

2nd July 1999

Dr.G.E. McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES
EH45 8JG

Dear Dr. McIntosh

RE: LESLEY BROWN, 12 BRIDGEGATE COURT, PEEBLES. (DOB: 08.05.80)

As requested by yourself I arranged to see this young woman on lst July. Unfortunately she was not at home. I will not send a further appointment unless requested by yourself after discussing this with her.

Yours sincerely,

DR. ANNE-MARIE McGHEE
Staff Grade Psychiatrist
West Team

MMA copy

		M		T
F				
N				
A				
S				

Borders Community Health Services NHS Trust
Dingleton Hospital, Melrose, Roxburghshire, TD6 9HN
Telephone: 01896 822727 Fax: 01896 823807

NHS Confidential: Personal data about a patient

Hospital Use Only Clinic Day/Date Time Hospital No.

HAY LODGE HEALTH CENTRE, NEIDPATH ROAD, PEEBLES EH45 8JG 01721 720601
Routine / Urgent or 01721 720380

Date 15/06/99

Hospital DINGLETON

Please arrange for this patient to attend the PSYCHIATRIC

clinic of Dr. / Mr. DR C HUMPHRIES

CONSULTANT/DEPUTY
MEMBER OF TEAM ✓

Patient's Surname BROWN

Maiden Surname

First Name LESLEY

Date of Birth 08/05/80

Address 12 BRIDGEGATE COURT
PEEBLES
EH45 8RZ

Single / Married / Widowed / other

Patient's Occupation

Contact Tel. No.

Health Board of Residence BORDERS

Has the Patient attended this hospital before? Yes / No

Name G.P. DR G E McINTOSH/CH

Unit No.1 DINGLETON

G.P's Code B 5081 4

Unit No.

Practice Code 16211

Contract No.

Dear Dr Humphries

I would be grateful if this girl could be reviewed again. She presented today with a history of being nearly stabbed by a neighbour two weeks ago. She has felt traumatised ever since, was unable to sleep and was weepy. She does not appear suicidal but is obviously depressed. I feel she may benefit from further support and possible contact with Penumbra.

Yours sincerely

G. EWAN McINTOSH

MMA copy

NHS Confidential: Personal data about a patient

9360/98

GEM/CH

16 February 1999

Mr R Erskine
Counsellor
Hay Lodge Health Centre
Peebles

Dear Mr Erskine

Miss Lesley Brown, 12 Bridgegate Court, Peebles. (dob 08/05/80)

I would be grateful if you could see this girl again. She is admitting to considerable stress and I feel would benefit from your support.

Kind regards.

Yours sincerely

G. Ewan McIntosh

MMA copy

NHS Confidential: Personal data about a patient

GEM/CH

22 September 1998

Miss Lesley Brown
12 Bridgegate Court
PEEBLES
EH45 8RZ

Dear Miss Brown

The result of your vaginal swab has come back. I will be happy to discuss the result with you if you could you make an appointment when it is convenient to yourself.

Kind regards.

Yours sincerely

G. E. McIntosh

MMA copy

NHS Confidential: Personal data about a patient

Borders Community Health Services
NHS TRUST

LT/YE

17th April 1998

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES
EH45 8JG

Dear Dr McIntosh

Re: Lesley Brown, 12 Bridgegate Court, Peebles. (DOB 08.05.80)

Unfortunately Ms Brown did not attend a follow-up appointment arranged after our initial assessment nor has see responded to my letter asking her to get in touch. Under these circumstances I have discharged her from my case load but would be happy to see her again if you should feel it is appropriate.

Yours sincerely

Loretta Timperley

Dr Loretta Timperley
Staff Grade Psychiatrist
Gala & Tweeddale Team

MMA copy

	L	M	C	T
F		✓		
N				
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S				

Borders Community Health Services NHS Trust
Dingleton Hospital, Melrose, Roxburghshire, TD6 9HN
Telephone: 01896 822727 Fax: 01896 823807

NHS Confidential: Personal data about a patient

Borders Community Health Services
NHS TRUST

Our Ref: LT/AM(4)

3rd March 1998
(dictated 26.02.98)

Dr G E McIntosh
Hay Lodge Health Centre
Neidpath Road
PEEBLES
EH45 8JG

Dear Dr McIntosh

Re: Lesley Brown, 12 Bridgegate Court, Peebles. DOB: 08.05.80

I interviewed this young lady at home on Wednesday 18th February 1998. Miss Brown told me that she had had problems with anxiety, irritability, and low mood for many years. As you noted in your referral letter the [redacted] subsequent events have clearly had a significant effect on this 17 year old. She has [redacted] She sees her [redacted] She worries about her [redacted] and feels that [redacted] does not understand their problems or give them enough attention. She has little contact with her [redacted] and does not get on well with her [redacted] She recalls staying with her [redacted] a lot when she was younger and was very upset when [redacted] She knows that her [redacted] and Miss Brown in turn worries about [redacted] This history is further complicated by the fact that this young lady has had 2 abortions. Although she knows that it was the right thing to do, she has feelings of sadness and guilt surrounding the abortions.

She has been living [redacted] She does not feel trapped in the relationship, however, and does not feel that she would like to be on her own for a while. Her [redacted] strain on the relationship, but she is optimistic that things will work out in the end. She has recently been for an interview for a job as a waitress in a local hotel and is hopeful that her previous experience will make this application successful.

Miss Brown's mental state is variable. She can have weeks which go quite well and her mood is good but this is followed by a similar period when her mood is down and she finds it difficult to motivate herself or indeed leave the house.

Borders Community Health Services NHS Trust
Dingleton Hospital, Melrose, Roxburghshire, TD6 9HN
Telephone: 01896 822727 Fax: 01896 823807

Working Copy

NHS Confidential: Personal data about a patient

There appears to be no pattern to these mood changes and no evidence of vegetative symptoms of a depressive illness. She feels frustrated by her present situation especially as regards money. She hopes that this will improve when she obtains work although she worries about being able to turn up each day as she "can't stand routine". Anxiety is, however, a constant feature in her mental state and she acknowledges worrying about a lot of different things. She finds managing money difficult and feels frustrated by the limited amount of extra cash available to go out or to buy new clothes etc. She does have several good friends, however, and she tends to socialise with them. She finds that she can lose her temper very easily if her mood is low and acknowledges that this has been a problem for some time.

Impression

This young lady has clearly had a great deal to come to terms with in her young life. Although she can appear self confident, she has a generally low self esteem and becomes anxious when problems come along. She feels unsupported by her [redacted] and has no other adult figure to whom she can turn for advice and help. There is also the added dimension of difficulties which any 17 year old finds when trying to grow up and assert their position in the world.

Plan & Recommendations

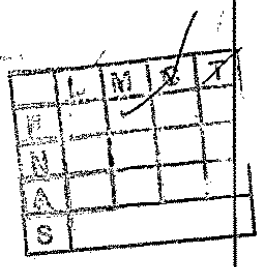
1. We agreed to meet again with a view to working on anxiety management and relaxation along with some more general psychotherapeutic counselling work.

2. I plan to put this young lady in touch with Penumbra if she would find this useful.

Yours sincerely

MMA COPY

Dr Lorretta Timperley
Staff Grade Psychiatrist
Gala & Tweeddale Team



NHS Confidential: Personal data about a patient

5930/97

Hospital Use Only Clinic Day/Date Time Hospital No.

HAY LODGE HEALTH CENTRE, NEIDPATH ROAD, PEEBLES EH45 8JG 01721 720601
Routine / Urgent G.P. FUNDHOLDER 01721 720380

Date **23.01.98**

Hospital **DINGLETON**

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

clinic of Dr. / Mr. **DR C HUMPHRIES**

Patient's Surname **BROWN**

Maiden Surname

First Name **LESLEY**

Date of Birth **08.05.80**

Address **12 BRIDGEGATE COURT**
PEEBLES

Single / Married / Widowed / other

Patient's Occupation

Contact Tel. No.

Health Board of Residence

Has the Patient attended hospital before? Yes / No

Name G.P. **DR G E MCINTOSH/AB**

Name of Hospital

G.P's Code **B 5081 4**

Unit No.

Practice Code **16211**

Contract No.

Dear Doctor

I would grateful if you could see this girl who has a long history of anxiety and depressive symptoms. Lesley was previously seen by the child psychiatry department because of behavioural problems following [redacted] This was exacerbated when her [redacted] She was discharged from Dr Davies in 1995 and over the past two years has been seen on a number of occasions with further bouts of anxiety, losing her temper and variable depressive symptoms. She does not feel she has made any progress over the past few weeks despite starting antidepressants and being seen by our counsellor, and is agreeable to being seen for your assessment.

Lesley [redacted] and she admits to frequently losing her temper. She still has variable contact with [redacted] and has always come across as someone who finds it very difficult to express herself.

Thank you for seeing her.

Yours sincerely

G EWAN McINTOSH

MMA COPY

NHS Confidential: Personal data about a patient

2226/97

GEM/AB

19 August 1997

Mr R Erskine
Counsellor
Hay Lodge Health Centre
Neidpath Road
PEEBLES

Dear Mr Erskine

Lesley Brown, 12 Bridgegate Court, Peebles EH45 8RZ (dob 08.05.80)

I would be grateful for your opinion on this girl's anxiety and mild depressive symptoms.

Lesley has had considerable problems over the years with relating to other people, in particular her family, and attended child psychiatry for some time. Unfortunately for Lesley her anxiety has been exacerbated by a recent unwanted pregnancy, and she underwent termination in early July. She admits to considerable lacking in self confidence at the moment and flying off the handle frequently. She feels she would benefit from talking to yourself, and I would be grateful for your support.

Yours sincerely

G Ewan McIntosh

MMA COPY

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH
NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place
Edinburgh
EH3 9YW

Tel 0131 536 1000
Fax 0131 536 1001

July 30, 1997

DR ELIZABETH CLYDE
HAY LODGE H/C
NEIDPATH ROAD
PEEBLES
EH458JG

REPRODUCTIVE
MEDICINE
SERVICE
WARDS 34/35/36

Professor DT Baird
Dr. K. Boddy
Professor AA Calder
Dr. HOD Critchley
Dr. RG Hughes
Dr. DS Irvine
Dr. FD Johnstone
Dr. MM Lees
Dr. WA Liston
Dr. JRB Livingstone
Dr. GE Smart
Dr. CP West

Direct Line
0131 536 1634

Fax
0131 536 4217

DISCHARGE SUMMARY

Patient:	LESLEY BROWN	Date of Birth:	08 May 1980
Address:	12 Bridgegate Court	CRN:	0805801537
	PEEBLES		
	EH45 8RW	Admission Date:	24 Jul 1997 (to Hospital)
		Discharge Date:	24 Jul 1997 (From Hospital)
Consultant:	DR JOHNSTONE		
Ward:	GYDBU	Date of Typing:	29 Jul 1997
Specialty:	GYNAECOLOGY	Dictation Date:	25 Jul 1997

Diagnosis Coding: **O04.9 Z29.1**
Procedure Coding: **Q11.1 X37.4**

DEAR DR CLYDE,

DIAGNOSIS: Unplanned Pregnancy
PROCEDURE: Suction termination of pregnancy
DATE OF DISCHARGE: 24.7.97

Your patient was admitted as a day case for suction termiantion of pregnancy on 24.7.97 which was performed without event. She will be discharged home later on the same day, all being well, with no arrangements for follow up.

Yours sincerely

Dr Andrew Paterson
Senior Registrar

Blood group: Rhesus -ve (Anti-D given)
Contraception: Depo-provera

AP/VSJ/290797

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F			✓	
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MMA COPY

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BORDERS GENERAL HOSPITAL
NHS TRUST

MEDICAL SERVICES DIRECTORATE
FAX NO 01896 662273

Consulting Physicians: Dr J Gaddie, Dr O E Eade, Dr P J Leslie
Business Manager: Mr R Roberts
Clinical Nurse Manager: Mrs S. Runuming

RDA/KR/136071

24th July 1997

DERMATOLOGY CLINIC - 18.7.97 - HAY LODGE

Dr. E. Clyde
Health Centre
Hay Lodge
Peebles.

Dear Dr. Clyde,

Miss Lesley A. BROWN Laundry Cottage Dawyck Estate Peebles DOB 08.05.80.

I am sorry to say that this lady has once again failed to attend the Dermatology clinic. I gather there is some confusion over her current address and I have asked if this could be sorted. If indeed we find that the appointment has been sent to the incorrect address I will arrange for another to be forwarded. If however she has again merely failed to attend I think it would be unfair given the pressure on the clinic to routinely send her a further appointment.

Yours sincerely

Dr R D Aldridge
Consultant Dermatologist

MMA copy

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NEW APPOINT. WILL BE SENT.

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

CATHIE

NHS Confidential: Personal data about a patient

16/5/97.

THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place

Edinburgh EH3 9YW

Telephone 0131 536 1000
Fax 0131 536 1001

Dr ELIZABETH CLYDE
HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES EH45 8JG

Patient:	LESLEY BROWN 12 Bridgegate Court PEEBLES EH45 8RW	**Date of Birth:**	08 May 1980
		CRN:	0805801537
		Reference:	RC/FJE
		Visit Type:	NEW
Clinic Code:	GY/FDJ	**Attendance Date:**	16 Jul 1997
Specialty:	GYNAECOLOGY	**Dictation Date:**	16 Jul 1997
Consultant:	DR FD JOHNSTONE	**Date Of Typing:**	18 Jul 1997

REPRODUCTIVE MEDICINE SERVICE
G.O.P.D.

Dr F D Johnstone

Secretary's Direct Line
0131 536 1635

Fax
0131 536 4254

Dear Dr CLYDE,

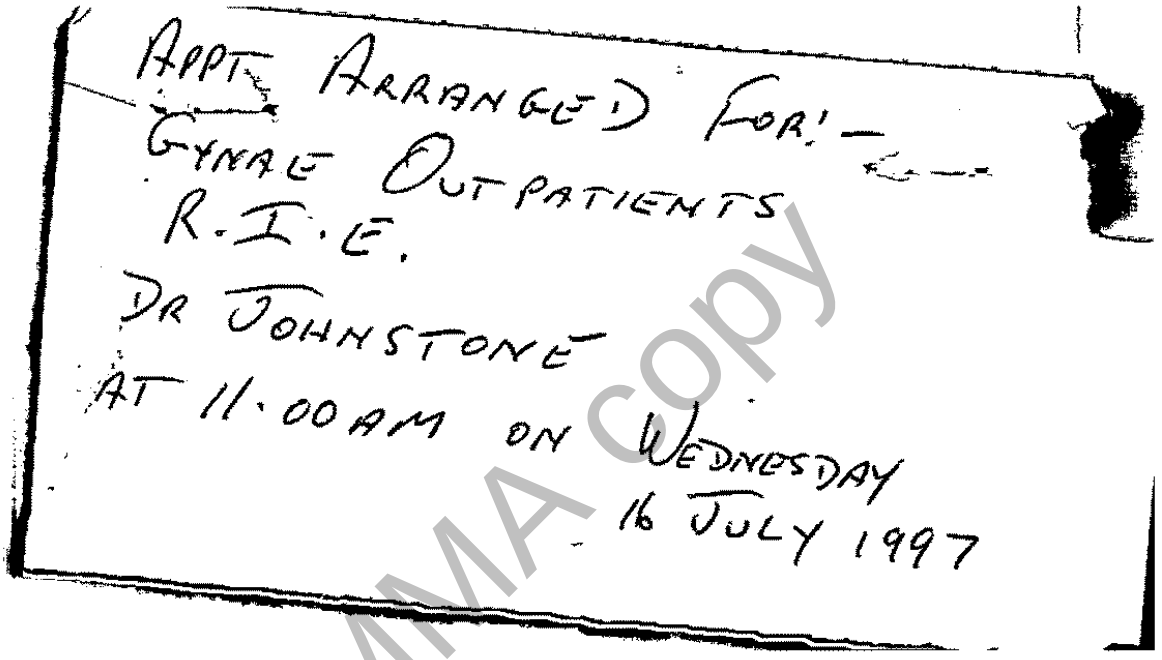
Thank you for referring this 17 year old girl. She finds herself with an unplanned pregnancy and she attended the Clinic today requesting termination. She has absolutely no idea when her L.M.P. was but on examination today the uterus was 9-10 weeks pregnancy size. I have arranged a date for her to come in next week to undergo suction termination of pregnancy. I note that she is rhesus negative and I have checked her appropriate bloods and cervical swabs.

Yours sincerely

Roddy Campbell
Senior Registrar to Dr Johnstone

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IMMA COPY


APPT ARRANGED FOR:-
GYNAE OUT PATIENTS
R.I.E.
DR JOHNSTONE
AT 11.00 AM ON WEDNESDAY
16 JULY 1997

MMA copy

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Hospital Use Only Clinic Day/Date Time Hospital No.

16/5/97

HAY LODGE HEALTH CENTRE, NEIDPATH ROAD, PEEBLES EH45 8JG 01721 720601
Routine / Urgent G.P. FUNDHOLDER 01721 720380

Date 11.07.97 Hospital ROYAL INFIRMARY OF EDIN

Please arrange for this patient to attend the GYNAECOLOGY clinic of Dr. / Mr. DR JOHNSTONE

Patient's Surname BROWN Maiden Surname

First Name LESLEY Date of Birth 08.05.80

Address 12 BRIDGEGATE COURT
PEEBLES Single / Married / Widowed / other

Patient's Occupation

Contact Tel. No. Health Board of Residence

Has the Patient attended hospital before? Yes / No Name G.P. DR G E MCINTOSH/AB

Name of Hospital G.P's Code B 5081 4

Unit No. Practice Code 16211

Contract No.

Dear Doctor

Thank you for seeing this girl who has requested a termination. She is currently about 10 weeks and is otherwise well. She underwent a suction termination of pregnancy in December 1996. Following this she started the pill, which for a variety of reasons did not suit her, and has been using condoms occasionally since.

I have had a long discussion with Lesley today. She is in a long term relationship but has no plans for the future. She has discussed her pregnancy [redacted] and really does not seem to have reached any definite conclusions. I do not feel I can sign her certificate, but I have agreed to refer her for your opinion.

PAST MEDICAL HISTORY:
TOP 1996
Nil else of note

ALLERGIES:
None known

CURRENT MEDICATION:
Nil

Thank you for seeing her.

Yours sincerely

G EWAN McINTOSH

MMA copy

NHS Confidential: Personal data about a patient

DAVID R. LOVE, M.B., Ch.B., M.R.C.G.P., F.R.C.P. (Edin).
G. EWAN McINTOSH, M.B., Ch.B., D.R.C.O.G., M.R.C.G.P.
ELIZABETH CLYDE, M.B., Ch.B., D.R.C.O.G., D.P.M.

Hay Lodge Health Centre
Neidpath Road
Peebles EH45 8JG

Telephone: 01721 720601
Fax: 01721723430

GEM/EC/PJF

Dr R D Aldridge
Consultant Dermatologist
Borders General Hospital
MELROSE

29 January 1997

Dear Dr Aldridge

Re: Miss Lesley A Brown (dob. 08.05.80)
12 Bridgegate Court, Peebles.

Thank you for your letter about this patient of Dr McIntosh who did not attend for the Dermatology Clinic on 20 December 1996. The day previously she had been in The Royal Infirmary of Edinburgh having a minor gynaecological procedure and was therefore unable to attend the Clinic. However she assures me that she is keen to attend the Clinic in future although she realises that a further appointment may be some time ahead.

Thank you for sending her a further appointment.

With kind regards

Yours sincerely

Elizabeth Clyde

Elizabeth Clyde

MMA COPY

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH
NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place
Edinburgh
EH3 9YW

Tel 0131 536 1000
Fax 0131 536 1001

REPRODUCTIVE
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Professor DT Baird
Dr. K. Boddy
Professor AA Calder
Dr. HOD Critchley
Dr. RG Hughes
Dr. DS Irvine
Dr. FD Johnstone
Dr. MM Lees
Dr. WA Liston
Dr. JRB Livingstone
Dr. GE Smart
Dr. CP West

Direct Line
0131 536 1634

Fax
0131 536 4217

December 20, 1996

DR ELIZABETH CLYDE
HAY LODGE H/C
NEIDPATH ROAD
PEEBLES
EH458JG

DISCHARGE SUMMARY

Patient:	**LESLEY BROWN**	Date of Birth:	**08 May 1980**
Address:	**12 Bridgegate Court**	CRN:	**0805801537**
	PEEBLES		
	EH45 8RW	Admission Date:	**19 Dec 1996** (to Hospital)
		Discharge Date:	**19 Dec 1996** (From Hospital)
Consultant:	**PROF BAIRD**		
Ward:	**GYDBU**	Date of Typing:	**20 Dec 1996**
Specialty:	**GYNAECOLOGY**	Dictation Date:	**19 Dec 1996**

Diagnosis Coding: **O04.9**
Procedure Coding: **Q11.1**

MMA COPY

DEAR DR CLYDE,

Procedure: Suction Termination of Pregnancy
Date of Discharge: 191296

Thank you for referring this girl who requested termination of pregnancy. This was done surgically today in ward 34 as a day case procedure. The procedure was uneventful and was of minimal blood loss. We expected Lesley to be discharge discharged this afternoon after receiving anti-D as she is RH negative.

Lesley thinks about using Depo Provera for future contraception and I think she would prefer to discuss this with yourself. We do not plan to see Lesley again in our Gynaecology Out Patient Department but if you have any problems do not hesitate to contact me.

Yours sincerely

T. Al Hussaini

Dr Al Hussaini
Registrar

Contraception: ? Depo Provera (to discuss with GP)
Blood Group: Rhesus Negative (anti D given.)

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NHS Confidential: Personal data about a patient

Cancelled 2338/96

BORDERS GENERAL HOSPITAL
NHS TRUST

MEDICAL SERVICES DIRECTORATE
FAX NO 01896 662273

Consulting Physicians: **Dr J Gaddie**, **Dr O E Eade**, **Dr P J Leslie**
Business Manager: **Mr R Roberts**
Clinical Nurse Manager: **Mrs S. Rumming**

RDA/abm/136071

30th December 1996.

DERMATOLOGY CLINIC 20.12.96.

Dr. E. Clyde
Health Centre
Hay Lodge
Peebles.

Dear Dr. Clyde,

Miss Lesley A. BROWN Laundry Cottage Dawyck Estate Peebles DOB 08.05.80.

Just a note to let you know your above-named patient failed to attend the Dermatology Clinic on 20th December 1996. Because of pressure on the clinic, I am not prepared to routinely send her a further appointment, but I would be happy to do so if you indicate to me one was necessary and that Miss Brown was intending to attend.

Yours sincerely,

Dr. R. D. Aldridge
Consultant Dermatologist.

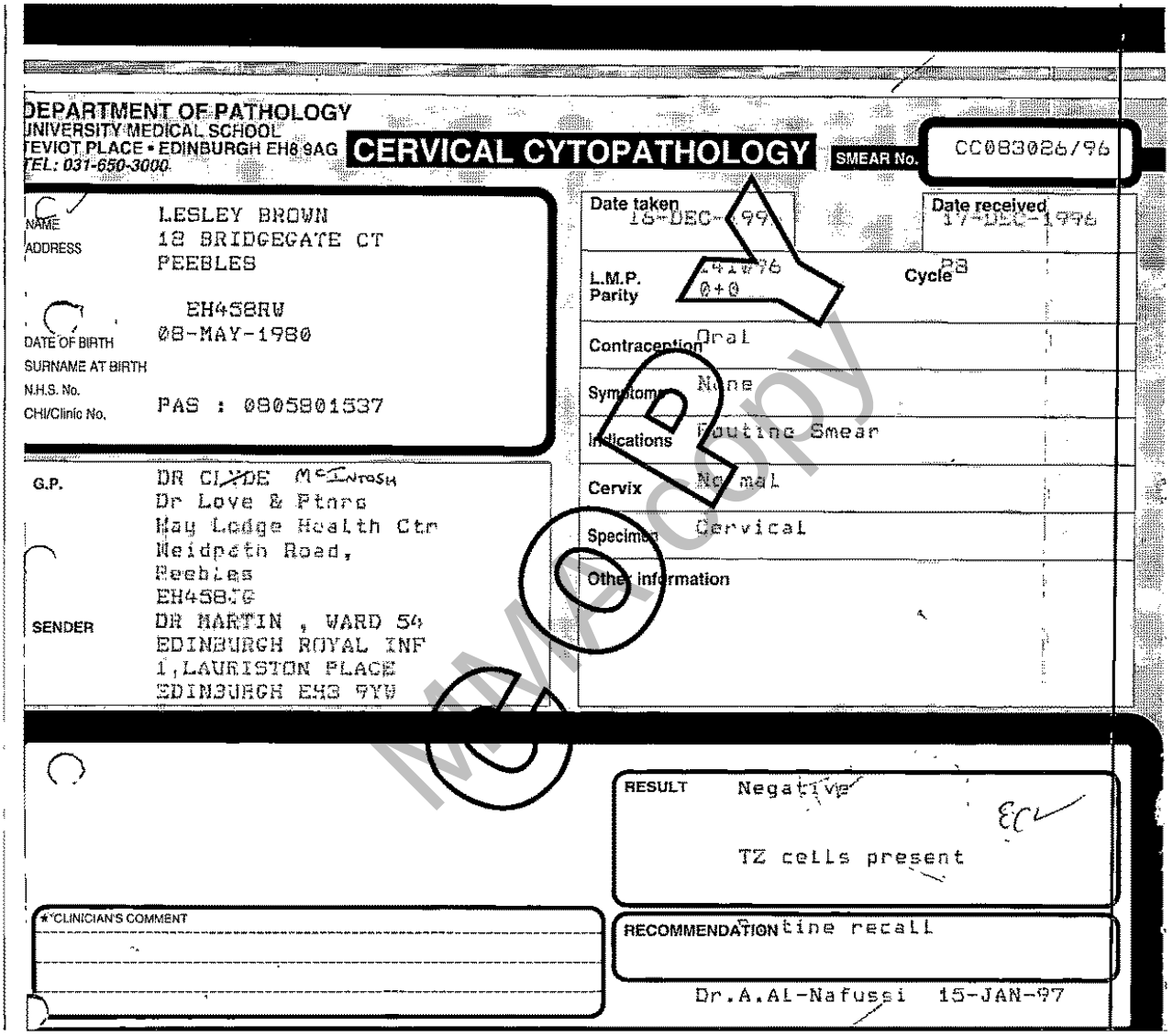
MMA Copy

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BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

cc GPs -

NHS Confidential: Personal data about a patient



DEPARTMENT OF PATHOLOGY
UNIVERSITY MEDICAL SCHOOL
TEVIOT PLACE • EDINBURGH EH8 9AG
TEL.: 031-650-3000

CERVICAL CYTOPATHOLOGY

SMEAR No. CC083026/96

NAME LESLEY BROWN
ADDRESS 18 BRIDGEGATE CT
PEEBLES

EH458RW
DATE OF BIRTH 08-MAY-1980
SURNAME AT BIRTH
N.H.S. No.
CHI/Clinic No. PAS : 0905801537

Date taken 15-DEC-1996
Date received 17-DEC-1996
L.M.P. 4-12-96
Parity 0+0
Cycle 28
Contraception Oral
Symptoms None
Indications Routine Smear
Cervix Normal
Specimen Cervical
Other information

G.P. DR CLYDE McINTOSH
Dr Love & Ptnrs
May Lodge Health Ctr
Meidpeth Road,
Peebles
EH458JG
SENDER DR MARTIN , WARD 54
EDINBURGH ROYAL INF
1,LAURISTON PLACE
EDINBURGH EH3 9YW

RESULT Negative
EC
TZ cells present

*CLINICIAN'S COMMENT

RECOMMENDATION tine recall

Dr.A.Al-Nafussi 15-JAN-97

MY COPY

NHS Confidential: Personal data about a patient

H215/96

THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place
Edinburgh
EH3 9YW

Tel 0131 536 1000
Fax 0131 536 1001

Dr ELIZABETH CLYDE
HAY LODGE H/C
PEEBLES
EH458JG

REPRODUCTIVE
MEDICINE
DIRECTORATE

Professor DT Baird
Dr. K. Boddy
Professor AA Calder
Dr. HOD Critchley
Dr. DS Irvine
Dr. FD Johnstone
Dr. MM Lees
Dr. WA Liston
Dr. JRB Livingstone
Dr. GE Smart
Dr. CP West

Direct Line
0131 536 4238

Fax
0131 536 4254

Patient:	LESLEY BROWN 12 Bridgegate Court PEEBLES EH45 8RW	**Date of Birth:**	08 May 1980
		CRN:	0805801537
		Reference:	CM/AF
		Visit Type:	NEW
Clinic Code:	GY/DTB	**Attendance Date:**	16 Dec 1996
Specialty:	GYNAECOLOGY	**Dictation Date:**	16 Dec 1996
Consultant:	PROF D BAIRD	**Date Of Typing:**	17 Dec 1996

MMR copy

Dear Dr CLYDE,

Thank you for referring this patient to Professor Baird's clinic. She is 16 years old and finds herself pregnant after forgetting the combined oral contraceptive pill. I am prepared to support her request for termination of pregnancy, given her age and social circumstances. ON examination she is 9 weeks' pregnant and therefore would not be suitable for medical termination of pregnancy. She will attend on Thursday 19 December for surgical termination.. She will consider using Depo Provera for contraception in the future. A first cervical smear was taken today.

Kind regards.

Yours sincerely

pp T. Al Hussein
Dr Cameron Martin
Registrar to Professor Baird

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NHS Confidential: Personal data about a patient

h215/16

HAY LODGE HEALTH CENTRE, NEIDPATH ROAD, PEEBLES EH45 8JG 01721 720601
Routine / Urgent **G.P. FUNDHOLDER** **01721 720380**

Date **10.12.96**

Hospital **R.I.E.**

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

clinic of Dr. / Mr. **DR HUSSAINI**

Patient's Surname **BROWN**

Maiden Surname

First Name **LESLEY**

Date of Birth **08.05.80**

Address **12 BRIDGEGATE COURT**
PEEBLES
EH45 8RZ

Single / Married / Widowed / other

Patient's Occupation

Contact Tel. No.

Health Board of Residence

Has the Patient attended hospital before? Yes / No

Name G.P. **DR ELIZ CLYDE / PJF**

Name of Hospital

G.P's Code **B 5004 1**

Unit No.

Practice Code

Contract No.

Dear Doctor

Thank you very much for seeing this 16 year old girl who was until recently on the contraceptive pill. LMP 21.10.96. She was on oral contraceptive pill however she stopped due to adverse psychological effects, such as mood swings. I notice in her notes she was given emergency contraception PC4 at some stage, (date uncertain). After stopping the pill she was using condoms. She has a steady [redacted] however she now finds herself pregnant, pregnancy test positive on 04.12.96. Abdominal examination corresponds with an 8 week pregnancy.

She has a medical history of counselling in the past. I feel she has a very immature personality and would be unable to cope with a child at present. She has a steady relationship [redacted] She is absolutely certain that continuing with the pregnancy would have adverse psychological effects on her.

I would welcome your opinion on this. I would be inclined to agree that there are medical reasons for termination on psychiatric grounds.

Thank you very much for seeing her urgently.

With kind regards

Yours sincerely

ELIZABETH CLYDE

Appointment arranged for Monday 16 December 1996 at 10.15 a.m. at the Royal Infirmary of Edinburgh.

MMA COPY

NHS Confidential: Personal data about a patient

CANCELLED 23/8/96

27.08.96

Dermatology

Hay Lodge
Dr R D Aldridge

BROWN (Miss)
Lesley

Laundry Cottage, Dawyck Estate
Stobo, Nr. Peebles.
EH45 9JU

08.05.80

Dr G Ewan McIntosh

B 5081 4 16211 GEM/EC/PJF

Aldridge

Thank you very much for seeing this girl who previously attended Dermatology Clinic at Peel Hospital, Unit No.136071, and at that time was found to have extensive alopecia areata. She came to see me today, she has had a good deal of stress in her life, particularly recently, and the alopecia areata is adding to this.

I have explained to her that I am very uncertain whether any new treatment is effective or available, however I would be very pleased if you could see her. She does not seem keen on the idea of a wig, but may be persuaded in this if necessary.

Past Medical History
As above

Current medication
Nil

Allergies
None known

Thank you very much for seeing her for your opinion.

Yours sincerely

Elizabeth Clyde

MMA copy

NHS Confidential: Personal data about a patient

Team Members:

Dr S. R. Davies
Mr A. N. House
Mrs M. Ferguson
Mr J. Wright
Team Secretary: Miss D. Murray

BORDERS GENERAL HOSPITAL
NHS TRUST

Andrew Lang Unit
(D.C.F.P.)
Viewfield Lane
SELKIRK
TD7 4LJ
Tel 01750 23392

THE ANDREW LANG UNIT – A BRANCH OF THE CHILD HEALTH DEPARTMENT

Our Ref: SRD/DEM/21087

29 September 1995
Dictated 29.09.95

Your Ref:

THIS LETTER IS CONFIDENTIAL AND SHOULD NOT BE SHOWN TO ANY OTHER PERSON WITHOUT REFERENCE TO THIS DEPARTMENT

Form No. 369

CONFIDENTIAL

Mrs Anne Davidson
Social Worker
Peebles Area Office
Chambers Institute
High Street
PEEBLES

√Copy to: Dr McIntosh
Hay Lodge H.C.
PEEBLES

Dear Mrs Davidson

LESLEY BROWN 15 OLD TOWN PEEBLES (D.O.B. 08.05.80)

I am afraid I have had no further contact with Lesley since we met with her together in June this year following your re-referral of her. As you know we had discussed whether or not Lesley would like to have some individual sessions and, at that time, she felt that they would be helpful. However, my guess is that she has re-thought this and decided otherwise. She has not attended any of the sessions that I have offered her. I have now written to her asking her to let me know whether she wished me to keep the sessions open and have not heard from her. I am therefore assuming that she has changed her mind and it is now appropriate for me to discharge her from further follow up.

I am glad to hear from you that she has been managing fairly well despite facing the difficult time of her [redacted] I hope that Lesley is not faced with a repetition of the events that followed [redacted] undoubtedly confront her with similar issues about her own dependency needs being in competition with those [redacted]

If you have further concerns about her I would be happy to discuss her with you. I think it might be more effective if my contact about Lesley was through consultation rather than direct contact with her. I wish her all the best for the future.

Kind regards

Yours sincerely

Sandra Davies

DR SANDRA DAVIES
Consultant Child & Adolescent Psychiatrist

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F		√		
N				
A				
S				

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

Mum's copy

NHS Confidential: Personal data about a patient

Borders Health

Andrew Lang Unit
(Department of Child & Family Psychiatry)
Viewfield
Viewfield Lane
SELKIRK
TD7 4LJ
Tel: 01750 23392

Our Ref: SRD/MJ/21087

Your Ref:

27th June 1995
Dictated 26.06.95

THIS LETTER IS CONFIDENTIAL AND SHOULD NOT BE SHOWN TO ANY OTHER PERSON WITHOUT REFERENCE TO THIS DEPARTMENT

Form No. 369

CONFIDENTIAL

Anne Davidson
Social Worker
Peebles Area Office
Chambers Institute
High Street
PEEBLES

IMA copy

Dear Ms Davidson

LESLEY BROWN **15 OLD TOWN, PEEBLES**
DATE OF BIRTH **08.05.80**

Thank you for referring Lesley back to see me and for bringing her to her appointment on the 12th June 1995.

I will not reiterate the content of our session as you are already well aware of the issues.

It is a measure of the extent to which Lesley has matured over the past two years that she was able to talk about her concerns with a considerable degree of insight.

The main issues revolved around her concerns about her own future and what will happen to her and the relationship with her [redacted]

[redacted] told Lesley about two months ago of [redacted] but Lesley suspected it. She is very concerned that she is about to embark on a repetition of the series of events that overtook her following the [redacted] when her relationship with [redacted] rapidly deteriorated eventually resulting in her having to leave the family and be placed once again in her [redacted] household. She feels the likelihood of her losing her place in this family is very high, and as she expressed it she thinks it is likely that she will end up back in care. She perceives herself and her [redacted] being drawn into arguments and that the result will be that they will "boot her out" as she put it.

Not surprisingly she is not able to anticipate [redacted] with any expectation of being able to share in the care with her [redacted]

In/...

NHS Confidential: Personal data about a patient

LESLEY BROWN (D.O.B. 08.05.80)
Letter dated 27th June 1995

In addition she does not enjoy a good relationship with [redacted] gained the impression that they tolerated each other. She feels that she comes last in her [redacted] order of priority, behind her [redacted] and she has the expectation that the [redacted] will of course come first in that list as would be expected.

