

Subject Access Request



Patient	Mr James Jackson
Date of birth	26-Jan-1974 (age 52)
Gender	M
NHS number	2601742178
Patient's address	8 Spey Court Elgin Moray IV30 4AS
Date range selected	01-May-2023 - 04-Aug-2026
Organisation	MMA Legal
Reference	100062

Problems

Active

29-May-2025 Dr Sarah Packham
Obesity

11-May-2025 Dr Sarah Packham
Atrial fibrillation

23-Aug-2024 Mrs Hilary Ford
Type 2 diabetes mellitus

10-May-2023 Dr Marc Maccrossan
Cough

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

20-July-2026 Dr Sarah Packham Data Transferred from other system

14-July-2026	Examination	Serum creatinine	68 umol/L	
14-July-2026	Examination	Serum creatinine:		
		Serum creatinine	68 umol/L	(No range available)

16-July-2026 Ms Sharanjit Dhesi Repeat Issue

Administration Outpatient clinic letter received 14.07.26 General
(P3) Medicine DGHAmoxicillin 1g TDS for 5 days given by the clinic

15-July-2026 Ms Emma Reynolds Other

14-July-2026	Examination	DDimer level	Negative	
14-July-2026	Examination	ECG	Sinus HR88	
14-July-2026	Examination	Standard chest X-ray	Patchy opacification left lower lobe with no concerning features	
14-July-2026	Examination	DDimer level	Negative: Normal	
		DDimer level	Negative	(No range available)
14-July-2026	Examination	ECG	Sinus HR88:	
		ECG	Sinus HR88	(No range available)
14-July-2026	Examination	Standard chest X-ray	Patchy opacification left lower lobe with no concerning features:	
		Standard chest X-ray	Patchy opacification left lower lobe with no concerning features	(No range available)

15-July-2026 Miss Debby Ogg Third Party Consultation

14-July-2026 Administration Clinical report Outpatient medical note NHS Grampian
(P3) General Medicine Unknown

14-July-2026 Dr Anne Little Surgery consultation

Administration Consultation unwell over the weekend - fast HR Felt
(P3) sweaty and dizzy at times. Left sided chest pain - on deep
inspiration, coughing etc. Non tender. Sweaty and night a
few nights ago. History AF - on apixabano/e alert chatty hr
80 reg sats 97% o/ahs normal chest - creps left base no
chest wall tenderness. ECG - TWI inf leads - NEW, Sr
RATE 90 Imp ?LRTI, however also new ECG changes. ?PE
however anticoagulated so less likely. P - d/w medics -
happy to see and assess AEC - CXR, bloods etc.

14-July-2026 Miss Emma Howie Third Party Consultation

Examination 12 lead ECG
Examination **12 lead ECG:**
12 lead ECG

(No range available)

14-July-2026 Dr Anne Little Telephone call to a patient

Diagnosis Triage
(P3)
Administration Telephone encounter known AF 0 says apple watch
(P3) reports HR 150 OVER THE WEEKEND, Feeling a little
dizzy. Reports some chest pain - on coughing. No
constant/pressure pain. Appt

18-Jun-2026 Mr Cameron Taggart Administration

Administration SMS text message sent to patient Linkwood Medical:
(P3) Dear James M, did you know the diabetes my way website
has lots of resources available for patients to access. You
can sign up via their website to access various results
from hospital clinics, GP records and retinopathy
appointments. More details can be found on their website
here <https://mydiabetesmyway.scot.nhs.uk/> DO NOT
REPLY. {Patient Group All Diabetics 1}

11-Jun-2026 Ms Emma Reynolds Administration

Administration SMS text message sent to patient Linkwood Medical: Did
(P3) you know you can register to order your repeat
medication online? Simply fill out the form which you can
find on our website here
<https://www.linkwoodmedical.org.uk/your-record/keep-us-up-to-date/vision-online-registration-form/> We will then
send you set-up information. You must be over 16 to use
this service. {Patient Group Needs Online Account}

03-Jun-2026 Dr Sarah Packham ePharmacy message**03-Jun-2026 Dr Sarah Packham ePharmacy message****03-Jun-2026 Dr Sarah Packham ePharmacy message****03-Jun-2026 Dr Sarah Packham ePharmacy message****03-Jun-2026 Dr Sarah Packham ePharmacy message****03-Jun-2026 Dr Sarah Packham ePharmacy message****29-Apr-2026 Ms Natasha Williams Repeat Issue**

Administration Outpatient clinic letter received medexpress letter
(P3) 22/4/26 no action required mounjaro issued by company

29-Apr-2026 Miss Debby Ogg Administration

22-Apr-2026	Examination	O/E - weight	115 Kg
22-Apr-2026	Examination	Body Mass Index	34.3
22-Apr-2026	Examination	O/E - height	1.83 m

29-Apr-2026 Miss Debby Ogg Third Party Consultation

22-Apr-2026 Administration Letter encounter to patient Administration Letter
(P3) MedExpress Administration

27-Apr-2026 Dr Sarah Packham Results recording

26-Apr-2026 Administration No response to bowel cancer screening programme
(P3) invitation

17-Apr-2026 Ms Chronic Disease Monitoring Results recording

01-Apr-2026	Examination	Urine albumin	<none>	
01-Apr-2026	Examination	Urine albumin		5 mg/L
01-Apr-2026	Examination	Urine creatinine		9785 umol/L
01-Apr-2026	Examination	Urine albumin:creatinine ratio	mg/mmol Creat	2.5 mg/mmol(creat)
01-Apr-2026	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference RangeMale 0 - 2.5 mg/mmol CreatFemale 0 - 3.5 mg/mmol Creat	g/mol (No range available)
01-Apr-2026	Examination	Urine albumin	<none>	
01-Apr-2026	Examination	Urine albumin	<none>	(No range available)
01-Apr-2026	Examination	Urine creatinine		9785 umol/L (Range: 1000 - 35000)
01-Apr-2026	Examination	Urine albumin:creatinine ratio	mg/mmol Creat	2.5 mg/mmol(creat) (No range available)
01-Apr-2026	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference RangeMale 0 - 2.5 mg/mmol CreatFemale 0 - 3.5 mg/mmol Creat	(No range available)
01-Apr-2026	Examination	Urine albumin:creatinine ratio	Urine Albumin/Creatinine ratio Reference RangeMale 0 - 2.5 mg/mmol CreatFemale 0 - 3.5 mg/mmol Creat	(No range available)

16-Apr-2026 Mrs Linda Robertson Surgery consultation

Examination	Urinalysis = no abnormality	acr sent	
Examination	Urinalysis = no abnormality	acr sent	(No range available)

14-Apr-2026 Ms Kerri Aitken Telephone call to a patient

Management Diabetes monitoring admin. T2DMHbA1c much improved and in normal range 39mmols. ? in remission. Stopped Metformin 1-2 months ago, unsure exactly when. Seen by his OH clinic and advised HbA1c was 36mmols so stopped. Privately buying Mounjaro - current dose 10mg. Weight - 109kg, BMI 32.5. Prefers to stay off Metformin and concentrate on diet. Foot screening up to date. BP/Chol in normal range. Agree to trial Metformin stop. Rpt bloods 3m and review after this.

11-Apr-2026 Dr Sarah Packham ePharmacy message**11-Apr-2026 Dr Sarah Packham ePharmacy message****11-Apr-2026 Dr Sarah Packham ePharmacy message****11-Apr-2026 Dr Sarah Packham ePharmacy message****11-Apr-2026 Dr Sarah Packham ePharmacy message****11-Apr-2026 Dr Sarah Packham ePharmacy message****08-Apr-2026 Ms Bethany Munro Administration**

Administration SMS text message sent to patient Please contact (P3) Linkwood Medical on 0345 337 6350 between 10.00am and 5.00pm PLEASE DO NOT REPLY TO THIS MESSAGE Thank you- MM

03-Apr-2026 Ms Chronic Disease Monitoring Results recording

01-Apr-2026	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 39 mmol/mol	
01-Apr-2026	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 39 mmol/mol	(Range: 20 - 41)

03-Apr-2026 Ms Chronic Disease Monitoring Results recording

01-Apr-2026	Examination	Serum albumin		41 g/L
01-Apr-2026	Examination	Serum alkaline phosphatase	U/L	100 U/L
01-Apr-2026	Examination	Serum alanine aminotransferase level	Serum ALT level -	14 U/L
01-Apr-2026	Examination	Serum total bilirubin level		14 umol/L
01-Apr-2026	Examination	Serum chloride		106 mmol/L
01-Apr-2026	Examination	Serum total cholesterol level		3.5 mmol/L
01-Apr-2026	Examination	Serum creatinine		92 umol/L
01-Apr-2026	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level -	33 U/L

01-Apr-2026	Examination	Serum HDL cholesterol level	1.3 mmol/L	
01-Apr-2026	Examination	Serum LDL cholesterol level	1.8 mmol/L	
01-Apr-2026	Examination	Serum non high density lipoprotein cholesterol level	2.2 mmol/L	
		non HDL cholesterol level -		
01-Apr-2026	Examination	Serum potassium	4.4 mmol/L	
01-Apr-2026	Examination	Serum sodium	137 mmol/L	
01-Apr-2026	Examination	Serum triglycerides	0.89 mmol/L	
01-Apr-2026	Examination	Serum TSH level mU/L	1.5 mU/L	
01-Apr-2026	Examination	Serum urea level	3.9 mmol/L	
01-Apr-2026	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
01-Apr-2026	Examination	Liver function test <none>		
01-Apr-2026	Examination	Thyroid function test <none>		
01-Apr-2026	Examination	Urea and electrolytes <none>		
01-Apr-2026	Examination	Biochemical test Gold top SST sample received, sample required re-centrifugation on arrival at lab: results for unstable analytes (potassium, phosphate, creatinine (and eGFR), bicarbonate, bilirubin, iron and LDH) should be interpreted with extreme caution.		
01-Apr-2026	Examination	Biochemical test See Comments		
01-Apr-2026	Examination	Biochemical test <none>		
01-Apr-2026	Examination	Biochemical test -		
01-Apr-2026	Examination	Serum free T4 level	14.2 pmol/L	
01-Apr-2026	Examination	Lipid level -	mmol/L	
01-Apr-2026	Examination	Haemolysis screening test -		
01-Apr-2026	Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	
		abbreviated MDRD - mL/min/1.73m ²		
01-Apr-2026	Examination	Serum albumin:		
		Serum albumin	41 g/L	(Range: 35 - 50)
01-Apr-2026	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	100 U/L	(Range: 30 - 130)
01-Apr-2026	Examination	Serum alanine aminotransferase level		
		Serum ALT level - U/L:		
		Serum alanine aminotransferase level Serum ALT level -	14 U/L	(Range: 5 - 55)
		U/L		
01-Apr-2026	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	14 umol/L	(No range available)
01-Apr-2026	Examination	Serum chloride:		
		Serum chloride	106 mmol/L	(Range: 95 - 108)
01-Apr-2026	Examination	Serum total cholesterol level:		
		Serum total cholesterol level	3.5 mmol/L	(No range available)
01-Apr-2026	Examination	Serum creatinine:		
		Serum creatinine	92 umol/L	(Range: 59 - 104)
01-Apr-2026	Examination	Serum gamma-glutamyl transferase level		
		Serum gamma GT level - U/L:		
		Serum gamma-glutamyl transferase level Serum gamma	33 U/L	(No range available)
		GT level - U/L		
01-Apr-2026	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.3 mmol/L	(No range available)
01-Apr-2026	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	1.8 mmol/L	(No range available)
01-Apr-2026	Examination	Serum non high density lipoprotein cholesterol level		
		Serum non high density lipoprotein cholesterol level Se	2.2 mmol/L	(No range available)
		non HDL cholesterol level -		
01-Apr-2026	Examination	Serum potassium:		
		Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
01-Apr-2026	Examination	Serum sodium:		
		Serum sodium	137 mmol/L	(Range: 133 - 146)
01-Apr-2026	Examination	Serum triglycerides:		
		Serum triglycerides	0.89 mmol/L	(No range available)
01-Apr-2026	Examination	Serum TSH level mU/L:		
		Serum TSH level mU/L	1.5 mU/L	(Range: 0.35 - 4.94)
01-Apr-2026	Examination	Serum urea level:		
		Serum urea level	3.9 mmol/L	(Range: 2.5 - 7.8)
01-Apr-2026	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.:		
		Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
01-Apr-2026	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)
01-Apr-2026	Examination	Thyroid function test <none>:		
		Thyroid function test <none>		(No range available)
01-Apr-2026	Examination	Urea and electrolytes <none>:		
		Urea and electrolytes <none>		(No range available)
01-Apr-2026	Examination	Biochemical test Gold top SST sample received, sample required re-centrifugation on arrival at lab: results for unstable analytes (potassium, phosphate, creatinine (and eGFR), bicarbonate, bilirubin, iron and LDH) should be interpreted with extreme caution.:		
		Biochemical test Gold top SST sample received, sample required re-centrifugation on arrival at lab: results for unstable analytes (potassium, phosphate, creatinine (and eGFR), bicarbonate, bilirubin, iron and LDH) should be interpreted with extreme caution.		(No range available)
01-Apr-2026	Examination	Biochemical test See Comments:		
		Biochemical test See Comments		(No range available)
01-Apr-2026	Examination	Biochemical test <none>:		
		Biochemical test <none>		(No range available)
01-Apr-2026	Examination	Biochemical test -:		
		Biochemical test -		(No range available)
01-Apr-2026	Examination	Serum free T4 level:		
		Serum free T4 level	14.2 pmol/L	(Range: 8 - 19.1)
01-Apr-2026	Examination	Lipid level -:		
		Lipid level -	mmol/L	(No range available)

01-Apr-2026	Examination	Haemolysis screening test:-	
		Haemolysis screening test -	(No range available)
01-Apr-2026	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - ml/min/1.73m2:
		GFR calculated abbreviated MDRD	GFR calculated 60 mL/min (Range: 60 - 140)
		abbreviated MDRD - ml/min/1.73m2	

02-Apr-2026 Mr David Rooke Repeat Issue**02-Apr-2026 Ms Chronic Disease Monitoring Results recording**

01-Apr-2026	Examination	Eosinophil count x10 ⁹ /l	0.1 10 ⁹ /L	
01-Apr-2026	Examination	Haemoglobin estimation g/l	137 g/L	
01-Apr-2026	Examination	Mean corpusc. haemoglobin(MCH)	30.1 pg	
01-Apr-2026	Examination	Mean corpuscular volume (MCV) fl	92 fL	
01-Apr-2026	Examination	Monocyte count x10 ⁹ /l	0.9 10⁹/L	
01-Apr-2026	Examination	Neutrophil count x10 ⁹ /l	6.8 10 ⁹ /L	
01-Apr-2026	Examination	Platelet count x10 ⁹ /l	275 10 ⁹ /L	
01-Apr-2026	Examination	Red blood cell (RBC) count x10 ¹² /l	4.5 10¹²/L	
01-Apr-2026	Examination	Total white cell count x10 ⁹ /l	10.3 10⁹/L	
01-Apr-2026	Examination	Lymphocyte count x10 ⁹ /l	2.5 10 ⁹ /L	
01-Apr-2026	Examination	Full blood count - FBC <none>		
01-Apr-2026	Examination	Haematocrit - PCV l/l	0.42 L/L	
01-Apr-2026	Examination	Basophil count x10 ⁹ /l	0.02 10 ⁹ /L	
01-Apr-2026	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.1 - 0.5)
01-Apr-2026	Examination	Haemoglobin estimation g/l: Abnormal		
		Haemoglobin estimation g/l	137 g/L	(Range: 140 - 180)
01-Apr-2026	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
01-Apr-2026	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	92 fL	(Range: 83 - 98)
01-Apr-2026	Examination	Monocyte count x10 ⁹ /l: Abnormal		
		Monocyte count x10 ⁹ /l	0.9 10⁹/L	(Range: 0.2 - 0.8)
01-Apr-2026	Examination	Neutrophil count x10 ⁹ /l:		
		Neutrophil count x10 ⁹ /l	6.8 10 ⁹ /L	(Range: 1.5 - 7)
01-Apr-2026	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	275 10 ⁹ /L	(Range: 140 - 400)
01-Apr-2026	Examination	Red blood cell (RBC) count x10 ¹² /l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.5 10¹²/L	(Range: 5 - 6)
01-Apr-2026	Examination	Total white cell count x10 ⁹ /l: Abnormal		
		Total white cell count x10 ⁹ /l	10.3 10⁹/L	(Range: 4 - 10)
01-Apr-2026	Examination	Lymphocyte count x10 ⁹ /l:		
		Lymphocyte count x10 ⁹ /l	2.5 10 ⁹ /L	(Range: 1 - 4)
01-Apr-2026	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
01-Apr-2026	Examination	Haematocrit - PCV l/l:		
		Haematocrit - PCV l/l	0.42 L/L	(Range: 0.42 - 0.54)
01-Apr-2026	Examination	Basophil count x10 ⁹ /l:		
		Basophil count x10 ⁹ /l	0.02 10 ⁹ /L	(Range: 0.01 - 0.1)

01-Apr-2026 Mrs Linda Robertson Surgery consultation

Examination	Urine not examined	pot given for acr	
Symptom	Diet average		
Symptom	Enjoys light exercise		
Management	Feet examination	low risk - due May 2027	
Examination	O/E - pulse rate	89 bpm	
Examination	O/E - blood pressure reading	129 / 82 mm Hg	
Symptom	Occupation history	nuclear plant mostly on feet	
(P3)			
Intervention	Nursing care blood sample taken	Itc bloods taken with	
(P3)	consent		
Examination	Ex smoker	currently vapes	// cigarettes / cigars / tobacco
Examination	Waist circumference	112 cm	
Examination	Drinks occasionally	units per week	
Examination	O/E - weight	109 Kg	
Examination	Body Mass Index	32.5	
Examination	Urine not examined pot given for acr:		
	Urine not examined	pot given for acr	(No range available)

10-Mar-2026 Ms Natasha Williams Repeat Issue

Administration	Outpatient clinic letter received	medexpress letter
(P3)	28/2/26 no action required	mounjaro issued by company

10-Mar-2026 Ms Emma Reynolds Other

28-Feb-2026	Examination	O/E - weight	115 Kg
28-Feb-2026	Examination	Body Mass Index	34.3

10-Mar-2026 Ms Emma Reynolds Third Party Consultation

28-Feb-2026	Administration	Letter encounter to patient	Administration Letter
(P3)		MedExpress Administration	

04-Mar-2026 Dr Sarah Packham ePharmacy message

28-Feb-2026 Dr Sarah Packham ePharmacy message

28-Feb-2026 Dr Sarah Packham ePharmacy message

28-Feb-2026 Dr Sarah Packham ePharmacy message

28-Feb-2026 Dr Sarah Packham ePharmacy message

28-Feb-2026 Dr Sarah Packham ePharmacy message

09-Feb-2026 Mr Philip Harwood Repeat Issue

02-Feb-2026 Mr Philip Harwood Repeat Issue

02-Feb-2026 Ms Paula Reid Clinic

Administration Telephone encounter called to review Symbicort use -
(P3) was going to trial this for AIRnot needed to use this since
last telephone encounter - will get saba removed from cms
as not needed - Symbicort AIR i will get added to repeats
patient happy with planrevies as needed

30-Jan-2026 Miss Debby Ogg Administration

Administration SMS text message sent to patient Please contact
(P3) Linkwood Medical on 0345 337 6350 after 10.00am. We
need to update your contact details as the hospital have
not been able to contact you

14-Jan-2026 Administration DNA hospital appointment Diabetic Eye Screening
(P3)

30-Jan-2026 Miss Debby Ogg Third Party Consultation

14-Jan-2026 Administration Letter received Hospital Letter ARI Diabetic Clinic
(P3)

29-Jan-2026 Dr Sarah Packham ePharmacy message

29-Jan-2026 Ms Karen Sabiston Repeat Issue

Administration SMS text message sent to patient Please contact
(P3) Linkwood Medical on 0345 337 6350 between 10am and
5pm. Please do not send replies to this number. Please
book in for diabetes annual review and Apixaban bloods
and bp

21-Jan-2026 Ms Emma Reynolds Administration

Administration SMS text message sent to patient Linkwood Medical: Did
(P3) you know you can register to order your repeat
medication online? Simply fill out the form which you can
find on our website here
<https://www.linkwoodmedical.org.uk/your-record/keep-us-up-to-date/vision-online-registration-form/> We will then
send you set-up information. You must be over 16 to use
this service. {Patient Group No Online Services 2001}

19-Jan-2026 Mrs Susan Robertson Other

Administration SMS text message sent to patient Linkwood Medical: We
(P3) have received a request from a private provider to provide
information about your suitability for treatment. Under
General Medical Council regulations, it is the responsibility
of the prescribing clinician to assure themselves that their
prescribing is safe and we have informed the provider of
this. Visit our website here
<https://www.linkwoodmedical.org.uk/weight-loss-injections/>
for more information on the suitability of these medications

16-Jan-2026 Ms Emma Reynolds Administration

Administration SMS text message sent to patient Linkwood Medical:
(P3) Dear James M, we note you failed to attend an appointment last month. We are monitoring DNA's closely and have a strict policy for non-attendance. If patients repeatedly fail to attend appointments, we reserve the right to remove from our practice list. If you have failed to answer a telephone consultation, please ensure you unblock our outbound number - 0300 373 0717. Last year, 1,800 patients failed to attend an appointment which could have been cancelled and offered to someone else. If you believe this to be a mistake on our part please let us know. DO NOT REPLY {Patient Group Dna Dec25}

16-Jan-2026 Mr Philip Harwood Repeat Issue

Administration Outpatient clinic letter received Medexpress Letter -
(P3) 3.1.26 - on Mounjaro 7.5mg - privately bought.

15-Jan-2026 Miss Sarah Gibb Administration

03-Jan-2026	Examination	O/E - weight	118 Kg
03-Jan-2026	Examination	Body Mass Index	35.2
03-Jan-2026	Examination	O/E - height	1.83 m

15-Jan-2026 Miss Sarah Gibb Third Party Consultation

Administration Letter encounter to patient Administration Letter
(P3) MedExpress Administration

17-Dec-2025 Ms Natasha Williams Repeat Issue

Administration Outpatient clinic letter received medexpress letter
(P3) 8/12/25 no action required

16-Dec-2025 Miss Debby Ogg Administration

08-Dec-2025	Examination	O/E - weight	115 Kg
08-Dec-2025	Examination	Body Mass Index	34.3

16-Dec-2025 Miss Debby Ogg Third Party Consultation

08-Dec-2025 Administration Letter encounter to patient Administration Letter
(P3) MedExpress Administration

15-Dec-2025 Ms Paula Reid Clinic

Management Asthma annual review called to review AIR only just
picked up prescription will call in 3/52 to review
Administration Did not attend - no reason called x 2 re: new inhaler -
(P3) unable to connect - unable to leave voicemail
Administration SMS text message sent to patient
(P3) <https://www.asthmaandlung.org.uk/living-with/inhaler-videos/turbobaler>
<https://www.asthmaandlung.org.uk/symptoms-tests-treatments/treatments/air>

12-Dec-2025 Miss Sarah Gibb Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL:
(P3) Dear James M It is time for your annual review. To book, please contact the practice on 0345 337 6350 after 11am if possible. DO NOT REPLY. {Patient Group All Ltc Patients January 2026}

11-Dec-2025 Dr Sarah Packham ePharmacy message**11-Dec-2025 Dr Sarah Packham ePharmacy message****11-Dec-2025 Dr Sarah Packham ePharmacy message****11-Dec-2025 Dr Sarah Packham ePharmacy message****11-Dec-2025 Dr Sarah Packham ePharmacy message**

09-Dec-2025 Mrs Susan Robertson Other

Administration SMS text message sent to patient Linkwood Medical: We have received a request from a private provider to provide information about your suitability for treatment. Under General Medical Council regulations, it is the responsibility of the prescribing clinician to assure themselves that their prescribing is safe and we have informed the provider of this. Visit our website here <https://www.linkwoodmedical.org.uk/weight-loss-injections/> for more information on the suitability of these medications

08-Dec-2025 Ms Natasha Williams Repeat Issue

Administration Outpatient clinic letter received medexpress letter (P3) 26/11/25 no action required

08-Dec-2025 Ms Emma Reynolds Other

26-Nov-2025	Examination	O/E - weight	115 Kg
26-Nov-2025	Examination	Body Mass Index	34.3

08-Dec-2025 Ms Emma Reynolds Third Party Consultation

26-Nov-2025 Administration Letter encounter to patient Administration Letter (P3) MedExpress Administration

04-Dec-2025 Miss Sarah Gibb Other**04-Dec-2025 Miss Sarah Gibb Other****04-Dec-2025 Miss Sarah Gibb Other****04-Dec-2025 Miss Sarah Gibb Other****12-Nov-2025 Mr Cameron Taggart Surgery consultation**

Administration SMS text message sent to patient Linkwood Medical: (P3) Dear James, due to nurse availability we have had to change the time of your telephone consultation with Paula on 15th December to 3.15pm. If this isn't suitable, please get in touch between 10am and 5pm. DO NOT REPLY.

27-Oct-2025 Ms Natasha Williams Repeat Issue

Administration Outpatient clinic letter received medexpress letter (P3) 17/10/25 no action required mounjaro issued by company

27-Oct-2025 Mrs Susan Robertson Other

17-Oct-2025	Examination	Body Mass Index	36.8
	(P3)		
17-Oct-2025	Examination	O/E - weight	121 Kg
17-Oct-2025	Examination	Body Mass Index	36.1

27-Oct-2025 Mrs Susan Robertson Third Party Consultation

Administration Letter encounter to patient Administration Letter - (P3) MedExpress Administration

07-Oct-2025 Ms Paula Reid Clinic

Administration Telephone encounter called to review asthma - only has (P3) saba on cms no ics keen to trial AIR - will issue script working in summerset so review in dec

04-Oct-2025 Dr Sarah Packham ePharmacy message**04-Oct-2025 Dr Sarah Packham ePharmacy message****04-Oct-2025 Dr Sarah Packham ePharmacy message****04-Oct-2025 Dr Sarah Packham ePharmacy message****04-Oct-2025 Dr Sarah Packham ePharmacy message**

04-Oct-2025 Dr Sarah Packham ePharmacy message

04-Oct-2025 Dr Sarah Packham ePharmacy message

08-Sept-2025 Ms Kathleen Mcgrath Administration

Administration SMS text message sent to patient Linkwood Medical:
(P3) Your telephone review is on Tuesday 07 October at
11:50, Paula will call you, kind regards

08-Sept-2025 Ms Karen Sabiston Repeat Issue

Administration SMS text message sent to patient Message from
(P3) Linkwood Medical. Please contact the practice on 0345
337 6350 to book in for an asthma review. Now overdue.
Thanks

04-Sept-2025 Dr Sarah Packham ePharmacy message

03-Sept-2025 Ms Iris Mclellan Repeat Issue

Administration SMS text message sent to patient Please contact
(P3) Linkwood Medical on 0345 337 6350 between 10am and
5pm. Please do not send replies to this number Requires
Asthma Rev

18-Aug-2025 Ms Emma Reynolds Other

Administration Failed encounter Tried to contact, no answer
(P3)

12-Aug-2025 Mr Philip Harwood Repeat Issue

11-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

09-Aug-2025 Dr Sarah Packham ePharmacy message

07-Aug-2025 Mr Cameron Taggart Administration

Administration SMS text message sent to patient Linkwood Medical: Did
(P3) you know you can register to order your repeat
medication online? Simply fill out the form which you can
find on our website here
<https://www.linkwoodmedical.org.uk/your-record/keep-us-up-to-date/vision-online-registration-form/> We will then
send you set-up information. You must be over 16 to use
this service. {Patient Group No Online Services - Active
Repeat (Over 16yo)}

31-July-2025 Mrs Susan Robertson Other

Administration SMS text message sent to patient Linkwood Medical: We
(P3) have received a request from a private provider to provide
information about your suitability for treatment. Under
General Medical Council regulations, it is the responsibility
of the prescribing clinician to assure themselves that their
prescribing is safe and we have informed the provider of
this. Visit our website here
<https://www.linkwoodmedical.org.uk/weight-loss-injections/>
for more information on the suitability of these medications

28-July-2025 Ms Natasha Williams Repeat Issue

Administration Outpatient clinic letter received medexpress letter
(P3) 18/7/25 no action required

28-July-2025 Ms Emma Reynolds Other

18-July-2025	Examination	O/E - weight	128 Kg
18-July-2025	Examination	Body Mass Index	38.2

28-July-2025 Ms Emma Reynolds Third Party Consultation

18-July-2025	Administration Letter encounter to patient (P3)	Administration Letter MedExpress Administration
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03-July-2025 Mrs Michelle Phillips Administration

Administration SMS text message sent to patient GP SURGERY NO
(P3) REPLY - Please contact Linkwood Medical on 0345 337 6350 between 10.00 and 17.30. Thankyou. Please see message on (MM).

02-July-2025 Ms Joanna Fraser Results recording**30-Jun-2025 Ms Joanna Fraser Results recording**

26-Jun-2025	Examination	Serum vitamin B12 ng/l	165 ng/L	
26-Jun-2025	Examination	Serum ferritin ug/l	39 ug/L	
26-Jun-2025	Examination	Serum folate ug/l	6.1 ug/L	
26-Jun-2025	Examination	Blood haematinic levels Vitamin B12 deficiency possible,correlate with clinicalfeatures.Replace B12 if clinically indicated orconsider repeat after 3 months.Haematinic Results		
26-Jun-2025	Examination	Serum vitamin B12ng/l: Abnormal	165 ng/L	(Range: 200 - 700)
26-Jun-2025	Examination	Serum vitamin B12 ng/l		
26-Jun-2025	Examination	Serum ferritinug/l:	39 ug/L	(Range: 20 - 300)
26-Jun-2025	Examination	Serum ferritin ug/l		
26-Jun-2025	Examination	Serum folateug/l:	6.1 ug/L	(Range: 3 - 20)
26-Jun-2025	Examination	Serum folate ug/l		
26-Jun-2025	Examination	Blood haematinic levels Vitamin B12 deficiency possible,correlate with clinicalfeatures.Replace B12 if clinically indicated orconsider repeat after 3 months.Haematinic Results:		
26-Jun-2025	Examination	Blood haematinic levels Vitamin B12 deficiency possible,correlate with clinicalfeatures.Replace B12 if clinically indicated orconsider repeat after 3 months.Haematinic Results		(No range available)

27-Jun-2025 Ms Joanna Fraser Results recording

26-Jun-2025	Examination	Eosinophil count x10 ⁹ /l	0.1 10 ⁹ /L	
26-Jun-2025	Examination	Haemoglobin estimation g/l	139 g/L	
26-Jun-2025	Examination	Mean corpusc. haemoglobin(MCH)	30.3 pg	
26-Jun-2025	Examination	Mean corpuscular volume (MCV) fl	95 fL	
26-Jun-2025	Examination	Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	
26-Jun-2025	Examination	Neutrophil count x10 ⁹ /l	3.7 10 ⁹ /L	
26-Jun-2025	Examination	Platelet count x10 ⁹ /l	271 10 ⁹ /L	
26-Jun-2025	Examination	Red blood cell (RBC) count x10 ¹² /l	4.6 10 ¹² /L	
26-Jun-2025	Examination	Total white cell count x10 ⁹ /l	6.9 10 ⁹ /L	
26-Jun-2025	Examination	Lymphocyte count x10 ⁹ /l	2.5 10 ⁹ /L	
26-Jun-2025	Examination	Full blood count - FBC <none>		
26-Jun-2025	Examination	Haematocrit - PCV l/l	0.44 L/L	
26-Jun-2025	Examination	Basophil count x10 ⁹ /l	0.04 10 ⁹ /L	
26-Jun-2025	Examination	Eosinophil countx10⁹/l:	0.1 10 ⁹ /L	(Range: 0.1 - 0.5)
26-Jun-2025	Examination	Haemoglobin estimationg/l: Abnormal	139 g/L	(Range: 140 - 180)
26-Jun-2025	Examination	Haemoglobin estimation g/l		
26-Jun-2025	Examination	Mean corpusc. haemoglobin(MCH):	30.3 pg	(Range: 27 - 32)
26-Jun-2025	Examination	Mean corpusc. haemoglobin(MCH)		
26-Jun-2025	Examination	Mean corpuscular volume (MCV)fl:	95 fL	(Range: 83 - 98)
26-Jun-2025	Examination	Mean corpuscular volume (MCV) fl		
26-Jun-2025	Examination	Monocyte countx10⁹/l:	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
26-Jun-2025	Examination	Monocyte count x10 ⁹ /l		
26-Jun-2025	Examination	Neutrophil countx10⁹/l:	3.7 10 ⁹ /L	(Range: 1.5 - 7)
26-Jun-2025	Examination	Neutrophil count x10 ⁹ /l		
26-Jun-2025	Examination	Platelet countx10⁹/l:	271 10 ⁹ /L	(Range: 140 - 400)
26-Jun-2025	Examination	Platelet count x10 ⁹ /l		
26-Jun-2025	Examination	Red blood cell (RBC) countx10¹²/l: Abnormal	4.6 10 ¹² /L	(Range: 5 - 6)
26-Jun-2025	Examination	Red blood cell (RBC) count x10 ¹² /l		
26-Jun-2025	Examination	Total white cell countx10⁹/l:	6.9 10 ⁹ /L	(Range: 4 - 10)
26-Jun-2025	Examination	Total white cell count x10 ⁹ /l		
26-Jun-2025	Examination	Lymphocyte countx10⁹/l:	2.5 10 ⁹ /L	(Range: 1 - 4)
26-Jun-2025	Examination	Lymphocyte count x10 ⁹ /l		
26-Jun-2025	Examination	Full blood count - FBC<none>:		(No range available)
26-Jun-2025	Examination	Full blood count - FBC <none>		
26-Jun-2025	Examination	Haematocrit - PCV/l:	0.44 L/L	(Range: 0.42 - 0.54)
26-Jun-2025	Examination	Haematocrit - PCV l/l		
26-Jun-2025	Examination	Basophil countx10⁹/l:	0.04 10 ⁹ /L	(Range: 0.01 - 0.1)
26-Jun-2025	Examination	Basophil count x10 ⁹ /l		

23-Jun-2025 Ms Sharanjit Dhesi Repeat Issue

Administration Outpatient clinic letter received 12.06.25
(P3) MedExpressMounjaro supplied by the clinic

23-Jun-2025 Mrs Susan Robertson Other

12-Jun-2025	Examination	O/E - weight	134 Kg
12-Jun-2025	Examination	Body Mass Index	40

23-Jun-2025 Miss Debby Ogg Third Party Consultation

12-Jun-2025	Administration Letter encounter to patient (P3)	Administration Letter MedExpress Administration
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19-Jun-2025 Ms Diane Maciver Surgery consultation

Diagnosis	Assessing cardiovascular risk using SIGN score
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19-Jun-2025 Ms Diane Maciver Telephone call to a patient

Management	Diabetes monitoring admin. HBA1c 61 - on max dose metformin also taking mounjaro for weightloss - should also improve diabetesBP better at home 132/86recheck HBA1c Jan 2026 - annual rev
Examination	O/E - blood pressure reading 132 / 86 mm Hg

16-Jun-2025 Miss Sarah Gibb Administration

Administration (P3)	SMS text message sent to patient LINKWOOD MEDICAL DO NOT REPLY We have processed your request for a repeat prescription and it has now been sent to your chosen collection point (Pharmacy or Practice). If you are collecting from a pharmacy, please allow 3 more working days before trying to collect your medication. In future, why not order your prescription online? Please see https://www.linkwoodmedical.org.uk/clinics-and-services/online-services/ {Patient Group Repeats 16/06/2025 - With Preference No Os}
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13-Jun-2025 Dr Sarah Packham Data Transferred from other system

30-May-2025	Examination (P3)	Body Mass Index 39.4
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12-Jun-2025 Ms Hannah Lawrence Administration

Administration (P3)	SMS text message sent to patient Linkwood Medical: We have received a request from a private provider to provide information about your suitability for treatment. Under General Medical Council regulations, it is the responsibility of the prescribing clinician to assure themselves that their prescribing is safe and we have informed the provider of this. Visit our website here https://www.linkwoodmedical.org.uk/weight-loss-injections/ for more information on the suitability of these medications.
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12-Jun-2025 Ms Iris Mclellan Repeat Issue**12-Jun-2025 Dr Sarah Packham ePharmacy message****12-Jun-2025 Dr Sarah Packham ePharmacy message****12-Jun-2025 Dr Sarah Packham ePharmacy message****12-Jun-2025 Dr Sarah Packham ePharmacy message****12-Jun-2025 Dr Sarah Packham ePharmacy message****12-Jun-2025 Dr Sarah Packham ePharmacy message****11-Jun-2025 Mrs Michelle Phillips Administration**

Administration (P3)	SMS text message sent to patient GP SURGERY NO REPLY - Please contact Linkwood Medical on 0345 337 6350 between 10.00 and 17.30. Thankyou. Please see message on (MM).
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11-Jun-2025 Ms Joanna Fraser Results recording

11-Jun-2025 Ms Sharanjit Dhesi Repeat Issue

Administration Outpatient clinic letter received 29.05.25
(P3) MedExpressMounjaro supplied by the clinic
Administration Outpatient clinic letter received 29.05.25
(P3) MedExpressMounjaro supplied by the clinic

10-Jun-2025 Ms Emma Reynolds Other

29-May-2025 Diagnosis Obesity
(P1)
29-May-2025 Examination O/E - weight 138 Kg
29-May-2025 Examination Body Mass Index 41.2
29-May-2025 Examination O/E - height 1.83 m

10-Jun-2025 Ms Emma Reynolds Third Party Consultation

29-May-2025 Administration Letter encounter to patient Administration Letter
(P3) MedExpress Administration

05-Jun-2025 Ms Emma Reynolds Other

Administration Did not attend - no reason
(P3)

05-Jun-2025 Ms Joanna Fraser Telephone call to a patient

Administration Failed encounter NOS no answer at 1505-planned tel
(P3) callre: diabetic results

03-Jun-2025 Ms Chronic Disease Monitoring Results recording

30-May-2025 Examination Haemoglobin A1c level - IFCC standardised HbA1c level - **61 mmol/mol**
IFCC standardised -
30-May-2025 Examination **Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised -: Abnormal**
Haemoglobin A1c level - IFCC standardised HbA1c level - **61 mmol/mol** (Range: 20 - 41)
IFCC standardised -

02-Jun-2025 Ms Chronic Disease Monitoring Results recording

30-May-2025 Examination Serum albumin 35 g/L
30-May-2025 Examination Serum alkaline phosphatase U/L 86 U/L
30-May-2025 Examination Serum alanine aminotransferase level Serum ALT level - 20 U/L
U/L
30-May-2025 Examination Serum total bilirubin level 4 umol/L
30-May-2025 Examination Serum chloride 107 mmol/L
30-May-2025 Examination Serum total cholesterol level 4.3 mmol/L
30-May-2025 Examination Serum creatinine 80 umol/L
30-May-2025 Examination Serum gamma-glutamyl transferase level Serum gamma GT level - U/L 39 U/L
30-May-2025 Examination Serum HDL cholesterol level 1.1 mmol/L
30-May-2025 Examination Serum LDL cholesterol level 2.6 mmol/L
30-May-2025 Examination Serum non high density lipoprotein cholesterol level Se 3.2 mmol/L
non HDL cholesterol level -
30-May-2025 Examination Serum potassium 4.6 mmol/L
30-May-2025 Examination Serum sodium 138 mmol/L
30-May-2025 Examination Serum triglycerides 1.44 mmol/L
30-May-2025 Examination Serum TSH level mU/L 1.21 mU/L
30-May-2025 Examination Serum urea level 5.6 mmol/L
30-May-2025 Examination Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.
30-May-2025 Examination Liver function test <none>
30-May-2025 Examination Thyroid function test <none>
30-May-2025 Examination Urea and electrolytes <none>
30-May-2025 Examination Biochemical test <none>
30-May-2025 Examination Biochemical test -
30-May-2025 Examination Serum free T4 level 12.1 pmol/L
30-May-2025 Examination Lipid level - mmol/L
30-May-2025 Examination Haemolysis screening test -
30-May-2025 Examination GFR calculated abbreviated MDRD GFR calculated 60 mL/min
abbreviated MDRD - mL/min/1.73m2
30-May-2025 Examination **Serum albumin:**
Serum albumin 35 g/L (Range: 35 - 50)
30-May-2025 Examination **Serum alkaline phosphatase U/L:**
Serum alkaline phosphatase U/L 86 U/L (Range: 30 - 130)
30-May-2025 Examination **Serum alanine aminotransferase level** Serum ALT level - U/L:
Serum alanine aminotransferase level Serum ALT level - 20 U/L (Range: 5 - 55)
U/L
30-May-2025 Examination **Serum total bilirubin level:**
Serum total bilirubin level 4 umol/L (No range available)
30-May-2025 Examination **Serum chloride:**
Serum chloride 107 mmol/L (Range: 95 - 108)
30-May-2025 Examination **Serum total cholesterol level:**
Serum total cholesterol level 4.3 mmol/L (No range available)
30-May-2025 Examination **Serum creatinine:**
Serum creatinine 80 umol/L (Range: 59 - 104)

30-May-2025	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L:	
		Serum gamma-glutamyl transferase level	Serum gamma	39 U/L (No range available)
		GT level - U/L		
30-May-2025	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.1 mmol/L	(No range available)
30-May-2025	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	2.6 mmol/L	(No range available)
30-May-2025	Examination	Serum non high density lipoprotein cholesterol level	Se non HDL cholesterol level -:	
		Serum non high density lipoprotein cholesterol level	Se	3.2 mmol/L (No range available)
		non HDL cholesterol level -		
30-May-2025	Examination	Serum potassium:		
		Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
30-May-2025	Examination	Serum sodium:		
		Serum sodium	138 mmol/L	(Range: 133 - 146)
30-May-2025	Examination	Serum triglycerides:		
		Serum triglycerides	1.44 mmol/L	(No range available)
30-May-2025	Examination	Serum TSH level	mU/L:	
		Serum TSH level	mU/L	1.21 mU/L (Range: 0.35 - 4.94)
30-May-2025	Examination	Serum urea level:		
		Serum urea level	5.6 mmol/L	(Range: 2.5 - 7.8)
30-May-2025	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.:	
		Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	(No range available)
30-May-2025	Examination	Liver function test	<none>:	
		Liver function test	<none>	(No range available)
30-May-2025	Examination	Thyroid function test	<none>:	
		Thyroid function test	<none>	(No range available)
30-May-2025	Examination	Urea and electrolytes	<none>:	
		Urea and electrolytes	<none>	(No range available)
30-May-2025	Examination	Biochemical test	<none>:	
		Biochemical test	<none>	(No range available)
30-May-2025	Examination	Biochemical test-		
		Biochemical test	-	(No range available)
30-May-2025	Examination	Serum free T4 level:		
		Serum free T4 level	12.1 pmol/L	(Range: 8 - 19.1)
30-May-2025	Examination	Lipid level-		
		Lipid level	-	mmol/L (No range available)
30-May-2025	Examination	Haemolysis screening test-		
		Haemolysis screening test	-	(No range available)
30-May-2025	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd MDRD - ml/min/1.73m2:	
		GFR calculated abbreviated MDRD	GFR calculated	60 mL/min (Range: 60 - 140)
		abbreviatd MDRD - ml/min/1.73m2		

02-Jun-2025 Ms Chronic Disease Monitoring Results recording

30-May-2025	Examination	Eosinophil count	x10 ⁹ /l	0.1 10 ⁹ /L	
30-May-2025	Examination	Haemoglobin estimation	g/l	135 g/L	
30-May-2025	Examination	Mean corpusc. haemoglobin(MCH)		30.2 pg	
30-May-2025	Examination	Mean corpuscular volume (MCV)	fl	94 fL	
30-May-2025	Examination	Monocyte count	x10 ⁹ /l	0.6 10 ⁹ /L	
30-May-2025	Examination	Neutrophil count	x10 ⁹ /l	3.8 10 ⁹ /L	
30-May-2025	Examination	Platelet count	x10 ⁹ /l	279 10 ⁹ /L	
30-May-2025	Examination	Red blood cell (RBC) count	x10 ¹² /l	4.5 10¹²/L	
30-May-2025	Examination	Total white cell count	x10 ⁹ /l	6.5 10 ⁹ /L	
30-May-2025	Examination	Lymphocyte count	x10 ⁹ /l	2.1 10 ⁹ /L	
30-May-2025	Examination	Full blood count - FBC	<none>		
30-May-2025	Examination	Haematocrit - PCV	l/l	0.42 L/L	
30-May-2025	Examination	Basophil count	x10 ⁹ /l	0.03 10 ⁹ /L	
30-May-2025	Examination	Eosinophil count	x10 ⁹ /l:		
		Eosinophil count	x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.1 - 0.5)
30-May-2025	Examination	Haemoglobin estimation	g/l: Abnormal		
		Haemoglobin estimation	g/l	135 g/L	(Range: 140 - 180)
30-May-2025	Examination	Mean corpusc. haemoglobin(MCH):			
		Mean corpusc. haemoglobin(MCH)		30.2 pg	(Range: 27 - 32)
30-May-2025	Examination	Mean corpuscular volume (MCV)fl:			
		Mean corpuscular volume (MCV)	fl	94 fL	(Range: 83 - 98)
30-May-2025	Examination	Monocyte count	x10 ⁹ /l:		
		Monocyte count	x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
30-May-2025	Examination	Neutrophil count	x10 ⁹ /l:		
		Neutrophil count	x10 ⁹ /l	3.8 10 ⁹ /L	(Range: 1.5 - 7)
30-May-2025	Examination	Platelet count	x10 ⁹ /l:		
		Platelet count	x10 ⁹ /l	279 10 ⁹ /L	(Range: 140 - 400)
30-May-2025	Examination	Red blood cell (RBC) count	x10 ¹² /l: Abnormal		
		Red blood cell (RBC) count	x10 ¹² /l	4.5 10¹²/L	(Range: 5 - 6)
30-May-2025	Examination	Total white cell count	x10 ⁹ /l:		
		Total white cell count	x10 ⁹ /l	6.5 10 ⁹ /L	(Range: 4 - 10)
30-May-2025	Examination	Lymphocyte count	x10 ⁹ /l:		
		Lymphocyte count	x10 ⁹ /l	2.1 10 ⁹ /L	(Range: 1 - 4)
30-May-2025	Examination	Full blood count - FBC	<none>:		
		Full blood count - FBC	<none>		(No range available)
30-May-2025	Examination	Haematocrit - PCV	l/l:		
		Haematocrit - PCV	l/l	0.42 L/L	(Range: 0.42 - 0.54)
30-May-2025	Examination	Basophil count	x10 ⁹ /l:		
		Basophil count	x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

02-Jun-2025 Dr Sarah Packham Data Transferred from other system

30-May-2025	Intervention	O/E - Left diabetic foot at low risk
30-May-2025	Intervention	O/E - Right diabetic foot at low risk
30-May-2025	Examination	O/E - right foot pulses present
30-May-2025	Examination	O/E - left foot pulses present
30-May-2025	Examination	10g monofilament sensation L foot normal Normal
30-May-2025	Examination	10g monofilament sensation R foot normal Normal

30-May-2025 Ms Ashleigh Hardwick Third Party Consultation

Examination	12 lead ECG
Examination	12 lead ECG:
	12 lead ECG

(No range available)

30-May-2025 Ms Ashleigh Hardwick Surgery consultation

Examination	ECG ECG taken as requested.
Examination	ECG ECG taken as requested.:
	ECG ECG taken as requested.

(No range available)

30-May-2025 Ms Joanna Fraser Telephone call to a patient

Administration (P3)	Telephone encounter new AF diagnosis-started DOAOnly got diabetic bloods taken todaypt unsure what tel rv was about ? medicationstel appt arranged for next week when diabetic results available
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30-May-2025 Miss Emma Howie Surgery consultation

Symptom	Diet average Says reducing salt intake & reduce portion size	
Symptom	Enjoys light exercise Active at work, on feet all day	
Management	Diabetic foot screen Foot screening completed, patients details recorded on SCI-Diabetes	
Examination	O/E - blood pressure reading	146 / 98 mm Hg
Administration (P3)	Administration NOS patient to hand in ACR	
Administration (P3)	Administration NOS recheck BP 13/6/25 09.00am	
Examination	Ex smoker	// cigarettes / cigars / tobacco
Examination	Alcohol intake within recommended sensible limits	units per week
Examination	O/E - weight	132 Kg
Examination	Body Mass Index	40.2

23-May-2025 Dr Marc Maccrossan Telephone call to a patient

Administration (P3)	Telephone encounter Recent episode of fast AF when down in Somerset - works there 10 days per monthGiven 5mg bisoprolol and went back to sinusStarted on apixabanFeeling well in himself, no further episodesNo issues with apixabanAsking if he can be prescribed ozempicExplained we can't prescribe this yet but this may changeHe is trying to exercise more so encouraged to keep goingHas appt for diabetic review on FridayBooked for up to date ECG on Friday alsoAny episodes of fast AF advised to seek review.
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13-May-2025 Ms Sharanjit Dhesi Repeat Issue

Administration (P3)	Outpatient clinic letter received 12.05.25 Patient email with hospital letter attachedApixaban 5mg BD added to repeat as per instructions from pharmacist EM
Administration (P3)	SMS text message sent to patient This message is to inform you that your repeat medication has been amended in line with your recent hospital clinic appointment. No prescriptions have been issued. If you have any queries please contact the pharmacy team at Linkwood Medical on 0345 337 6350. Please do not reply to this number

12-May-2025 Ms Emma Reynolds Other

11-May-2025	Diagnosis (P1)	Atrial fibrillation	
11-May-2025	Examination	O/E - weight	133 Kg
11-May-2025	Examination	Body Mass Index	40.5
10-May-2025	Diagnosis	CHA2DS2 - vascular disease, age, sex category score	

12-May-2025 Miss Sarah Gibb Third Party Consultation

Intervention (P3)	Discharged from hospital Hospital Letter Out Of Area Hospital Accident & Emergency
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12-May-2025 Mrs Susan Robertson Other

Administration SMS text message sent to patient Linkwood Medical: Your telephone appointment is on Friday 23 May at 15:05 Dr Maccrossan will call you.
(P3) (gram.linkwoodmedicaladministrator@nhs.scot)

29-Apr-2025 Ms Paula Reid Clinic

Administration Did not attend - no reason works away abroad - no reply
(P3)

04-Apr-2025 Dr Sarah Packham ePharmacy message**04-Apr-2025 Dr Sarah Packham ePharmacy message****04-Apr-2025 Dr Sarah Packham ePharmacy message****04-Apr-2025 Dr Sarah Packham ePharmacy message****04-Apr-2025 Dr Sarah Packham ePharmacy message****04-Apr-2025 Dr Sarah Packham ePharmacy message****01-Apr-2025 Ms Karen Sabiston Repeat Issue****25-Mar-2025 Ms Iris Mclellan Repeat Issue**

Administration SMS text message sent to patient Please contact Linkwood Medical on 0345 337 6350 between 10am and 5pm. Please do not send replies to this numberRequire LTC BP, Diabetic Bloods, and Annual Asthma Rev
(P3)

06-Mar-2025 Miss Sarah Gibb Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL: Dear James, It is time for your annual review. To book, please contact the practice on 0345 337 6350 after 11am if possible. DO NOT REPLY
(P3)

18-Feb-2025 Ms Diane Maciver Administration

Intervention Diabetes: practice programme

28-Jan-2025 Miss Sarah Gibb Administration

Administration Telephone encounter patient phoned back re SMS. Currently working away in Somerset. Only home every other weekend. Will phone back for appt in March. Needs to be with ***** for foot screening to be included.
(P3)

28-Jan-2025 Dr Sarah Packham ePharmacy message**28-Jan-2025 Ms Iris Mclellan Repeat Issue**

Administration SMS text message sent to patient Please contact Linkwood Medical on 0345 337 6350 between 10am and 5pm. Please do not send replies to this numberRequires LTC BP and Diabetic Bloods and Annual Asthma Rev
(P3)

07-Jan-2025 Dr Bradley Alix Surgery consultation

Diagnosis Lower resp tract infection In bed with "flu" since Xmas. Now has worsening productive cough. States not too breathless and speaking in full sentences over the phone. Asthma, HTN and diabetes. Has tried OTC meds. At this stage worth trying Abx. Advised if worsening despite this to seek further advice.
(P3)

20-Dec-2024 Mr Cameron Taggart Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL: Dear James M It is time for your annual review. To book, please contact the practice on 0345 337 6350 after 11am if possible. DO NOT REPLY. {Patient Group Ltc January - Final}
(P3)

19-Dec-2024 Mr Cameron Taggart Other

19-Dec-2024 Mr Cameron Taggart Other

19-Dec-2024 Mr Cameron Taggart Other

10-Dec-2024 Dr Sarah Packham ePharmacy message

10-Dec-2024 Dr Sarah Packham ePharmacy message

10-Dec-2024 Dr Sarah Packham ePharmacy message

10-Dec-2024 Dr Sarah Packham ePharmacy message

10-Dec-2024 Dr Sarah Packham ePharmacy message

10-Dec-2024 Dr Sarah Packham ePharmacy message

02-Dec-2024 Miss Debby Ogg Administration

12-Nov-2024 Administration DNA hospital appointment Diabetic eye screening
(P3)

02-Dec-2024 Miss Debby Ogg Third Party Consultation

12-Nov-2024 Administration Letter encounter to patient Administration Letter Diabetic
(P3) Retinal Screening Administration

14-Oct-2024 Dr Sarah Packham ePharmacy message

14-Oct-2024 Dr Sarah Packham ePharmacy message

14-Oct-2024 Dr Sarah Packham ePharmacy message

14-Oct-2024 Dr Sarah Packham ePharmacy message

14-Oct-2024 Dr Sarah Packham ePharmacy message

14-Oct-2024 Dr Sarah Packham ePharmacy message

25-Sept-2024 Dr Sarah Packham ePharmacy message

20-Sept-2024 Ms Emma Reynolds Other

Administration SMS text message sent to patient Linkwood Medical - the
(P3) telephone number is 01224 556 556

18-Sept-2024 Ms Emma Reynolds Other

11-Sept-2024 Intervention Removed from waiting list Community Adult Weight
(P3) Management

17-Sept-2024 Mrs Susan Robertson Third Party Consultation

Administration Administration Hospital Letter Aberdeen Royal Infirmary
(P3) Dietetics & Nutrition

17-Sept-2024 Mrs Susan Robertson Third Party Consultation

Administration Letter encounter to patient Administration Letter
(P3)

23-Aug-2024 Ms Karen Sabiston Repeat Issue

23-Aug-2024 Mrs Hilary Ford Surgery consultation

Management	Diabetes monitoring admin. New diagnosis of diabetes Says getting up a lot in the night to pass urine and would be keen to start some medication To start metformin - discussed gradual start to avoid GI side effects Advised re foot and eye screening Signposted to DiabetesUK works offshore and has very little time at home Advise recheck of HbA1c in 8w
Diagnosis (P1)	Type 2 diabetes mellitus
Diagnosis	Type 2 diabetes mellitus

17-Aug-2024 Dr Sarah Packham ePharmacy message**17-Aug-2024 Dr Sarah Packham ePharmacy message****17-Aug-2024 Dr Sarah Packham ePharmacy message****17-Aug-2024 Dr Sarah Packham ePharmacy message****17-Aug-2024 Dr Sarah Packham ePharmacy message****06-Aug-2024 Dr Sarah Packham Results recording**

02-Aug-2024	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 63 mmol/mol
02-Aug-2024	Examination	IFCC standardised -	
02-Aug-2024	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - IFCC standardised -: Abnormal
		Haemoglobin A1c level - IFCC standardised	HbA1c level - 63 mmol/mol (Range: 20 - 41)
		IFCC standardised -	

02-Aug-2024 Ms Ashleigh Hardwick Surgery consultation

Intervention (P3)	Blood withdrawal	Bloods taken with consent as per ICE request
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19-July-2024 Mrs Hilary Ford Surgery consultation

Administration (P3)	Telephone encounter	Informed that he might have diabetes - says blood sugar normal at off shore medical First HbA1c 66 Needs 2nd Booked for next time he is home and follow up with results booked for next trip after that - says only gets three ays at home at a time
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27-Jun-2024 Ms Emma Reynolds Other

Administration (P3)	Failed encounter	Tried to contact patient, no answer
Administration (P3)	SMS text message sent to patient	Please contact Linkwood Medical on 0345 337 6350 between 10.00am and 5.30pm. Please do not reply to this message. Appointment with ***** to discuss bloods (db)

20-Jun-2024 Dr Sarah Packham ePharmacy message**20-Jun-2024 Dr Sarah Packham ePharmacy message****20-Jun-2024 Dr Sarah Packham ePharmacy message****20-Jun-2024 Dr Sarah Packham ePharmacy message****20-Jun-2024 Dr Sarah Packham ePharmacy message****13-Jun-2024 Dr Sarah Packham Results recording****13-Jun-2024 Dr Sarah Packham Results recording**

10-Jun-2024	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 66 mmol/mol
10-Jun-2024	Examination	IFCC standardised -	
10-Jun-2024	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - IFCC standardised -: Abnormal
		Haemoglobin A1c level - IFCC standardised	HbA1c level - 66 mmol/mol (Range: 20 - 41)
		IFCC standardised -	

10-Jun-2024 Miss Betty Kainza-Fines Surgery consultation

Intervention Nursing care blood sample taken
(P3)

07-Jun-2024 Dr Sarah Packham Results recording**07-Jun-2024 Dr Sarah Packham Results recording**

05-Jun-2024	Examination	Plasma glucose level	<none>	mmol/L	
05-Jun-2024	Examination	Plasma fasting glucose level		8.7 mmol/L	
05-Jun-2024	Examination	Plasma glucose level	<none>	mmol/L	(No range available)
05-Jun-2024	Examination	Plasma glucose level	<none>	mmol/L	(No range available)
05-Jun-2024	Examination	Plasma fasting glucose level	Abnormal		
		Plasma fasting glucose level		8.7 mmol/L	(Range: 3.7 - 6)

05-Jun-2024 Miss Betty Kainza-Fines Surgery consultation

Examination	O/E - blood pressure reading	pulse 90	142 / 102 mm Hg
Intervention	Nursing care blood sample taken		
(P3)			

14-May-2024 Dr Sarah Packham ePharmacy message**14-May-2024 Dr Sarah Packham ePharmacy message****14-May-2024 Dr Sarah Packham ePharmacy message****14-May-2024 Dr Sarah Packham ePharmacy message****14-May-2024 Dr Sarah Packham ePharmacy message****26-Apr-2024 Dr Sarah Packham Results recording**

25-Apr-2024	Administration	No response to bowel cancer screening programme invitation
(P3)		

19-Apr-2024 Ms Emma Reynolds Other

16-Apr-2024	Administration	Did not attend - no reason
(P3)		

16-Mar-2024 Dr Sarah Packham ePharmacy message**16-Mar-2024 Dr Sarah Packham ePharmacy message****16-Mar-2024 Dr Sarah Packham ePharmacy message****16-Mar-2024 Dr Sarah Packham ePharmacy message****16-Mar-2024 Dr Sarah Packham ePharmacy message****14-Mar-2024 Ms Diane Maciver Administration**

Diagnosis	Advice about investigation results	glucose 8.0 - needs
(P3)	rpt fasting glucose and HBA1c	
Administration	Telephone encounter	pt going away to work. Will call to
(P3)	arrange a fasting blood test when he comes home, as per	
	(MM).	

14-Mar-2024 Ms Diane Maciver Results recording

12-Mar-2024	Examination	Serum albumin	35 g/L
12-Mar-2024	Examination	Serum alkaline phosphatase	U/L 95 U/L
12-Mar-2024	Examination	Serum alanine aminotransferase level	Serum ALT level - 16 U/L
12-Mar-2024	Examination	Serum total bilirubin level	7 umol/L
12-Mar-2024	Examination	Serum chloride	105 mmol/L
12-Mar-2024	Examination	Serum total cholesterol level	4.4 mmol/L
12-Mar-2024	Examination	Serum creatinine	73 umol/L
12-Mar-2024	Examination	Serum gamma-glutamyl transferase level	Serum gamma 33 U/L
		GT level - U/L	
12-Mar-2024	Examination	Serum HDL cholesterol level	1 mmol/L
12-Mar-2024	Examination	Serum LDL cholesterol level	2.8 mmol/L

12-Mar-2024	Examination	Serum non high density lipoprotein cholesterol level	Se	3.4 mmol/L	
		non HDL cholesterol level -			
12-Mar-2024	Examination	Serum potassium		4.4 mmol/L	
12-Mar-2024	Examination	Serum sodium		137 mmol/L	
12-Mar-2024	Examination	Serum triglycerides		1.34 mmol/L	
12-Mar-2024	Examination	Serum TSH level	mU/L	0.76 mU/L	
12-Mar-2024	Examination	Serum urea level		6 mmol/L	
12-Mar-2024	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.		
12-Mar-2024	Examination	Liver function test	<none>		
12-Mar-2024	Examination	Thyroid function test	<none>		
12-Mar-2024	Examination	Urea and electrolytes	<none>		
12-Mar-2024	Examination	Biochemical test	<none>		
12-Mar-2024	Examination	Biochemical test	-		
12-Mar-2024	Examination	Serum free T4 level		11.2 pmol/L	
12-Mar-2024	Examination	Lipid level	-	mmol/L	
12-Mar-2024	Examination	Haemolysis screening test	-		
12-Mar-2024	Examination	GFR calculated abbreviated MDRD	GFR calculated	60 mL/min	
		abbreviatd MDRD - ml/min/1.73m2			
12-Mar-2024	Examination	Serum albumin:			
		Serum albumin		35 g/L	(Range: 35 - 50)
12-Mar-2024	Examination	Serum alkaline phosphatase U/L:			
		Serum alkaline phosphatase	U/L	95 U/L	(Range: 30 - 130)
12-Mar-2024	Examination	Serum alanine aminotransferase level:	Serum ALT level - U/L:		
		Serum alanine aminotransferase level	Serum ALT level -	16 U/L	(Range: 5 - 55)
		U/L			
12-Mar-2024	Examination	Serum total bilirubin level:			
		Serum total bilirubin level		7 umol/L	(No range available)
12-Mar-2024	Examination	Serum chloride:			
		Serum chloride		105 mmol/L	(Range: 95 - 108)
12-Mar-2024	Examination	Serum total cholesterol level:			
		Serum total cholesterol level		4.4 mmol/L	(No range available)
12-Mar-2024	Examination	Serum creatinine:			
		Serum creatinine		73 umol/L	(Range: 59 - 104)
12-Mar-2024	Examination	Serum gamma-glutamyl transferase level:	Serum gamma GT level - U/L:		
		Serum gamma-glutamyl transferase level	Serum gamma	33 U/L	(No range available)
		GT level - U/L			
12-Mar-2024	Examination	Serum HDL cholesterol level:			
		Serum HDL cholesterol level		1 mmol/L	(No range available)
12-Mar-2024	Examination	Serum LDL cholesterol level:			
		Serum LDL cholesterol level		2.8 mmol/L	(No range available)
12-Mar-2024	Examination	Serum non high density lipoprotein cholesterol level:	Se non HDL cholesterol level -:		
		Serum non high density lipoprotein cholesterol level	Se	3.4 mmol/L	(No range available)
		non HDL cholesterol level -			
12-Mar-2024	Examination	Serum potassium:			
		Serum potassium		4.4 mmol/L	(Range: 3.5 - 5.3)
12-Mar-2024	Examination	Serum sodium:			
		Serum sodium		137 mmol/L	(Range: 133 - 146)
12-Mar-2024	Examination	Serum triglycerides:			
		Serum triglycerides		1.34 mmol/L	(No range available)
12-Mar-2024	Examination	Serum TSH level:	mU/L:		
		Serum TSH level	mU/L	0.76 mU/L	(Range: 0.35 - 4.94)
12-Mar-2024	Examination	Serum urea level:			
		Serum urea level		6 mmol/L	(Range: 2.5 - 7.8)
12-Mar-2024	Examination	Serum lipids:	See national guidance (SIGN, NICE) for lipid treatment targets.:		
		Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.		
12-Mar-2024	Examination	Liver function test:	<none>:		
		Liver function test	<none>		(No range available)
12-Mar-2024	Examination	Thyroid function test:	<none>:		
		Thyroid function test	<none>		(No range available)
12-Mar-2024	Examination	Urea and electrolytes:	<none>:		
		Urea and electrolytes	<none>		(No range available)
12-Mar-2024	Examination	Biochemical test:	<none>:		
		Biochemical test	<none>		(No range available)
12-Mar-2024	Examination	Biochemical test:	-:		
		Biochemical test	-		(No range available)
12-Mar-2024	Examination	Serum free T4 level:			
		Serum free T4 level		11.2 pmol/L	(Range: 8 - 19.1)
12-Mar-2024	Examination	Lipid level:	-:		
		Lipid level	-	mmol/L	(No range available)
12-Mar-2024	Examination	Haemolysis screening test:			
		Haemolysis screening test	-		(No range available)
12-Mar-2024	Examination	GFR calculated abbreviated MDRD:	GFR calculated abbreviatd MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD	GFR calculated	60 mL/min	(Range: 60 - 140)
		abbreviatd MDRD - ml/min/1.73m2			

14-Mar-2024 Ms Diane Maciver Results recording

12-Mar-2024	Examination	Plasma glucose level		8 mmol/L	
12-Mar-2024	Examination	Plasma glucose level: Abnormal			
		Plasma glucose level		8 mmol/L	(Range: 3.7 - 6)

13-Mar-2024 Ms Diane Maciver Results recording

12-Mar-2024	Examination	Eosinophil count x10 ⁹ /l	0.09 10 ⁹ /L	
12-Mar-2024	Examination	Haemoglobin estimation g/l	141 g/L	
12-Mar-2024	Examination	Mean corpusc. haemoglobin(MCH)	30.2 pg	
12-Mar-2024	Examination	Mean corpuscular volume (MCV) fl	93 fl	
12-Mar-2024	Examination	Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	
12-Mar-2024	Examination	Neutrophil count x10 ⁹ /l	4.4 10 ⁹ /L	
12-Mar-2024	Examination	Platelet count x10 ⁹ /l	273 10 ⁹ /L	
12-Mar-2024	Examination	Red blood cell (RBC) count x10 ¹² /l	4.7 10 ¹² /L	
12-Mar-2024	Examination	Total white cell count x10 ⁹ /l	7.1 10 ⁹ /L	
12-Mar-2024	Examination	Lymphocyte count x10 ⁹ /l	2.1 10 ⁹ /L	
12-Mar-2024	Examination	Full blood count - FBC <none>		
12-Mar-2024	Examination	Haematocrit - PCV l/l	0.43 L/L	
12-Mar-2024	Examination	Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	
12-Mar-2024	Examination	Eosinophil countx10⁹/l: Abnormal		
		Eosinophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.1 - 0.5)
12-Mar-2024	Examination	Haemoglobin estimationg/l:		
		Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
12-Mar-2024	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	30.2 pg	(Range: 27 - 32)
12-Mar-2024	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	93 fl	(Range: 83 - 98)
12-Mar-2024	Examination	Monocyte countx10⁹/l:		
		Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
12-Mar-2024	Examination	Neutrophil countx10⁹/l:		
		Neutrophil count x10 ⁹ /l	4.4 10 ⁹ /L	(Range: 1.5 - 7)
12-Mar-2024	Examination	Platelet countx10⁹/l:		
		Platelet count x10 ⁹ /l	273 10 ⁹ /L	(Range: 140 - 400)
12-Mar-2024	Examination	Red blood cell (RBC) countx10¹²/l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.7 10 ¹² /L	(Range: 5 - 6)
12-Mar-2024	Examination	Total white cell countx10⁹/l:		
		Total white cell count x10 ⁹ /l	7.1 10 ⁹ /L	(Range: 4 - 10)
12-Mar-2024	Examination	Lymphocyte countx10⁹/l:		
		Lymphocyte count x10 ⁹ /l	2.1 10 ⁹ /L	(Range: 1 - 4)
12-Mar-2024	Examination	Full blood count - FBC<none>:		
		Full blood count - FBC <none>		(No range available)
12-Mar-2024	Examination	Haematocrit - PCVl/l:		
		Haematocrit - PCV l/l	0.43 L/L	(Range: 0.42 - 0.54)
12-Mar-2024	Examination	Basophil countx10⁹/l:		
		Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)

12-Mar-2024 Mr Cameron Taggart Administration

Administration SMS text message sent to patient Linkwood Medical: Dear (P3) James M, Did you know you can sign up to order your repeat medication online? Simply fill out this online form <https://www.linkwoodmedical.org.uk/clinics-and-services/online-services/> and send back to us via email with a photo of your ID. You will then receive an email back with instruction on how to set up. The email address you use has to match the one you used to register. (Patient Group Repeats Active - No Os (With Email Linked To 1 Pat)

12-Mar-2024 Miss Emma Howie Surgery consultation

Examination	O/E - blood pressure reading BP best of three160/102149/100148/94	148 / 94 mm Hg
Examination	O/E - weight	132 Kg
Examination	Body Mass Index	40.2

14-Feb-2024 Ms Natasha Williams Repeat Issue

Intervention (P3) Medication requested ipratropium nasal spray issued as before as per elaine, needs to book review when back on shore as was a trial

06-Feb-2024 Dr Sarah Packham ePharmacy message**06-Feb-2024 Dr Sarah Packham ePharmacy message****06-Feb-2024 Dr Sarah Packham ePharmacy message****06-Feb-2024 Dr Sarah Packham ePharmacy message****06-Feb-2024 Dr Sarah Packham ePharmacy message**

19-Jan-2024 Miss Emma Howie Surgery consultation

Examination O/E - blood pressure reading BP best of 150 / 96 mm Hg
 three 158/104 154/102 150/96
 Administration Administration NOS Says hasn't been taking his Ramipril (P3)

18-Jan-2024 Mrs Hilary Ford Surgery consultation

Symptom Diet poor
 Symptom Enjoys light exercise
 Examination Inhaler technique - good Good
 Management Asthma annual review Says asthma is well controlled on salbutamol only Has stopped smoking Review as needed
 Symptom MRC Breathlessness Scale: grade 1
 (P3)
 Examination Ex smoker // cigarettes / cigars / tobacco
 Examination Asthma never causes daytime symptoms
 Examination Asthma not disturbing sleep
 Examination Asthma not limiting activities

12-Jan-2024 Mr Cameron Taggart Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL
 (P3) DO NOT REPLY: Dear James M You are overdue your annual review. To book please phone 0345 337 6350; ideally between 10am - 6pm. {Patient Group January Ltc Os (Excl Booked)}

19-Dec-2023 Mr Cameron Taggart Other**19-Dec-2023 Mr Cameron Taggart Other****19-Dec-2023 Mr Cameron Taggart Other****19-Dec-2023 Mr Cameron Taggart Other****16-Dec-2023 Dr Sarah Packham ePharmacy message****16-Dec-2023 Dr Sarah Packham ePharmacy message****16-Dec-2023 Dr Sarah Packham ePharmacy message****16-Dec-2023 Dr Sarah Packham ePharmacy message****16-Dec-2023 Dr Sarah Packham ePharmacy message****05-Dec-2023 Mr Cameron Taggart Administration**

Administration Letter sent to patient LTC INVITATION.doc {Patient
 (P3) Group Jan Ltc 2}

05-Dec-2023 Mr Cameron Taggart Administration**23-Nov-2023 Dr Derek Kelly Administration**

22-Nov-2023 Dr Derek Kelly Telephone call to a patient

Intervention	Refer to dietician . <i>Recipient: Dr ****s Hospital department of Dietetics; Referral Type: Out Patient; Sender: Dr ****; Reason: Refer to dietician; Referral Status: Referred</i>	
Administration (P3)	Telephone encounter Referral to DieticiansDear ColleaguesI would be grateful for your touching base with this 49 year old single gentleman who works off shore. He admits that his diet is not healthy.His weight is increasing and he now weighs 137kg (BMI 41) - which might make him inelligible to continue with his present job offshore.I have given basic advice to Jmaes - he would however very much benefit and appreciate contact from the Dieticians to advise and monitor for weight loss.Kind regards	
Administration (P3)	Telephone encounter Discussed previous ENT input and ops.Seems like chronic rhinitis with secondary bacterial colonosation of the nasal discharge.Plan - trial add ipratropium to nasal steroid.	
Examination	O/E - weight	137 Kg
Examination	Body Mass Index	41.8

19-Oct-2023 Dr Derek Kelly Telephone call to a patient

Administration (P3)	Telephone encounter States congested. Dark green - bacterial. Multiple nasal operations. Cncerned - thinks should have been followed up by ENT years ago. Plan - rv notes,
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12-Oct-2023 Dr Sarah Packham ePharmacy message**12-Oct-2023 Dr Sarah Packham ePharmacy message****12-Oct-2023 Dr Sarah Packham ePharmacy message****12-Oct-2023 Dr Sarah Packham ePharmacy message****12-Oct-2023 Dr Sarah Packham ePharmacy message****06-Oct-2023 Mr Philip Harwood Repeat Issue****04-Sept-2023 Ms Paula Reid Clinic**

Intervention	Asthma management plan given	
Symptom	Diet good	
Symptom	Enjoys light exercise	
Examination	Inhaler technique - good	
Management	Asthma annual review Telephone review - managing well at present not using preventer - using salbutamol when needed c/o sinusitis which he had in June - advise to call triage line for gp advice no recent concerns re asthma review 2024	
Symptom (P3)	MRC Breathlessness Scale: grade 1	
Examination	Ex smoker	// cigarettes / cigars / tobacco
Examination	Asthma never causes daytime symptoms	
Examination	Asthma not disturbing sleep	
Examination	Asthma not limiting activities	
Examination	Alcohol intake within recommended sensible limits	units per week

29-Aug-2023 Dr Sarah Packham ePharmacy message**29-Aug-2023 Ms Iris Mclellan Repeat Issue**

Administration (P3)	SMS text message sent to patient Please contact Linkwood Medical on 0345 337 6350 between 10am and 12pm, or 2.30pm and 5pm. Please do not send replies to this numberRequires Annual Asthma Rev
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29-Aug-2023 Dr Sarah Packham ePharmacy message**29-Aug-2023 Dr Sarah Packham ePharmacy message****29-Aug-2023 Dr Sarah Packham ePharmacy message****29-Aug-2023 Dr Sarah Packham ePharmacy message**

29-Aug-2023 Dr Sarah Packham ePharmacy message**08-Aug-2023 Mr Cameron Taggart Other**

Administration SMS text message sent to patient LINKWOOD MEDICAL:
(P3) Dear James, You are overdue your annual review. To book this please contact the practice on 0345 337 6350.

28-Jun-2023 Dr Marc Maccrossan Results recording

23-Jun-2023 Examination Quantitative faecal immunochemical test Quantitv faecal 10 ug/Hb/g stool
immunochem tst - ug Hb/g - Symptomatic FIT Negative
23-Jun-2023 Examination **Quantitative faecal immunochemical test**Quantitv faecal immunochem tst - ug Hb/g - Symptomatic
FIT Negative:
Quantitative faecal immunochemical test Quantitv faecal 10 ug/Hb/g stool (No range available)
immunochem tst - ug Hb/g - Symptomatic FIT Negative

25-Jun-2023 Dr Sarah Packham ePharmacy message**25-Jun-2023 Dr Sarah Packham ePharmacy message****25-Jun-2023 Dr Sarah Packham ePharmacy message****25-Jun-2023 Dr Sarah Packham ePharmacy message****25-Jun-2023 Dr Sarah Packham ePharmacy message****23-Jun-2023 Dr Marc Maccrossan Telephone call to a patient**

Administration Telephone encounter call to discuss recent bloodsHb
(P3) 132Other bloods okHaematinics okdoes cramps in his
sides, never had this until the last year, comes and goes,
no patternbowels can go from constipated to loose stools
- says "for ages"no blood in poo that he has noticedno
weight loss - putting weight ondoes go to the gymis trying
to alter his dietno hx of bowel problemsmum died of bowel
cancer aged 67feels sinuses are congested at the
moment, had polyps removed, using fluticasone, not
helping his sinuses, feels they aren't draining, forever
blowing his nose.doesnt take antihistamine dailyPlan:For
qfit given change in bowels and fam hxtake antihistamine
dailyfor course of doxycycline for ?sinusitisa/w results of
qfithe will pick up script and qfit from desk

21-Jun-2023 Dr Anne Little Results recording

19-Jun-2023	Examination	Serum vitamin B12 ng/l	292 ng/L	
19-Jun-2023	Examination	Serum ferritin ug/l	40.3 ug/L	
19-Jun-2023	Examination	Serum folate ug/l	5.2 ug/L	
19-Jun-2023	Examination	Blood haematinic levels Vitamin B12 deficiency highly unlikely.Haematinic Results		
19-Jun-2023	Examination	Serum vitamin B12 ng/l:		
		Serum vitamin B12 ng/l	292 ng/L	(Range: 200 - 700)
19-Jun-2023	Examination	Serum ferritin ug/l:		
		Serum ferritin ug/l	40.3 ug/L	(Range: 20 - 300)
19-Jun-2023	Examination	Serum folate ug/l:		
		Serum folate ug/l	5.2 ug/L	(Range: 3 - 20)
19-Jun-2023	Examination	Blood haematinic levels Vitamin B12 deficiency highly unlikely.Haematinic Results:		
		Blood haematinic levels Vitamin B12 deficiency highly unlikely.Haematinic Results		(No range available)

19-Jun-2023 Miss Tracy Low Surgery consultation

Intervention Blood withdrawal as req
(P3)

12-Jun-2023 Dr Anne Little Administration

Diagnosis Advice about investigation results slightly low Hb - check
(P3) haematinics then tele review

12-Jun-2023 Dr Marc Maccrossan Results recording

09-Jun-2023	Examination	Serum albumin	37 g/L	
09-Jun-2023	Examination	Serum alkaline phosphatase U/L	98 U/L	
09-Jun-2023	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 19 U/L	
09-Jun-2023	Examination	Serum total bilirubin level	7 umol/L	
09-Jun-2023	Examination	Serum chloride	102 mmol/L	
09-Jun-2023	Examination	Serum creatinine	74 umol/L	
09-Jun-2023	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 29 U/L	
09-Jun-2023	Examination	Serum potassium	4.5 mmol/L	
09-Jun-2023	Examination	Serum sodium	134 mmol/L	
09-Jun-2023	Examination	Serum TSH level mU/L	0.82 mU/L	
09-Jun-2023	Examination	Serum urea level	5.1 mmol/L	
09-Jun-2023	Examination	Liver function test <none>		
09-Jun-2023	Examination	Thyroid function test <none>		
09-Jun-2023	Examination	Urea and electrolytes <none>		
09-Jun-2023	Examination	Biochemical test <none>		
09-Jun-2023	Examination	Biochemical test -		
09-Jun-2023	Examination	Serum free T4 level	13 pmol/L	
09-Jun-2023	Examination	Lipid level -	mmol/L	
09-Jun-2023	Examination	Haemolysis screening test -		
09-Jun-2023	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
09-Jun-2023	Examination	Serum albumin:		
		Serum albumin	37 g/L	(Range: 35 - 50)
09-Jun-2023	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	98 U/L	(Range: 30 - 130)
09-Jun-2023	Examination	Serum alanine aminotransferase level U/L:		
		Serum alanine aminotransferase level U/L	Serum ALT level - 19 U/L	(Range: 5 - 55)
09-Jun-2023	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	7 umol/L	(No range available)
09-Jun-2023	Examination	Serum chloride:		
		Serum chloride	102 mmol/L	(Range: 95 - 108)
09-Jun-2023	Examination	Serum creatinine:		
		Serum creatinine	74 umol/L	(Range: 59 - 104)
09-Jun-2023	Examination	Serum gamma-glutamyl transferase level U/L:		
		Serum gamma-glutamyl transferase level U/L	Serum gamma 29 U/L	(No range available)
09-Jun-2023	Examination	Serum potassium:		
		Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
09-Jun-2023	Examination	Serum sodium:		
		Serum sodium	134 mmol/L	(Range: 133 - 146)
09-Jun-2023	Examination	Serum TSH level mU/L:		
		Serum TSH level mU/L	0.82 mU/L	(Range: 0.35 - 4.94)
09-Jun-2023	Examination	Serum urea level:		
		Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
09-Jun-2023	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)
09-Jun-2023	Examination	Thyroid function test <none>:		
		Thyroid function test <none>		(No range available)
09-Jun-2023	Examination	Urea and electrolytes <none>:		
		Urea and electrolytes <none>		(No range available)
09-Jun-2023	Examination	Biochemical test <none>:		
		Biochemical test <none>		(No range available)
09-Jun-2023	Examination	Biochemical test -:		
		Biochemical test -		(No range available)
09-Jun-2023	Examination	Serum free T4 level:		
		Serum free T4 level	13 pmol/L	(Range: 8 - 19.1)
09-Jun-2023	Examination	Lipid level-:		
		Lipid level -	mmol/L	(No range available)
09-Jun-2023	Examination	Haemolysis screening test-:		
		Haemolysis screening test -		(No range available)
09-Jun-2023	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

12-Jun-2023 Dr Marc Maccrossan Results recording

09-Jun-2023	Examination	Eosinophil count x10 ⁹ /l	0.07 10 ⁹ /L	
09-Jun-2023	Examination	Haemoglobin estimation g/l	132 g/L	
09-Jun-2023	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
09-Jun-2023	Examination	Mean corpuscular volume (MCV) fl	91 fl	
09-Jun-2023	Examination	Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	
09-Jun-2023	Examination	Neutrophil count x10 ⁹ /l	3.4 10 ⁹ /L	
09-Jun-2023	Examination	Platelet count x10 ⁹ /l	167 10 ⁹ /L	
09-Jun-2023	Examination	Red blood cell (RBC) count x10 ¹² /l	4.5 10 ¹² /L	
09-Jun-2023	Examination	Total white cell count x10 ⁹ /l	6.4 10 ⁹ /L	
09-Jun-2023	Examination	Lymphocyte count x10 ⁹ /l	2.3 10 ⁹ /L	
09-Jun-2023	Examination	Full blood count - FBC <none>		
09-Jun-2023	Examination	Haematocrit - PCV l/l	0.41 L/L	
09-Jun-2023	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	
09-Jun-2023	Examination	Eosinophil countx10⁹/l: Abnormal		
		Eosinophil count x10 ⁹ /l	0.07 10 ⁹ /L	(Range: 0.1 - 0.5)
09-Jun-2023	Examination	Haemoglobin estimationg/l: Abnormal		
		Haemoglobin estimation g/l	132 g/L	(Range: 140 - 180)
09-Jun-2023	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
09-Jun-2023	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	91 fl	(Range: 83 - 98)
09-Jun-2023	Examination	Monocyte countx10⁹/l:		
		Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
09-Jun-2023	Examination	Neutrophil countx10⁹/l:		
		Neutrophil count x10 ⁹ /l	3.4 10 ⁹ /L	(Range: 1.5 - 7)
09-Jun-2023	Examination	Platelet countx10⁹/l:		
		Platelet count x10 ⁹ /l	167 10 ⁹ /L	(Range: 140 - 400)
09-Jun-2023	Examination	Red blood cell (RBC) countx10¹²/l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.5 10 ¹² /L	(Range: 5 - 6)
09-Jun-2023	Examination	Total white cell countx10⁹/l:		
		Total white cell count x10 ⁹ /l	6.4 10 ⁹ /L	(Range: 4 - 10)
09-Jun-2023	Examination	Lymphocyte countx10⁹/l:		
		Lymphocyte count x10 ⁹ /l	2.3 10 ⁹ /L	(Range: 1 - 4)
09-Jun-2023	Examination	Full blood count - FBC<none>:		
		Full blood count - FBC <none>		(No range available)
09-Jun-2023	Examination	Haematocrit - PCVl/l: Abnormal		
		Haematocrit - PCV l/l	0.41 L/L	(Range: 0.42 - 0.54)
09-Jun-2023	Examination	Basophil countx10⁹/l:		
		Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

09-Jun-2023 Miss Tracy Low Surgery consultation

Examination	O/E - blood pressure reading	134 / 90 mm Hg
Intervention	Blood withdrawal as req	
(P3)		

23-May-2023 Mrs Carol Anderson Administration

Administration Medical report sent Emailed to Company 23/05/2023PW
(P3) - JJ23052023CAemailed to
P.Bilsborough@bakercoleman.co.uk

23-May-2023 Mrs Carol Anderson Third Party Consultation

Administration Medical report sent Subject Access Request sent to third
(P3) party (***** & ***** S*****

17-May-2023 Mrs Carol Anderson Third Party Consultation

Administration Medical report requested Subject Access Request
(P3) requested by third party (***** & ***** S*****

17-May-2023 Mrs Carol Anderson Other

Administration Total notes on computer NO PAPER RECORDS
(P3)

17-May-2023 Mr Sys System Supervisor Third Party Consultation

Administration Letter encounter to patient Administration Letter
(P3) Historical Filing Back Scanned records Administration

16-May-2023 Dr Sarah Packham ePharmacy message**16-May-2023 Dr Sarah Packham ePharmacy message****16-May-2023 Dr Sarah Packham ePharmacy message****16-May-2023 Dr Sarah Packham ePharmacy message**

16-May-2023 Dr Sarah Packham ePharmacy message

10-May-2023 Dr Marc Maccrossan Other

Administration Consultation cough for one week, green phlegm at time. congested. no fevers.using salbutamol more, helping.no chest painno fevers.covid test negative yesterday.nasal congestion. using steroid inhaler not helping much at night. green mucus from nose in mornings.Looks welltalking full sentencesHR 62 Sats 96% Temp 36.6Chest clear throughout.Imp: Treat as LRTI with abx, may have element of sinusitis, so may help with this also.Before leaving, mentioned he can get crampy RUQ pain on and off for a year, helped with PPI. not related to eating.Couldnt explore fully today due to time constraints, offered to book bloods and appt after however he is going offshore soon. Will task admin to contact to arrange appt for bloods and for follow up appt with a GP. Worsening advice given if worsening sob/wheeze to sick r/v and if worsening abdo pain seek r/v.

10-May-2023 Dr Marc Maccrossan Other

Symptom Cough
(P3)
Administration Telephone encounter cough for one week, green phlegm at time. congested. no fevers.using salbutamol more, helping.no chest painno fevers.covid test negative yesterday, will check again today.given using inhaler more best for f2f r/v. booked to see me this morning.

Medications (inc. issues)**Acute****02-Jun-2026 Fluticasone furoate 27.5micrograms/dose nasal spray**

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

02-Jun-2026 Cetirizine 10mg tablets

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

02-Jun-2026 Omeprazole 20mg gastro-resistant capsules

0 capsule - 1 CAPSULE ONCE A DAY

02-Jun-2026 Ramipril 10mg capsules

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Jun-2026 Apixaban 5mg tablets

0 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

02-Jun-2026 Metformin 500mg tablets

0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

05-Feb-2026 Apixaban 5mg tablets

112 tablet - TAKE ONE TABLET TWICE DAILY. EMERGENCY SUPPLY BAIRDS

Repeat**02-Apr-2026 Fluticasone furoate 27.5micrograms/dose nasal spray**

720 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

02-Apr-2026 Ramipril 10mg capsules

168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Apr-2026 Cetirizine 10mg tablets

168 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

02-Apr-2026 Omeprazole 20mg gastro-resistant capsules

168 capsule - 1 CAPSULE ONCE A DAY

02-Apr-2026 Metformin 500mg tablets

672 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

02-Apr-2026 Apixaban 5mg tablets

336 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

02-Feb-2026 Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)

120 dose - USE AS DIRECTED PER AIR REGIME

Past**10-Apr-2026 Apixaban 5mg tablets Acute Medication (Past)**

0 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

10-Apr-2026 Metformin 500mg tablets Acute Medication (Past)

0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

10-Apr-2026 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

10-Apr-2026 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

10-Apr-2026 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

10-Apr-2026 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

05-Feb-2026 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

05-Feb-2026 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

05-Feb-2026 Metformin 500mg tablets Acute Medication (Past)

0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

05-Feb-2026 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

05-Feb-2026 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

05-Feb-2026 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

09-Dec-2025 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

09-Dec-2025 Metformin 500mg tablets Acute Medication (Past)

0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

09-Dec-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

09-Dec-2025 Apixaban 5mg tablets Acute Medication (Past)

0 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

09-Dec-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

07-Oct-2025 Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd) Acute Medication (Past)

120 dose - INHALE ONE PUFF TWICE DAILY

03-Oct-2025 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

03-Oct-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

03-Oct-2025 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

03-Oct-2025 Metformin 500mg tablets Acute Medication (Past)

0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

03-Oct-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

03-Oct-2025 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

03-Oct-2025 Apixaban 5mg tablets Acute Medication (Past)

0 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

08-Sept-2025 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)

600 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

08-Sept-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)

720 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

08-Sept-2025 Metformin 500mg tablets Repeat Medication (Past)

672 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

08-Sept-2025 Ramipril 10mg capsules Repeat Medication (Past)

168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

08-Sept-2025 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)

168 capsule - 1 CAPSULE ONCE A DAY

08-Sept-2025 Cetirizine 10mg tablets Repeat Medication (Past)

168 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

03-Sept-2025 Apixaban 5mg tablets Acute Medication (Past)

0 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

12-Aug-2025 Apixaban 5mg tablets Repeat Medication (Past)

336 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs every 6 months Thank you

08-Aug-2025 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

08-Aug-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

08-Aug-2025 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

08-Aug-2025 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

08-Aug-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

08-Aug-2025 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

02-July-2025 Cyanocobalamin 50microgram tablets Acute Medication (Past)
84 tablet - ONE TABLET DAILY FOR THREE MONTHS(FOR BLOOD TEST AFTER COMPLETION)

12-Jun-2025 Apixaban 5mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs 1 month after starting Then every 6 months Thank you

12-Jun-2025 Apixaban 5mg tablets Acute Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs 1 month after starting Then every 6 months Thank you

11-Jun-2025 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

11-Jun-2025 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

11-Jun-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

11-Jun-2025 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

11-Jun-2025 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

11-Jun-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

11-Jun-2025 Mounjaro KwikPen 7.5mg/0.6ml solution for injection 2.4ml... Repeat Medication (Past)
1 pre-filled disposable injection - PATIENT HAS BOUGHT FROM PRIVATE CLINICIAN, NOT AN NHS TREATMENT .