Lesley also has concerns about her [redacted] She has not been able to share these worries with her [redacted] as she feels that her [redacted] would interpret this as her wishing her harm rather than feeling true anxiety for [redacted]

Lesley's relationship with her [redacted] has deteriorated in recent months culminating in an argument in which [redacted] physically assaulted her, as I believe she had [redacted] Lesley has not returned to the house since these events but I gather is hoping to maintain contact with her [redacted]

There are also problems with the school following Lesley recently being suspended due to her involvement in a fire setting incident. It seems that she is left with most of the blame for this incident, although it seems more likely that it was a group activity. However as Lesley has developed a very low self-esteem and anticipates that she will get the blame for any incident in which she is loosely involved, she appears to have accepted the blame for the whole incident without any expectation of the shared responsibility. However I am glad to say that the school do not see it in the this light.

Lesley appears to have a group of friends whom she finds offer good support. She is not involved in abuse of alcohol or illicit drugs. She smokes five cigarettes a day and is given a very small weekly allowance by her [redacted] She anticipates that this will discontinue after the [redacted] and that she will be expected to support herself through finding a job, and even to provide her [redacted] with a contribution towards her care out of these earnings, which again underlines her sense of being in the family on sufferance and having to pay her way rather than being there because she is valued for herself.

Again it is a measure of Lesley's own maturity that she has been able to come back and to ask for some sessions for herself, she has stipulated that she feels she would benefit from being seen fortnightly, and I have arranged to do this on a regular basis from the beginning of September. I will also be seeing her in July prior to being on annual leave. It will also be very helpful that she will be getting weekly support from yourself.

There is obviously a risk that when [redacted] Lesley will experience this as a withdrawal of her attention and affection from herself, very much in the way she has already experienced with [redacted] This is already set in the context of her existing insecure relationship with her [redacted] at a time when she is seeking to establish a sense of herself as she begins to move towards independence, and the conflict between these two situations will undermine her sense of security and she has clear evidence that she can not rely on the family support. Lesley herself recognises the risks inherent in her situation. She is likely to turn to her peer group for support, but it is hopeful that she is/...

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LESLEY BROWN (D.O.B. 08.05.80)
Letter dated 27th June 1995

is not seeking to align herself with a delinquent or acting out group at present. I hope it would be possible to offer her sufficient support during what is going to be a difficult year for her so that she has a sense that things are going to be held together for her. I am sure that we will be in contact about her throughout the year.

Kind regards

Yours sincerely

Sandra Davies

DR SANDRA DAVIES
Consultant Child & Adolescent Psychiatrist

Copy to: Dr McIntosh, Hay Lodge Health Centre, Peebles

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A				
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MMA copy

NHS Confidential: Personal data about a patient

Borders Health

Andrew Lang Unit
(Department of Child & Family Psychiatry)
Viewfield
Viewfield Lane
SELKIRK
TD7 4LJ
Tel: 01750 23392

Our Ref: SRD/MJ/21087

Your Ref:

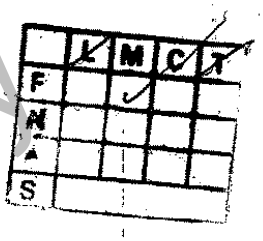
10th March 1995
Dictated 09.03.95

THIS LETTER IS CONFIDENTIAL AND SHOULD NOT BE SHOWN TO ANY OTHER PERSON WITHOUT REFERENCE TO THIS DEPARTMENT

Form No. 369

CONFIDENTIAL

Anne Davidson
Social Worker
Peebles Area Office
Chambers Institute
High Street
PEEBLES



MMA copy

Dear Mrs Davidson

LESLEY-ANN BROWN 15 OLD TOWN, PEEBLES
DATE OF BIRTH 08.05.80

This is to let you know that I met with Lesley's [redacted] last Monday the 6th of March 1995. Lesley had once again decided against attending herself.

[redacted] that Lesley has once again returned to live with [redacted] They have not had any significant confrontations, and on the whole it sounds as if Lesley is complying with the limits set by her [redacted] She has also been able to tell me that there has been a considerable improvement in Lesley's behaviour within school, where things now seem to be progressing well, I was very pleased to hear this.

[redacted]

It is not surprising that Lesley's placement with [redacted] ran into difficulties following the [redacted] As you know this was a situation that we had anticipated, as [redacted] leaving Lesley once again with a feeling that she was in a family where she was uncertain of her place, and this inevitably led to her pushing limits in order to test their commitment. I believe that it was always Lesley's underlying agenda that she wished to return to the care of her [redacted] but that she wanted her [redacted] to be the one to say that [redacted] wanted her at home with [redacted] Unfortunately for Lesley I do not think that this was how it did work out, but she is in any case now back with her [redacted] and I think she will continue to test [redacted] commitment since I believe she will remain uncertain of that.

A further factor which will contribute to the unpredictability of her behaviour/...

LESLEY BROWN (D.O.B. 08:05.80)
Letter dated 10th March 1995

behaviour and response in certain situations is a developmental push to wards achieving emotional separation from the [redacted] As she is not doing this from a secure base, emotionally speaking her progress towards achieving independence will inevitably be somewhat chequered.

When I saw [redacted], particularly as Lesley was clearly indicating that she did not wish to continue contact. I think Lesley would wish to avoid further sessions as she would like to feel that she has put the problems behind her, and continuing to come and see me would be like a continuous reminder of an on-going problem.

I have therefore agreed that I will discharge Lesley from further follow-up. However if she does need further input in the future I would be happy to see her again, or if you remain in contact with her and want to discuss any difficulties she runs into, I would be happy to do that without having direct contact with Lesley or the family. I certainly wish Lesley well for the future.

Kind regards

Yours sincerely

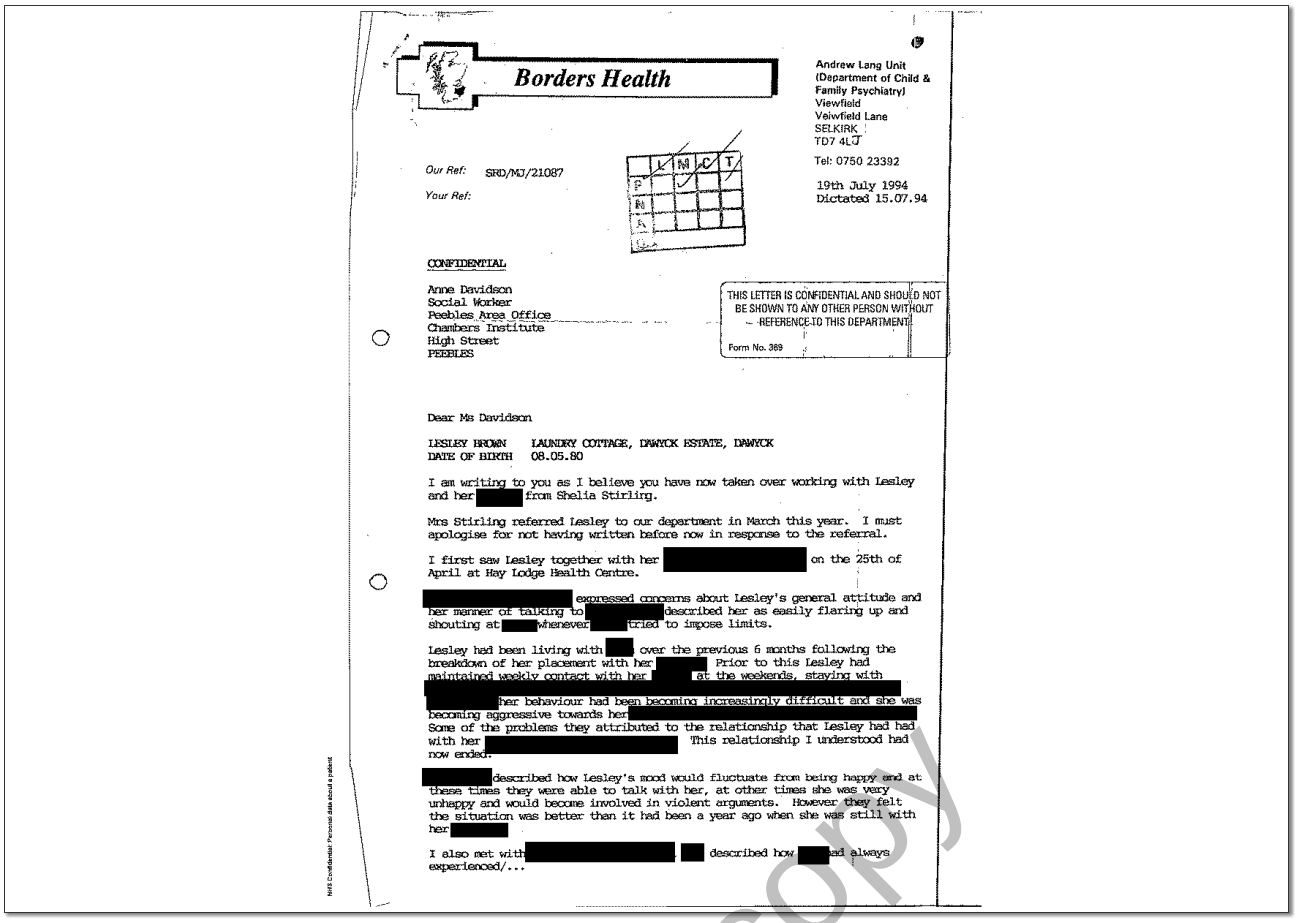
Sandra Davies

DR SANDRA DAVIES
Consultant Child and Adolescent Psychiatrist

Copy to: Dr McIntosh, Hay Lodge Health Centre, Peebles
Mrs Pauline Walker, Regional Reporter, Selkirk

MMA copy

NHS Confidential: Personal data about a patient



Borders Health

Andrew Lang Unit
(Department of Child & Family Psychiatry)
Viewfield
Veiwfield Lane
SELKIRK
TD7 4LJ
Tel: 0750 23392

Our Ref: SRD/MJ/21087
Your Ref:

19th July 1994
Dictated 15.07.94

CONFIDENTIAL

Anne Davidson
Social Worker
Peebles Area Office
Chambers Institute
High Street
PEEBLES

THIS LETTER IS CONFIDENTIAL AND SHOULD NOT BE SHOWN TO ANY OTHER PERSON WITHOUT REFERENCE TO THIS DEPARTMENT

Form No. 389

Dear Ms Davidson

LESLEY BROWN LAUNDRY COTTAGE, DAWYCK ESTATE, DAWYCK
DATE OF BIRTH 08.05.80

I am writing to you as I believe you have now taken over working with Lesley and her [redacted] from Shelia Stirling.

Mrs Stirling referred Lesley to our department in March this year. I must apologise for not having written before now in response to the referral.

I first saw Lesley together with her [redacted] on the 25th of April at Hay Lodge Health Centre.

[redacted] expressed concerns about Lesley's general attitude and her manner of talking to [redacted] described her as easily flaring up and shouting at [redacted] whenever [redacted] tried to impose limits.

Lesley had been living with [redacted] over the previous 6 months following the breakdown of her placement with her [redacted] Prior to this Lesley had maintained weekly contact with her [redacted] at the weekends, staying with [redacted] her behaviour had been becoming increasingly difficult and she was becoming aggressive towards her [redacted] Some of the problems they attributed to the relationship that Lesley had had with her [redacted] This relationship I understood had now ended.

[redacted] described how Lesley's mood would fluctuate from being happy and at these times they were able to talk with her, at other times she was very unhappy and would become involved in violent arguments. However they felt the situation was better than it had been a year ago when she was still with her [redacted]

I also met with [redacted] described how [redacted] had always experienced/...

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MMA copy

NHS Confidential: Personal data about a patient

LESLEY BROWN (D.O.B. 08.05.80)
Letter dated 19th July 1994

experienced Lesley as being very attention seeking and more demanding of attention than her [redacted] She used to be able to talk Lesley through these tantrums but that had become less possible over the previous year, and Lesley began increasingly to test the limits that she was imposing.

[redacted]

[redacted] the relationship between [redacted] and Lesley seemed to have deteriorated in the year as Lesley went up to the high school, and [redacted] felt that [redacted] was very shocked by finding the contraceptive pills in Lesley's belongings and admitted that [redacted] had lost [redacted] temper and told Lesley that [redacted] did not want her in the house. [redacted] had also become increasingly angry about the persistent lies that Lesley was telling her about her activities. [redacted] biggest worry is that the situation will get worse and Lesley will increasingly get into trouble.

By the time I saw [redacted], Lesley's reception into care for a period of assessment at Rowanlea had been arranged, and [redacted]

When I saw Lesley on her own she presented as a very unhappy girl who was trying to deal with this sense of loss through her angry and belligerent behaviour, but this was quite clearly a rather flimsy, defensive mechanism but one which she felt that she had to utilise in order to maintain her self esteem. It is clear that her becoming involved in the sexual relationship with [redacted] was part of her bid to achieve a pre-mature sense of adult identity as a means of achieving some spurious independence. It is quite clear that Lesley has not been able to address her maturational tasks of moving towards separation and gaining independence in a gradual way. I believe that this is a result of her sense of not having a secure base from which to achieve such independence. This lack of security arises out of the disrupted relationships she has experienced in her early life.

When I met with her [redacted] about Lesley's early childhood. Lesley was born at full-term by normal delivery. She was breast fed for several months by her [redacted] memories were that she was a contented baby who did not present them with major problems. She achieved her developmental milestones within normal limits, but on looking back [redacted] recalled her being "advanced". [redacted] remembers her tantrums as a toddler. She was into everything, but was not a child who wandered off. She did not have any major problems with rivalry at the [redacted] and seemed to accept [redacted] without significant problems.

She was enroled at Rosetta nursery at the age of 3 and did not experience separation anxieties. She then moved on to Priorsford Primary and again settled well. She did not experience any difficulties through out her primary school life.

[redacted] when she was aged 6 and this was clearly a disruptive time for her. She had experienced the [redacted] prior to the separation./...

NHS Confidential: Personal data about a patient

LESLEY BROWN (D.O.B. 08.05.80)
Letter dated 19th July 1994

[redacted] During this time she developed a very close relationship with [redacted] and I think that this was a significant relationship for her and one in which she sought the security that she missed following the [redacted] and this was clearly a very significant loss to Lesley, one from which I do not think she has fully recovered.

Lesley transferred to Peebles High School without difficulties and seemed to have a problem free first year. However the problems began to escalate as she went into second year and there was a marked deterioration in her academic performance throughout this last year. She seems to have lost interest and this would be a further expression of her low self esteem.

She seems to have retained friendships at school and contact with her peers is important to her, as one would expect as she will be seeking to identify with her peer group given that she is currently finding it very difficult to find positive identification with either of her parents.

[redacted]

I think that the biggest difficulty for Lesley is her sense that she does not belong in either family and has no place in either, despite the fact that her [redacted] in particular have tried very hard to make it clear they consider that she does have such a place. However I think that Lesley's low self-esteem makes her feel at times that she is unlovable and so she frequently acts this out and her behaviour inevitably elicits the response that she expects i.e. one of rejection and this serves to lower her self-esteem even further. She deals with this by the defensive manoeuvre of pretending that she does not care, and wishing others to believe that she does not need them and can manage perfectly well on her own. Her greatest loss/...

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LESLEY BROWN (D.O.B. 08.05.80)
Letter dated 19th July 1994

loss is that of the relationship with her [redacted] and so she is most angry with her [redacted] She would like her [redacted] to claim her and to give her whole hearted commitment. Her way of testing out her [redacted] commitment to her is of course very self destructive.

I note that she has also had a very poor relationship with [redacted] whom I have not met. I asked Lesley in view of the recent deterioration in her behaviour and her premature move into a sexual relationship whether she had ever been sexually abused herself, but she has denied this. I think that what she has in common with victims of sexual abuse is the failure of her relationship with her [redacted] and one consequence of this has been that in effect she has been sexually abused since she has had under age sex, however she does not see it in this way.

Since I had these preliminary sessions with the family Lesley has been in Rowanlea and I belive that the plan now is that she will return on a graduated basis to live with [redacted] I saw Lesley together with [redacted] on the 4th of July, when we discussed this return to the family. Lesley was continuing to display her oppositional behaviour, but I thought that it was more modified than previously. Again it was her [redacted] who seemed to have the best insight into the situation, but both [redacted] clearly had a commitment to try and make Lesely's placement with them work at the same time as making it clear to her that they had expectations of her complying with their limit setting. Lesley needs this form of management as such controls do in fact give her the message that they care about her welfare but at the same time she is bound to oppose them to test them out.

I have agreed to continue contact with the family, although Lesley is not keen on this, not surprisingly, as she is not of the view that any adults are particularly helpful to her. It is necessary to her to believe that she does not need adults as in that way she can more easily believe herself that she is ready for independence, and so she has a need to deny her dependency needs.

My next appointment with them is on Monday the 25th of July and if you are able to come then and the family are in agreement, it would be helpful for us to see the family jointly.

I will in any case keep you in touch with my further contact with them in due course.

Kind regards

Yours sincerely

Sandra Davies

DR SANDRA DAVIES
Consultant Child and Adolescent Psychiatrist

Copy to: Dr G E McIntosh, Hay Lodge Health Centre, Peebles

MRA Copy

NHS Confidential: Personal data about a patient

Borders Health Board
Peel Hospital
Galashiels
Selkirkshire
TD1 3LQ
Telephone 57911
(STD 0896)

Our Ref.: RB/jhm/136071
Your Ref.:
Date: 28th April, 1987.

DERMATOLOGY CLINIC

Dr. C.E. McIntosh
Health Centre
Peebles

Dear Dr. McIntosh,

Lesley Brown, 4 Talisman Place, Peebles
8.5.80

Thank you for your letter about this little girl whom I saw at the clinic today.

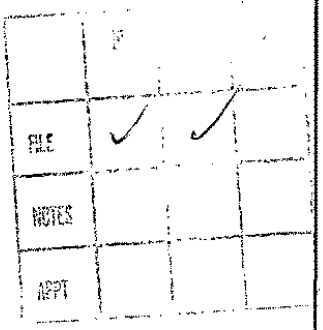
As you say, she has extensive alopecia areata. Unfortunately, there is still no effective treatment for this condition, but I have been optimistic with the [redacted] as to its regrowth.

I have not made a routine appointment to review her, but if it should become much more extensive, then a wig might be considered.

Kind regards,
Yours sincerely,

Dr. R. St. C. Barnetson
Consultant Dermatologist.

MMA copy



NHS Confidential: Personal data about a patient

Peel Hospital,Galashiels. 3.4.87.

Dermatological Dr. Barnetson.

Brown
Lesley Anne
4 Talsiman Place, Peebles. 08.05.80.

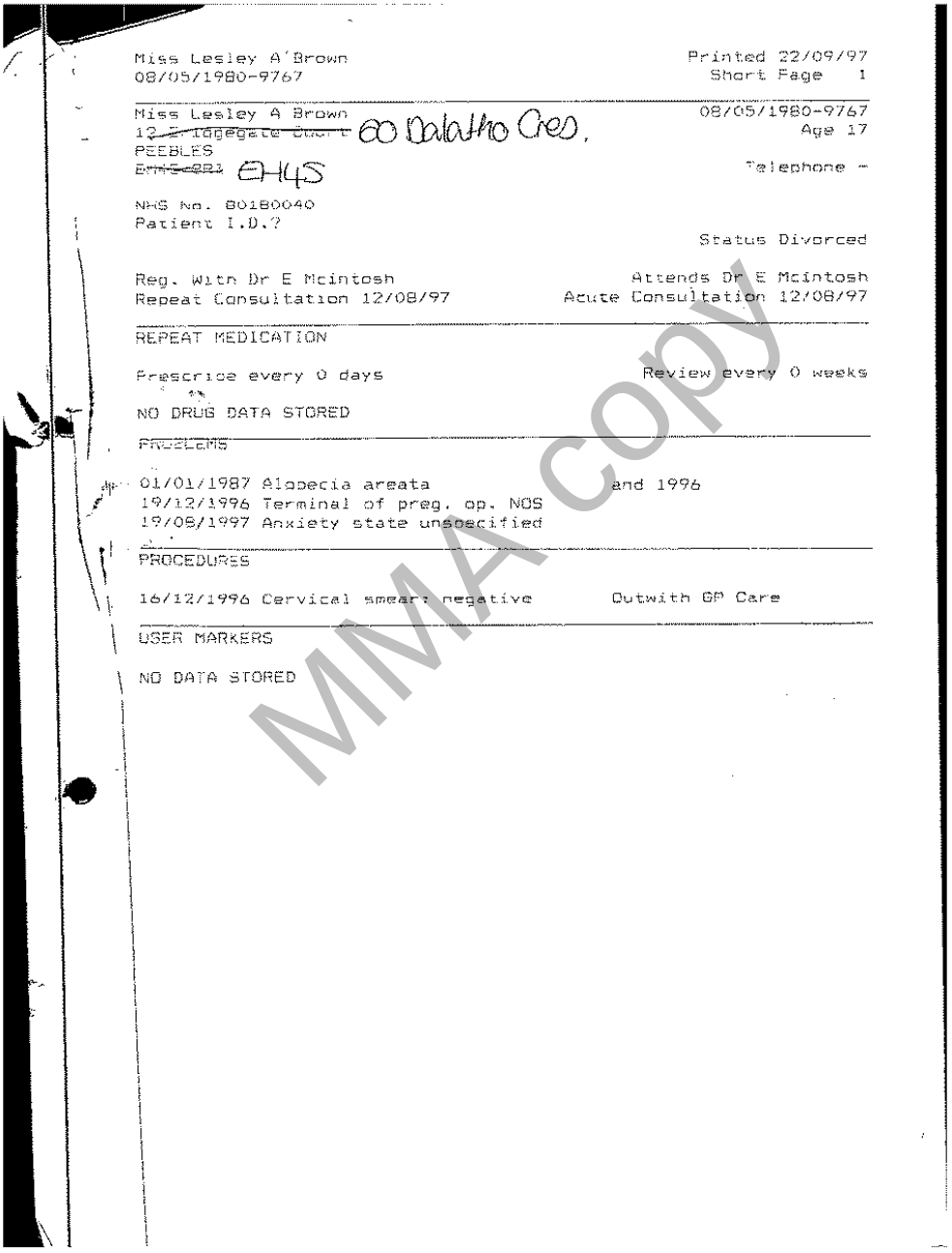
Thank you for seeingf this little girl with several month history of increasing alopecia areata. The areas are becoming fairly extensive and [redacted] feels they are not helping her already anxious personality. I wonder if you feel any further treatment may be indicated?

MMA COPY

Scanned Document
22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221054460_2.pdf
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Pages:

NHS Confidential: Personal data about a patient



Miss Lesley A Brown
08/05/1980-9767

Printed 22/09/97
Short Page 1

Miss Lesley A Brown
12 ~~Ledgegate Court~~ 60 Dalatho Cres,
PEEBLES
~~EH45 8RJ~~ EH45

08/05/1980-9767
Age 17

Telephone -

NHS No. 80180040
Patient I.D.?

Status Divorced

Reg. With Dr E Mcintosh
Repeat Consultation 12/08/97

Attends Dr E Mcintosh
Acute Consultation 12/08/97

REPEAT MEDICATION

Prescrice every 0 days

Review every 0 weeks

NO DRUG DATA STORED

~~PROBLEMS~~

01/01/1987 Alopecia areata and 1996
19/12/1996 Terminal of preg. op. NOS
19/08/1997 Anxiety state unspecified

PROCEDURES

16/12/1996 Cervical smear: negative Outwith GP Care

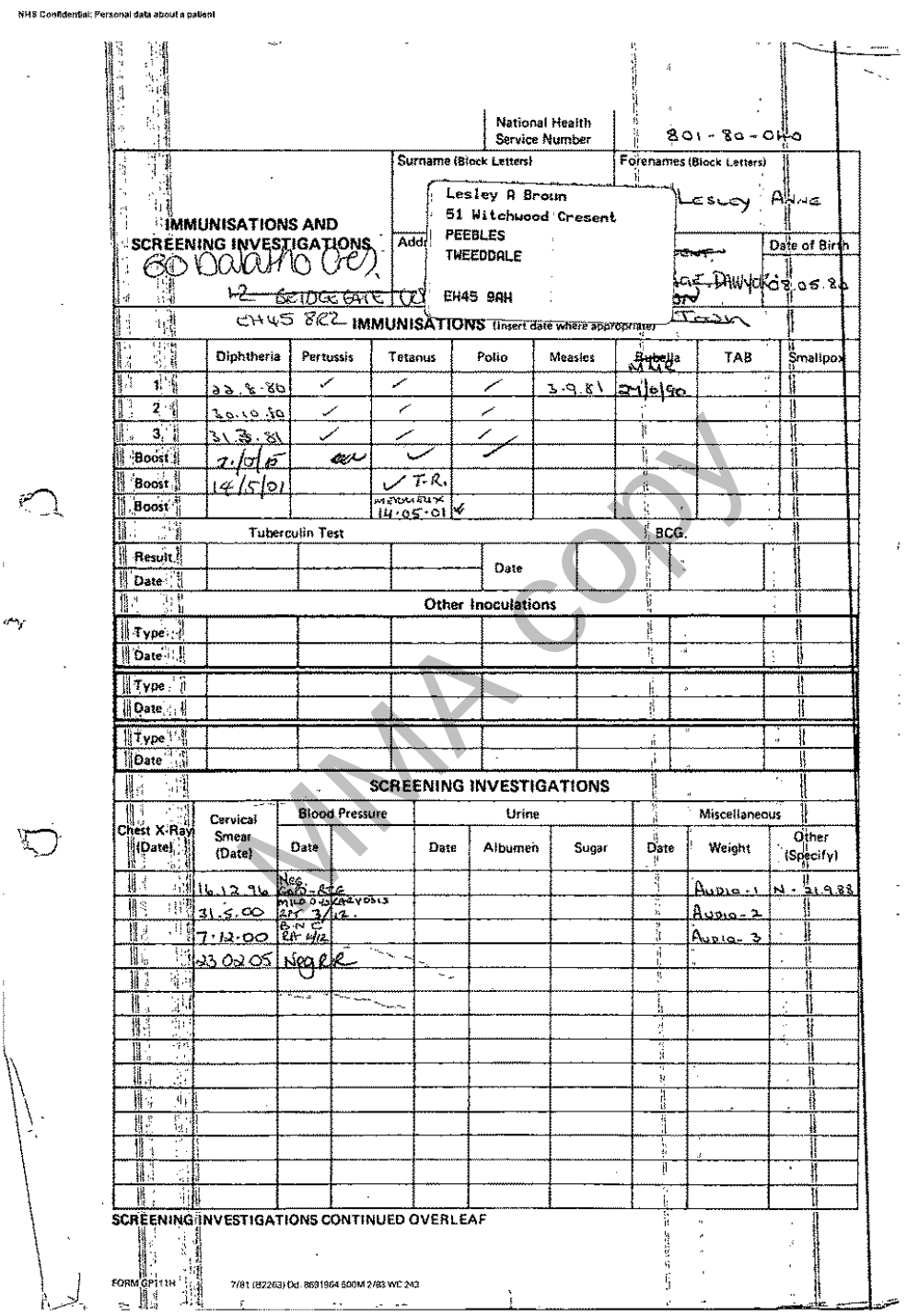
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NO DATA STORED

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22-Apr-2026 SHONA.MACKENZIE
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NHS Confidential: Personal data about a patient

National Health Service Number 801-80-0440

Surname (Block Letters) Forenames (Block Letters)

Lesley A Brown
51 Witchwood Cresent
PEEBLES
TWEEDDALE
EH45 9AH

Lesley Anne

Date of Birth 08.05.80

IMMUNISATIONS AND SCREENING INVESTIGATIONS

80 Bataho Ave, 42 BRIDGEGATE (X) EH45 8RZ

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella MMR	TAB	Smallpox
1	22.8.80	✓	✓	✓	3.9.81	21/6/90		
2	20.10.80	✓	✓	✓				
3	31.3.81	✓	✓	✓				
Boost	2.10.95	✓	✓	✓				
Boost	14/5/01		✓ T.R.					
Boost			MENCEVAX 14.05.01 ✓					

	Tuberculin Test				BCG			
Result				Date				
Date								

Other Inoculations

Type								
Date								
Type								
Date								
Type								
Date								

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure Date	Urine Date	Albumen	Sugar	Miscellaneous Date	Weight	Other (Specify)
	16.12.96	Neg					Audio-1	N - 21.9.88
	31.5.00	MILD DYSPLASIA 3/12					Audio-2	
	7.12.00	BAT 6/12					Audio-3	
	23.02.05	Negative						

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP11H 7/81 (82263) Od. 8691964 500M 2/83 WC 243

NHA copy

NHS Confidential: Personal data about a patient

SCREENING INVESTIGATIONS Continued from overleaf

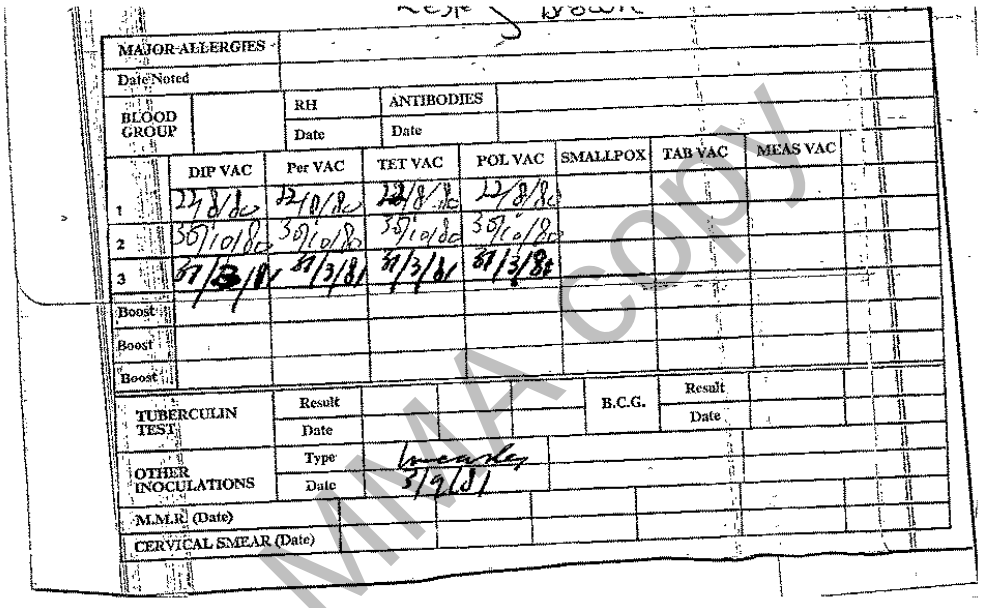
Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)
							28/6/82	75KG.	
								5'7"	

Other Procedures

Date		Date		Date	

MMA copy

NHS Confidential: Personal data about a patient



MAJOR ALLERGIES								
Date Noted								
BLOOD GROUP		RH	ANTIBODIES					
		Date	Date					

	DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC	
1	22/8/80	22/8/80	22/8/80	22/8/80				
2	30/10/80	30/10/80	30/10/80	30/10/80				
3	27/2/81	27/3/81	27/3/81	27/3/81				
Boost								
Boost								
Boost								

TUBERCULIN TEST	Result		B.C.G.	Result	
	Date			Date	
OTHER INOCULATIONS	Type	Measles			
	Date	5/9/81			
M.M.R. (Date)					
CERVICAL SMEAR (Date)					

MMR COPY

Scanned Document
22-Apr-2026 SHONA.MACKENZIE
Additional: Scanned Document

Filename: igprda202604221054460.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

G. EWAN McINTOSH, M.B., Ch.B., D.R.C.O.G., M.R.C.G.P.
ROGER A. BRYDON, M.B., Ch.B., M.R.C.G.P.
CLAIRE MELDRUM, M.B., Ch.B., M.R.C.G.P.,D.R.C.O.G.,D.F.F.P.
ROBERT MANSON, M.B., Ch.B., M.R.C.G.P.
HANNAH SYME, B.M.B.Ch., B.A.(Hons) Oxon, D.R.C.O.G.

Hay Lodge Health Centre
Neidpath Road
Peebles. EH45 8JG

Telephone: 01721 720601
Fax: 01721 726989

RM/PM/136071
CHI 0805809767

20 November 2015

Dermatology
Borders General Hospital
Melrose
TD6 9BS

Dear Colleague

Lesley Brown 51 Witchwood Crescent, Peebles, EH45 9AH (DOB 08.05.80)

I have recently reviewed this 35 year old woman who has a background of alopecia. She tells me that she started steroid injection at your clinic earlier this year. This appears to have led to an improvement in the alopecia. Unfortunately, she missed a follow up appointment and on contacting OPD has been advised to attend her GP. She is very keen to continue with this treatment if at all possible and I would be grateful if this could be arranged.

Yours sincerely

Dr Robert Manson

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[redacted]

Lesley Brown
51 Witchwood Crescent
EH45 9HH

The Edinburgh Postnatal Depression Scale

As you have recently had a baby, we would like to know how you feeling.
Please **underline** the answer which comes closest to how you have felt in the **past 7 days**, not just how you feel today.
Here is an example already completed: **I have felt happy**

N°1

Yes, all the time
Yes, most of the time
No, not very often
No, not at all

SCORE 15/30

1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now (1) Definitely not so much now Not at all	**6. Things have been getting on top of me** Yes, most of the time I have not been able to cope at all Yes, sometimes I haven't been coping as well as usual (2) No, most of the time I have coped quite well No, I have been coping as well as ever
2. I have looked forward to enjoyment to things As much as I ever did Rather less than I used to (1) Definitely less than I used to Hardly at all	**7. I have been so unhappy that I have had difficulty sleeping** Yes, most of the time Yes, sometimes Not very often No, not at all
3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, sometimes (3) Not very often No, never	**8. I have felt sad or miserable** Yes, most of the time Yes, sometimes (2) Not very often No, not at all
4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often (3)	**9. I have been so unhappy that I have been crying** Yes, most of the time Yes, quite often Only occasionally (1) No, never
5. I have felt scared or panicky for no good reason Yes, quite a lot Yes, sometimes (2) No, not much No, not at all	**10. The thought of harming myself has occurred to me** Yes, quite often Yes, sometimes Hardly ever No, never (0)

Feeling 'flat'
Thankyou for visitor
3417

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Wesley Brown
51 Witchwood Cres
EH45 9HH

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The Edinburgh Postnatal Depression Scale

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15/30

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5. I have felt scared or panicky for no good reason Yes, quite a lot Yes, sometimes 2 No, not much No, not at all	**10. The thought of harming myself has occurred to me** Yes, quite often Seems that Yes, sometimes will consider Hardly ever GP appointment. No, never 0 Thankfully not Declined PND Borders.

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0805809767
BROWN
LESLEY R
08/05/1980
F
Denise Kopsch 1
Hay Lodge H C

NHS Borders
Antenatal and Postnatal Mental Health
Integrated Care Pathway

NHS Borders

Lesley Brown CHI No. 0805809767 EDD: 27/2/17

Standard 1: History Taking Appointment, Identification of Risk Factors

'Yes' to any of SWHMR mental health questions? (Yes) No
Risk(s) identified On citalopram for mild depression + has had previously before.
If risk identified, intervention offered/ referral needed? (Yes) No
Referral/Intervention No.(s) 6 wk Consultant
Variance Code(s) [+ free text if nec.]
Signed ... Print Name D. KOPSCH Designation M/W Date 10/8/16

Standard 2: Risk Factors- Completion at 28-34 weeks

Current Treatment/Intervention: (Yes) No
Details of current Intervention Nos. Every week visit
Current symptoms of depression Yes (No)
Recent/current stressful life events Yes (No)
Lack of social supports Yes (No)
Multi-disciplinary care plan completed Yes (No)
(Further) Intervention indicated Yes (No)
Intervention No.(s)
Variance Code(s) [+ free text if nec.] Getting on much better [redacted] Emotionally well
Signed ... Print Name K. PSCH Designation M/W Date 7/12/16

Standard 3: Provision of Information- Carried out at 28-34 weeks

Information provided about postnatal depression (Yes) No
Details (tick): One-to-one (verbal) ☑ Antenatal Classes ☐ Leaflet(s) ☐
Multi-disciplinary care plan completed Yes No Not required
Variance Code(s) [+ free text if nec.]
Signed ... Print Name D. KOPSCH Designation M/W Date 28/12/16

Standard 4: Early Postnatal Assessment by 7 days

Severe baby blues Yes (No)
Unusually elated mood Yes (No)
Strange/odd ideas Yes (No)
Intervention(s) offered Yes (No)
Intervention No.(s)
Irritable baby Yes (No)
Marked overactivity Yes (No)
Other concerns Having difficulties re autistic son. He is now staying with his Dad for a short time
Variance Code(s) [+ free text if nec.]
Signed ... Print Name D. KOPSCH Designation M/W Date 27/2/17

MH Diagnosis during Antenatal or Early Postnatal Period (tick if present)
Depression ☐ Puerperal Psychosis ☐ Other(details)

MIDWIFE: PASS COMPLETED STANDARDS 1-4 TO HEALTH VISITOR/PHP

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NHS BORDERS PERINATAL MENTAL HEALTH INTEGRATED CARE PATHWAY

Standard 5: Health Visitor First Visit Screening

Current mental health problems/ ongoing interventions (Yes) No
Postnatal Depression risk factors present (Yes) No
EPDS discussed (Yes) No
Concerns identified (Yes) No Details.....
Intervention(s) indicated (Yes) No
Intervention No.(s) 2
Variance Code(s) [+ free text].....
Signed J.RUTHERFORD Print Name J Rutherford Designation HV Date 28/02/17

Standard 6: PHP/HV First Mental Health/EPDS Screening 6-8 weeks

EPDS carried out (Yes) No
Score 15/30 Date 3/4/2017 Repeat Score 10/30 Date 18/04/17
Concerns identified (Yes) No Details.....
Intervention offered (Yes) No Intervention No.(s) 3
Variance Code(s) [+ free text].....
Signed J Rutherford Print Name JANE RUTHERFORD Designation HV Date 3/4/17

Standard 7: PHP/HV Second Mental Health/EPDS Screening 3-4 months

EPDS carried out (Yes) No
Score 15 Date 22/5/17 Repeat Score..... Date .../.../....
Concerns identified (Yes) No Details. Feels "Glad"
Intervention offered (Yes) No Intervention No.(s) 3
Variance code(s) [+ free text].....
Signed J Rutherford Print Name JANE RUTHERFORD Designation HV Date 22/5/17

MH Diagnosis during Postnatal Period (tick if present)
Depression ☐ Puerperal Psychosis ☐ Other (details).....