13-May-2025 Apixaban 5mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY AS PER HOSPITAL Notes for patient: Bloods monitoring required while on this medication U&Es, LFTs, FBCs 1 month after starting Then every 6 months Thank you

03-Apr-2025 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

03-Apr-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

03-Apr-2025 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

03-Apr-2025 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

03-Apr-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

03-Apr-2025 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

01-Apr-2025 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

01-Apr-2025 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
720 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

01-Apr-2025 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

01-Apr-2025 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

01-Apr-2025 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

01-Apr-2025 Metformin 500mg tablets Repeat Medication (Past)
672 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

07-Jan-2025 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - 1 THREE TIMES A DAY for 5 days

07-Dec-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

07-Dec-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

07-Dec-2024 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

07-Dec-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

07-Dec-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

07-Dec-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

12-Oct-2024 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

12-Oct-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

12-Oct-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

12-Oct-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

12-Oct-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

12-Oct-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

24-Sept-2024 Metformin 500mg tablets Acute Medication (Past)
0 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

23-Aug-2024 Metformin 500mg tablets Repeat Medication (Past)
672 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

23-Aug-2024 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

23-Aug-2024 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

23-Aug-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
720 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

23-Aug-2024 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

23-Aug-2024 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

23-Aug-2024 Metformin 500mg tablets Acute Medication (Past)
112 tablet - TAKE TWO TWICE DAILY (FOR DIABETES) GRADUAL START AS DISCUSSED

16-Aug-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

16-Aug-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

16-Aug-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

16-Aug-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

16-Aug-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

18-Jun-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

18-Jun-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

18-Jun-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

18-Jun-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

18-Jun-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

13-May-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

13-May-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

13-May-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

13-May-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

13-May-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-Mar-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-Mar-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-Mar-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

15-Mar-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-Mar-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

14-Feb-2024 Ipratropium bromide 21micrograms/dose nasal spray Acute Medication (Past)
180 dose - TAKE 2 PUFFS UP EACH NOSTRIL THREE TIMES DAILY

05-Feb-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

05-Feb-2024 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

05-Feb-2024 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

05-Feb-2024 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

05-Feb-2024 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-Dec-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-Dec-2023 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-Dec-2023 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

15-Dec-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-Dec-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

22-Nov-2023 Ipratropium bromide 21micrograms/dose nasal spray Acute Medication (Past)
180 dose - TAKE 2 PUFFS UP EACH NOSTRIL THREE TIMES DAILY

22-Nov-2023 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - TAKE TWO IMMEDIATELY THEN TAKE ONE DAILY THEREAFTER. SEVEN DAY COURSE

19-Oct-2023 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - TAKE TWO IMMEDIATELY THEN TAKE ONE DAILY THEREAFTER. SEVEN DAY COURSE

11-Oct-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

11-Oct-2023 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

11-Oct-2023 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

11-Oct-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

11-Oct-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

06-Oct-2023 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
1400 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

06-Oct-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
840 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

06-Oct-2023 Ramipril 10mg capsules Repeat Medication (Past)
392 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

06-Oct-2023 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
392 capsule - 1 CAPSULE ONCE A DAY

06-Oct-2023 Cetirizine 10mg tablets Repeat Medication (Past)
392 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

28-Aug-2023 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

28-Aug-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

28-Aug-2023 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

28-Aug-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

28-Aug-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

24-Jun-2023 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

24-Jun-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

24-Jun-2023 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

24-Jun-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

24-Jun-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

23-Jun-2023 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - TAKE TWO IMMEDIATELY THEN TAKE ONE DAILY THEREAFTER. SEVEN DAY COURSE

15-May-2023 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

15-May-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-May-2023 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-May-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-May-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

10-May-2023 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - 1 THREE TIMES A DAY for 5 days

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

22-Nov-2023 Dr Derek Kelly

Refer to dietician

. Recipient: Dr ***** Hospital department of Dietetics; Referral Type: Out Patient; Sender: Dr *****; Reason: Refer to dietician; Referral Status: Referred

Test Requests

16-Apr-2026 Mrs Linda Robertson

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: ltc bloods af, diabetes, hypertension, apixiban Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Urine, All samples collectedTest: Urine Albumin:Creatinine Ratio, Status: Complete, Updated: 16/04/2026

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Ms Karen Sabiston

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Apixaban bloods due Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, No samples collectedTest: LFT : Liver Function Test, Status: Requested, Updated: 29/01/2026Test: U&E : Renal Function, Status: Requested, Updated: 29/01/2026Ordered from: Haematology RTL - EDTA, No samples collectedTest: Full Blood Count, Status: Requested, Updated: 29/01/2026Ordered from: Monitoring, No samples collectedTest: Weight, Status: Requested, Updated: 29/01/2026Ordered from: Monitoring, No samples collectedTest: Height, Status: Requested, Updated: 29/01/2026

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Ms Joanna Fraser

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: on completion of Cyanocobalamin Priority: non-urgent, Ordered from: Haematology RTL - Serum, No samples collectedTest: Vitamin B12, Status: Requested, Updated: 02/07/2025Ordered from: Haematology RTL - EDTA, No samples collectedTest: Full Blood Count, Status: Requested, Updated: 02/07/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

26-Jun-2025 Ms Joanna Fraser

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: drop in Hb Priority: non-urgent, Ordered from: Haematology RTL - Serum, All samples collectedTest: Vitamin B12, Status: Complete, Updated: 26/06/2025Test: Ferritin, Status: Complete, Updated: 26/06/2025Test: Serum Folate, Status: Complete, Updated: 26/06/2025Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 26/06/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

30-May-2025 Miss Emma Howie

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Type 2 Diabetes / AF Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 30/05/2025Test: Lipid Profile, Status: Complete, Updated: 30/05/2025Test: TFT : Thyroid function test, Status: Complete, Updated: 30/05/2025Test: U&E : Renal Function, Status: Complete, Updated: 30/05/2025Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: HbA1c, Status: Complete, Updated: 30/05/2025Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 30/05/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

02-Aug-2024 Dr Sarah Packham

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: ? new t2dmrpt 2 weeks as per protocol Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: HbA1c, Status: Complete, Updated: 02/08/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

10-Jun-2024 Dr Sarah Packham

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: fasting glucose 8.7 Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: HbA1c, Status: Complete, Updated: 10/06/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

05-Jun-2024 Miss Betty Kainza-Fines

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: FASTING GLUCOSE Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 05/06/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

12-Mar-2024 Miss Emma Howie

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Hypertension Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 12/03/2024Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 12/03/2024Test: Lipid Profile, Status: Complete, Updated: 12/03/2024Test: TFT : Thyroid function test, Status: Complete, Updated: 12/03/2024Test: U&E : Renal Function, Status: Complete, Updated: 12/03/2024Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 12/03/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

23-Jun-2023 Dr Marc Maccrossan

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: altered bowel habit for one year between constipation and diarrhoea. ***** had bowel cancer. Hb 132, normal ferritin Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Faeces, All samples collectedTest: Quantitative FIT (qFIT), Status: Complete, Updated: 23/06/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

19-Jun-2023 Miss Tracy Low

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Low Hb Priority: non-urgent, Ordered from: Haematology RTL - Serum, All samples collectedTest: Vitamin B12, Status: Complete, Updated: 19/06/2023Test: Ferritin, Status: Complete, Updated: 19/06/2023Test: Serum Folate, Status: Complete, Updated: 19/06/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

09-Jun-2023 Dr Marc Maccrossan

Laboratory test requested

Remote Test request from ICE system: ICE Provider Clinical Information: crampy abdominal pain for one year. Priority: non-urgent, Ordered from: Haematology RTL - EDTA, All samples collected Test: Full Blood Count, Status: Complete, Updated: 09/06/2023 Ordered from: Clinical Biochemistry RTL - SST, All samples collected Test: LFT : Liver Function Test, Status: Complete, Updated: 09/06/2023 Test: TFT : Thyroid function test, Status: Complete, Updated: 09/06/2023 Test: U&E : Renal Function, Status: Complete, Updated: 09/06/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

Test Results

14-July-2026 Dr Sarah Packham

Result: Serum creatinine
Serum creatinine 68 umol/L (No range available)

14-July-2026

Result: DDimer level Negative
Normal
DDimer level Negative (No range available)

14-July-2026

Result: ECG Sinus HR88
ECG Sinus HR88 (No range available)

14-July-2026

Result: Standard chest X-ray Patchy opacification left lower lobe with no concerning features
Standard chest X-ray Patchy opacification left lower lobe with no concerning features (No range available)

14-July-2026 Miss Emma Howie

Result: 12 lead ECG
12 lead ECG (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Urine albumin <none>
Urine albumin <none> (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Urine albumin
Urine albumin 5 mg/L (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Urine creatinine
Urine creatinine 9785 umol/L (Range: 1000 - 35000)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Urine albumin:creatinine ratio mg/mmol Creat
Urine albumin:creatinine ratio mg/mmol Creat 2.5 mg/mmol(creat) (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring

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

16-Apr-2026 Mrs Linda Robertson

Result: Urinalysis = no abnormality acr sent
Urinalysis = no abnormality acr sent (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised -
Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - 39 mmol/mol (Range: 20 - 41)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Serum albumin
Serum albumin 41 g/L (Range: 35 - 50)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Serum alkaline phosphatase U/L
Serum alkaline phosphatase U/L 100 U/L (Range: 30 - 130)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Serum alanine aminotransferase level Serum ALT level - U/L
Serum alanine aminotransferase level Serum ALT level - U/L 14 U/L (Range: 5 - 55)

01-Apr-2026 Ms Chronic Disease Monitoring

Result: Serum total bilirubin level
Serum total bilirubin level 14 umol/L (No range available)

01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum chloride Serum chloride	106 mmol/L	(Range: 95 - 108)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum total cholesterol level Serum total cholesterol level	3.5 mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum creatinine Serum creatinine	92 umol/L	(Range: 59 - 104)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum gamma-glutamyl transferase level Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	33 U/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.3 mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum LDL cholesterol level Serum LDL cholesterol level	1.8 mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum non high density lipoprotein cholesterol level Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level -	2.2 mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum potassium Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum sodium Serum sodium	137 mmol/L	(Range: 133 - 146)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum triglycerides Serum triglycerides	0.89 mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum TSH level Serum TSH level mU/L	1.5 mU/L	(Range: 0.35 - 4.94)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum urea level Serum urea level	3.9 mmol/L	(Range: 2.5 - 7.8)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Serum lipids Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Liver function test Liver function test <none>		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Thyroid function test Thyroid function test <none>		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Urea and electrolytes Urea and electrolytes <none>		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test Gold top SST sample received, sample required re-centrifugation on arrival at lab: results for unstable analytes (potassium, phosphate, creatinine (and eGFR), bicarbonate, bilirubin, iron and LDH) should be interpreted with extreme caution.		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test See Comments		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test <none>		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test -		(No range available)

01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Serum free T4 level		
Serum free T4 level	14.2 pmol/L	(Range: 8 - 19.1)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Lipid level-		
Lipid level -	mmol/L	(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Haemolysis screening test-		
Haemolysis screening test -		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: GFR calculated abbreviated MDRD <i>GFR calculated abbreviated MDRD - ml/min/1.73m2</i>		
GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Eosinophil count $\times 10^9/l$		
Eosinophil count $\times 10^9/l$	0.1 $10^9/L$	(Range: 0.1 - 0.5)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Haemoglobin estimation <i>g/l</i>		
Abnormal		
Haemoglobin estimation g/l	137 g/L	(Range: 140 - 180)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Mean corpusc. haemoglobin (MCH)		
Mean corpusc. haemoglobin (MCH)	30.1 pg	(Range: 27 - 32)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Mean corpuscular volume (MCV) <i>fl</i>		
Mean corpuscular volume (MCV) fl	92 fl	(Range: 83 - 98)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Monocyte count $\times 10^9/l$		
Abnormal		
Monocyte count $\times 10^9/l$	0.9 $10^9/L$	(Range: 0.2 - 0.8)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Neutrophil count $\times 10^9/l$		
Neutrophil count $\times 10^9/l$	6.8 $10^9/L$	(Range: 1.5 - 7)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Platelet count $\times 10^9/l$		
Platelet count $\times 10^9/l$	275 $10^9/L$	(Range: 140 - 400)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Red blood cell (RBC) count $\times 10^{12}/l$		
Abnormal		
Red blood cell (RBC) count $\times 10^{12}/l$	4.5 $10^{12}/L$	(Range: 5 - 6)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Total white cell count $\times 10^9/l$		
Abnormal		
Total white cell count $\times 10^9/l$	10.3 $10^9/L$	(Range: 4 - 10)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Lymphocyte count $\times 10^9/l$		
Lymphocyte count $\times 10^9/l$	2.5 $10^9/L$	(Range: 1 - 4)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Full blood count - FBC <i><none></i>		
Full blood count - FBC <none>		(No range available)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Haematocrit - PCV <i>l/l</i>		
Haematocrit - PCV l/l	0.42 L/L	(Range: 0.42 - 0.54)
01-Apr-2026 Ms Chronic Disease Monitoring		
Result: Basophil count $\times 10^9/l$		
Basophil count $\times 10^9/l$	0.02 $10^9/L$	(Range: 0.01 - 0.1)
01-Apr-2026 Mrs Linda Robertson		
Result: Urine not examined <i>pot given for acr</i>		
Urine not examined pot given for acr		(No range available)
26-Jun-2025 Ms Joanna Fraser		
Result: Serum vitamin B12 <i>ng/l</i>		
Abnormal		
Serum vitamin B12 ng/l	165 ng/L	(Range: 200 - 700)
26-Jun-2025 Ms Joanna Fraser		
Result: Serum ferritin <i>ug/l</i>		
Serum ferritin ug/l	39 ug/L	(Range: 20 - 300)

26-Jun-2025 Ms Joanna Fraser		
Result: Serum folate ug/l		
Serum folate ug/l	6.1 ug/L	(Range: 3 - 20)
26-Jun-2025 Ms Joanna Fraser		
Result: Blood haematinic levels Vitamin B12 deficiency possible, correlate with clinical features. Replace B12 if clinically indicated or consider repeat after 3 months. Haematinic Results		
Blood haematinic levels Vitamin B12 deficiency possible, correlate with clinical features. Replace B12 if clinically indicated or consider repeat after 3 months. Haematinic Results		(No range available)
26-Jun-2025 Ms Joanna Fraser		
Result: Eosinophil count $\times 10^9/l$		
Eosinophil count $\times 10^9/l$	0.1 $10^9/L$	(Range: 0.1 - 0.5)
26-Jun-2025 Ms Joanna Fraser		
Result: Haemoglobin estimation g/l		
Abnormal		
Haemoglobin estimation g/l	139 g/L	(Range: 140 - 180)
26-Jun-2025 Ms Joanna Fraser		
Result: Mean corpusc. haemoglobin (MCH)		
Mean corpusc. haemoglobin (MCH)	30.3 pg	(Range: 27 - 32)
26-Jun-2025 Ms Joanna Fraser		
Result: Mean corpuscular volume (MCV) fl		
Mean corpuscular volume (MCV) fl	95 fL	(Range: 83 - 98)
26-Jun-2025 Ms Joanna Fraser		
Result: Monocyte count $\times 10^9/l$		
Monocyte count $\times 10^9/l$	0.6 $10^9/L$	(Range: 0.2 - 0.8)
26-Jun-2025 Ms Joanna Fraser		
Result: Neutrophil count $\times 10^9/l$		
Neutrophil count $\times 10^9/l$	3.7 $10^9/L$	(Range: 1.5 - 7)
26-Jun-2025 Ms Joanna Fraser		
Result: Platelet count $\times 10^9/l$		
Platelet count $\times 10^9/l$	271 $10^9/L$	(Range: 140 - 400)
26-Jun-2025 Ms Joanna Fraser		
Result: Red blood cell (RBC) count $\times 10^{12}/l$		
Abnormal		
Red blood cell (RBC) count $\times 10^{12}/l$	4.6 $10^{12}/L$	(Range: 5 - 6)
26-Jun-2025 Ms Joanna Fraser		
Result: Total white cell count $\times 10^9/l$		
Total white cell count $\times 10^9/l$	6.9 $10^9/L$	(Range: 4 - 10)
26-Jun-2025 Ms Joanna Fraser		
Result: Lymphocyte count $\times 10^9/l$		
Lymphocyte count $\times 10^9/l$	2.5 $10^9/L$	(Range: 1 - 4)
26-Jun-2025 Ms Joanna Fraser		
Result: Full blood count - FBC <none>		
Full blood count - FBC <none>		(No range available)
26-Jun-2025 Ms Joanna Fraser		
Result: Haematocrit - PCV %		
Haematocrit - PCV %	0.44 L/L	(Range: 0.42 - 0.54)
26-Jun-2025 Ms Joanna Fraser		
Result: Basophil count $\times 10^9/l$		
Basophil count $\times 10^9/l$	0.04 $10^9/L$	(Range: 0.01 - 0.1)
30-May-2025 Ms Chronic Disease Monitoring		
Result: Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised -		
Abnormal		
Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised -	61 mmol/mol	(Range: 20 - 41)
30-May-2025 Ms Chronic Disease Monitoring		
Result: Serum albumin		
Serum albumin	35 g/L	(Range: 35 - 50)
30-May-2025 Ms Chronic Disease Monitoring		
Result: Serum alkaline phosphatase U/L		
Serum alkaline phosphatase U/L	86 U/L	(Range: 30 - 130)
30-May-2025 Ms Chronic Disease Monitoring		
Result: Serum alanine aminotransferase level Serum ALT level - U/L		
Serum alanine aminotransferase level Serum ALT level - U/L	20 U/L	(Range: 5 - 55)
30-May-2025 Ms Chronic Disease Monitoring		
Result: Serum total bilirubin level		
Serum total bilirubin level	4 umol/L	(No range available)

30-May-2025 Ms Chronic Disease Monitoring Result: Serum chloride Serum chloride	107 mmol/L	(Range: 95 - 108)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum total cholesterol level Serum total cholesterol level	4.3 mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum creatinine Serum creatinine	80 umol/L	(Range: 59 - 104)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum gamma-glutamyl transferase level Serum gamma-glutamyl transferase level	39 U/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.1 mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum LDL cholesterol level Serum LDL cholesterol level	2.6 mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum non high density lipoprotein cholesterol level Serum non high density lipoprotein cholesterol level	3.2 mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum potassium Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum sodium Serum sodium	138 mmol/L	(Range: 133 - 146)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum triglycerides Serum triglycerides	1.44 mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum TSH level Serum TSH level	1.21 mU/L	(Range: 0.35 - 4.94)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum urea level Serum urea level	5.6 mmol/L	(Range: 2.5 - 7.8)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum lipids Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Liver function test Liver function test	<none>	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Thyroid function test Thyroid function test	<none>	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Urea and electrolytes Urea and electrolytes	<none>	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test	<none>	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Biochemical test Biochemical test	-	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Serum free T4 level Serum free T4 level	12.1 pmol/L	(Range: 8 - 19.1)
30-May-2025 Ms Chronic Disease Monitoring Result: Lipid level Lipid level	mmol/L	(No range available)
30-May-2025 Ms Chronic Disease Monitoring Result: Haemolysis screening test Haemolysis screening test	-	(No range available)

30-May-2025 Ms Chronic Disease Monitoring**Result:** GFR calculated abbreviated MDRD *GFR calculated abbreviated MDRD - ml/min/1.73m2*GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - 60 mL/min
ml/min/1.73m2

(Range: 60 - 140)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Eosinophil count $\times 10^9/l$ Eosinophil count $\times 10^9/l$ 0.1 $10^9/L$

(Range: 0.1 - 0.5)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Haemoglobin estimation *g/l*

Abnormal

Haemoglobin estimation g/l

135 g/L

(Range: 140 - 180)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Mean corpusc. haemoglobin (MCH)

Mean corpusc. haemoglobin (MCH)

30.2 pg

(Range: 27 - 32)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Mean corpuscular volume (MCV) *fl*

Mean corpuscular volume (MCV) fl

94 fL

(Range: 83 - 98)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Monocyte count $\times 10^9/l$ Monocyte count $\times 10^9/l$ 0.6 $10^9/L$

(Range: 0.2 - 0.8)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Neutrophil count $\times 10^9/l$ Neutrophil count $\times 10^9/l$ 3.8 $10^9/L$

(Range: 1.5 - 7)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Platelet count $\times 10^9/l$ Platelet count $\times 10^9/l$ 279 $10^9/L$

(Range: 140 - 400)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Red blood cell (RBC) count $\times 10^{12}/l$

Abnormal

Red blood cell (RBC) count $\times 10^{12}/l$ 4.5 $10^{12}/L$

(Range: 5 - 6)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Total white cell count $\times 10^9/l$ Total white cell count $\times 10^9/l$ 6.5 $10^9/L$

(Range: 4 - 10)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Lymphocyte count $\times 10^9/l$ Lymphocyte count $\times 10^9/l$ 2.1 $10^9/L$

(Range: 1 - 4)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Full blood count - FBC *<none>*Full blood count - FBC *<none>*

(No range available)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Haematocrit - PCV *l/l*

Haematocrit - PCV l/l

0.42 L/L

(Range: 0.42 - 0.54)

30-May-2025 Ms Chronic Disease Monitoring**Result:** Basophil count $\times 10^9/l$ Basophil count $\times 10^9/l$ 0.03 $10^9/L$

(Range: 0.01 - 0.1)

30-May-2025 Ms Ashleigh Hardwick**Result:** 12 lead ECG

12 lead ECG

(No range available)

30-May-2025 Ms Ashleigh Hardwick**Result:** ECG *ECG taken as requested.*

ECG ECG taken as requested.

(No range available)

02-Aug-2024 Dr Sarah Packham**Result:** Haemoglobin A1c level - IFCC standardised *HbA1c lev l - IFCC standardised -*

Abnormal

Haemoglobin A1c level - IFCC standardised HbA1c lev l - IFCC standardised -

63 mmol/mol

(Range: 20 - 41)

10-Jun-2024 Dr Sarah Packham**Result:** Haemoglobin A1c level - IFCC standardised *HbA1c lev l - IFCC standardised -*

Abnormal

Haemoglobin A1c level - IFCC standardised HbA1c lev l - IFCC standardised -

66 mmol/mol

(Range: 20 - 41)

05-Jun-2024 Dr Sarah Packham**Result:** Plasma glucose level *<none>*Plasma glucose level *<none>*

mmol/L

(No range available)

05-Jun-2024 Dr Sarah Packham**Result:** Plasma fasting glucose level

Abnormal

Plasma fasting glucose level

8.7 mmol/L

(Range: 3.7 - 6)

12-Mar-2024 Ms Diane Maciver

Result: Serum albumin

Serum albumin

35 g/L

(Range: 35 - 50)

12-Mar-2024 Ms Diane Maciver

Result: Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

95 U/L

(Range: 30 - 130)

12-Mar-2024 Ms Diane Maciver

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

Serum alanine aminotransferase level Serum ALT level - U/L

16 U/L

(Range: 5 - 55)

12-Mar-2024 Ms Diane Maciver

Result: Serum total bilirubin level

Serum total bilirubin level

7 umol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum chloride

Serum chloride

105 mmol/L

(Range: 95 - 108)

12-Mar-2024 Ms Diane Maciver

Result: Serum total cholesterol level

Serum total cholesterol level

4.4 mmol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum creatinine

Serum creatinine

73 umol/L

(Range: 59 - 104)

12-Mar-2024 Ms Diane Maciver

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

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

33 U/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

1 mmol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum LDL cholesterol level

Serum LDL cholesterol level

2.8 mmol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

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

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

3.4 mmol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum potassium

Serum potassium

4.4 mmol/L

(Range: 3.5 - 5.3)

12-Mar-2024 Ms Diane Maciver

Result: Serum sodium

Serum sodium

137 mmol/L

(Range: 133 - 146)

12-Mar-2024 Ms Diane Maciver

Result: Serum triglycerides

Serum triglycerides

1.34 mmol/L

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Serum TSH level mU/L

Serum TSH level mU/L

0.76 mU/L

(Range: 0.35 - 4.94)

12-Mar-2024 Ms Diane Maciver

Result: Serum urea level

Serum urea level

6 mmol/L

(Range: 2.5 - 7.8)

12-Mar-2024 Ms Diane Maciver

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

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

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Liver function test <none>

Liver function test <none>

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Thyroid function test <none>

Thyroid function test <none>

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

12-Mar-2024 Ms Diane Maciver

Result: Biochemical test <none>

Biochemical test <none>

(No range available)

12-Mar-2024 Ms Diane Maciver Result: Biochemical test- Biochemical test -		(No range available)
12-Mar-2024 Ms Diane Maciver Result: Serum free T4 level Serum free T4 level	11.2 pmol/L	(Range: 8 - 19.1)
12-Mar-2024 Ms Diane Maciver Result: Lipid level- Lipid level -	mmol/L	(No range available)
12-Mar-2024 Ms Diane Maciver Result: Haemolysis screening test- Haemolysis screening test -		(No range available)
12-Mar-2024 Ms Diane Maciver Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
12-Mar-2024 Ms Diane Maciver Result: Plasma glucose level Abnormal Plasma glucose level	8 mmol/L	(Range: 3.7 - 6)
12-Mar-2024 Ms Diane Maciver Result: Eosinophil countx10 ⁹ /l Abnormal Eosinophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.1 - 0.5)
12-Mar-2024 Ms Diane Maciver Result: Haemoglobin estimationg/l Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
12-Mar-2024 Ms Diane Maciver Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	30.2 pg	(Range: 27 - 32)
12-Mar-2024 Ms Diane Maciver Result: Mean corpuscular volume (MCV)fl Mean corpuscular volume (MCV) fl	93 fL	(Range: 83 - 98)
12-Mar-2024 Ms Diane Maciver Result: Monocyte countx10 ⁹ /l Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
12-Mar-2024 Ms Diane Maciver Result: Neutrophil countx10 ⁹ /l Neutrophil count x10 ⁹ /l	4.4 10 ⁹ /L	(Range: 1.5 - 7)
12-Mar-2024 Ms Diane Maciver Result: Platelet countx10 ⁹ /l Platelet count x10 ⁹ /l	273 10 ⁹ /L	(Range: 140 - 400)
12-Mar-2024 Ms Diane Maciver Result: Red blood cell (RBC) countx10 ¹² /l Abnormal Red blood cell (RBC) count x10 ¹² /l	4.7 10 ¹² /L	(Range: 5 - 6)
12-Mar-2024 Ms Diane Maciver Result: Total white cell countx10 ⁹ /l Total white cell count x10 ⁹ /l	7.1 10 ⁹ /L	(Range: 4 - 10)
12-Mar-2024 Ms Diane Maciver Result: Lymphocyte countx10 ⁹ /l Lymphocyte count x10 ⁹ /l	2.1 10 ⁹ /L	(Range: 1 - 4)
12-Mar-2024 Ms Diane Maciver Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
12-Mar-2024 Ms Diane Maciver Result: Haematocrit - PCVl/l Haematocrit - PCV l/l	0.43 L/L	(Range: 0.42 - 0.54)
12-Mar-2024 Ms Diane Maciver Result: Basophil countx10 ⁹ /l Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)
23-Jun-2023 Dr Marc Maccrossan Result: Quantitative faecal immunochemical test Quantitative faecal immunochemical test Quantitv faecal immunochem tst - ug Hb/g - Symptomatic FIT Negative Hb/g - Symptomatic FIT Negative	10 ug/Hb/g stool	(No range available)

19-Jun-2023 Dr Anne Little		
Result: Serum vitamin B12		
Serum vitamin B12 ng/l	292 ng/L	(Range: 200 - 700)
19-Jun-2023 Dr Anne Little		
Result: Serum ferritin		
Serum ferritin ug/l	40.3 ug/L	(Range: 20 - 300)
19-Jun-2023 Dr Anne Little		
Result: Serum folate		
Serum folate ug/l	5.2 ug/L	(Range: 3 - 20)
19-Jun-2023 Dr Anne Little		
Result: Blood haematinic levels	Vitamin B12 deficiency highly unlikely. Haematinic Results	
Blood haematinic levels	Vitamin B12 deficiency highly unlikely. Haematinic Results	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum albumin		
Serum albumin	37 g/L	(Range: 35 - 50)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum alkaline phosphatase	U/L	
Serum alkaline phosphatase	98 U/L	(Range: 30 - 130)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum alanine aminotransferase level	Serum ALT level - U/L	
Serum alanine aminotransferase level	Serum ALT level - U/L	19 U/L (Range: 5 - 55)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum total bilirubin level		
Serum total bilirubin level	7 umol/L	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum chloride		
Serum chloride	102 mmol/L	(Range: 95 - 108)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum creatinine		
Serum creatinine	74 umol/L	(Range: 59 - 104)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	
Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	29 U/L (No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum potassium		
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum sodium		
Serum sodium	134 mmol/L	(Range: 133 - 146)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum TSH level	mU/L	
Serum TSH level	0.82 mU/L	(Range: 0.35 - 4.94)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum urea level		
Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
09-Jun-2023 Dr Marc Maccrossan		
Result: Liver function test	<none>	
Liver function test	<none>	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Thyroid function test	<none>	
Thyroid function test	<none>	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Urea and electrolytes	<none>	
Urea and electrolytes	<none>	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Biochemical test	<none>	
Biochemical test	<none>	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Biochemical test	-	
Biochemical test	-	(No range available)
09-Jun-2023 Dr Marc Maccrossan		
Result: Serum free T4 level		
Serum free T4 level	13 pmol/L	(Range: 8 - 19.1)

09-Jun-2023 Dr Marc Maccrossan

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

09-Jun-2023 Dr Marc Maccrossan

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

09-Jun-2023 Dr Marc Maccrossan

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

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

60 mL/min

(Range: 60 - 140)

09-Jun-2023 Dr Marc Maccrossan

Result: Eosinophil count x10⁹/l

Abnormal

Eosinophil count x10⁹/l0.07 10⁹/L

(Range: 0.1 - 0.5)

09-Jun-2023 Dr Marc Maccrossan

Result: Haemoglobin estimation g/l

Abnormal

Haemoglobin estimation g/l

132 g/L

(Range: 140 - 180)

09-Jun-2023 Dr Marc Maccrossan

Result: Mean corpusc. haemoglobin (MCH)

Mean corpusc. haemoglobin (MCH)

30 pg

(Range: 27 - 32)

09-Jun-2023 Dr Marc Maccrossan

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

91 fL

(Range: 83 - 98)

09-Jun-2023 Dr Marc Maccrossan

Result: Monocyte count x10⁹/lMonocyte count x10⁹/l0.6 10⁹/L

(Range: 0.2 - 0.8)

09-Jun-2023 Dr Marc Maccrossan

Result: Neutrophil count x10⁹/lNeutrophil count x10⁹/l3.4 10⁹/L

(Range: 1.5 - 7)

09-Jun-2023 Dr Marc Maccrossan

Result: Platelet count x10⁹/lPlatelet count x10⁹/l167 10⁹/L

(Range: 140 - 400)

09-Jun-2023 Dr Marc Maccrossan

Result: Red blood cell (RBC) count x10¹²/l

Abnormal

Red blood cell (RBC) count x10¹²/l4.5 10¹²/L

(Range: 5 - 6)

09-Jun-2023 Dr Marc Maccrossan

Result: Total white cell count x10⁹/lTotal white cell count x10⁹/l6.4 10⁹/L

(Range: 4 - 10)

09-Jun-2023 Dr Marc Maccrossan

Result: Lymphocyte count x10⁹/lLymphocyte count x10⁹/l2.3 10⁹/L

(Range: 1 - 4)

09-Jun-2023 Dr Marc Maccrossan

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

09-Jun-2023 Dr Marc Maccrossan

Result: Haematocrit - PCV l/l

Abnormal

Haematocrit - PCV l/l

0.41 L/L

(Range: 0.42 - 0.54)

09-Jun-2023 Dr Marc Maccrossan

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

(Range: 0.01 - 0.1)

Other Items

This section is empty.

Attachments

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04-Aug-2026 CAROL ANDERSON

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Filename: igprda_15.tif

Extension: .tif

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			23-Nov-2023	
Patient Consent has been given for information sharing			Date Referral Submitted	
			23-Nov-2023 @ 13:40:10	

Unique Care Pathway Number: **101031436747H**CHI No: **2601742178**

REFERRAL TO	
Dietetics R3N3 Grampian General Protocol	Consultant / receiving practitioner and/or specialty clinic
Dr Gray's Hospital Pluscarden Road Elgin Morayshire IV30 1SN	Hospital and hospital address Hospital unit no. N411H Email address
Urgency of Referral	Routine
Sensitivity of Referral	Sensitive

PATIENT DETAILS				
Surname	JACKSON	Patients address 8 SPEY COURT ELGIN MORAY IV30 4AS		
Forename(s)	JAMES			
Title	MR		Sex	Male
Marital Status	Divorced		Contact details	
Date of birth	26-Jan-1974	Mobile:	07873 610 515	
CHI No.	2601742178			

REFERRING PRACTITIONER DETAILS				
Name	Dr. Derek Kelly	Practice address The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ		
GP Code	66664		GMC Code	4443193
Practice name	Linkwood Medical (32707)		Contact details	
Practice code	32707		Voice:	0345 337 6350

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Registered GP
Patient will accept cancellation or short notice appointment: true

CLINICAL INFORMATION						
<i>History of presenting complaint / examination findings / investigation results</i>						
<u>Presenting complaint</u>						
Reason For Referral	Weight					
Referral Reason / Background	Dear Colleagues, I would be grateful for your touching base with this 49 year old single gentleman who works off shore. He admits that his diet is not healthy. His weight is increasing and he now weighs 137kg (BMI 41) - which might make him ineligible to continue with his present job offshore. I have given basic advice to James - he would however very much benefit and appreciate contact from the Dieticians to advise and monitor for weight loss. Kind regards Dr Derek Kelly					
<u>Examinations and Investigations</u>						
<u>Examinations</u>						
Ex smoker	Smoking status on date of event: Ex-smoker.	04-Sep-2023				
Ex smoker	Smoking status on date of event: Ex-smoker.	14-Jul-2022				
Current smoker	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1.	08-Dec-2020				
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	04-Sep-2023				
Alcohol intake within recommended sensible limits	Drinking status on eventdate: Current drinker.	14-Jul-2022				
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	08-Dec-2020				
Enjoys light exercise	-	04-Sep-2023				
Enjoys light exercise	-	14-Jul-2022				
Enjoys moderate exercise	-	08-Dec-2020				
<u>Investigations</u>						
NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD -					
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED -					
<u>Patient Measurements</u>	<u>Date Recorded</u>	<u>Diastolic</u>	<u>Systolic</u>	<u>Height (m)</u>	<u>Weight (kg)</u>	<u>BMI</u>
	09-Jun-2023	134	90			
	14-Jul-2022	119	84			
	08-Dec-2020	118	89			
	22-Nov-2023			1.81	137	41.8
	14-Jul-2022			1.81	125	38.1
	08-Dec-2020			1.81	124	37.8
<i>Reason for Referral</i>						
Care type requested	Out Patient					
Expected outcome	Treat					
<i>Past medical history</i>						
<i>Pre-existing conditions</i>						
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>		
Essential	-	-	-	19-Feb-2018		

hypertension				
Asthma	-	-	-	04-Jun-2015
Trigeminal neuralgia NOS	-	-	[TRUNCATED]c/o pain on side of face comes up to 20 times per day R side of face. shooting pain no visual disturbance. fundi normal. ?? trigeminal neuralgia try carbamazepine anxious after head injur	17-Aug-2011
Head injury	-	-	Problem=Dormant	29-Sep-1993

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Intranasal antrostomy	-	-	05-Sep-1989
Free skin graft	-	-	10-Nov-1987

Medication DetailsCurrent and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Fluticasone furoate 27.5micrograms/dose nasal spray	94815020	dose	2 SPRAYS INTO EACH NOSTRIL AT NIGHT	-	18-Mar-2021	-
Cetirizine 10mg tablets	70930020	tablet	TAKE ONE DAILY FOR HAYFEVER/A [more]	-	16-Mar-2018	-
Salbutamol 100micrograms/dose inhaler CFC free	59554020	dose	2 PUFFS WHEN REQUIRED	-	16-Mar-2018	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	1 CAPSULE ONCE A DAY	-	16-Mar-2018	-
Ramipril 10mg capsules	70737020	capsule	TAKE 1 EVERY MORNING FOR BLOO[more]	-	05-Mar-2018	-

Past Medication Section

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Ipratropium bromide 21micrograms/dose nasal spray	-	dose	TAKE 2 PUFFS UP EACH NOSTRIL [more]	-	22-Nov-2023	-
Doxycycline 100mg capsules	-	capsule	TAKE TWO IMMEDIATELY THEN TA[more]	-	22-Nov-2023	-
Doxycycline 100mg capsules	-	capsule	TAKE TWO IMMEDIATELY THEN TA[more]	-	19-Oct-2023	-
Fluticasone furoate 27.5micrograms/dose nasal spray	-	dose	2 SPRAYS INTO EACH NOSTRIL AT NIGHT	-	18-Mar-2021	-
Cetirizine 10mg tablets	-	tablet	TAKE ONE DAILY FOR HAYFEVER/A [more]	-	16-Mar-2018	-
Omeprazole 20mg gastro-resistant capsules	-	capsule	1 CAPSULE ONCE A DAY	-	16-Mar-2018	-
Ramipril 10mg capsules	-	capsule	TAKE 1 EVERY MORNING FOR BLOO[more]	-	05-Mar-2018	-
Salbutamol 100micrograms/dose inhaler CFC free	-	dose	2 PUFFS WHEN REQUIRED	-	16-Mar-2018	-

Application Version No.2.1.1c

Stylesheet Version No.7.17
R21

Signature of referring doctor (or other professional)

Date

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NHS Confidential: Personal data about a patient

**Community Dietetic
Department**

**Community Adult Weight
Management Department**
Urquhart Building, City
Hospital, Park Road,
Aberdeen, AB24 5AU



Private & Confidential
Dr Derek Kelly
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
Elgin
IV30 6GQ

Date 11 September 2024

Extension 56556
Direct Line (01224) 556556

Dear Dr Kelly,

Re: Mr James Jackson, CHI – 2601742178, 8 Spey Court, Elgin, IV30 4AS

Thank you for referring the above patient to the community dietetic department for advice and support to manage their weight.

The patient was sent a letter which invited them to make a 30 minute assessment Video/Telephone call to assess how our department can best support their needs. We informed the patient that if we hadn't heard from them within 4 weeks on receiving the letter we would assume they no longer require Dietetic input and would discharge from our service.

To date we have had no contact from the above patient so are therefore discharging from our service. Should they want support in the future, please re-refer if appropriate. If you wish to discuss this further please call on the number above.

Regards

**Community Adult Weight
Management Department**

grg01: 11/09/2024 15:41

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Clinical Note



Name:	Mr James Jackson	CHI:	2601742178	DOB:	26/01/1974	Gender:	Male
Address:	8 Spey Court, Elgin, Morayshire IV30 4AS						

Routine

Clinical Contact Details

Specialty: General Medicine Date: 14/07/2026 16:11:58 Location: Dr Grays Hospital

Notes

AEC

GP referral - Palpitations and chest pains on and off since the weekend

Felt drained and intermittently sweaty over the weekend. Reports coughing a variety of colours of phlegm in last 2 days. Overnight has noticed several alerts from his apple watch for episodes of tachycardia (186) and irregular - has known AF. This morning is intermittently aware of palpitations and feels worse than yesterday, and a little light-headed. Complains of pleuritic chest pain on deep inspiration. GI ok.

O/E

Looks uncomfortable and a little SOB. ECG is sinus HR 88. Chest has subtle crackles left mid zone. Obs ok. Apyrexial. HS I+II+0. Calves soft non tender, no peripheral oedema. Pulse full and regular. ENT NAD

IMP - LRTI

CXR - patchy opacification left lower lobe with no concerning features.

Bloods - inflammatory markers raised, d-dimer and trop negative.

Plan - home with amoxicillin 1g TDS for 5 days. Strong worsening statement

	Name	Date/Time:	Contact No:	Role:
Authorised By:	Rebecca Salmon	14/07/2026 16:11:58	67028	Doctor

A copy of this document has been sent to the NHS Grampian SCI Store.

A copy of this document has been sent to the patients registered GP.

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**Community Dietetic
Department**

**Community Adult Weight
Management Department
Urquhart Building, City
Hospital, Park Road,
Aberdeen, AB24 5AU**



**Private & Confidential
Dr Derek Kelly
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
Elgin
IV30 6GQ**

Date 11 September 2024

Extension 56556
Direct Line (01224) 556556

Dear Dr Kelly,

Re: Mr James Jackson, CHI – 2601742178, 8 Spey Court, Elgin, IV30 4AS

Thank you for referring the above patient to the community dietetic department for advice and support to manage their weight.

The patient was sent a letter which invited them to make a 30 minute assessment Video/Telephone call to assess how our department can best support their needs. We informed the patient that if we hadn't heard from them within 4 weeks on receiving the letter we would assume they no longer require Dietetic input and would discharge from our service.

To date we have had no contact from the above patient so are therefore discharging from our service. Should they want support in the future, please re-refer if appropriate. If you wish to discuss this further please call on the number above.

Regards

**Community Adult Weight
Management Department**

igprda1 11/09/2024 13:41

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04-Aug-2026 CAROL ANDERSON
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NHS Confidential: Personal data about a patient



22-Apr-2026

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0003963



313/00019

855594 / 0102 / 000663

Dear Dr Sahra Green,

Re: James Jackson – 26-Jan-1974 – Apartment 4, 2 Bond Street, Bridgwater, TA6 3DN – Repeat Order for Mounjaro® Injection 12.5mg

The above patient has completed a weight loss consultation with MedExpress, which has been reviewed by our team of clinicians. Based on this, they have been prescribed 1 x **Mounjaro® Injection 12.5mg (Step up dose)** on **22-Apr-2026**.

The patient has consented to informing you of their prescription, and consents to you sharing relevant information with us if needed. The patient has given permission for us to request medical information from yourselves if necessary. We do not prescribe for anyone who does not consent to this.

The patient has confirmed they have no contraindications to treatment, including but not limited to: Pancreatitis, active Gallstones, Type 1 Diabetes, Medullary Thyroid Cancer, Multiple Endocrine Neoplasia 2, or an Eating Disorder. Additionally, they have confirmed they are not taking any Narrow Therapeutic Index (NTI) drugs or Insulin.

If the patient has an NHS Summary Care Record (SCR), we have reviewed it to check for any contraindications. We do not prescribe for patients who do not give us permission to check their SCR.

The patient has provided weight verification evidence to support their eligibility for treatment. According to our records, this patient's (current) **BMI is 34.38 (height 183cm, weight 115.0kg)**.

They have been informed how to administer the medication, of potential common and serious side effects (including potential mood changes), and how to manage these. We have a dedicated side effects service staffed by skilled clinicians. If relevant, we advise patients on the need for additional contraceptive precautions.

They have been encouraged to contact us with any queries or concerns regarding their treatment. We appreciate you taking the time to read this letter. Please do not hesitate to contact us if you would like any further information.

Yours sincerely,
MedExpress

Unit 14, Ashbourne Drive, Leamington Spa, England, CV31 3SS
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www.medexpress.co.uk

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28-Feb-2026

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0005770



313/00031

Dear Dr Sahra Green,

Re: James Jackson -- 26-Jan-1974 -- Apartment 4, 2 Bond Street, Bridgwater, TA6 3DN --- Repeat Order for Mounjaro® Injection 10mg

The above patient has completed a weight loss consultation with MedExpress, which has been reviewed by our team of clinicians. Based on this, they have been prescribed 1 x Mounjaro® Injection 10mg (Step up dose) on 27-Feb-2026.

The patient has consented to informing you of their prescription, and consents to you sharing relevant information with us if needed. The patient has given permission for us to request medical information from yourselves if necessary. We do not prescribe for anyone who does not consent to this.

The patient has confirmed they have no contraindications to treatment, including but not limited to: Pancreatitis, active Gallstones, Type 1 Diabetes, Medullary Thyroid Cancer, Multiple Endocrine Neoplasia 2, or an Eating Disorder. Additionally, they have confirmed they are not taking any Narrow Therapeutic Index (NTI) drugs or Insulin.

If the patient has an NHS Summary Care Record (SCR), we have reviewed it to check for any contraindications. We do not prescribe for patients who do not give us permission to check their SCR.

The patient has provided weight verification evidence to support their eligibility for treatment. According to our records, this patient's (current) BMI is 34.38 (height 183cm, weight 115.0kg).

They have been informed how to administer the medication, of potential common and serious side effects (including potential mood changes), and how to manage these. We have a dedicated side effects service staffed by skilled clinicians. If relevant, we advise patients on the need for additional contraceptive precautions.

They have been encouraged to contact us with any queries or concerns regarding their treatment. We appreciate you taking the time to read this letter. Please do not hesitate to contact us if you would like any further information.

Yours sincerely,
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W10 Confidential: Personal data about a patient



03-Jan-2026

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0104464



313 B/00451

03/01/2026 10:04:54

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 7.5mg (Step up dose).

They have provided us with the following measurement for BMI: 35.28 (height: 183 cm; weight: 118.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

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NHS Confidential: Personal data about a patient



06-Dec-2025

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0003860



313/00020

027464 / 0102 / 0003860

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 7.5mg (Step up dose).

They have provided us with the following measurement for BMI: 34.38 (height: 183 cm; weight: 115.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
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Yours sincerely

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04-Aug-2026 CAROL ANDERSON
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NHS Confidential: Personal data about a patient



26-Nov-2025

002146/0102/0037147

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0037147



996/00191

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® injection 7.5mg (Step up dose).

They have provided us with the following measurement for BMI: 34.38 (height: 183 cm; weight: 115.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

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Yours sincerely

MedExpress

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Pages:

W10 Confidential: Personal data about a patient



17-Oct-2025

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0002702



313/00015

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® injection 5mg (Step up dose).

They have provided us with the following measurement for BMI: 36.18 (height: 183 cm; weight: 121.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. Inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

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We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

MedExpress

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NHS Confidential: Personal data about a patient



18-Jul-2025

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0027749



996/00151

1574816 0102 0027749

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 5mg (Step up dose).

They have provided us with the following measurement for BMI: 38.27 (height: 183 cm; weight: 128.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

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Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

We do recognise your workload and thank you for taking the time to read this letter and responding if you feel it is necessary. Please don't hesitate to contact us if you have any questions.

Yours sincerely

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04-Aug-2026 CAROL ANDERSON
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0561798/0102/0033116



12-Jun-2025

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0033116



996/00175

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 5mg (Step up dose).

They have provided us with the following measurement for BMI: 40.07 (height: 183 cm; weight: 134.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

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Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

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Yours sincerely

MedExpress

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W05 Confidential: Personal data about a patient



29-May-2025

Dr Sahra Green
Linkwood medical
Glassgreen center
Thornhill drive
IV30 6GQ

0030099



996/00154

US57447/0102/000059

Dear Dr Sahra Green,

Your patient James Jackson (DOB: 1974-01-26) has completed a weight loss consultation with MedExpress and we have provided them with 1 x Mounjaro® Injection 2.5mg (Starter dose).

They have provided us with the following measurement for BMI: 41.26 (height: 183 cm; weight: 138.0 kg)

They have advised us they are registered to your surgery and have none of the following conditions:

- An Eating Disorder
- Diabetes for which they are not using injectables or tablets to control their blood sugar, other than metformin
- Pregnancy / Breastfeeding
- Acromegaly or any growth hormone problem
- Chronic Malabsorption Syndrome
- Cushing's Syndrome
- Gallbladder, Bile Duct or Pancreas disease
- Gastric surgery (bariatric surgery)
- Heart disease (e.g. ischaemic heart disease, heart attack, heart failure)
- Hypoglycaemia
- Kidney Disease
- Liver Disease
- Multiple Endocrine Neoplasia
- Pancreatitis
- Severe gastrointestinal disease (e.g. inflammatory bowel disease, ulcerative colitis, Crohn's disease)
- Thyroid Cancer

If you are aware the information they have provided may be inaccurate we would greatly appreciate it if you could contact us on the details below, so that we can discuss next steps with the patient.

Your patient has provided us with their consent to communicate with you. Please note we are not asking for specific information from their medical record or your opinion on the suitability of treatment. The responsibility to treat remains entirely with us and our prescribers.

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Yours sincerely

MedExpress

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NHS Confidential: Personal details of a patient

Diabetic Eye Screening

Visit <http://www.mydiabetesmyway.scot.nhs.uk> and sign up now!



GP
LINKWOOD MEDICAL
THE GLASSGREEN CENTRE
2 THORNHILL DRIVE
ELGIN
IV30 6GQ

David Anderson Building,
Foresterhill Road,
ABERDEEN,
AB25 2ZP.
Tel 01224 550466
gram.eyescreeningappts@nhs.scot

Tuesday, 12 November 2024

Dear Doctor

DIABETIC EYE SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	2601742178
Name	JAMES JACKSON
Date of birth	26-Jan-1974
Address	8 SPEY COURT, ELGIN, IV30 4AS

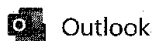
This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

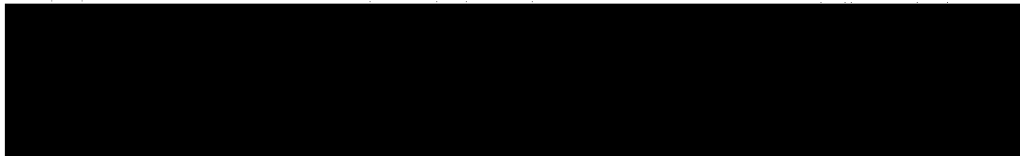
Unless we hear from the patient in the meantime, they will be re-invited. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 01224 550466.

Yours sincerely

Diabetic Retinopathy Screening Programme



James Jackson 26-01-74 hospital admission

You don't often get email from jimmyj957@aol.com. [Learn why this is important](#)

Sir as I explained on the phone I was admitted to musgrove park hospital in Taunton yesterday as I work down here at the moment
I was admitted with atrial fibrillation & flutter

I have attached the letter the hospital gave me for you I am home on the 29th 30th you don't open weekend so the early morning of Monday the 2nd June

THIRD PARTY COPY

Musgrove Park Hospital **NHS**

Emergency Department
Musgrove Park Hospital
Taunton
Somerset
TA1 5DA

Tel: 01823 342901
Fax: 01823 344517
11 May 2025

Dr NOT KNOWN
GP Practice Code Not Known (V81999)

Dear Dr NOT KNOWN

Name: Mr James Jackson D.O.B: 26/01/1974 Gender: Male Address: 8 Spay Court Eigin Morayshire IV30 4AS	NHS Number: MRN: 2535334 Home Telephone: Mobile Telephone: 078873810515 Source of Referral: Emergency Services
---	---

Previous Emergency Department attendances in the last 12 months: 0
 Your patient attended the Emergency Department on: 11/05/2025 15:08:00

Your patient was seen and treated in our A&E Department, the details of which can be seen below

Presenting Problem: C: Palpitations

Incident Location: Work

Triage finding: Abnormal pulse Priority: P2

Examined By: Kerry Hunter Grade: Associate Specialist

Diagnosis: ATRIAL FIBRILLATION & FLUTTER, Moderator: Confirmed

Outcome: Not Recorded

Authorised by: Sophie Oaten Grade:

Lead Consultant (On Behalf Of The Department): James Gagg

Investigations carried out: ECG, Lactate, Haematology, Clotting Studies, Biochemistry, Troponin, C reactive protein (CRP).

Treatment carried out: IV Cannula, Verbal Advice, Vital Signs.

Medication given during visit: Drug Oral, Medication review, Paracetamol.

No Leaflets Given

Attendance Summary: 51yr old

Musgrove Park Hospital Accident & Emergency Department

Printed: 11/05/2025 17:47

Page 1 of 2

Lives in Elgin in NE Scotland, but works at Hinkley point

PMHx: HTN, T2DM on metformin, increased BMI - 135kg, hiatus hernia

Fast AF at 13:30. Palpitations, sweaty, jaw cramps. No chest pain. BP normal. AF 180bpm on arrival

Given bisoprolol 5mg and self cardioverted to 102bpm half an hour later and maintained in sinus rhythm for the next 2 hours

James has been advised to return to ED if he goes into fast AF again, in which case he would experience palpitations, sweatiness and perhaps chest pains. Otherwise, he is fit to return to work and will see his GP when he gets back home to Elgin

Medic: 51yr old

Lives in Elgin in NE Scotland, but works at Hinkley point

PMHx: HTN, T2DM on metformin, increased BMI - 133kg, hiatus hernia

Fast AF at 13:00. Palpitations, sweaty, jaw cramps. No chest pain. BP normal. AF 180bpm on arrival.

Last ate at 12:30. Given bisoprolol 5mg and self cardioverted to 102bpm half an hour later

Plan: observe for an hour. If maintains sinus rhythm can be discharged with fu with GP

Medic: Still in sinus rhythm, 86bpm

CHA2DS2-VASc score 2 => anticoagulation should be started

His GP is up in Elgin and he will go back up there at the end of the month

d/w Steve med Spr - agrees to start apixaban 5mg bd today. Not for bisoprolol as is rate controlled. I will give him a print out of his notes today as well as a copy of his ECG of fast AF to give his GP in Elgin

Medic: Trop 26.4 (no chest pain, will be rate related)
urea 8.2, creat 126, bloods otherwise normal

Medic: James has been advised to return to ED if he goes into fast AF again, in which case he would experience palpitations, sweatiness and perhaps chest pains. Otherwise, he is fit to return to work and will see his GP when he gets back home to Elgin

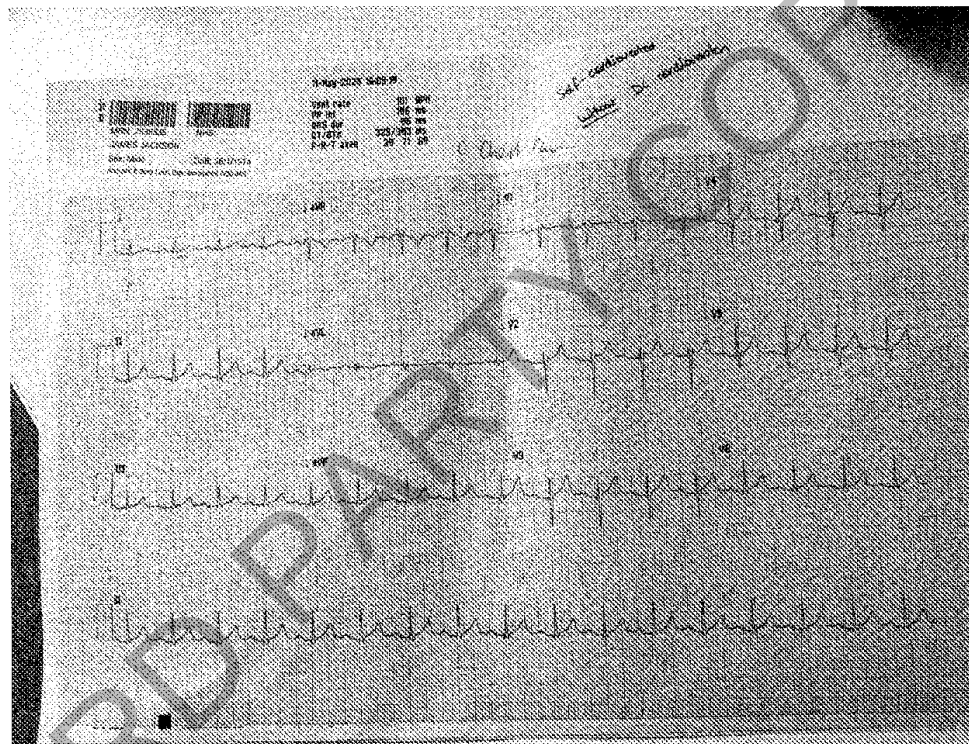
No further detail regarding the attendance of this patient in the Emergency Department is available at the time this letter was sent - please contact Musgrove Park ED for urgent enquiries

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04-Aug-2026 CAROL ANDERSON
Additional: Scanned Document

Jimmy Jackson

Regards



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04-Aug-2026 CAROL ANDERSON
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Subject Access Request



Patient	Mr James Jackson
Date of birth	26-Jan-1974 (age 49)
Gender	M
NHS number	2601742178
Patient's address	8 Spey Court Elgin Moray IV30 4AS
Date range selected	Full record
Organisation	[REDACTED]
Reference	[REDACTED]

Problems

Active

13-Apr-2022 Dr Gary Milne
Voice hoarseness

11-Jan-2022 Ms Diane Maciver
Urine glucose test = +

08-Dec-2020 Dr Rachel Lowe
Haemoptysis - symptom

27-Dec-2018 Mrs Sonya Mould
Upper respiratory infection NOS

19-Feb-2018 Mrs Christine Thomson
Essential hypertension

11-Sept-2015 Dr Gemma Munro
Campylobacter gastrointestinal tract infection

26-Aug-2015 Mrs Alison Murray
Adult screening

04-Jun-2015 Mrs Alison Murray
Asthma

06-Apr-2015 Dr Garry Farquhar
Nocturnal cough / wheeze

12-Jan-2015 Dr Stephen Davidson
[D]Sleep apnoea syndrome

25-Feb-2013 Mrs Sonya Mould
[D]Rash and other nonspecific skin eruption

17-Aug-2011 Dr J T Wilson
Trigeminal neuralgia NOS

04-May-2011 Dr David Rathband
Smoking cessation advice

12-Jan-2011 Dr David Rathband
Head injury

29-Dec-2010
Open wound of head NOS

09-Sept-2010 Dr Alex McClure
Infective otitis externa

15-Jun-2010 Dr J T Wilson
Knee pain

19-Oct-2009 Dr Jane Ketley
Chronic rhinitis

24-Sept-2009 Dr Janette Critchley
Acute tonsillitis

28-July-2009 Dr Janaka Abeynayake
[D]Musculoskeletal chest pain

29-Apr-2009 Dr Garry Farquhar
Cellulitis and abscess of hand NOS

01-Oct-2008 Dr Sarah McGregor
Reflux oesophagitis

21-Nov-2006 Mrs Carole Knox
New patient screen

20-Nov-2006 Mrs Susan Green
Ethnic groups (census)

21-Aug-1989 Dr Rachel Lowe
Nasal polyps

26-Jan-1974 Mrs Karen Pollard
Immunisations

Significant Past

This section is empty.

Minor Past

31-July-2009 Dr Rachel Lowe
Hiatus hernia

30-Apr-2009 Mrs Karen Pollard
[X]Bite from human

29-Apr-2009 Dr Garry Farquhar
Candidal balanitis

15-Jan-2009 Dr J T Wilson
Acute bronchiolitis

15-Jan-2009 Dr J T Wilson
Eustachian tube dysfunction

05-Jan-2009 Dr Alex McClure
Diarrhoea & vomiting, symptom

29-Sept-1993 Dr Rachel Lowe
Head injury

10-Nov-1987 Dr Rachel Lowe
Sequelae of burns corrosions and frostbite

Consultations

17-May-2023 Mrs Carol Anderson Other

Administration Total notes on computer NO PAPER RECORDS

17-May-2023 Mr Sys System Supervisor Third Party Consultation

Administration Letter encounter to patient Administration Letter
Historical Filing Back Scanned records Administration

16-May-2023 Dr Sarah Packham ePharmacy message

16-May-2023 Dr Sarah Packham ePharmacy message

16-May-2023 Dr Sarah Packham ePharmacy message

16-May-2023 Dr Sarah Packham ePharmacy message

16-May-2023 Dr Sarah Packham ePharmacy message

10-May-2023 Dr Marc Maccrossan Other

Administration Consultation cough for one week, green phlegm at time.
congested. no fevers.using salbutamol more, helping.no
chest painno fevers.covid test negative yesterday.nasal
congestion. using steroid inhaler not helping much at
night. green mucus from nose in mornings.Looks
welltalking full sentencesHR 62 Sats 96% Temp
36.6Chest clear throughout.Imp: Treat as LRTI with abx,
may have element of sinusitis, so may help with this
also.Before leaving, mentioned he can get crampy RUQ
pain on and off for a year, helped with PPI. not related to
eating.Couldnt explore fully today due to time constraints,
offered to book bloods and appt after however he is going
offshore soon. Will task admin to contact to arrange appt
for bloods and for follow up appt with a GP. Worsening
advice given if worsening sob/wheeze to sick r/v and if
worsening abdo pain seek r/v.

10-May-2023 Dr Marc Maccrossan Other

Symptom Cough
Administration Telephone encounter cough for one week, green phlegm at time. congested. no fevers.using salbutamol more, helping.no chest painno fevers.covid test negative yesterday, will check again today.given using inhaler more best for f2f r/v. booked to see me this morning.

02-Apr-2023 Dr Sarah Packham ePharmacy message

02-Apr-2023 Dr Sarah Packham ePharmacy message

02-Apr-2023 Dr Sarah Packham ePharmacy message

02-Apr-2023 Dr Sarah Packham ePharmacy message

02-Apr-2023 Dr Sarah Packham ePharmacy message

10-Feb-2023 Mr Cameron Taggart Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL
DO NOT REPLY: If you have not yet been given or collected your acute prescription issued yesterday, it has been sent to your chosen collection point (Pharmacy or Practice). If you are collecting from a Pharmacy, please wait until after 4pm before trying to collect your medication. {Patient Group Acute 09/02}

09-Feb-2023 Mrs Sonya Mould Telephone call to a patient

Administration Telephone encounter Chesty productive cough, asthmatic, declined appnt happy for treatment, speaking in full sentences, script to lloyds FFWSG

31-Jan-2023 Dr Sarah Packham ePharmacy message

31-Jan-2023 Dr Sarah Packham ePharmacy message

31-Jan-2023 Dr Sarah Packham ePharmacy message

31-Jan-2023 Dr Sarah Packham ePharmacy message

31-Jan-2023 Dr Sarah Packham ePharmacy message

21-Dec-2022 Mr Cameron Taggart Other

21-Dec-2022 Mr Cameron Taggart Other

21-Dec-2022 Mr Cameron Taggart Administration

Administration SMS text message sent to patient LINKWOOD MEDICAL:
Dear James M It is time for your annual review. To book, please contact the practice on 0345 337 6350 after 11am if possible. DO NOT REPLY. {Patient Group Ltc - January Patients (Excl Hb)}

21-Dec-2022 Mr Cameron Taggart Other

21-Dec-2022 Mr Cameron Taggart Other

23-Nov-2022 Dr Sarah Packham ePharmacy message

23-Nov-2022 Dr Sarah Packham ePharmacy message

23-Nov-2022 Dr Sarah Packham ePharmacy message

23-Nov-2022 Dr Sarah Packham ePharmacy message

23-Nov-2022 Dr Sarah Packham ePharmacy message

16-Nov-2022 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc *FLU - Seqirus UK (Moray: Fiona Elcock Vaccination Centre)*

16-Nov-2022 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine *C-19 Comirnaty (Moray: Fiona Elcock Vaccination Centre)*

15-Oct-2022 Dr Sarah Packham ePharmacy message

15-Oct-2022 Dr Sarah Packham ePharmacy message

15-Oct-2022 Dr Sarah Packham ePharmacy message

15-Oct-2022 Dr Sarah Packham ePharmacy message

15-Oct-2022 Dr Sarah Packham ePharmacy message

13-Oct-2022 Mr David Rooke Repeat Issue

Diagnosis Medication discussed with pharmacist Call to lloyds re CMS following patient concern that he has been told they have no prescriptions. Lloyds have lost the prescriptions that were issued in July. They have made one dispensing off them then unclear what they have done with them? Should have been valid until August 2023. only option is to generate new prescriptions. Marked for patient to COLLECT from practice tomorrow lunchtime and advised patient these need to be taken to lloyds as CMS.

13-Oct-2022 Ms Iris Mclellan Repeat Issue

20-Sept-2022 Miss Chloe Booth Administration

25-July-2022 Dr Sarah Packham ePharmacy message

25-July-2022 Dr Sarah Packham ePharmacy message

25-July-2022 Dr Sarah Packham ePharmacy message

25-July-2022 Dr Sarah Packham ePharmacy message

25-July-2022 Dr Sarah Packham ePharmacy message

20-July-2022 Ms Elaine Mackintosh Medicine Management

Administration SMS text message sent to patient Hello James , I've moved your medication to cms/annual prescription, thanks Linkwood Medical

Administration Medication review taking omeprazole 20mg daily, symptoms well controlled bloods and BP in range for HTN

18-July-2022 Ms Diane Maciver Administration

Diagnosis Assessing cardiovascular risk using SIGN score

16-July-2022 Ms Chronic Disease Monitoring Results recording

14-July-2022	Examination	Serum albumin	39 g/L	
14-July-2022	Examination	Serum alkaline phosphatase U/L	96 U/L	
14-July-2022	Examination	Serum alanine aminotransferase level	Serum ALT level - 23 U/L	
14-July-2022	Examination	Serum total bilirubin level	11 umol/L	
14-July-2022	Examination	Serum chloride	101 mmol/L	
14-July-2022	Examination	Serum total cholesterol level	3.7 mmol/L	
14-July-2022	Examination	Serum creatinine	86 umol/L	
14-July-2022	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	30 U/L
14-July-2022	Examination	Serum HDL cholesterol level	0.9 mmol/L	
14-July-2022	Examination	Serum LDL cholesterol level	2.3 mmol/L	
14-July-2022	Examination	Serum non high density lipoprotein cholesterol level	Se non HDL cholesterol level -	2.8 mmol/L
14-July-2022	Examination	Serum potassium	Slightly Haemolysed	4.6 mmol/L
14-July-2022	Examination	Serum sodium		133 mmol/L
14-July-2022	Examination	Serum triglycerides		1.16 mmol/L
14-July-2022	Examination	Serum urea level		4.1 mmol/L
14-July-2022	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	
14-July-2022	Examination	Liver function test	New GGT assay implemented 16/05/22, note updated reference ranges	
14-July-2022	Examination	Urea and electrolytes	<none>	
14-July-2022	Examination	Biochemical test	<none>	
14-July-2022	Examination	Biochemical test	-	
14-July-2022	Examination	Lipid level	-	mmol/L
14-July-2022	Examination	Haemolysis screening test	+	
14-July-2022	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min
14-July-2022	Examination	Serum albumin:	39 g/L	(Range: 35 - 50)
14-July-2022	Examination	Serum alkaline phosphatase U/L:	96 U/L	(Range: 30 - 130)
14-July-2022	Examination	Serum alanine aminotransferase level:	Serum ALT level - U/L: 23 U/L	(Range: 5 - 55)
14-July-2022	Examination	Serum total bilirubin level:	11 umol/L	(No range available)
14-July-2022	Examination	Serum chloride:	101 mmol/L	(Range: 95 - 108)
14-July-2022	Examination	Serum total cholesterol level:	3.7 mmol/L	(No range available)
14-July-2022	Examination	Serum creatinine:	86 umol/L	(Range: 59 - 104)
14-July-2022	Examination	Serum gamma-glutamyl transferase level:	Serum gamma GT level - U/L: 30 U/L	(No range available)
14-July-2022	Examination	Serum HDL cholesterol level:	0.9 mmol/L	(No range available)
14-July-2022	Examination	Serum LDL cholesterol level:	2.3 mmol/L	(No range available)
14-July-2022	Examination	Serum non high density lipoprotein cholesterol level:	Se non HDL cholesterol level -	(No range available)
14-July-2022	Examination	Serum potassium:	Slightly Haemolysed	(Range: 3.5 - 5.3)
14-July-2022	Examination	Serum sodium:	133 mmol/L	(Range: 133 - 146)
14-July-2022	Examination	Serum triglycerides:	1.16 mmol/L	(No range available)
14-July-2022	Examination	Serum urea level:	4.1 mmol/L	(Range: 2.5 - 7.8)
14-July-2022	Examination	Serum lipids:	See national guidance (SIGN, NICE) for lipid treatment targets.	(No range available)
14-July-2022	Examination	Liver function test:	New GGT assay implemented 16/05/22, note updated reference ranges	(No range available)
14-July-2022	Examination	Urea and electrolytes:	<none>	(No range available)
14-July-2022	Examination	Biochemical test:	<none>	(No range available)
14-July-2022	Examination	Biochemical test:	-	(No range available)
14-July-2022	Examination	Lipid level:	-	mmol/L
14-July-2022	Examination	Haemolysis screening test:	+	(No range available)
14-July-2022	Examination	GFR calculated abbreviated MDRD:	GFR calculated abbreviatd MDRD - ml/min/1.73m2: 60 mL/min	(Range: 60 - 140)

16-July-2022 Ms Chronic Disease Monitoring Results recording

14-July-2022	Examination	Plasma glucose level	5 mmol/L	
14-July-2022	Examination	Plasma glucose level:		
		Plasma glucose level	5 mmol/L	(Range: 3.7 - 6)

14-July-2022 Miss Tracy Low Surgery consultation

Symptom	Diet average Works offshore, so meals home cooked when away but diet not so great when on shore as lives alone so mostly takeaways.		
Examination	O/E - pulse rate		78 bpm
Examination	O/E - blood pressure reading	Large Cuff Used.	119 / 84 mm Hg
Intervention	Blood withdrawal	as req	
Examination	O/E - weight		125 Kg
Examination	Body Mass Index		38.1

14-July-2022 Mrs Hilary Ford Surgery consultation

Symptom	Enjoys light exercise		
Examination	Inhaler technique - good Good		
Management	Asthma annual review says asthma is currently well controlled nit using flutiform and has a stockpile of about 10 of them seldom needs salbutamol Advised to ensure salbutamol is to hand and indate but can discontinue flutiformif requiring salbutamol more than 3-4 times weekly should contact us re inhalers		
Symptom	MRC Breathlessness Scale: grade 1		
Examination	Ex smoker		// cigarettes / cigars / tobacco
Examination	Asthma never causes daytime symptoms		
Examination	Asthma not disturbing sleep		
Examination	Asthma not limiting activities		
Examination	Alcohol intake within recommended sensible limits		units per week

20-Jun-2022 Mr David Rooke Repeat Issue**08-Jun-2022 Mr David Rooke Repeat Issue**

Diagnosis	Advice about treatment given Note on rx advising patient to contact the practice ASAP to arrange LTC appointments as requested multiple times. Unable to reauth CMS until attends. 1x acute issued today of meds.		
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30-May-2022 Dr Sarah Packham ePharmacy message**30-May-2022 Ms Iris Mclellan Repeat Issue**

Administration	SMS text message sent to patient Please contact Linkwood Medical on 0345 337 6350 between 10:30 and 12:00, or 2:30 and 5:00. Please do not send replies to this number.Requires LTC - BP Bloods AND Asthma for CMS		
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28-Apr-2022 Dr Sarah Packham Administration**28-Apr-2022 Miss Sarah Gibb Administration**

Intervention	Refer for X-Ray
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26-Apr-2022 Dr Sarah Packham ePharmacy message**26-Apr-2022 Dr Sarah Packham ePharmacy message****26-Apr-2022 Dr Sarah Packham ePharmacy message****26-Apr-2022 Dr Sarah Packham ePharmacy message****26-Apr-2022 Dr Sarah Packham ePharmacy message****22-Apr-2022 Mrs Susan Robertson Other**

Intervention	Referral to oncologist
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22-Apr-2022 Dr Anne Little Surgery consultation

Administration Consultation past 6-7 months hoarseness - constant, does worsen at times where struggles to speak. No weight loss. No swelling in neck. Ex smoker >1 year. Previous reflux but controlled with omeprazole.o/e no lumps, swelling, tenderness in neckthroat red, nil else (says constantly like this)P - urgent referral ENT (of note away offshore 1st may 3 weeks again)

13-Apr-2022 Dr Gary Milne Surgery consultation

Symptom Voice hoarseness Hoarseness and weak voice for last 3-4 weeks. Denies any sore throat. No infective symptoms. PCR testing at work all negative just back from being offshore. Think throat looks redder than normal when looking in mirror. Ex smoker - stopped 1 year ago. No unexplained weight loss, appetite good, no fever/night sweats. Certainly sounds hoarse on phone. Can't come in until Friday, appt booked ?USC Head and neck ref

17-Feb-2022 Dr Sarah Packham ePharmacy message**17-Feb-2022 Dr Sarah Packham ePharmacy message****17-Feb-2022 Dr Sarah Packham ePharmacy message****17-Feb-2022 Dr Sarah Packham ePharmacy message****09-Feb-2022 Miss Chelsea Henderson Administration**

11-Jan-2022 Administration SMS text message sent to patient Message from Linkwood Medical.Dear James M. You are due an Annual Review and we need you to make an appointment for a Long-Term Condition Preliminary Review (Blood Test/BP etc) If you are already registered for online prescriptions then you can now book your Prelim appointment online as well! <https://www.patient-services.co.uk/welcome> If you do not have access to this service, please call 0345 337 6350, ideally between 11am and 1pm, to book and ask to register for online services. (Patient Group 01/2022- No Ch, Hb, Or Appts Booked)

03-Feb-2022 Mrs Sonya Mould Telephone call to a patient

Administration Telephone encounter URTI/Sore throat/nasal congestionHappy for treatment covid tests negative.Treat as directed, script for collectionWSG

11-Jan-2022 Miss Emma Howie Other

Examination	Urinalysis = no abnormality	
Examination	Urine test for glucose	
Examination	Urinalysis = no abnormality.	
	Urinalysis = no abnormality	(No range available)
Examination	Urine test for glucose:	
	Urine test for glucose	(No range available)

11-Jan-2022 Ms Diane Maciver Telephone call to a patient

Examination Urine glucose test = + had a medical yesterday found had to have glucose in urine check glucose and dip stix urine

07-Jan-2022 Miss Chelsea Henderson Other**13-Dec-2021 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Pfizer (Moray: Fiona Elcock Vaccination Centre)

13-Dec-2021 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Pfizer (J Harrington)

11-Dec-2021 Dr Sarah Packham ePharmacy message**11-Dec-2021 Dr Sarah Packham ePharmacy message**

11-Dec-2021 Dr Sarah Packham ePharmacy message

11-Dec-2021 Dr Sarah Packham ePharmacy message

11-Dec-2021 Dr Sarah Packham ePharmacy message

11-Dec-2021 Dr Sarah Packham ePharmacy message

19-Nov-2021 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Flucelvax Tetra (QIVc) (Moray: Fiona Elcock Vaccination Centre)

19-Nov-2021 Dr Sarah Packham Results recording

17-Nov-2021	Examination	2019-nCoV (novel coronavirus) serology SARS-CoV-2	
17-Nov-2021	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory	
17-Nov-2021	Examination	2019-nCoV (novel coronavirus) serology SARS-CoV-2:	(No range available)
17-Nov-2021	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory:	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory	

01-Nov-2021 Mr Creag Doctor Repeat Issue

Intervention Repeated prescription Quantity of fluticasone nasal spray CMS reduced to 240 (1 bottle every 12 weeks) as per monitoring email request and reduced ordering pattern.

01-Oct-2021 Dr Sarah Packham ePharmacy message

01-Oct-2021 Ms Elaine Mackintosh Medicine Management

Diagnosis Serial prescription issued Lloyds farmfoods

29-Sept-2021 Dr Sarah Packham ePharmacy message

29-Sept-2021 Dr Sarah Packham ePharmacy message

29-Sept-2021 Dr Sarah Packham ePharmacy message

29-Sept-2021 Dr Sarah Packham ePharmacy message

29-Sept-2021 Dr Sarah Packham ePharmacy message

23-Sept-2021 Dr Sarah Packham Results recording

21-Sept-2021	Examination	2019-nCoV (novel coronavirus) serology SARS-CoV-2	
21-Sept-2021	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory	
21-Sept-2021	Examination	2019-nCoV (novel coronavirus) serology SARS-CoV-2:	(No range available)
21-Sept-2021	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory:	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory	

11-Aug-2021 Dr Sarah Packham ePharmacy message

11-Aug-2021 Dr Sarah Packham ePharmacy message

11-Aug-2021 Dr Sarah Packham ePharmacy message

11-Aug-2021 Dr Sarah Packham ePharmacy message

11-Aug-2021 Dr Sarah Packham ePharmacy message

05-July-2021 Dr Rachel Lowe Data Transferred from other system

Intervention Admin sec dose SARS-CoV-2 vacc C-19 AstraZeneca (By M Walker)

11-Jun-2021 Dr Rachel Lowe ePharmacy message

11-Jun-2021 Dr Rachel Lowe ePharmacy message

11-Jun-2021 Dr Rachel Lowe ePharmacy message

11-Jun-2021 Dr Rachel Lowe ePharmacy message

19-May-2021 Ms Iris Mclellan Repeat Issue

18-May-2021 Dr Rachel Lowe ePharmacy message

18-May-2021 Mr Philip Harwood Repeat Issue

17-May-2021 Dr Eleanor Love Other

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe ePharmacy message

07-May-2021 Dr Rachel Lowe Data Transferred from other system

Intervention Admin first dose SARS-CoV-2 vac C-19 AstraZeneca (By A Roger)

19-Mar-2021 Ms Karen Sabiston Repeat Issue

18-Mar-2021 Dr Colin McArthur Telephone call to a patient

13-Mar-2021 Dr Rachel Lowe ePharmacy message

13-Mar-2021 Dr Rachel Lowe ePharmacy message

13-Mar-2021 Dr Rachel Lowe ePharmacy message

13-Mar-2021 Dr Rachel Lowe ePharmacy message

13-Mar-2021 Dr Rachel Lowe ePharmacy message

12-Feb-2021 Dr Anne Little Telephone call to a patient

Administration Telephone encounter feels last few weeks not sleeping properly. Mainly due to congestion and glut in throat. For trial nasal spray.

30-Jan-2021 Dr Rachel Lowe ePharmacy message

30-Jan-2021 Dr Rachel Lowe ePharmacy message

30-Jan-2021 Dr Rachel Lowe ePharmacy message

30-Jan-2021 Dr Rachel Lowe ePharmacy message

30-Jan-2021 Dr Rachel Lowe ePharmacy message

06-Jan-2021 Miss Kirsten Sneddon Administration

Intervention Referral for further care

05-Jan-2021 Dr Annalee Simpson Other

Administration Telephone encounter Ongoing productive cough, feels slightly better after amoxicillin but still coughing up brown phlegm, continues to smoke, denies any weight loss, no SOB/CXR no changes Given history - warrant s referral to chest team, will write to them, worsening statement given

30-Dec-2020 Dr Sarah McGregor Telephone call to a patient

Administration Telephone encounter cxr reported as normal - says is feeling better - has had a few streaks of blood but ? settling recently - has r/v appt Dr Simpson - will keep this 5/1/21

24-Dec-2020 Miss Fiona Burns Administration

Administration SMS text message sent to patient Please contact Linkwood Medical on 0345 337 6350 Please DO NOT reply to this message thank you- to arrange a telc with ASimpson to discuss x ray results DOCMAN

23-Dec-2020 Miss Chelsea Henderson Third Party Consultation

Administration X-ray report received X-ray report received Dr Grays Hospital X-ray

21-Dec-2020 Ms Iris Mclellan Repeat Issue

14-Dec-2020 Dr Nicola Tennant Administration

10-Dec-2020 Ms Diane Maciver Results recording

08-Dec-2020	Examination	Serum albumin	41 g/L	
08-Dec-2020	Examination	Serum alkaline phosphatase U/L	101 U/L	
08-Dec-2020	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 20 U/L	
08-Dec-2020	Examination	Serum total bilirubin level	9 umol/L	
08-Dec-2020	Examination	Serum chloride	100 mmol/L	
08-Dec-2020	Examination	Serum total cholesterol level	4.9 mmol/L	
08-Dec-2020	Examination	Serum creatinine	80 umol/L	
08-Dec-2020	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 30 U/L	
08-Dec-2020	Examination	Serum HDL cholesterol level	1.1 mmol/L	
08-Dec-2020	Examination	Serum LDL cholesterol level	2.6 mmol/L	
08-Dec-2020	Examination	Serum non high density lipoprotein cholesterol level - non HDL cholesterol level -	Se 3.8 mmol/L	
08-Dec-2020	Examination	Serum potassium	4.6 mmol/L	
08-Dec-2020	Examination	Serum sodium	134 mmol/L	
08-Dec-2020	Examination	Serum triglycerides	2.59 mmol/L	
08-Dec-2020	Examination	Serum TSH level mU/L	1.55 mU/L	
08-Dec-2020	Examination	Serum urea level	6.6 mmol/L	
08-Dec-2020	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
08-Dec-2020	Examination	Liver function test <none>		
08-Dec-2020	Examination	Thyroid function test <none>		
08-Dec-2020	Examination	Urea and electrolytes <none>		
08-Dec-2020	Examination	Biochemical test <none>		
08-Dec-2020	Examination	Biochemical test -		
08-Dec-2020	Examination	Serum free T4 level	11 pmol/L	
08-Dec-2020	Examination	Lipid level -	mmol/L	
08-Dec-2020	Examination	Haemolysis screening test -		
08-Dec-2020	Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	
08-Dec-2020	Examination	abbreviatd MDRD - ml/min/1.73m2		
08-Dec-2020	Examination	Serum albumin:		
		Serum albumin	41 g/L	(Range: 35 - 50)
08-Dec-2020	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	101 U/L	(Range: 30 - 130)
08-Dec-2020	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
		Serum alanine aminotransferase level Serum ALT level - 20 U/L		(Range: 5 - 55)
		U/L		

iGPR Report

08-Dec-2020	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	9 umol/L	(No range available)
08-Dec-2020	Examination	Serum chloride:		
		Serum chloride	100 mmol/L	(Range: 95 - 108)
08-Dec-2020	Examination	Serum total cholesterol level:		
		Serum total cholesterol level	4.9 mmol/L	(No range available)
08-Dec-2020	Examination	Serum creatinine:		
		Serum creatinine	80 umol/L	(Range: 59 - 104)
08-Dec-2020	Examination	Serum gamma-glutamyl transferase level:		
		Serum gamma GT level - U/L:	30 U/L	(Range: 11 - 59)
		Serum gamma-glutamyl transferase level - U/L		
08-Dec-2020	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.1 mmol/L	(No range available)
08-Dec-2020	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	2.6 mmol/L	(No range available)
08-Dec-2020	Examination	Serum non high density lipoprotein cholesterol level:		
		Serum non high density lipoprotein cholesterol level - Se non HDL cholesterol level -:	3.8 mmol/L	(No range available)
		non HDL cholesterol level -		
08-Dec-2020	Examination	Serum potassium:		
		Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
08-Dec-2020	Examination	Serum sodium:		
		Serum sodium	134 mmol/L	(Range: 133 - 146)
08-Dec-2020	Examination	Serum triglycerides:		
		Serum triglycerides	2.59 mmol/L	(No range available)
08-Dec-2020	Examination	Serum TSH level:		
		Serum TSH level - mU/L	1.55 mU/L	(Range: 0.35 - 4.94)
08-Dec-2020	Examination	Serum urea level:		
		Serum urea level	6.6 mmol/L	(Range: 2.5 - 7.8)
08-Dec-2020	Examination	Serum lipids:		
		See national guidance (SIGN, NICE) for lipid treatment targets:		
		Serum lipids - See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
08-Dec-2020	Examination	Liver function test:		
		Liver function test - <none>		(No range available)
08-Dec-2020	Examination	Thyroid function test:		
		Thyroid function test - <none>		(No range available)
08-Dec-2020	Examination	Urea and electrolytes:		
		Urea and electrolytes - <none>		(No range available)
08-Dec-2020	Examination	Biochemical test:		
		Biochemical test - <none>		(No range available)
08-Dec-2020	Examination	Biochemical test:		
		Biochemical test -		(No range available)
08-Dec-2020	Examination	Serum free T4 level:		
		Serum free T4 level	11 pmol/L	(Range: 9 - 19.1)
08-Dec-2020	Examination	Lipid level:		
		Lipid level -	mmol/L	(No range available)
08-Dec-2020	Examination	Haemolysis screening test:		
		Haemolysis screening test -		(No range available)
08-Dec-2020	Examination	GFR calculated abbreviated MDRD:		
		GFR calculated abbreviated MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD - GFR calculated - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

10-Dec-2020 Ms Diane Maciver Results recording

08-Dec-2020	Examination	Plasma glucose level	4.9 mmol/L	
08-Dec-2020	Examination	Plasma glucose level:		
		Plasma glucose level	4.9 mmol/L	(Range: 3.7 - 6)

iGPR Report

09-Dec-2020 Ms Diane Maciver Results recording

08-Dec-2020	Examination	Eosinophil count x10 ⁹ /l	0.05 10 ⁹ /L	
08-Dec-2020	Examination	Haemoglobin estimation g/l	147 g/L	
08-Dec-2020	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
08-Dec-2020	Examination	Mean corpuscular volume (MCV) fl	93 fl	
08-Dec-2020	Examination	Monocyte count x10 ⁹ /l	0.8 10 ⁹ /L	
08-Dec-2020	Examination	Neutrophil count x10 ⁹ /l	5.3 10 ⁹ /L	
08-Dec-2020	Examination	Platelet count x10 ⁹ /l	279 10 ⁹ /L	
08-Dec-2020	Examination	Red blood cell (RBC) count x10 ¹² /l	4.9 10 ¹² /L	
08-Dec-2020	Examination	Total white cell count x10 ⁹ /l	8.4 10 ⁹ /L	
08-Dec-2020	Examination	Lymphocyte count x10 ⁹ /l	2.2 10 ⁹ /L	
08-Dec-2020	Examination	Full blood count - FBC <none>		
08-Dec-2020	Examination	Haematocrit - PCV l/l	0.46 L/L	
08-Dec-2020	Examination	Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	
08-Dec-2020	Examination	Eosinophil countx10⁹/l: Abnormal		
		Eosinophil count x10 ⁹ /l	0.05 10 ⁹ /L	(Range: 0.1 - 0.5)
08-Dec-2020	Examination	Haemoglobin estimationg/l:		
		Haemoglobin estimation g/l	147 g/L	(Range: 140 - 180)
08-Dec-2020	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
08-Dec-2020	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	93 fl	(Range: 83 - 98)
08-Dec-2020	Examination	Monocyte countx10⁹/l:		
		Monocyte count x10 ⁹ /l	0.8 10 ⁹ /L	(Range: 0.2 - 0.8)
08-Dec-2020	Examination	Neutrophil countx10⁹/l:		
		Neutrophil count x10 ⁹ /l	5.3 10 ⁹ /L	(Range: 1.5 - 7)
08-Dec-2020	Examination	Platelet countx10⁹/l:		
		Platelet count x10 ⁹ /l	279 10 ⁹ /L	(Range: 140 - 400)
08-Dec-2020	Examination	Red blood cell (RBC) countx10¹²/l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.9 10 ¹² /L	(Range: 5 - 6)
08-Dec-2020	Examination	Total white cell countx10⁹/l:		
		Total white cell count x10 ⁹ /l	8.4 10 ⁹ /L	(Range: 4 - 10)
08-Dec-2020	Examination	Lymphocyte countx10⁹/l:		
		Lymphocyte count x10 ⁹ /l	2.2 10 ⁹ /L	(Range: 1 - 4)
08-Dec-2020	Examination	Full blood count - FBC<none>:		
		Full blood count - FBC <none>		(No range available)
08-Dec-2020	Examination	Haematocrit - PCV/l:		
		Haematocrit - PCV l/l	0.46 L/L	(Range: 0.42 - 0.54)
08-Dec-2020	Examination	Basophil countx10⁹/l:		
		Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)

08-Dec-2020 Mrs Hilary Ford Surgery consultation

08-Dec-2020 Miss Leah Armour Administration

Intervention Refer for X-Ray

08-Dec-2020 Dr Annalee Simpson Other

Administration Consultation Productive cough the past 2 months; green sputum, sometimes flecks of blood, no SOB or wheeze, asthmatic, no weight loss, smoker - roll ups 20/day for 30 years, O/E no lymphadenopathy, Sats 97% Chest - quiet left base, few crackles, no wheeze Plan - antibiotics and urgent CXR, review with results, worsening statement given

08-Dec-2020 Ms Sara Mohammed Surgery consultation

Symptom	Diet average Bacon rolls for breakfast. Eats butcher made meals. Patient adds a lot of salt to foods - explained risks.	
Symptom	Diet average	
Symptom	Enjoys moderate exercise Going to the gym for past 6 weeks 5 times per week	
Symptom	Enjoys moderate exercise	
Examination	Inhaler technique - good	
Management	Asthma annual review	
Examination	O/E - pulse rate	93 bpm
Examination	O/E - blood pressure reading	118 / 89 mm Hg
Symptom	Occupation history not working at the moment	
Symptom	Nocturnal cough / wheeze	
Symptom	Cough	
Symptom	Blood in sputum - haemoptysis Has noticed this a few times over the past few months.	
Symptom	MRC Breathlessness Scale: grade 1	
Symptom	Haemoptysis - symptom Patient has been bringing up blood over the past few months. Bright red blood on coughing. Will speak to duty doctor, patient in waiting room. Seen by sara yahia Mohammed	
Examination	Current smoker	// 1 cigarettes / cigars / tobacco
Examination	Current smoker	// 1 cigarettes / cigars / tobacco
Examination	Asthma never causes daytime symptoms	
Examination	Asthma disturbing sleep Occasionally symptoms worsen at night	
Examination	Asthma not limiting activities	
Examination	Alcohol intake above recommended sensible limits 12 tins of lager on average at a weekend. Can go months without drinking	20 units per week
Examination	Alcohol intake above recommended sensible limits	units per week
Examination	Pulse oximetry monitoring	96 %
Intervention	Smoking cessation advice patient has tried to stop three times but put on excessive weight and became depressed.	
Examination	O/E - weight	124 Kg
Examination	Body Mass Index	37.8
Examination	O/E - height	1.81 m
Examination	Pulse oximetry monitoring:	
	Pulse oximetry monitoring	96 % (No range available)

01-Dec-2020 Miss Fiona Burns Administration**27-Nov-2020 Dr Rachel Lowe ePharmacy message****27-Nov-2020 Ms Iris Mclellan Repeat Issue****12-Nov-2020 Miss Leah Armour Administration**

11-Nov-2020 Intervention Seasonal influenza vaccination

02-Sept-2020 Dr Rachel Lowe ePharmacy message**02-Sept-2020 Dr Rachel Lowe ePharmacy message****02-Sept-2020 Dr Rachel Lowe ePharmacy message****02-Sept-2020 Dr Rachel Lowe ePharmacy message****02-Sept-2020 Dr Rachel Lowe ePharmacy message****15-July-2020 Dr Rachel Lowe ePharmacy message****15-July-2020 Dr Rachel Lowe ePharmacy message****15-July-2020 Dr Rachel Lowe ePharmacy message****15-July-2020 Dr Rachel Lowe ePharmacy message****15-July-2020 Dr Rachel Lowe ePharmacy message**

13-May-2020 Ms Karen Sabiston Repeat Issue

07-May-2020 Mrs Hilary Ford Surgery consultation

Examination	Inhaler technique - good	Good
Management	Asthma annual review - asthma currently well controlled with flutiform and occasional salbutamol. Concerned re work declaration form in which he has to declare he has asthma. Has already discussed with Dr Richardson. I have reassured him that his medication, and record of continuous good control do not put his asthma in a high risk category.	
Symptom	MRC Breathlessness Scale: grade 1	
Symptom	MRC Breathlessness Scale: grade 1	
Examination	Asthma never causes daytime symptoms	
Examination	Asthma not disturbing sleep	
Examination	Asthma not limiting activities	

07-May-2020 Dr Nicola Tennant Telephone call to a patient

Administration	Medication review	taking omeprazole 20mg daily, symptoms well controlled, tried to step down to 10 but not as good symptoms control - no red flag symptoms - on CMS reauth 12m
Administration	Medication review	taking omeprazole 20mg daily, symptoms well controlled, tried to step down to 10 but not as good symptoms control - no red flag symptoms - on CMS reauth 12m

06-May-2020 Mr Philip Harwood Repeat Issue

Administration	SMS text message sent to patient	Please contact Linkwood Medical on 0345 337 6350. Please do not reply to this number
Administration	Administration NOS	Pt needs tel asthma review also omeprazole gp tel review

28-Apr-2020 Dr Rachel Lowe ePharmacy message

28-Apr-2020 Mr Philip Harwood Repeat Issue

24-Apr-2020 Dr Rachel Lowe ePharmacy message

24-Apr-2020 Dr Rachel Lowe ePharmacy message

24-Apr-2020 Dr Rachel Lowe ePharmacy message

24-Apr-2020 Dr Rachel Lowe ePharmacy message

24-Apr-2020 Dr Rachel Lowe ePharmacy message

02-Apr-2020 Dr Liam Richardson Telephone call from a patient

Administration	Telephone encounter	Phone triage - Patient asking for a covering letter to say his asthma is mild (gov guidance says high risk is severe asthma only). He works on boats for a wind farm but is freelance. His employer say that if he is high risk, he cannot work. Are we able to provide a statement of fact or a copy of his notes? Patient aware we may not be able to do anything. He would be willing to pay fees. Email query sent to manager, Paul.
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12-Mar-2020 Dr Rachel Lowe ePharmacy message

03-Mar-2020 Dr Rachel Lowe ePharmacy message

03-Mar-2020 Dr Rachel Lowe ePharmacy message

03-Mar-2020 Dr Rachel Lowe ePharmacy message

03-Mar-2020 Dr Rachel Lowe ePharmacy message

12-Feb-2020 Dr Rachel Lowe ePharmacy message

31-Dec-2019 Mr Paul Munro Other

31-Dec-2019 Mr Paul Munro Administration

Administration SMS text message sent to patient Could you please telephone Linkwood Medical 0345 337 6350 to make your Annual Review appointment. Thank you. Do Not Reply To This Text {Patient Group Jan 2020 Respiratory}

24-Dec-2019 Dr Rachel Lowe ePharmacy message

24-Dec-2019 Mr Philip Harwood Repeat Issue

23-Dec-2019 Dr Rachel Lowe ePharmacy message

23-Dec-2019 Dr Rachel Lowe ePharmacy message

23-Dec-2019 Dr Rachel Lowe ePharmacy message

23-Dec-2019 Dr Rachel Lowe ePharmacy message

23-Dec-2019 Ms Iris Mclellan Repeat Issue

18-Dec-2019 Miss Michelle Milne Repeat Issue

28-Oct-2019 Miss Sarah Corkish Third Party Consultation

26-Oct-2019 Administration GP out of hours service administration Unscheduled Care Report Grampian Medical Emergency Department (GMED) Out of Hours

23-Oct-2019 Dr Rachel Lowe ePharmacy message

23-Oct-2019 Dr Rachel Lowe ePharmacy message

23-Oct-2019 Dr Rachel Lowe ePharmacy message

23-Oct-2019 Dr Rachel Lowe ePharmacy message

23-Oct-2019 Dr Rachel Lowe ePharmacy message

17-Oct-2019 Miss Sarah Corkish Administration

Administration SMS text message sent to patient Don't forget your flu appointment - call Linkwood if you are eligible. Tel - 0345 337 6350 To decline this invitation, reply 4 Please ignore if already had or declined. {Patient Group 18 - 64 Flu Patients At Risk}

01-Oct-2019 Mr Paul Munro Administration

Administration Influenza vaccination invitation SMS text message sent

01-Oct-2019 Miss Sarah Corkish Administration

Administration SMS text message sent to patient Linkwood Medical are now holding flu clinics - if you are eligible please call to book an appointment. Tel - 0345 337 6350 To decline this invitation, reply 3 {Patient Group 18 - 64 Flu Patients At Risk}

09-Aug-2019 Dr Rachel Lowe ePharmacy message

09-Aug-2019 Dr Rachel Lowe ePharmacy message

09-Aug-2019 Dr Rachel Lowe ePharmacy message

09-Aug-2019 Dr Rachel Lowe ePharmacy message

09-Aug-2019 Dr Rachel Lowe ePharmacy message

09-Aug-2019 Ms Diane Maciver Surgery consultation

Diagnosis Patient reviewed right sided chest wall pain sore when taking a deep breath started when driving home works up in Wick on wind farm trauma o/e tender + on upper chest 4-5th rib at back oxygen sats 98% on air pulse 80bpm chest - clearimp: MSQ for pain relief with PPI cover review if not settling

09-Aug-2019 Ms Diane Maciver Telephone call to a patient

Administration Telephone encounter pains in chest when taking deep breath affecting asthma appt for review

19-Jun-2019 Mr Philip Harwood Repeat Issue

17-Jun-2019 Ms Nadine Truan Repeat Issue

17-Jun-2019 Dr Rachel Lowe ePharmacy message

17-Jun-2019 Mr Philip Harwood Repeat Issue

12-Jun-2019 Dr Rachel Lowe ePharmacy message

12-Jun-2019 Dr Rachel Lowe ePharmacy message

12-Jun-2019 Dr Rachel Lowe ePharmacy message

10-Apr-2019 Dr Rachel Lowe ePharmacy message

10-Apr-2019 Dr Rachel Lowe ePharmacy message

10-Apr-2019 Dr Rachel Lowe ePharmacy message

10-Apr-2019 Dr Rachel Lowe ePharmacy message

08-Apr-2019 Dr Rachel Lowe ePharmacy message

22-Feb-2019 Dr Rachel Lowe ePharmacy message

22-Feb-2019 Dr Rachel Lowe ePharmacy message

22-Feb-2019 Dr Rachel Lowe ePharmacy message

22-Feb-2019 Dr Rachel Lowe ePharmacy message

22-Feb-2019 Dr Rachel Lowe ePharmacy message

18-Feb-2019 Mr Philip Harwood Repeat Issue

16-Feb-2019 Dr Colin Mearthur Results recording

14-Feb-2019	Examination	Serum albumin	38 g/L
14-Feb-2019	Examination	Serum alkaline phosphatase U/L	78 U/L
14-Feb-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 26 U/L
14-Feb-2019	Examination	Serum total bilirubin level	6 umol/L
14-Feb-2019	Examination	Serum chloride	104 mmol/L
14-Feb-2019	Examination	Serum total cholesterol level	5.2 mmol/L
14-Feb-2019	Examination	Serum creatinine	73 umol/L
14-Feb-2019	Examination	Serum gamma-glutamyl transferase level	Serum gamma 26 U/L
		GT level - U/L	

iGPR Report

14-Feb-2019	Examination	Serum HDL cholesterol level	1.1 mmol/L	
14-Feb-2019	Examination	Serum LDL cholesterol level	3.2 mmol/L	
14-Feb-2019	Examination	Serum potassium	4.8 mmol/L	
14-Feb-2019	Examination	Serum sodium	140 mmol/L	
14-Feb-2019	Examination	Serum triglycerides	1.98 mmol/L	
14-Feb-2019	Examination	Serum TSH level mU/L	0.99 mU/L	
14-Feb-2019	Examination	Serum urea level	4.1 mmol/L	
14-Feb-2019	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
14-Feb-2019	Examination	Liver function test <none>		
14-Feb-2019	Examination	Thyroid function test <none>		
14-Feb-2019	Examination	Urea and electrolytes <none>		
14-Feb-2019	Examination	Biochemical test <none>		
14-Feb-2019	Examination	Biochemical test -		
14-Feb-2019	Examination	Total cholesterol:HDL ratio	4.8 ratio	
14-Feb-2019	Examination	Serum free T4 level	16 pmol/L	
14-Feb-2019	Examination	Lipid level -	mmol/L	
14-Feb-2019	Examination	Haemolysis screening test -		
14-Feb-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
14-Feb-2019	Examination	Serum albumin:		
		Serum albumin	38 g/L	(Range: 35 - 50)
14-Feb-2019	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	78 U/L	(Range: 30 - 130)
14-Feb-2019	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
		Serum alanine aminotransferase level Serum ALT level - U/L	26 U/L	(Range: 9 - 55)
14-Feb-2019	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	6 umol/L	(No range available)
14-Feb-2019	Examination	Serum chloride:		
		Serum chloride	104 mmol/L	(Range: 95 - 108)
14-Feb-2019	Examination	Serum total cholesterol level:		
		Serum total cholesterol level	5.2 mmol/L	(No range available)
14-Feb-2019	Examination	Serum creatinine:		
		Serum creatinine	73 umol/L	(Range: 59 - 104)
14-Feb-2019	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L:		
		Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	26 U/L	(Range: 6 - 35)
14-Feb-2019	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.1 mmol/L	(No range available)
14-Feb-2019	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	3.2 mmol/L	(No range available)
14-Feb-2019	Examination	Serum potassium:		
		Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
14-Feb-2019	Examination	Serum sodium:		
		Serum sodium	140 mmol/L	(Range: 133 - 146)
14-Feb-2019	Examination	Serum triglycerides:		
		Serum triglycerides	1.98 mmol/L	(No range available)
14-Feb-2019	Examination	Serum TSH level mU/L:		
		Serum TSH level mU/L	0.99 mU/L	(Range: 0.55 - 4.78)
14-Feb-2019	Examination	Serum urea level:		
		Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
14-Feb-2019	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.:		
		Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
14-Feb-2019	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)
14-Feb-2019	Examination	Thyroid function test <none>:		
		Thyroid function test <none>		(No range available)
14-Feb-2019	Examination	Urea and electrolytes <none>:		
		Urea and electrolytes <none>		(No range available)
14-Feb-2019	Examination	Biochemical test <none>:		
		Biochemical test <none>		(No range available)
14-Feb-2019	Examination	Biochemical test -:		
		Biochemical test -		(No range available)
14-Feb-2019	Examination	Total cholesterol:HDL ratio:		
		Total cholesterol:HDL ratio	4.8 ratio	(No range available)
14-Feb-2019	Examination	Serum free T4 level:		
		Serum free T4 level	16 pmol/L	(Range: 10 - 25)
14-Feb-2019	Examination	Lipid level -:		
		Lipid level -	mmol/L	(No range available)
14-Feb-2019	Examination	Haemolysis screening test -:		
		Haemolysis screening test -		(No range available)
14-Feb-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

16-Feb-2019 Dr Colin McArthur Results recording

14-Feb-2019	Examination	Plasma glucose level	4.5 mmol/L	
14-Feb-2019	Examination	Plasma glucose level:		
		Plasma glucose level	4.5 mmol/L	(Range: 3.7 - 6)

15-Feb-2019 Dr Rachel Lowe Telephone call to a patient

Administration Telephone encounter keen to inc back to 20mg - on CMS - will pass to staff - needs for next week. Says has none at present

15-Feb-2019 Dr Colin McArthur Results recording

14-Feb-2019	Examination	Eosinophil count x10 ⁹ /l	0.06 10⁹/L	
14-Feb-2019	Examination	Haemoglobin estimation g/l	141 g/L	
14-Feb-2019	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
14-Feb-2019	Examination	Mean corpuscular volume (MCV) fl	95 fL	
14-Feb-2019	Examination	Monocyte count x10 ⁹ /l	0.4 10 ⁹ /L	
14-Feb-2019	Examination	Neutrophil count x10 ⁹ /l	2.8 10 ⁹ /L	
14-Feb-2019	Examination	Platelet count x10 ⁹ /l	302 10 ⁹ /L	
14-Feb-2019	Examination	Red blood cell (RBC) count x10 ¹² /l	4.7 10¹²/L	
14-Feb-2019	Examination	Total white cell count x10 ⁹ /l	5.7 10 ⁹ /L	
14-Feb-2019	Examination	Lymphocyte count x10 ⁹ /l	2.3 10 ⁹ /L	
14-Feb-2019	Examination	Full blood count - FBC <none>		
14-Feb-2019	Examination	Large unstained cells x10 ⁹ /l	0.1 10 ⁹ /L	
14-Feb-2019	Examination	Haematocrit - PCV l/l	0.44 L/L	
14-Feb-2019	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	
14-Feb-2019	Examination	Eosinophil countx10⁹/l: Abnormal		
14-Feb-2019	Examination	Eosinophil count x10 ⁹ /l	0.06 10⁹/L	(Range: 0.1 - 0.5)
14-Feb-2019	Examination	Haemoglobin estimationg/l:		
14-Feb-2019	Examination	Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
14-Feb-2019	Examination	Mean corpusc. haemoglobin(MCH):		
14-Feb-2019	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
14-Feb-2019	Examination	Mean corpuscular volume (MCV)fl:		
14-Feb-2019	Examination	Mean corpuscular volume (MCV) fl	95 fL	(Range: 83 - 98)
14-Feb-2019	Examination	Monocyte countx10⁹/l:		
14-Feb-2019	Examination	Monocyte count x10 ⁹ /l	0.4 10 ⁹ /L	(Range: 0.2 - 0.8)
14-Feb-2019	Examination	Neutrophil countx10⁹/l:		
14-Feb-2019	Examination	Neutrophil count x10 ⁹ /l	2.8 10 ⁹ /L	(Range: 1.5 - 7)
14-Feb-2019	Examination	Platelet countx10⁹/l:		
14-Feb-2019	Examination	Platelet count x10 ⁹ /l	302 10 ⁹ /L	(Range: 140 - 400)
14-Feb-2019	Examination	Red blood cell (RBC) countx10¹²/l: Abnormal		
14-Feb-2019	Examination	Red blood cell (RBC) count x10 ¹² /l	4.7 10¹²/L	(Range: 5 - 6)
14-Feb-2019	Examination	Total white cell countx10⁹/l:		
14-Feb-2019	Examination	Total white cell count x10 ⁹ /l	5.7 10 ⁹ /L	(Range: 4 - 10)
14-Feb-2019	Examination	Lymphocyte countx10⁹/l:		
14-Feb-2019	Examination	Lymphocyte count x10 ⁹ /l	2.3 10 ⁹ /L	(Range: 1.5 - 4)
14-Feb-2019	Examination	Full blood count - FBC<none>:		
14-Feb-2019	Examination	Full blood count - FBC <none>		(No range available)
14-Feb-2019	Examination	Large unstained cellsx10⁹/l:		
14-Feb-2019	Examination	Large unstained cells x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.05 - 0.5)
14-Feb-2019	Examination	Haematocrit - PCV/l:		
14-Feb-2019	Examination	Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
14-Feb-2019	Examination	Basophil countx10⁹/l:		
14-Feb-2019	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

14-Feb-2019 Mrs Hilary Ford Surgery consultation

Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever =	450 L/min	
	460.0, Predicted = .		
Symptom	MRC Breathlessness Scale: grade 1		
Examination	Asthma never causes daytime symptoms		
Examination	Asthma not disturbing sleep		
Examination	Asthma not limiting activities		
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 460.0, Predicted = .:		
	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 450 L/min		(No range available)
	460.0, Predicted = .		