VARIANCE CODES

STANDARD NOT MET	CODE	STANDARD MET BUT OUTWITH TIMEFRAME	CODE	MH SCREENING STANDARDS	CODE	INTERVENTION INDICATED	CODE
Due to woman's non-attendance	NN	Due to woman's non-attendance	DN	MH screening/EPDS refused by woman	ER	Intervention offered but refused	IR
Due to woman's refusal	NR	Due to woman's initial refusal	DR	MH screening/EPDS screening carried out outwith timeframe	ED	Intervention indicated: unable to provide due to workload	IW
Due to midwife/health visitor workload	NW	Due to midwife/health visitor workload	DW	MH screening/EPDS omitted- Not considered clinically appropriate	EO	Intervention offered involving referral to other service: delayed response by receiving service e.g. waiting list	IO
Due to no information being available	NI	Due to delayed or insufficient information being available	DI	Repeat EPDS score indicated but not carried out	EI	Intervention indicated but not available locally e.g. Crossreach	IN

INTERVENTIONS

1. Listening visits with MW/HV
2. Anti-depressant prescribed
3. Referral to GP
4. Ongoing GP support
5. Referral to Borders Community Addictions Team
6. Referral to Psychiatric Services
7. Referral to Sure Start midwife
8. Referral for Guided Self Help
9. Referral to Family Support Service
10. Early input from health visitor/PHP
11. Consultation with Psychological Services
12. Referral to Psychological Services
13. Psychological Intervention (by MW/HV)
14. Baby massage (only note if woman has MH problem).
15. Referral to Crossreach PND Service
16. Referral to Infant Mental Health Service

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Lesley Brown
51 Witchwood Crescent
EH45 9AH

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Feeling 'flat'
Husband on visitor

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Wesley Brown
51 Hitchwood Crescent.
EH45 9HH

[redacted]

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No, not at all

No 2.

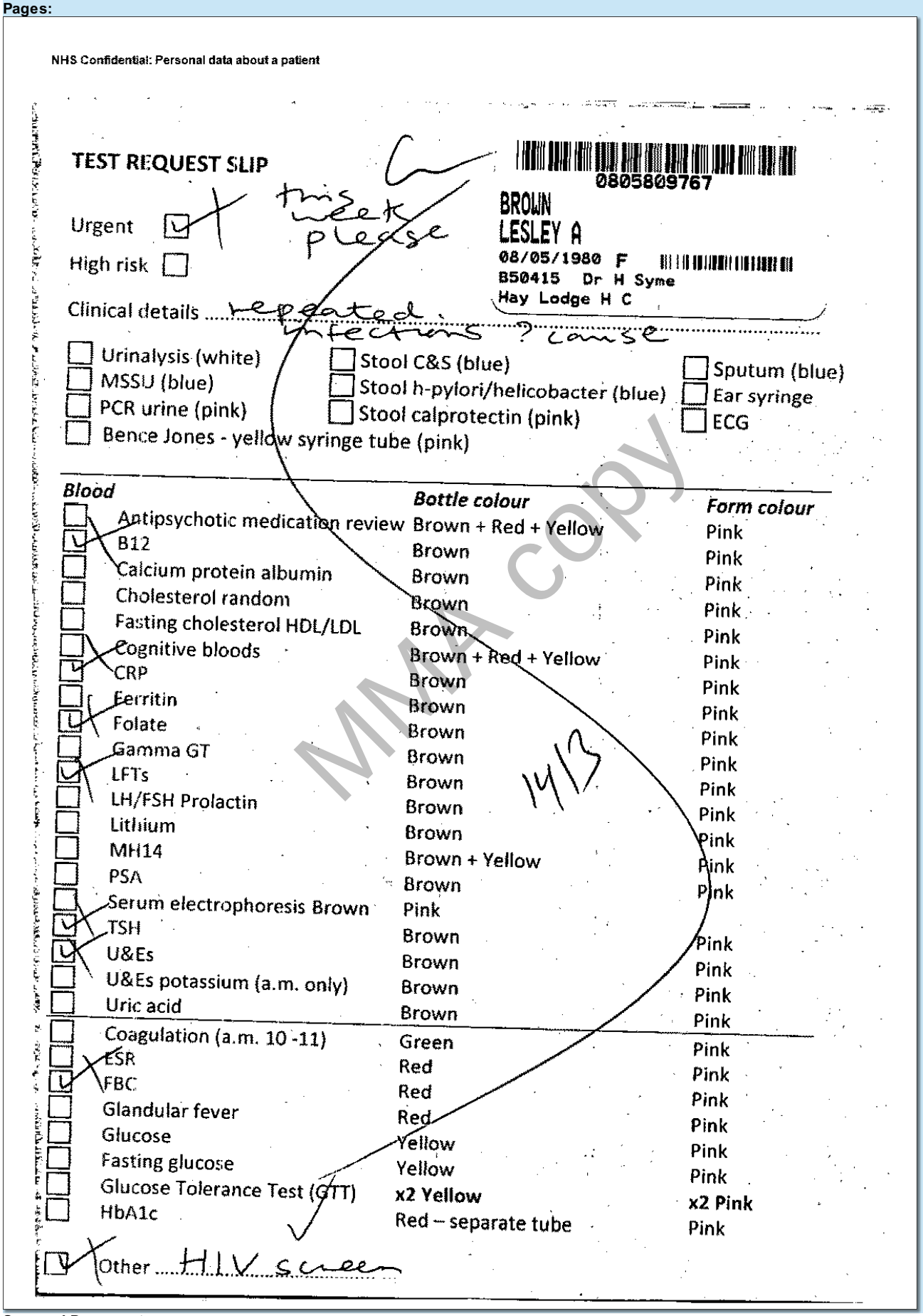
SCORE = 10/15

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TEST REQUEST SLIP

0805809767

BROWN
LESLEY A
08/05/1980 F
B50415 Dr H Syme
Hay Lodge H C

Urgent ☑ this week please
High risk ☐

Clinical details ..... repeated infections ? cause

☐ Urinalysis (white)
☐ MSSU (blue)
☐ PCR urine (pink)
☐ Bence Jones - yellow syringe tube (pink)
☐ Stool C&S (blue)
☐ Stool h-pylori/helicobacter (blue)
☐ Stool calprotectin (pink)
☐ Sputum (blue)
☐ Ear syringe
☐ ECG

Blood	*Bottle colour*	*Form colour*
☐ Antipsychotic medication review	Brown + Red + Yellow	Pink
☑ B12	Brown	Pink
☐ Calcium protein albumin	Brown	Pink
☐ Cholesterol random	Brown	Pink
☐ Fasting cholesterol HDL/LDL	Brown	Pink
☐ Cognitive bloods	Brown + Red + Yellow	Pink
☑ CRP	Brown	Pink
☐ Ferritin	Brown	Pink
☑ Folate	Brown	Pink
☐ Gamma GT	Brown	Pink
☑ LFTs	Brown	Pink
☐ LH/FSH Prolactin	Brown	Pink
☐ Lithium	Brown	Pink
☐ MH14	Brown	Pink
☐ PSA	Brown + Yellow	Pink
☐ Serum electrophoresis Brown	Brown	Pink
☑ TSH	Pink	
☑ U&Es	Brown	Pink
☐ U&Es potassium (a.m. only)	Brown	Pink
☐ Uric acid	Brown	Pink
☐ Coagulation (a.m. 10 -11)	Green	Pink
☐ ESR	Red	Pink
☑ FBC	Red	Pink
☐ Glandular fever	Red	Pink
☐ Glucose	Yellow	Pink
☐ Fasting glucose	Yellow	Pink
☐ Glucose Tolerance Test (GTT)	**x2 Yellow**	**x2 Pink**
☐ HbA1c	Red – separate tube	Pink

☑ Other ..... HIV screen

1413

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Registration Details - Patient No: 828

Personal details...		Address details...	
Date of birth	08/05/1980	Post Code	EH45 9AH
Sex	F	House Name Flat No	
Surname	Brown	No and Street	51 Witchwood Crescent
Previous Surname		Village	
Forenames	Lesley A	Town	Peebles
Calling Name	Lesley	County	Tweeddale
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
Next of kin			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	07749602496
Registered GP	Dr Jennifer Carter	Work Tel No	
Usual GP	Dr Jennifer Carter	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Key Code	
CHI Number	0805809767	Contact Phone No.	
NHS Number	801/80/040	Relationship to Patient	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Hay Lodge Health Centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	30/01/2012		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

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Medical Record

Problems

Active Problems		Authorised By	Code
19/10/2021	Total notes on computer	Mrs Chester	9346
12/01/2021	COVID-19 tested negative	Mrs Chester	PCS13509CO2
27/02/2017	Adverse reaction to Amoxicillin rash	Mrs Adams	EMISDRGA
17/02/2017	Spontaneous vaginal delivery [redacted]	Mrs Ramsay	L20-1
10/08/2016	Patient pregnant	Mrs Lawson	62
10/09/2014	Lump in breast (Left)	Mrs Ramsay	K3171
03/06/2013	Excision of lesion of skin NEC - subcutaneous cystic lesion - right jaw line	Mrs Ramsay	7G033
21/03/2011	[X]Depressive episode	Dr Tweed	Eu32
28/01/2010	H/O: depression	Mrs Ramsay	1465
11/02/2009	White Scottish	Typists	9S13
10/01/2007	[M]Intradermal naevus Excised Benign	rec2	BBEJ
23/03/2005	Contraceptive diaphragm Size 75mm fitted.	semples	616

07/12/2004	Termination of pregnancy Medical.	semples	L05
17/05/2002	Spontaneous vertex delivery [redacted]	semples	Ly0
11/04/2000	Forceps delivery HFFD [redacted]	semples	L395
16/02/1999	Stress counselling Referral to councellor.	semples	67J
19/08/1997	Anxiety state NOS	Any UnknownUser	E200z
24/07/1997	Suction termination of pregnancy	semples	7E084
19/12/1996	Suction termination of pregnancy	semples	7E084
01/01/1987	Alopecia areata and 1996	Any UnknownUser	M2401

Past Problems		Authorised By	Code
13/11/2019	**Subject of multi-agency risk assessment conference**	Mrs Adams	13Hm
11/10/2019	**Did not attend - no reason**	Dr Tweed	9N42
06/08/2018	**Family bereavement** sister	Dr Meldrum	13M
12/05/2016	**Failed encounter**	Dr Tweed	9N4
24/12/2014	**Otitis media NOS**	Dr Brydon	F52z
13/08/2014	**Breast mass (Left)**	Dr Meldrum	K3171-1
21/11/2013	**Acute bronchitis**	Dr Tweed	H060

Health Admin Problems		Authorised By	Code
19/01/2007	Notes summary on computer	rec2	9344

Investigations		Authorised By	Code
10/04/2020	**Serum TSH level** (Source: LAB) .		442W.
10/04/2020	**Serum free T4 level** (Source: LAB) .		442V.
03/03/2020	**Fungal microscopy** (Source: LAB) .		4JS3.
03/03/2020	**Culture for fungi** (Source: LAB) .		4J45.
03/03/2020	**Fungal microscopy** (Source: LAB) .		4JS3.
27/01/2020	**Serum total HCG level** (Source: LAB) .		44Z3.
20/08/2019	**Fungal microscopy** (Source: LAB) .		4JS3.
20/08/2019	**Culture for fungi** (Source: LAB) .		4J45.
20/08/2019	**Fungal microscopy** (Source: LAB) .		4JS3.
19/06/2019	**Serum TSH level** (Source: LAB) .		442W.
19/06/2019	**Serum free T4 level** (Source: LAB) .		442V.
04/04/2019	**Thyroid autoantibodies** (Source: LAB) .		43G5.
04/04/2019	**(Non Coded Event -)** (Source: LAB) .		
04/04/2019	**Thyroid autoantibodies** (Source: LAB) .		43G5.
22/03/2019	**Microscopy** (Source: LAB) .		4JS..
22/03/2019	**Stool sample for C/S** (Source: LAB) .		4JH4.
22/03/2019	**(Non Coded Event -)** (Source: LAB) .		
22/03/2019	**(Non Coded Event -)** (Source: LAB) .		
14/03/2019	**HIV antibody/antigen (Duo)** (Source: LAB) .		43d5.
14/03/2019	**Liver function test** (Source: LAB) .		44D6.
14/03/2019	**Serum TSH level** (Source: LAB) .		442W.
14/03/2019	**Serum vitamin B12** (Source: LAB) .		42T..
14/03/2019	**Serum folate** (Source: LAB) .		42U5.
14/03/2019	**Serum C reactive protein level** (Source: LAB) .		44CS.
14/03/2019	**Urea and electrolytes** (Source: LAB) .		44JB.
14/03/2019	**Serum free T4 level** (Source: LAB) .		442V.
14/03/2019	**Full blood count - FBC** (Source: LAB) .		424..
05/07/2017	**Full blood count - FBC** (Source: LAB) .		424..
05/07/2017	**Erythrocyte sedimentation rate** (Source: LAB) .		42B6.
05/07/2017	**Serum C reactive protein level** (Source: LAB) .		44CS.
05/07/2017	**Cervical Cytology** (Source: Manually filed) . Routine Recall -		4K22.
31/03/2017	**Full blood count - FBC** (Source: LAB) .		424..
31/03/2017	**Erythrocyte sedimentation rate** (Source: LAB) .		42B6.
31/03/2017	**Liver function test** (Source: LAB) .		44D6.
31/03/2017	**Bone profile** (Source: LAB) .		44Z2.
31/03/2017	**Serum C reactive protein level** (Source: LAB) .		44CS.
31/03/2017	**Serum urate level** (Source: LAB) .		44K5.
31/03/2017	**Urea and electrolytes** (Source: LAB) .		44JB.
26/04/2016	**Urine microscopy** (Source: LAB) .		46Z1.
26/04/2016	**Urine culture** (Source: LAB) .		46U..
13/04/2016	**Microscopy** (Source: LAB) .		4JS..
13/04/2016	**Sample culture** (Source: LAB) .		4J17.
24/03/2016	**Erythrocyte sedimentation rate** (Source: LAB) .		42B6.
04/03/2016	**Liver function test** (Source: LAB) .		44D6.

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04/03/2016	**Bone profile** (Source: LAB) .	44Z2.
04/03/2016	**Serum TSH level** (Source: LAB) .	442W.
04/03/2016	**Serum ferritin** (Source: LAB) .	42R4.
04/03/2016	**Urea and electrolytes** (Source: LAB) .	44JB.
04/03/2016	**Plasma glucose level** (Source: LAB) .	44g..
04/03/2016	**Full blood count - FBC** (Source: LAB) .	424..
04/03/2016	**Erythrocyte sedimentation rate** (Source: LAB) .	42B6.
27/05/2014	**Fasting blood lipids** (Source: LAB) .	44O5.
20/05/2014	**Full blood count - FBC** (Source: LAB) .	424..
20/05/2014	**Erythrocyte sedimentation rate** (Source: LAB) .	42B6.
20/05/2014	**Liver function test** (Source: LAB) .	44D6.
20/05/2014	**Serum C reactive protein level** (Source: LAB) .	44CS.
20/05/2014	**Urea and electrolytes** (Source: LAB) .	44JB.
19/05/2014	**Sample culture** (Source: LAB) .	4J17.
19/05/2014	**Sample: organism sensitivity** (Source: LAB) .	4J15.
25/02/2014	**Full blood count - FBC** (Source: LAB) .	424..
25/02/2014	**Erythrocyte sedimentation rate** (Source: LAB) .	42B6.
25/02/2014	**Liver function test** (Source: LAB) .	44D6.
25/02/2014	**Fasting blood lipids** (Source: LAB) .	44O5.
25/02/2014	**Serum gamma-glutamyl transferase level** (Source: LAB) .	44G9.
25/02/2014	**Serum C reactive protein level** (Source: LAB) .	44CS.
25/02/2014	**Urea and electrolytes** (Source: LAB) .	44JB.
23/01/2014	**Full blood count - FBC** (Source: LAB) .	424..
23/01/2014	**Liver function test** (Source: LAB) .	44D6.
23/01/2014	**Urea and electrolytes** (Source: LAB) .	44JB.
05/11/2013	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.

Values

Date	Last Entry	Normal Range Indicator	Normal Range
10/04/2020	**Serum TSH level 4.96 mU/L**	..........|	0.3-4.9
10/04/2020	**Serum free T4 level 12 pmol/L**	...|.....	9-19
03/03/2020	**Fungus on microscopy SEEN**		
03/03/2020	**Culture for fungi**		
27/01/2020	**Serum total HCG level < 1**		
20/08/2019	**Fungal microscopy Not seen.**		
19/06/2019	**O/E - blood pressure reading blood**		
19/06/2019	**Blood pressure reading 120/70 mm Hg**		
04/04/2019	**Thyroid autoantibodies**		
04/04/2019			
22/03/2019	**Faeces appearance FORMED**		
22/03/2019	**Faeces examination - organisms Not seen.**		
22/03/2019	**Cryptosporidium microscopy Not seen.**		
22/03/2019	**Stool sample for C/S**		
14/03/2019	**HIV antibody/antigen (Duo) Negative.**		
14/03/2019	**Serum albumin 43 g/L**	.....|.....	35-50
14/03/2019	**Serum total bilirubin level 9 umol/L**	...|.....	3-21
14/03/2019	**ALT/SGPT serum level 11 U/L**	..|.....	0-55
14/03/2019	**Serum alkaline phosphatase 87 U/L**	....|.....	40-150
14/03/2019	**Serum vitamin B12 546 ng/L**	.....|.....	187-883
14/03/2019	**Serum folate 4.6 ug/L**	.|.....	3-20
14/03/2019	**Serum C reactive protein level 3 mg/L**	.....|....	0-5
14/03/2019	**Serum sodium 139 mmol/L**	...|.....	137-144
14/03/2019	**Serum potassium 4.3 mmol/L**	.....|.....	3.5-5
14/03/2019	**Serum creatinine 66 umol/L**	...|.....	50-98
14/03/2019	**Glomerular filtration rate > 60**		
14/03/2019	**Haemoglobin estimation 148 g/L**	.....|...	115-165
14/03/2019	**Total white cell count 9.7 x10^9/L**	.....|..	4-11
14/03/2019	**Platelet count 310 x10^9/L**	.....|....	150-400
14/03/2019	**Mean corpuscular volume (MCV) 95.1 fl**	.....|..	80-100
14/03/2019	**Red blood cell (RBC) count 4.58 x10^12/L**	....|.....	3.8-5.8
14/03/2019	**Haematocrit 0.435 L/L**	.....|...	0.36-0.46
14/03/2019	**Mean corpusc. haemoglobin(MCH) 32.3 pg**	.....|	27-32
14/03/2019	**Mean corpusc. Hb. conc. (MCHC) 339 g/L**	.....|.....	320-360
14/03/2019	**Neutrophil count 5.51 x10^9/l**	.....|....	2-7.5
14/03/2019	**Lymphocyte count 2.95 x10^9/l**	.....|...	1-4
14/03/2019	**Monocyte count 0.63 x10^9/l**	.....|.....	0.2-1
14/03/2019	**Eosinophil count 0.53 x10^9/l**	..... |	0-0.4
14/03/2019	**Basophil count 0.09 x10^9/l**	....|.....	0-0.2
05/07/2017	**Erythrocyte sedimentation rate 4 mm/hr.**	..|.....	0-19
05/07/2017	**Cervical smear: negative Routine Recall -**		
31/03/2017	**Serum calcium 2.47 mmol/L**	.....|..	2.1-2.55
31/03/2017	**Corrected serum calcium level 2.49 mmol/L**	.....|...	2.12-2.62

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31/03/2017	**Serum total protein 66 g/L**	...|.....	60-78
31/03/2017	**Serum urate level 0.27 mmol/L**	.....|...	0.15-0.35
26/04/2016	**Urine microscopy**		
26/04/2016	**Urine culture**		
13/04/2016	**Microscopy :**		
13/04/2016	**Trichomonas screening test Not seen.**		
13/04/2016	**Sample culture**		
01/04/2016	**Current smoker 15**		
01/04/2016	**Smoker 15 Cigarettes/day 10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. Feeling sob and a bit wheezy. Denies chest pain. Denies haemoptysis. Smoker-10-20/roll rups. 2-3 joints cannabis/day.**		
04/03/2016	**Serum ferritin 52 ug/L**	..|.....	12-220
04/03/2016	**Plasma glucose level 5.2 mmol/L**	....|....	3.6-7.8
28/05/2014	**Assessing cardiovascular risk using SIGN score 1**		
27/05/2014	**Serum fasting total cholesterol 5.2 mmol/L**	.....|	3.5-5
27/05/2014	**Serum fasting triglyceride level 1.47 mmol/L**	.....|..	0.6-1.7
27/05/2014	**Serum HDL cholesterol level 2.1 mmol/L**	..... |	1-1.5
27/05/2014	**Serum LDL cholesterol level 2.4 mmol/L**	...|.....	2-3.5
27/05/2014	**Serum cholesterol/HDL ratio 2.5**	..|.....	2-5
19/05/2014	**Sample: organism sensitivity**		
25/02/2014	**Serum gamma-glutamyl transferase level 18 U/L**	....|....	6-35
24/04/2012	**Patient health questionnaire (PHQ-9) score 9**	...|.....	0-27
17/11/2004	**Body Mass Index 24.82**	.....|	20-25
17/11/2004	**O/E - weight 76**		
17/11/2004	**O/E - height 175**	.....|...	10-250
30/07/2002	**Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an interval 12M**		
07/12/2000	**Cerv.smear: borderline changes Cervical Screening$$.clm - Repeat after an interval 6M In GP care**		
31/05/2000	**Cerv.smear: mild dyskaryosis Cervical Screening$$.clm - Repeat after an interval 3M In GP care**		

Attachments			Authorised By	Code
14/11/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Stress at home; Duration: 14/11/2019 - 21/11/2019)	FitNote_cbb908a3-f5ef-4a48-aa78-85a51a2a04ef.pdf	Dr Tweed	9D15
31/10/2019	**eMED3 (2010) new statement issued, not fit for work** (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)	FitNote_c9c88ea3-0ea0-4667-bdfe-27efa584a830.pdf	Dr Tweed	9D15
31/10/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)	FitNote_7abf78a2-ed56-4fdf-bff3-969ff7fb2c6c.pdf	Dr Tweed	9D15
18/09/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood due to life stressors; Duration: 18/09/2018 - 02/10/2018)	FitNote_ab7e7ebd-cd0c-4a13-af62-99ca3e3f5120.pdf	Dr Tweed 1	9D15
28/08/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bereavement; Duration: 24/08/2018 - 24/09/2018)	FitNote_b33e7c26-c2c4-495d-aaac-ac2d198fc4f2.pdf	Dr Brydon	9D15
06/08/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bereavement; Duration: 03/08/2018 - 24/08/2018)	FitNote_d88ecade-e877-407a-b4b7-0ce6b7556a74.pdf	Dr Meldrum	9D15
25/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 25/07/2016 - 01/08/2016)	FitNote_50d08d7b-0647-464a-bdec-584dd20c899c.pdf	Dr Tweed	9D15
11/07/2016	**MED3 (2010) issued by hand, not fit for work** (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)	FitNote_4649f1f1-c216-4b5f-9f5b-eb9056d4e8e6.pdf	Dr Tweed	9D19
11/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)	FitNote_51664434-8e7c-44df-a332-6e97f1e6a513.pdf	Dr Tweed	9D15
01/07/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 30/06/2016 - 11/07/2016)	FitNote_758c569e-dbe3-4341-8ab1-f24d2062ee30.pdf	Dr Tweed	9D15

Due Diary Entries	Authorised By	Code

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None

Overdue Diary Entries		Authorised By	Code
27/08/2020	**Medication review OVERDUE**	Dr Tweed	8B314
30/04/2012	**Cervical smear: negative OVERDUE** Cervical Screening$$.clm Encounter	Mrs Ramsay	4K22.

Alerts		Authorised By	Code
22/09/2021	**Alert** 01.09.21 Patient is living in Innerleithen - will need to register with St Ronans. Geographical removal request has been sent to PSD on 15/09/2021	Mrs Chester	EMISALERT

Drug Allergies		Authorised By	Code
27/02/2017	**Adverse reaction to Amoxicillin** rash	Mrs Adams	EMISDRGA
04/04/2014	**Adverse reaction to skin, eye, ENT and dental drugs NOS** Roaccutane - mood	Dr Brydon	TJGz

Non Drug Allergies		Authorised By	Code

None

Family History		Authorised By	Code

None

Referrals		Authorised By	Code
11/10/2019	**Referral to breast clinic**	Dr Robertson	8HTI
17/09/2019	**8H43.: Dermatological referral (SCI Gateway Referral)**	Mrs Muir	8H43
15/04/2019	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Syme	8H43
28/09/2018	**Refer to counsellor**	Dr Tweed 1	8H78
11/05/2018	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Brydon	8H43
13/06/2017	**8H49.: Psychiatric referral (SCI Gateway Referral)**	Dr Manson	8H49
14/04/2016	**Refer for X-Ray**	Dr Syme	8HQ1
19/02/2016	**8H49.: Psychiatric referral (SCI Gateway Referral)**	Dr McIntosh	8H49
09/03/2015	**8H43.: Dermatological referral (SCI Gateway Referral)**	Dr Brydon	8H43
13/08/2014	**8HTI.: Referral to breast clinic (SCI Gateway Referral)**	Dr Meldrum	8HTI
13/08/2014	**Refer for ultrasound investign**	Dr Meldrum	8HQ2
15/01/2013	**8H59.: Referred to plastic surgeon (SCI Gateway Referral)**	Dr Brydon	8H59
07/06/2007	**Referral for further care** Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Neurosurgery. Referral Nature: Not Specified. , Referral Reason: Actual Hospital: Western General Hospital Assessment required	Dr McIntosh	8H
03/04/2007	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Physiotherapy. Referral Nature: Investigate.	Dr McIntosh	8H
18/09/2006	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: , Referral Reason: Multiple pigmented Naevi	Dr McIntosh	8H
01/12/2004	**Referral for further care** Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.	Dr Tweed	8H

Immunisations		Authorised By	Code
17/11/2016	**Low dose diphtheria, tetanus and inactivated polio vaccinati** AC39B086BA exp 05/18 **(GMS)**	Mrs Hopkirk	65K5
17/11/2016	**Influenza vacc consent given**	Mrs Hopkirk	68NV
17/11/2016	**Seasonal influenza vaccination (Left)** Batch No33749421A Exp 06.17	Mrs Hopkirk	65ED

Health Status	
05/07/2017	**Cervical smear result Cervical smear: negative**
17/11/2004	**Height 175 cm**
17/11/2004	**Weight 76 Kg**
17/11/2004	**Body Mass Index 24.82 kg/m2**
19/06/2019	**Blood pressure reading O/E - blood pressure reading**
19/06/2019	**Blood pressure reading 120/70 mm**

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	Hg	
01/04/2016	**Smoking Status Current smoker 15**	

Other Observations		Authorised By	Code
23/09/2021	**Cervical smear defaulter** Exclusion From SCCRS Until 23/12/2025. Reason: Defaulter	Miss Wilson	9O8S
27/02/2020	**Medication review**	Dr Tweed	8B314
03/04/2018	**Ex patient of Dr McIntosh**	Mrs Adams	PCS13509EX2
21/04/2017	**Failed encounter** Noted mild raised CRP / WCC- may all be in keeping with pre-patellar bursitis. Was advised to return for review, see if / when consults. A Strain, GPST3.	Dr Tweed	9N4
01/11/2016	**Failed encounter** no reason	Dr Tweed 1	9N4
21/07/2016	**Did not attend - no reason** dr lm 7334291	Dr Tweed	9N42
01/04/2016	**Smoking cessation advice**	Dr Tweed	8CAL
01/04/2016	**Referral: smok cessatn advisor**	Dr Tweed	8H7i
01/04/2016	**Ex smoker**	Dr Tweed	137S
01/04/2016	**Smoking cessation advice**	Dr Tweed	8CAL
01/04/2016	**Refer to NHS stop smoking srvc**	Dr Tweed	8HkQ
17/11/2015	**Medication review done**	Dr Manson	8B3V
17/11/2015	**Medication review done**	Dr Manson	8B3V
19/08/2014	**Medication review done**	Dr McIntosh	8B3V
20/02/2014	**Medication review done**	Dr McIntosh	8B3V
21/11/2013	**Current smoker**	Mrs Ramsay	137R
21/11/2013	**Smoking cessation advice**	Mrs Ramsay	8CAL
21/11/2013	**Smoking cessation advice**	Dr Tweed	8CAL
21/11/2013	**Over countr nicotine repl ther**	Dr Tweed	8B3Y
23/07/2013	**Cervical smear defaulter** Exclusion From SCCRS Until 23/10/2015. Reason: Defaulter	Mrs Lawson	9O8S
24/02/2012	**Depression screen using quest**	Mrs Ramsay	6896
24/02/2012	**[X]Depressive episode**	Mrs Ramsay	Eu32
30/01/2012	**Scottish - ethnic category 2001 census**	Miss Clyde	9i21
10/10/2011	**Organ donor** Any organ	Any UnknownUser	9d45
06/10/2011	**Depression screen using quest**	Mrs Ramsay	6896
06/10/2011	**[X]Depressive episode**	Mrs Ramsay	Eu32
25/05/2011	**Patient health questionnaire (PHQ-9) score** 21: priority=2	Mrs Ramsay	388f
25/03/2011	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Mrs Mayer	136L
25/03/2011	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Mayer	8CAL
21/03/2011	**Depression screening using questions** priority=2	Dr Tweed	6896
21/03/2011	**Patient health questionnaire (PHQ-9) score** 27: priority=2	Dr Tweed	388f
25/01/2011	**Current smoker** 10 per day priority=2	Typists	137R
25/03/2008	**Medication review**	Any UnknownUser	8B314
11/03/2008	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr 3	8CAL
11/03/2008	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr 3	137R
01/12/2004	**Patient MRE received from HB** priority=1	Mrs Nicholson	9125
17/11/2004	**Alcohol intake within recommended sensible limits** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	136L
17/11/2004	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	8CAL
17/11/2004	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Any UnknownUser	137R
16/11/2004	**Pat. GP7B/GP8B card from HB** priority=1	Any UnknownUser	9124
12/11/2004	**Patient reg. form sent to HB** priority=1	rec10	9123
28/06/2002	**GP22-practice changed-moved** priority=1	Mrs Nicholson	923D
17/06/2002	**GP22-practice changed-moved** priority=1	Mrs Nicholson	923D
11/04/2001	**Medication review**	Any UnknownUser	8B314
07/12/2000	**Medication review**	Any UnknownUser	8B314
28/11/2000	**Medication review**	Any UnknownUser	8B314
30/09/1999	**Medication review**	Any UnknownUser	8B314
30/09/1999	**Medication review**	Any UnknownUser	8B314
09/06/1980	**Patient signed reg. form** priority=1	Any UnknownUser	9122
Not Known	**Marital Status: Single**	Any UnknownUser	1331

Consultations	
23/09/2021 00:00	Miss Hollie Wilson at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/12/2025. Reason: Defaulter
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-	---
06/09/2021	Mrs Patricia Muir at Hay Lodge Health Centre
Comment	Referral emailed to DBI
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06/09/2021	Dr Robert Manson at Telephone Consultation
Problem	discussed: current distress, feeling awful, mood worse, irritable, denies alcohol./substances. Very angry with family and recent court case etc. positives highlighted: new house, continues to work, has custody of [redacted] recently ended negative relationship. Thoughts self harm but clear no intent. Children protective. Agree to following: 1. needs to register with St Ronan's 2. Start sertraline. worsening statement given 3. DBI in meantime.
01/09/2021	Dr Jennifer Carter at Hay Lodge Health Centre
History	Telephone consult due to Covid-19. See note below from Julie - Lesley confirmed that she has moved to Innerleithen, but she would like to stay registered with us. I have explained that this is not possible and she would need to register with the St Ronan's practice, but as she is not with them yet I could speak to her today and see what help I could offer until she re-registered. She was not happy with this and said I was damaging her mental health and she did not want to re-register eslewhere but to stay with us. Applogies, but explained this was not posible. Again asked how I could help her today - she said she only wants to speak to Dr Manson. Booked to his next availble telephone consults. Note will be added that advised to register elsewhere.
16/07/2021	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	DNA pill check - ? moved to innerleithen
11/06/2021	Dr Robert Manson at Telephone Consultation
Problem	temp interdict in today's court case, distressed, no plans to harm self, planning to go to Moniaive to stay with friend, then coming back to see [redacted] on wed before court case next friday
10/06/2021	Dr Robert Manson at Data Entry
Problem	call to pt acute distress, tells me [redacted] on saturday, apparently via a legal order, court hearing tomorrow, pt distressed, poor sleep, in Innerleithen this evening, discussed options, given sleeping med, and advised, will contact us after hearing if necessary.
Comment	No other concerns this evening, worsening statement given
Medication	Zopiclone Tablets 3.75 mg *10 tablet TAKE ONE OR TWO AT NIGHT IF REQUIRED*
28/04/2021 10:36	Dr C Meldrum at Telephone Consultation
Problem	wonders if urine infection - feels urine concentration and ache lower back, no vomits, BO ok, frequency urination increased but not sore to Pu - taking supplements turmeric and sea kelp - suggestion drop urine sample for urinalysis in first instance if worsening symptoms or concerns to return for review CM
14/04/2020	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Phone consultation due to current covid-19 pandemic
History	Asking about sertraline dose- wonders why it has been increased. Says sleep is the problem, and mood is actually much better since starting the 50mg Sertraline. Would like sertraline to be put back to 50mg. Struggling to get to sleep and maintain a good nights sleep. Simple meaures such as sleep hygiene discussed. Agree with LB, reluctant to prescribe sleepig tabs long term, however, willing to prescribe short term basis to get her back into more regular rhythm of a sleep cycle. Have asked her to take the 100mg sertraline tabs back to chemist for disposal. PH
Medication	Sertraline Hydrochloride Tablets 50 mg *56 tablet ONE TO BE TAKEN EACH DAY* Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
10/04/2020	Dr Lucie Buckingham at Data Entry
History	s/b Alice for bloods - requesting more sertraline and sleeping tabs - reluctant to prescribe sleeping tabs so suggest increasing sertraline to 100mg instead - script done - rv with me by phone in few weeks
10/04/2020	Ms Alice Whigham at Hay Lodge Health Centre
Comment	Bloods as requested.
18/03/2020	Dr Registrar 1 Tweed at Telephone Consultation
	Phone consultation due to covid-19 infection. Has some medication queries- not sleeping well and zopiclone not working. Would like to try something else. Sleep hygiene discussed. Eating well, exercising. Agreed to give a trial of