22-Jan-2019 Dr Rachel Lowe ePharmacy message**22-Jan-2019 Ms Iris Mclellan Repeat Issue****09-Jan-2019 Miss Sarah Corkish Administraction**

Administration Chr dis monitor - 1st recall CKD, PAD, Hypertension or AF and Respiratory

09-Jan-2019 Miss Sarah Corkish Mail to patient**27-Dec-2018 Mrs Sonya Mould Surgery consultation**

Diagnosis Upper respiratory infection NOS Painful ear, congested sinuses, oral thrush.Red inflamed right ear, congested sinuses.Throat looks ok but evidence of oral thrush, uses steroid in haler.Treat as directed and review as needed/advice re inhaler.

27-Dec-2018 Mrs Sonya Mould Triage

Administration SMS text message sent to patient Linkwood surgery tried to contact you. please recontact.

19-Dec-2018 Dr Rachel Lowe ePharmacy message

19-Dec-2018 Dr Rachel Lowe ePharmacy message

19-Dec-2018 Dr Rachel Lowe ePharmacy message

19-Dec-2018 Dr Rachel Lowe ePharmacy message

19-Dec-2018 Dr Rachel Lowe ePharmacy message

23-Nov-2018 Miss Sarah Corkish Administration

Administration SMS text message sent to patient A quick reminder that Linkwood Medical are still holding flu clinics - if you are eligible please call to book an appointment. 0345 337 6350 {Seasonal flu vaccination programme}

15-Oct-2018 Dr Rachel Lowe ePharmacy message

15-Oct-2018 Dr Rachel Lowe ePharmacy message

15-Oct-2018 Dr Rachel Lowe ePharmacy message

15-Oct-2018 Dr Rachel Lowe ePharmacy message

15-Oct-2018 Dr Rachel Lowe ePharmacy message

01-Sept-2018 Dr Rachel Lowe ePharmacy message

01-Sept-2018 Dr Rachel Lowe ePharmacy message

01-Sept-2018 Dr Rachel Lowe ePharmacy message

01-Sept-2018 Dr Rachel Lowe ePharmacy message

01-Sept-2018 Dr Rachel Lowe ePharmacy message

08-Jun-2018 Dr Rachel Lowe ePharmacy message

08-Jun-2018 Dr Rachel Lowe ePharmacy message

08-Jun-2018 Dr Rachel Lowe ePharmacy message

08-Jun-2018 Dr Rachel Lowe ePharmacy message

08-Jun-2018 Dr Rachel Lowe ePharmacy message

17-Mar-2018 Dr Rachel Lowe ePharmacy message

17-Mar-2018 Dr Rachel Lowe ePharmacy message

17-Mar-2018 Dr Rachel Lowe ePharmacy message

17-Mar-2018 Dr Rachel Lowe ePharmacy message

17-Mar-2018 Dr Rachel Lowe ePharmacy message

16-Mar-2018 Mrs Christine Thomson Clinic

Administration Seen in hypertension clinic bp to tgt . lifestyle still to improve re reduce alcohol and improve diet and exercise. lifestyle reinforced bloods discussed. all meds sorted to cms for pt.

09-Mar-2018 Mrs Hayliegh Ravenscroft Clinic

Examination O/E - blood pressure reading Patient requiring report to 129 / 88 mm Hg
be sent to Falck safety

07-Mar-2018 Mrs Hayliegh Ravenscroft Clinic

Examination O/E - blood pressure reading 126 / 87 mm Hg

06-Mar-2018 Dr Derek Kelly Results recording

05-Mar-2018	Examination	Serum chloride	106 mmol/L	
05-Mar-2018	Examination	Serum creatinine	75 umol/L	
05-Mar-2018	Examination	Serum potassium	4.3 mmol/L	
05-Mar-2018	Examination	Serum sodium	138 mmol/L	
05-Mar-2018	Examination	Serum urea level	5.2 mmol/L	
05-Mar-2018	Examination	Urea and electrolytes <none>		
05-Mar-2018	Examination	Biochemical test <none>		
05-Mar-2018	Examination	Biochemical test -		
05-Mar-2018	Examination	Lipid level -	mmol/L	
05-Mar-2018	Examination	Haemolysis screening test -		
05-Mar-2018	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	
05-Mar-2018	Examination	Serum chloride:		
		Serum chloride	106 mmol/L	(Range: 95 - 108)
05-Mar-2018	Examination	Serum creatinine:		
		Serum creatinine	75 umol/L	(Range: 59 - 104)
05-Mar-2018	Examination	Serum potassium:		
		Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
05-Mar-2018	Examination	Serum sodium:		
		Serum sodium	138 mmol/L	(Range: 133 - 146)
05-Mar-2018	Examination	Serum urea level:		
		Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
05-Mar-2018	Examination	Urea and electrolytes<none>:		
		Urea and electrolytes <none>		(No range available)
05-Mar-2018	Examination	Biochemical test<none>:		
		Biochemical test <none>		(No range available)
05-Mar-2018	Examination	Biochemical test-:		
		Biochemical test -		(No range available)
05-Mar-2018	Examination	Lipid level-:		
		Lipid level -	mmol/L	(No range available)
05-Mar-2018	Examination	Haemolysis screening test-:		
		Haemolysis screening test -		(No range available)
05-Mar-2018	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

05-Mar-2018 Mr Philip Harwood Repeat Issue**05-Mar-2018 Mrs Hilary Ford Surgery consultation**

Examination O/E - blood pressure reading 132 / 80 mm Hg
Administration Consultation BP to target, needs three readings before
he can go back offshore. Booked for wed and
Fri Represcribed 5mg ramipril and U+E's redone today

20-Feb-2018 Mrs Christine Thomson Clinic

Diagnosis QRISK2 cardiovascular disease 10 year risk score
Examination QRISK2 calculated heart age 65:

20-Feb-2018 Dr Rachel Lowe Results recording

19-Feb-2018	Examination	Serum albumin	42 g/L	
19-Feb-2018	Examination	Serum alkaline phosphatase U/L	88 U/L	
19-Feb-2018	Examination	Serum alanine aminotransferase level	Serum ALT level - 26 U/L	
19-Feb-2018	Examination	U/L		
19-Feb-2018	Examination	Serum total bilirubin level	11 umol/L	
19-Feb-2018	Examination	Serum chloride	105 mmol/L	
19-Feb-2018	Examination	Serum total cholesterol level	5.1 mmol/L	
19-Feb-2018	Examination	Serum creatinine	95 umol/L	
19-Feb-2018	Examination	Serum gamma-glutamyl transferase level	Serum gamma	45 U/L
19-Feb-2018	Examination	GT level - U/L		
19-Feb-2018	Examination	Serum HDL cholesterol level	1.2 mmol/L	
19-Feb-2018	Examination	Serum LDL cholesterol level	3.2 mmol/L	
19-Feb-2018	Examination	Serum potassium	5.1 mmol/L	
19-Feb-2018	Examination	Serum sodium	138 mmol/L	
19-Feb-2018	Examination	Serum triglycerides	1.62 mmol/L	
19-Feb-2018	Examination	Serum TSH level mU/L	1.15 mU/L	
19-Feb-2018	Examination	Serum urea level	5 mmol/L	
19-Feb-2018	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	
19-Feb-2018	Examination	Liver function test	<none>	
19-Feb-2018	Examination	Thyroid function test	<none>	
19-Feb-2018	Examination	Urea and electrolytes	<none>	
19-Feb-2018	Examination	Biochemical test	<none>	
19-Feb-2018	Examination	Biochemical test -		
19-Feb-2018	Examination	Total cholesterol:HDL ratio	4.4 ratio	
19-Feb-2018	Examination	Serum free T4 level	15 pmol/L	
19-Feb-2018	Examination	Lipid level -	mmol/L	
19-Feb-2018	Examination	Haemolysis screening test -		
19-Feb-2018	Examination	GFR calculated abbreviated MDRD	GFR calculated	60 mL/min
19-Feb-2018	Examination	abbreviatd MDRD - ml/min/1.73m2		
19-Feb-2018	Examination	Serum albumin:		
19-Feb-2018	Examination	Serum albumin	42 g/L	(Range: 35 - 50)
19-Feb-2018	Examination	Serum alkaline phosphatase U/L:		
19-Feb-2018	Examination	Serum alkaline phosphatase U/L	88 U/L	(Range: 30 - 130)
19-Feb-2018	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
19-Feb-2018	Examination	Serum alanine aminotransferase level	Serum ALT level - 26 U/L	(Range: 9 - 55)
19-Feb-2018	Examination	U/L		
19-Feb-2018	Examination	Serum total bilirubin level:		
19-Feb-2018	Examination	Serum total bilirubin level	11 umol/L	(No range available)
19-Feb-2018	Examination	Serum chloride:		
19-Feb-2018	Examination	Serum chloride	105 mmol/L	(Range: 95 - 108)
19-Feb-2018	Examination	Serum total cholesterol level:		
19-Feb-2018	Examination	Serum total cholesterol level	5.1 mmol/L	(No range available)
19-Feb-2018	Examination	Serum creatinine:		
19-Feb-2018	Examination	Serum creatinine	95 umol/L	(Range: 59 - 104)
19-Feb-2018	Examination	Serum gamma-glutamyl transferase level	Serum gamma	45 U/L
19-Feb-2018	Examination	Serum gamma-glutamyl transferase level	Serum gamma	45 U/L
19-Feb-2018	Examination	GT level - U/L		Abnormal (Range: 6 - 35)
19-Feb-2018	Examination	Serum HDL cholesterol level:		
19-Feb-2018	Examination	Serum HDL cholesterol level	1.2 mmol/L	(No range available)
19-Feb-2018	Examination	Serum LDL cholesterol level:		
19-Feb-2018	Examination	Serum LDL cholesterol level	3.2 mmol/L	(No range available)
19-Feb-2018	Examination	Serum potassium:		
19-Feb-2018	Examination	Serum potassium	5.1 mmol/L	(Range: 3.5 - 5.3)
19-Feb-2018	Examination	Serum sodium:		
19-Feb-2018	Examination	Serum sodium	138 mmol/L	(Range: 133 - 146)
19-Feb-2018	Examination	Serum triglycerides:		
19-Feb-2018	Examination	Serum triglycerides	1.62 mmol/L	(No range available)
19-Feb-2018	Examination	Serum TSH level mU/L:		
19-Feb-2018	Examination	Serum TSH level mU/L	1.15 mU/L	(Range: 0.55 - 4.78)
19-Feb-2018	Examination	Serum urea level:		
19-Feb-2018	Examination	Serum urea level	5 mmol/L	(Range: 2.5 - 7.8)
19-Feb-2018	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.:	
19-Feb-2018	Examination	Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	
19-Feb-2018	Examination	Liver function test	<none>	(No range available)
19-Feb-2018	Examination	Thyroid function test	<none>	(No range available)
19-Feb-2018	Examination	Urea and electrolytes	<none>	(No range available)
19-Feb-2018	Examination	Urea and electrolytes	<none>	(No range available)
19-Feb-2018	Examination	Biochemical test	<none>	(No range available)
19-Feb-2018	Examination	Biochemical test	<none>	(No range available)
19-Feb-2018	Examination	Biochemical test -		(No range available)
19-Feb-2018	Examination	Biochemical test -		(No range available)
19-Feb-2018	Examination	Total cholesterol:HDL ratio	4.4 ratio	(No range available)
19-Feb-2018	Examination	Serum free T4 level:		
19-Feb-2018	Examination	Serum free T4 level	15 pmol/L	(Range: 10 - 25)
19-Feb-2018	Examination	Lipid level:		
19-Feb-2018	Examination	Lipid level -	mmol/L	(No range available)
19-Feb-2018	Examination	Haemolysis screening test:		
19-Feb-2018	Examination	Haemolysis screening test -		(No range available)
19-Feb-2018	Examination	GFR calculated abbreviated MDRD	GFR calculated	60 mL/min
19-Feb-2018	Examination	abbreviatd MDRD - ml/min/1.73m2		(Range: 60 - 140)

20-Feb-2018 Dr Rachel Lowe Results recording

19-Feb-2018	Examination	Eosinophil count x10 ⁹ /l	0.09 10 ⁹ /L	
19-Feb-2018	Examination	Haemoglobin estimation g/l	150 g/L	
19-Feb-2018	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	
19-Feb-2018	Examination	Mean corpuscular volume (MCV) fl	96 fL	
19-Feb-2018	Examination	Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	
19-Feb-2018	Examination	Neutrophil count x10 ⁹ /l	4.9 10 ⁹ /L	
19-Feb-2018	Examination	Platelet count x10 ⁹ /l	274 10 ⁹ /L	
19-Feb-2018	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	
19-Feb-2018	Examination	Total white cell count x10 ⁹ /l	7.7 10 ⁹ /L	
19-Feb-2018	Examination	Lymphocyte count x10 ⁹ /l	2 10 ⁹ /L	
19-Feb-2018	Examination	Full blood count - FBC <none>		
19-Feb-2018	Examination	Large unstained cells x10 ⁹ /l	0.12 10 ⁹ /L	
19-Feb-2018	Examination	Haematocrit - PCV l/l	0.48 L/L	
19-Feb-2018	Examination	Basophil count x10 ⁹ /l	0.04 10 ⁹ /L	
19-Feb-2018	Examination	Eosinophil countx10⁹/l: Abnormal		
19-Feb-2018	Examination	Eosinophil count x10 ⁹ /l	0.09 10 ⁹ /L	(Range: 0.1 - 0.5)
19-Feb-2018	Examination	Haemoglobin estimationg/l:		
19-Feb-2018	Examination	Haemoglobin estimation g/l	150 g/L	(Range: 140 - 180)
19-Feb-2018	Examination	Mean corpusc. haemoglobin(MCH):		
19-Feb-2018	Examination	Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
19-Feb-2018	Examination	Mean corpuscular volume (MCV)fl:		
19-Feb-2018	Examination	Mean corpuscular volume (MCV) fl	96 fL	(Range: 83 - 98)
19-Feb-2018	Examination	Monocyte countx10⁹/l:		
19-Feb-2018	Examination	Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
19-Feb-2018	Examination	Neutrophil countx10⁹/l:		
19-Feb-2018	Examination	Neutrophil count x10 ⁹ /l	4.9 10 ⁹ /L	(Range: 1.5 - 7)
19-Feb-2018	Examination	Platelet countx10⁹/l:		
19-Feb-2018	Examination	Platelet count x10 ⁹ /l	274 10 ⁹ /L	(Range: 140 - 400)
19-Feb-2018	Examination	Red blood cell (RBC) countx10¹²/l:		
19-Feb-2018	Examination	Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	(Range: 5 - 6)
19-Feb-2018	Examination	Total white cell countx10⁹/l:		
19-Feb-2018	Examination	Total white cell count x10 ⁹ /l	7.7 10 ⁹ /L	(Range: 4 - 10)
19-Feb-2018	Examination	Lymphocyte countx10⁹/l:		
19-Feb-2018	Examination	Lymphocyte count x10 ⁹ /l	2 10 ⁹ /L	(Range: 1.5 - 4)
19-Feb-2018	Examination	Full blood count - FBC<none>:		
19-Feb-2018	Examination	Full blood count - FBC <none>		(No range available)
19-Feb-2018	Examination	Large unstained cellsx10⁹/l:		
19-Feb-2018	Examination	Large unstained cells x10 ⁹ /l	0.12 10 ⁹ /L	(Range: 0.05 - 0.5)
19-Feb-2018	Examination	Haematocrit - PCV/l:		
19-Feb-2018	Examination	Haematocrit - PCV l/l	0.48 L/L	(Range: 0.42 - 0.54)
19-Feb-2018	Examination	Basophil countx10⁹/l:		
19-Feb-2018	Examination	Basophil count x10 ⁹ /l	0.04 10 ⁹ /L	(Range: 0.01 - 0.1)

20-Feb-2018 Dr Rachel Lowe Results recording

19-Feb-2018	Examination	Plasma glucose level <none>	mmol/L	
19-Feb-2018	Examination	Plasma fasting glucose level	4.4 mmol/L	
19-Feb-2018	Examination	Plasma glucose level<none>:		
19-Feb-2018	Examination	Plasma glucose level <none>	mmol/L	(No range available)
19-Feb-2018	Examination	Plasma fasting glucose level:		
19-Feb-2018	Examination	Plasma fasting glucose level	4.4 mmol/L	(Range: 3.7 - 6)

19-Feb-2018 Mrs Kerry Slater Third Party Consultation

Examination	Electrocardiography	ECG In-House In-House	
Examination	Electrocardiography	ECG In-House In-House:	
	Electrocardiography	ECG In-House In-House	(No range available)

19-Feb-2018 Miss Emma Howie Third Party Consultation

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

19-Feb-2018 Miss Emma Howie Other

Examination	O/E - blood pressure reading	BP best of three146/102	146 / 102 mm Hg
		129/109 138/104	

19-Feb-2018 Mrs Christine Thomson Clinic

Intervention	Lifestyle counselling	
Symptom	Diet good advise stop salt	
Diagnosis	Essential hypertension	
Administration	Seen in hypertension clinic	
Administration	Seen in hypertension clinic pt bp raised. lifestyle poor smokes and eats lots junk food adds lots salt. overweight; heart sounds pure, FH s CVD , plan is ECG and bloods today , commence ramipril then rv BP . says in a rush as cant go offshore without BP to tgt.	
Intervention	Prescription by supplementary prescriber	
Intervention	Prescription by supplementary prescriber	
Examination	Current smoker	20 // cigarettes / cigars / tobacco
Examination	O/E - weight	111 Kg
Examination	Body Mass Index	33.8
Diagnosis	Essential hypertension	

08-Feb-2018 Miss Fiona Burns Administration**07-Feb-2018 Mrs Kerry Slater Administration**

30-Jan-2018	Examination	O/E - blood pressure reading	169 / 103 mm Hg
30-Jan-2018	Examination	O/E - blood pressure reading	155 / 100 mm Hg

10-Jan-2018 Miss Sarah Corkish Administration

08-Nov-2017 Administration SMS text message sent to patient Linkwood Medical are now holding flu clinics - if you are eligible please call to book an appointment. Tel - 0345 337 6350 (Seasonal flu vaccination programme)

27-Dec-2017 Mrs Donna Nash Medicine Management

Administration Medication review omeprazole and cetirizine removed from repeat as not ordered for 12m+

21-Nov-2017 Miss Carla Laing Administration

20-Nov-2017 Administration DNA - Did not attend asthma clinic

17-Nov-2017 Mrs Donna Nash Medicine Management

Administration Medication review salbutamol and algininate removed from repeat as not ordered for 12m+

09-Nov-2017 Miss Carla Laing Administration**03-July-2017 Dr Liam Richardson Other****05-May-2017 Dr Derek Kelly Surgery consultation**

Intervention	Smoking cessation advice	Aware of service
Symptom	Diet good	
Symptom	Enjoys light exercise	
Examination	Inhaler technique - good	Good
Management	Asthma annual review	Says asthma symptoms have been very up and down. Waking at night with wheeze and using alot of salbutamol. Medicatio just prescribed by DR Kelly but issued with a very small dose of Clenil (50mcg one puff twice daily) stop this and switch to flutiform 125 (LABA/ICS) \$ months supply issued as works away.
Examination	REview in clinic 6 months	
Examination	Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 400 L/min
Administration	460.0, Predicted = .	
Administration	Consultation	Works in Nigeria - requires meds for 3-4 months - issued.Cough, slight productive green sputum. Temp 36.3C, O2 sat 97%, chest wheeze, no creps.O - strongly advised to stop smoking. Back to Nigeria Monday. Strong advie to stop smoking.
Symptom	MRC Breathlessness Scale: grade 1	
Examination	Current smoker	// cigarettes / cigars / tobacco
Examination	Asthma daytime symptoms	
Examination	Asthma disturbing sleep	
Examination	Asthma not limiting activities	
Examination	Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 460.0, Predicted = .
Examination	Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 400 L/min (No range available)
Examination	460.0, Predicted = .	

16-Mar-2017 Miss Carla Laing Administration

15-Mar-2017 Administration DNA - Did not attend asthma clinic

15-Mar-2017 Mrs Diane Morrison Surgery consultation

22-Feb-2017 Miss Carla Laing Administration

13-Jan-2017 Dr Rachel Lowe Telephone call to a patient

Administration Telephone encounter uses omeprazole prn - has cut down since discussion in 2015. due to go off shore 3m so 2 boxes issued.

Administration Telephone encounter uses reg in summer but less over winter. going off shore 3m so 2 boxes issued

13-Jan-2017 Mrs Sonya Mould Surgery consultation

Administration Consultation Acute tonsillitis and oral thrush. Large infected tonsils especially right side. White coated tongue and palate. Impression Tonsillitis and oral thrush. Plan treat as directed but review not settling/further concerns.

13-Jan-2017 Mrs Sonya Mould Triage

07-Dec-2016 Mr David Rooke Repeat Issue

Administration Administration Note on rx re GP appt or tel cons to review omeprazole and citalopram before issue as per previous notes on Rx.

10-Nov-2016 Mr Philip Harwood Repeat Issue

Administration Administration NOS Qty of Cetirizine and omeprazole reduced as revent DNA appt. Needs review before further supply.

02-Nov-2016 Miss Carla Laing Administration

Administration Administration NOS Storm Ref; GP-20161028-0294

08-Sept-2016 Mrs Alison Macdonald Administration

Administration DNA hospital appointment

23-Aug-2016 Miss Carla Laing Administration

23-Aug-2016 Mr Philip Harwood Repeat Issue

25-Mar-2016 Dr Scott Cardno Administration

03-Jun-2015	Examination	Spirometry reversibility positive	500mls reversibility	500	
03-Jun-2015	Examination	Spirometry reversibility positive	500mls reversibility:		
		Spirometry reversibility positive	500mls reversibility	500	(No range available)

07-Mar-2016 Mrs Diane Morrison Surgery consultation

07-Mar-2016 Mrs Diane Morrison Surgery consultation

Intervention Asthma management plan given
Management Asthma annual review Admits to not taking clenil regularly- uses salbutamol maybe 4-5 times per week on average. Have reiterated the differences and benefits of preventer/reliever inhalers and he states he will try and take clenil regularly. Finds it difficult to attend reviews due to work commitments so have given personal care plan, discussed emergency asthma care and will recall in one year but he is aware to seek review anytime symptom control worsens

Examination Peak exp. flow rate: PEFR/PFR Previous Best Ever =, 460 L/min
Predicted = .

Examination Asthma daytime symptoms occasional

Examination Asthma not disturbing sleep

Examination Asthma not limiting activities

Examination Pulse oximetry monitoring %

Examination **Peak exp. flow rate: PEFR/PFR** Previous Best Ever =, Predicted = .

Peak exp. flow rate: PEFR/PFR Previous Best Ever =, 460 L/min

Predicted = .

Examination **Pulse oximetry monitoring:**

Pulse oximetry monitoring %

(No range available)

(No range available)

01-Mar-2016 Mrs Lesley Keenan Administration

15-Feb-2016 Miss Kelly George Third Party Consultation

14-Feb-2016 Administration GP out of hours service administration Unscheduled
Care Report Grampian Medical Emergency Department
(GMED) Out of Hours

10-Feb-2016 Mr David Rooke Repeat Issue**23-Dec-2015 Mrs Sonya Mould Surgery consultation**

Administration Consultation Acute tonsillitis. Large infected tonsil right
side with infection evident. Symptoms for 3 days. Treat as
directed. Review as needed/further concerns.

23-Dec-2015 Dr Gemma Munro Telephone call to a patient

Administration Telephone encounter sore throat for last few days- says
right side is red, swollen and has patches. ? bacterial
tonsillitis. Apt given

16-Dec-2015 Mrs Donna Nash Medicine Management**26-Oct-2015 Mr Philip Harwood Repeat Issue****26-Oct-2015 Mrs Kerry Slater Administration**

Administration Asthma monitor 2nd letter

28-Sept-2015 Mrs Sonya Mould Surgery consultation

Symptom	Full consent for immunisation	Full consent
Diagnosis	No known allergies	
Intervention	Seasonal influenza vaccination	

28-Sept-2015 Mr David Rooke Repeat Issue**24-Sept-2015 Miss Jay Slater Administration**

Administration Seasonal influenza vaccination declined

23-Sept-2015 Dr Rachel Lowe Surgery consultation

Administration Telephone encounter takes one in morning, every day. If
misses gets bad heartburn. Prev was on 2. Not keen to try
10mg at present, discussed - 20mg for 6m and then
consider reducing to 10mg daily as a trial. happy with that

23-Sept-2015 Dr Sarah Mcgregor Results recording

14-Sept-2015 Examination	Enteric microscopy, culture and sensitivities Enteric Investigations No Cryptosporidium oocysts observed Culture Campylobacter jejuni isolated Sent to Reference Laboratory Sample sent for verotoxinigenic E.coli investigations Reference laboratory report Verotoxin Not detected PCR for verotoxin 1 gene Negative PCR for verotoxin 2 gene Negative Treatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S	
14-Sept-2015 Examination	Enteric microscopy, culture and sensitivities Enteric Investigations No Cryptosporidium oocysts observed Culture Campylobacter jejuni isolated Sent to Reference Laboratory Sample sent for verotoxinigenic E.coli investigations Reference laboratory report Verotoxin Not detected PCR for verotoxin 1 gene Negative PCR for verotoxin 2 gene Negative Treatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S	(No range available)

21-Sept-2015 Mrs Mandy Davies Surgery consultation

Examination	O/E - blood pressure reading	127 / 93 mm Hg	
Examination	Ambulatory blood pressure recording	average home readings 127/93	
Examination	Ambulatory blood pressure recording	average home readings 127/93:	(No range available)
	Ambulatory blood pressure recording	average home readings 127/93	

17-Sept-2015 Mrs Alison Macdonald Administration

12-Sept-2015 Examination	Serum bilirubin level	5 umol/L	
12-Sept-2015 Examination	Serum chloride	103 mmol/L	
12-Sept-2015 Examination	Serum creatinine	85 umol/L	
12-Sept-2015 Examination	Gamma - G.T. level	60 IU/L	
12-Sept-2015 Examination	Haemoglobin estimation	146 g/L	
12-Sept-2015 Examination	Neutrophil count	8.9 10 ⁹ /L	
12-Sept-2015 Examination	Serum potassium	4 mmol/L	
12-Sept-2015 Examination	Red blood cell (RBC) count	4.7 10 ¹² /L	
12-Sept-2015 Examination	Serum sodium	134 mmol/L	
12-Sept-2015 Examination	Blood urea	4.4 mmol/L	
12-Sept-2015 Examination	Total white cell count	11.9 10 ⁹ /L	
12-Sept-2015 Examination	Blood glucose result	5.5 mmol/L	
12-Sept-2015 Examination	Plasma C reactive protein	112 ratio	
12-Sept-2015 Examination	Glomerular filtration rate	60 mL/min	
12-Sept-2015 Examination	Serum bilirubin level:		
	Serum bilirubin level	5 umol/L	(No range available)
12-Sept-2015 Examination	Serum chloride:		
	Serum chloride	103 mmol/L	(No range available)
12-Sept-2015 Examination	Serum creatinine:		
	Serum creatinine	85 umol/L	(No range available)
12-Sept-2015 Examination	Gamma - G.T. level:		
	Gamma - G.T. level	60 IU/L	(No range available)
12-Sept-2015 Examination	Haemoglobin estimation:		
	Haemoglobin estimation	146 g/L	(No range available)
12-Sept-2015 Examination	Neutrophil count:		
	Neutrophil count	8.9 10 ⁹ /L	(No range available)
12-Sept-2015 Examination	Serum potassium:		
	Serum potassium	4 mmol/L	(No range available)
12-Sept-2015 Examination	Red blood cell (RBC) count:		
	Red blood cell (RBC) count	4.7 10 ¹² /L	(No range available)
12-Sept-2015 Examination	Serum sodium:		
	Serum sodium	134 mmol/L	(No range available)
12-Sept-2015 Examination	Blood urea:		
	Blood urea	4.4 mmol/L	(No range available)
12-Sept-2015 Examination	Total white cell count:		
	Total white cell count	11.9 10 ⁹ /L	(No range available)
12-Sept-2015 Examination	Blood glucose result:		
	Blood glucose result	5.5 mmol/L	(No range available)
12-Sept-2015 Examination	Plasma C reactive protein:		
	Plasma C reactive protein	112 ratio	(No range available)
12-Sept-2015 Examination	Glomerular filtration rate:		
	Glomerular filtration rate	60 mL/min	(No range available)

17-Sept-2015 Miss Fiona Burns Administration**17-Sept-2015 Dr Sarah Mcgregor Results recording**

14-Sept-2015 Examination	Enteric microscopy, culture and sensitivities Enteric InvestigationsREQTreatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157unless patient is immunocompromised or has severedisease. If thought indicated contact dutymicrobiologist (Bleep 2321) to discuss.Diarrhoea due to any cause means infection prevention and controlmeasures must be taken.; Enteric MC&S		
14-Sept-2015 Diagnosis	Clostridium difficile toxin detection Clostridium difficile EIA NEGATIVE RESULT Please send repeat sample if patient still symptomatic; Clostr difficile toxin detectn		
14-Sept-2015 Examination	Enteric microscopy, culture and sensitivities Enteric InvestigationsREQTreatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157unless patient is immunocompromised or has severedisease. If thought indicated contact dutymicrobiologist (Bleep 2321) to discuss.Diarrhoea due to any cause means infection prevention and controlmeasures must be taken.; Enteric MC&S: Enteric microscopy, culture and sensitivities Enteric InvestigationsREQTreatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157unless patient is immunocompromised or has severedisease. If thought indicated contact dutymicrobiologist (Bleep 2321) to discuss.Diarrhoea due to any cause means infection prevention and controlmeasures must be taken.; Enteric MC&S		
			(No range available)

16-Sept-2015 Dr Sarah Mcgregor Telephone call to a patient

14-Sept-2015 Mrs Alison Murray Surgery consultation**14-Sept-2015 Dr Sarah McGregor Surgery consultation**

Diagnosis	Patient reviewed onset of bloody diarrhoea- given pred 40mg by OOH as esr and crp up - treated as colitis. Stool sample sent today. r/v 3/7 - will need referral if stool neg. Cont steroids meantime	
Examination	O/E - weight	108 Kg
Examination	Body Mass Index	32.9

14-Sept-2015 Miss Eilidh Mcken Third Party Consultation

13-Sept-2015 Administration GP out of hours service administration Unscheduled
Care Report Grampian Medical Emergency Department (GMED) Out of Hours

14-Sept-2015 Miss Sarah Gibb Third Party Consultation

12-Sept-2015 Administration GP out of hours service administration Unscheduled
Care Report Grampian Medical Emergency Department (GMED) Out of Hours

14-Sept-2015 Mrs Sonya Mould Triage**11-Sept-2015 Dr Gemma Munro Surgery consultation**

Examination	O/E - blood pressure reading	127 / 96 mm Hg
Diagnosis	[D]Abdominal cramps	
Administration	Consultation Abdominal cramps for last 3 days. Thought he was constipated so took lactulose and has had watery diarrhoea since. Also describes fevers and rigors. O/E looks well, abdomen Soft, generally tender, bowel sounds normal. Imp/ gastroenteritis. Advised to stop taking lactulose. Try buscopan for pain. to cotact OOH if worsens over weekend.	

11-Sept-2015 Mrs Sonya Mould Triage**01-Sept-2015 Mr Philip Harwood Repeat Issue****26-Aug-2015 Mrs Alison Murray Surgery consultation**

Diagnosis	Adult screening
Administration	Telephone encounter advised to collect BP machine and recording sheet for home monitoring.

24-Aug-2015 Mr Neil Erskine Administration

18-Aug-2015 Examination	O/E - blood pressure reading	127 / 97 mm Hg
18-Aug-2015 Examination	Body Mass Index - 36	

07-Aug-2015 Mrs Diane Morrison Surgery consultation

Administration Administration NOS no reply when calling to advise of home BP monitor availability

21-July-2015 Mrs Donna Nash Medicine Management**17-July-2015 Mr David Rooke Repeat Issue****14-July-2015 Mrs Kerry Slater Administration**

Administration Asthma monitor 1st letter

02-July-2015 Dr Garry Farquhar Telephone call to a patient

Administration Telephone encounter Discussed sleep clinic letter, advise re not to drive if sleepy driving, says ok when drives. Discussed wt loss options, he'd been looking at rather drastic diet as seen in adds but may consider Scottish slimmers etc, is on sleep clinic w/l told.

30-Jun-2015 Mr David Rooke Repeat Issue**19-Jun-2015 Miss Fiona Burns Administration**

04-Jun-2015 Mr Philip Harwood Repeat Issue

Administration Administration NOS SAS voucher no 26533. Nicorette invisipatch 25mg x 4 weeks, nicorette quickmist x6. Note on SAS form says pt needs more qty as works away from home.

04-Jun-2015 Mrs Alison Murray Surgery consultation

Intervention Asthma management plan given plan sent out with scripts
 Diagnosis Asthma
 Administration Administration NOS Spirometry yesterday showed positive reversibility. Discussed with Dr. Farquhar and diagnosis asthma made. Script given by GP for antihistamines as patient feels nasal corticosteroid isn't working.
 Diagnosis Asthma
 03-Jun-2015 Examination Spirometry reversibility Positive reversibility of 500mls

04-Jun-2015 Dr Garry Farquhar Administration**03-Jun-2015 Dr Garry Farquhar Third Party Consultation****02-Jun-2015 Mrs Alison Murray Surgery consultation**

Intervention Health ed. - diet Advised 5 a day, cut back on salt and try to cook for himself.
 Symptom Diet poor lives on carry out foods and pot noodles High salt plus- even put salt on toast. Cooks for children when they visit but feels cooking for himself is waste of time. tried dieting/gym but put lots of weight on.
 Examination O/E - blood pressure reading 145 / 95 mm Hg
 Symptom MRC Breathlessness Scale: grade 2 breathless hurrying on the level
 Symptom Past medical history premature baby/ whooping cough when young
 Symptom *****
 Symptom Family history Mother had asthma
 Symptom Occupation history Forrester
 Examination Spirometry Ref for spirometry by Dr. Farquhar due to cough/wheeze symptoms. Mr. Jackson has an intermittent cough with daily copious green sputum. He is breathless hurriedly in the morning and evening and I will discuss him getting an on-going antihistamine as he has shown allergy to grass pollen and works in forests. Note he was a prem baby, had pertussis as a child and copious green sputum.
 Examination Pulse oximetry monitoring 96 %
 Intervention Smoking cessation advice discussed trying to cut down on smoking- accepted ref to SAS services within the practice.
 Examination O/E - weight 121.8 Kg
 Examination Body Mass Index 37.1
 Examination O/E - height 1.81 m
 Examination **Spirometry** Ref for spirometry by Dr. Farquhar due to cough/wheeze symptoms. Mr. Jackson has an intermittent cough with daily copious green sputum. He is breathless hurriedly in the morning and evening and I will discuss him getting an on-going antihistamine as he has shown allergy to grass pollen and works in forests. Note he was a prem baby, had pertussis as a child and copious green sputum.: (No range available)
 Spirometry Ref for spirometry by Dr. Farquhar due to cough/wheeze symptoms. Mr. Jackson has an intermittent cough with daily copious green sputum. He is breathless hurriedly in the morning and evening and I will discuss him getting an on-going antihistamine as he has shown allergy to grass pollen and works in forests. Note he was a prem baby, had pertussis as a child and copious green sputum.
 Examination **Pulse oximetry monitoring:**
 Pulse oximetry monitoring 96 % (No range available)

01-Jun-2015 Ms Libby Hay Administration**22-May-2015 Mr Philip Harwood Repeat Issue****13-May-2015 Mrs Mandy Davies Surgery consultation****13-May-2015 Miss Kelly George Administration****07-May-2015 Mrs Donna Nash Medicine Management**

Administration Medication review hosp letter 04.05.15

29-Apr-2015 Mr David Rooke Repeat Issue**20-Apr-2015 Dr Nicola Tennant Administration****20-Apr-2015 Dr Garry Farquhar Surgery consultation**

Examination	O/E - blood pressure reading	152 / 94 mm Hg
Diagnosis	Patient reviewed Cough etc improved,has ENT review and nocte breathing better,nose less blocked.BP up today.See lipids etc,plan do home monitoring then need CVD calc.Name on list for spirometry and HBPM	

18-Apr-2015 Dr Rachel Lowe Results recording

16-Apr-2015	Examination	Serum C reactive protein level	8 mg/L	
16-Apr-2015	Examination	Serum C reactive protein level: Abnormal	8 mg/L	(No range available)
		Serum C reactive protein level		

17-Apr-2015 Dr Rachel Lowe Results recording

16-Apr-2015	Examination	Plasma glucose level <none>	mmol/L	
16-Apr-2015	Examination	Plasma fasting glucose level	5.6 mmol/L	
16-Apr-2015	Examination	Plasma glucose level<none>:		(No range available)
		Plasma glucose level <none>	mmol/L	
16-Apr-2015	Examination	Plasma fasting glucose level:		(Range: 3.7 - 5.6)
		Plasma fasting glucose level	5.6 mmol/L	

16-Apr-2015 Miss Tracy Low Surgery consultation

Intervention	Blood withdrawal as req
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09-Apr-2015 Mrs Lesley Keenan Administration**09-Apr-2015 Dr Garry Farquhar Results recording**

07-Apr-2015	Examination	Plasma glucose level	7.6 mmol/L	
07-Apr-2015	Examination	Plasma glucose level: Abnormal		
		Plasma glucose level	7.6 mmol/L	(Range: 3.7 - 5.6)

09-Apr-2015 Dr Garry Farquhar Results recording

07-Apr-2015	Examination	Serum albumin	44 g/L	
07-Apr-2015	Examination	Serum alkaline phosphatase U/L	86 U/L	
07-Apr-2015	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 21 U/L	
07-Apr-2015	Examination	Serum total bilirubin level	5 umol/L	
07-Apr-2015	Examination	Serum chloride	108 mmol/L	
07-Apr-2015	Examination	Serum total cholesterol level	4.2 mmol/L	
07-Apr-2015	Examination	Serum creatinine umol/l	77 umol/L	
07-Apr-2015	Examination	Serum gamma-glutamyl transferase level	Serum gamma 33 U/L	
		GT level - U/L		
07-Apr-2015	Examination	Serum HDL cholesterol level	0.9 mmol/L	
07-Apr-2015	Examination	Serum LDL cholesterol level	2.1 mmol/L	
07-Apr-2015	Examination	Serum potassium	5.2 mmol/L	
07-Apr-2015	Examination	Serum sodium	140 mmol/L	
07-Apr-2015	Examination	Serum triglycerides	2.55 mmol/L	
07-Apr-2015	Examination	Serum TSH level mU/L	1.26 mU/L	
07-Apr-2015	Examination	Serum urea level	5.1 mmol/L	
07-Apr-2015	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		
07-Apr-2015	Examination	Liver function test <none>		
07-Apr-2015	Examination	Thyroid function test <none>		
07-Apr-2015	Examination	Urea and electrolytes <none>		
07-Apr-2015	Examination	Serum C reactive protein level	19 mg/L	
07-Apr-2015	Examination	Biochemical test <none>		
07-Apr-2015	Examination	Biochemical test -		
07-Apr-2015	Examination	Total cholesterol:HDL ratio	4.5 ratio	
07-Apr-2015	Examination	Serum free T4 level	15 pmol/L	
07-Apr-2015	Examination	Lipid level -	mmol/L	
07-Apr-2015	Examination	Haemolysis screening test -		
07-Apr-2015	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - ml/min/1.73m2	60 mL/min	
07-Apr-2015	Examination	Serum albumin:		
		Serum albumin	44 g/L	(Range: 35 - 50)
07-Apr-2015	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	86 U/L	(Range: 30 - 130)
07-Apr-2015	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
		Serum alanine aminotransferase level U/L	Serum ALT level - 21 U/L	(Range: 8 - 55)
07-Apr-2015	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	5 umol/L	(No range available)
07-Apr-2015	Examination	Serum chloride:		
		Serum chloride	108 mmol/L	(Range: 95 - 108)

iGPR Report

07-Apr-2015	Examination	Serum total cholesterol level:		
		Serum total cholesterol level	4.2 mmol/L	(No range available)
07-Apr-2015	Examination	Serum creatinine umol/l:		
		Serum creatinine umol/l	77 umol/L	(Range: 50 - 120)
07-Apr-2015	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L:	
		Serum gamma-glutamyl transferase level	Serum gamma 33 U/L	(Range: 4 - 35)
07-Apr-2015	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	0.9 mmol/L	(No range available)
07-Apr-2015	Examination	Serum LDL cholesterol level:		
		Serum LDL cholesterol level	2.1 mmol/L	(No range available)
07-Apr-2015	Examination	Serum potassium:		
		Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
07-Apr-2015	Examination	Serum sodium:		
		Serum sodium	140 mmol/L	(Range: 133 - 146)
07-Apr-2015	Examination	Serum triglycerides:		
		Serum triglycerides	2.55 mmol/L	(No range available)
07-Apr-2015	Examination	Serum TSH level mU/L:		
		Serum TSH level mU/L	1.26 mU/L	(Range: 0.35 - 4.5)
07-Apr-2015	Examination	Serum urea level:		
		Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
07-Apr-2015	Examination	Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.:		
		Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
07-Apr-2015	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)
07-Apr-2015	Examination	Thyroid function test <none>:		
		Thyroid function test <none>		(No range available)
07-Apr-2015	Examination	Urea and electrolytes <none>:		
		Urea and electrolytes <none>		(No range available)
07-Apr-2015	Examination	Serum C reactive protein level: Abnormal		
		Serum C reactive protein level	19 mg/L	(No range available)
07-Apr-2015	Examination	Biochemical test <none>:		
		Biochemical test <none>		(No range available)
07-Apr-2015	Examination	Biochemical test:		
		Biochemical test -		(No range available)
07-Apr-2015	Examination	Total cholesterol:HDL ratio:		
		Total cholesterol:HDL ratio	4.5 ratio	(No range available)
07-Apr-2015	Examination	Serum free T4 level:		
		Serum free T4 level	15 pmol/L	(Range: 10 - 25)
07-Apr-2015	Examination	Lipid level:		
		Lipid level -	mmol/L	(No range available)
07-Apr-2015	Examination	Haemolysis screening test:		
		Haemolysis screening test -		(No range available)
07-Apr-2015	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2:		
		GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)

09-Apr-2015 Dr Garry Farquhar Results recording

07-Apr-2015	Examination	Eosinophil count x10 ⁹ /l	0.12 10 ⁹ /L	
07-Apr-2015	Examination	Haemoglobin estimation g/l	141 g/L	
07-Apr-2015	Examination	Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	
07-Apr-2015	Examination	Mean corpuscular volume (MCV) fl	95 fL	
07-Apr-2015	Examination	Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	
07-Apr-2015	Examination	Neutrophil count x10 ⁹ /l	4.6 10 ⁹ /L	
07-Apr-2015	Examination	Platelet count x10 ⁹ /l	228 10 ⁹ /L	
07-Apr-2015	Examination	Red blood cell (RBC) count x10 ¹² /l	4.7 10¹²/L	
07-Apr-2015	Examination	Total white cell count x10 ⁹ /l	7.7 10 ⁹ /L	
07-Apr-2015	Examination	Lymphocyte count x10 ⁹ /l	2.2 10 ⁹ /L	
07-Apr-2015	Examination	Full blood count - FBC <none>		
07-Apr-2015	Examination	Large unstained cells x10 ⁹ /l	0.26 10 ⁹ /L	
07-Apr-2015	Examination	Haematocrit - PCV l/l	0.44 L/L	
07-Apr-2015	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	
07-Apr-2015	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.12 10 ⁹ /L	(Range: 0.1 - 0.5)
07-Apr-2015	Examination	Haemoglobin estimation g/l:		
		Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
07-Apr-2015	Examination	Mean corpusc. haemoglobin(MCH) pg:		
		Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	(Range: 27 - 32)
07-Apr-2015	Examination	Mean corpuscular volume (MCV) fl:		
		Mean corpuscular volume (MCV) fl	95 fL	(Range: 83 - 98)
07-Apr-2015	Examination	Monocyte count x10 ⁹ /l:		
		Monocyte count x10 ⁹ /l	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
07-Apr-2015	Examination	Neutrophil count x10 ⁹ /l:		
		Neutrophil count x10 ⁹ /l	4.6 10 ⁹ /L	(Range: 1.5 - 7)
07-Apr-2015	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	228 10 ⁹ /L	(Range: 140 - 400)
07-Apr-2015	Examination	Red blood cell (RBC) count x10 ¹² /l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	4.7 10¹²/L	(Range: 5 - 6)
07-Apr-2015	Examination	Total white cell count x10 ⁹ /l:		
		Total white cell count x10 ⁹ /l	7.7 10 ⁹ /L	(Range: 4 - 10)
07-Apr-2015	Examination	Lymphocyte count x10 ⁹ /l:		
		Lymphocyte count x10 ⁹ /l	2.2 10 ⁹ /L	(Range: 1.5 - 4)
07-Apr-2015	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
07-Apr-2015	Examination	Large unstained cells x10 ⁹ /l:		
		Large unstained cells x10 ⁹ /l	0.26 10 ⁹ /L	(Range: 0.05 - 0.5)
07-Apr-2015	Examination	Haematocrit - PCV l/l:		
		Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
07-Apr-2015	Examination	Basophil count x10 ⁹ /l:		
		Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

07-Apr-2015 Mrs Dolina Roy Third Party Consultation

Examination	Electrocardiography ECG In-House In-House	
Examination	Electrocardiography ECG In-House In-House:	
	Electrocardiography ECG In-House In-House	(No range available)

07-Apr-2015 Mrs Dolina Roy Surgery consultation

Examination	ECG as req by GP	
Administration	Consultation Has had random bloods taken as pt not advised to fast, pt advised may need to repeat if any elevated	
Intervention	Blood withdrawal	
Examination	ECG as req by GP:	
	ECG as req by GP	(No range available)

06-Apr-2015 Dr Garry Farquhar Surgery consultation

Symptom	Nocturnal cough / wheeze Just come from ENT appt, sounds like sleep apnoea also, ? is ENT refering, he thinks so, hoarse, has been given Augmentin from ENT. Exp wheeze, no SOB, various pains in jaw when moves neck and tingling down arms, neither relates to exercise. HS NAD, Over wt ++. Plan Bloods appt and ECG. Put on spirometry list. Salbut and clenil and rv appt 2 weeks with results and effect of rx and hopefully ENT letter.
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03-Feb-2015 Miss Michelle Milne Repeat Issue**03-Feb-2015 Miss Michelle Milne Repeat Issue****14-Jan-2015 Miss Eilidh Mcken Referral Letter****13-Jan-2015 Mr David Rooke Repeat Issue**

12-Jan-2015 Dr Stephen Davidson Surgery consultation

Symptom [D]Sleep apnoea syndrome Satisfactory
 Intervention ENT referral
 Administration Consultation ongoing problems with rhinitis, c/o post nasal drip with thick green to brown sputum in the morning, occasionally making him vomit, having to blow his nose continually throughout day, no improvement despite steroids and nasal douching as per ENT advice, missed r/v appt for ENT in 2010, in addition has been c/o disturbed sleep with breath holding, morning headache and tingling, with daytime somnolence, is currently overweight and cutting down on cigarettes, have redirected to pharmacy services, o/e - ENT - nil specific, d/w GF, will refer to ENT in first instance, may need to consider sleep clinic referral in future if lifestyle adjustments cannot be achieved, have encouraged sleep hygiene and explained sleeping tablets not appropriate

22-Dec-2014 Mr Philip Harwood Repeat Issue**22-Dec-2014 Dr Rachel Lowe Telephone call to a patient**

Administration Failed encounter tel consult re meds review- message left to rebook
 Administration Telephone encounter mobile died this am. Uses omeprazole one-two daily. Discussed - can't do without. will try and stick to one a day and only 2 on occasions. discussed try to use min effective dose possible

05-Dec-2014 Mr Philip Harwood Repeat Issue

Administration Administration NOS Letter posted to pt informing them of gp tel con meds review appt at 8.50am on 22/12/14 for review of omeprazole with RL

05-Dec-2014 Mr Philip Harwood Repeat Issue**05-Dec-2014 Mr Philip Harwood Repeat Issue****07-Nov-2014 Mr David Rooke Repeat Issue****22-Sept-2014 Miss Michelle Milne Repeat Issue****26-Aug-2014 Miss Michelle Milne Repeat Issue****29-July-2014 Miss Michelle Milne Repeat Issue****30-Jun-2014 Mr Philip Harwood Other****04-Jun-2014 Mr Philip Harwood Other****07-May-2014 Mr David Rooke Repeat Issue****07-Apr-2014 Mr David Rooke Repeat Issue****07-Mar-2014 Mr David Rooke Repeat Issue****11-Feb-2014 Miss Michelle Milne Repeat Issue****15-Jan-2014 Miss Michelle Milne Repeat Issue****12-Dec-2013 Mr Philip Harwood Other****02-Dec-2013 Miss Kelly George Third Party Consultation**

Administration X-ray report received X-ray report received Dr Grays
 Hospital X-ray

02-Dec-2013 Mrs Alison Macdonald Third Party Consultation

Intervention Discharged from accident and emergency Accident
 Diagnosis Emergency Discharge Dr Grays Hospital Accident
 Emergency

19-Nov-2013 Miss Michelle Milne Repeat Issue

24-Oct-2013 Miss Michelle Milne Repeat Issue

24-Sept-2013 Mr David Rooke Repeat Issue

31-July-2013 Miss Michelle Milne Repeat Issue

24-Jun-2013 Mr Philip Harwood Other

10-May-2013 Mr David Rooke Repeat Issue

01-Mar-2013 Miss Michelle Milne Repeat Issue

25-Feb-2013 Mrs Sonya Mould Surgery consultation

Intervention Patient given advice Scabies 23/05/2012
 Diagnosis [D]Rash and other nonspecific skin eruption Skin rash all
 over body driving him mad worse at night, worse in groin,
 works off shore looks like scabies to me. Treat as per
 eGJF, add in anti histamine and information r/v if not
 settling.

04-Feb-2013 Miss Michelle Milne Repeat Issue

27-Dec-2012 Mr David Rooke Repeat Issue

14-Nov-2012 Mr Philip Harwood Other

11-Oct-2012 Miss Michelle Milne Repeat Issue

25-Jun-2012 Miss Michelle Milne Repeat Issue

04-Jun-2012 Miss Michelle Milne Repeat Issue

02-May-2012 Mr David Rooke Repeat Issue

19-Mar-2012 Mr David Rooke Repeat Issue

30-Jan-2012 Mr David Rooke Other

19-Dec-2011 Mrs Carole Taylor Administration

07-Dec-2011 Mr David Rooke Other

18-Nov-2011 Mrs Donna Nash Medicine Management

20-Oct-2011 Mrs Alison Macdonald Administration

03-Oct-2011 Symptom Smoking cessation milestones quit smoking after 2
 sessions

06-Oct-2011 Mrs Lynne More Other

03-Oct-2011 Miss Kelly George Administration

Examination Ex smoker

// cigarettes / cigars /
 tobacco

29-Sept-2011 Mrs Lesley Keenan Administration

Administration Telephone encounter given results of CT Scan.

27-Sept-2011 Miss Fiona Burns Third Party ConsultationAdministration X-ray report received X-ray report received Dr Grays
Hospital X-ray**26-Aug-2011 Mr David Rooke Other**Administration Administration SAS voucher no. 13640 To issue 1/12
supply of Champix 1mg**19-Aug-2011 Mrs Alison Macdonald Administration****17-Aug-2011 Dr J T Wilson Surgery consultation**

Intervention	Refer for CAT scanning
Diagnosis	Trigeminal neuralgia NOS c/o pain on side of face comes up to 20 times per day R side of face. shooting pain no visual disturbance. fundi normal. ?? trigeminal neuralgia try carbamazepine anxious after head injury and new onset headache with numbness R side of face that some intracranial problem. refer CT

27-July-2011 Dr Derek Kelly Telephone call to a patient

Diagnosis	[D]Snoring - severe - family and work colleagues concerned as disturbing them - no report of apnoeic episodes. No hypersomnolence.
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18-July-2011 Mrs Lynne More Other**15-July-2011 Mr David Rooke Other**Administration Administration SAS voucher 11490 Champix 1mg BD x
1/12 supply**24-Jun-2011 Mrs Donna Nash Medicine Management**

Administration Administration NOS smoking voucher 11473

02-Jun-2011 Dr Garry Farquhar Medicine Management**30-May-2011 Mrs Donna Nash Medicine Management****04-May-2011 Dr David Rathband Telephone call to a patient**

Intervention	Smoking cessation advice	
Administration	Consultation Wants to stop smoking. Works offshore. Discussed options. Feels SAS best placed to do an assessment. May not make review appointments due to work commitments but if they feel suitable for champix we could prescribe. SAS form completed. Patient TCI to complete back of form.	
Examination	Heavy smoker - 20-39 cigs/day	25 / / cigarettes / cigars / tobacco
Administration	Medication review	
Administration	Medication review	

28-Apr-2011 Mrs Lynne More Other**11-Mar-2011 Mrs Carole Knox Other****01-Feb-2011 Mrs Donna Nash Medicine Management**

12-Jan-2011 Dr David Rathband Surgery consultation

Intervention Had a chat to patient See DR entry yesterday re removal of wound closure. ***** Not sure re LOC. Since accident has had several bouts of sleep paralysis when he has thought he saw the*****but was unable to move. Also c/o frequent headaches which are sharp and short lived. Visual disturbance of floaters at times but only lasts seconds. No vomiting. No early morning headaches. Not worse on bending forward. O/E - appears well, PEARL, CN intact, Rhomberg's -ve, No pronator drift, gross limb neurology normal, No battle's sign's, no haemotympanum. Advised optician given vision problems. Imp = concussion. Advised strongly against working offshore in next few days. Says has to for financial reasons. Left in no doubt regarding my feelings towards this. Given HI advice from patient.co.uk. Advised seek medical help if deteriorates.

11-Jan-2011 Mrs Dolina Roy Surgery consultation

Intervention Removal of suture of skin X3 from L. cheek, well healed, pt states has 5 sutures but removed 2 himself, staples x 3 removed from scalp, states staple x1 fell out, well healed, pt c/o intermittent headaches and visual disturbance since injury, appt arranged with Dr Rathband for tomorrow.

06-Jan-2011 Mrs Alison Macdonald Third Party Consultation

Intervention Discharged from accident and emergency Accident
Emergency Discharge Dr Grays Hospital Accident
Emergency

06-Jan-2011 Mrs Alison Macdonald Administration

29-Dec-2010 Diagnosis Open wound of head NOS - seen at A & E

12-Nov-2010 Dr Derek Kelly Surgery consultation

Intervention Smoking cessation advice He can stop as stopped himself before - not keen on NRT. Discussed Champix. Not indicated.

Administration Consultation - right knee pain S - flare of pain medial aspect of right knee. O - right knee - tender with some mild swelling over femoral insertion on MCL and medial joint margin. O - rest 2 weeks - treat NSAIDs (has PPI - advised to stop NSAIDs if epigastric pains).

Examination Cigarette smoker 30 / / cigarettes /
cigars / tobacco

11-Oct-2010 Mrs Karen Pollard Repeat Issue**29-Sept-2010 Mrs Lynne More Other**

Administration Administration Note on script to book GP appt re Codeine Sulphate

28-Sept-2010 Mrs Karen Pollard Repeat Issue**09-Sept-2010 Dr Alex McClure Surgery consultation**

Diagnosis Infective otitis externa Right ear painful, dull and discharging week or so and apparently flying to Trinidad in a couple of days. EAM quite red and swollen with lot of exudate and can't see TM. Says pain around mastoid but no swelling or external cellulitis. In view of imminent long haul flight suggest gentisone and amoxil and will seek help there if required.

Administration Medication review Just flonase and omeprazole long term.

12-July-2010 Mrs Karen Pollard Repeat Issue**12-July-2010 Mrs Christine Thomson Clinic****12-July-2010 Mrs Karen Pollard Repeat Issue****02-July-2010 Mrs Alison Macdonald Administration**

Administration Telephone encounter pnt informed ent CT scan clear and x ray on knee normal

28-Jun-2010 Mr Neil Erskine Third Party Consultation

Administration X-ray report received X-ray report received Dr Grays
Hospital X-ray

21-Jun-2010 Dr J T Wilson Surgery consultation

Examination Patient's condition the same pain killers helping but still
painful wants to speed up tx
Administration Telephone encounter Spoke to xray dept and an appt
has already been made for Mr Jackson for 29/06/10 @
3pm. Mr Jackson informed.

16-Jun-2010 Miss Eilidh Mcken Administration

Intervention Refer for X-Ray

15-Jun-2010 Dr J T Wilson Surgery consultation

Symptom Knee pain came on when running pain on walking and at
night when knees touch together. very tender over prox
tibia. good rom active and passive no swelling satble joint
no laxity or evidence ligamnet damage. ?? stress fracture
get xray or A&E try codeine and tel review 1/52 R knee

26-Mar-2010 Mrs Lynne More Administration**24-Mar-2010 Mrs Cecilia Everingham Other**

Intervention Planned telephone contact pt want information on how to
go about getting a vasectomy. Advised to make apt with
GP.

03-Mar-2010 Mrs Kerry Slater Administration

02-Mar-2010 Diagnosis Chronic rhinosinusitis seen by ENT

29-Jan-2010 Mrs Karen Pollard Repeat Issue**12-Dec-2009 Miss Sarah Gibb Referral Letter****11-Dec-2009 Miss Sarah Gibb Administration**

Intervention ENT referral

02-Dec-2009 Mrs Karen Pollard Repeat Issue**01-Dec-2009 Dr Alex Mcclure Surgery consultation**

Administration Consultation Chronic sinusitis years with surgery around
15 years ago. Throat choked with green/brown mucus
during the night. Typical symptoms. No benefit 2 months
Beconase so change to Flixonase and refer ENT.

19-Oct-2009 Dr Jane Ketley Telephone call to a patient

Administration Telephone encounter discussed letter-gastritis and 2-3m
ppi 20 then 10
Diagnosis Chronic rhinitis tel. says recurrent sinus/nasal
congestion. PH of polyps. gastroscopy adv referral ENT.
but try nasal spray first then rv

16-Oct-2009 Mrs Karen Pollard Repeat Issue

Administration Medication review Hosp letter continue PPI 28/09/09
Administration Medication review Just flixonase and omeprazole long
term.

14-Oct-2009 Mrs Katrina Newlands Other**14-Oct-2009 Mrs Katrina Newlands Other****25-Sept-2009 Mrs Karen Pollard Repeat Issue**

24-Sept-2009 Dr Janette Critchley Surgery consultation

Diagnosis Acute tonsillitis unwell 4d. Throat feels closed, scared to sleep as worse lying down. Sweats ++Tonsils enlarged, red + covered pus. Enlarged cervical LNs alsoAdvised reg analgesia, aspirin gargles, fluids & start abx. To sleep propped up at present

03-Aug-2009 Mrs Karen Pollard Repeat Issue**31-July-2009 Mrs Alison Macdonald Administration**

29-Jun-2009 Examination Diagnostic fiberoptic endoscopic exam upper GI tract NOS
- shows small hiatus hernia
29-Jun-2009 Diagnosis Hiatus hernia - from endoscopy report
29-Jun-2009 Examination **Diagnostic fiberoptic endoscopic exam upper GI tract NOS-** shows small hiatus hernia:
Diagnostic fiberoptic endoscopic exam upper GI tract NOS (No range available)
- shows small hiatus hernia

31-July-2009 Mr David Rooke Repeat Issue**30-July-2009 Mrs Donna Nash Medicine Management****29-July-2009 Mrs Karen Pollard Repeat Issue**

Administration Telephone encounter From Bridget Aiken from Dr Grays to step up PPI 40mg bd for i week then maintenance dose of 20mg bd until next r/v. letter to follow.

28-July-2009 Dr Janaka Abeynayake Surgery consultation

Diagnosis [D]Musculoskeletal chest pain
Diagnosis Patient reviewed Right sided chest pain for few days. Unaware of trauma. Pain worse with movements had with breathing. No cough. O/E: BP 140/82, pulse 74/min, chest clear, no pain on palpation of chest wall. Reassured, advised analgesia and review if pain not better.

02-July-2009 Miss Fiona Burns Administration

29-Jun-2009 Diagnosis Hiatus hernia moderate
29-Jun-2009 Diagnosis Oesophagitis grade 4

02-July-2009 Mrs Karen Pollard Repeat Issue**30-Apr-2009 Mrs Karen Pollard Repeat Issue**

18-Apr-2009 Diagnosis [X]Bite from human Left hand

29-Apr-2009 Dr Garry Farquhar Surgery consultation

Diagnosis Cellulitis and abscess of hand NOS Been in hosp with cellulitis R hand over laceration caused by punching*****Has dressing over laceration healing by open granulation.Was at ward for review last week and says told to get antibiotic for 2 more weeks.Was supposed to be going to Nigeria but now changed to north sea tomorrow am but hasn't told company(? he's independant contractor paid on day rate) who owns rig,works as absell supervisor .Advised he should tell company and that in my opinion not wise to go offshore,need to feed the kids is his response.Has dressings to take.
Diagnosis Candidal balanitis ?2ndry to antibiotic.Offshore tomorrow am so no time to tx.

23-Apr-2009 Miss Sarah Gibb Referral Letter**22-Apr-2009 Miss Sarah Gibb Administration****14-Apr-2009 Dr Sirisha Moparthi Surgery consultation**

Intervention Gastroenterological referral
Diagnosis Patient reviewed on omeprazole , 20 mg helps , had problems - dyspepsia., in past, cannot taper omeprazole, no redflag signs plan: issue omeprazole , SE - explained, keen to go on as cant do without them , plan: non urgent endoscope , rv in 3 months

16-Mar-2009 Mr David Rooke Repeat Issue

Administration Administration note on rx re med rev appt with Dr Janaka
re omeprazole. drooke

11-Mar-2009 Mrs Christine Thomson Clinic

10-Mar-2009 Mrs Karen Pollard Repeat Issue

05-Feb-2009 Mrs Karen Pollard Repeat Issue

15-Jan-2009 Dr J T Wilson Surgery consultation

Intervention	Health ed. - smoking	
Diagnosis	Acute bronchiolitis had course of steroids and antibiotics still wheezy chest exp wheeze. try salbutamol stopp smoking	
Diagnosis	Eustachian tube dysfunction deafness with URTI tm normal advsied and sudafed and review if persists	
Examination	Cigarette smoker	20 / / cigarettes / cigars / tobacco

12-Jan-2009 Ms Labs Mail Results recording

05-Jan-2009	Examination	Helicobacter serology negative Negative<18.0Original result: "Helicobacter pylori IgG EIA" < 18*** NUMERIC VALUE SUPPLIED: < 18 ***	
05-Jan-2009	Examination	Helicobacter serology negative Negative<18.0Original result: "Helicobacter pylori IgG EIA" < 18*** NUMERIC VALUE SUPPLIED: < 18 ***. Helicobacter serology negative Negative<18.0Original result: "Helicobacter pylori IgG EIA" < 18*** NUMERIC VALUE SUPPLIED: < 18 ***	(No range available)

09-Jan-2009 Ms Labs Mail Results recording

07-Jan-2009 Ms Labs Mail Results recording

05-Jan-2009	Examination	Eosinophil count	Original result: "EOSM" = 0.07(0.0 - 0.5)	0.07	
05-Jan-2009	Examination	Hb estimation	Original result: "HB" = 144(140 - 180)	144	
05-Jan-2009	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH"30 = 30(27 - 32)		
05-Jan-2009	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 87(83 - 98)		
05-Jan-2009	Examination	Monocyte count	Original result: "MONOM" = 0.44(0.2 - 0.8)	0.44	
05-Jan-2009	Examination	Neutrophil count	Original result: "NEUTM" = 3.85(1.5 - 7.0)	3.85	
05-Jan-2009	Examination	Platelet count	Original result: "PLT" = 385(140 - 400)	385	
05-Jan-2009	Examination	Mean platelet volume	Original result: "MPV" = 8.3(7.0 - 10.4)	8.3	
05-Jan-2009	Examination	Red blood cell (RBC) count	Original result: "RBC" = 4.8(5.0 - 6.0)	4.8	
05-Jan-2009	Examination	White blood count	Original result: "WBC" = 7.4(4.0 - 10.0)	7.4	
05-Jan-2009	Examination	Lymphocyte count	Original result: "LYMPHM" = 3.03(1.5 - 4.0)	3.03	
05-Jan-2009	Examination	Haematocrit - PCV	Original result: "HCT" = 0.42(0.42 - 0.54)	0.42	
05-Jan-2009	Examination	Eosinophil count	Original result: "EOSM" = 0.07(0.0 - 0.5); Eosinophil count Original result: "EOSM" = 0.07(0.0 - 0.5)	0.07	(No range available)
05-Jan-2009	Examination	Hb estimation	Original result: "HB" = 144(140 - 180); Hb estimation Original result: "HB" = 144(140 - 180)	144	(No range available)
05-Jan-2009	Examination	Mean corpusc. haemoglobin(MCH)	Original result: "MCH" = 30(27 - 32); Mean corpusc. haemoglobin(MCH) Original result: "MCH"30 = 30(27 - 32)		(No range available)
05-Jan-2009	Examination	Mean corpuscular volume (MCV)	Original result: "MCV" = 87(83 - 98); Mean corpuscular volume (MCV) Original result: "MCV" = 87(83 - 98)		(No range available)
05-Jan-2009	Examination	Monocyte count	Original result: "MONOM" = 0.44(0.2 - 0.8); Monocyte count Original result: "MONOM" = 0.44(0.2 - 0.8)	0.44	(No range available)
05-Jan-2009	Examination	Neutrophil count	Original result: "NEUTM" = 3.85(1.5 - 7.0); Neutrophil count Original result: "NEUTM" = 3.85(1.5 - 7.0)	3.85	(No range available)
05-Jan-2009	Examination	Platelet count	Original result: "PLT" = 385(140 - 400); Platelet count Original result: "PLT" = 385(140 - 400)	385	(No range available)
05-Jan-2009	Examination	Mean platelet volume	Original result: "MPV" = 8.3(7.0 - 10.4); Mean platelet volume Original result: "MPV" = 8.3(7.0 - 10.4)	8.3	(No range available)
05-Jan-2009	Examination	Red blood cell (RBC) count	Original result: "RBC" = 4.8(5.0 - 6.0); Red blood cell (RBC) count Original result: "RBC" = 4.8(5.0 - 6.0)	4.8	Abnormal (No range available)
05-Jan-2009	Examination	White blood count	Original result: "WBC" = 7.4(4.0 - 10.0); White blood count Original result: "WBC" = 7.4(4.0 - 10.0)	7.4	(No range available)
05-Jan-2009	Examination	Lymphocyte count	Original result: "LYMPHM" = 3.03(1.5 - 4.0); Lymphocyte count Original result: "LYMPHM" = 3.03(1.5 - 4.0)	3.03	(No range available)
05-Jan-2009	Examination	Haematocrit - PCV	Original result: "HCT" = 0.42(0.42 - 0.54); Haematocrit - PCV Original result: "HCT" = 0.42(0.42 - 0.54)	0.42	(No range available)

06-Jan-2009 Mrs Karen Pollard Repeat Issue**05-Jan-2009 Miss Tracy Low Surgery consultation**

Intervention Blood withdrawal as req

05-Jan-2009 Dr Alex McClure Surgery consultation

Symptom Diarrhoea & vomiting, symptom 2 weeks D and V with cough and green snot. Unwell but up and about. Chest clear. Smokes. Malaria 2 years ago but not travel since. For FBC and film in view of slightly unusual presentation and stool spec re duration and review if not resolving.

03-Dec-2008 Dr Janaka Abeynayake Surgery consultation

Diagnosis Patient reviewed Good response to omeprazole, no symptoms at all now. Advised continuation, H. pylori serology and review with results.

11-Nov-2008 Mrs Karen Pollard Repeat Issue**07-Nov-2008 Mrs Lynne More Administration**

07-Oct-2008 Miss Fiona Burns Administration

Administration Telephone encounter pt called for blood test results
taken on the 3/10 result given

04-Oct-2008 Dr Sarah McGregor Results recording

03-Oct-2008	Examination	Serum cholesterol	Original result: "Cholesterol" = 4.2(3.4 - 5.2)	
03-Oct-2008	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)	1.2
03-Oct-2008	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0)	2.7
03-Oct-2008	Examination	Serum triglycerides	Original result: "Triglyceride" = 0.86(0.6 - 2.0)	0.86
03-Oct-2008	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 3.6	3.6
03-Oct-2008	Examination	Serum cholesterol	Original result: "Cholesterol" = 4.2(3.4 - 5.2):	(No range available)
03-Oct-2008	Examination	Serum HDL cholesterol level	Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9):	(No range available)
03-Oct-2008	Examination	Serum LDL cholesterol level	Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0):	(No range available)
03-Oct-2008	Examination	Serum triglycerides	Original result: "Triglyceride" = 0.86(0.6 - 2.0):	(No range available)
03-Oct-2008	Examination	Total cholesterol:HDL ratio	Original result: "Tot Chol / HDL Ratio" = 3.6:	(No range available)

03-Oct-2008 Miss Tracy Low Surgery consultation

Intervention Blood withdrawal as req

01-Oct-2008 Dr Sarah McGregor Surgery consultation

Intervention	Smoking cessation advice	
Diagnosis	Family history mum - strokes and angina, dad no MI	
Examination	O/E - blood pressure reading	148 / 88 mm Hg
Diagnosis	Reflux oesophagitis waking at night with acid probs and during day - last 18/12 and getting worse. Tried zantac - no effect	
Administration	Patient asked to come in FOR FASTING CHOL LEVEL - concerned re MI risk	
Examination	Moderate smoker - 10-19 cigs/d	// cigarettes / cigars / tobacco
Examination	Alcohol consumption	21 units per week
Examination	O/E - weight	100 Kg
Examination	Body Mass Index	30.1
Examination	O/E - height	1.82 m

04-Apr-2008 Mrs Susanna Calmus Surgery consultation

Diagnosis Laboratory Encounter

01-Apr-2008 Mrs Susanna Calmus Surgery consultation

Administration GP out of hours service administration Out of Hours
GMED

17-Jan-2007 Dr Rachel Lowe Surgery consultation

Administration Seen in GP's surgery
Administration Notes summary on computer

21-Dec-2006 Mrs Claire Lumsden Surgery consultation

Administration Patient MRE received from HB

08-Dec-2006 Dr Staff Unknown Member of Staff Surgery consultation

Administration Pat. GP7B/GP8B card from HB

01-Dec-2006 Mrs Karen Pollard Surgery consultation

Administration Patient registered - GPR
Administration Patient reg. form sent to HB

21-Nov-2006 Mrs Carole Knox Surgery consultation

Examination	Urinalysis = no abnormality	0
Intervention	Smoking cessation advice Has given up in the past but put on a lot of weight so went back to smoking. Advised to see G.P. when in routinely to discuss giving up	
Management	New patient screen Problem=Current	
Diagnosis	*****	
Diagnosis	*****	
Diagnosis	*****	
Examination	O/E - blood pressure reading Large cuff - best of 3	138 / 81 mm Hg
Examination	Body Mass Index 32.00 :Units: kg/m2	
Administration	Administration Administration Letter Registration	
Diagnosis	Free text Childhood asthmatic	
Examination	Cigarette smoker :Units: a day	20 // cigarettes / cigars / tobacco
Examination	Current smoker	0 // cigarettes / cigars / tobacco
Examination	Alcohol consumption NOS Average:Units: units/week	10 units per week
Examination	O/E - weight :Units: kg	106 Kg
Examination	Body Mass Index :Units: kg	32
Examination	O/E - height :Units: metres	1.82 m
Examination	Urinalysis = no abnormality:	
Examination	Urinalysis = no abnormality	0 (No range available)

20-Nov-2006 Mrs Susan Green Surgery consultation

Administration Ethnic groups (census) Problem=Current
Administration White

29-Sept-1993 Dr Rachel Lowe Surgery consultation

Intervention Emergency hospital admission observation overnight
Diagnosis Head injury Problem=Dormant
Intervention Emergency hospital admission observation overnight

15-Jun-1993 Dr Staff Unknown Member of Staff Surgery consultation

Administration FP19 - TR < 15 days to FPC

05-Sept-1989 Dr Rachel Lowe Surgery consultation

Intervention Intranasal antrostomy

21-Aug-1989 Dr Rachel Lowe Surgery consultation

Diagnosis Nasal polyps Problem=Dormant

12-Jun-1989 Mrs Karen Pollard Surgery consultation

Intervention Booster tetanus vaccination

16-Feb-1989 Mrs Karen Pollard Surgery consultation

Intervention Booster polio vaccination

10-Nov-1987 Dr Rachel Lowe Surgery consultation

Diagnosis Sequelae of burns corrosions and frostbite
Problem=Dormant
Intervention Free skin graft left knee/leg foot. donor site thigh

09-Mar-1984 Mrs Karen Pollard Surgery consultation

Intervention Measles vaccination

08-Dec-1978 Mrs Karen Pollard Surgery consultation

Intervention Diptheria Booster Vaccination Original:Booster DT(double)+polio vacc.
Intervention Booster tetanus vaccination
Intervention Tetanus Booster Vaccination Original:Booster DT(double)+polio vacc.
Intervention Polio Booster Vaccination Original:Booster DT(double)+polio vacc.

26-Jan-1974 Mrs Karen Pollard Surgery consultation

Intervention Immunisations Problem=Current

Medications (inc. issues)**Acute**

15-May-2023 Cetirizine 10mg tablets
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

iGPR Report

15-May-2023 Omeprazole 20mg gastro-resistant capsules

0 capsule - 1 CAPSULE ONCE A DAY

15-May-2023 Ramipril 10mg capsules

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-May-2023 Fluticasone furoate 27.5micrograms/dose nasal spray

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-May-2023 Salbutamol 100micrograms/dose inhaler CFC free

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

10-May-2023 Amoxicillin 500mg capsules

15 capsule - 1 THREE TIMES A DAY for 5 days

Repeat

15-May-2023 Salbutamol 100micrograms/dose inhaler CFC free

1400 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

15-May-2023 Ramipril 10mg capsules

392 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-May-2023 Omeprazole 20mg gastro-resistant capsules

392 capsule - 1 CAPSULE ONCE A DAY

15-May-2023 Fluticasone furoate 27.5micrograms/dose nasal spray

840 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-May-2023 Cetirizine 10mg tablets

392 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

Past

29-Mar-2023 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

29-Mar-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

29-Mar-2023 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

29-Mar-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

29-Mar-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

09-Feb-2023 Amoxicillin 500mg capsules Acute Medication (Past)

21 capsule - 1 THREE TIMES A DAY FOR 5 DAYS

30-Jan-2023 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

30-Jan-2023 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

30-Jan-2023 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

30-Jan-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

30-Jan-2023 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

23-Nov-2022 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

23-Nov-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

23-Nov-2022 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

23-Nov-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

23-Nov-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

15-Oct-2022 Cetirizine 10mg tablets Acute Medication (Past)

0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

15-Oct-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)

0 capsule - 1 CAPSULE ONCE A DAY

15-Oct-2022 Ramipril 10mg capsules Acute Medication (Past)

0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-Oct-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)

0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-Oct-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)

0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

22-July-2022 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

22-July-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

22-July-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

22-July-2022 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

22-July-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

25-Apr-2022 Cetirizine 10mg tablets Repeat Medication (Past)
60 tablet - TAKE ONE DAILY FOR HAYFEVER

15-Feb-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
120 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

25-Apr-2022 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - 1 CAPSULE ONCE A DAY

25-Apr-2022 Ramipril 10mg capsules Repeat Medication (Past)
56 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

25-Apr-2022 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

22-July-2022 Cetirizine 10mg tablets Repeat Medication (Past)
392 tablet - TAKE ONE DAILY FOR HAYFEVER/ALLERGIES

22-July-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
840 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

22-July-2022 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
392 capsule - 1 CAPSULE ONCE A DAY

22-July-2022 Ramipril 10mg capsules Repeat Medication (Past)
392 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

22-July-2022 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
1400 dose - 2 PUFFS WHEN REQUIRED Notes for dispenser: dispense one every 8 weeks if needed

15-Feb-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
120 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

25-Apr-2022 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

25-Apr-2022 Ramipril 10mg capsules Repeat Medication (Past)
28 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

25-Apr-2022 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

25-Apr-2022 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
120 dose - 2 PUFFS TWICE DAILY

25-Apr-2022 Cetirizine 10mg tablets Repeat Medication (Past)
30 tablet - TAKE ONE DAILY FOR HAYFEVER

07-May-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Repeat Medication (Past)
50 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

08-Jun-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

08-Jun-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

08-Jun-2022 Ramipril 10mg capsules Acute Medication (Past)
28 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

08-Jun-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

08-Jun-2022 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
120 dose - 2 PUFFS TWICE DAILY

08-Jun-2022 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY FOR ALLERGY

25-Apr-2022 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

25-Apr-2022 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

25-Apr-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

25-Apr-2022 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

25-Apr-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

15-Feb-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

15-Feb-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-Feb-2022 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-Feb-2022 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

03-Feb-2022 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES A DAY FOR 5 DAYS

09-Dec-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

09-Dec-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

09-Dec-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

09-Dec-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

09-Dec-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

09-Dec-2021 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
0 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

15-Feb-2022 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
240 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

25-Apr-2022 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

25-Apr-2022 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

25-Apr-2022 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

25-Apr-2022 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

25-Apr-2022 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED

28-Sept-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

28-Sept-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

28-Sept-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

28-Sept-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

28-Sept-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

11-Aug-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

11-Aug-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

11-Aug-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

11-Aug-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

11-Aug-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

11-Jun-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

11-Jun-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

11-Jun-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

11-Jun-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

28-Sept-2021 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED

28-Sept-2021 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

28-Sept-2021 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

28-Sept-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

28-Sept-2021 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

07-May-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

07-May-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

07-May-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

07-May-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

07-May-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Acute Medication (Past)
0 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

07-May-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

18-Mar-2021 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
1440 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

07-May-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Repeat Medication (Past)
600 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

18-Mar-2021 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
240 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

18-Mar-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Acute Medication (Past)
100 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

18-Mar-2021 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
240 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

18-Mar-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Repeat Medication (Past)
100 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

13-Mar-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

13-Mar-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

13-Mar-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

13-Mar-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

13-Mar-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

12-Feb-2021 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - 2 SPRAYS INTO EACH NOSTRIL AT NIGHT

12-Feb-2021 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Acute Medication (Past)
50 ml - 1 PUFF IN TO EACH NOSTRIL AS REQUIRED

29-Jan-2021 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

29-Jan-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

29-Jan-2021 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

29-Jan-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

29-Jan-2021 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

07-May-2021 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED

07-May-2021 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

07-May-2021 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

07-May-2021 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

07-May-2021 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

08-Dec-2020 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - 1 THREE TIMES A DAY FOR 5 DAYS

02-Sept-2020 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

02-Sept-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

02-Sept-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

02-Sept-2020 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Sept-2020 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

14-July-2020 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

14-July-2020 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

14-July-2020 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

14-July-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

14-July-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

02-Sept-2020 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED

02-Sept-2020 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Sept-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

02-Sept-2020 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

02-Sept-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

24-Apr-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

24-Apr-2020 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

24-Apr-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

24-Apr-2020 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

24-Apr-2020 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Mar-2020 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

02-Mar-2020 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

02-Mar-2020 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

02-Mar-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

12-Feb-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

23-Dec-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

23-Dec-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

23-Dec-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

23-Dec-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

23-Dec-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

24-Apr-2020 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
600 dose - 2 PUFFS WHEN REQUIRED

23-Dec-2019 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
360 dose - 2 PUFFS WHEN REQUIRED

24-Apr-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

24-Apr-2020 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

24-Apr-2020 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

24-Apr-2020 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

21-Oct-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

21-Oct-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

21-Oct-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

21-Oct-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

21-Oct-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

09-Aug-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

09-Aug-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

09-Aug-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

09-Aug-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

09-Aug-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

09-Aug-2019 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 UP TO FOUR TIMES A DAY FOR PAIN

09-Aug-2019 Naproxen 500mg tablets Acute Medication (Past)
28 tablet - 1 TWICE A DAY AFTER FOOD

09-Aug-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

21-Oct-2019 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
360 dose - 2 PUFFS WHEN REQUIRED

21-Oct-2019 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

21-Oct-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

21-Oct-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

21-Oct-2019 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

12-Jun-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

12-Jun-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

12-Jun-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

10-Apr-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

10-Apr-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

10-Apr-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

10-Apr-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

08-Apr-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

22-Feb-2019 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

22-Feb-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

22-Feb-2019 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

22-Feb-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

22-Feb-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

12-Jun-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
168 capsule - 1 CAPSULE ONCE A DAY

08-Apr-2019 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
360 dose - 2 PUFFS WHEN REQUIRED

12-Jun-2019 Cetirizine 10mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE DAILY FOR ALLERGY

10-Apr-2019 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
720 dose - 2 PUFFS TWICE DAILY

12-Jun-2019 Ramipril 10mg capsules Repeat Medication (Past)
168 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

27-Dec-2018 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES A DAY

27-Dec-2018 Nystatin 100,000units/ml oral suspension Acute Medication (Past)
30 ml - 1ML DROPPED INTO THE MOUTH FOUR TIMES A DAY

19-Dec-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

19-Dec-2018 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

19-Dec-2018 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

19-Dec-2018 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

19-Dec-2018 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

15-Oct-2018 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

15-Oct-2018 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

15-Oct-2018 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

15-Oct-2018 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

15-Oct-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

01-Sept-2018 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

01-Sept-2018 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

01-Sept-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

01-Sept-2018 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

01-Sept-2018 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

07-Jun-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

07-Jun-2018 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

07-Jun-2018 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

07-Jun-2018 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

07-Jun-2018 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

17-Mar-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
0 dose - 2 PUFFS TWICE DAILY

17-Mar-2018 Cetirizine 10mg tablets Acute Medication (Past)
0 tablet - TAKE ONE DAILY FOR ALLERGY

17-Mar-2018 Ramipril 10mg capsules Acute Medication (Past)
0 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

17-Mar-2018 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
0 dose - 2 PUFFS WHEN REQUIRED

17-Mar-2018 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
0 capsule - 1 CAPSULE ONCE A DAY

19-Dec-2018 Ramipril 10mg capsules Repeat Medication (Past)
336 capsule - TAKE 1 EVERY MORNING FOR BLOOD PRESSURE

19-Dec-2018 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Repeat Medication (Past)
1440 dose - 2 PUFFS TWICE DAILY

19-Dec-2018 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
720 dose - 2 PUFFS WHEN REQUIRED

19-Dec-2018 Omeprazole 10mg gastro-resistant capsules Repeat Medication (Past)
336 capsule - 1 CAPSULE ONCE A DAY

19-Dec-2018 Cetirizine 10mg tablets Repeat Medication (Past)
336 tablet - TAKE ONE DAILY FOR ALLERGY

31-Dec-9999 Ramipril 5mg capsules Repeat Medication (Past)
28 capsule - TAKE ONE DAILY

05-Mar-2018 Ramipril 5mg capsules Acute Medication (Past)
28 capsule - TAKE ONE DAILY

19-Feb-2018 Ramipril 2.5mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY FOR 5 DAYS THEN 1 TWICE A DAY UNTIL REVIEW

19-Feb-2018 Ramipril 2.5mg capsules Repeat Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY FOR 5 DAYS THEN 1 TWICE A DAY UNTIL REVIEW

05-May-2017 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 1 CAPSULE ONCE A DAY

05-May-2017 Cetirizine 10mg tablets Acute Medication (Past)
120 tablet - TAKE ONE DAILY FOR HAYFEVER

05-May-2017 Clenil Modulite 50micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
600 dose - INHALE ONE PUFF TWICE DAILY

05-May-2017 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1200 dose - 2 PUFFS WHEN REQUIRED

05-May-2017 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES A DAY

05-May-2017 Flutiform 125micrograms/dose / 5micrograms/dose inhaler (... Acute Medication (Past)
480 dose - 2 PUFFS TWICE DAILY

13-Jan-2017 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE AS REQD

13-Jan-2017 Cetirizine 10mg tablets Acute Medication (Past)
56 tablet - TAKE ONE DAILY AS REQD

13-Jan-2017 Cetirizine 10mg tablets Repeat Medication (Past)
56 tablet - TAKE ONE DAILY AS REQD

13-Jan-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE AS REQD

13-Jan-2017 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 THREE TIMES A DAY

13-Jan-2017 Nystatin 100,000units/ml oral suspension Acute Medication (Past)
30 ml - 1ML FOUR TIMES A DAY

07-Dec-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

10-Nov-2016 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

10-Nov-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

10-Nov-2016 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

10-Nov-2016 Cetirizine 10mg tablets Acute Medication (Past)
14 tablet - TAKE ONE DAILY. GP REVIEW REQUIRED BEFORE FURTHER SUPPLY.

10-Nov-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
14 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY. GP REVIEW REQUIRED BEFORE FURTHER SUPPLY.

10-Nov-2016 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

10-Nov-2016 Cetirizine 10mg tablets Repeat Medication (Past)
14 tablet - TAKE ONE DAILY. GP REVIEW REQUIRED BEFORE FURTHER SUPPLY.

31-Dec-9999 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
14 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY. G REVIEW REQUIRED BEFORE FURTHER SUPPLY.

10-Nov-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
14 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY. GP REVIEW REQUIRED BEFORE FURTHER SUPPLY.

23-Aug-2016 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

23-Aug-2016 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

23-Aug-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

23-Aug-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

23-Aug-2016 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

07-Dec-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

23-Aug-2016 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

23-Aug-2016 Cetirizine 10mg tablets Repeat Medication (Past)
30 tablet - TAKE ONE DAILY

10-Feb-2016 Fluticasone propionate 50micrograms/dose nasal spray Repeat Medication (Past)
300 dose - 2 PUFFS AS DIRECTED

23-Aug-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

10-Feb-2016 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

10-Feb-2016 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

10-Feb-2016 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

10-Feb-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

10-Feb-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

10-Feb-2016 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS AS DIRECTED

10-Feb-2016 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

10-Nov-2016 Alginate raft-forming oral suspension sugar free Repeat Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

23-Dec-2015 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
56 tablet - 2 TABLETS FOUR TIMES DAILY

16-Dec-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

16-Dec-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

16-Dec-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

16-Dec-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

16-Dec-2015 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

26-Oct-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

26-Oct-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

26-Oct-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

26-Oct-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

10-Feb-2016 Cetirizine 10mg tablets Repeat Medication (Past)
30 tablet - TAKE ONE DAILY

28-Sept-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

28-Sept-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

28-Sept-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

16-Dec-2015 Alginate raft-forming oral suspension sugar free Repeat Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

10-Feb-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

16-Sept-2015 Clarithromycin 250mg tablets Acute Medication (Past)
14 tablet - 1 TABLET TWICE A DAY

14-Sept-2015 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 8 TABS DAILY

14-Sept-2015 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 UP TO FOUR TIMES A DAY FOR PAIN

11-Sept-2015 Hyoscine butylbromide 10mg tablets Acute Medication (Past)
40 tablet - TAKE ONE TABLET UP TO THREE TIMES A DAY FOR PAIN.

01-Sept-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

01-Sept-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

01-Sept-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

01-Sept-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

01-Sept-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

10-Feb-2016 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

26-Oct-2015 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

21-July-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

21-July-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

17-July-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

17-July-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

17-July-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

30-Jun-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

30-Jun-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

30-Jun-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

30-Jun-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

30-Jun-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

01-Sept-2015 Cetirizine 10mg tablets Repeat Medication (Past)
30 tablet - TAKE ONE DAILY

04-Jun-2015 Nicotine 25mg/16hours transdermal patches Acute Medication (Past)
28 patch - APPLY ONE PATCH DAILY

04-Jun-2015 Nicotine 1mg/dose oromucosal spray sugar free Acute Medication (Past)
79.2 ml - AS DIRECTED

04-Jun-2015 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - TAKE ONE DAILY

04-Jun-2015 Cetirizine 10mg tablets Repeat Medication (Past)
30 tablet - TAKE ONE DAILY

03-Jun-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

03-Jun-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

03-Jun-2015 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS AS DIRECTED

17-July-2015 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

17-July-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Repeat Medication (Past)
200 dose - INHALE TWO PUFF TWICE DAILY

22-May-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

07-May-2015 Alginate raft-forming oral suspension sugar free Acute Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

17-July-2015 Alginate raft-forming oral suspension sugar free Repeat Medication (Past)
500 ml - 10 ML AFTER MEALS AND AT BEDTIME

29-Apr-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

06-Apr-2015 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - 2 PUFFS WHEN REQUIRED

06-Apr-2015 Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd) Acute Medication (Past)
200 dose - INHALE ONE PUFF TWICE DAILY

03-Feb-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

13-Jan-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

21-July-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE DAILY AND 2 OCCASIONALLY

05-Dec-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

05-Dec-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Nov-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

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07-Nov-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

22-Sept-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

22-Sept-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

26-Aug-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

29-July-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

30-Jun-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

04-Jun-2014 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS AS DIRECTED

04-Jun-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

10-Feb-2016 Fluticasone propionate 50micrograms/dose nasal spray Repeat Medication (Past)
300 dose - 2 PUFFS AS DIRECTED

07-May-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Apr-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Apr-2014 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

26-Aug-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Mar-2014 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

07-Mar-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

11-Feb-2014 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

11-Feb-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Apr-2014 Fluticasone propionate 50micrograms/dose nasal spray Repeat Medication (Past)
300 dose - 2 PUFFS

15-Jan-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

15-Jan-2014 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

12-Dec-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Nov-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

24-Oct-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Mar-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

24-Sept-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

31-July-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

31-July-2013 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

24-Jun-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

24-Jun-2013 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

10-May-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

01-Mar-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

01-Mar-2013 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

25-Feb-2013 Permethrin 5% cream Acute Medication (Past)
60 gram - APPLY TO THE WHOLE BODY, TAKING CARE TO TREAT THE WEBS OF FINGERS AND TOES AND UNDER THE NAILS. WASH OFF AFTER 8 OR 12 HOURS. RE-APPLY AFTER 7 DAYS. RE-APPLY TO HANDS IF WASHED WITHIN 8 HOURS OF APPLICATION.

25-Feb-2013 Chlorphenamine 4mg tablets Acute Medication (Past)
28 tablet - 1 TABLET FOUR TO SIX HOURLY

04-Feb-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

27-Dec-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

14-Nov-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

11-Oct-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

11-Oct-2012 Fluticasone propionate 50micrograms/dose nasal spray Acute Medication (Past)
300 dose - 2 PUFFS

25-Jun-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

04-Jun-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

02-May-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

24-Sept-2013 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Mar-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

30-Jan-2012 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Dec-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Dec-2011 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Mar-2012 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Dec-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

07-Dec-2011 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

18-Nov-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

06-Oct-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

26-Aug-2011 VARENICLINE tabs 1mg Acute Medication (Past)
56 tablet(s) - TAKE ONE TWICE DAILY

17-Aug-2011 CARBAMAZEPINE tabs 100mg Acute Medication (Past)
56 tablet(s) - ONE TABLET(S) TWICE DAILY

17-Aug-2011 FLUTICASONE PROPIONATE aqueous nasal spray 50 mcg/spray Acute Medication (Past)
2 150 dose nasal spray - 2 PUFFS

15-Jan-2014 Fluticasone propionate 50micrograms/dose nasal spray Repeat Medication (Past)
300 dose - 2 PUFFS

27-July-2011 FLIXONASE NASULE drops 400micrograms/unit Acute Medication (Past)
56 single dose container - USE TWICE DAILY

27-July-2011 AMOXICILLIN caps 500mg Acute Medication (Past)
21 capsule(s) - 1 THREE TIMES A DAY

18-July-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

15-July-2011 VARENICLINE tabs 1mg Acute Medication (Past)
56 tablet(s) - TAKE ONE TWICE DAILY

24-Jun-2011 VARENICLINE tabs 1mg Acute Medication (Past)
56 tablet(s) - TAKE ONE TWICE DAILY

02-Jun-2011 VARENICLINE tabs 500micrograms + 1mg Acute Medication (Past)
25 tablet starter pack (11 x 500mcg + 14 x 1mg) - AS DIRECTED

30-May-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

18-Nov-2011 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

29-Sept-2010 BECONASE aqueous nasal spray 50micrograms/actuation Repeat Medication (Past)
1 200 dose nasal spray - 2 twice daily

28-Apr-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

11-Mar-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

01-Feb-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

12-Nov-2010 DICLOFENAC SODIUM ec tab 50mg Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

12-Nov-2010 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

29-Sept-2010 FLIXONASE aqueous nasal spray 50 micrograms/spray Acute Medication (Past)
1 150 dose nasal spray - TWO PUFFS ONCE DAILY

29-Sept-2010 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

29-Sept-2010 FLIXONASE aqueous nasal spray 50 micrograms/spray Repeat Medication (Past)
1 150 dose nasal spray - TWO PUFFS ONCE DAILY

09-Sept-2010 GENTISONE HC ear drops Acute Medication (Past)
10 mls - 2 OR 3 DROPS 4 OR 5 TIMES A DAY

09-Sept-2010 AMOXICILLIN caps 500mg Acute Medication (Past)
21 capsule(s) - 1 THREE TIMES A DAY

28-Apr-2011 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

12-July-2010 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

21-Jun-2010 CODEINE PHOSPHATE tabs 30mg Repeat Medication (Past)
112 tablet(s) - TAKE ONE OR TWO 4 TIMES/DAY

21-Jun-2010 CODEINE PHOSPHATE tabs 30mg Acute Medication (Past)
112 tablet(s) - TAKE ONE OR TWO 4 TIMES/DAY

15-Jun-2010 CODEINE PHOSPHATE tabs 30mg Acute Medication (Past)
56 tablet(s) - TAKE ONE OR TWO 4 TIMES/DAY

26-Mar-2010 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

26-Mar-2010 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

03-Mar-2010 FLUTICASONE unit dose nasal drop 400micrograms/unit Repeat Medication (Past)
56 single dose container - USE 6 DROPS TWICE A DAY TO BOTH NOSTRILS FOR 2 MONTHS

03-Mar-2010 FLUTICASONE unit dose nasal drop 400micrograms/unit Acute Medication (Past)
56 single dose container - USE 6 DROPS TWICE A DAY TO BOTH NOSTRILS FOR 2 MONTHS

29-Jan-2010 FLIXONASE aqueous nasal spray 50 micrograms/spray Acute Medication (Past)
1 150 dose nasal spray - TWO PUFFS ONCE DAILY

29-Jan-2010 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

02-Dec-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

29-Jan-2010 FLIXONASE aqueous nasal spray 50 micrograms/spray Repeat Medication (Past)
1 150 dose nasal spray - TWO PUFFS ONCE DAILY

01-Dec-2009 FLIXONASE aqueous nasal spray 50 micrograms/spray Acute Medication (Past)
1 150 dose nasal spray - TWO PUFFS ONCE DAILY

19-Oct-2009 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Repeat Medication (Past)
1 200 dose nasal spray - TWO PUFFS TWICE DAILY EACH NOSTRIL

29-Jan-2010 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

19-Oct-2009 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Acute Medication (Past)
1 200 dose nasal spray - TWO PUFFS TWICE DAILY EACH NOSTRIL

19-Oct-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

25-Sept-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

24-Sept-2009 PENICILLIN V tabs 250mg Acute Medication (Past)
56 tablet(s) - TAKE ONE 4 TIMES/DAY

31-July-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

31-July-2009 OMEPRAZOLE gastro-res cap 40mg Acute Medication (Past)
14 capsule(s) - TAKE ONE bd for 1 week

31-July-2009 OMEPRAZOLE gastro-res cap 40mg Repeat Medication (Past)
14 capsule(s) - TAKE ONE bd for 1 week

19-Oct-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE TWICE A DAY MAINTAINANCE DOSE

28-July-2009 TRAMADOL caps 50mg Acute Medication (Past)
60 capsule(s) - TAKE 1 OR 2 CAPSULES UP TO FOUR TIMES A DAY MAXIMUM FOR PAIN

02-July-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

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02-July-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
56 capsule(s) - TAKE ONE twice daily for 4 weeks then reduce to one daily

02-July-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
56 capsule(s) - TAKE ONE twice daily for 4 weeks then reduce to one daily

02-July-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - Take one daily

29-Apr-2009 FLUCLOXACILLIN caps 500mg Acute Medication (Past)
56 capsule(s) - TAKE ONE 4 TIMES/DAY

29-Apr-2009 PHENOXYMETHYLPENICILLIN tabs 250mg Acute Medication (Past)
56 tablet(s) - TAKE ONE 4 TIMES/DAY

29-Apr-2009 PARACETAMOL caps 500mg Acute Medication (Past)
100 capsule(s) - TAKE TWO 4 TIMES/DAY

29-Apr-2009 CLOTRIMAZOLE crm 1% Acute Medication (Past)
15 gram(s) - APPLY 2-3 TIMES/DAY

14-Apr-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

02-July-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

16-Mar-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

16-Mar-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

05-Feb-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

15-Jan-2009 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
1 200 dose inhaler - 2 PUFFS PRN

15-Jan-2009 PSEUDOEPHEDRINE tabs 60mg Acute Medication (Past)
60 tablet(s) - TAKE ONE 3 TIMES/DAY

06-Jan-2009 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

03-Dec-2008 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

05-Feb-2009 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

07-Nov-2008 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

07-Nov-2008 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

01-Oct-2008 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

01-Oct-2008 OMEPRAZOLE gastro-res cap 20mg Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

Allergies

This section is empty.