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Problem	Temazepam- second line on formulary. Also has athletes foot/ dry skin around toes- trial Canesten HC. Mentions an itchy area on her back- small spot. Unable to examine as phone consult. Has got a cold- said better not to come into the surgery. If not cleared up in a few weeks- to call back and we can discuss and see her depending on situation with consultations. PH
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
	Clotrimazole And Hydrocortisone Cream 1 % + 1 % *30 gram Apply Twice daily*
27/02/2020	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	poor sleep. low mood. managing ok on sertraline. not had any contact with [redacted] recently so feeling better about that. knows that night sedation not a long term solution. still waiting bereavement counselling. no suicidality. [redacted] present - again same situation with not be able to fully talk freely. hoping to move to innerliethen and get a house closer to some of her fmaily and friends and away from [redacted]
Medication	Zopiclone Tablets 3.75 mg *10 tablet TAKE ONE AT NIGHT IF REQUIRED*
	Lymecycline Capsules 408 mg *112 CAPSULE ONE TO BE TAKEN TWICE DAILY*
	Sertraline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
Comment	will chase up plastics review for scar on face - ?still on waiting list or lost to follow up. rv appt for mood/SSRI in another 1-2 months. Dr Doherty GPST3
Additional	Medication review
26/02/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	DNA
25/02/2020	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA Bloods
10/02/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	Mood low - [redacted] - struggling with sleep. Discussed [redacted] awaiting cruise bereavement counselling - encouraged to do this. didn't attend PAU - HCG<1. No suicidal thoughts, feels needs to move aways from [redacted] - difficult to talk fully as [redacted] present. Agreed start sertreline 50mg and rv in 3 weeks
Medication	Sertraline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*
27/01/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	(1) LMP 1st Dec, on POP, positive preg test 13/1/2020, bled 2/7 17-19th Jan now bleeding started again, no abdo pain, hasn't rechecked preg test - d/w PAU - for serum HCG today and they will see on thursday at 930 at PAU - pt to contact them sooner if heavier bleeding or abdo pain. (2) ? fungal nail infection finger nail - for nail clippings and rv
16/01/2020	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
15/01/2020	Dr Lucie Buckingham at Hay Lodge Health Centre
History	Discussed mental health - [redacted] Sleeping not good. Works as chef - difficult sleep pattern as also has 2 year old. Uses zopiclone sporadically - requesting again - agreed limited amount and sporadic use. Also recently found out pregnant - LMP start Dec - unsure whether to proceed - still thinking about and discussing with [redacted] Has MTOP in Nov 2019. On POP - discussed ? alternative contraception, doesn't wish referring to gynae yet but knows to contact us again soon if needing any more discussion or wishing referring to gynae
Medication	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*
20/12/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Chest pain/ left shoulder pain
History	Left side over ribs, and LEFT shoulder. Noticed on waking this morning. No SOB, pain when preses over the area. No cough, no haemoptysis. No hx clots on lungs or legs. No fevers and feeling otherwise well.
Examination	T 36.9 Spo2 99% air HR 59, regular. BP 110/60. Chest clear, palpation over the chest wall reproduces pain.
Comment	Imp: Likely MSK pain given nature and examination findings secondary to lying awkwardly in bed. Plan: Simple analgesia as required. Advised will recover

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	within short time frame. PH
16/12/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
27/11/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	Stressed. has had a call form social work to say they have recieveda complaint about her smoking canabis and being aggressive towards he[redacted] She is ademant that this is a malicious complaint. She says she was smokign canabis last year after the[redacted]but 'this is not a problem anymore'. Also says that[redacted] was the agressor and she is gettign support from the domestic abuse team. She has recently had input for DBI and we discussed some of their techniques to put in place when she is feeling this way. Much calmer by end of consult. Plan to try and relax herself today and perhaps call social work tomorrow to ask what will be done about the complaint. Aware can return if further concerns.
18/11/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	SR for further issue of Zopiclone - Given on this occasion, but perhaps should be seen and this discussed again if requesting more.
14/11/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Requested further fit note due to ongoing stress which I have issUed. PH
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Stress at home; Duration: 14/11/2019 - 21/11/2019)
04/11/2019	Dr Robert Manson at Hay Lodge Health Centre
Problem	Stress/struggling, seeing DBI. Asking for more sleeping meds, discussed this and safety of using. Main stress relates to[redacted] looking to move house, further away etc with[redacted] given rx review prn
Medication	Zopiclone Tablets 3.75 mg *10 TABLET TAKE ONE OR TWO AT NIGHT IF REQUIRED*
31/10/2019 11:33	Dr C Meldrum at Hay Lodge Health Centre
Additional	
31/10/2019	Miss Catriona M Hegarty at Hay Lodge Health Centre
Comment	Referral to DBI emailed
31/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Distress
History	Had termination of pregnancy on Friday of last week. In my room is inconsolable. Extreme feelings of guilt, can't stop crying. Feeling low in mood.[redacted] Feels[redacted] emotionally and psychologically abusing her. Feels like she needs to get away from Peebles. No current thoughts of self harm- her three children are protective. Not sleeping, feels like she needs time off work.
Examination	Crying, very upset[redacted] also present.
Comment	Plan: DBI referral, zopiclone for sleep, fit note as does not feel she could cope at work. Follow up in 2 weeks. PH
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Distress and low mood; Duration: 31/10/2019 - 14/11/2019)
11/10/2019	Mrs Jill Chester at Hay Lodge Health Centre
New Referral	Referral to breast clinic Outpatient (NHS), Routine, Borders General Hospital, ,
11/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Additional	
11/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Patient arrived half an hour late.
History	Has decided to terminate her pregnancy. Appointment made at BGH. I will do paperwork and will be ready for patient to pick up from the surgery on Tuesday.
Comment	Appointment made at BGH. I will do paperwork and will be ready for patient to pick up from the surgery on Tuesday. PH
11/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre

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Problem (FIRST)	**Did not attend - no reason**
Comment	Given my previous consultation with pt re. pregnancy and whether or not she wanted to continue, I will call the pt today to catch up and clarify. PH

07/10/2019	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Problem	Pregnant
History	Found out pregnant over the weekend. In a 'tricky' home situation. Has two [redacted] Last period about 2 months ago. Having early signs of pregnancy. Living in 2 bed flat- thinks not an ideal situation to bring a child up in along with other three children. Seems undecided as to whether she would like to proceed with the pregnancy. Would like to speak with Janice, health visitor this week as she has a good relationship with her.
Comment	Plan: Follow up end of the week to determine if requires referral for TOP. PH

30/09/2019	Dr Robert Manson at Hay Lodge Health Centre
Problem	Infected sebv cyst right outer thigh. Advised poultice. No fever. For abx, worsening statement given
Comment	review notes for amoxiciloin allergy - see Feb 217 - rash with amoxicillin, ppreviously had without issue, co-amox preferred medication today, discussed this agrees to take observe for s/e worsening statement given
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET TAKE ONE THREE TIMES DAILY*

16/09/2019	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	Alopecia - reocurrence.
History	new 2x3 cm circular patch on top of head. known alopecia. previously had Triamclinolone injections into scalp with dermatology - would like re-referred back for recurrence. had a year ago 16/07/18.
Comment	will re-refer (under follow up for acne in 3 months time but will ask for earlier review for further injections) Dr Doherty GPST3
Problem	lump right outer thigh.
History	noticed small pea sized lump years ago but in the last week noticed more pain associated with pressure to lump. also noticed increased in size. concerned about cancer.
Examination	round spherical shape mobile smooth lump 3x3cm in size.
Comment	impression - cyst. not infected at the moment. will mention in derm letter ? consideration of removal. Dr Doherty GPST3

01/08/2019 11:07	Dr Registrar 1a Tweed at Hay Lodge Health Centre
History	Fungal toe nail infectio - longstanding, has been using nail lacquer but not helping symptoms, wanting to see about other treatment. Also skin infection surrounding this, has been using canesten/athletes foot spray- not helping.
Examination	Athletes foot between toes, thickening of toe nails. Skin red fungal looking rash on toes.
Medication	Hydrocortisone And Miconazole Cream 1 % + 2 % *15 gram APPLY TWICE A DAY*
Comment	Trial of daktacort. Nail clipping for toe infection. Aware of the option for fluconazole, discussed side effects of this, await nail clippings.
History	Damp house, mould in walls, awaiting rehousing. Wondering if she can have testing for whether this is having an effect on her. Not able to specify symptoms she is getting but says "doesn't feel right", worried about chest. Smoker.
Examination	Chest clear.
Comment	?CXR ?spirometry, will dsicuss with GP.

19/06/2019 11:04	Dr C Meldrum at Hay Lodge Health Centre
Problem	doing well, needs repeat POP, preferd options, failed coil insertion and implanon didn't suit, has seen derm re acne and to continue lymecycline and derm will ref plastics at st johns. Due to see grief counsellor later today re [redacted] looking forward to trip with [redacted] over next few days , mood stable , rv as reqd CM
Examination	O/E - blood pressure reading blood Blood pressure reading 120/70 mm Hg
Medication	Desogestrel Tablets 75 micrograms *336 tablet ONE TABLET DAILY* Lymecycline Capsules 408 mg *56 capsule ONE TO BE TAKEN EACH DAY*

19/06/2019	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	bloods

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19/06/2019	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	bloods
05/06/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
29/05/2019	Dr Hannah Syme at Data Entry
History	DNA appt no reason given
04/04/2019	Miss Alexina Hamilton T at Hay Lodge Health Centre
Comment	bloods
03/04/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	trial with antihistamine
Comment	allergic picture, ongoing scar over area of incision on right cheek for abscess, skin continues to flare ?dairy allergy > ref derm
Medication	Cetirizine Hydrochloride Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH DAY*
03/04/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	DNA routine appointment
26/03/2019	Miss Alexina Hamilton T at Hay Lodge Health Centre
Comment	DNA bloods
20/03/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	reviewed bloods - mildly elevated eosinophils (no history of asthma/allergies but allopecia, smoker and mould in council housing), borderline hypothyroid, struggles to put on weight and occasional abdominal cramps
Comment	helminth screen with 3xstool, check autoantibodies, stop smoking, review with results
14/03/2019	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	bloods
20/02/2019	Dr Jennifer Carter at Hay Lodge Health Centre
History	See Docman re treamtment for abscess on rigth cheek - is significantly better now, but still feels a little numbness and tingling over the left cheeck and wonders if that is normal. Also still has painin the cheeck area and would like further dihydrocodiene and has completed the supply given on dischage - dischare letter says given on week supply and that was 5 days ago. Only for short tern, so only given 30 more. Also would like a further supply of zopiclone . has been using these intermittantly since he[redacted] year. Was not sleeping well in hospital and would like a further supply. On way out said that she has also had a discharge/breast lump since birth of her [redacted] Has similar in this area and it was investigated in 2014 with no concerns found. Advised to return for breast examination and full discussion of this.
Examination	Face has signidicanlty improved compared to discriptionin previous consults and dischage letters. evidence of healing abscess on left cheek - no erythema, no redness, no discharge. No swellign or erythema to eye/eyelid either.
Comment	Continues oral abx currently. Advised to return if symptoms worsening.
Medication	Zopiclone Tablets 7.5 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED* Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED* Dihydrocodeine Tablets 30 mg *30 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
19/02/2019	Dr Jennifer Carter at Tweed Practice
History	DNA appointment booked this morning.
13/02/2019	Dr Hannah Syme at Hay Lodge Health Centre
History	ongoing swelling right cheek - large abscess over right cheek with significant facial cellulitis, eyelid puffy and closed up - erythematous, tender, been on antibiotics (clarithromycin) this week, painless full ROM EOM, PERLA, constant right sided headache, fevers and chills, denies change in acuity
Examination	temp 37.3, HR70
Social	previous facial cellulitis in Livingston 7 years ago requiring hospital admission, previous problems with impacted wisdon teeth on right

NHS copy

Comment	facial cellulitis severe, advised immediate admission to hospital for IV abx +/- scan to r/o venous sinus thrombosis, d/w A+E will kindly assess

11/02/2019	Dr R Brydon at Hay Lodge Health Centre
History	Swelling R cheek, looks likfe infected cystic acne. On lymecycline.
Examination	Indurated red area approx 2cm diameter, not fluctulant.
Medication	Clarithromycin Tablets 500 mg *14 TABLET ONE TO BE TAKEN TWICE A DAY* Magnesium Sulfate Paste *50 gram Apply As directed*
Comment	Rx as above initially, review if not settling.

12/12/2018 12:25	Dr C Meldrum at Telephone Consultation
Problem	call to pt , called to say cant come to appt as [redacted] ago and pt started to vomit this am and thinks could be norovirus , been sick few times. Appt was about her sore finger which been present few weeks but tender and red to one side of nail 4th finger R hand no redness up finger or hand excet around one side nail. Was feeling Ok yesterday no fevers or unwell. Felt some pins and needles in area sore nail and up into arm, says no redness elsewhere. Explained sounds like paronychia explained what that was usual rx is oral antbiotics (denies any issue with this previously) , suggest as current stomach bug should elevate hand and soak in teatree and water (pt has at home) - will issue antbx for prob paronychia to start when able (also requested lymecycline for skin as run out just now - suggest delay until after treated poss paronychia). Patient also wishes short course sleep tab last had 6 weeks ago but explaine dnot safe to do so if currently unwell wth vomit illness - pt accepting of this. Clearly explained that if redness starts to extend away from nail or symps vomiting or diarrhoea or starts to feel unwell in herself will need to be seen face to face for review and she should contact here or OOH to do so , pt happy to do so as reqd CM

05/11/2018 15:14	Dr Locum 1 Tweed at Hay Lodge Health Centre
History	g miller - ongoing back pain, radiating to r thigh - ant and post. works as chef. wee one to look after
Examination	walking very stiffly, virtually no rom, tender low r esp. not put on couch
Comment	add cocodamol, to self refer physio. wants to try work tomorrow but I suspect may not manage. will phone if needs line
Medication	Naproxen Tablets 500 mg *28 TABLET TAKE ONE TABLET TWICE DAILY* Co-Codamol 30/500 Tablets *60 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*

29/10/2018	Dr Hannah Syme at Hay Lodge Health Centre
History	1. fungal toe nails - big toes - rubbing on shoes - discussed options - advised filing and using topical OTC lacquer, talked about risks/benefits of terbinafine - will have a think about whether she wants this 2. noticed lump in left breast, occasional nipple discharge, had toddler with her today who was running all over room > tci on wednesday for examination

19/10/2018	Dr Locum 1 Tweed at Hay Lodge Health Centre
History	distraught, having found [redacted] tearful, and now R sided back pain
Comment	disc options. Relate? await counsellor. naprox. see 1m or sos. DR FAIRLEY
Medication	Naproxen Tablets 500 mg *28 TABLET TAKE ONE TABLET TWICE DAILY WITH OR AFTER FOOD* Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED*

28/09/2018	Mrs Patricia Muir at Hay Lodge Health Centre
New Referral	Refer to counsellor Routine, ,

25/09/2018	Dr R Brydon at Hay Lodge Health Centre
History	?UTI.
Medication	Trimethoprim Tablets 200 mg *6 TABLET ONE TO BE TAKEN TWICE A DAY*
Comment	Rx as above, review if not settling.

18/09/2018	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	Overwhelmed by life. Lack of support from family. Struggling to come to terms [redacted] Protective factors kids. No thoughts DSH. Not ready to return to work further sick line issued for 2/52. Offered ref Rab Irskine. Further short course Zopiclone. 3rd prescription in 6 weeks.
Medication	Zopiclone Tablets 3.75 mg *7 TABLET TAKE ONE AT NIGHT IF REQUIRED*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Low mood due to life stressors; Duration: 18/09/2018 - 02/10/2018)

NHS copy

28/08/2018	Dr R Brydon at Hay Lodge Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Bereavement; Duration: 24/08/2018 - 24/09/2018)
21/08/2018	Dr Robert Manson at Hay Lodge Health Centre
Problem	1. Ongoing grief as before. Given further sleeping tablets. 2. UPSI 48 hours ago, discussed requesingt MAP, given ulipristal with advice on contraception etc. Planning to make appt at sex health clinic. encouraged. 3. Discussed contraception, start cerelle, review in 3/12. given advice.
Examination	O/E - BP reading Blood pressure reading 132/76 mm Hg
Medication	Zopiclone Tablets 3.75 mg *14 tablet TAKE ONE OR TWO AT NIGHT IF REQUIRED* Ulipristal Acetate Tablets 30 mg *1 TABLET ONE TO BE TAKEN AS DIRECTED* Cerelle Tablets 75 micrograms *84 TABLET TAKE ONE TABLET DAILY*
06/08/2018 11:20	Dr C Meldrum at Hay Lodge Health Centre
Problem (FIRST)	[redacted]
History	[redacted] needs sickline from work , finding it diffcult dealing with her family in the time afte[redacted] - good relationship with them, tearful talking about her[redacted] sleeping poorly would like short course sleep tabs , awares risks sedation , addiction and if feeling drowsy or unwell, advised not to drive or operate heavy machinery , denies excess alcohol . Given contact details for cruse bereavement services , if worsening symptoms or concerns to return for review CM
Medication	Zopiclone Tablets 3.75 mg *5 tablet TAKE ONE AT NIGHT IF REQUIRED*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bereavement; Duration: 03/08/2018 - 24/08/2018)
15/05/2018	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	DNA
15/05/2018	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	DNA no reasons given.
30/04/2018	Dr R Brydon at Hay Lodge Health Centre
History	Rer-refer derm for alopecia - mised last appt as was pregnant.
27/11/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	Requesting cerelle, tells me started cerelle at FPC 6/12 ago, no issues. Given 3/12. review then. Aware s/e.
Medication	Cerelle Tablets 75 micrograms *84 tablet 1 Tab Daily*
Problem	Review fluoxetine, only taking every 2nd day, relationship better. Mood improved. Advised stop.
Problem	Asked about lymecycline, skin improved, advised not for lymecycline at present. review prn
24/07/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	ONgoing relationship stress. Ongoing suspicion o[redacted] No s/e with fluoxetine, continue. Awaiting West team. rv 1/12, wsg.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
05/07/2017 09:56	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Cervical smear test - consent gained, cervix located easily and smear taken - Bloods
05/07/2017 00:00	Mrs Linda Melrose at General Practice Surgery
Follow up	(diary entry deleted) (Not Known)
Result	Cervical Cytology

MMA copy

26/06/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	ONgoing depression, tearful etc. No suicidal plans, children protective. Holiday last week to Cornwall with [redacted] seems to have enjoyed and felt better when away. This week feeling worse again. Discussed couples counselling, will consider. Continue fluoxetine in meantime, review in 3-4 weeks, wsg. Refer West team.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
15/06/2017	Mrs Julie Hopkirk at Hay Lodge Health Centre
Comment	DNAd second appointment for smear and bloods
08/06/2017	Dr Robert Manson at Hay Lodge Health Centre
Problem	Depressive episode.
History	4 months post partum. Depressive episode, ongoing issue. Much of this relates to relationship difficulties. [redacted] Discussed relationship issues, clearly gives pt significant worry. Minimal support with [redacted]. Delinced PND counselling sessions in Gala. Bonding well with [redacted], denies any hallucinations. No thoughts self harm/harming [redacted] Generally feeling low in mood, stressed and anxious, ruminating. Discussed options, strategies suggested such as having regular time on own, even if for short periods and exercising when able. In reality both are difficult to achieve here. Start SSRI (previoulsy felt numbed by citalopram), review in a few weeks.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *30 CAPSULE ONE TO BE TAKEN EACH MORNING*
21/04/2017	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Failed encounter Noted mild raised CRP / WCC- may all be in keeping with pre-patellar bursitis. Was advised to return for review, see if / when consults. A Strain, GPST3.
18/04/2017	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
05/04/2017	Dr G E McIntosh at Hay Lodge Health Centre
Comment	6/52 check No issues Breast feeding Due smear Contraception discussed - going to FPC.
31/03/2017	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	bloods
29/03/2017	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Further pain and swelling of now Left knee, part of more longstanding pattern, see below presentation post-R knee pain. Onset yesterday. Also feeling generally lethargic ?hot / sweaty- only 6 weeks post-partum.
Examination	Generally well, afebrile. No small joint synovitis. No rheumatoid nodules. R knee NAD. L knee- prepatellar bursitis- inflammation isolated to pre-patellar area with redness + heat. RoM from 0-120deg flexion pain free + no obvious effusion. No joint line tenderness.
Comment	Tricky to work out whether current episode simply related to more kneeling with new baby and pre-patellar bursitis or more longstanding relapsing/remitting poly-arthritis- Bloods incl inflamm markers, recommended reg. Ibuprofen + avoid kneeling wherever possible, r/v 2/52- if worsening / not improving or inflamm. markers raised, consider ref. to Rheum. A Strain, GPST3.
17/03/2017	Dr Hannah Syme at Hay Lodge Health Centre
History	knee swelling and redness flaring in right knee every few months, normal knee exam today currently asymptomatic ?reactive arthritis - needs to attend/photograph when sx occur
27/02/2017 13:04	Dr C Meldrum at Hay Lodge Health Centre
Problem	had rash with amoxicillin which has now settled but would like recorded in notes. 10 days post partum on enoxaparin for next 6 weeks has fhx DVT, asking if can restart cerelle (desogestrel) - suggest she makes appt for rv with fam planning clinic as BNF suggests caution it hx thromboembolism, unsuitable for COCP due to age and smoker will use condoms menatime and given details for fam planning consult CM

BMA copy

07/02/2017	Dr Retainee Tweed 1 at Hay Lodge Health Centre
Medication	Clotrimazole Cream and Pessary 2 % + 500 mg *1 pack USE AS DIRECTED*
History	Itchy vulva. Smelly d/c. 37/40. FMF. no abdo pain or PV bleeding. BHC felt.
Comment	Tx as Candida. r/v if symptoms persist.
13/12/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	1) Patch of impetigo on chin, 24hrs. 2) PV discharge- slightly fishy, 29/40, no bleeding, FMF, no abdo pain. 3) Fungal nail 4) Request for letter to support housing application.
Examination	1) Impetigo, <1cm diameter on chin. 3) Fungal R great toenail.
Medication	Fusidic Acid Cream 2 % *15 GRAM APPLY FOUR TIMES A DAY*
Comment	1) Fucidin top, see if not improving. 2) See Friday for PV + swabs. 3) See when no longer pregnant re. fungal nail. 4) Advised to request letter in writing to own GP. A Strain, GPST3.
17/11/2016	Dr Robert Manson at Hay Lodge Health Centre
Problem	24/40 1. Ongoing back issues: continuing physio/pilates. Observe. Has d/w BAM who wasn't keen on CS. 2. Mood low/variable. Irritable. No thoughts self-harm. Decided to come off citalopram earlier in pregnancy, discussed antidepressants. Review in 4/52.
17/11/2016	Mrs Julie Hopkirk at Hay Lodge Health Centre
History	Seasonal influenza vaccination (Left) Batch No33749421A Exp 06.17
Comment	24 weeks pregnant BOOSTRIX IPV given in R deltoid
Additional	Influenza vacc consent given Low dose diphtheria, tetanus and inactivated polio vaccinati AC39B086BA exp 05/18 **(GMS)**
01/11/2016	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	Failed encounter no reason
09/09/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	16/40 1) L buttock pain 2/52, feels like prev pelvic pain in pregnancy, not severe, no red flags 2) Cramping lower abdo pain ~1/52, no bleeding, watery/white PV discharge, ??bump reduced in size- thinks has thrush + has bought Tx for same (though 3rd episode this prenancy. 3) Low mood / anxiety- not helped by stopping citalopram and discovering possible [redacted] Concerned re. ?STI- no screening since ~Jan 16.
Examination	Well, BP 118/74, Abdo SNT, fundus only just palpable, non-tender. PV exam / swabs offered today but declined. No L spine tenderness, normal LL power, normal perineal sensation.
Comment	1) Likely developing pelvic girdle pain- advised pregnancy yoga, if worsening could ref to physio 2) ?cause for pain- has appt with BAM on Tuesday- advised keep in 1st instance + discuss with him (no appt in PAU today anyway) but call BGH over W/E if worsening pain/bleeding/discharge. 3) Seeing BAM for cons led care, off citalopram, no evidence major psychiatric disorder at present but awareness needed. Offered STI screening- will take canesten + contact if wishes additional screening next week. A Strain, GPST3.
25/07/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Low mood; Duration: 25/07/2016 - 01/08/2016)
21/07/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Did not attend - no reason dr lm 7334291
11/07/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Dr LM 7334291
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Low mood; Duration: 11/07/2016 - 25/07/2016)
08/07/2016	Dr Registrar 1 Tweed at Telephone Consultation
History	Phone call to PAU. They have organised dating scan on 11th july a 2pm. Tried to contact patient but no reply. Dr LM 7334291
07/07/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
	Just found out she's pregnant. Not sure how far along. not sure about keeping

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	pregnancy or not, wants to find out how far along she is. Last proper period 3 months ago, but a couple of very light periods since (lasting just a day or two). [redacted]
History	[redacted] Been drinking over last couple of months, smokingr-10-15/day. On citalopram and lymcecycline. Mood not been great. Denies thoughts or self harm or suicide. Protective factors-2 children, and dog [redacted] previously and she says that she couldn't do that to her family.
Medication	Folic Acid Tablets 400 micrograms *90 tablet 1 Tab Daily*
Comment	1) Start vitamins 2) Stop lymecycline 3) Discuss with PAU-closed now for this evening, will phone tomorrow. Dr LM 7334291

01/07/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Additional History	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Low mood; Duration: 30/06/2016 - 11/07/2016) Dr LM 7334291

16/06/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Several month history of low mood and stress. Stress at work, and walked out of work on Monday. Been off since [redacted] ecently which is also causing her stress.Stress with current [redacted] Denies thoughts of self harm or suicide.[redacted] factors. Drinking around 20 units/wek last 2 weeks. Smoking 15/day. Occasional joint of cannabis. Several close friends who she feels she can confide in, including one who works at breathing space. On citalopram 20mg.
Comment	Self certify for next couple of days. Phone next week to see if needs fit note. Given number for living life, breathing space and signposted to moodgym, moodjuice, and beating the blues. encouraged exercise. Review in 2 weeks or sooner if mood deteriorates. Worsening advice given. Dr LM 7334291

12/05/2016	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem (FIRST)	**Failed encounter**

26/04/2016	Dr Registrar 1a Tweed at Hay Lodge Health Centre
History	bleeding started this morning mixture to dark and fresh blood, v heavy to start now not so bad, feels suprapubic region a bit firm but no abdo pain as such, says has had unprotected intercourse with [redacted] last 7-10 days, stopped POP a month ago, was using condoms on and off. has [redacted] says smears up to date. period due 7 days time. vomitted lkast night a few times feels nausous now, had 3 glasses wine last night says usual for her would not normally make her sick. lots going on in private life. stressed.
Examination	slim, T36.7, HR 77, sats 96% periphery, abso soft non tender. 2x urine dip preg tests Negative. Urine dip NAD except trace blood.
Comment	send away urine in case undx UTI causing slight abdo discomfort, for HCG blood test as cannot 100% rule out pregnancy with dip, given number sexual health servicesand agrees to contact them, ?consider mirena, clear worseining statement JT 7070601

26/04/2016	Dr Registrar 1a Tweed at Phone Encounter
History	periopd not due for one week, heavy bleeding started today, flooding. Has had unprotected sex wi[redacted] Feelswell in self, no pain.
Comment	attend for r/v emerg surgery, could be miscarriage/ectopic. wsg JT 7070601

14/04/2016	Mrs Patricia Muir at Hay Lodge Health Centre
New Referral	Refer for X-Ray Outpatient (NHS), Routine, Borders General Hospital, .

13/04/2016	Dr Hannah Syme at Hay Lodge Health Centre
History	1. thrush since antibiotics, vulval itcha nd profuse creamy discharge > for PV self-swab and clotrimazole, worsening statement 2. cough and SOB, worrying about cessation - discussed health risks re: cryptogenic copd with cannabis and chronic sinusitis > offered support - patient to think about cutting down on cannabis first, CXR and rv
Medication	Clotrimazole Cream and Pessary 2 % + 500 mg *1 pack USE AS DIRECTED*

05/04/2016	Mrs Patricia Muir at Hay Lodge Health Centre
Comment	Referral to Lifestyle Advisor

01/04/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Additional	Refer to NHS stop smoking srvc Smoking cessation advice Current smoker 15

NHS Copy

	Ex smoker Referral: smok cessatn advisor Smoking cessation advice Current smoker 15
01/04/2016	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Smoker 15 Cigarettes/day 10 minutes late for appointment. Coughing up green/grey phlegm also been feeling warm/fevery for last couple of months. Previously had pleurisy and worried she may have chest infection. Feeling sob and a bit wheezy. Denies chest pain. Denies haemoptysis. Smoker-10-20/roll rups. 2-3 joints cannabis/day.
Examination	t 36.7. hr 68bpm so2 97% ra. chest--basal crackles/wheeze. smells of tobacco.
Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Comment	lrti. 1) refer lifestyle advisor for smoking cessation 2) worsening advice given-if becomes more unwell over weekend then to return/contact nhs 24. If cough doesn't settle then may need cxr/spirometry . 3) repeat px given for citalopram/lymecycline. 4) patient advised to make appt to discuss mood-no current thoughts of self harm/suicidal ideation. kids protective factor. 5) course amoxicillin. Dr LM 7334291
24/03/2016 16:22	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Bloods
17/03/2016	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	DNA bloods
04/03/2016	Mrs Samantha Millar at Hay Lodge Health Centre
Comment	bloods
23/02/2016	Dr G E McIntosh at Telephone Consultation
Comment	Felt unwell on mirtazepine -drowsy and aggrevated at times Better now stopped Previously helped by citalopram -Rx as below and review 10/7.
Medication	Citalopram Hydrobromide Tablets 20 mg *14 tablet ONE TO BE TAKEN EACH MORNING*
16/02/2016	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	Still struggling to cope since [redacted] Works Gregg's baker but unable to work at present. [redacted] Poor appetite and sleep, low self esteem and mood for several years but exacerbated by current stressors. Lesley describes having a difficult life "arsehole" [redacted] her relationships have all broken down and [redacted] Describes herself as "popular and bright but has not made anything of herself and once her kids grow up she will have nothing". Denies alcohol and occasional cannibis but on both appointments she has smelt of cannibis. She doesn't feel she can stop at present because she thinks she will "fall apart".
Examination	phq-9 - 17, describes many of the symptoms as pre-existing break-up
Comment	Agreed to trial of anti-depressant medication. Further r/v 1-2/52.
Medication	Mirtazapine Tablets 15 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
05/02/2016	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	See RM entry. Feels like "falling apart", 2 kids at home, struggling with work. Not suicidal. Discussed acute stress response and that current emotions are normal in this circumstance. Discussed limited options for management and problems about further courses diazepam. Agreed to anti-histamine sedative for bedtime. Self referral to LLTTF as previous episodes of low mood in past and feels may benefit from developing techniques to manage stressors better. Agreed to further r/v 2-4/52 if needed.
Medication	Diphenhydramine Hydrochloride Tablets 25 mg *28 tablet NOCTE*
21/01/2016	Dr Robert Manson at Hay Lodge Health Centre
History	Acute stress. Pt found out last night that [redacted] Tearful/anxious etc today. Has friends around. [redacted] At home with [redacted] keen to keep things together for them.
Comment	Discussed options, will make appt for sex health screen, for short course diazepam, given general advice about this. Worsening advice given.
Medication	Diazepam Tablets 2 mg *30 tablet ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED*

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17/11/2015	Dr Robert Manson at Hay Lodge Health Centre
Problem	Multiple issues. 1. Requesting further acne meds, mod acne.finds limecycline helps, also asking for prn duac. 2. Takes cerelle, no PCB. Discussed compliance, given LARC advice, keen to continue POP due to skin. Smears up to date. 3. Requesting further ref to dermatology for alopecia. Missed follow up following previous steroid injection - has found improvement with injection. Called OPD to arrange f/u appt but advised to attend GP first. 4. Episodes feeling hot in bed at night - over last few nights, no other symptoms, given advice/observe/wsg.
Medication	Lymecycline Capsules 408 mg *28 capsule ONE TO BE TAKEN EACH DAY* Duac Once Daily Gel 5 % + 1 % *30 gram APPLY AT NIGHT* Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED* Cerelle Tablets 75 micrograms *3*84 tablet TAKE AS DIRECTED*
Additional	Medication review done Medication review done
01/07/2015	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Wanting cotraception LMP 2/52 No IMB K4/28 Smears up to date Options discussed-will attend FPC re ? implant.
22/04/2015 15:58	Dr C Meldrum at Hay Lodge Health Centre
Problem	walk in , asking to be seen as concerned about rash, rash on chin, itchy and flaky
Examination	looks like impetigo
Medication	Fusidic Acid Cream 2 % *15 GRAM APPLY FOUR TIMES A DAY* Clotrimazole Cream 1 % *20 GRAM APPLY TWO OR THREE TIMES DAILY* Clotrimazole Pessary 500 mg *1 PESSARY ONE TO BE INSERTED AT NIGHT*
Problem	[redacted] wonders if has thrush, as itchy and white DC , trial canestan and pessary as requested, will attend GUM drop in for full screen, given toimes and call number CM
05/03/2015	Dr R Brydon at Hay Lodge Health Centre
History	Req referral to derm re alopecia - has had since childhood bnut seems worse at present - has specific questions about steroid injections which I was unable to answer definitively.
05/03/2015	Dr R Brydon at Hay Lodge Health Centre
Medication	Clotrimazole Cream 1 % *20 GRAM APPLY TWO OR THREE TIMES DAILY*
24/12/2014	Dr R Brydon at Hay Lodge Health Centre
History	URTI Sx 48h, now has painful L ear+++ this morning.
Examination	Obvious widespread inflammation of EAM and TM. No mastoid tenderness. No discharge.
Problem (FIRST)	**Otitis media NOS**
Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Advised analgesia, delayed Rx amox.
13/08/2014 14:17	Dr C Meldrum at Hay Lodge Health Centre
Problem (FIRST)	**Breast mass (Left)**
History	urgent ref clinic see letter
Problem	small lump R groin
Examination	? small LN R groin approx 2cm, L small lesion 1cm ?? reactive LNs - refer USS R groin CM
13/08/2014	Mrs Patricia Muir at Hay Lodge Health Centre
New Referral	Refer for ultrasound investign Outpatient (NHS), Routine, Borders General Hospital, ,
16/07/2014	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Needs letter re being unwell while on Roaccutane as missed payment for rent.Aware of fee Also review Rx for dianette -aware of risks.
Medication	Clobetasone Butyrate Cream 0.05 % *30 GRAM APPLY THINLY ONCE OR TWICE DAILY*

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26/06/2014	Dr G E McIntosh at Hay Lodge Health Centre
Comment	Felt v unwell yesterday 'like pleurisy again' Some post back pain not pleuritic and better today Apyrexial HR 100 Chest clear URT congestion -? hay fever - advised Also numerous issues Some pressure of speech Concerned re several benign looking moles No recent changes except knocked top off one -see for review when healed Also feels needs mamography for L breast tenderness - make appt for examination by lady doctor.
Medication	Loratadine Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH MORNING* Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*
16/06/2014 11:45	Dr C Meldrum at Data Entry
Problem	[redacted] Lesley appt with ZA ? scabies trial rx for this CM
16/06/2014	Dr Registrar 1 Tweed at Hay Lodge Health Centre
Examination	Generalised maclopapular rash.
Problem	Continues to have itchy rash over body, especially arms.Feels Cetrizine not helping pruritus.
Medication	Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED* Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Imp: Dermatitis. Rx as above.advise not to scratch.see again if no improvement.
30/05/2014	Dr Robert Manson at Hay Lodge Health Centre
Problem	1. Symptoms of allergic conjunctivitis - settled today, for antihistamine and eye drops. 2. Areas dry, itchy skin for aveeno.
Medication	Sodium Cromoglicate Eye drops 2 % *13.5 ML ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)* Cetirizine Hydrochloride Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH DAY* Aveeno Body wash *500 ml AS DIRECTED* Aveeno Cream 1 % *300 ml APPLY WHEN REQUIRED*
28/05/2014	Nurse Sheila Semple at Hay Lodge Health Centre (13509)
Problem	**ASSIGN Score 1**
27/05/2014	Nurse Sheila Semple at Hay Lodge Health Centre
Comment	Fasting bloods.
20/05/2014 09:12	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Bloods
19/05/2014	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Infection right middle finger for last few days.No h/o trauma.
Examination	Temp36.7, O2sat99, P75/min, BP100/80. BM 4.7. Paronychia right middle finger. Few folliculitis both feet.
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Incision given over right distal phalanyx over abscess & some pus drained.Course of Abx .See again in 3/2.
14/03/2014	Dr R Brydon at Hay Lodge Health Centre
History	Rx from dermatology/
Medication	Epiduo Gel 0.1 % + 2.5 % *50 gram NOCTE TO SPOTS* Lymecycline Capsules 408 mg *28 capsule ONE TO BE TAKEN EACH DAY*
06/03/2014	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Problem	**Smoking cessation advice**
Problem	**Current smoker**
25/02/2014 10:13	Mrs Sheena Muir at Hay Lodge Health Centre
Comment	Bloods
18/02/2014	Dr Robert Manson at Hay Lodge Health Centre
	Itchy blanching maculopapular rash. Pt states several episodes similar to this.

BMA copy

Problem	Note recently advised to stop roaccutane. States mood has been better and last took roaccutane 3/7 ago.
History	Rash worse since this morning - blanching maculopapular rash over upper arms and neck area. No blisters. T 35.9.
Comment	given worsening advice - unclear cause from history but appears allergic type rash. Again reiterated not to take roaccutane. Repeat bloods and antihistamine.
Medication	Fexofenadine Hydrochloride Tablets 180 mg *30 tablet 1 Tab Daily*

11/02/2014 Dr L Buchan at Hay Lodge Health Centre

History	Asking for antidepressant - describes low mood, irritability, anger, disturbed sleep, tearfulness, not going out, anhedonia. On roaccutane, tells me she mentioned mood to dermatologist and was told to see GP. Also has skin reaction, told this is due to roaccutane - maculopapular rash on arms and necrotic looking spots on legs. Advised to stop Roaccutane immediately (not happy with this advice but agrees to stop) and I will write to inform Dermatology. has appt for r/v in a few weeks.