Vaccinations

16-Nov-2022
Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (Moray: Fiona Elcock Vaccination Centre)
Intervention
FLUQIVC

16-Nov-2022
Administration of first dose of SARS-CoV-2 vaccine
C-19 Comirnaty (Moray: Fiona Elcock Vaccination Centre)
Intervention
COVPFIZER

13-Dec-2021
Administration of first dose of SARS-CoV-2 vaccine
C-19 Booster Pfizer (Moray: Fiona Elcock Vaccination Centre)
Intervention
COVPFIZER

19-Nov-2021
Administration of first inactivated seasonal influenza vacc
FLU - Flucelvax Tetra (QIVc) (Moray: Fiona Elcock Vaccination Centre)
Intervention
FLUQIVC

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05-July-2021 Dr Rachel Lowe

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

07-May-2021 Dr Rachel Lowe

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

11-Nov-2020

Seasonal influenza vaccination
 Intervention
 FLU

28-Sept-2015 Mrs Sonya Mould

Seasonal influenza vaccination
 Intervention
 FLU

12-Jun-1989 Mrs Karen Pollard

Booster tetanus vaccination
 Intervention
 TETANUS

16-Feb-1989 Mrs Karen Pollard

Booster polio vaccination
 Intervention
 POLIO

09-Mar-1984 Mrs Karen Pollard

Measles vaccination
 Intervention
 MEASLES

08-Dec-1978 Mrs Karen Pollard

Diphtheria Booster Vaccination
Original:Booster DT(double)+polio vacc.
 Intervention
 DIPHTHERIA

08-Dec-1978 Mrs Karen Pollard

Booster tetanus vaccination
 Intervention
 TETANUS

08-Dec-1978 Mrs Karen Pollard

Tetanus Booster Vaccination
Original:Booster DT(double)+polio vacc.
 Intervention
 TETANUS

08-Dec-1978 Mrs Karen Pollard

Polio Booster Vaccination
Original:Booster DT(double)+polio vacc.
 Intervention
 POLIO

Referrals

28-Apr-2022

Refer for X-Ray

22-Apr-2022 Dr Anne Little

Referral to oncologist

06-Jan-2021

Referral for further care

08-Dec-2020 Dr Annalee Simpson

Refer for X-Ray

12-Jan-2015 Dr Stephen Davidson

ENT referral

17-Aug-2011 Dr J T Wilson

Refer for CAT scanning

16-Jun-2010 Dr J T Wilson

Refer for X-Ray

11-Dec-2009 Dr Alex McClure

ENT referral

14-Apr-2009 Dr Sirisha Moparthy

Gastroenterological referral

29-Sept-1993 Dr Rachel Lowe

Emergency hospital admission
observation overnight

Test Requests

31-Dec-9999 Dr Marc Maccrossan

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: crampy abdominal pain for one year. Priority: non-urgent, Ordered from: Haematology RTL - EDTA, No samples collectedTest: Full Blood Count, Status: Requested, Updated: 10/05/2023Ordered from: Clinical Biochemistry RTL - SST, No samples collectedTest: LFT : Liver Function Test, Status: Requested, Updated: 10/05/2023Test: TFT : Thyroid function test, Status: Requested, Updated: 10/05/2023Test: U&E : Renal Function, Status: Requested, Updated: 10/05/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

14-July-2022 Miss Tracy Low

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: HYPERTENSION Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 14/07/2022Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 14/07/2022Test: Lipid Profile, Status: Complete, Updated: 14/07/2022Test: U&E : Renal Function, Status: Complete, Updated: 14/07/2022

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

08-Dec-2020 Mrs Hilary Ford

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Short sample for FBC patient has learning disability and struggled to hold still Priority: non-urgent, Ordered from: Clinical Biochemistry RTL - SST, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 08/12/2020Test: Lipid Profile, Status: Complete, Updated: 08/12/2020Test: TFT : Thyroid function test, Status: Complete, Updated: 08/12/2020Test: U&E : Renal Function, Status: Complete, Updated: 08/12/2020Ordered from: Clinical Biochemistry RTL - Flu Ox, All samples collectedTest: Glucose, Status: Complete, Updated: 08/12/2020Ordered from: Haematology RTL - EDTA, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 08/12/2020

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

14-Feb-2019 Mrs Hilary Ford

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Essential hypertensionOn Ramipril Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 14/02/2019Ordered from: Clinical Biochemistry, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 14/02/2019Test: Lipid Profile, Status: Complete, Updated: 14/02/2019Test: TFT : Thyroid function test, Status: Complete, Updated: 14/02/2019Test: U&E : Renal Function, Status: Complete, Updated: 14/02/2019Ordered from: Haematology, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 14/02/2019

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

05-Mar-2018 Mrs Hilary Ford

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Recent start on Ramapril Priority: non-urgent, Ordered from: Clinical Biochemistry, All samples collectedTest: U&E : Renal Function, Status: Complete, Updated: 05/03/2018

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

19-Feb-2018 Miss Emma Howie

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: Hypertension , fasting bloods Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collectedTest: Glucose, Status: Complete, Updated: 19/02/2018Ordered from: Clinical Biochemistry, All samples collectedTest: LFT : Liver Function Test, Status: Complete, Updated: 19/02/2018Test: Lipid Profile, Status: Complete, Updated: 19/02/2018Test: TFT : Thyroid function test, Status: Complete, Updated: 19/02/2018Test: U&E : Renal Function, Status: Complete, Updated: 19/02/2018Ordered from: Haematology, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 19/02/2018

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

14-Sept-2015 Mrs Alison Murray

Laboratory test requested

Remote Test request from ICE system: ICE ProviderClinical Information: bloody diarrhoea Priority: non-urgent, Ordered from: Microbiology - Faeces, All samples collectedTest: Enteric investigation, Status: Complete, Updated: 14/09/2015

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

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16-Apr-2015 Miss Tracy Low

Laboratory test requested

Remote Test request from ICE system: ICE Provider Clinical Information: Prev raised random glucose and raised crp Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collected Test: Glucose, Status: Complete, Updated: 16/04/2015 Ordered from: Clinical Biochemistry, All samples collected Test: CRP : C-Reactive Protein, Status: Complete, Updated: 16/04/2015

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**07-Apr-2015 Dr Garry Farquhar**

Laboratory test requested

Remote Test request from ICE system: ICE Provider Clinical Information: Owwrt, sleep apnoea, ? asthma/wheeze. Priority: non-urgent, Ordered from: Clinical Biochemistry - Fluoride Oxalate, All samples collected Test: Glucose, Status: Complete, Updated: 07/04/2015 Ordered from: Clinical Biochemistry, All samples collected Test: CRP : C-Reactive Protein, Status: Complete, Updated: 07/04/2015 Test: LFT : Liver Function Test, Status: Complete, Updated: 07/04/2015 Test: Lipid Profile, Status: Complete, Updated: 07/04/2015 Test: TFT : Thyroid function test, Status: Complete, Updated: 07/04/2015 Test: U&E : Renal Function, Status: Complete, Updated: 07/04/2015 Ordered from: Haematology, All samples collected Test: Full Blood Count, Status: Complete, Updated: 07/04/2015

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**05-Jan-2009 Miss Tracy Low**

Blood withdrawal

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**05-Jan-2009 Miss Tracy Low**

Stool sample sent to lab.

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**03-Dec-2008 Dr Janaka Abeynayake**

Blood withdrawal

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**03-Oct-2008 Miss Tracy Low**

Blood withdrawal

Status**Innoculation Risk** False**Priority** Routine**Has Fasted?** False**Is Pregnant?** False**Test Results****14-July-2022 Ms Chronic Disease Monitoring****Result:** Serum albumin

Serum albumin

39 g/L

(Range: 35 - 50)

14-July-2022 Ms Chronic Disease Monitoring**Result:** Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

96 U/L

(Range: 30 - 130)

14-July-2022 Ms Chronic Disease Monitoring**Result:** Serum alanine aminotransferase level Serum ALT level - U/L

Serum alanine aminotransferase level Serum ALT level - U/L

23 U/L

(Range: 5 - 55)

14-July-2022 Ms Chronic Disease Monitoring**Result:** Serum total bilirubin level

Serum total bilirubin level

11 umol/L

(No range available)

14-July-2022 Ms Chronic Disease Monitoring**Result:** Serum chloride

Serum chloride

101 mmol/L

(Range: 95 - 108)

14-July-2022 Ms Chronic Disease Monitoring**Result:** Serum total cholesterol level

Serum total cholesterol level

3.7 mmol/L

(No range available)

iGPR Report

14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum creatinine		
Serum creatinine	86 umol/L	(Range: 59 - 104)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum gamma-glutamyl transferase level		
Serum gamma-glutamyl transferase level	30 U/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum HDL cholesterol level		
Serum HDL cholesterol level	0.9 mmol/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum LDL cholesterol level		
Serum LDL cholesterol level	2.3 mmol/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum non high density lipoprotein cholesterol level		
Serum non high density lipoprotein cholesterol level	2.8 mmol/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum potassium		
Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum sodium		
Serum sodium	133 mmol/L	(Range: 133 - 146)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum triglycerides		
Serum triglycerides	1.16 mmol/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum urea level		
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Serum lipids		
Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Liver function test		
Liver function test	New GGT assay implemented 16/05/22, note updated reference ranges	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Urea and electrolytes		
Urea and electrolytes	<none>	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Biochemical test		
Biochemical test	<none>	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Biochemical test		
Biochemical test	-	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Lipid level		
Lipid level	mmol/L	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Haemolysis screening test		
Haemolysis screening test	+	(No range available)
14-July-2022 Ms Chronic Disease Monitoring		
Result: GFR calculated abbreviated MDRD		
GFR calculated abbreviated MDRD	60 mL/min	(Range: 60 - 140)
14-July-2022 Ms Chronic Disease Monitoring		
Result: Plasma glucose level		
Plasma glucose level	5 mmol/L	(Range: 3.7 - 6)
11-Jan-2022 Miss Emma Howie		
Result: Urinalysis = no abnormality		
Urinalysis = no abnormality		(No range available)
11-Jan-2022 Miss Emma Howie		
Result: Urine test for glucose		
Urine test for glucose		(No range available)
17-Nov-2021 Dr Sarah Packham		
Result: 2019-nCoV (novel coronavirus) serology		
2019-nCoV (novel coronavirus) serology	SARS-CoV-2	(No range available)

iGPR Report

17-Nov-2021 Dr Sarah Packham

Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory
 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory (No range available)

21-Sept-2021 Dr Sarah Packham

Result: 2019-nCoV (novel coronavirus) serology SARS-CoV-2
 2019-nCoV (novel coronavirus) serology SARS-CoV-2 (No range available)

21-Sept-2021 Dr Sarah Packham

Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory
 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 - SARS-CoV-2 Negative by PCR - Sample taken at LGC and analysed in the National Lighthouse Laboratory (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum albumin
 Serum albumin 41 g/L (Range: 35 - 50)

08-Dec-2020 Ms Diane Maciver

Result: Serum alkaline phosphatase U/L
 Serum alkaline phosphatase U/L 101 U/L (Range: 30 - 130)

08-Dec-2020 Ms Diane Maciver

Result: Serum alanine aminotransferase level Serum ALT level - U/L
 Serum alanine aminotransferase level Serum ALT level - U/L 20 U/L (Range: 5 - 55)

08-Dec-2020 Ms Diane Maciver

Result: Serum total bilirubin level
 Serum total bilirubin level 9 umol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum chloride
 Serum chloride 100 mmol/L (Range: 95 - 108)

08-Dec-2020 Ms Diane Maciver

Result: Serum total cholesterol level
 Serum total cholesterol level 4.9 mmol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum creatinine
 Serum creatinine 80 umol/L (Range: 59 - 104)

08-Dec-2020 Ms Diane Maciver

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L
 Serum gamma-glutamyl transferase level Serum gamma GT level - U/L 30 U/L (Range: 11 - 59)

08-Dec-2020 Ms Diane Maciver

Result: Serum HDL cholesterol level
 Serum HDL cholesterol level 1.1 mmol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum LDL cholesterol level
 Serum LDL cholesterol level 2.6 mmol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level - level -
 Serum non high density lipoprotein cholesterol level Se non HDL cholesterol level 3.8 mmol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum potassium
 Serum potassium 4.6 mmol/L (Range: 3.5 - 5.3)

08-Dec-2020 Ms Diane Maciver

Result: Serum sodium
 Serum sodium 134 mmol/L (Range: 133 - 146)

08-Dec-2020 Ms Diane Maciver

Result: Serum triglycerides
 Serum triglycerides 2.59 mmol/L (No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum TSH level mU/L
 Serum TSH level mU/L 1.55 mU/L (Range: 0.35 - 4.94)

08-Dec-2020 Ms Diane Maciver

Result: Serum urea level
 Serum urea level 6.6 mmol/L (Range: 2.5 - 7.8)

08-Dec-2020 Ms Diane Maciver

Result: Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.
 Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets. (No range available)

iGPR Report

08-Dec-2020 Ms Diane Maciver

Result: Liver function test <none>

Liver function test <none>

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Thyroid function test <none>

Thyroid function test <none>

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Biochemical test <none>

Biochemical test <none>

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Biochemical test-

Biochemical test -

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Serum free T4 level

Serum free T4 level

11 pmol/L

(Range: 9 - 19.1)

08-Dec-2020 Ms Diane Maciver

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

08-Dec-2020 Ms Diane Maciver

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

08-Dec-2020 Ms Diane Maciver

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

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

(Range: 60 - 140)

08-Dec-2020 Ms Diane Maciver

Result: Plasma glucose level

Plasma glucose level

4.9 mmol/L

(Range: 3.7 - 6)

08-Dec-2020 Ms Diane Maciver

Result: Eosinophil count x10⁹/l

Abnormal

Eosinophil count x10⁹/l0.05 10⁹/L

(Range: 0.1 - 0.5)

08-Dec-2020 Ms Diane Maciver

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

147 g/L

(Range: 140 - 180)

08-Dec-2020 Ms Diane Maciver

Result: Mean corpusc. haemoglobin (MCH)

Mean corpusc. haemoglobin (MCH)

30 pg

(Range: 27 - 32)

08-Dec-2020 Ms Diane Maciver

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

93 fL

(Range: 83 - 98)

08-Dec-2020 Ms Diane Maciver

Result: Monocyte count x10⁹/lMonocyte count x10⁹/l0.8 10⁹/L

(Range: 0.2 - 0.8)

08-Dec-2020 Ms Diane Maciver

Result: Neutrophil count x10⁹/lNeutrophil count x10⁹/l5.3 10⁹/L

(Range: 1.5 - 7)

08-Dec-2020 Ms Diane Maciver

Result: Platelet count x10⁹/lPlatelet count x10⁹/l279 10⁹/L

(Range: 140 - 400)

08-Dec-2020 Ms Diane Maciver

Result: Red blood cell (RBC) count x10¹²/l

Abnormal

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

(Range: 5 - 6)

08-Dec-2020 Ms Diane Maciver

Result: Total white cell count x10⁹/lTotal white cell count x10⁹/l8.4 10⁹/L

(Range: 4 - 10)

08-Dec-2020 Ms Diane Maciver

Result: Lymphocyte count x10⁹/lLymphocyte count x10⁹/l2.2 10⁹/L

(Range: 1 - 4)

08-Dec-2020 Ms Diane Maciver

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

iGPR Report

08-Dec-2020 Ms Diane Maciver		
Result: Haematocrit - PCV// Haematocrit - PCV //l	0.46 L/L	(Range: 0.42 - 0.54)
08-Dec-2020 Ms Diane Maciver		
Result: Basophil countx10 ⁹ /l Basophil count x10 ⁹ /l	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)
08-Dec-2020 Dr Rachel Lowe		
Result: Pulse oximetry monitoring Pulse oximetry monitoring	96 %	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum albumin Serum albumin	38 g/L	(Range: 35 - 50)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum alkaline phosphataseU/L Serum alkaline phosphatase U/L	78 U/L	(Range: 30 - 130)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum alanine aminotransferase levelSerum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	26 U/L	(Range: 9 - 55)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum total bilirubin level Serum total bilirubin level	6 umol/L	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum chloride Serum chloride	104 mmol/L	(Range: 95 - 108)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum total cholesterol level Serum total cholesterol level	5.2 mmol/L	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum creatinine Serum creatinine	73 umol/L	(Range: 59 - 104)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum gamma-glutamyl transferase levelSerum gamma GT level - U/L Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	26 U/L	(Range: 6 - 35)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.1 mmol/L	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum LDL cholesterol level Serum LDL cholesterol level	3.2 mmol/L	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum potassium Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum sodium Serum sodium	140 mmol/L	(Range: 133 - 146)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum triglycerides Serum triglycerides	1.98 mmol/L	(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum TSH levelmU/L Serum TSH level mU/L	0.99 mU/L	(Range: 0.55 - 4.78)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum urea level Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
14-Feb-2019 Dr Colin Mcarthur		
Result: Serum lipidsSee national guidance (SIGN, NICE) for lipid treatment targets. Serum lipids See national guidance (SIGN, NICE) for lipid treatment targets.		(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Liver function test<none> Liver function test <none>		(No range available)
14-Feb-2019 Dr Colin Mcarthur		
Result: Thyroid function test<none> Thyroid function test <none>		(No range available)

iGPR Report

14-Feb-2019 Dr Colin McArthur Result: Urea and electrolytes <none> Urea and electrolytes <none>		(No range available)
14-Feb-2019 Dr Colin McArthur Result: Biochemical test <none> Biochemical test <none>		(No range available)
14-Feb-2019 Dr Colin McArthur Result: Biochemical test- Biochemical test -		(No range available)
14-Feb-2019 Dr Colin McArthur Result: Total cholesterol:HDL ratio Total cholesterol:HDL ratio	4.8 ratio	(No range available)
14-Feb-2019 Dr Colin McArthur Result: Serum free T4 level Serum free T4 level	16 pmol/L	(Range: 10 - 25)
14-Feb-2019 Dr Colin McArthur Result: Lipid level- Lipid level -	mmol/L	(No range available)
14-Feb-2019 Dr Colin McArthur Result: Haemolysis screening test- Haemolysis screening test -		(No range available)
14-Feb-2019 Dr Colin McArthur Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2 GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
14-Feb-2019 Dr Colin McArthur Result: Plasma glucose level Plasma glucose level	4.5 mmol/L	(Range: 3.7 - 6)
14-Feb-2019 Dr Colin McArthur Result: Eosinophil count x10 ⁹ /l Abnormal Eosinophil count x10 ⁹ /l	0.06 10 ⁹ /L	(Range: 0.1 - 0.5)
14-Feb-2019 Dr Colin McArthur Result: Haemoglobin estimation g/l Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
14-Feb-2019 Dr Colin McArthur Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
14-Feb-2019 Dr Colin McArthur Result: Mean corpuscular volume (MCV) fl Mean corpuscular volume (MCV) fl	95 fL	(Range: 83 - 98)
14-Feb-2019 Dr Colin McArthur Result: Monocyte count x10 ⁹ /l Monocyte count x10 ⁹ /l	0.4 10 ⁹ /L	(Range: 0.2 - 0.8)
14-Feb-2019 Dr Colin McArthur Result: Neutrophil count x10 ⁹ /l Neutrophil count x10 ⁹ /l	2.8 10 ⁹ /L	(Range: 1.5 - 7)
14-Feb-2019 Dr Colin McArthur Result: Platelet count x10 ⁹ /l Platelet count x10 ⁹ /l	302 10 ⁹ /L	(Range: 140 - 400)
14-Feb-2019 Dr Colin McArthur Result: Red blood cell (RBC) count x10 ¹² /l Abnormal Red blood cell (RBC) count x10 ¹² /l	4.7 10 ¹² /L	(Range: 5 - 6)
14-Feb-2019 Dr Colin McArthur Result: Total white cell count x10 ⁹ /l Total white cell count x10 ⁹ /l	5.7 10 ⁹ /L	(Range: 4 - 10)
14-Feb-2019 Dr Colin McArthur Result: Lymphocyte count x10 ⁹ /l Lymphocyte count x10 ⁹ /l	2.3 10 ⁹ /L	(Range: 1.5 - 4)
14-Feb-2019 Dr Colin McArthur Result: Full blood count - FBC <none> Full blood count - FBC <none>		(No range available)
14-Feb-2019 Dr Colin McArthur Result: Large unstained cells x10 ⁹ /l Large unstained cells x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.05 - 0.5)

iGPR Report

14-Feb-2019 Dr Colin McArthur Result: Haematocrit - PCV// Haematocrit - PCV //	0.44 L/L	(Range: 0.42 - 0.54)
14-Feb-2019 Dr Colin McArthur Result: Basophil count $\times 10^9/l$ Basophil count $\times 10^9/l$	0.03 $10^9/L$	(Range: 0.01 - 0.1)
14-Feb-2019 Mrs Hilary Ford Result: Peak exp. flow rate: PEFR/PFR Previous Best Ever = 460.0, Predicted = . Peak exp. flow rate: PEFR/PFR Previous Best Ever = 460.0, Predicted = .	450 L/min	(No range available)
05-Mar-2018 Dr Derek Kelly Result: Serum chloride Serum chloride	106 mmol/L	(Range: 95 - 108)
05-Mar-2018 Dr Derek Kelly Result: Serum creatinine Serum creatinine	75 $\mu\text{mol/L}$	(Range: 59 - 104)
05-Mar-2018 Dr Derek Kelly Result: Serum potassium Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
05-Mar-2018 Dr Derek Kelly Result: Serum sodium Serum sodium	138 mmol/L	(Range: 133 - 146)
05-Mar-2018 Dr Derek Kelly Result: Serum urea level Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
05-Mar-2018 Dr Derek Kelly Result: Urea and electrolytes <none> Urea and electrolytes <none>		(No range available)
05-Mar-2018 Dr Derek Kelly Result: Biochemical test <none> Biochemical test <none>		(No range available)
05-Mar-2018 Dr Derek Kelly Result: Biochemical test- Biochemical test -		(No range available)
05-Mar-2018 Dr Derek Kelly Result: Lipid level- Lipid level -	mmol/L	(No range available)
05-Mar-2018 Dr Derek Kelly Result: Haemolysis screening test- Haemolysis screening test -		(No range available)
05-Mar-2018 Dr Derek Kelly Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2 GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min/1.73m2	60 mL/min	(Range: 60 - 140)
19-Feb-2018 Dr Rachel Lowe Result: Serum albumin Serum albumin	42 g/L	(Range: 35 - 50)
19-Feb-2018 Dr Rachel Lowe Result: Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	88 U/L	(Range: 30 - 130)
19-Feb-2018 Dr Rachel Lowe Result: Serum alanine aminotransferase level Serum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	26 U/L	(Range: 9 - 55)
19-Feb-2018 Dr Rachel Lowe Result: Serum total bilirubin level Serum total bilirubin level	11 $\mu\text{mol/L}$	(No range available)
19-Feb-2018 Dr Rachel Lowe Result: Serum chloride Serum chloride	105 mmol/L	(Range: 95 - 108)
19-Feb-2018 Dr Rachel Lowe Result: Serum total cholesterol level Serum total cholesterol level	5.1 mmol/L	(No range available)
19-Feb-2018 Dr Rachel Lowe Result: Serum creatinine Serum creatinine	95 $\mu\text{mol/L}$	(Range: 59 - 104)

iGPR Report

19-Feb-2018 Dr Rachel Lowe

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

Abnormal

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

45 U/L

(Range: 6 - 35)

19-Feb-2018 Dr Rachel Lowe

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

1.2 mmol/L

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Serum LDL cholesterol level

Serum LDL cholesterol level

3.2 mmol/L

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Serum potassium

Serum potassium

5.1 mmol/L

(Range: 3.5 - 5.3)

19-Feb-2018 Dr Rachel Lowe

Result: Serum sodium

Serum sodium

138 mmol/L

(Range: 133 - 146)

19-Feb-2018 Dr Rachel Lowe

Result: Serum triglycerides

Serum triglycerides

1.62 mmol/L

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Serum TSH level mU/L

Serum TSH level mU/L

1.15 mU/L

(Range: 0.55 - 4.78)

19-Feb-2018 Dr Rachel Lowe

Result: Serum urea level

Serum urea level

5 mmol/L

(Range: 2.5 - 7.8)

19-Feb-2018 Dr Rachel Lowe

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

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

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Liver function test <none>

Liver function test <none>

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Thyroid function test <none>

Thyroid function test <none>

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Biochemical test <none>

Biochemical test <none>

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Biochemical test-

Biochemical test

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Total cholesterol:HDL ratio

Total cholesterol:HDL ratio

4.4 ratio

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Serum free T4 level

Serum free T4 level

15 pmol/L

(Range: 10 - 25)

19-Feb-2018 Dr Rachel Lowe

Result: Lipid level-

Lipid level -

mmol/L

(No range available)

19-Feb-2018 Dr Rachel Lowe

Result: Haemolysis screening test-

Haemolysis screening test -

(No range available)

19-Feb-2018 Dr Rachel Lowe

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

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD -

60 mL/min

(Range: 60 - 140)

19-Feb-2018 Dr Rachel Lowe

Result: Eosinophil count x10⁹/l

Abnormal

Eosinophil count x10⁹/l0.09 10⁹/L

(Range: 0.1 - 0.5)

19-Feb-2018 Dr Rachel Lowe

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

150 g/L

(Range: 140 - 180)

iGPR Report

19-Feb-2018 Dr Rachel Lowe Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	30 pg	(Range: 27 - 32)
19-Feb-2018 Dr Rachel Lowe Result: Mean corpuscular volume (MCV)fl Mean corpuscular volume (MCV) fl	96 fL	(Range: 83 - 98)
19-Feb-2018 Dr Rachel Lowe Result: Monocyte countx10 ⁹ /l Monocyte count x10 ⁹ /l	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
19-Feb-2018 Dr Rachel Lowe Result: Neutrophil countx10 ⁹ /l Neutrophil count x10 ⁹ /l	4.9 10 ⁹ /L	(Range: 1.5 - 7)
19-Feb-2018 Dr Rachel Lowe Result: Platelet countx10 ⁹ /l Platelet count x10 ⁹ /l	274 10 ⁹ /L	(Range: 140 - 400)
19-Feb-2018 Dr Rachel Lowe Result: Red blood cell (RBC) countx10 ¹² /l Red blood cell (RBC) count x10 ¹² /l	5 10 ¹² /L	(Range: 5 - 6)
19-Feb-2018 Dr Rachel Lowe Result: Total white cell countx10 ⁹ /l Total white cell count x10 ⁹ /l	7.7 10 ⁹ /L	(Range: 4 - 10)
19-Feb-2018 Dr Rachel Lowe Result: Lymphocyte countx10 ⁹ /l Lymphocyte count x10 ⁹ /l	2 10 ⁹ /L	(Range: 1.5 - 4)
19-Feb-2018 Dr Rachel Lowe Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
19-Feb-2018 Dr Rachel Lowe Result: Large unstained cellsx10 ⁹ /l Large unstained cells x10 ⁹ /l	0.12 10 ⁹ /L	(Range: 0.05 - 0.5)
19-Feb-2018 Dr Rachel Lowe Result: Haematocrit - PCVl/l Haematocrit - PCV l/l	0.48 L/L	(Range: 0.42 - 0.54)
19-Feb-2018 Dr Rachel Lowe Result: Basophil countx10 ⁹ /l Basophil count x10 ⁹ /l	0.04 10 ⁹ /L	(Range: 0.01 - 0.1)
19-Feb-2018 Dr Rachel Lowe Result: Plasma glucose level<none> Plasma glucose level <none>	mmol/L	(No range available)
19-Feb-2018 Dr Rachel Lowe Result: Plasma fasting glucose level Plasma fasting glucose level	4.4 mmol/L	(Range: 3.7 - 6)
19-Feb-2018 Mrs Kerry Slater Result: ElectrocardiographyECG In-House In-House Electrocardiography ECG In-House In-House		(No range available)
19-Feb-2018 Miss Emma Howie Result: Standard ECG Standard ECG		(No range available)
05-May-2017 Dr Derek Kelly Result: Peak exp. flow rate: PEFR/PFRPrevious Best Ever = 460.0, Predicted = . Peak exp. flow rate: PEFR/PFR Previous Best Ever = 460.0, Predicted = .	400 L/min	(No range available)
03-Jun-2015 Dr Alex McClure Result: Spirometry reversibility positive500mls reversibility Spirometry reversibility positive 500mls reversibility	500	(No range available)
07-Mar-2016 Mrs Diane Morrison Result: Peak exp. flow rate: PEFR/PFRPrevious Best Ever =, Predicted = . Peak exp. flow rate: PEFR/PFR Previous Best Ever =, Predicted = .	460 L/min	(No range available)
07-Mar-2016 Mrs Diane Morrison Result: Pulse oximetry monitoring Pulse oximetry monitoring	%	(No range available)

iGPR Report

14-Sept-2015 Dr Sarah McGregor

Result: Enteric microscopy, culture and sensitivities Enteric Investigations No Cryptosporidium oocysts observed Culture Campylobacter jejuni isolated Sent to Reference Laboratory Sample sent for verotoxinigenic E.coli investigations Reference laboratory report Verotoxin Not detected PCR for verotoxin 1 gene Negative PCR for verotoxin 2 gene Negative Treatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S

Enteric microscopy, culture and sensitivities Enteric Investigations No Cryptosporidium oocysts observed Culture Campylobacter jejuni isolated Sent to Reference Laboratory Sample sent for verotoxinigenic E.coli investigations Reference laboratory report Verotoxin Not detected PCR for verotoxin 1 gene Negative PCR for verotoxin 2 gene Negative Treatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S

(No range available)

21-Sept-2015 Mrs Mandy Davies**Result:** Ambulatory blood pressure recording average home readings 127/93

Ambulatory blood pressure recording average home readings 127/93

(No range available)

12-Sept-2015**Result:** Serum bilirubin level
Serum bilirubin level

5 umol/L

(No range available)

12-Sept-2015**Result:** Serum chloride
Serum chloride

103 mmol/L

(No range available)

12-Sept-2015**Result:** Serum creatinine
Serum creatinine

85 umol/L

(No range available)

12-Sept-2015**Result:** Gamma - G.T. level
Gamma - G.T. level

60 IU/L

(No range available)

12-Sept-2015**Result:** Haemoglobin estimation
Haemoglobin estimation

146 g/L

(No range available)

12-Sept-2015**Result:** Neutrophil count
Neutrophil count8.9 10⁹/L

(No range available)

12-Sept-2015**Result:** Serum potassium
Serum potassium

4 mmol/L

(No range available)

12-Sept-2015**Result:** Red blood cell (RBC) count
Red blood cell (RBC) count4.7 10¹²/L

(No range available)

12-Sept-2015**Result:** Serum sodium
Serum sodium

134 mmol/L

(No range available)

12-Sept-2015**Result:** Blood urea
Blood urea

4.4 mmol/L

(No range available)

12-Sept-2015**Result:** Total white cell count
Total white cell count11.9 10⁹/L

(No range available)

12-Sept-2015**Result:** Blood glucose result
Blood glucose result

5.5 mmol/L

(No range available)

12-Sept-2015**Result:** Plasma C reactive protein
Plasma C reactive protein

112 ratio

(No range available)

12-Sept-2015**Result:** Glomerular filtration rate
Glomerular filtration rate

60 mL/min

(No range available)

iGPR Report

14-Sept-2015 Dr Sarah McGregor

Result: Enteric microscopy, culture and sensitivities *Enteric InvestigationsREQTreatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S*

Enteric microscopy, culture and sensitivities Enteric InvestigationsREQTreatment is not usually indicated for Shigella/Salmonella/Campylobacter/Cryptosporidium/E coli O157 unless patient is immunocompromised or has severe disease. If thought indicated contact duty microbiologist (Bleep 2321) to discuss. Diarrhoea due to any cause means infection prevention and control measures must be taken.; Enteric MC&S

(No range available)

02-Jun-2015 Mrs Alison Murray

Result: Spirometry Ref for spirometry by Dr. Farquhar due to cough/wheeze symptoms. Mr. Jackson has an intermittent cough with daily copious green sputum. He is breathless in the morning and evening and I will discuss him getting an on-going antihistamine as he has shown allergy to grass pollen and works in forests. Note he was a prem baby, had pertussis as a child and copious green sputum.

Spirometry Ref for spirometry by Dr. Farquhar due to cough/wheeze symptoms. Mr. Jackson has an intermittent cough with daily copious green sputum. He is breathless in the morning and evening and I will discuss him getting an on-going antihistamine as he has shown allergy to grass pollen and works in forests. Note he was a prem baby, had pertussis as a child and copious green sputum.

(No range available)

02-Jun-2015 Mrs Alison Murray

Result: Pulse oximetry monitoring
Pulse oximetry monitoring

96 %

(No range available)

16-Apr-2015 Dr Rachel Lowe

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

8 mg/L

(No range available)

16-Apr-2015 Dr Rachel Lowe

Result: Plasma glucose level <none>
Plasma glucose level <none>

mmol/L

(No range available)

16-Apr-2015 Dr Rachel Lowe

Result: Plasma fasting glucose level
Plasma fasting glucose level

5.6 mmol/L

(Range: 3.7 - 5.6)

07-Apr-2015 Dr Garry Farquhar

Result: Plasma glucose level
Abnormal
Plasma glucose level

7.6 mmol/L

(Range: 3.7 - 5.6)

07-Apr-2015 Dr Garry Farquhar

Result: Serum albumin
Serum albumin

44 g/L

(Range: 35 - 50)

07-Apr-2015 Dr Garry Farquhar

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

86 U/L

(Range: 30 - 130)

07-Apr-2015 Dr Garry Farquhar

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

21 U/L

(Range: 8 - 55)

07-Apr-2015 Dr Garry Farquhar

Result: Serum total bilirubin level
Serum total bilirubin level

5 umol/L

(No range available)

07-Apr-2015 Dr Garry Farquhar

Result: Serum chloride
Serum chloride

108 mmol/L

(Range: 95 - 108)

07-Apr-2015 Dr Garry Farquhar

Result: Serum total cholesterol level
Serum total cholesterol level

4.2 mmol/L

(No range available)

07-Apr-2015 Dr Garry Farquhar

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

77 umol/L

(Range: 50 - 120)

07-Apr-2015 Dr Garry Farquhar

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

33 U/L

(Range: 4 - 35)

07-Apr-2015 Dr Garry Farquhar

Result: Serum HDL cholesterol level
Serum HDL cholesterol level

0.9 mmol/L

(No range available)

07-Apr-2015 Dr Garry Farquhar

Result: Serum LDL cholesterol level
Serum LDL cholesterol level

2.1 mmol/L

(No range available)

iGPR Report

07-Apr-2015 Dr Garry Farquhar		
Result: Serum potassium		
Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum sodium		
Serum sodium	140 mmol/L	(Range: 133 - 146)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum triglycerides		
Serum triglycerides	2.55 mmol/L	(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum TSH level		
Serum TSH level mU/L	1.26 mU/L	(Range: 0.35 - 4.5)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum urea level		
Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	
Serum lipids	See national guidance (SIGN, NICE) for lipid treatment targets.	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Liver function test	<none>	
Liver function test	<none>	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Thyroid function test	<none>	
Thyroid function test	<none>	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Urea and electrolytes	<none>	
Urea and electrolytes	<none>	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum C reactive protein level		
Abnormal		
Serum C reactive protein level	19 mg/L	(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Biochemical test	<none>	
Biochemical test	<none>	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Biochemical test	-	
Biochemical test	-	
		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Total cholesterol:HDL ratio		
Total cholesterol:HDL ratio	4.5 ratio	(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Serum free T4 level		
Serum free T4 level	15 pmol/L	(Range: 10 - 25)
07-Apr-2015 Dr Garry Farquhar		
Result: Lipid level		
Lipid level	mmol/L	(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Haemolysis screening test		
Haemolysis screening test	-	(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - ml/min/1.73m ²	
GFR calculated abbreviated MDRD	GFR calculated abbreviated MDRD - 60 mL/min	
ml/min/1.73m ²		(Range: 60 - 140)
07-Apr-2015 Dr Garry Farquhar		
Result: Eosinophil count		
Eosinophil count x10 ⁹ /l	0.12 10 ⁹ /L	(Range: 0.1 - 0.5)
07-Apr-2015 Dr Garry Farquhar		
Result: Haemoglobin estimation		
Haemoglobin estimation g/l	141 g/L	(Range: 140 - 180)
07-Apr-2015 Dr Garry Farquhar		
Result: Mean corpusc. haemoglobin(MCH)		
Mean corpusc. haemoglobin(MCH) pg	30 pg/mL	(Range: 27 - 32)
07-Apr-2015 Dr Garry Farquhar		
Result: Mean corpuscular volume (MCV)		
Mean corpuscular volume (MCV) fl	95 fL	(Range: 83 - 98)

iGPR Report

07-Apr-2015 Dr Garry Farquhar		
Result: Monocyte count $\times 10^9/l$		
Monocyte count $\times 10^9/l$	0.5 $10^9/L$	(Range: 0.2 - 0.8)
07-Apr-2015 Dr Garry Farquhar		
Result: Neutrophil count $\times 10^9/l$		
Neutrophil count $\times 10^9/l$	4.6 $10^9/L$	(Range: 1.5 - 7)
07-Apr-2015 Dr Garry Farquhar		
Result: Platelet count $\times 10^9/l$		
Platelet count $\times 10^9/l$	228 $10^9/L$	(Range: 140 - 400)
07-Apr-2015 Dr Garry Farquhar		
Result: Red blood cell (RBC) count $\times 10^{12}/l$		
Abnormal		
Red blood cell (RBC) count $\times 10^{12}/l$	4.7 $10^{12}/L$	(Range: 5 - 6)
07-Apr-2015 Dr Garry Farquhar		
Result: Total white cell count $\times 10^9/l$		
Total white cell count $\times 10^9/l$	7.7 $10^9/L$	(Range: 4 - 10)
07-Apr-2015 Dr Garry Farquhar		
Result: Lymphocyte count $\times 10^9/l$		
Lymphocyte count $\times 10^9/l$	2.2 $10^9/L$	(Range: 1.5 - 4)
07-Apr-2015 Dr Garry Farquhar		
Result: Full blood count - FBC <none>		
Full blood count - FBC <none>		(No range available)
07-Apr-2015 Dr Garry Farquhar		
Result: Large unstained cells $\times 10^9/l$		
Large unstained cells $\times 10^9/l$	0.26 $10^9/L$	(Range: 0.05 - 0.5)
07-Apr-2015 Dr Garry Farquhar		
Result: Haematocrit - PCV l/l		
Haematocrit - PCV l/l	0.44 L/L	(Range: 0.42 - 0.54)
07-Apr-2015 Dr Garry Farquhar		
Result: Basophil count $\times 10^9/l$		
Basophil count $\times 10^9/l$	0.03 $10^9/L$	(Range: 0.01 - 0.1)
07-Apr-2015 Mrs Dolina Roy		
Result: Electrocardiography ECG In-House In-House		
Electrocardiography ECG In-House In-House		(No range available)
07-Apr-2015 Mrs Dolina Roy		
Result: ECG as req by GP		
ECG as req by GP		(No range available)
29-Jun-2009		
Result: Diagnostic fiberoptic endoscopic exam upper GI tract NOS - shows small hiatus hernia		
Diagnostic fiberoptic endoscopic exam upper GI tract NOS - shows small hiatus hernia		(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Helicobacter serology negative Negative <18.0 Original result: "Helicobacter pylori IgG EIA" < 18*** NUMERIC VALUE SUPPLIED: < 18 ***		
Helicobacter serology negative Negative <18.0 Original result: "Helicobacter pylori IgG EIA" < 18*** NUMERIC VALUE SUPPLIED: < 18 ***		(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Eosinophil count Original result: "EOSM" = 0.07(0.0 - 0.5)		
Eosinophil count Original result: "EOSM" = 0.07(0.0 - 0.5)	0.07	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Hb estimation Original result: "HB" = 144(140 - 180)		
Hb estimation Original result: "HB" = 144(140 - 180)	144	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 30(27 - 32)		
Mean corpusc. haemoglobin(MCH) Original result: "MCH" = 30(27 - 32)	30	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Mean corpuscular volume (MCV) Original result: "MCV" = 87(83 - 98)		
Mean corpuscular volume (MCV) Original result: "MCV" = 87(83 - 98)	87	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Monocyte count Original result: "MONOM" = 0.44(0.2 - 0.8)		
Monocyte count Original result: "MONOM" = 0.44(0.2 - 0.8)	0.44	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Neutrophil count Original result: "NEUTM" = 3.85(1.5 - 7.0)		
Neutrophil count Original result: "NEUTM" = 3.85(1.5 - 7.0)	3.85	(No range available)
05-Jan-2009 Dr Rachel Lowe		
Result: Platelet count Original result: "PLT" = 385(140 - 400)		
Platelet count Original result: "PLT" = 385(140 - 400)	385	(No range available)

iGPR Report

05-Jan-2009 Dr Rachel Lowe

Result: Mean platelet volumeOriginal result: "MPV" = 8.3(7.0 - 10.4)

Mean platelet volume Original result: "MPV" = 8.3(7.0 - 10.4)

8.3

(No range available)

05-Jan-2009 Dr Rachel Lowe

Result: Red blood cell (RBC) countOriginal result: "RBC" = 4.8(5.0 - 6.0)

Abnormal

Red blood cell (RBC) count Original result: "RBC" = 4.8(5.0 - 6.0)

4.8

(No range available)

05-Jan-2009 Dr Rachel Lowe

Result: White blood countOriginal result: "WBC" = 7.4(4.0 - 10.0)

White blood count Original result: "WBC" = 7.4(4.0 - 10.0)

7.4

(No range available)

05-Jan-2009 Dr Rachel Lowe

Result: Lymphocyte countOriginal result: "LYMPHM" = 3.03(1.5 - 4.0)

Lymphocyte count Original result: "LYMPHM" = 3.03(1.5 - 4.0)

3.03

(No range available)

05-Jan-2009 Dr Rachel Lowe

Result: Haematocrit - PCVOriginal result: "HCT" = 0.42(0.42 - 0.54)

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

0.42

(No range available)

03-Oct-2008 Dr Sarah McGregor

Result: Serum cholesterolOriginal result: "Cholesterol" = 4.2(3.4 - 5.2)

Serum cholesterol Original result: "Cholesterol" = 4.2(3.4 - 5.2)

4.2

(No range available)

03-Oct-2008 Dr Sarah McGregor

Result: Serum HDL cholesterol levelOriginal result: "HDL Cholesterol" = 1.2(0.8 - 1.9)

Serum HDL cholesterol level Original result: "HDL Cholesterol" = 1.2(0.8 - 1.9)

1.2

(No range available)

03-Oct-2008 Dr Sarah McGregor

Result: Serum LDL cholesterol levelOriginal result: "LDL Cholesterol" = 2.7(1.4 - 5.0)

Serum LDL cholesterol level Original result: "LDL Cholesterol" = 2.7(1.4 - 5.0)

2.7

(No range available)

03-Oct-2008 Dr Sarah McGregor

Result: Serum triglyceridesOriginal result: "Triglyceride" = 0.86(0.6 - 2.0)

Serum triglycerides Original result: "Triglyceride" = 0.86(0.6 - 2.0)

0.86

(No range available)

03-Oct-2008 Dr Sarah McGregor

Result: Total cholesterol:HDL ratioOriginal result: "Tot Chol / HDL Ratio" = 3.6

Total cholesterol:HDL ratio Original result: "Tot Chol / HDL Ratio" = 3.6

3.6

(No range available)

21-Nov-2006 Mrs Carole Knox

Result: Urinalysis = no abnormality

Urinalysis = no abnormality

0

(No range available)

Other Items

This section is empty.

Attachments

Scanned Document

18-May-2023 CAROL ANDERSON

Additional:Scanned Document

Filename: James.pdf

Extension:.tif

Pages:

NHS Confidential: Personal data about a patient

Linkwood medical

**BACKSCAN OF PAPER
RECCORDS**

NO PAPER NOTES

ALL SCANNED TO

DOCMAN 2023

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JACKSON		OCCUPATION	
JAMES M		PHONE NUMBER 552976	
DATE OF BIRTH 26.01.74	SINGLE	N.H.S. NUMBER AYDKM/904	
	MARRIED (DATE)		
	DIVORCED (DATE)	C.H.I. NUMBER 260174 2178	
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADDRESS 8 SPEY COURT ELAN 1030 4AS	D	M	DOCTOR'S NAME DR LOUE
			CIPHER & DATE 24/12/06
2.			
3.			
4.			
5.			
Cause of Death (1) (2) Form GP IIB (Rev. 5/87) 355—2091 Printed for Astron B33808 12/03 (017302)			

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GRANT.		JAMES MOFFAT,			OCCUPATION		SURNAME
SURNAME		CHRISTIAN NAMES			(Note changes and insert year of change)		
National Health Service Number AYDKM 904		Single Married Widowed	Date of Birth 26	1	74	19.....	CHRISTIAN NAMES
Address (1) 4 PITAVNEY COURT SOUTH LESMURDIE ELGIN		Name of Practitioner A.M. BLUM		Executive Council Cipher — Date 24/5/79		19.....	
		(2)		(2)		19.....	
		(3)		(3)		Died	
		(4)		(4)		19.....	
		(4)		(4)		CAUSE OF DEATH	
						1.	CHRISTIAN NAMES
						2.	
						Signature of Practitioner	

Form GP.5B (Scotland) — MALE

G.P. 111 JACKSON		JAMES			Tel. 547770		SURNAME
SURNAME		CHRISTIAN NAMES			OCCUPATION		
National Health Service Number 27DKM, 904		Single Married Widowed	Date of Birth 26	1	74	(Note changes and insert year of change) 19.....	CHRISTIAN NAMES
Address (1) Dr. J. Thomson House Hamilton Dr Elgin		Name of Practitioner Dr A.M. Blum		Executive Council Cipher — Date N 8-2-89		19.....	
		(2)		(2)		19.....	
		(3)		(3)		Died	
		(4)		(4)		19.....	
		(4)		(4)		CAUSE OF DEATH	
						1.	CHRISTIAN NAMES
						2.	
						Signature of Practitioner	

Form GP.5B (Scotland) — MALE

NHS Confidential: Personal data about a patient

**Moray****HEALTH SERVICES**

JB/DC /0074568

Department of Surgery

Dr Gray's Hospital
 Elgin, Morayshire, IV30 1SN
 Tel: 0343 543131
 Fax: 0343 552612
 Ward msw

Name : James Jackson
Address : Buller Barrack
 Munster
 Germany

Date of Birth : 26/01/74

TR → gone back
 to unit.