24/01/2014 Dr Registrar 1a Tweed at Data Entry

History	ALT 15, Alk P 58, Bili 8, Plt 175. No further action required- Derm f/u as planned.

23/01/2014 Dr Registrar 1a Tweed at Hay Lodge Health Centre

History	Very itchy rash all over, told by Derm likley dermatitis related to Roaccutane, using top steroid sparingly. Also has easy bruising of legs with scratching/minimal trauma. No other bleeding. One area of more red eczematous change. Also requests pill rpt- no probs, no migraine, no IMB, happy with current OCP.
Examination	Widespread dermatitis, nil grossly infective, bruises on legs not extensive. Apyrexial. Appears otherwise well.
	O/E - blood pressure reading
	Blood pressure reading 106/72 mm Hg
Medication	Co-Cyprindiol Tablets *126 tablet ONE TO BE TAKEN AS DIRECTED*
	Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN FOUR TIMES A DAY*
	Epaderm Ointment *125 GRAM APPLY WHEN REQUIRED*
Problem	?Simply dermatitis related to Roaccutane, ??LFTs abnormal ??Low plts
Comment	Bloods for FBC + LFTs. Trial Piriton for itch. Epaderm 3x daily at least to torso + limbs. Cont top steroid as per derm. Has derm f/u next week- if bloods OK keep this appt.

21/11/2013 Dr Reg 1a Tweed Tweed at Hay Lodge Health Centre (13509)

Additional	Over countr nicotine repl ther
	Smoking cessation advice

21/11/2013 Dr Registrar 1a Tweed at Hay Lodge Health Centre

Medication	Amoxicillin Capsules 500 mg *21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
History	Cough + SoB + fever. Green sputum past few days. Feeling tired + unable to work. Getting very hot at work at Stobo. Current smoker 20 CPD- plans to stop in new year- offered assistance + advised to contact pharmacy for support + NRT.
Examination	Temp 38, P 70, BP 124/70, CRT < 2secs. HS I+ II + 0. Chest- scatter crackles but nil focal. Resonant throughout.
Problem (FIRST)	**Acute bronchitis**
Comment	Amoxicillin 7/7, self-certify from work. Cont. paracetamol/cough remedies PRN. Return if desires more help with smoking cessation after D/W pharmacy.

05/11/2013 11:01 Mrs Sheena Muir at Hay Lodge Health Centre

Comment	Cervical smear test - consent gained, cervix located easily and smear taken

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05/11/2013 00:00 Mrs Fiona Lawson at General Practice Surgery

Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)

08/10/2013 Dr R Brydon at Telephone Consultation

History	Wanted to discuss starting roaccutane - offered general advice on benefits/risks but unable to advise on specifics.

23/07/2013 11:39 Mrs Sheena Muir at Hay Lodge Health Centre

Requesting further supply of Co-cyprindiol tabs for problem skin. Not taking for

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Comment	contraception as well. Further Rx given (LB) for 6 months and to return to GP thereafter.
23/07/2013 00:00	Mrs Fiona Lawson at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/10/2015. Reason: Defaulter
16/04/2013	Dr R Brydon at Hay Lodge Health Centre
History	Further infected cyst on R cheek, in pre-auricular area. Tender and indurated, not yet fluctulant
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
Comment	Rx as above; tcb if worsening.
29/03/2013	Dr Locum 1 Tweed at Hay Lodge Health Centre
History	Acne moderate to sever with scarring on cheeks, improved but not resolved with zineryt. Has tried oxytetracycline in past. Discussed options, opted for dianette. No contraindications, not requiring for contraception CD
Examination	O/E - BP reading Blood pressure reading 108/68 mm Hg
Medication	Co-Cyprindiol Tablets *63 TABLET ONE TO BE TAKEN AS DIRECTED*
11/01/2013	Dr R Brydon at Hay Lodge Health Centre
History	Still has significant lump on R cheek, prev infected. Should be considered for removal. Refer St John's.
Medication	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml *90 ml Apply Twice daily*
06/09/2012	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Problem	**Pt health quest (PHQ-9) score 19**
Problem	**Depression screen using quest**
Additional	Pt health quest (PHQ-9) score 9
11/05/2012	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	Noticed a lump R side of face since last night.Painful, especially on chewing.No dental problem.
Examination	Temp 37.7. Nearly 6x4cm slioghtly firm swelling R lower face & submandibular region.Mobile.Slight ly erythematous.
Comment	Imp: Submandibular Gland inflammation / Enalrgement due to blockage.Course of antibiotics & sees again in 1 /52.
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
10/05/2012	Dr Registrar 1 Tweed at Data Entry
History	Noted ammended as written in incorrect set after seeing pt. JB
30/04/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Improved but admitted to drinking this week esp. last night. Discussed this in light of temazepam and refused further rx given risks. Mood sl. better and nil SEs with citalopram. Advised re. attending Gala for Cruise sessions. See c.1/52. JB
Medication	Citalopram Hydrobromide Tablets 20 mg *14 tablet ONE TO BE TAKEN EACH MORNING*
24/04/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Grief following [redacted] couldn't attend wake. Issues with family relationships. Feels low again, nil suicidality. Poor sleep/conc/memory. Used diazepam via friend x1 for sleep. Tearful. Children reportedly OK and seeing s/w dept. Keen restart ADs and agree good idea. Focussed on behaviour of others and influence on her life - difficult H situ and accomodation unsuitable, keen move Edinburgh for new start. Disc. AD and script for temazepam to give some relief and rest, encouraged attend counselling re. [redacted] - will try. Has trusted friends locally who are supportive. See Monday to review 7/7 AD and temazepam. PHQ9 JB
Examination	Intermittent tears, anger but some warmth. Nil pyschomotor retardation. Obj/subj low in mood. Oral thrush and reported vaginal sx. also.
Problem	Low mood and recent bereavement, oral/vag thrush. Rx and see monday. JB
Medication	Citalopram Hydrobromide Tablets 20 mg *7 tablet ONE TO BE TAKEN EACH MORNING*

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	Temazepam Tablets 10 mg *7 tablet ONE TO BE TAKEN AT NIGHT* Fluconazole Capsules 50 mg *7 CAPSULE ONE TO BE TAKEN EACH DAY*
29/03/2012	Mrs Lorna Ramsay at Hay Lodge Health Centre (13509)
Additional	[X]Depressive episode
15/03/2012	Mrs Sophie Dodds at Data Entry
Comment	Letter sent cancelling appt with Dr Barker 21/03/12 ST
24/02/2012	Dr Registrar 1a Tweed at Hay Lodge Health Centre
Problem	1.Seen in BGH with R lower chest pain, possible muscular pain, needs more pain killers.Smoke 20cig/day.2.Feeling low at the moment, citalopram given last year, stopped after some time.Previous h/o suicide, likes to have some help.No suicide thoughts now [redacted] are protective factor.
Examination	Looks well.Little tender R lower chest.Chest clear. PHQ-9=19
Comment	Advised to stop smoking.Pain killers given for 10/7.Citalopram restarted, see again in 4/52.
Medication	Dihydrocodeine Tartrate Tablets 30 mg *56 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED* Paracetamol Tablets 500 mg *56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY*
05/01/2012	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Called again to remind re. tetanus - asked to make appmt t/room or p/nurse to confirm need +/- give. JB
29/12/2011	Dr Registrar 1 Tweed at Data Entry
History	Call to pt. as not advised re. tetanus. Note nil recent booster post-school. No reply, will try again as no message facility on phone. JB
29/12/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Dog bite 2/7 ago - at friends house, "unprovoked", friend has children, rescue german shepherd. Well systemically. Mood stable. Pain at bite site upper R thigh
Examination	3x puncture wounds R inner thigh, surrounding ecchymosis and within erythema, nil fluct or d/c seen. afebrile.
Problem	Dog bite with probable superficial infection - abx 1/52. Advised consider duty to report incident. JB
Medication	Co-Amoxiclav 500/125 Tablets *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
20/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Brighter. Mood slightly better, low periods but less. Occ. tearful and low but nil SI/pland/DSH. Court case postponed but legal advice reassuring. Seeing friends/keeping active. Poor sleep, zopiclone useful on first dose then nil effect. Disc. sleep hygiene again - agreed LIMITED script for temazepam, not to be repeated. Disc. incr. citalopram dose and see 2-4/52 +/- crisis. Agreed plan to attend cruise + await counselling. JB
Medication	Temazepam Tablets 10 mg 5 tablet ONE TO BE TAKEN AT NIGHT Citalopram Hydrobromide Tablets 40 mg 14 tablet ONE TO BE TAKEN EACH MORNING
19/10/2011	Mrs Lorna Ramsay at Hay Lodge Health Centre
Additional	[X]Depressive episode Pt health quest (PHQ-9) score 25 Depression screen using quest
14/10/2011	Mrs Patricia Muir at Hay Lodge Health Centre
Comment	Referral sent to Rab Erskine, Counsellor
06/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Brighter and some warmth. PHQ25, disc. ADs - note prev use - not keen lterm use, explained mechanism/duration and need to re-ax. Nil DSH/SI plans. Disc. self-ref CRUISE and will ref for counselling at hlodge. Planning to be active - to go gym/walk etc. P restart citalopram, see 2/52, sooner if req. +/- OOH contact if low+++, refer counselling. JB priority=2

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04/10/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Continuing feeling grief fllwng suicide partner. Evidence irritablitylow mood/bio sx deprssn - EMV sleep 000-0400hrs most night, daily crying, mood 2/10, poor mem/conc. Recent assault charge due 19thoct., poor housing situ. Nil DSH/SI plans but has had thoughts - children protective. Nil drink. Poor supports. o/e occ. tears, some warmth, nil retdn. IMP extnd grief rctn+low mood, zopiclone/PHQ/review +/- ADs and attend grief counselling. See 2/7. JB priority=2
15/06/2011	Mrs Lorna Ramsay at Hay Lodge Health Centre
History	Patient health questionnaire (PHQ-9) score 21: priority=2
02/06/2011	Dr C Meldrum at Hay Lodge Health Centre
History	in for further script temazepam as per Dr Smith letter, coping OK, no suicidal thinking[redacted], seeing her kids every other day, going to attend bereavemt group next tuesday, seems more positive about future hoping to get house peebles with kids have just got kitten for them, rv as reqd CM priority=2
25/05/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	requests sickline and Temazepam, I feel I am unable to prescribe since things are not improving, bereavement reaction, goin back to work might help, drinks heavily, one bottle of Wodka, can not sleep, suicidal, needs urgent asessment, safe to go home just now, has not made plans for suicide, friend coming today, will phone Alisdair MAcdonald again, I will too. priority=2
25/05/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	d/w Joanna Smith, consultant crisis team, they are going to see her tomorrow. A friend is arriving today. Brit. priority=2
06/04/2011	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	bereavement[redacted]She was not allowed to go to funeral. Can not sleep but is ot suicidal, has got two children, RX given, TCB if no better or worse, in contact with ?cruise. priority=2
30/03/2011	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	see entry GJ pt requesting 7 day supply zopiclone cm priority=2
29/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:telephone call from alisdair madonald - psych liason nurse with crisis team - they are going to continue with contact at present and he is happy for her to have 7 days worth of zopiclone if required. GJ priority=2
28/03/2011	Dr G E McIntosh at Hay Lodge Health Centre
History	Requesting further zopiclone -was told by PECS should take for week but no letter -advised and Rx 1 tab till seen by PECS mane priority=2
25/03/2011	Mrs Margaret Mayer at Hay Lodge Health Centre
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2
25/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	***NOT FOR DIAZEPAM/TEMAZEPAM*** message left by Alisdair MacDonald -psychiatry (tel 01896 824014) - not for further script temazepam/diazepam - advised using zopiclone instead. GJ priority=2
23/03/2011	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	contd will use support nos from PECS for support if shes concernd or needs support, pleased that PECS are helping her get placed for accomodation in peebles if poss CM priority=2
23/03/2011	Dr C Meldrum at Hay Lodge Health Centre
History	DW Lena and Christine at PECS pt presented at window saying told by PECS to come up as run out of meds and funeral tomorrow, DW PECS will issue zopiclone 7.5mg one for tonight and 4 diazepam and CRN Alistair will see her tomorrow again(daily contact with PECS see letter) - chat with pt obviously upset at not being able to attend funeral has plans to meet his friends next

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	week and have a sort of wake - no active suicidal thoughts /plans mood reactive at times, sons 8 and 10 protective factor priority=2
21/03/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:feeling worse, feeling suicidal considering hanging herself [redacted] will be looked after, low mood, tearful, poor appetite, not sleeping, anhedonia, keen for help. O:tearful, good eye contact & rapport, appropriate behaviour/dress A:complicated grief reaction P:Rx as below, referred to crisis team - they will contact the patient this afternoon S:WSG, pt to call back if not heard from crisis team by 2pm today. GJ priority=2
Problem	**[X]Depressive episode**
History	Patient health questionnaire (PHQ-9) score 27: priority=2 Depression screening using questions priority=2
17/03/2011	Dr R Brydon at Hay Lodge Health Centre
History	[redacted]Very distressed. Emotional, weepy. Not sleeping. No suicidality of her own. Staying wi[redacted]at present. Circumstances around funeral etc seem complicated - may complicate grieving process. For temazepam at present and RV PRN. RB priority=2
03/03/2011	Typists at Hay Lodge Health Centre
History	Current smoker 10 per day priority=2
25/01/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:1/52 history of spot on edge/inder R breast - tender to touch, also spot on chin - tells me this comes and goes, smoker 10 a day. O:(with chaperone-practice nurse) R breast- multiple striae, inferior medial edge of breast, small abscess, <5mm in diameter, slight erythema, chin- R side - small soft cyts A:cystic acne P:Rx as below, r/v 1/52, not using OCP S:WSG, GJ priority=2
07/01/2011	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	S:vaginal discomfort and discharge (white) for last couple of days, initially some dysuria but now resolved, nil recent change in sexual partner, LMP3/52 cycle 3/28, not using contraception, denies concerns about STI's but requested number. O: (chaperone SS)Vaginal exam- nil external erythema,Speculum-vault erythematous & thrush like. A:vaginal thrush P:Rx as below,urine for urinalysis,GUM tel number provided,LARC briefly discussed, advised to make non emergency appt re contraceptive. S:WSG, GJ priority=2
04/05/2010	Dr L Buchan at Hay Lodge Health Centre
History	Asked for emergency appointment for abdominal pain but left the waiting room before being seen. LBn priority=2
03/02/2010	Dr G E McIntosh at Hay Lodge Health Centre
History	Review -a lot calmer and more focused Planning to return home -discussed Wean off diazepam See 2/52 priority=2
03/02/2010	Typists at Hay Lodge Health Centre
Problem	**H/O: depression**

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28/01/2010	Dr G E McIntosh at Hay Lodge Health Centre
History	Acutely depressed-Recent fight with [redacted],police involved Lost heating at home for several weeks [redacted]major money worriesLong discussion PHQ 18 Some thoughts self harm but no plans and does not feel she would do anything because of children Has reestablished contact with several of her family -getting support For citalopram and diazepam cover and see 1/52 priority=2
09/12/2009	Dr R Brydon at Hay Lodge Health Centre
History	Cystic acne and ?infected seb cyst R cheek. Rx as below. RB priority=2
09/12/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	Bloods. SS priority=2
18/11/2009	Dr C Meldrum at Hay Lodge Health Centre
History	symps UTI last few days tried drinking lots but not helped plan trial trimethoprim and rv if no better CM priority=2
17/11/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA bloods. SS priority=2
09/11/2009	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Sore throat, cough, runny nose.Not feverish no aches/pains.Smokes between 8-20/day. Afebrile. Advised steam/gargles and paracetamol. Try to cut down ciggarettes. R/V if not improving.HB priority=2
06/11/2009	Dr G E McIntosh at Hay Lodge Health Centre
History	Seen with [redacted]begining of probable flu -aching and sore throat -Apyrexial and throat NAD -advised Also recurring blistering area chin -previous impetigo but today looks like begining of cold sore -swab /advised Also several infected spots abdo wall -FBC /Glucose priority=2
24/08/2009	Mrs Sheena Muir at Hay Lodge Health Centre
History	Bloods taken. HVS and chlamydia swab taken. Patients feels my be at risk of STI, advised to attend GUM for full screen, card info, given. -sm priority=2
24/08/2009	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	Vaginal discharge last few weeks, recurrant problem.Also lesions on face ? impetigo.Concerns re: cause of discharge/lesions on face.No Dysuria/bleeding.Not systemically unwell. Needs swab for chlamydia and bloods.Strongle adviced to attend the GUM clinic-details/num,bers given.Fusicidin for lesions on face if not settling -oral abx.HB priority=2
10/06/2009	Dr Retainee Tweed 1 at Hay Lodge Health Centre
History	impetio on the chin, yellow crusts. priority=2
19/05/2009	Dr R Brydon at Hay Lodge Health Centre
History	1. Recurrent thrush. Rx fluconazole, advice. 2. Acne on face and back. Rx lymecycline. RB priority=2
01/05/2009	Typists at Hay Lodge Health Centre
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval 36M In GP care Cervical smear: negative (30/04/2012) Cervical Screening$$.clm
30/04/2009	Mrs Julie Hopkirk at Hay Lodge Health Centre
History	cervical smear taken. mood very low - weepy [redacted]appoint with GP jh priority=2
11/02/2009	Typists at Hay Lodge Health Centre
Problem	**White Scottish**

N.H.S. copy

27/01/2009	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA bloods. SS priority=2
19/01/2009	Dr G E McIntosh at Hay Lodge Health Centre
History	Several problems but mainly L temporal headache no obvious triggers and only occ visual disturbance -bright lights Has L upper wisdom tooth causing some pain . Also still spot on nose Also still discharge PV Also frequent bruising legs heal quickly and non today -OE pale HR 80 min BP130/76 Fundi normal- advised and see nose without make up and for PV/HVS priority=2
01/12/2008	Dr G E McIntosh at Hay Lodge Health Centre
History	Possible cold sore on chin after new sexual partner and also worried re occ ace in groin ,no discharge or GUS otherwise but advised re Sexual Health clinic Facila rash may be infected eczema -Rx priority=2
25/09/2008	Mrs Julie Hopkirk at Hay Lodge Health Centre
History	DNA for cervical smear jh priority=2
25/04/2008	Typists at Hay Lodge Health Centre
History	Cont. 23.04.08 - for full STI/HIV/Hepatitis screening in view of hx. Urine bottle for chlamydia given. Contact details of GUM clinic. TCA to discuss ongoing contraception. SJ priority=2
23/04/2008	Dr Locum 1 Tweed at Hay Lodge Health Centre
History	Requesting emergency contraception. Burst condom last night. New releationship. Recently split up [redacted] LMP 3 wks ago, no other episodes risk this cycle. Plan - RxLevonorgestrel 1.5 mg start. Advice re next period may be early/late. Pregnancy test if at all unusual. Discussed risk of ectopic - to seek help if any unusual bleed/low abdo pain. Barrier methods until next period. Strongly advised attend GUM clinic priority=2
14/04/2008	Dr R Brydon at Hay Lodge Health Centre
History	Conjunctivitis. Rx chlorampgn. RB priority=2
25/03/2008	Dr G E McIntosh at Hay Lodge Health Centre
History	Medication review
17/03/2008	Nurse Sheila Semple at Hay Lodge Health Centre
History	DNA depo injection. SS priority=2
13/03/2008	Dr R Brydon at Hay Lodge Health Centre
History	Rx fucidin as well as fluclox. Also has mild thrush Sx - Rx canesten. Also has piles - Rx proctosedyll. RB priority=2
11/03/2008	Dr Registrar 1 Tweed at Hay Lodge Health Centre
History	1. Impetigo on chin, never had cold sores. Plan: Oral fluclox. 2. New partner, using condoms, wishes more reliable contraception. Unreliable pill taking in past. Not keen on IUD/IUS. Considering implanon but wishes Depo in meantime. Has had before - on/off. Smoker, understands risk of oseoporosis and delayed return in fertility. Day 7 of cycle. No unprotected intercourse past 7/7. Plan: Commence Depo, advised to make appt with nurse mane. Use condoms for first 14 days. Advised no protection against STI. priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
11/02/2008	Dr G E McIntosh at Hay Lodge Health Centre
	Acutely anxious [redacted]

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History	[redacted]and at times feels threatened. Also cut hand on glass at we but declined refferral to go to A/E for stitching. Long discussion good support from family advised re CAB and SWD and I will speak to SW Also wound seen in TR and seems to be healing well -cleaned and review in TR 2/7 Wonders re testing for STD -advised priority=2
05/09/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	Has not heard from neurology who said they would see her on the ward several weeks ago. I will ask secretary to source referral. Otherwise doing well no red flags and generally fitter. priority=2
04/07/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	Advised that appt now 'routine' per WGH-to let us know of any deterioration /'red flags' priority=2
07/06/2007	Dr G E McIntosh at Hay Lodge Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Neurosurgery. Referral Nature: Not Specified. . Referral Reason: Actual Hospital: Western General Hospital Assessment required
12/04/2007	Any Do Not Use Unknownuser at Hay Lodge Health Centre
History	seeing Kim at physio re back problems advised to self-cert next week and contact if needs further advice priority=2
03/04/2007	Mrs Patricia Muir at Hay Lodge Health Centre
History	Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Physiotherapy. Referral Nature: Investigate.
19/01/2007	rec2 at Hay Lodge Health Centre
Problem	**[M]Intradermal naevus** Excised Benign
Problem	**Notes summary on computer**
18/09/2006	Dr G E McIntosh at Hay Lodge Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: , Referral Reason: Multiple pigmented Naevi
15/04/2005	semples at Hay Lodge Health Centre
Problem	**Contraceptive diaphragm** Size 75mm fitted.
15/03/2005	Mrs Fiona Lawson at Hay Lodge Health Centre
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval 36M In GP care (diary entry deleted) (Not Known)
01/12/2004	Mrs Wilma Nicholson at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
01/12/2004	Mrs Jill Chester at Hay Lodge Health Centre
History	Referral for further care Referred To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.
25/11/2004	Mrs Fiona Lawson at Hay Lodge Health Centre
History	Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M (diary entry deleted) (Not Known)
22/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	O/E - weight O/E - weight

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22/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2
	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2
	Systolic blood pressure
	Diastolic blood pressure
	O/E - height
	O/E - weight
	O/E - height
	O/E - weight
	Systolic blood pressure
	Diastolic blood pressure
16/11/2004	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
12/11/2004	rec10 at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
28/06/2002	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
17/06/2002	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
11/04/2001	Dr Dr E Clyde (Inactive) at Hay Lodge Health Centre
History	Medication review
11/12/2000	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Cerv.smear: borderline changes Cervical Screening$$.clm - Repeat after an Interval 6M In GP care (diary entry deleted) (Not Known)
07/12/2000	Dr Dr E Clyde (Inactive) at Hay Lodge Health Centre
History	Medication review
28/11/2000	Dr G E McIntosh at Hay Lodge Health Centre
History	Medication review
01/06/2000	Any Do Not Use UnknownUser at Hay Lodge Health Centre
History	Cerv.smear: mild dyskaryosis Cervical Screening$$.clm - Repeat after an Interval 3M In GP care (diary entry deleted) (Not Known)
19/10/1999	semples at Hay Lodge Health Centre
History	Migrated Data priority=2
Problem	**Patient signed reg. form** priority=1
Problem	**Alopecia areata** and 1996
Problem	**Anxiety state NOS**
Problem	**Suction termination of pregnancy**
Problem	**Suction termination of pregnancy**
Problem	**Stress counselling** Referral to councellor.
Problem	**Forceps delivery** HFFD. Male infant.
Problem	**Spontaneous vertex delivery** Male infant.
Problem	**Termination of pregnancy** Medical.
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval 36M

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	Out with GP care (diary entry deleted) (Not Known)
30/09/1999 History	Dr G E McIntosh at Hay Lodge Health Centre Medication review
30/09/1999 History	Dr G E McIntosh at Hay Lodge Health Centre Medication review
30/09/1999 History	Dr G E McIntosh at Hay Lodge Health Centre Acute Consultation priority=2

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
02/07/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN TWICE DAILY 112 CAPSULE	08/07/2021P	Dr Robert Manson	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
08/07/2021	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	08/07/2021P	Dr Robert Manson	ACUTE
08/07/2021	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	08/07/2021P	Dr Robert Manson	ACUTE
10/06/2021	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 tablet	10/06/2021P	Dr Robert Manson	ACUTE
31/03/2021	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	31/03/2021P	Dr Jennifer Carter	ACUTE
31/03/2021	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	31/03/2021P	Dr Jennifer Carter	ACUTE
05/11/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	05/11/2020P	Dr Jennifer Carter	ACUTE
05/11/2020	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	05/11/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	03/09/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	03/09/2020P	Dr Jennifer Carter	ACUTE
03/09/2020	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 21 tablet	03/09/2020P	Dr Jennifer Carter	ACUTE
03/06/2020	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	03/06/2020P	Dr Jennifer Carter	ACUTE
14/04/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 tablet	03/06/2020P	Dr Jennifer Carter	ACUTE
14/04/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	14/04/2020P	Dr Registrar 1 Tweed	ACUTE
10/04/2020	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 56 tablet	10/04/2020P	Dr Lucie Buckingham	ACUTE
26/03/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	26/03/2020P	Dr Jennifer Carter	ACUTE
18/03/2020	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	18/03/2020P	Dr Registrar 1 Tweed	ACUTE
18/03/2020	**Clotrimazole And Hydrocortisone Cream 1 % + 1 %** Apply Twice daily 30 gram	18/03/2020P	Dr Registrar 1 Tweed	ACUTE
27/02/2020	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 10 tablet	27/02/2020P	Dr Registrar 1a Tweed	ACUTE
10/02/2020	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	27/02/2020P	Dr Registrar 1a Tweed	ACUTE
18/11/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 TABLET	10/02/2020P	Dr Lucie Buckingham	ACUTE
31/10/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 10 TABLET	04/11/2019P	Dr Robert Manson	ACUTE
30/09/2019	**Co-Amoxiclav 500/125 Tablets** TAKE ONE THREE TIMES DAILY 21 TABLET	30/09/2019P	Dr Robert Manson	ACUTE
01/08/2019	**Hydrocortisone And Miconazole Cream 1 % + 2 %** APPLY TWICE A DAY 15 gram	01/08/2019P	Dr Registrar 1a Tweed	ACUTE
19/06/2019	**Desogestrel Tablets 75 micrograms** ONE TABLET DAILY 336 tablet	19/06/2019P	Dr C Meldrum	ACUTE

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19/06/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	19/06/2019P	Dr C Meldrum	ACUTE
30/04/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	30/04/2019P	Dr Jennifer Carter	ACUTE
30/04/2019	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 21 tablet	30/04/2019P	Dr Jennifer Carter	ACUTE
03/04/2019	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	03/04/2019P	Dr Hannah Syme	ACUTE
11/03/2019	**Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 %** APPLY ONCE DAILY IN THE EVENING 45 GRAM	11/03/2019P	Dr Hannah Syme	ACUTE
11/03/2019	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	11/03/2019P	Dr Hannah Syme	ACUTE
20/02/2019	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN THREE TIMES A DAY 30 TABLET	20/02/2019P	Dr Jennifer Carter	ACUTE
20/02/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	20/02/2019P	Dr Jennifer Carter	ACUTE
11/02/2019	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 14 TABLET	11/02/2019P	Dr R Brydon	ACUTE
11/02/2019	**Magnesium Sulfate Paste** Apply As directed 50 gram	11/02/2019P	Dr R Brydon	ACUTE
14/01/2019	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	14/01/2019P	Dr Jennifer Carter	ACUTE
14/01/2019	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	14/01/2019P	Dr Hannah Syme	ACUTE
12/12/2018	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/01/2019P	Dr Jennifer Carter	ACUTE
12/12/2018	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	12/12/2018P	Dr C Meldrum	ACUTE
05/11/2018	**Naproxen Tablets 500 mg** TAKE ONE TABLET TWICE DAILY 28 TABLET	05/11/2018P	Dr Jennifer Carter	ACUTE
05/11/2018	**Co-Codamol 30/500 Tablets** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 60 tablet	05/11/2018P	Dr Jennifer Carter	ACUTE
29/10/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	29/10/2018P	Dr Jennifer Carter	ACUTE
19/10/2018	**Naproxen Tablets 500 mg** TAKE ONE TABLET TWICE DAILY WITH OR AFTER FOOD 28 TABLET	19/10/2018P	Dr Jennifer Carter	ACUTE
19/10/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	19/10/2018P	Dr Jennifer Carter	ACUTE
25/09/2018	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	25/09/2018P	Dr R Brydon	ACUTE
18/09/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 7 TABLET	18/09/2018P	Dr Retainee Tweed 1	ACUTE
21/08/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE OR TWO AT NIGHT IF REQUIRED 14 tablet	21/08/2018P	Dr Robert Manson	ACUTE
21/08/2018	**Ulipristal Acetate Tablets 30 mg** ONE TO BE TAKEN AS DIRECTED 1 TABLET	21/08/2018P	Dr Robert Manson	ACUTE
21/08/2018	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 84 TABLET	21/08/2018P	Dr Robert Manson	ACUTE
06/08/2018	**Zopiclone Tablets 3.75 mg** TAKE ONE AT NIGHT IF REQUIRED 5 tablet	06/08/2018P	Dr C Meldrum	ACUTE
05/06/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	05/06/2018P	Dr Robert Manson	ACUTE
24/04/2018	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 56 capsule	05/06/2018P	Dr Robert Manson	ACUTE
20/03/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	20/03/2018P	Dr Robert Manson	ACUTE
23/01/2018	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	23/01/2018P	Dr Robert Manson	ACUTE
27/11/2017	**Cerelle Tablets 75 micrograms** 1 Tab Daily 84 tablet	27/11/2017P	Dr Robert Manson	ACUTE
26/09/2017	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH MORNING 30 CAPSULE	13/10/2017P	Dr Robert Manson	ACUTE
13/06/2017	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	13/06/2017P	Dr Robert Manson	ACUTE
08/06/2017	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH MORNING 30 CAPSULE	24/07/2017P	Dr Robert Manson	ACUTE
21/02/2017	**Enoxaparin Injection 40 mg/0.4 ml pre-filled syringe** 1 TO BE INJECTED IN THE MORNING 42 pre-filled disposable injection	21/02/2017P	Dr G E McIntosh	ACUTE
07/02/2017	**Clotrimazole Cream and Pessary 2 % + 500 mg** USE AS DIRECTED 1 pack	07/02/2017P	Dr Retainee Tweed 1	ACUTE
13/12/2016	**Fusidic Acid Cream 2 %** APPLY FOUR TIMES A DAY 15 GRAM	13/12/2016P	Dr Registrar 1 Tweed	ACUTE
09/11/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	09/11/2016P	Dr Robert Manson	ACUTE
03/08/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	03/08/2016P	Dr Robert Manson	ACUTE
07/07/2016	**Folic Acid Tablets 400 micrograms** 1 Tab Daily 90 tablet	07/07/2016P	Dr Registrar 1 Tweed	ACUTE
08/06/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12**	08/06/2016P	Dr G E McIntosh	ACUTE

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	mg/ml Apply Twice daily 90 ml			
08/06/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	04/07/2016P	Dr Robert Manson	ACUTE
13/04/2016	**Clotrimazole Cream and Pessary 2 % + 500 mg** USE AS DIRECTED 1 pack	13/04/2016P	Dr Hannah Syme	ACUTE
01/04/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/04/2016P	Dr G E McIntosh	ACUTE
01/04/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	01/04/2016P	Dr Registrar 1 Tweed	ACUTE
01/04/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET	26/08/2016P	Dr R Brydon	ACUTE
17/03/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	17/03/2016P	Dr G E McIntosh	ACUTE
23/02/2016	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	23/02/2016P	Dr G E McIntosh	ACUTE
16/02/2016	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	16/02/2016P	Dr Retainee Tweed 1	ACUTE
11/02/2016	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	11/02/2016P	Dr G E McIntosh	ACUTE
11/02/2016	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	11/02/2016P	Dr G E McIntosh	ACUTE
05/02/2016	**Diphenhydramine Hydrochloride Tablets 25 mg** NOCTE 28 tablet	05/02/2016P	Dr Retainee Tweed 1	ACUTE
21/01/2016	**Diazepam Tablets 2 mg** ONE OR TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED 30 tablet	21/01/2016P	Dr Robert Manson	ACUTE
17/11/2015	**Duac Once Daily Gel 5 % + 1 %** APPLY AT NIGHT 30 gram	17/11/2015P	Dr Robert Manson	ACUTE
17/11/2015	**Cerelle Tablets 75 micrograms** TAKE AS DIRECTED 3*84 tablet	17/11/2015P	Dr Robert Manson	ACUTE
02/11/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	02/11/2015P	Dr G E McIntosh	ACUTE
22/09/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	17/11/2015P	Dr Robert Manson	ACUTE
15/09/2015	**Cerelle Tablets 75 micrograms** ONE TO BE TAKEN AS DIRECTED 21 tablet	15/09/2015P	Dr G E McIntosh	ACUTE
31/07/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	31/07/2015P	Dr G E McIntosh	ACUTE
09/06/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	09/06/2015P	Dr G E McIntosh	ACUTE
30/04/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	09/06/2015P	Dr G E McIntosh	ACUTE
30/04/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	09/06/2015P	Dr G E McIntosh	ACUTE
22/04/2015	**Fusidic Acid Cream 2 %** APPLY FOUR TIMES A DAY 15 GRAM	22/04/2015P	Dr C Meldrum	ACUTE
22/04/2015	**Clotrimazole Cream 1 %** APPLY TWO OR THREE TIMES DAILY 20 GRAM	22/04/2015P	Dr C Meldrum	ACUTE
22/04/2015	**Clotrimazole Pessary 500 mg** ONE TO BE INSERTED AT NIGHT 1 PESSARY	22/04/2015P	Dr C Meldrum	ACUTE
12/03/2015	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	12/03/2015P	Dr G E McIntosh	ACUTE
05/03/2015	**Clotrimazole Cream 1 %** APPLY TWO OR THREE TIMES DAILY 20 GRAM	05/03/2015P	Dr R Brydon	ACUTE
06/02/2015	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	11/03/2015P	Dr G E McIntosh	ACUTE
06/02/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	06/02/2015P	Dr G E McIntosh	ACUTE
24/12/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	24/12/2014P	Dr R Brydon	ACUTE
01/12/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	01/12/2014P	Dr G E McIntosh	ACUTE
01/12/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	01/12/2014P	Dr G E McIntosh	ACUTE
15/10/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	15/10/2014P	Dr G E McIntosh	ACUTE
15/10/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	15/10/2014P	Dr G E McIntosh	ACUTE
18/08/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	18/08/2014P	Dr G E McIntosh	ACUTE
18/08/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	18/08/2014P	Dr G E McIntosh	ACUTE
16/07/2014	**Clobetasone Butyrate Cream 0.05 %** APPLY THINLY ONCE OR TWICE DAILY 30 GRAM	16/07/2014P	Dr G E McIntosh	ACUTE
04/07/2014	**Qv Skin Lotion** USE AS DIRECTED 500 ml	04/07/2014P	Dr G E McIntosh	ACUTE
03/07/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	03/07/2014P	Dr G E McIntosh	ACUTE
26/06/2014	**Loratadine Tablets 10 mg** ONE TO BE TAKEN EACH MORNING 30 TABLET	26/06/2014P	Dr G E McIntosh	ACUTE
26/06/2014	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	26/06/2014P	Dr G E McIntosh	ACUTE
16/06/2014	**Permethrin Dermal cream 5 %** TO BE USED AS DIRECTED 60 gram	16/06/2014P	Dr C Meldrum	ACUTE
			Dr Registrar 1	

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16/06/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	16/06/2014P	Tweed	ACUTE
16/06/2014	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 TABLET	16/06/2014P	Dr Registrar 1 Tweed	ACUTE
30/05/2014	**Sodium Cromoglicate Eye drops 2 %** ONE OR TWO DROPS TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S) 13.5 ML	30/05/2014P	Dr Robert Manson	ACUTE
30/05/2014	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	30/05/2014P	Dr Robert Manson	ACUTE
30/05/2014	**Aveeno Body wash** AS DIRECTED 500 ml	30/05/2014P	Dr Robert Manson	ACUTE
30/05/2014	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	30/05/2014P	Dr Robert Manson	ACUTE
19/05/2014	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	19/05/2014P	Dr Registrar 1 Tweed	ACUTE
19/05/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	19/05/2014P	Dr G E McIntosh	ACUTE
10/03/2014	**Lymecycline Capsules 408 mg** ONE TO BE TAKEN EACH DAY 28 capsule	14/03/2014P	Dr R Brydon	ACUTE
10/03/2014	**Epiduo Gel 0.1 % + 2.5 %** NOCTE TO SPOTS 50 gram	14/03/2014P	Dr R Brydon	ACUTE
18/02/2014	**Fexofenadine Hydrochloride Tablets 180 mg** 1 Tab Daily 30 tablet	18/02/2014P	Dr Robert Manson	ACUTE
23/01/2014	**Epaderm Ointment** APPLY WHEN REQUIRED 125 GRAM	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
23/01/2014	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 TABLET	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
23/01/2014	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 126 tablet	23/01/2014P	Dr Registrar 1a Tweed	ACUTE
21/11/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	21/11/2013Q	Dr Registrar 1a Tweed	ACUTE
06/08/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	06/08/2013P	Dr G E McIntosh	ACUTE
23/07/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 126 tablet	23/07/2013P	Dr L Buchan	ACUTE
19/06/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 21 tablet	19/06/2013P	Dr L Buchan	ACUTE
13/05/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	13/05/2013P	Dr G E McIntosh	ACUTE
16/04/2013	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	16/04/2013P	Dr R Brydon	ACUTE
29/03/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	29/03/2013P	Dr R Brydon	ACUTE
29/03/2013	**Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms** ONE TO BE TAKEN AS DIRECTED 63 TABLET	29/03/2013P	Dr G E McIntosh	ACUTE
11/01/2013	**Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml** Apply Twice daily 90 ml	11/01/2013P	Dr R Brydon	ACUTE
11/05/2012	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	11/05/2012P	Dr Registrar 1a Tweed	ACUTE
01/05/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	01/05/2012P	Dr Registrar 1 Tweed	ACUTE
30/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 7 tablet	30/04/2012P	Dr Registrar 1 Tweed	ACUTE
30/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	30/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH MORNING 7 tablet	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Temazepam Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/04/2012	**Fluconazole Capsules 50 mg** ONE TO BE TAKEN EACH DAY 7 CAPSULE	24/04/2012P	Dr Registrar 1 Tweed	ACUTE
24/02/2012	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Citalopram Hydrobromide Tablets 40 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN FOUR TIMES A DAY 56 TABLET	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
24/02/2012	**Dihydrocodeine Tartrate Tablets 30 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 56 tablet	24/02/2012P	Dr Registrar 1a Tweed	ACUTE
29/12/2011	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	29/12/2011P	Dr Registrar 1 Tweed	ACUTE
20/10/2011	**Temazepam Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 5 tablet	20/10/2011P	Dr Registrar 1 Tweed	ACUTE
20/10/2011	**Citalopram Hydrobromide Tablets 40 mg** ONE TO BE TAKEN EACH MORNING 14 tablet	20/10/2011P	Dr Registrar 1 Tweed	ACUTE
06/10/2011	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 28 TABS	06/10/2011P	Dr Registrar 1 Tweed	ACUTE
04/10/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 7 TABS	04/10/2011P	Dr Registrar 1 Tweed	ACUTE

NWA copy

02/06/2011	**Temazepam Tablets 10 mg** 1 Tab Daily 7 TABS	02/06/2011P	Any Do Not Use Unknownuser	ACUTE
25/05/2011	**Temazepam Tablets 10 mg** 1 Tab Daily 7 TABS	25/05/2011P	Dr Retainee Tweed 1	ACUTE
06/04/2011	**Temazepam Tablets 10 mg** 1 Tab At night 14 TABS	06/04/2011P	Dr Retainee Tweed 1	ACUTE
30/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 7 TABS	30/03/2011P	Any Do Not Use Unknownuser	ACUTE
28/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 1 TABS	28/03/2011P	Dr G E McIntosh	ACUTE
23/03/2011	**Zopiclone Tablets 7.5 mg** 1 Tab At night 1 TABS	23/03/2011P	Any Do Not Use Unknownuser	ACUTE
23/03/2011	**Diazepam Tablets 2 mg** 1 Tab up to 4 hourly 4 TABS	23/03/2011P	Any Do Not Use Unknownuser	ACUTE
21/03/2011	**Temazepam Tablets 20 mg** 1 Tab At night 7 TABS	21/03/2011P	Dr Registrar 1 Tweed	ACUTE
21/03/2011	**Diazepam Tablets 2 mg** 1 Tab up to every 4 hours 20 TABS	21/03/2011P	Dr Registrar 1 Tweed	ACUTE
17/03/2011	**Temazepam Tablets 10 mg** 1 Tab At night 14 TABS	17/03/2011P	Dr R Brydon	ACUTE
25/01/2011	**Flucloxacillin Capsules 500 mg** 1 Cap every 6 hours 28 CAPS	25/01/2011P	Dr Registrar 1 Tweed	ACUTE
07/01/2011	**Canesten Combi Pessary and cream** Apply As directed 1 INVAL	07/01/2011P	Dr Registrar 1 Tweed	ACUTE
07/04/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	07/04/2010P	rec6	ACUTE
02/03/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	02/03/2010P	Dr L Buchan	ACUTE
03/02/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	03/02/2010P	Dr G E McIntosh	ACUTE
03/02/2010	**Diazepam Tablets 2 mg** Half Tab to 1 Twice daily 10 TABS	03/02/2010P	Dr G E McIntosh	ACUTE
28/01/2010	**Diazepam Tablets 2 mg** 1 Tab 3 times daily 20 TABS	28/01/2010P	Dr G E McIntosh	ACUTE
28/01/2010	**Citalopram Hydrobromide Tablets 20 mg** 1 Tab In the morning 14 TABS	28/01/2010P	Dr G E McIntosh	ACUTE
09/12/2009	**Fluconazole Capsules 150 mg** 1 Cap as single dose 1 CAPS	09/12/2009P	Dr R Brydon	ACUTE
09/12/2009	**Co-Amoxiclav 250/125 Tablets** 1 Tab 3 times daily 21 TABS	09/12/2009P	Dr R Brydon	ACUTE
09/12/2009	**Lymecycline Capsules 408 mg** 1 Cap Daily 112 CAPS	09/12/2009P	Dr R Brydon	ACUTE
18/11/2009	**Trimethoprim Tablets 200 mg** 1 Tab Twice daily 10 TABS	18/11/2009P	Any Do Not Use Unknownuser	ACUTE
06/11/2009	**Aciclovir Cream 5 %** Apply 5 times daily 1 CREAM	06/11/2009P	Dr G E McIntosh	ACUTE
10/06/2009	**Fusidic Acid Cream 2 %** Apply As directed 15 CREAM	10/06/2009P	Dr Retainee Tweed 1	ACUTE
19/05/2009	**Fluconazole Capsules 150 mg** 1 Cap as single dose 1 CAPS	19/05/2009P	Dr R Brydon	ACUTE
19/05/2009	**Lymecycline Capsules 408 mg** 1 Cap Daily 56 CAPS	19/05/2009P	Dr R Brydon	ACUTE
01/12/2008	**Fucidin H Cream** Apply morning and night 30 CREAM	01/12/2008P	Dr G E McIntosh	ACUTE
25/09/2008	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	25/09/2008P	Dr GP Registrar (Inactive)	ACUTE
14/04/2008	**Chloramphenicol Eye drops 0.5 %** 2 Drops 3 or 4 times daily 5 DROPS	14/04/2008P	Dr R Brydon	ACUTE
13/03/2008	**Proctosedyl Ointment** Apply as directed 30 OINT	13/03/2008P	Dr R Brydon	ACUTE
13/03/2008	**Canesten Combi Pessary and cream** Apply as directed 1 INVAL	13/03/2008P	Dr R Brydon	ACUTE
13/03/2008	**Fusidic Acid Cream 2 %** Apply 4 times daily 30 CREAM	13/03/2008P	Dr R Brydon	ACUTE
11/03/2008	**Flucloxacillin Capsules 500 mg** 1 Cap 4 times daily 28 CAPS	11/03/2008P	Dr Registrar 3	ACUTE
04/07/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	04/07/2007P	Dr G E McIntosh	ACUTE
04/07/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	04/07/2007P	Dr G E McIntosh	ACUTE
14/06/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	14/06/2007P	Dr G E McIntosh	ACUTE
13/06/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	13/06/2007P	rec6	ACUTE
18/05/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	18/05/2007P	Dr G E McIntosh	ACUTE
18/05/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	18/05/2007P	Dr G E McIntosh	ACUTE
03/05/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	03/05/2007P	rec6	ACUTE
03/05/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	03/05/2007P	rec6	ACUTE
16/04/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	16/04/2007P	gpass	ACUTE
16/04/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 2 Tabs At night 56 TABS	16/04/2007P	gpass	ACUTE
30/03/2007	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab upto 4 times daily 60 TABS	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Diclofenac Sodium E/c tablets 25 mg** 1 or 2 Tabs 3 times daily 168 TABS	30/03/2007P	Dr G E McIntosh	ACUTE

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30/03/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 1 or 2 Tabs At night 28 TABS	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Lactulose Solution 3.1-3.7 g/5 ml** 15-30mls bd 500 SOLN	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Chloramphenicol Eye ointment 1 %** Apply 4 times daily 4 OINT	30/03/2007P	Dr G E McIntosh	ACUTE
30/03/2007	**Otosporin Ear-drops** 2 Drops 3 times daily 5 DROPS	30/03/2007P	Dr G E McIntosh	ACUTE
19/03/2007	**Co-Codamol 15/500 Tablets** 2 Tabs every 4 to 6 hours 84 TABS	19/03/2007P	Any Do Not Use Unknownuser	ACUTE
09/01/2007	**Oxytetracycline Tablets 250 mg** 1 Tab morning and night 100 TABS	09/01/2007P	Dr G E McIntosh	ACUTE
21/02/2005	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 21 TABS	21/02/2005P	Any Do Not Use Unknownuser	ACUTE
31/01/2005	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 14 TABS	31/01/2005P	Any Do Not Use Unknownuser	ACUTE
31/01/2005	**Aqueous Cream** Apply 4 times daily 500 CREAM	31/01/2005P	Any Do Not Use Unknownuser	ACUTE
31/07/2015	**Aveeno Cream** APPLY WHEN REQUIRED 300 ml	05/06/2018P	Dr R Brydon	REPEAT
28/10/2013	**Isotretinoin Capsules 10 mg** DO NOT PRESCRIBE OR DISPENSE 1 capsule	28/10/2013O	Dr R Brydon	REPEAT
11/03/2008	**Depo-Provera Prefilled syringe 150 mg/1 ml** to be injected 12 weeks 1 INJ	11/03/2008P	Dr G E McIntosh	REPEAT
14/06/2007	**Amitriptyline Hydrochloride Tablets 10 mg** 1 or 2 Tabs At night 56 INVAL	Not Issued	rec5	REPEAT

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ES

TEST REQUEST SLIP

Name Lesley Brown
CHI 08 0580 9767
DOB **GP**

High risk ☐

Clinical details ? fungal toe nail

Blood	*Bottle colour*	*Form colour*
☐ Urinalysis	White Top	White
☐ MSSU	Red Top	Blue
☐ PCR urine	Yellow Syringe Tube	Pink
☐ Bence Jones	Yellow Syringe Tube	Pink
☐ Stool C&S	Blue Top	Blue
☐ Stool h-pylori/helicobacter	Blue Top	Blue
☐ Stool calprotectin	Blue Top ⅔ Full	Pink
☐ Qfit	Green Packet	Pink
☐ Sputum	Jar	Blue
☑ Nail clippings/skin scrapings	Dermopak Card	Blue

☐ Ear syringe - patient must use ear drops for 7-10 days prior to appointment

☐ ECG ☐ Urgent

STI test kit ☐ male ☐ female

Other .....

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TEST REQUEST SLIP

0805809767

BROWN
LESLEY A
08/05/1980 F
B50415 Dr H Syme
Hay Lodge H C

Urgent ☐
High risk ☐

Clinical details ...raised eosinophils, struggling to put on weight, borderline hypothyroid...

☐ Urinalysis (white) ☑ Stool C&S (blue) x 3 ☐ Sputum (blue)
☐ MSSU (blue) ☐ Stool h-pylori/helicobacter (blue) ☐ Ear syringe
☐ PCR urine (pink) ☐ Stool calprotectin (pink) ☐ ECG
☐ Bence Jones - yellow syringe tube (pink)

Blood	*Bottle colour*	*Form colour*
☐ Antipsychotic medication review	Brown + Red + Yellow	Pink
☐ B12	Brown	Pink
☐ Calcium protein albumin	Brown	Pink
☐ Cholesterol random	Brown	Pink
☐ Fasting cholesterol HDL/LDL	Brown	Pink
☐ Cognitive bloods	Brown + Red + Yellow	Pink
☐ CRP	Brown	Pink
☐ Ferritin	Brown	Pink
☐ Folate	Brown	Pink
☐ Gamma GT	Brown	Pink
☐ LFTs	Brown	Pink
☐ LH/FSH Prolactin	Brown	Pink
☐ Lithium	Brown	Pink
☐ MH14	Brown + Yellow	Pink
☐ PSA	Brown	Pink
☐ Serum electrophoresis Brown	Pink	
☑ TSH	Brown	Pink
☐ U&Es	Brown	Pink
☐ U&Es potassium (a.m. only)	Brown	Pink
☐ Uric acid	Brown	Pink
☐ Coagulation (a.m. 10 -11)	Green	Pink
☐ ESR	Red	Pink
☐ FBC	Red	Pink
☐ Glandular fever	Red	Pink
☐ Glucose	Yellow	Pink
☐ Fasting glucose	Yellow	Pink
☐ Glucose Tolerance Test (GTT)	**x2 Yellow**	**x2 Pink**
☐ HbA1c	Red – separate tube	Pink

☑ Other ~~[illegible]~~ thyroid antoantibodies Brown

26/3

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TEST REQUEST SLIP Dr Buckingham

Lesley A Brown
51 Witchwood Crescent
Peebles
EH45 9AH
CHI:0805809767 DOB:08/05/1980
GP:DR

High Risk ☐

Clinical details ?fungal nail infection

Blood	*Bottle colour*	*Form colour*
☐ Urinalysis	White Top	White
☐ MSSU	Red Top	Blue
☐ PCR urine	Yellow Syringe Tube	Pink
☐ Bence Jones	Yellow Syringe Tube	Pink
☐ Stool C&S	Blue Top	Blue
☐ Stool h-pylori/helicobacter	Blue Top	Blue
☐ Stool calprotectin	Blue Top $^{2}/_{3}$ Full	Pink
☐ Qfit	Green Packet	Pink
☐ Sputum	Jar	Blue
☑ Nail clippings/skin scrapings	Dermopak Card	Blue

☐ Ear syringe - patient must use ear drops for 7-10 days prior to appointment

☐ ECG ☐ Urgent

STI test kit ☐ male ☐ female

Other .....

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TEST REQUEST SLIP Dr Meldrum

PT WILL hand in urine for analysis

Name Lorey
CHI
DOB **GP** Brown 8/5/80

High risk ☐

Clinical details ..... Preg, concentrated urine .....

Blood	*Bottle colour*	*Form colour*
☐ Urinalysis	White Top	White
☐ MSSU	Red Top	Blue
☐ PCR urine	Yellow Syringe Tube	Pink
☐ Bence Jones	Yellow Syringe Tube	Pink
☐ Stool C&S	Blue Top	Blue
☐ Stool h-pylori/helicobacter	Blue Top	Blue
☐ Stool calprotectin	Blue Top $^{2}/_{3}$ Full	Pink
☐ Qfit	Green Packet	Pink
☐ Sputum	Jar	Blue
☐ Nail clippings/skin scrapings	Dermopak Card	Blue

☐ Ear syringe - patient must use ear drops for 7-10 days prior to appointment

☐ ECG ☐ Urgent

STI test kit ☐ male ☐ female

Other .....

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Practitioner Services

Geographical Removal Template

NHS National Services Scotland

Purpose

To provide Practitioner Services with details of patients that have moved out with the practice area and who should be removed from the practice list.

Practice Details

NHS Board Area:	Borders
Practice Name:	Tweed Practice
Practice Ref Number:	B16211
Form Completed By (Name):	Jill Chester
Practice e-Mail:	administration.haylodgehealthcentre@borders.scot

Patient(s) Details

Name	CHI No	Current Address	New Address
Lesley Brown	0805809767	51 Witchwood Crescent Peebles EH45 9AH	52 Horsburgh Street Innerleithen EH44 6LF

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The above named patient(s) have now moved out with our practice area, please remove in accordance with para 20 of the National Health Service (General Medical Services Contracts) Scotland regulations 2018. I understand you will notify the patient(s) and deduct from our list in 30 days time.

Please scan and return the form to your Practitioner Services regional office

Edinburgh office - Lothian & Borders: nss.psdedinburgh@nhs.scot

Edinburgh office - Fife & Forth Valley: nss.psdfife-fvalley@nhs.scot

GM-SD-SF006 v3 (07-2021)

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N45 Confidential. Personal data should a patient

ADULT & CHILDREN OVER 6 YEARS OLD MEDICAL QUESTIONNAIRE
CONFIDENTIAL

PATIENT INFORMATION (Please complete as much as you can)

~~Mr/Mrs~~/Miss/~~Ms~~ (Please delete as appropriate)

Surname Brown
Forename Lesley Anne
Address 52 Hornbuckle Street Inverlethen
Date of Birth 02/05/1980
Occupation Chef
Marital Status Single
Postcode EH49 6LF
Tel no 07496 024496
[redacted]
Name & Address of Previous GP

Coded 4/11/21

PAST MEDICAL HISTORY

If you have any serious illness or hospital admission, please give details:

Year ..... Illness/Operation .....
Year ..... Illness/Operation .....
Year ..... Illness/Operation .....

ALLERGIES Do you have any allergies? Please give details below:

IMMUNISATIONS Have you had your childhood immunisations? YES/NO

Date of last immunisation for Tetanus ..... Polio .....

MEDICATION List of medication taken (including pill/bought medicine)

WOMEN ONLY

Date of last cervical smear ..... Where done .....
By whom ..... Result .....

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Dr Roger Brydon
Dr Claire Meldrum
Dr Robert Manson
Dr Jennifer Carter
Dr Lucy Sedgwick
Dr Lucie Buckingham

HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES EH45 8JG

Dr Timothy Young
Dr Declan Hegarty
Dr Maude Donkers
Dr Jo Robertson
Dr Cheryl Fairley

Tel: 01721 720601
Fax: 01721 726989

Tel: 01721 720380
Fax: 01721 726989

DA/PM

4 October 2019

Private & Confidential
Miss Lesley Brown
51 Witchwood Crescent
Peebles
EH45 9AH

Dear Miss Brown

I am writing to inform you that Borders Health Board have terminated their contract with the counselling service, provided by Mr Rab Erskine, that your GP referred you to. The Health Board have informed us that an alternative is available to you through their Wellbeing Service.

If you feel that you would still like support with your mental health and wellbeing, you can complete the enclosed self referral form which can be handed into the health centre for us to forward to them, or you can call the Wellbeing Service on 01896 824502 to make an appointment. If you would like your GP to make the referral for you, contact the surgery and ask to speak to our medical secretary.

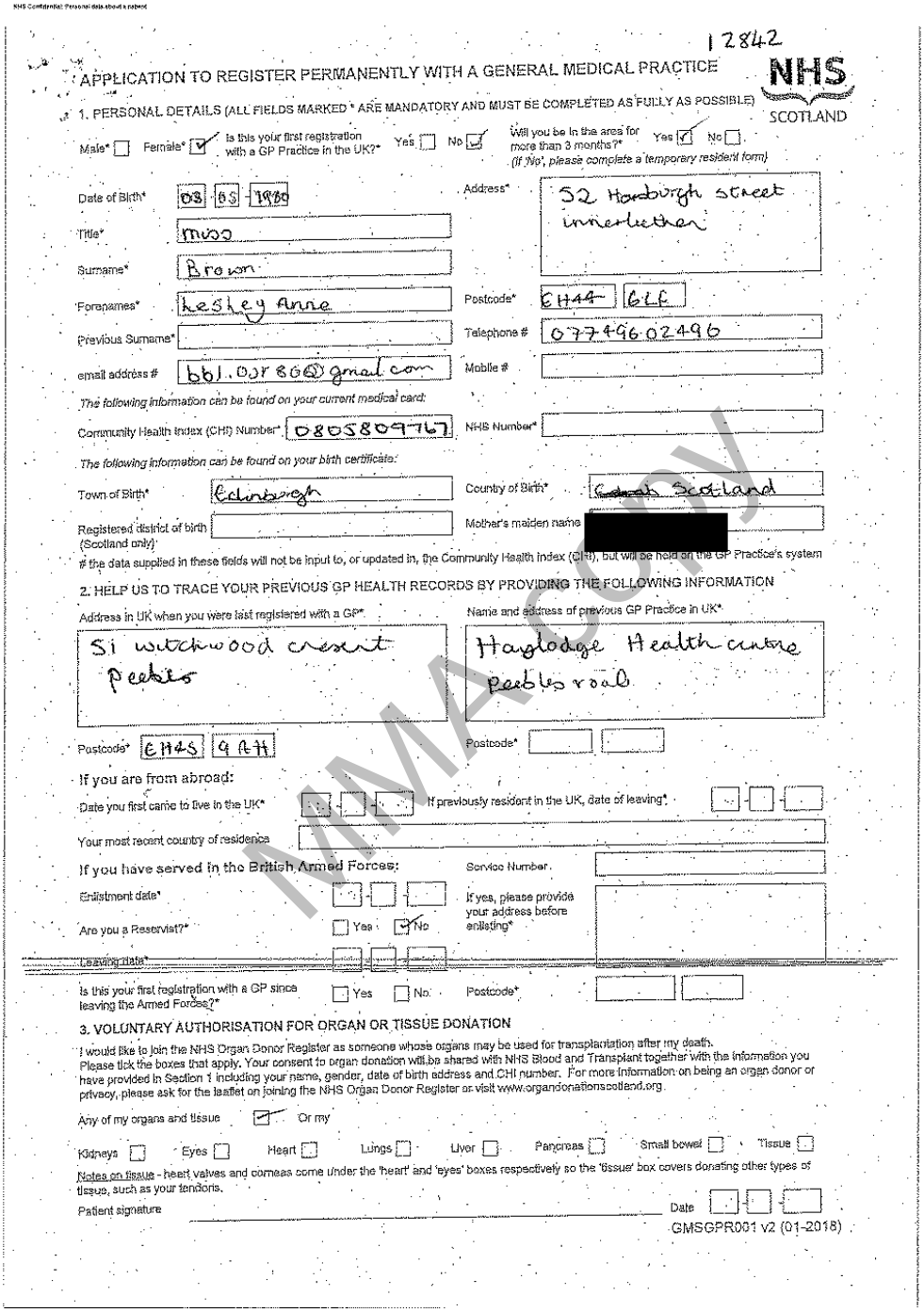
Yours sincerely

Deborah Adams
Practice Manager

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12842

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth* 08 05 1980

Title* miss

Surname* Brown

Forenames* Lesley Anne

Previous Surname*

email address # bbl.0sr80@gmail.com

Address* 52 Hardwigh street innerleithen

Postcode* EH44 6LE

Telephone # 07796602496

Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number* 0805809767

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Edinburgh

Country of Birth* ~~Great Britain~~ Scotland

Registered district of birth (Scotland only)

Mother's maiden name [redacted]

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

51 Witchwood crescent Peebles

Postcode* EH45 9AH

Name and address of previous GP Practice in UK*

Haylodge Health centre Peebles road

Postcode*

If you are from abroad:

Date you first came to live in the UK*

If previously resident in the UK, date of leaving*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date*

Are you a Reservist?* Yes ☐ No ☑

If yes, please provide your address before enlisting*

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* Yes ☐ No ☐

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue ☑ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature _____ Date

GMSGPR001 v2 (01-2018)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsscss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purpose of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 29-11-2021

Representative's name (if applicable) _____

Relationship to patient (if applicable) _____

6. FOR PRACTICE USE

GP reference number 5155-1 GP name Dr. B. WAIT

Practice code 1612-1 Mileage (No.) Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies.

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify _____ Receptionist Initials _____

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date 29-11-21

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date _____

GMSGPR001 v1 (05-2013)

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Scan to mum's notes

NHS Borders

CHILD PROTECTION - INTERAGENCY REFERRAL DISCUSSION (IRD) FORM
MAY CONTAIN THIRD PARTY INFORMATION

IRD No.	252/21	Date/time of referral	28/11/21	Health representative included in IRD	G Elliott CP Nurse (29/11/21)
				Secretary	NR
Referrer Name/role	APU Campbell Police Scotland			Current Social Worker	
Name of Child	[redacted]			DOB/CHI	[redacted]
				CRN	[redacted]
Address	52 Horsbrugh Street Innerleithen EH44 6LF			School	
Names of Siblings	1	[redacted]			
	2			DOB/CHI	CRN
	3			DOB/CHI	CRN
	4			DOB/CHI	CRN
	5			DOB/CHI	CRN
	6			DOB/CHI	CRN
Copy into siblings notes	Yes ☐	No ☒			
Parents/ carers names and contact numbers	Lesley Brown (07749) 602496 [redacted]			Parents/carers address (if different)	

Initial Information

Situation	Type of Concern					
	Choose an item.			Choose an item.		
	Choose an item.			Choose an item.		
	Choose an item.			Choose an item.		
Background	On Child Protection Register?	Yes ☐	No ☐	Previous Concerns?	Yes ☐	No ☐
	LAC?	☐	☐			

REASON FOR REFERRAL Ruby was present when adult brother was found face down in River Tweed, Innerleithen and had drowned. Ruby was present when members of the public were actively carrying out CPR

ADDITIONAL INFORMATION:

About 13:10hrs on 28/11/2021 police were made aware by Ambulance Control that SAS were responding to a report of an [redacted]

Officers immediately attended at the locus along with SFRS, Ambulance SORT and Helimed.

Officers found [redacted] in the care of a passer-by. It was quickly established that [redacted]

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UC 113

Universal Credit

15570-000652-0008-E-31500-R2

Dr Watt
ST. RONANS HEALTH CENTRE
BUCHAN PLACE
INNERLEITHEN
EH44 6QE

31500/8 46530

Our phone number is: 0121 335 0702

If you have a textphone, you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this reference number: JR464823D

Date: 21st March 2022

About your patient

Full Name: Ms Lesley Brown

NINo: JR464823D

Date of birth: 8th May 1980

Address: 52, Horsbrugh Street, Innerleithen, EH44 6LF

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs Pauline Hunter

P3027727/000652/1/2

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 10/17

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UC113

Client Name:
Ms Lesley Brown

Client NiNo: JR464823D

Client Date of Birth: 08.05.1980

Freepost RTZY-HYHG-ATAC
Centre for Health and Disability Assessments
Edinburgh BSC
Mail Handling Site A
Wolverhampton
WV98 2EP

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

10 / 3 / 22

2 Current conditions affecting ability to work:
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
- see enclosed note recent bereavement - son died in driving accident - low mood/anxiety worse since - attending psychology. also pain knee		

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B3027727/005852/2/2

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL
Version 10/17

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UC113

About your patient - continued

NINo: JR464823D

3 **Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

4 **If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	✓
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	✓
Appropriateness of behaviour	
Eating or drinking	

anxiety → aggression

w/ above anxiety aggression - difficulty in dealing with others

5 **Does the patient have a history of threatening or violent behaviour?** No ☐ Yes ✓

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 **Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ✓

Please tell us why at **Part 7**

7 **Additional information**
Please continue on a separate sheet if necessary.

has been verbally abusive/aggressive to staff/Drs

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature [signature]

Name IN CAPITALS Dr Gregor Watt

Date 28 / 3 / 22

Practice stamp

Dr Gregor Watt
St. Monans Health Centre
Innerleithen
EH44 6QE
Ref. B61651

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

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Registration Details - Patient No: 12842

Personal details...		Address details...	
Sex	F	Post Code	EH44 6LF
Surname	Brown	House Name Flat No	
Previous Surname		No and Street	52 Horsburgh Street
Forenames	Lesley Anne	Village	
Calling Name	Lesley	Town	Innerleithen
Date of birth	08/05/1980	County	Peeblesshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	07749 602496
Registered GP	Dr Gregor Watt	Work Tel No	
Usual GP	Dr Gregor Watt	Mobile Tel No	07749602496
Residential Inst		E Mail Address	
Branch Surgery		next of kin	[redacted]
CHI Number	0805809767		
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	04/11/2021		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

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Medical Record

Problems

Active Problems		Authorised By	Code
04/11/2021	Occupations chef	Nurse Steventon	0

Past Problems		Authorised By	Code
29/11/2021	Bereavemen[redacted]	Nurse Steventon	13Hc

Due Diary Entries		Authorised By	Code
08/05/2045	Influenza vaccination	Dr Watt	65E..

Overdue Diary Entries		Authorised By	Code
	None		

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Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status

Consultations

15/03/2022	Dr Gregor Watt at St Ronans Health Centre
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 15/03/2022 - 29/03/2022)
15/03/2022	Dr Gregor Watt at St Ronans Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: debility; Duration: 15/03/2022 - 29/03/2022)
10/03/2022	Miss Alice Whigham at St Ronans Health Centre
Medication	Temazepam Tablets 10 mg *7 tablet TAKE ONE TABLET AT NIGHT*
Problem	PC - insomnia
Comment	States not slept for 7 days. Feels exhausted. Continues to be very angry and states at times cannot trust herself with her anger to others. Further discussed anti depressants - Advised I believe it may be helpful in hewr low mood and anger/anxiety. She is not as against this as before and has agreed to think about it again. Enaging with RENEW services. Script as below. Not had since 16th Feb. Re iterated that this is not long term and we need to address long term solutions. Lesley was in agreement with this.
28/02/2022	Dr Gregor Watt at St Ronans Health Centre
History	asked for urgent TC recurrent episodes of sore knee worse today swollen around knee above the kneecap able to bend knee ok no fever worse when wet/cold no alco for analgesia for now and f2f when bit more mobile -happy with plan asked re last week-said didn't like risk discn about BDZ or that Dr hadnt read her notes -said on the edge everyday given her bereavement
Medication	Naproxen Tablets 250 mg *56 TABLET ONE -TWO TO BE TAKEN TWICE A DAY*
	Co-Codamol 8/500 Tablets *50 tablet ONE-TWO TO BE TAKEN FOUR TIMES A DAY*
25/02/2022	Dr Robert Duncan at Telephone Consultation
History	Patient telephoned and gave me 10 minutes of verbal abuse and physical threats. Trigger she says was because I have a penis. Hasn't spoken to me before but tells me everyone in town hates me and she will harm me if she ever sees me. Wanted temazepam but didnt wasn't to discuss it. Only person here so no options for her to speak to anyone else. Patient hung up.

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Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
28/02/2022	**Naproxen Tablets 250 mg** ONE -TWO TO BE TAKEN TWICE A DAY 56 TABLET	28/02/2022P	Dr Gregor Watt	ACUTE
28/02/2022	**Co-Codamol 8/500 Tablets** ONE-TWO TO BE TAKEN FOUR TIMES A DAY 50 tablet	28/02/2022P	Dr Gregor Watt	ACUTE
14/01/2022	**Temazepam Tablets 10 mg** TAKE ONE TABLET AT NIGHT 7 tablet	10/03/2022P	Miss Alice Whigham	ACUTE

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Reception - Innerleithen HC (NHS Borders)

From: NHS24 Public Protection
Sent: 10 May 2022 15:05
To: Public Protection (NHS Borders); CFSWPeeblesLTT@scotborders.gov.uk; Administration - St. Ronans Practice (NHS Borders)
Subject: nhs 24 child referral [redacted]
Attachments: DAVIS R 2017 RE BROWN P2 ADMIN ADULT MHH 09_05 LMc.docx

Dear Colleague

Please find attached a copy of an NHS 24 Public Protection referral. It concerns the patient: (lesley brown). Please share with the relevant professional within your agency.

FOR CHILD CONCERNS *PLEASE NOTE*
To: CPNA OFFICE: Please refer on to relevant Health Professional for Child/ren.

CPNA
Social Work (Highland only)
School Nurse
Health Visitor

If you have any questions please do not hesitate to contact our:

Specialist Nurse:
Gillian Hart 07866892802

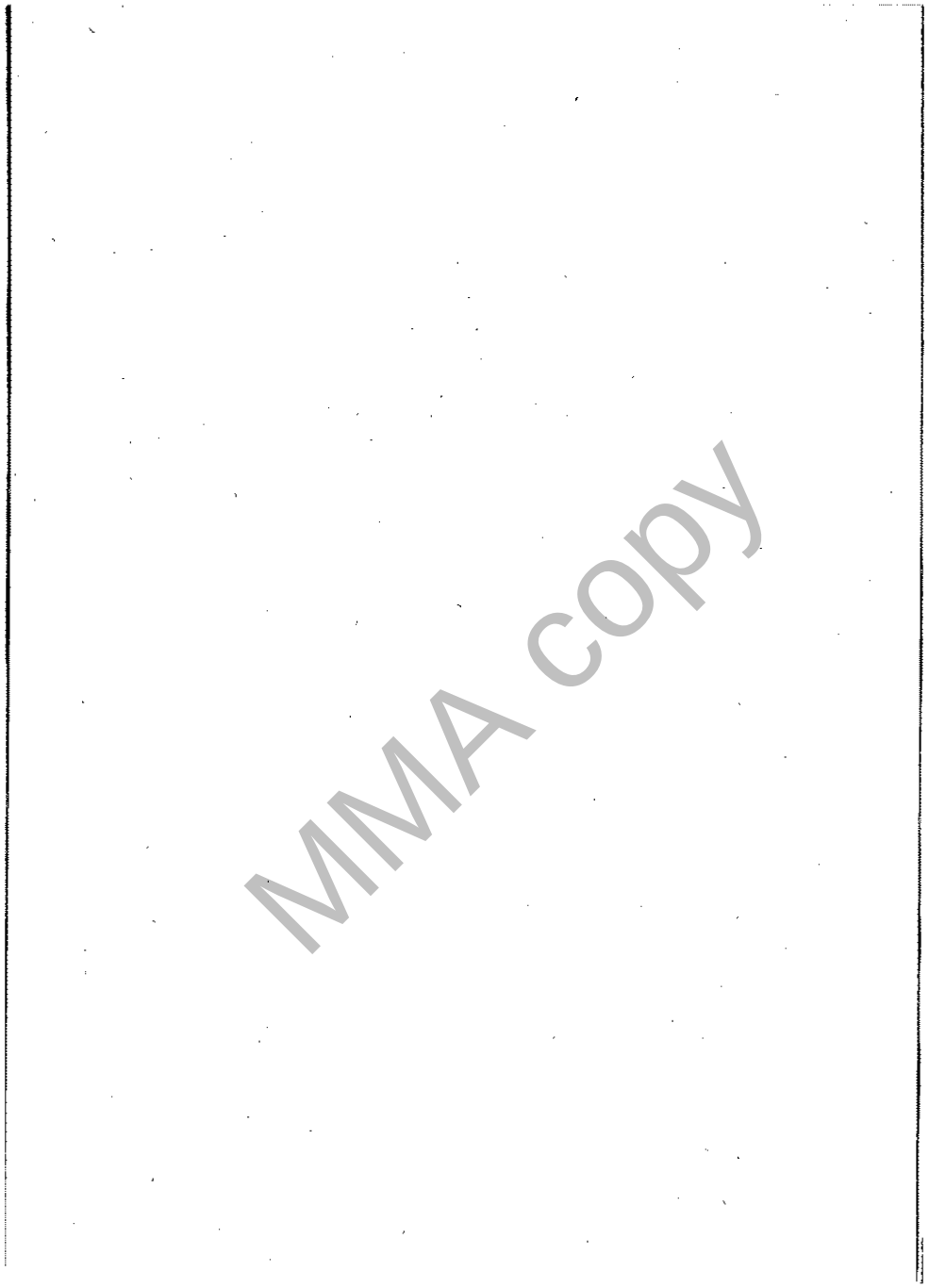
Kind Regards

Public Protection Administrator
NHS 24 - Cardonald
Email: nhs24.publicprotection@nhs.scot

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1

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Public Protection Referral 1 (PPR 1)

NHS 24

Adult Protection: *If you know or believe an adult is or likely to be at risk of harm you have a statutory duty to refer to Social Work*
Child Protection: *If you know or believe a child is or may be at risk of harm you have a responsibility to refer to the appropriate agency*
Further clarity of a child/adult at risk can be sought from the Public Protection Policy if required.

Type of concern:		an Adult & Child Welfare/Wellbeing Concern	
Caller Name	LESLEY BROWN	**Date/Time of Call**	**SAP Record Number**
Caller Relationship to patient	Self	09/05/2022 09:26	2621810

Mandatory: Provide details of the patient & person/s 'at risk' or whom you have a concern about.

Patients Name	LESLEY BROWN	**Gender**	Female	**D.O.B, Chi & Age**	08/05/1980 0805809767, 42
Subject's Name	[redacted]				
Subject's Name	Click here to enter text.	**Gender**	Choose an item.	**D.O.B, Chi & Age**	Click here to enter text.
Subject's Name	Click here to enter text.	**Gender**	Choose an item.	**D.O.B, Chi & Age**	Click here to enter text.

Chi Address *(Including Postcode)*	52 Horsbrugh Street / INNERLEITHEN / EH44 6LF	**Current Location** *(If Different)*	Click here to enter text.
Phone Number	07749602496		

Detail your concern and document within the patient's clinical summary: If an OOHs service is required because you believe this is an Adult/Child at immediate risk of harm or you are aware a crime has been committed or there is a need for further assessment, you must contact and follow up with appropriate agencies as soon as practicably possible.

Situation: (risk/concern), include reason for call:

PT CALLED WITH SUICIDAL THOUGHTS, AGITATION,WORK ISSUES, MONEY ISSUES, SOCIAL STRESS AND STRUGGLES WITH TH[redacted]PT LOOKING FOR SUPPORT AS THEY ARE STRUGGLING TO MANAGE THEIR AGITATION LEVELS AND FEEL LIKE THEY WANT TO END THEIR LIFE. THEY STATE DUE TO HAVING LIMITED SUPPORT ITS VERY DIFFICULT FOR THEM TO COPE.

Background: (include analysis of any relevant and proportionate information that is appropriate to share (i.e.: KIS, special notes, previous calls / Previous Public Protection Concerns, frequent caller)

NOT A REGULAR CALLER. NO KIS

Assessment: in relation to your risk/concern:

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NHS 24

Public Protection Referral 1 (PPR 1)

PATIENT APPEARED TO BE FLEETING BETWEEN AGITATION AND UPSET AND IS STRUGGLING WITH A HOST OF CONCERNS. THE PREDOMINENT CONCERNS ARE THAT OF HER NEIGHBOUR, THE LOSS OF [redacted] AND HER FINANCIAL ISSUES. DURING THE CALL SHE STATED SHE WANTED TO ESCAPE HER LIFE BY COMPLETING SUICIDE BUT NOTED THAT HER [redacted] WAS A PROTECTIVE FACTOR. PT DID AGREE TO STAY SAFE FOR DBI REFERAL. SHE STATED SHE DOES NOT WANT TO GO ON ANY MEDICATION FOR HER MENTAL HEALTH AND WOULD RATHER MORE PRACTICAL BASED SUPPORT. THIS WELFARE FORM IS TO HIGHLIGHT HOW THE PT IS REALLY STRUGGLING AND COULD BENEFIT WITH SOME LONG TERM SUPPORT TO HELP HER MANAGE THE CONCERNS RAISED WITHIN THE CALL.
Recommendation : "If you took immediate action to ensure the Adult/Child was safe, please select from Option 1 who you contacted"

Option 1:	Choose an item.
Additional Information (Provide the detail of any service/s contacted and include: names, incident numbers, attendance at A&E/PCEC etc.):	Click here to enter text.

Option 2: "If you have assessed there is no immediate risk at the time of the call please indicate who you would like the public protection service to share your referral with: E.G: (SW, GP, HV, SN, LAC, CPNA):"

SW, GP.

Subject of Referral's GP Details

Subject of Referral's GP Name	GREGOR WATT	**GP Address**	ST RONAN'S PRACTICE / ST RONAN'S HEALTH CENTRE EH446QE
GP Phone number	01896830203		
Health Board Area	NHS Borders		
Name of School if known (*Child*)	Click here to enter text.	**Local Authority Area**	Scottish Borders

Information Sharing: It is everyone's responsibility and everyone's job to share relevant, proportionate and necessary information with appropriate agencies in order to protect children, young people and adults.

Have you gathered from the appropriate person their views that their information regarding the risk or wellbeing/welfare concern will be shared with social work or other relevant agencies? Yes

If No, please state reason: Choose an item. **If Other please Specify** Click here to enter text.

Final Endpoint of Call:	DBI

Referrers Details

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Public Protection Referral 1 (PPR 1)

Staff Member's Name	TORQUIL FERGUSSON
Designation (person identifying the public protection concern)	Mental Health Hub
Base	Cardonald
Clinician Supporting Referral (if applicable)	M SINZARA SCN

Once all actions are complete in real time, please save this form into the following folder:
For Adult Protection and Wellbeing Referrals: R:\Public Protection\1 Adult Support & Protection
For Child Protection and Wellbeing Referrals: R:\Public Protection\2 Child Protection
For Breathing Space Referrals: R:\Breathing Space
For Mental Health Hub: R:\Mental Health Hub

PART 2 – NHS 24 PUBLIC PROTECTION TEAM FOLLOW UP

Date and time: 10/05/2022 12:13

Initial additional information: 1 call in 30 days. Patient history of 2 calls in 2021 for physical health and pain. No prev concerns raised.

CPNA: public.protection@borders.scot.nhs.uk
Tel: 01896 664580

Social Work: sw.apu@scotborders.gov.uk
Tel: 0300 100 1800

CHILD - CFSWPeeblesLTT@scotborders.gov.uk
Tel: 01721 726310

Health Visitor: 01896 830203

GP: Administration.StRonansPractice@borders.scot.nhs.uk

Information provided by: Lynn McGregor Designation: PP Administrator

Public Protection Specialist Nurse Follow Up

Name	HELEN BOGLE	Designation	SPECIALIST NURSE PP
Centre	Cardonald	Date/Time	09/05/2022 00:00

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Public Protection Referral 1 (PPR 1)

Analysis: PATIENT WITH POSSIBLE WORSENING MENTAL HEALTH AND MULTIPLE STRESSORS IDENTIFIED. MAY REQUIRE FURTHER SUPPORT.
SENDING TO GP FOR SHARING WITH CMHT IF APPROPRIATE.
SENDING TO SW hb
10.06.2022 12.39 on further analysis it is noted within the call summary there is mention of a [redacted] Contacted gp practice, pt is fairly new and no child registered there. Gh

Contacted Borders Public Protection team spoke to Lorraine Tait able to confirm details of child. Previous IRD following [redacted]
Referral shared with gp, social work and cpna

Is this a referral (PCEC/A&E) which should have been followed up by the referrer under process 30? No

Was this referral followed up under process 30? Choose an item.

Is this a looked after and care experienced child? Yes/Unknown

If yes, which Local Authority is the child known to? Click here to enter text.

Any additional notes / comments:

Click here to enter text.

FOI NHS
MMX copy

Categories of Concern in Relation to Child Welfare/Wellbeing or Child Protection		
Child Concern	Choose a Concern	If Other, Please Specify
Parent/Carer Concern	Mental Health/Self Harm	If Other, Please Specify
If Gender Based Violence Concern, please specify:	Choose an item.	
Categories of Concern in Relation to Adult Support & Protection		
Vulnerable Adult Concern	Choose a Concern	If Other, Please Specify

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NHS 24

Public Protection Referral 1 (PPR 1)

If Care Home Concern, please specify:	Click or tap here to enter text.
If Gender Based Violence Concern, please specify:	Choose an item.

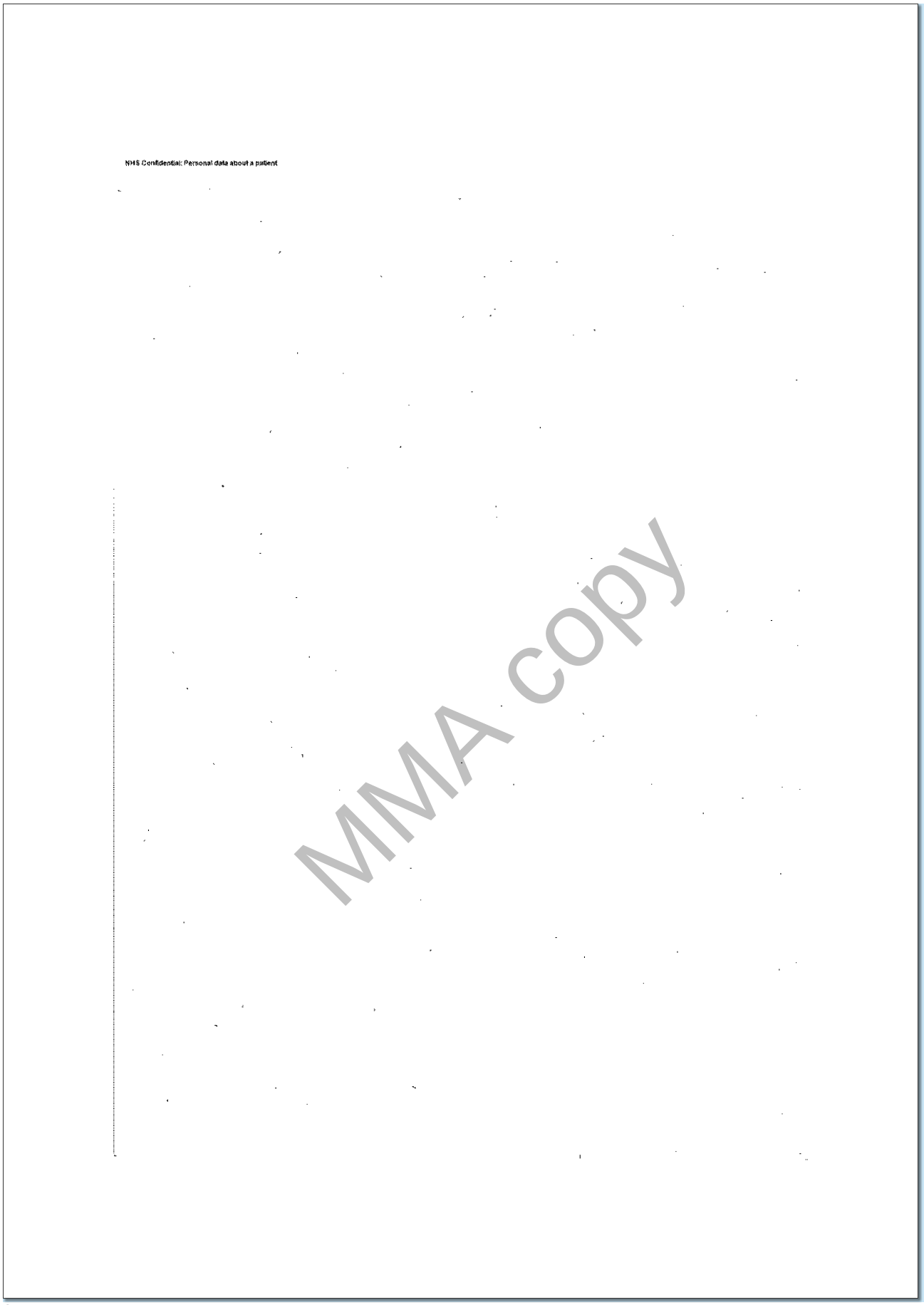
PART 3 – ACTIONS REQUIRED BY PUBLIC PROTECTION ADMINISTRATOR	
public.protection@borders.scot.nhs.uk Administration.StRonansPractice@borders.scot.nhs.uk sw.apu@scotborders.gov.uk	
NHS 24 Public Protection Administrator	
Date and Time Sent	10/05/2022 15:00
Sent by	Gillian Hart
Nurse Specialist Public Protection	Gillian Hart - 07866 892802

If you have any enquiries relating to a Public Protection Referral Please Contact:

Administrator for Public Protection, Mental Health & Learning Disabilities
NHS 24
Caledonia House
140 Fifty Pitches Road
Cardonald
Glasgow
G51 4EB
Email: nhs24.publicprotection@nhs.scot

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25561

Biggar Medical Practice

Reg 26.1.23

From: Reception - Innerleithen HC (NHS Borders) <Reception.InnerleithenHC@borders.scot.nhs.uk>
Sent: 25 January 2023 14:45
To: Biggar Medical Practice
Subject: Re: Attached Document
Attachments: 1920600353.TIF

Attention of Dawn - Summary as requested.

Regards.

St Ronan's Practice

Patient Details:

Miss Lesley Anne Brown
08/05/1980

52 Horsburgh Street

Innerleithen
Peeblesshire
EH44 6LF

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1

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Registration Details - Patient No: 12842

Personal details...		Address details...	
Sex	F	Post Code	EH44 6LF
Surname	Brown	House Name Flat No	
Previous Surname		No and Street	52 Horsburgh Street
Forenames	Lesley Anne	Village	
Calling Name	Lesley	Town	Innerleithen
Date of birth	08/05/1980	County	Peeblesshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	07341811248
Registered GP	Dr Gregor Watt	Work Tel No	
Usual GP	Dr Gregor Watt	Mobile Tel No	07341811248
Residential Inst		E Mail Address	
Branch Surgery		next of kin	[redacted]
CHI Number	0805809767		
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	19/10/2022		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

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[redacted]

Medical Record

Problems

Active Problems		Authorised By	Code
25/02/2022	Verbally abusive behaviour towards care professional GP	Nurse Steventon	EMISNQVE9
04/11/2021	Occupations chef	Nurse Steventon	0
06/09/2021	[X]Depressive episode, unspecified recurrent	Nurse Steventon	Eu02z
27/02/2017	Adverse reaction to amoxycillin rash	Nurse Steventon	TJ003
17/02/2017	Family history of deep vein thrombosis	Nurse Steventon	12CQ
09/09/2013	Cystic acne	Nurse Steventon	M2816
19/01/2000	Blood group O Rh(D) negative	Nurse Steventon	43x1
26/04/1987	Alopecia areata	Nurse Steventon	M2401

Past Problems		Authorised By	Code

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29/11/2021	**Bereavement** [redacted]	Nurse Steventon 13Hc
25/10/2019	**Legally induced abortion** 4th	Nurse Steventon L05
13/02/2019	**Cellulitis and abscess NOS** (R) facial - exc + drainage	Nurse Steventon M03z
30/07/2018	**Bereavement** Sister drugs overdose - ? exact date	Nurse Steventon 13Hc
07/09/2017	**Anxiety states** psych	Nurse Steventon E200
06/06/2017	**[X]Depressive episode, unspecified**	Nurse Steventon Eu32z
17/02/2017	**Normal delivery in a completely normal case**	Nurse Steventon L20
16/06/2016	**Misuse of drugs NOS** Cannabis	Nurse Steventon E25z
21/01/2016	**Anxiety states**	Nurse Steventon E200
03/08/2013	**Sebaceous cyst - wen exc**	Nurse Steventon M262
13/05/2012	**Sebaceous cyst - wen I+D**	Nurse Steventon M262
24/04/2012	**[X]Depressive episode, unspecified**	Nurse Steventon Eu32z
16/02/2012	**Pleurisy**	Nurse Steventon H51
26/05/2011	**Nondependent alcohol abuse, unspecified**	Nurse Steventon E2500
21/03/2011	**Suicidal ideation**	Nurse Steventon 1BD1
21/03/2011	**Misuse of drugs NOS** Cannabis	Nurse Steventon E25z
15/03/2011	**Bereavement** Boyfriend committed suicide	Nurse Steventon 13Hc
28/01/2010	**[X]Depressive episode, unspecified**	Nurse Steventon Eu32z
02/12/2008	**Other acne**	Nurse Steventon M261
01/06/2007	**Intervertebral disc prolapse NOS** L5-S1	Nurse Steventon N123-1
04/12/2004	**Legally induced abortion** 3rd	Nurse Steventon L05
17/05/2022	**Normal delivery in a completely normal case**	Nurse Steventon L20
01/06/2000	**CIN I - mild dyskaryosis**	Nurse Steventon 4K23-1
11/04/2000	**Forceps delivery**	Nurse Steventon L395
26/02/1998	**Anxiety states** psych	Nurse Steventon E200
24/07/1997	**Legally induced abortion** 2nd	Nurse Steventon L05
19/12/1995	**Legally induced abortion**	Nurse Steventon L05
16/07/1994	**Disturbance of conduct NEC** behavioural problems, seen by psych (in residential care)	Nurse Steventon E2C
25/05/1994	**Social worker involved** placed in residential care	Nurse Steventon 13G4
01/01/1990	**Child abuse NEC** Pt stated to psych [redacted] physically abused her	Nurse Steventon SN55z-1
01/01/1990	**Sexual abuse** Pt stated to psyc[redacted] sed her	Nurse Steventon SN671

Due Diary Entries		Authorised By	Code
08/05/2045	**Influenza vaccination**	Dr Watt	65E..

Overdue Diary Entries		Authorised By	Code
05/01/2021	**Cervical smear due OVERDUE SCCRS Recall**	INTERNAL INTERNAL USER	685F.

Alerts	Authorised By	Code
None		

Drug Allergies		Authorised By	Code
27/02/2017	**Adverse reaction to amoxycillin** rash	Nurse Steventon	TJ003

Non Drug Allergies	Authorised By	Code
None		

Health Status	
01/06/2000	**Cervical smear result CIN I - mild dyskaryosis**
26/04/2022	**Blood pressure reading** O/E - BP reading
26/04/2022	**Blood pressure reading** 98/65 mm Hg

Consultations	
15/12/2022	Miss Alice Whigham at St Ronans Health Centre
Comment	Medication request - did not attend for fasting bloods. Moving tomorrow so issued meds as requested. Made aware needs to join HC in new area asap and request blood work.
Medication	Cerelle Tablets 75 micrograms *168 TABLET TAKE ONE TABLET DAILY*
	Lymecycline Capsules 408 mg *56 CAPSULE 2 Caps Daily*
	Quetiapine Fumarate Tablets 25 mg *60 TABLET ONE TO BE TAKEN UP TO*

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	THREE TIMES A DAY AS REQUIRED
01/12/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:20 on Fri 02 of Dec at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
24/11/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 10:00 on Fri 25 of Nov at St Ronan's Practice. Please text CANCEL to 07903593335 if you can't attend.
23/11/2022	Miss Alice Whigham at St Ronans Health Centre
Comment	WBC, Neutrophil, Platelets, and ESR mildly elevated - likely related to LRTI. TSH normal. Lesley feeling much better. Eating and drinking. Will recheck bloods next week for completeness and also fasting bloods as on Quetiapine. Receptive to this.
21/11/2022	Miss Alice Whigham at St Ronans Health Centre
Problem	FTF - 3/52 hx of feeling generally unwell. OOHs last night.
Examination	Apyrexial. Sats 96%, RR 14bpm, HR 85bpm regular, BP 110/70. Chest - crackles to right mid and lower zones. Left clear. Heart sounds i+ii+0. Has been coughing and productive of dark green sputum. Started on antibs by OOHs last night. Denies fevers sx. No chest pain or palpitations. Smoker. Status just feels awful, not sleeping, tatt, No appetite. Feels 'glittery'. No neuro sx. No faints/fits or LOC. Quite wound up today - has new house to move to in West lothian. Moving soon.
Comment	Worried Quetiapine is making her feel this way. Advised I do think she has a chest infection and needs to take antibiotics - receptive to this. Bloods taken today for prolactin and also TSH. Coming up to a year since losing [redacted] clearly effecting MH. Also some ongoing social issues with neighbours. Long discussion - wants to stop Quetiapine as feels it makes her feel like a zombie. Advised not to stop suddenly. I will contact West team for advice and get back to Lesley. Receptive to this. Await blood results and will review with these and plan for MH. Receptive to this.

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
15/12/2022	**Quetiapine Fumarate Tablets 25 mg** ONE TO BE TAKEN UP TO THREE TIMES A DAY AS REQUIRED 60 TABLET	15/12/2022P	Miss Alice Whigham	ACUTE
15/12/2022	**Cerelle Tablets 75 micrograms** TAKE ONE TABLET DAILY 168 TABLET	15/12/2022P	Miss Alice Whigham	ACUTE
15/12/2022	**Lymecycline Capsules 408 mg** 2 Caps Daily 56 CAPSULE	15/12/2022P	Miss Alice Whigham	ACUTE

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[redacted]

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Registration Details - Patient No: 12842

Personal details...		Address details...	
Sex	F	Post Code	EH44 6LF
Surname	Brown	House Name Flat No	
Previous Surname		No and Street	52 Horsburgh Street
Forenames	Lesley Anne	Village	
Calling Name	Lesley	Town	Innerleithen
Date of birth	08/05/1980	County	Peeblesshire
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	07341811248
Registered GP	Dr Gregor Watt	Work Tel No	
Usual GP	Dr Gregor Watt	Mobile Tel No	07341811248
Residential Inst		E Mail Address	
Branch Surgery		next of kin	[redacted]
CHI Number	0805809767		
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	19/10/2022		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

MMA copy

Medical Record

Problems

Active Problems		Authorised By	Code
25/02/2022	Verbally abusive behaviour towards care professional GP	Nurse Steventon	EMISNQVE9
04/11/2021	Occupations chef	Nurse Steventon	0
06/09/2021	[X]Depressive episode, unspecified recurrent	Nurse Steventon	Eu32z
27/02/2017	Adverse reaction to amoxycillin rash	Nurse Steventon	TJ003
17/02/2017	Family history of deep vein thrombosis	Nurse Steventon	12CQ
09/09/2013	Cystic acne	Nurse Steventon	M2616
19/01/2000	Blood group O Rh(D) negative	Nurse Steventon	43x1
28/04/1987	Alopecia areata	Nurse Steventon	M2401

Past Problems	Authorised By	Code

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29/11/2021	**Bereavement** [redacted]	Nurse Steventon	13Hc
25/10/2019	**Legally induced abortion** 4th	Nurse Steventon	L05
13/02/2019	**Cellulitis and abscess NOS** (R) facial - exc + drainage	Nurse Steventon	M03z
30/07/2018	**Bereavement** Sister drugs overdose - ? exact date	Nurse Steventon	13Hc
07/09/2017	**Anxiety states** psych	Nurse Steventon	E200
08/06/2017	**[X]Depressive episode, unspecified**	Nurse Steventon	Eu32z
17/02/2017	**Normal delivery in a completely normal case**	Nurse Steventon	L20
16/06/2016	**Misuse of drugs NOS** Cannabis	Nurse Steventon	E25z
21/01/2016	**Anxiety states**	Nurse Steventon	E200
03/06/2013	**Sebaceous cyst - wen** exc	Nurse Steventon	M262
13/05/2012	**Sebaceous cyst - wen** I+D	Nurse Steventon	M262
24/04/2012	**[X]Depressive episode, unspecified**	Nurse Steventon	Eu32z
16/02/2012	**Pleurisy**	Nurse Steventon	H61
26/05/2011	**Nondependent alcohol abuse, unspecified**	Nurse Steventon	E2500
21/03/2011	**Suicidal ideation**	Nurse Steventon	1BD1
21/03/2011	**Misuse of drugs NOS** Cannabis	Nurse Steventon	E25z
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17/05/2002	**Normal delivery in a completely normal case**	Nurse Steventon	L20
01/06/2000	**CIN 1 - mild dyskaryosis**	Nurse Steventon	4K23-1
11/04/2000	**Forceps delivery**	Nurse Steventon	L395
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24/07/1997	**Legally induced abortion** 2nd	Nurse Steventon	L05
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01/01/1990	**Sexual abuse** Pt stated to psych [redacted] abused her	Nurse Steventon	SN571

Due Diary Entries		Authorised By	Code
08/05/2045	**Influenza vaccination**	Dr Watt	65E..

Overdue Diary Entries		Authorised By	Code
05/01/2021	**Cervical smear due OVERDUE** SCCRS Recall	INTERNAL INTERNAL USER	685F.

Alerts		Authorised By	Code
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Drug Allergies		Authorised By	Code
27/02/2017	**Adverse reaction to amoxycillin** rash	Nurse Steventon	TJ003

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Consultations

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Comment: Medication request - did not attend for fasting bloods. Moving tomorrow so issued meds as requested. Made aware needs to join HC in new area asap and request blood work.

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25/1/23

BIGGAR MEDICAL PRACTICE

NEW PATIENT

REGISTRATION PACK

Patient Name: Hedley Anne Bisson

Welcome to Biggar Medical Practice.

Please complete the attached registration paperwork in full and ensure you provide the requested information as without it your full registration at this practice will not be able to proceed, or may be delayed.

MMA copy

Contents

Application Form to Register with a General Medical Practice

Next of Kin Form

Health Questionnaire

Patient/Practice Agreement

Acceptable Identification Documents for Registration

Patient Checklist

(B)

For office use	
Emis No	25561
Date	26.1.23
GP	JH
PA Initials	SP
NP med	
BM/PM	

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ○ No ✓

Will you be in the area for more than 3 months? Yes ☐ No ☐
(If 'No', please complete a temporary resident form)

Male * ☐ Female * ☑

Date of birth * 08/05/80

Title * miss

Surname * Brown

Forenames * Lesley Anne

Previous surname *

Address * 7 Howco Brae, Stirling, Bigger, Path

Postcode * ML12 6FA

Telephone # 07341811248

Email address # bbl.0jr80@gmail.com

Mobile #

 # the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your **current medical card**:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate**:

Town of birth * Edinburgh

Country of birth * Scotland

Registered district of birth *(Scotland only)*

Mother's maiden nam[redacted]

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP * 52 Hornburgh Street, Innerleithen

Postcode * EH44 6LF

Name and address of previous GP Practice in UK * St Ronans Health Centre, traquair road

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes ☐ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

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3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature [signature] Date * 23/1/23

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☑ JM 23/1/23 Home Office app reg card ☐ Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date * 30/1/23

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

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Next of Kin Details

Surname	[redacted]
Title	
Address	
Relation	

Ethnicity

White (Scottish)	✓	Mixed (White and Asian)	
White (Irish)		Mixed (White and Black African)	
White (British)		Mixed (White and Black Carribean)	
White (Other Background)		Mixed (other background)	
Black or Black British (Caribbean)		Asian or Asian British (Pakistani)	
Black or Black British (African)		Asian or Asian British (Bangladeshi)	
Black or Black British (Other background)		Asian or Asian British (Indian)	
Not stated		Asian or Asian British (Other background)	

Do you need help with an interpreter? (Our website translates to a variety of languages)	Yes (please identify)		No	
Do you claim refugee status?	Yes (please give details)		No	

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New Patient Registration Health Questionnaire

Surname	Brown
Forename	Lachey
Date of Birth	08/05/80
Address	7 Howes Brae Stirling Bygger
Marital Status	Single
Weight (approx) 10st	Height 5.9½
Smoking Do you smoke? YES/NO	- If yes, cigarettes 3 per day - Cigars _____ per day - Ounces of tobacco _____ per day
How old were you when you started smoking?	16
How old were you when you stopped smoking?	
Allergies Are you allergic to any substances/drugs/food?	YES/NO
If yes, please give details	

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Past Medical History Please give details of any treatment for any significant medical conditions: *eg diabetes, asthma, epilepsy, high blood pressure* Please continue on a separate sheet of paper if necessary	
Carers Do you need/have anyone who looks after you or your daily health needs as a carer? If yes, would you like them to deal with your health affairs here? The receptionist can help with these arrangements. Do you care for anyone else? If yes, ask the receptionist about the Carers Support Network.	YES/NO YES/NO YES/NO
Family History Is there any of the following in your family (mother, father, sibling) before the age of 65? Heart disease (heart attacks, angina) Stroke Cancer	YES/NO – which family member? YES/NO – which family member? YES/NO – which family member? YES/NO – which family member?

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Medication

Please give details of any medication which you take (prescribed or otherwise) and attach a copy of your repeat prescription list if you have one:

Name of drug: lymecycline
Dosage: 2 caps per day

Name of drug: Cerelle
Dosage: 1 tab a day

Name of drug: Quetepine
Dosage: 25mg daily

Name of drug: epi duo skin cream
Dosage: as and when

Name of drug:
Dosage:

Name of drug:
Dosage:

Name of drug:
Dosage:

Please continue on a separate sheet of paper if necessary.

MMA copy

Thank you for completing this questionnaire.

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Checklist for Patient Registration

Documents	Please circle	For office use
Application Form to Register with a General Medical Practice fully completed and signed?	(YES)/NO	
Next of Kin form completed?	(YES)/NO	
New Patient Registration Health Questionnaire completed?	(YES)/NO	
Patient/Practice Agreement signed?	(YES)/NO	
Two forms of Acceptable Identification enclosed?	(YES)/NO	

Please take this completed registration pack to your practice.

Thank you.

MMA copy

Acceptable Identification Documents for Registration at the Practice

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Please note that you need to provide 2 forms of identification, one with your name and also one with your address.

Name Identification (proof of identity)	Address Identification (proof of address within practice boundry)
Current signed full passport Current UK driving licence Blue disabled drivers badge Current benefits or State pension notification letter confirming rights to benefits for the current period Current HMRC tax notification eg PAYE coding, statement of account (P45 and P60 are not official HMRC documents) Shotgun or Firearm certificate Travel documents issued to foreign nationals granted permission to remain in the UK Current EU/EEA driving licence Residence permit issued by the Home Office to EU nationals EU/EEA member state identity card	Recent utility bill or statement showing current address in our area Local Authority tax bill for current year Bank or Building Society statements Credit/store card statement Mortgage statement Local Council rent card Tenancy agreement Solicitor's letter confirming recent purchase of your property

Under 16s

Children under the age of 16 who parent/guardian is registered with the practice or registering at the same time will need to provide either:

Original birth certificate or a certified copy, or passport

If you are unable to provide any of the above documents, please speak to a member of the Reception team who will be able to advise alternative documents.

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Biggar Medical Practice
Patient/Practice Agreement

Everyone who uses the NHS in Scotland has rights and responsibilities and these are set out in the NHS Scotland Charter of Patient Rights and Responsibilities. This agreement outlines key points from the above document and includes additional practice specific rights and responsibilities.

Respect and Politeness: You must treat your doctor, staff and other patients with respect and politeness as you would expect to be treated by them.

Registered Doctor: Patients are no longer registered with a named Doctor. You have the right to be seen by any of our health professionals without prejudice but subject to their availability. If you need to see a doctor at short notice you may not be able to see a doctor of your choice.

Disclosure: Patients are expected to disclose all relevant facts regarding their health to the health care professional they are consulting.

Confidentiality: Patients have a right to absolute confidentiality. Patient identifiable information will not be shared with third parties including family members without prior written consent.

Appointments: You have a responsibility to attend on time for all appointments and to cancel in advance any appointment that you are unable to attend. If you arrive late for an appointment you may be asked to wait to the end of the clinic or be asked to re-book for another date/time. If you miss 3 appointments or more in any 6 month period, you will not be able to automatically receive an appointment of your choice. Your next appointment will only be booked at the discretion of the Practice. We may also consider requesting that the Health Board remove you from the practice list.

Duty Doctor Urgent Appointments: Duty Doctor urgent appointments should only be requested if your condition is urgent and cannot wait for the next available routine appointment. Duty Doctor urgent appointments are not suitable for consultation of ongoing chronic illnesses, requesting repeat prescriptions or for consultation about a range of issues.

Home Visits: You should only request a Home Visit under circumstances where you cannot physically attend at the Practice. You should make every effort to attend the surgery to make the best use of the clinician's time. You will normally be contacted prior to any visit to ensure it is medically appropriate. Home visits are not to be requested for social convenience.

Out of Hours Service: You should only use the Out of Hours Service where it is medically necessary, otherwise wait until the following morning and contact the Practice to request an urgent appointment.

Document updated: 22/09/2017

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Patient Statement

I understand the rights and responsibilities listed in this Patient/Practice agreement and agree to my obligations. By undertaking the responsibilities in this agreement I am making a commitment to working in partnership with Biggar Medical Practice by upholding my responsibilities as a patient.

Patient Name (print) Lesley Brown Date 23/1/23

Signature

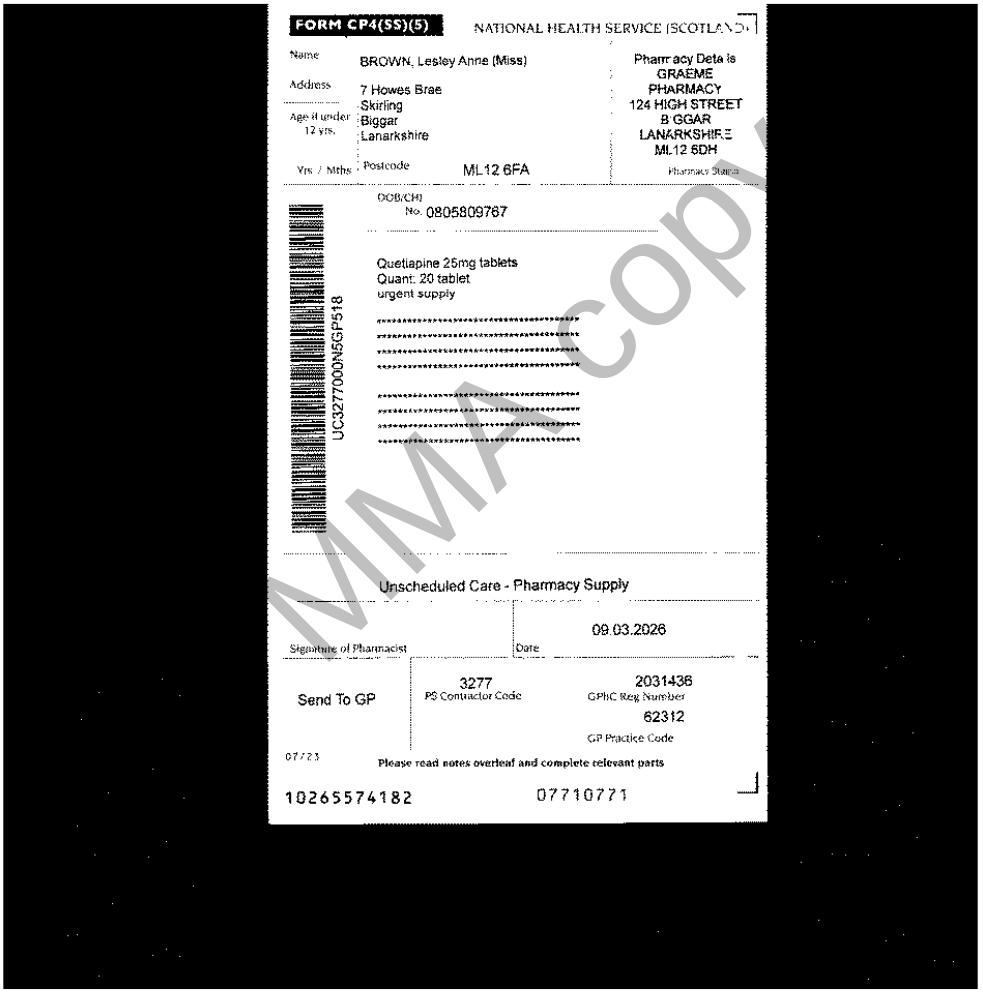
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Document updated: 22/09/2017

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FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: BROWN, Lesley Anne (Miss)

Address: 7 Howes Brae
Skirling
Biggar
Lanarkshire

Age if under 12 yrs. Yrs / Mths

Postcode: ML12 6FA

Pharmacy Data is
GRAEME
PHARMACY
124 HIGH STREET
BIGGAR
LANARKSHIRE
ML12 6DH

Pharmacy Stamp

DOB/CHI No. 0805809767

UC327000N5GP518

Quetiapine 25mg tablets
Quant: 20 tablet
urgent supply

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 09.03.2026

Send To GP

3277
PS Contractor Code

2031436
GPhC Reg Number

62312
GP Practice Code

07723

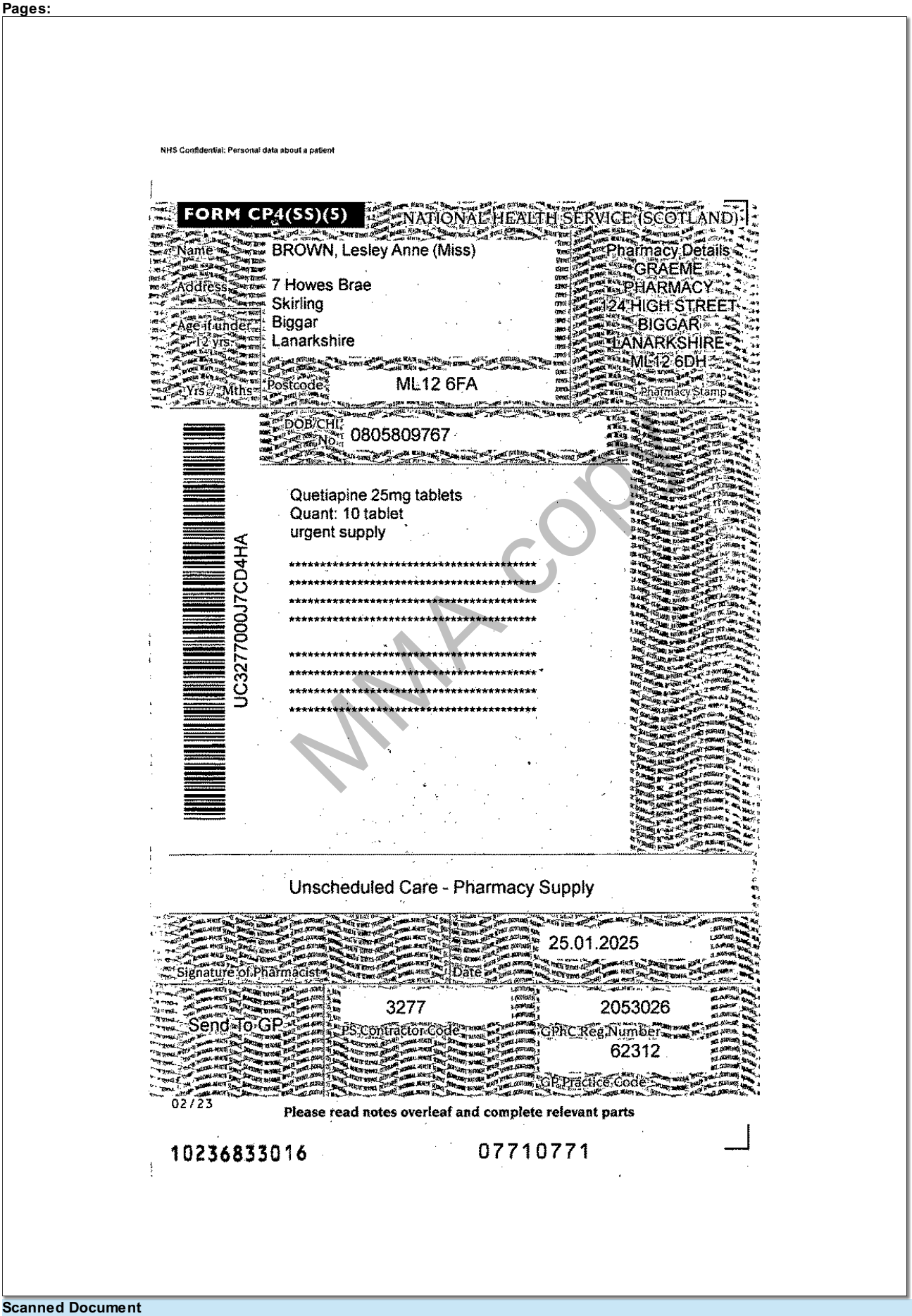
Please read notes overleaf and complete relevant parts

10265574182 07710771

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FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: BROWN, Lesley Anne (Miss)

Address: 7 Howes Brae
Skirling
Biggar
Lanarkshire

Age if under 12 yrs: Yrs / Mths

Postcode: ML12 6FA

Pharmacy Details
GRAEME PHARMACY
124 HIGH STREET
BIGGAR
LANARKSHIRE
ML12 6DH
Pharmacy Stamp

DOB/CHI No: 0805809767

UC3277000J7CD4HA

Quetiapine 25mg tablets
Quant: 10 tablet
urgent supply

****
****
****
****

****
****
****
****

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 25.01.2025

Send To GP

PS Contractor Code: 3277

GPRC Reg Number: 2053026

GP Practice Code: 62312

02/23

Please read notes overleaf and complete relevant parts

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MMA
LEGAL

Biggar Medical Practice
S Croft Road
Biggar
ML12 6BE

Date 13/04/2026

Ref: 100033

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Lesley brown
Client Reference: #100033
Client Address: 7 Howes Brae, ML12 6FA
Date of Birth: 08/05/1980
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

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

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

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

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DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")

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Zoho Sign Document ID: 4AE803519-1FHPWSBRUQUIMR6OQOAAMRGVDHMSSYKARICRXNRCQ1Y

Full Name:	Lesley brown
Date of Birth:	8/5/1980
Previous Names (if any):	
Current Address:	7 Howes Brae ML12 6FA

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Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	admin@mmalegalsolicitors.com
Telephone Number	0330 341 3679
CHI / NHS Number (if known):	

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STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

1.1.1. UK GDPR

1.1.2. Data Protection Act 2018

1.1.3. Common law confidentiality

1.1.4. Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

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1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

APPOINTMENT

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

2.1.1. An application to Redress Scotland;

2.1.2. Any review, reconsideration or appeal;

2.1.3. Evidence gathering and submission;

2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

3.1.1. Local Authorities and Councils

3.1.2. NHS Boards and GP Practices

3.1.3. Health & Social Care Partnerships

3.1.4. Integration Joint Boards

3.1.5. Religious bodies and orders

3.1.6. Residential and foster care providers

3.1.7. Education authorities and schools

3.1.8. Government departments

3.1.9. Archive services

3.1.10. Insurers holding historical liability files

3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handwritten;

3.2.2. Stored off-site by contractors;

3.2.3. Held by dissolved or reconstituted institutions;

3.2.4. Transferred following statutory reorganisation.

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3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

3.3.1. The institution has closed or restructured;

3.3.2. Records are archived or require manual retrieval;

3.3.3. Records are held by insurers or successor bodies;

3.3.4. Retrieval involves time or administrative burden.

SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

4.1.1. Physical and mental health records

4.1.2. Psychiatric and psychological reports

4.1.3. Therapy and counselling notes

4.1.4. CAMHS records

4.1.5. Social work and safeguarding files

4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.
This explicit consent may be withdrawn at any time by written notice.

CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data

5.1.2. Police investigation material

5.1.3. Child protection investigations

5.1.4. Statements and intelligence logs

5.1.5. Outcome decisions

including records held by:

5.1.6. Police Scotland

5.1.7. Any predecessor Scottish police force

5.1.8. Prosecuting authorities.

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THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

7.1.1. Identify the specific statutory exemption relied upon;

7.1.2. Explain how that exemption applies to the particular Record;

7.1.3. Confirm why partial disclosure is not possible;

7.1.4. Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

8.2.1. An internal template form has not been used;

8.2.2. The Authority is considered "out of date" within internal policy;

8.2.3. Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

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REGULATORY AND STATUTORY RIGHTS

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

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Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	Lesley brown
Print Name	Lesley brown
Date	Feb 20 2026 17:01 GMT

Witness	
Name	Ben Jacobs
Address	MMA Legal, Stok, SK1 1RY
Occupation	File Handler
Signature	Verified by pdfFiller 02/24/2026 Ben Jacobs
Date	24/02/2026

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Summary

Document ID: 4AE803519-1FHPWSBRUQUIMR6OQOAAMRGVDHMSSYKARICRXNRCQ1Y

Document name: MMA Claim Form 20% 2

Sent by: Ben Jacobs <ben@gmmb.uk>

Organization: MMA Legal Limited

Sent on: Feb 20, 2026 17:00:05 GMT

Completed on: Feb 21, 2026 19:37:12 GMT

Sign order: Sequential

No. of documents: 1

Time zone: Europe/London (GMTZ)

Signers: 2

Receives a copy: 0

Approvers: 0

Witnesses: 0

Recipient reviewers: 0

Recipients

Lesley brown

+44-7341811248

Signature

Emailed on: Feb 20, 2026 17:00:07 GMT
Viewed on: Feb 20, 2026 17:01:10 GMT

Terms agreed on: Feb 20, 2026 17:01:15 GMT

Signed on: Feb 20, 2026 17:01:40 GMT
bbl.ojr80@gmail.com

Sent via SMS on: Feb 20, 2026 17:00:07 GMT
Accessed from: 86.172.108.101

Device used: Mobile

Authentication type: None

Lesley brown

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ıho Sign Document ID: 4AE803519-1FHPWSBRUQUIMR6OQOAAMRGVDHMSSYKARICRXNRCQ1Y

Signer

Matthew Bell

Signer matt.bell@mmalegal.co.uk

Emailed on: Feb 20, 2026 17:01:40 GMT

Viewed on: Feb 21, 2026 19:37:05 GMT

Terms agreed on: Feb 21, 2026 19:37:09 GMT

Signed on: Feb 21, 2026 19:37:12 GMT

Signature

Matthew Bell

Accessed from: 212.54.135.150

Device used: Web

Authentication type: None

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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'I agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'I agree' button.

Electronic documents

Please note that MMA Legal Limited ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from admin@mmalegalsolicitors.co.uk. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to admin@mmalegalsolicitors.co.uk informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

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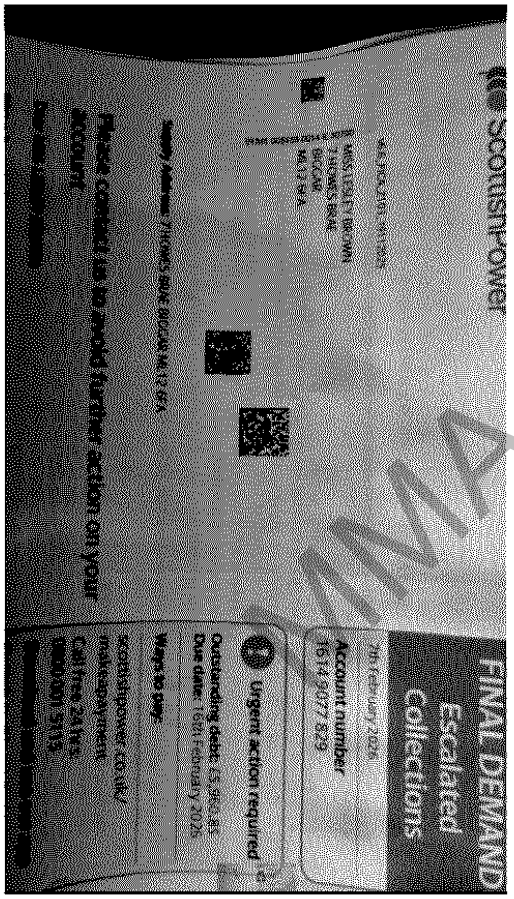
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To advise MMA Legal Limited of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at admin@mmalegalsolicitors.co.uk

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Edge. Zoho Sign is also available on iOS and Android devices.

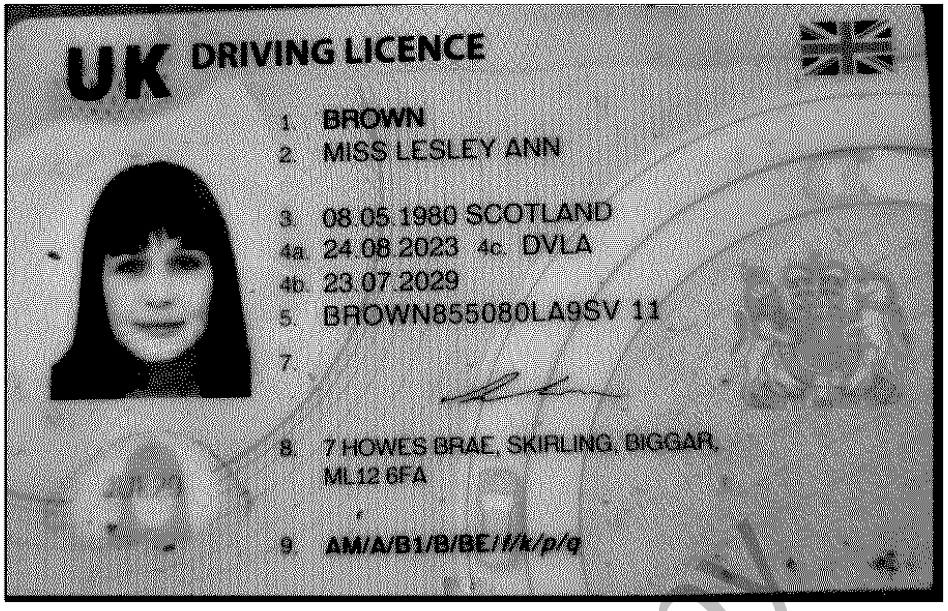


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Borders General Hospital
A & E Department
Melrose
TD6 9BS

Dr MCINTOSH
THE TWEED PRACTICE
HAY LODGE HEALTH CENTRE
NEIDPATH ROAD
PEEBLES
EH45 8JG

March 26, 2007

Dear Dr Mcintosh,

Re. LESLEY A BROWN, OLD ROW, SOUTH LYNE FARM, PEEBLES, EH45 8NR

Date of Birth 08.05.80 Hospital Number: 136071B CHI Number: 0805809767

Your patient attended Borders General Hospital on the 26 MAR 2007 16:05.

The presenting complaint was:	**UNWELL**
Triage Information:	**GP REFERRAL TO A/E-ONGOING LOWER BACK PAIN/R LEG PAIN FOR 1/52-PROGRESSIVELY WORSENING-TINGLING/ REDUCED SENSATION TO R LEG.TAKING DIAZEPAM/ DIHYDROCODEINE.HAS NOT HAD A BOWEL MOVEMENT FOR 5/7-REDUCED SENSATION WHEN PASSING URINE.HELEN YOUNGER**
The following investigations were carried out:	**NONE**
The A&E diagnosis was:	**PROLAPSED DISC - LUMBAR SPINE**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**DISCHARGED TO CARE OF OWN GP**
Follow-up:	**GENERAL PRACTITIONER**
The patient's departure destination was:	**HOME - NOT MINOR - FLOW 2**
Additional Information:	**lower back pain 1 wk sciatica no aberrant neurology bowels bladder n power n suggest analgesia antispasmodics**

Yours sincerely,
KEVIN BUCHAN
SENIOR HOUSE OFFICER

Consultants:

27 MAR 2007

DL	FILE	✓
EM	APPT.	
CM	NOTES	
DS	SUMMARY	
	COMMENT	
RET	OUT	✓

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NHS
Borders

NHS Borders Unscheduled Care Document

Hospital: MAY LADGE UNIT — Treatment Room ☐ — M.I. Unit ☑

Patient Data DOB 8.5.80 Surname BROWN. Forename LESLEY Address 1 OLD ROAD SOUTH LYNE FARM Tel. No. EDGES END PEEBLES	GP MCINTOSH. Address Tel. No. of contact person 74659	C.H.I. No. Non Borders Resident ☐ Source of Referral SELF ☑ NHS 24 ☐ GP ☐

T°	P	R	B/P	SAO_2	GCS	BM	Pain Score	Urinalysis

Date 24.11.07.

Presenting Complaint
Scalding her (R) wrist yesterday on boiling soup.

Flow Chart Discriminator burns

Time Arrived (24hr clock) 1400.
Time Triaged 1420.
Triage Category GREEN
Time Completed 1435.

RELEVANT PMH
None relevant.

CURRENT MEDICATIONS

ALLERGIES
NKA.

EXAMINATION
. Wrist red with broken area (had been blister). Whole area approx 10cm x 6cm. blister area 2cm x 2cm. Area looked clean.

PROVISIONAL DIAGNOSIS
Advised to take analgesia (patient has own).

MANAGEMENT (including Advice Sheet)
Cleaned with ~~water~~ normsept. Flamazine applied, jelonet and mepore dressing. For review Tues 13/45.

Protocol Number Other 12
Patient Management
Nurse only ☑
Nurse with advice ☐
GP ☐

	Y	N
Was PGD used	☐	☑
Is history consistent with injury	☑	☐

Outcome
Discharged Home ☑
Refer A&E/BGH ☐
Refer GP next day ☐
Refer OOH
Primary Care ☐
Practitioner ☐
Return Treatment
Room ☑
Admitted to Hospital ☐
Other ☐

Drugs Administered in MIU as per PGD or telephone prescription (please circle)

Drug:	Dose:	Nurse's Signature

Take Home Drugs as per PGD or telephone prescription (please circle)

Drug:	Dose:	Frequency	Quantity:	Nurse's Signature:

Signed: M Young Title/Status: Sister
Name in Block Capitals: MYOUNG Date: 24.11.07.

Blue Copy: Patient
B684

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NHS Borders Unscheduled Care Document

Hospital	Health Centre / HCHC	
M.I. Unit ☐	Treatment room ☑	
Minor Injury ☐	Minor Illness ☐	Acute Illness ☑

Patient Data

DOB 8.5.80
Surname Brown.
Forename Lesley
Address 7/5 Kingsland Square
Postcode Peebles.
Tel. No.

GP McIntosh
Address
Tel No of contact person

CHI No. 0805809767
Sex M / F
Non Borders resident ☐

Source of referral
Self ☑
NHS 24 ☐
GP ☐
Ambulance ☐
Other .....

T°	P	R	B/P	SAO_2	BM	Pain Score	Urinalysis	GCS	Date attended *
36.5			105/69	95%		10/10.			16/2/

Presenting complaint
- 2 day Hx of (R) side chest pain
  - ⇒ worse on inspiration.
- 2 day Hx of cold symptoms
- SOB.

Flowchart * C.P.
Protocol No. *
Other
Time arrived * (24hr clock) 0925
Time triaged * 0925
Triage category * orange.

The patient is aware of, and agrees to, the sharing of information about them and their care with other health professionals. (Y) N *
Time completed * 1020

Relevant PMH
- No hormonal contraception.

Patient Management
Nurse only ☐
Nurse with advice ☐
GP ☑
Time seen by GP * .....
Time completed by GP * .....

Was PGD used Y ☐ N ☑

Drugs/Allergies
- Ant. - depressants
  - ⇒ not at the moment.

Is history consistent with injury? Y ☐ N ☐
If No, Action taken

*** Mandatory Field**

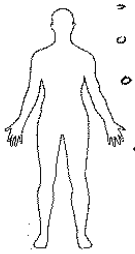
White Copy: Patient Notes, Blue

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NHS Borders

Examination



- Pale.
- Difficulty moving.
- Feels like lung is "not working" on (R) side.
- Smokes 20/day.
- N



Front/back view

palmer/dorsal view

Provisional Diagnosis

Management(including advice sheet)

ASK GP 2C CXR clear
Bruise over (R) axilla rib cage
no history trauma. No rash
legs NAD
Needs ascend for Hb / other → BGH

Leaflet No. ..... given.

Drugs administered in MIU as per PGD and/ or telephone prescription (please circle)

Drug	Dose	Nurse's signature	Time given

Take home Drugs as per PGD and/ or telephone prescription (please circle)

Drug	Dose	Frequency	Quantity	Nurse's signature

Signed	Name in Block Capitals	Status	Date

GP Signature when in attendance	**Outcome**
	Discharged ☐ Treatment Room ☐ GP next day ☐ A/E ☑ BECS ☐ Admit ..... Other.....

Copy: Patient, Green Copy: Information Services

MECDRHCHS/JMC/011224

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NHS
Borders

NHS Borders Unscheduled Care Document

Hospital: HAYLODGE Treatment Room ☐ M.I. Unit ☐

Patient Data
DOB 8.5.1980
Surname brown
Forename lesley
Address 1 oldmow South, fund farm
Tel. No. peebles

GP Mc Intosh
Address
Tel. No. of contact person 01721 722711

C.H.I. No.
Non Borders Resident ☐
Source of Referral
SELF ☐
NHS 24 ☑
GP ☐

T°	P	R	B/P	SAO_2	GCS	BM	Pain Score	Urinalysis

Date 10.02.2008

Presenting Complaint: Small C shape cut on (R) hand

Flow Chart Discriminator

Time Arrived (24hr clock) 0425
Time Triaged 428
Triage Category Green
Time Completed 440

RELEVANT PMH: Nil

CURRENT MEDICATIONS: - No.

ALLERGIES: Nil

EXAMINATION: Referred by NHS 24 to MIU when pt chose to come here before GP. BPH
- cut – bleeding
- deep cut
? No foreign body
- Need Sutures
pt not seen when she had her last tt

PROVISIONAL DIAGNOSIS: Tetanus status. ✓5 14/5/01 (1 as b one)

MANAGEMENT (including Advice Sheet)
Ap washed wound and applied non adhesive dressing. Advised to go BGH for further treatment -

Protocol Number
Other
Patient Management
Nurse only ☑
Nurse with advice ☐
GP ☐

	Y	N
Was PGD used	☐	☑
Is history consistent with injury	☑	☐

Outcome
Discharged Home ☑
Refer A&E/BGH ☑
Refer GP next day ☐
Refer OOH
Primary Care ☐
Practitioner ☐
Return Treatment
Room ☐
Admitted to Hospital ☐
Other ☐

Drugs Administered in MIU as per PGD or telephone prescription (please circle)

Drug:	Dose:	Nurse's Signature

Take Home Drugs as per PGD or telephone prescription (please circle)

Drug:	Dose:	Frequency	Quantity:	Nurse's Signature:

Signed: Status: S1N
Name in Block Capitals: A. Talpur Date: 10.2.2008

White Copy: Patients Notes
8684

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NHS
Borders

Emergency Department
Borders General Hospital
Borders General Hospital

Consultant: Mr J Kerr

Dr. EG McIntosh
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

12/05/2012 23:30

Dear Doctor EG McIntosh

Re: BROWN, Lesley A, 7/5 Kingsland Square Peebles EH45 8EZ
Date of Birth:08/05/1980 CHI Number: 0805809767

Your patient attended Borders General Hospital on 12/05/2012 21:38

Presenting Complaint:	Facial swelling
Triage Information:	Attended GP yesterday,?blocked saliva gland.Area has now has become severely swollen and states she struggles to breath when lying down.No tooth pain.Had been taking abx from GP.,
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	Abscess
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	Assessed by surgical registrar and referred to ENT at St.John's.

Yours Sincerely

Helen Younger

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Emergency Medicine

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NHS Borders

Emergency Department
Borders General Hospital

Borders General Hospital

Consultant: Mr J Kerr

EG McIntosh 16/02/2012 11:30
The Tweed Practice, Hay Lodge Health Centre, Neidpath Road, Peebles
EH45 8JG

Dear Doctor EG McIntosh

Re: BROWN, Lesley A, 7/5 Kingsland Square Peebles EH45 8EZ
Date of Birth:08/05/1980 CHI Number: 0805809767

Your patient attended Borders General Hospital on 16/02/2012 11:02

Presenting Complaint:	UNWELL
Triage Information:	gp referral to medical with 2-3 day hx of right sided pleuritic sounding chest pain, worse on inspiration with SOBOE. current smoker. saturations 98% on air.,
Allergies:	No Known Allergies
Investigations Carried Out:	Full Blood Count,Urea & Electrolyte,Liver Function Tests,Bone - Biochemistry,Blood Glucose,CRP,Troponin,D-Dimer,Chest X-Ray,ECG,
PrimaryDiagnosis:	Chest pain
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	for further assessment on wd4

Yours Sincerely

Andrea Huggan
Emergency Medicine

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NHS Borders Unscheduled Care Document

Hospital ✓ | Health Centre | Exa
M.I. Unit ✓ | Treatment room
Minor Injury | Minor Illness ✓ | Acute Illness

Patient Data
DOB 8/5/80
Surname Brown
Forename Lesley
Address 51 Stitchcool Cres
Peebles
Postcode
Tel. No.

GP Dr McIntosh
Address
Tel No of contact person

CHI No.
Sex M / F
Non Borders resident
Source of referral
Self ✓
NHS 24
GP
Ambulance
Other ……

T°	P	R	B/P	SAO_2	BM	Pain Score	Urinalysis	GCS
36.8	70		134/74	99%				

Date attended * 12/2/16

Presenting complaint
- feeling faint
- flashing lights in vision
- altered sensation in hands

Flowchart * Unscell adult
Protocol No. *
Other

Time arrived * (24hr clock) 1350
Time triaged * 1350
Triage category * green
Time completed *

The patient is aware of, and agrees to, the sharing of information about them and their care with other health professionals. **Y / N** *

Relevant PMH
- Recent appt with Dr Mansoor
- Recent weight loss

Drugs/Allergies

Patient Management
Nurse only
Nurse with advice
GP
Time seen by GP * ……
Time completed by GP * ……

Was PGD used
Y N

Is history consistent with injury? Y N
If No, Action taken

Mar | Lea | Dru | Dru | Tak | Dru | Sign | GP

*** Mandatory Field**

White Copy: Patient Notes, Blue Copy

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NHS Borders

iation

- Feels anxious/unwell
- Feels faint.



nt/back view



palmer/dorsal view

onal Diagnosis

ement(including advice sheet)

75k GP 2c.
SIB

No. ..... given.

dministered in MIU as per PGD and/ or telephone prescription (please circle)

	Dose	Nurse's signature	Time given

ome Drugs as per PGD and/ or telephone prescription (please circle)

	Dose	Frequency	Quantity	Nurse's signature

	Name in Block Capitals	Status	Date
	TRACY GLASS	SN	11/2/16

nature when in attendance

Outcome
Discharged ☐ Treatment Room ☐ GP next day ☐ A/E ☐ BECS ☐
Admit ..... Other .....

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NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. RA Brydon
The Tweed Practice
Hay Lodge Health Centre
Neidpath Road
Peebles
EH45 8JG

13/02/2019 17:33

Dear Doctor RA Brydon

Re: BROWN, Lesley A, 51 Witchwood Crescent Peebles EH45 9AH
Date of Birth:08/05/1980 CHI Number: 0805809767

Your patient attended Borders General Hospital on 13/02/2019 14:48

Presenting Complaint:	injury to face/eye
Triage Information:	GP referal. Large abcess on L cheek ? cellulitis. Been on clarithromycin for 2/7 n il effect. pain worse, c/o headache, fevers. Area tener and hot to touch. Previous had facial cellulitis required admission to livingston NKD. Kanderson,
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	Other specified local infections of skin and subcutaneous tissue
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	Ward 7 BGH
Summary Details inc Follow Up:	Hx as above - Right cheek. Denies intra-oral symptoms. Running hot and cold today. Longstanding quiescent acne. DH - Limecycline. Allergic Amoxicillin - itchy rash. SH - Smoker. Recently returned from Tenerife. OE: Temp 37.3 2-3cm pointing swelling over right zygoma Assoc cellulitis across to eyelids

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Pain free eye movements
No intra-oral infection visible
Couple small cervical nodes

IMP: ?VPL Staph infection

PLAN: Reviewed by surg at BGH - suggest refer ENT SJH

R Bunting - late shift doctor
- Both ENT and plastic surgery at SJH do not feel this is a suitable referral for them - advised refer to maxfax. D/W maxfax registrar - advises admit overnight for IV clarithromycin (penicillin allergy) and transfer to SJH OPD 4 tomorrow at 10am for maxfax r/v and likely drainage. Will likely be discharged home from clinic tomorrow. OPT to r/o dental cause.

Yours Sincerely

Ruth Bunting
Emergency Medicine

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Patient Name: BROWN, Lesley DOB: 08-May-1980 CHI No: 0805809767

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

JK Hutchison
Biggar Health Centre
South Croft Road
Biggar
Lanarkshire
Biggar
ML12 6BE

CHI Barcode: 0805809767

Date of Completion: 08-Mar-2023

GP Practice

GP Name:	JK Hutchison	**GP GMC:**	4447269
GP Practice Address:		**GP Practice Code:**	4447269/62312
		GP Clinic Code:	62312
		GP Telephone:	

Patient Demographics

Patient Name:	BROWN, Lesley	**Date Of Birth:**	08-May-1980
Patient Address:	7 HOWES BRAE SKIRLING Biggar ML12 6FA	**Gender:**	Female
		CHI No:	0805809767
Telephone No:			

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	06-Mar-2023
Admission Care Provider:	Dr Laura Muir	**Admission Time:**	14:37
Source Of Admission:	NHS24		

Presenting Complaint

MaxFax Expect

Diagnosis

Diagnosis	Site	Laterality
ED diagnosis - Redirection - ED nurse redirection (as per policy)		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	Other	**Discharge Date:**	06-Mar-2023
Discharge Destination:	Other	**Discharge Time:**	16:02
Referred To:	Maxillofacial Clinic		

Notes for GP

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Patient Name: BROWN, Lesley DOB: 08-May-1980 CHI No: 0805809767

Person completing record			
Authorised by		**Clinically completed by**	
Name:	Dr Laura Muir	**Name:**	
Designation or role:	Doctor	**Designation or role:**	
Specialty:		**Specialty:**	
Date completed:	08-Mar-2023		

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
JK Hutchison	GP	Biggar Health Centre

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Biggar Medical Practice

From: Gillian Lodge (NHS Borders)
Sent: 18 December 2023 10:38
To: Biggar Medical Practice
Subject: case file from borders out of hours service
Attachments: lesley brown.pdf

Please see attached file
kind regards
Gillian Lodge
Receptionist

MMA copy

1

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Case No 43530 **Case Active** 17/12/2023 15:18 **Case Type** Informational Only

Patient Lesley Brown **D.O.B** 08/05/1980 **Age** 43 years

CHI Number 0805809767 **Sex** Female **Ethnicity**

Current Address
7 Howes Brae Skirling Biggar

Home Address (if currently not at home)

ML12 6FA

Case Origin	Callers Name	Callers Tel:
NHS24	Lesley	07341 811248

Own Doctor
Surgery

NHSD Received By Alan Anderson (Call Taker Si) () **NHSD Triage Start** 15:19
NHSD Triage By Alan Anderson (Call Taker Si) () **NHSD Triage End** 15:52

NHSD Reported Condition
PAIN IN BACK, FEVER. ABDO PAIN RADIATING TO BACK.16 HOURS

NHSD Recorded Allergies **NHSD Recorded Medications** **NHSD Recorded Medical History**

NHSD Clinical Summary
Clinical summary created by: Alan Anderson (Call Taker Si) () [17/12/2023 15:53:49]
Reason for call: PAIN IN BACK, FEVER. ABDO PAIN RADIATING TO BACK.16 HOURS
17:12:2023 15:21:19 ANDERSONA3.. PAIN IN BACK, FEVER. ABDO PAIN RADIATING TO BACK.NAUSEA... EREATHING SLIGHTLY FASTER...
17:12:2023 15:50:03 SKELTONT.. FEVER, LOWER CENTRAL ABDO PAIN, CRAMPING, FIRM NOT ROCK HARD. PU FOUL SMELLING, BO NORMAL. NAUSEA. PAIN RADIATING FROM BACK TO ABDO. BACK PAIN R&L FLANK AREA, IMPROVES WITH MOVEMENT, WORSE ON SITTING... OVERALL PAIN SCORE 9/10. RESP RATE SLIGHT INCREASE DUE TO PAIN. HEADACHE. TRIED PARACETAMOL WITH NO EFFECT. H/O PLEURISY PCEC 4..
Outcome: PCEC within 4 Hrs

NHSD Disposition
Contact GP Practice within 4 Hours (ASAP)

Reported Condition	Received By	Received

Case Questions

Patient Allergies	Patient Medications	Medical History

Consultation **Consult By** Gallacher, Mary **Consult Start** 17:32
Consult End 17:32

Case passed back to NHS 24 as lives in lanarkshire so not Border OOH

Examination Details

Clinical Codes
8HH., Referred - other care

Diagnosis

Treatment

Prescriptions

Follow-up(s)

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Case No 43530 **Case Active** 17/12/2023 15:18 **Case Type** Informational Only

Other - back to NHS 24

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NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. GA Marsden
Biggar Health Centre
South Croft Road
Biggar
Lanarkshire
ML12 6BE

06/11/2025 15:14

Dear Doctor GA Marsden

Re: BROWN, Lesley A, 7 HOWES BRAE Biggar ML12 6FA
Date of Birth:08/05/1980 CHI Number: 0805809767

Your patient attended Borders General Hospital on 06/11/2025 14:34

Presenting Complaint:	MH
Triage Information:	
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	Contacted crisis team to assess patient, crisis team phoned department, spoke with poilice and decided assessment would not be appropriate. Patient taken away from department by police.

Yours Sincerely

Michael Gillen
Emergency Medicine

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1 Patient Contacts for

NHS Confidential: Personal data about a patient

Patient : Lesley Brown **Case No 92710**

(Gender: Female) (DOB: 08/05/1980) (Age: 45 years) (CHI: 0805809767)

Case No 92710 **Case Date** 01/11/2025 09:40 **Own Dr**

Current Address
7
Howe'S Brae

ML12 6FA
Current Phone 07341 811248

Home Address (If Different)
7 Howes Brae Skirling
Biggar

Home Phone (If Different)

NHS 24 Advice by Michelle Drum (Nhs 24) (Pwpcalltaker) (Cardon [redacted] STATES PT [redacted] PT REPORTS THIS DID NOT HAPPEN HAVING THOUGHTS OF SELF HARM / SUICIDE NOT ACTED ON THEM . REPORTS SHE FEELS LIKE HARMING THE SOCAIL WORKER WHO TOOK [redacted]
PRCP Pt advised to contact practice - For Information Only
Clinical summary created by: Michelle Drum (Nhs 24) (Pwpcalltaker) () [01/11/2025 09:40:26]
Reason for call: [redacted] STATES PT [redacted] PT REPORTS THIS DID NOT HAPPEN HAVING THOUGHTS OF SELF HARM / SUICIDE NOT ACTED ON THEM . REPORTS SHE FEELS LIKE HARMING THE SOCAIL WORKER WHO TOOK [redacted] History and Mental state Main problem: PT STRUGGLING WITH HER MENTAL HEALTH SINCE [redacted] PT IS HAVING SUICIDAL THOUGHTS REPORTS SHE IS IMPULSIVE . PT REPORTS HER [redacted] Engagement with services; REPORTS SHE HAS NO SUPPORT AROUND HER [redacted] HAS SOCIAL WORKER - HAS COUNCELLOR IN THE PAST Medication: TAKEN MEDICATIONS AS PRESCRIBED - PTSD RAG History and mental state: Red Public protection considerations Harm to others risk: WOULD LOVE TO HARM SOMEONE - WOULD NOT ACTED ON THEM Adult protection: NOT EATING WELL , NOT SLEEPING NOT WASHING Child protection [redacted] RAG Harm to others: Amber RAG Adult protection: Amber RAG Child protection: Amber Suicide or self-harm Self-harm risk: NO THOUGHTS OF SELF HARM - NO HISTORY Suicide risk: HAVING THOUGHTS OF SUICIDE - REPORTS SHE IS IMPULSIVE NO HISTORY RAG Self-harm: Green RAG Suicide: RAG Red Social and personal risks Support network: NO SUPPORT ARDUND Physical health: GOOD HEALTH Occupation/activity: SIGNED OFF WORK DUE TO [redacted] Housing and finances: LIVES WITH [redacted] RAG Social and personal risks: Green Risk from substance misuse Substance abuse risk: NO DRINK SMOKES WEED AT TIMES LAST HAD IT YESTERDAY RAG Risk from substance misuse: Amber Any other issues Other issues: PT STRUGGLING WITH ISSUES WITH THE [redacted] REPORTS SHE IS HAVING ISSUES WITH HER [redacted] WHICH LEAD SOCIAL WORKER ATTENDING PT HOME ON 30/10/25 AND REMOVING [redacted] FROM PT'S CARE [redacted] IS NOW STAYING WITH HER [redacted] . PT REPORTS TGHIS DID NOT HAPPEN NOT HAPPY WITH THE WAY THE SITUATION WAS DEALT WITH . PT REPORTS SHE FEELS SHE IS GOING TO FLIP BUT HAS NOT INTENTION OF ENDING HER LIFE RAG Any other issues: Green Summary Overall impression: PT DID MENTION SHE DID HAVE THOUGHTS OF ENDING HER LIFE AS SHE CAN NOT COPE AT PRESENT THEN MENTIONED SHE WOULD NOT END HER LIFE , MHNP TOOK OVER CALL INFORMED PT NOTES WILL BE SENT TO GP WORSENING STATEMENT GIVEN RAG Summary: Red:2 Amber:5 Green:3 Not known:0 RAG Overall impression: Amber
20251101T104351.316 GMT Michelle Drum (NHS 24):REPORTS SHE IS STRUGGLING REPORTS HER [redacted] WAS TAKEN OFF HER BY SOCIAL WORK AND WENT TO STAY WITH HER [redacted] ON THE 30/10/25 [redacted] T REPORTS SHE IS STRUGGLING WITH THE [redacted] SHE BLAMES HERSELF FOR THIS PT REPORTS HER FULL FAMILY ARE STRUGGLING , REPORTS SHE DOES NOT WANT TO BE HERE AT TIMES FEELS ANGRY TOWARDS THE SOCIAL WORK AND SCHOOL AS NO ONE FROM EITHER SCHOOL OR SOCIAL WORK CONTACT HER TO TELLING PT OF THE SITUATION . PT REPORTS SOCIAL WORKER CONTACT EMERGANCY SERVICES YESTERDAY WHO DID NOT ATTEND AFTER THEY SPOKE TO PT . PT HAS SPOKE TO COUNCELLORS IN THE PAST IN REGARDS TO HER SON PASSING WAY BUT WAS MORE FOCUSED ON HER DAUGHTER AND OTHER SON GETTING SUPPORT . PT REPORTS SHE IS NOT SLEEPING WELL SINCE THIS SITUATION IN REGARDS TO DAUGHTER OCCURRED . MHNP C HENDERSON TOOK OVER CALL AND ADVISED PT NOTES WILL BE SENT TO GP AND WORSENING STATEMENT GIVEN - ENDPOINT - ROUNTINE GP APPOINTMENT Outcome: Pt advised to contact practice - For Information Only

Triage Start
Triage Start 09:46
Triage End 10:43
Triage End

Report Statistics: Report produced by Adastra Version 3 - 01/11/2025 10:59:53

Copy

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Patient : Lesley Brown **Case No 92710**

(Gender: Female) (DOB: 08/05/1980) (Age: 45 years) (CHI: 0805809767)

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by **Consult Start**

Start Type **End Type** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

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Report Statistics: Report produced by Adastra Version 3 - 01/11/2025 10:59:53

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NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. GA Marsden
Biggar Health Centre
South Croft Road
Biggar
Lanarkshire
ML12 6BE

06/11/2025 15:14

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Investigations Carried Out:	
PrimaryDiagnosis:	
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	Contacted crisis team to assess patient, crisis team phoned department, spoke with poilice and decided assessment would not be appropriate. Patient taken away from department by police.

Yours Sincerely

Michael Gillen
Emergency Medicine

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