TOUT Q6 21/05/93

Dr A Blain
 Braco Lodge
 Mayne Road
 Elgin
 IV30 1PB

28 October 1993

Dear Dr Blain

Your patient was admitted as an emergency on 29 September 1993
 under Mr Miller's care.

Complaint: head injury**Diagnosis:** Head injury NOS S64..**Operation:** none**Outcome:** discharged**Complications:** None**Discharged on:** 30 September 1993 to home**Follow-up:** none**Changes to medication** none

This gentleman was struck with an ash-tray but made a full recovery.

Yours sincerely


J Bagley
Registrar

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner G P R

Please complete in block capitals and tick relevant boxes

Patient details

Surname JACKSON Address COR HOOSE
Forename JAMES 14 NORTHGATE
Previous Surname FLATS, LOSSIE
Date of birth 26.01.74 Male ☒ Female ☐
I wish the child named above to be registered at the practice for Child Health Surveillance Post code 1V301PY
Relationship to patient 11 I will be in the area for more than three months ☒

Patient's / Patient's representative signature [Signature] Date 26.01.18

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐ Kidneys ☐ Liver ☒ Lungs ☐ Heart ☐ Corneas ☐ Pancreas ☐

Patient's signature _____ Date _____

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.) _____ Community Health Index (CHI) No. _____
Previous address in U.K. 1 HILLGATE ROAD Name and address of previous doctor in U.K. N.O.
Town CARTHILL County FORF Post code _____
If returning from abroad _____ If returning from HM Forces _____
Date of departure from U.K. _____ Date enlisted _____ Service / Personnel No. _____
Date of return to U.K. _____ 20.12.09 24882017
If none of the above information is known then please complete the following:
Town of birth SCOTLAND Reg. district of birth (see birth certificate) _____
County of birth SCOTLAND _____

Doctor's agreement

Enter 'D' if supplying drugs _____ Mileage claim road ☐ water ☐ footpath ☐
CHS acceptance yes ☐ no ☐ Enter date if registration examination completed 240698
I accept this patient on my list and I claim payment in accordance with the Regulations. CHS Ref No. of GP providing service if different from below _____
Doctor's signature _____ Date 240698 Doctor's name Dr J Nicol GP Ref. No. 66834

Printed for The Stationery Office 1 54

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ELGIN HEALTH CENTRE
HEALTH PROMOTION DATA CAPTURE

NAME: SAUNDERS, STEVEN

Full Review completed Date: 25/6/00 D.O.B.: 26/1/74

Entered on computer Date: 30.6.98

URINE CHECK Protein [0] Glucose [0] Other 0.1

Hand 1 Information	Tick ONE box in each section	Screening Result	Tick ONE box in each section	Screening Result
--------------------	------------------------------	------------------	------------------------------	------------------

SMOKING

Never Smoked	[]	1371	Moderate 10-19 sig/day	[]	1374*
Stopped Smoking	[]		Heavy 20-29 sig/day	[X]	1375*
Trivial <1 sig/day	[]	1372*	Very Heavy 40+ sig/day	[]	1376*
Light 1-9 sig/day	[]	1373*			
Offered HP	[X]				

Hand 1 Information	Tick ONE box in each section	Screening Result	Tick ONE box in each section	Screening Result
--------------------	------------------------------	------------------	------------------------------	------------------

BLOOD PRESSURE

BP Reading	130/84				
BP Normal	[X]	1454*	BP Raised	[]	1455*
BP Borderline	[]	1456*	BP Very High	[]	1457*
Essential Hypertension	[]	G10..	Secondary Hypertension	[]	G11..

CORONARY HEART DISEASE

Ischaemic Heart Disease	[]	G5...	History of MI <40	[]	14A7*
History of Angina Pectoris	[]	14A5*	History of MI >40	[]	14A6*
No history of CHD	[X]				

STROKE

Cerebrovascular Disease	[]	G6...	Purely Cerebrovascular Disease	[]	L450
History of CVA/Stroke	[]	14A7*	No history of stroke	[X]	

Hand 1 Information	Tick ONE box in each section	Screening Result	Tick ONE box in each section	Screening Result
--------------------	------------------------------	------------------	------------------------------	------------------

Weight	97.8	22A*	Height	181	22B*
Overweight BMI 25+	[]	22A4*	Obese BMI 30+	[X]	22A5*
Offered HP on Exercise	[]	6792*	Offered HP of Diet	[]	6793*

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Baud 1
InformationTick ONE box
in each sectionScreening
ResultTick ONE box
in each sectionScreening
Result**ALCOHOL**

Tototaller	☐	1361*	Light 1-2u/day	☒	1363*
Ex-heavy drinker 7-9u/day	☐	136D*	Moderate 3-6u/day	☐	1364*
Ex-very heavy drinker >9u/day	☐	136E*	Heavy 7-9u/day	☐	1365*
Trivial <1u/day	☐	1362*	Very Heavy >9u/day	☐	1366*

Offered HP on Alcohol ☒**FAMILY HISTORY**

Heart disease <60	☐	12C1*	Heart Disease >60	☐	12C3*
CVA/Stroke	☐	12C4*	No family history of Heart Disease/Stroke	☐	

ASTHMA

Extrinsic Asthma	☐	H330	Intrinsic Asthma	☐	H331
Asthma (Other)	☐	H33z	Chronic Asthma	☐	
Exercise Induced Asthma	☐	H3A*	Bronchitis	☐	H3120

Asthma - Prophylactic
Medication☒

Practice defined User Marker

PFR recorded in last 12
months☒ 11/10/10 11/10

Date

Asthma Hospital
Admission☐

Practice defined User Marker

CDM
InformationTick ONE box
in each sectionScreening
ResultTick ONE box
in each sectionScreening
Result**DIABETES**

Diabetic on Oral Treatment	☐	66A4*	Diabetic on Diet Only	☐	66A3*
Diabetic on Insulin	☐	66A5*			

Follow up in last year:

Attend Out-Patients	☐	66AF*
Follow Up Diabetic Assessment	☐	66A2*
Date		

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JTCITEMPSEEP
LOCAL RECORD FOUND - UPI CURRENT NUMBER/CC 2601742178 N
NO INFORMATION ON COMMENTS SCREEN
DATE OF LAST UPDATE 30/08/00

CHI DISPLAY OF PATIENT DETAILS (CHI No 260174 2178) ORIGIN N003A CONSORTIUM N

surname:	JACKSON	1st fnme:	JAMES
2nd fnme:		O. inits:	
bth snme:	GRANT	prv snme:	
Alt fnme:		Title:	
sex:	MALE	m/s:	NOT KNOWN
DOB:	26 01 1974		UNCONFIRMED
address 1:	14 NORTH GATE FLATS	Practice:	N3272 6
2:	LOSSIE WYND	postcode:	IV301PY
3:	ELGIN	GP:	N6683 4 (J W NICOL)
NHS No:	AYDKM/904		
date acc:	200798	date into practice	200798
Mileage:		Disp. Dr:	
area res:	N	Conc code:	
new area:		reason for transfer 2	
Hosp. recs:	00	Comm. recs:	00
prev. 1:	ANDREW THOMSON HSE	Immig.	
address 2:	DUFFUS RD	old area	
3:	ELGIN	prev. GP ref.:	
NEXT SCREEN:	[S]		

X=M.CARD A=AMND D=DTH J=LINK K=NAME SAKE V=PEPP W=CONT U=MRE
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME L = LIST,
ADDRESS CHANGED ON 21 07 98 By N002A
prev. postcode: IV302NP
MRE DATA EXISTS
date acc

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]TCITEMPSEEP
LOCAL RECORD FOUND - UPI CURRENT NUMBER/CC 2601742178 N
21 DEC 2006 DATE OF LAST UPDATE 07/12/06

CHI DISPLAY OF PATIENT DETAILS (CHI No 260174 2178) ORIGIN N013A CONSORTIUM N

surname:	JACKSON	1st fnme:	JAMES
2nd fnme:	M	O. inits:	
bth snme:	GRANT	prv snme:	
Alt fnme:		Title:	
sex:	MALE	m/s:	NOT KNOWN
DOB:	26 01 1974		UNCONFIRMED
address 1:	8 SPEY COURT	Practice:	N3270 7
2:	ELGIN	postcode:	IV304AS
3:		GP:	N6698 2 (R J LOWE)
NHS No:	AYDKM/904	date acc:	011206
date acc:	011206	date into practice	011206
Mileage:		Disp. Dr:	
area res:	N	Conc code:	
new area:		reason for transfer A	
Hosp. recs:	00	Comm. recs:	01
prev. 1:	14 NORTH GATE FLATS	Immig.	Inst.
address 2:	LOSSIE WYND	old area	MRE DATA EXISTS
3:	ELGIN	prev. GP ref.:	N6683 4 date acc 200798
NEXT SCREEN:	[S]	ADDRESS CHANGED ON	01 12 06 By N002A
P=CH.SURV	Q=R.CLAIM	prev. postcode:	IV301PY
F=CHI	G=PREP.No		
B=DOB	N=NAME		

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Full Report

James Jackson

26/01/1974

Male

AYDKM/904

Permanent

Address

Oor House, 14 Northgate Flats Lossie Wynd Elgin Moray IV30 1PY

Communication numbers

Problems

Stopping smoking
Currently RelevantStarted: 01/09/2003
Started: 30/06/1998Ended:
Ended:

Medical History

29/12/2005 Notes summary on computer

Mrs Judith

Moore

14/04/2005 Asthma resolved No Asthma Medication in the last 12 months

Mrs Mary

Sutherland

19/02/2005 Medication review done no repeats issued since Jan 03

Dr R Stewart

01/09/2003 History / symptoms concerned re chest pains, often after food with some rifting and taking gaviscon excessively,

Dr Fiona King

smokes 20 daily and has mother with cva's in her 40's dso is at risk if ihd and risks discussed, reluctant to tackle smoking becuas of weight gain,

for course ranitidine initially and review

14/04/2003 Letter from consultant see passport, dr hamilton, assisted reproduction unit, aberdeen maternity hospital,

Dr J Nicol

aberdeen

24/03/2003 Acute conjunctivitis while offshore in West Africa - bloodshot eyes, green pus, generally unwell with

Dr Gaim

weakness in limbs, sore joints. Now settling. Needs sicknote to complete recovery - sign off for a week.

Davidson

24/03/2003 Telephone encounter with patient recently in Africa - conjunctivitis and eye pain for over a week - see later.

Dr Gaim

Needs sicknote.

Davidson

28/02/2003 Telephone encounter Explained to pt that no travel appts were available and we cannot prescribe anti malarials

Mrs Jayne

over the phone. Usually gets malarial tabs from Abermed in Aberdeen. Suggest that pt gets back to company to organise px

Gibson

28/02/2003 Telephone encounter with partner. James out just now. Going to Togo with work tomorrow. Partner states that

Mrs Jayne

immunisations are in date. Requesting anti malarial tabs. No travel appts available. To discuss with pharmacist

Gibson

18/12/2000 Letter from consultant Letters P111 22dec00. Dr Shetty, Assisted Reproduction Unit, Aberdeen Maternity

Hospital The above named couple recently underwent a

16/02/2000 Notes summary on computer

Mrs Joanne

Swift

06/12/1999 Letter from consultant letters p1and2, 16dec99, dr hamilton, fertility clinic, aberdeen maternity hospital,

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presumably infected and also information about this. I will review them at the end of January and we will take things forward as appropriate.

29/09/1999 Infective otitis externa left side-AB drops

Dr C Hornsby

15/02/1999 Epididymal cyst left for scan to confirm

Dr E Scully

07/12/1998 MED3 - doctor's statement 14.12. neck pain

Dr R Stewart

02/12/1998 Stiff neck symptom injury 2 days ago at work, fell hitting head and flexing neck, now pains when moves neck

Dr J Mobbs

and lifts arms, no paraesthesia, refer A&E

29/09/1993 Head injury struck with an ash tray. Discharge 30/9/93

05/09/1989 Intranasal autostomy (left) and antral lavage

09/10/1987 Other graft of skin NOS left leg

02/10/1987 Dermabrasion of skin NEC Left leg and meshed with the donor site being left thigh

16/09/1987 Burn of the lower limb NOS 8% burns to left leg when jeans caught fire with petrol

Repeat Masters

The Maryhill Practice, The Maryhill Practice, Elgin Health Centre, High Street, Elgin, Moray, IV30 1AT

Tel: 01343 543788

Page 1

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Full Report**BECLOMETHASONE DIPROPIONATE**

breath act inh 100mcg/actuation

Until:

Last issued:

Number of issues: of 12

EASI-BREATHE DEVICE, INHALE 2 PUFFS TWICE A DAY. RINSE MOUTH OUT WITH WATER AFTER USE.

SALBUTAMOL breath act inh 100mcg/actuation

Until:

Last issued:

Number of issues: of 12

EASI-BREATHE - TWO PUFFS WHEN REQUIRED

Acute and Repeat Issue Therapy

01/09/2003 issued RANITIDINE tabs 300mg

Supply: (30) tablet(s)

TWICE A DAY

29/09/1999 issued SOFRADEX ear drops

Supply: (10) mls

APPLY 2-3

DROPS IN THE EAR 3-4 TIMES DAILY

Recall**Consultation**

29/12/2005 Administration
 18/04/2005 Administration
 14/04/2005 Administration
 19/02/2005 Administration
 01/09/2003 Surgery consultation
 19/05/2003 Letter from Outpatients
 06/05/2003 Administration
 24/03/2003 Surgery consultation
 24/03/2003 Telephone call to a patient
 28/02/2003 Telephone call to a patient
 28/02/2003 Third Party Consultation
 18/12/2000 Letter from Outpatients
 16/02/2000 Other
 23/12/1999 Other
 29/09/1999 Surgery consultation
 20/04/1999 Other
 18/02/1999 Surgery consultation
 15/02/1999 Surgery consultation
 07/12/1998 Surgery consultation
 02/12/1998 Surgery consultation
 01/07/1998 Surgery consultation
 24/06/1998 Clinic
 24/06/1998 Clinic
 19/06/1998 Results recording

Mrs Judith Moore
 Mrs Mary Sutherland
 Mrs Judith Moore
 Dr R Stewart
 Dr Fiona King
 Mrs Diane Cameron
 Mrs Laura Thomson
 Dr Gairn Davidson
 Dr Gairn Davidson
 Mrs Jayne Gibson
 Mrs Jayne Gibson
 Mrs Pauline Laing
 Mrs Joanne Swift
 Mrs Diane Cameron
 Dr C Hornsby
 Mrs Pauline Laing
 Dr J Nicol
 Dr E Scully
 Dr R Stewart
 Dr J Mobbs
 Dr J Nicol
 Mrs Judith Moore
 Mrs Judith Moore
 Mrs Judith Moore

Blood pressure

01/09/2003 10:46:00 BP 140/80 taken Sitting

pressure reading

BP 130/84

pressure reading

recall due:

O/E - blood

recall due:

O/E - blood

Referrals**Smoking**

01/09/2003 Smoker 20 cigarettes per day Cigarette smoker

Dr Fiona King

24/06/1998 Smoker

cigarettes per day

Heavy smoker - 20-39 eigs/day

Dr J Nicol

Alcohol

01/09/2003 Current drinker units per week Alcohol consumption

Dr Fiona King

24/06/1998 Current drinker

units per week

Light drinker - 1-2u/day

Dr J Nicol

Health Promotion - Smoking

24/06/1998 Health education offered for Smoking

Health Promotion - Alcohol

24/06/1998 Health education offered for Alcohol

Health Promotion - Overweight

24/06/1998 Health education offered for Overweight

Weight

24/06/1998 Weight: 97.8 kgs

BMI: 29.8

O/E - weight

Height

24/06/1998 Height: 1.81 metres

O/E - height

Nicol

Dr J

Immunisations**Urine test**

24/06/1998 Urine dipstick test Normal

Examination of faeces

19/06/1998 Examination of faeces Normal Patient can be told result negative. No cryptosporidium oocysts observed. No enteric pathogens isolated.

General ultra sound scan

The Maryhill Practice, The Maryhill Practice, Elgin Health Centre, High Street, Elgin, Moray, IV30 1AT

Tel: 01343 543788

Page 2

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Full Report

20/04/1999 Other diagnostic ultrasound XraysP626apr99 - ScrotumBoth testicles contain multiple tiny echogenic foci, more numerous on the left, consistent with microlithiasis. No other focal intra-testicular abnormality is evident, and there is no evidence of an epididymal mass or cyst on either side. There is no sign of free fluid. This condition is associated with a slightly increased risk of testicular tumours, and regular follow up scans are indicated, initially at 6 monthly intervals.

Total patients for report 1

The Maryhill Practice, The Maryhill Practice, Elgin Health Centre, High Street, Elgin, Moray, IV30 1AT
Tel: 01343 543788
Page 3

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Assisted Reproduction Unit
Department of Obstetrics and Gynaecology
Aberdeen Maternity Hospital
Foresterhill,
Aberdeen AB25 2ZL



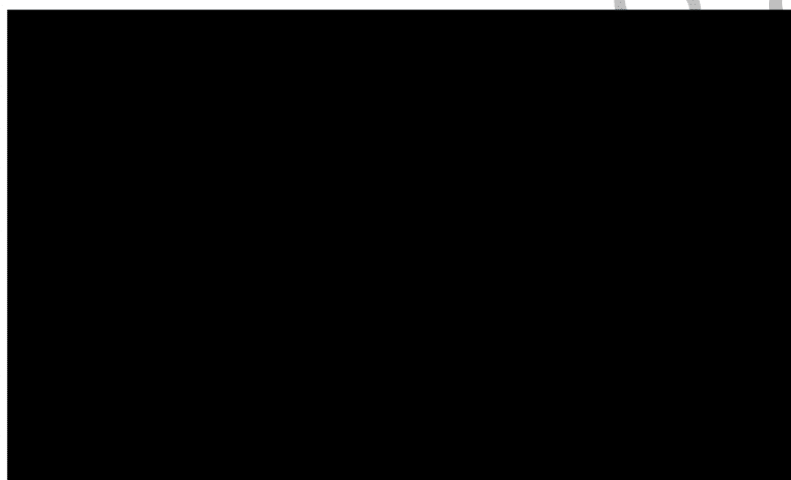
UNIVERSITY
OF ABERDEEN

MH/NW/0541953
Dictated: 14th April 2003
Typed: 28th April 2003

Secretary 01224-553524
Sisters 01224-550687
Appointments 01224-559230
Fax 01224-584880
Website: <http://www.aberdeenfertility.org.uk>

IN CONFIDENCE
Dr. Pringle
Ardach Health Centre
Highfield Road
Buckie
AB56 1JE

Dear Dr. Pringle



c.c. Dr Nicol, Maryhill Practice

Mark Jamieson
Sister/Physiotherapist
Aileen McIlwain
Ruth Sherriff
Helen Milne
Technician

Consultant
Consultant
Nurse Manager
Clinician
Clinician

John Hall
Manager
Aileen Campbell
Nurse/Ward
Vivienne Smith
Nurse/GP

Sen. Embryologist
Sen. Embryologist
Sen. Embryologist
Res. Embryologist
Sister

Sarah Murray
Head Midwife
Lorraine Stewart
Vivienne Hall
Helen Gilmour
Clinician

Sister
Sister
Sister
Sister
Sister
Sister

Deirdre
Nurse/Ward
Christine
Jean Williamson
Linda McCord
Aileen

Nursing Assistant
Unit Secretary
Clinical Assistant
Consultant
Receptionist
Sister

NHS Confidential: Personal data about a patient

REQUEST FOR HOSPITAL CARE

HOSPITAL DR GRAYS	CLINIC/DEPT X-RAY	CONSULTANT	← G.P. To Complete
----------------------	----------------------	------------	--------------------

PATIENT DETAILS

Referring G.P. to complete this section

Hospital Unit Number

Surname JACKSON Mr/Mrs/Miss

First Name(s) JAMES

Date of Birth 26/01/44 CH

C.H.I. No.

Marital State Maiden Name

Address 14 NORTHGATE FLATS

LOSSIE WYND

ELGIN

Post Code IV30 1PY Tel. No.

Please tick appropriate box

Patient is being sent by Ambulance ☐

Has Pt. been resident in U.K. for past 12 months? ☒ YES ☐ NO

G.P. REQUESTS

Please tick ALL appropriate boxes

1. CONSULTATION and Investigation/Tests ☒

O.P. Treatments/Appointments to a maximum of visits ☒

In Patient/Day Case Care ☐

2. DOMICILIARY CONSULTATION ☐

3. OTHER (Specify) ☐

Signed Dr E Scully Date 24.2.99

G.P. Name Dr E Scully

CONTRACT NO. O.P./D.A.

I.P.

Practice No. 32731

G.M.C. No.

Name, Address and Telephone Number of Medical Practitioner:

Dr E Scully (Registrar to Dr Mobbs)

Elgin Health Centre

Maryhill

Elgin

Tel 543788

ACCOMMODATION/SERVICES PROVIDED

For hospital use only

O.P. Attendances

Day Case (Date)

I.P. Date of Admission

I.P. Date of Discharge

I.P. No. of Nights

O.P.C.S.4 Code

Laboratory Investigations

Lab	Date	Detail

Indicate dates below, together with units of measurement consumed if appropriate.

Radiology

Physiotherapy

Speech Therapy

Occupational Therapy

Chemotherapy

Radiotherapy

Appliances

Clinical Psychology

Major Drug Therapy

Use of Op. Theatre

Other (specify)

Clinical Attendances at

Clinic	Cons	Outcome
Date	Time	
1. 	 	
2. 	 	
3. 	 	
4. 	 	

Signature

Designation

NHS Confidential: Personal data about a patient

IS AN URGENT APPOINTMENT REQUIRED?		YES			NO	
Provisional Diagnosis.....						
Reason for Referral including investigations carried out (with dates):						
Can you do an ultrasound of this gentleman. I think he has got an epididymal cyst on the left. He presented with several months history of an aching feeling in the testicular area. Both testicles felt normal in volume and consistency. The cyst itself is about an inch above the testicles just at the top of the cord. It is a soft fluctuant swelling about a couple of cms in diameter. Yours sincerely						
Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's present complaint.						
Approx. Date of Prescription	Medicine		Dose & Frequency		Duration of Prescription	
All Medicines Known to Disagree with Patient:						
AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS						
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination proceed if the Patient is pregnant?			Doctor's Initials	
Signature of Doctor			Date 24.2.99			

NHS Confidential: Personal data about a patient

DR. GRAY'S HOSPITAL, ELGIN

ACCIDENT & EMERGENCY RECORD

SURNAME <i>Johnson</i>	FIRST NAMES <i>James</i>	DATE OF BIRTH <i>26.1.74</i>	FAMILY DOCTOR <i>Eden H/C</i>
DATE <i>2.12.98</i>	TIME OF ARRIVAL <i>11.40</i>	REFERRED BY G.P. YES / NO	MAIDEN NAME
ADDRESS <i>Our house 14 Northgate Road Lassie Wynd Elgin</i>		OCCUPATION <i>Drugs</i>	
[REDACTED]		EMPLOYER	
		HISTORY OF DRUGS	
[REDACTED]		Penicillin Allergy ☒	
		Insulin ☒	
[REDACTED]		Steroids ☒	
		A.T. <i>Upio</i> ☒	
PLACE OF INJURY		T P R B/P	
Work ☒			
School ☐			
Home (indoors) ☐			
Road Traffic ☐			
Other Road ☐			
Other ☐			

*Slipped on a wet floor
fell backwards, banged
back of head. Neck wrench
form, 100lb beef fell on top
of head.*

*(24) works in slaughterhouse
Slipped, falling into back, hitting his neck. A
100 lb piece of cow fell onto him.
No LOC No neuro symptoms
Neck stiff, pain in moving neck*

He well.

Neck movement - reduced, stiff

painful

Locally tender both sides of neck

No bony tenderness

No sensory/motor loss in limbs

X-RAY REQUESTED:-

X-RAY RESULTS:-

TREATMENT:-

13mg pred 400mg did not

PATIENT HAS BEEN ASKED TO REPORT TO
FRACTURE CLINIC
GENERAL PRACTITIONER
ACCIDENT DEPARTMENT

DATE ON

AVOIDANCE OF IRRITATION IN PREGNANCY -
X-RAY EXAMINATION WHICH INCLUDES THE LOWER ABDOMEN / PELVIS

Date of L.M.P.	Give Reason if Period Overdue	Should Examination Proceed in Pregnancy?	Doctor's Initials

Yours Sincerely,

A. Storer

FORM S1166 (Aug. 1989)

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PRIVATE AND CONFIDENTIAL

DATE 24/6/98

ELGIN HEALTH CENTRE
REGISTRATION SHEET

You have joined our list and it may be some time before your records reach us. The absence of these records may impair the service which we wish to give you. In order to help overcome this problem it is important that you complete a questionnaire FOR EACH MEMBER OF YOUR FAMILY REGISTERED WITH THIS PRACTICE. Please return the completed questionnaire in the envelope provided.

Surname THOMAS Jackson		Former Names	
Christian Name JAMES		Please tick relevant boxes	
Present Address "COOL HOOSE" 14 NORTHGATE FLATS ROSSIN WYND, ELGIN		Male ☒	Married ☐
		Female ☐	Widowed ☐
Previous Address 1 HIGHLANDERS CATERICK COTTAGE N YORKS ENGLAND		Telephone No N/A	
		Date of Birth	Day Month Year 26 01 74
Details of Doctor with whom last registered Name M.O. 1 HIGHLANDERS Address CATERICK COTTAGE N YORKS ENGLAND		Occupation	
		Recently served in H.M. Forces? YES ☒ NO ☐	
Partner's Details (if applicable)			
Surname		Christian Name	
Occupation		Daytime Contact Telephone No	

Do you suffer from, or ever had, any of the following conditions?

- | | | | |
|---|-----------------------------------|--|--|
| ☐ Diabetes | ☐ Epilepsy | ☒ Asthma | ☐ Tuberculosis |
| ☐ Jaundice | ☐ Stroke | ☐ Angina | ☐ High Blood Pressure |
| ☐ Heart attack/coronary; | | | |

And/or problems with

- | | | | |
|----------------------------------|----------------------------------|---|---------------------------------|
| ☐ Eyes | ☐ Stomach | ☒ Chest | ☐ Nerves |
| ☐ Thyroid | | | |

Have you ever had any operation?

YES ☒ NO ☐

If 'YES', please list:

Left Leg, Left Arm
None

FAMILY HISTORY

Relatives:	Age and state of health	Age at death and cause
Mother	45 Poor	N/A
Father	44 Poor	N/A
Brother(s)	42 OK	N/A
Sister(s)	42 OK	N/A

Any hereditary diseases in your family? eg, Glaucoma, Cystic Fibrosis:

None known

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Are you taking any medicines regularly?
(Whether prescribed by your Doctor or not)

YES ☐NO ☒

If 'YES', please list

.....
.....
.....

.....
.....
.....

Please state any known reaction
to medicines or drugs:-

NAME OF DRUG(S)	REACTION
NSAID	

Any other information
which you think may be of
interest to the Doctor?

.....
.....
.....

Do you smoke?

YES ☒NO ☐

If 'YES', daily amount:

Less than 10 ☐Less than 20 ☒Less than 40 ☐More than 40 ☐

Do you drink alcohol?

YES ☒NO ☐

If 'YES', weekly amount consumed:

Pints of Beer ☐Measure of Spirits ☐Others (please specify) ☐**IMMUNISATIONS**

PLEASE BRING DETAILS OF IMMUNISATIONS WITH YOU TO THE NEW PATIENT CLINIC

IF YOU ARE A WOMAN

How many pregnancies have you had?

How many of them ended in:

(1) miscarriage

(2) termination

(3) stillbirth

.....

.....

.....

Dates of birth of children

1st

3rd

2nd

4th

Are you taking the contraceptive pill?

If 'YES' for how long?

YES ☐NO ☐

Do you have a coil fitted?

If 'YES' give the date of the last
checkup by a doctor:

YES ☐NO ☐

Have you ever had a cervical (cancer) smear?

YES ☐NO ☐

Have you ever had a breast examination?

YES ☐NO ☐

NHS Confidential: Personal data about a patient

no longer a patient with this practice
 DR. GRAY'S HOSPITAL, ELGIN Forces 7/9/94 **ACCIDENT & EMERGENCY RECORD**

SURNAME JACKSON	FIRST NAMES JAMES	DATE OF BIRTH 26/1/74	FAMILY DOCTOR ARMY
DATE 4/4/98	TIME OF ARRIVAL 22.15	REFERRED BY G.P. Yes (No)	MAIDEN NAME —
ADDRESS 40 IS COCKMUR PL NEW ELGIN 1030 34N		EMPLOYER UE	PLACE OF INJURY Work ☐ School ☐ Home (Indoors) ☒ Road Traffic ☐ Other Road ☐ Other ☐
HISTORY OF DRUGS Penicillin Allergy ☒ Insulin ☒ Steroids ☒ A.T.T. ☐ UP TO DATE ☒		T P R B/P	

RM
①
HEAD INJURY CAUSE
NOT KO'D

"probably a few seconds/minutes" amnesia
 No loss of consciousness/dizziness/visual disturbance
 No nausea/vomiting/headache
 Asked 4 times whether Dr could "tell for sure" what had made the wound.
 Denies strongly that there is any possibility that the wound was made by teeth. Says "If I had headbumped her there would be wounds on my forehead not here" pointing to wound
 Med Hx not significant
 Reports having had some alcohol "not a lot"
 OE - fully alert ACS 15/15
 ENT - dried blood in both nostrils, no tenderness/swelling over nose
 Ears clear

X-RAY REQUESTED: Not indicated.
 X-RAY RESULTS:-
 TREATMENT:-



Top view
 ± 3cm wound appears cleanly incised on one edge and irregular on other
 distinct shape on lateral edge probably made by incisor tooth

PATIENT HAS BEEN ASKED TO REPORT TO		FRACTURE CLINIC GENERAL PRACTITIONER ACCIDENT DEPARTMENT	
AVOIDANCE OF IRRADIATION IN PREGNANCY - X-RAY EXAMINATION WHICH INCLUDES THE LOWER ABDOMEN / PELVIS			
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination Proceed in Pregnancy?	Doctor's Initials

FORM S 1166 (Aug. 1989)

DATE	ON
YOUR SIGNATURE	DR H DR M
FILE	
APPOINTMENT	
SPEAK TO DR.	
NORMAL	
NOTES	

NHS Confidential: Personal data about a patient

CONTINUATION		ACCIDENT & EMERGENCY DEPARTMENT
SURNAME Jackson	FIRST NAME James	26 / 01 / 74

Close up of wound



incised appearance

± 0.5 cm deep (but not to bone when exposed under local anaesthetic)
 Minimal surrounding swelling
 No abrasion
 No surrounding tenderness

CNS - Power Normal and symmetrical 5/5

- Sensation Normal

- Tone Normal

- Reflexes

R L

+ = +

+ = +

+ = +

plantar absent

- Cranial nerves intact

- Fundi not examined

- Alert and fully orientated

R L

biceps + = +

Triceps + = +

Supinator + = +

	DR H	DR M
FILE	☒	☐
APPOINTMENT	☐	☐
SPEAK TO D/I	☐	☐
NORMAL	☐	☐
NOTES	☐	☐

- ① - Possible incision from tooth although patient strongly denies this possibility
- Not serious head injury
- Tetanus up to date
- ② - Lignocaine 2% x 2ml infiltrated
- Exposed, cleaned well with iodine
- closed loosely with 2 sutures 3-0 Nylon
- Informed to return if any pain/swelling/discharge as there is a risk of infection. *see K-Sheehy.*

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INTERNAL CONFIDENTIAL - NOT FOR

PUBLICATION

Dr. [illegible]
Champion Rd

THIRD PARTY COPY
THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DR. GRAY'S HOSPITAL, ELGIN

ACCIDENT & EMERGENCY RECORD

SURNAME JACKSON	FIRST NAMES JAMES	DATE OF BIRTH 26.1.74	FAMILY DOCTOR SMO Dr Anderson
DATE 21.5.93	TIME OF ARRIVAL 11.20am	REFERRED BY G.P. Yes / No	MAIDEN NAME
ADDRESS 14 Fulmar RD Elgin		OCCUPATION Solider	
		EMPLOYER	PLACE OF INJURY
		Work ☐	
		School ☐	
		Home (Indoors) ☐	
		Road Traffic ☐	
		Other Road ☐	
		Other ☒	
		HISTORY OF DRUGS	
		Penicillin Allergy ☒	
		Insulin ☒	
		Steroids ☒	
		A.T.T. ☒	
		T P R B/P	

inj to (C) Hand + Wrist

MJS

in a fight last night.

Hit someone to his L. hand.

V. painful, tender + swollen over 2nd/3rd MC's.
Wrist - no swelling but very tender.? # 2nd/3rd MC's
for X.R.2 JUN 1993
FILE
SCRIPT
NOTES
DMMV
NORMAL
APPT
ALLDOCS
INITIALS

X-RAYS REQUESTED: L. hand plate.

X-RAY RESULTS: No #.

TREATMENT: for crepe bandage. Advice given.
A. MurrayPATIENT HAS BEEN ASKED TO REPORT TO
FRACTURE CLINIC
GENERAL PRACTITIONER
ACCIDENT DEPARTMENTON
DATE

Yours Sincerely,

AVOIDANCE OF IRRADIATION IN PREGNANCY - X-RAY EXAMINATION WHICH INCLUDES THE LOWER ABDOMEN / PELVIS			
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination Proceed in Pregnancy?	Doctors Initials

FORM S 1166 (Aug. 1989)

NHS Confidential: Personal data about a patient

ABERDEEN ROYAL INFIRMARY

Our reference: C.R.W. EW.520734

Your reference

Dr A Fraser
Denburn Health Centre
Rosemount Viaduct
ABERDEEN

PLASTIC SURGERY AND BURNS UNIT

Ward 39

Aberdeen Royal Infirmary

Foresterhill

ABERDEEN AB9 2ZB

Tel: (0224) 681818 Ext. 2959

CONSULTANTS:

Mr. C.R.W. Rayner

Mr. O.M. Fenton

Clinic: 27.09.88

Typed: 03.10.88

Dear Dr Fraser

Mr James Grant or Jackson (DOB: 26.01.74)
c/o Oakbank School Aberdeen

This patient failed to attend today in connection with the previous superficial burn to his legs. He was previously an in-mate of Oakbank School. I wonder if you have any further information on his whereabouts. I have arranged to send him one more appointment, but it may be that this is not now his current address.

Yours sincerely

C.R.W. Rayner
C R W RAYNER MS, FRCS
Consultant Plastic Surgeon

Notes please
AICF

S1013

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ABERDEEN ROYAL INFIRMARY

Our reference CRWR.MM.520734

Your reference:

Dr A Fraser
Denburn Health Centre
Rosemount Viaduct
ABERDEEN

CLINIC 5 1 88

PLASTIC SURGERY AND BURNS UNIT

Ward 39
Aberdeen Royal Infirmary
Foresterhill
ABERDEEN AB9 2ZB
Tel: (0224) 681818 Ext. 52959

CONSULTANTS:

Mr. C.R.W. Rayner
Mr. O.M. Fenton

Dear Dr Fraser

MR JAMES GRANT OR JACKSON (26 1 74)
C/O OAKBANK SCHOOL ABERDEEN

This boy's scars are in the usual hypertrophic state following grafting but he has no restriction of movement and he can undertake any level of activity he wishes.

He should continue to wear the tubigrip for a further six months and I will review him again at that time.

Yours sincerely


C R W RAYNER, MS, FRCS
Consultant Plastic Surgeon

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ABERDEEN ROYAL INFIRMARY

Our reference SPMA:UM:835194

Your reference

Dr Fraser
Denburn Health Centre
Rosemount Viaduct
ABERDEEN

PLASTIC SURGERY AND BURNS UNIT

Ward 39
Aberdeen Royal Infirmary
Foresterhill
ABERDEEN AB9 2ZB
Tel: (0224) 681818 Ext. 2959

CONSULTANTS:

Mr. C.R.W. Rayner
Mr. O.M. Fenton

Dictated: 10th November 1987
Typed: 18th November 1987

Dear Dr Fraser

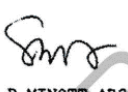
Mr James Grant or Jackson (26 01 74) c/o Oakbank School Aberdeen

James was admitted as an emergency on the 16th September 1987 when he sustained 8% burns to his left leg when his jeans caught fire with petrol that day.

He was treated conservatively at first until we could declare which areas were superficial and those which were deep. On the 2nd October he had dermabrasion of the deep areas of his left knee, leg and foot which were meshed with the donor site being his left thigh. On the 9th October he again had to be taken to theatre and have the rest of the defects grafted.

He was subsequently discharged home on the 19th October and reviewed several times on the ward thereafter. When last seen on the 9th November, he was healing quite well and he is to be seen again in the clinic in six weeks' time.

Yours sincerely


S P MINOTT-ARSCOTT
Senior House Officer

S1013

Page 97 of 199

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[illegible]

		National Health Service Number	040 KM 904
SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)	
	GRANT JACKSON	JAMES	
	Address	OAKBANK SCHOOL	Date of Birth
			26/1/78

Date	
1975	galled (graft to arm)
1976	head injury
1987	burns (graft to leg)

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) JACKSON	Forenames (Block Letters) JAMES
	Address Date of Birth 26.01.74	

Date	
24/10/98	PoE 620 POF 625 - advised 7 witnesses about 21 of presentable witness notes provided
20/7/98	DNA
15.7.99	Judge's eye of 21
18/7/99	Anguly worried about above Disputed.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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To REG.

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	JACKSON	JAMES	
	Address	Date of Birth	
	13 NORTHGATE FLATS LOSSIE WYND ELGIN	26.1.74	

Date	
19/6/98	Loose bowel motion 3 days, x3/day + Systemically unwell - temp + chills Check stool sample on works at Rhinns Sloughing. Abdo soft; non tender J. Nicol
26.6.98	© 22/6/98 - 22/9/98 Gastroenteritis Fully better now J. Nicol
	Arthur - Uses mum's ventolin pen Has never really seen a good one for inhalers Urged to use Beclovent 100 2 puffs b.d. Add to ©.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NOTES

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

17287

287.	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Jackson	James
CLINICAL NOTES	Address	Date of Birth
	14 Fulmar Rd Elgin	26/1/74

Date	TIR
21.6.93	A. Involved in fight last night. (soldier in Q08) T Injury to R wrist. DE Tender, swollen @ wrist ?# → A+E SA.
	Q 2/93
	Q6 - 31/5/93
	Arm blown

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

CLINICAL NOTES	National Health Service Number		A90Km 904
	Surname (Block Letters)	Forenames (Block Letters)	
	GRANT JACKSON	JAMES	
	Address	DAK BANIL SCHOOL	Date of Birth 26/1/74

[illegible]

CLINICAL NOTES	Jackson a grant	James
	Address Oakbrook School	Date of Birth 26/1/74

ate

1/8 mte a stool of plant material 30/10/88 -
mte 1/2 soft, also pain + vomiting.
Obtunded. HRM N/A A/E for observation.
Painful R ear, pain + it on moving
tongue TM inflamed + eardrum
Acetitis media Rx Amoxil 250mg
tid (20) Analgesia.
1/8 P. No vomiting. No further pain.
11/8 Good. Soft stool. No medication.

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CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		JACKSON	JAMES
		Address	Date of Birth
		ORANGEHILL SCHOOL.	

Date	
12/12/98	⑬ Burns @ leg - no wound, for 1/1/99
	Has been to hospital. Day nurse
	No further dressings required.
10/12/98	⑭ Has been coming despite being
	told not to in following his
	infection by himself. Complicated.
	He is perhaps over 17 days.
	Has wound, more when I go on to
	the chest still wearing dressings. May be
	still not to.

DEPARTMENT OF MEDICAL MICROBIOLOGY ABERDEEN ROYAL INFIRMARY

Name & Address	Unit No.	Report Address	Ward
JACKSON, JAMES	2601742178	Dr J W Nicol	ZEL63
13 NORTHGATE FLATS		Practice Two	
LOSSIE WYND	D.O.B.	The Health Centre	
ELGIN	26/01/1974	Maryhill	0096

Specimen-Faeces

Enteric Investigations

No Cryptosporidium oocysts observed

Culture:

No Enteric Pathogens Isolated

Make Appointment	
- Not Urgent	
Can Be Told Result	
☒ Negative	
Normal	
Other:	
Phone No / Notes	

Sample Date-u/k 19/06/1998 Report Date-11:30 23/06/1998 No.-961191
Ref Spec:- Faeces

Date	

ice

**FORESTERHILL
ABERDEEN
AB9 2ZB**

Dear Dr. Blain,

Re: James Jackson, (26.1.74), Andrew Thomson House, Bishopmill, Elgin.

This man had antral lavage and left intranasal antrostomy carried out on the 5th September. Both inferior turbinates were noted to be fairly bulky. No discrete polyps were seen but blobs of dried out pus were hanging from the roof of the nose mimicking polyps; these were all cleared out. Lavage yielded a large amount of pus on the left, a sample of which was sent for culture, thus intranasal antrostomy was fashioned on the left and quite polypoid antral mucosa was stripped and cleared. The right sinus was washed out but no pus was obtained on this side. He was started on Augmentin for a week and was allowed home after the Vaseline pack had been removed from the left nasal cavity.

He is to be reviewed in one month's time.

Yours sincerely,

NEIL FROST,
Locum ENT Registrar.

c.c. Elgin Notes.

(A2193) Dd. 8691938 300M 1/83 WC 242

		National Health Service Number	
NURSES AND HEALTH VISITORS RECORDS		Surname (Block Letters)	
		Forenames (Block Letters)	
		Address	
		Date of Birth	
Date			



Dr Gray's Hospital, Elgin, Morayshire, IV30 1SN
Telephone 0343-543131.

Your Ref

Dr. A. Blain,
Braco Lodge,
Mayne Road,
Elgin

Near Dr. Blain.

RE.: James Jackson, Andrew Thomson House, Bishopmill, Elgin. (26.1.74.)

Thank you for your letter about this young man who certainly has a nose full of pus. He blew a considerable amount of this out this morning and even despite this, there was still a large amount of purulent discharge. This is certainly the cause of his chronic sinusitis and obstruction. Additionally, there was a polypoid swelling in the left nasal cavity which I feel is probably a polypoid turbinate but more a discrete polyp. I will arrange for him to be put on our list for antral lavage. Intra-nasal antrostomy and biopsy of the nasal polyp on the left fairly soon.

Yours sincerely,

Dr. N. Frost
ENT Registrar

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Smoking Advice Service (SAS) Referral and Registration



FOR OFFICE USE ONLY

Client ID number CHP ☐ Aberdeen City ☐ Aberdeenshire ☐ Moray

Name
 Age Gender ☒ M ☐ F
 CHI number (if known)
 Full address

 Postcode
 Home telephone
 Mobile telephone

Practice stamp

GP Registrar
 Linkwood Medical
 The Greenhouse Centre
 12 Thornhill Drive
 ELGIN
 IV30 6GQ
 Tel: 0546 397 6380

TO BE COMPLETED BY THE DOCTOR

This client is medically suitable to receive:

- ☒ Nicotine Replacement Therapy (NRT) ☒ Bupropion (Zyban) ☐ Smoking Cessation Advice only
 (i.e. no pharmacology suitable)

The above client has been seen by me today to request smoking cessation support. I have discussed treatment options, reviewed the client's medical records and would like to request further advice from the SAS.

Signed

Print name (Doctor)

Date

Please detail any other information which is relevant to the client receiving smoking cessation support and attending sessions e.g. level access or hearing induction loop required.

If intensive support is required please ask the client to complete the reverse side, then post it to: Smoking Advice Service, Summerfield House, Eday Road, Aberdeen AB15 6RE or fax 01224 558672 (To avoid duplication please DO NOT fax and then post original).

TO BE COMPLETED BY THE SMOKING CESSATION ADVISOR

The above client has been seen by a trained smoking cessation advisor. We have discussed treatment options and the client has been offered additional smoking cessation support.

Following discussion the preferred treatment option is:

- ☐ Nicotine Replacement Therapy (NRT) ☐ Bupropion (Zyban) ☐ Smoking Cessation Advice only
☐ Please reassess for the following reason/notes

Signed

Print name

Date

Designation

Give completed, full sheet to client to take back to GP if prescription is required. In other cases, post the completed full sheet back to GP surgery.

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TO BE COMPLETED BY THE CLIENT**EMPLOYMENT STATUS** (Please tick one box)

- ☒ In paid employment ☐ Retired ☐ Full-time student
☐ Homemaker, full-time parent or carer ☐ Permanently sick or disabled ☐ Unemployed
☐ Other

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNIC ORIGIN?

(Choose one section from A – F, and then tick one box only within that section)

- | | | | |
|---|---|--|---|
| A White
☒ Scottish
☒ British
☐ Irish
☐ Any other white background
(Please specify) <input type="text"/> | B Mixed background
☐ White and black Caribbean
☐ White and black African
☐ White and Asian
☐ Any other mixed background
(Please specify) <input type="text"/> | C Asian, Asian Scottish
or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background
(Please specify) <input type="text"/> | D Black, black Scottish
or black British
☐ Caribbean
☐ African
☐ Any other black background
(Please specify) <input type="text"/> |
| E Any other ethnic group
<input type="text"/> | F Do not wish to disclose ☐ | | |

If female, are you pregnant? ☐ Yes ☐ NoDo you receive free prescriptions? ☐ Yes ☐ NoAre you currently thinking about having or trying for a baby? ☐ Yes ☐ NoAre there any specific times you are unavailable to attend sessions e.g. during working hours? work off shore
various times**TOBACCO USE AND QUIT ATTEMPTS**

On average, how many cigarettes do you usually smoke per day?

- ☐ 10 or less
☐ 11 - 20
☒ 21 - 30
☐ More than 30

How soon after waking do you usually smoke your first cigarette?

- ☒ Within 5 mins
☐ 6 - 30 mins
☐ 31 - 60 mins
☐ After 60 mins

How easy or difficult would you find it to go without smoking for a whole day?

- ☐ Very easy
☐ Fairly easy
☒ Fairly difficult
☐ Very difficult

How many times have you tried to quit smoking in the past year?

- ☐ No quit attempt
☐ Once
☒ 2 or 3 times
☐ 4 or more times

SMOKING CESSATION SERVICE CONSENTPlease read and complete the following. Please ask if you would like any item to be explained. **If you do not agree to any of the following, you are still entitled to receive treatment.**

I am willing for my details to be kept on a confidential database and for anonymised information to be used to assess how the stop smoking programme is working.

☒ Yes ☐ No

I agree to be contacted in the future in connection with my smoking (At the end of the programme, and at 3 months and 12 months).

☒ Yes ☐ No☒ Yes ☐ No

In order for the service to contact me, I agree to a message being left on my home/mobile (delete as appropriate) answerphone if necessary. The message will say that the NHS Grampian Smoking Advice Service has tried to contact you. It may also suggest an appointment time and ask you to phone back.

Data confidentiality and security

The information provided by you will be held in a secure environment in accordance with The Data Protection Act (1998). The information

will only be used to assess the outcome of this project and no details will be passed on to any organisations who are not involved in the outcome assessment.

Client name

JAMES JACKSON

Signature

[Signature]

Date

04/05/11Smoking Advice Service, Summerfield House, Eday Road, Aberdeen AB15 6RE.
Tel 0500 600332, fax 01224 558672, email grampiansas@nhs.net

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ages.

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NHS Grampian

PATIENT DISCHARGE INFORMATION PART 1

Name: JACKSON 0520734A
 Address: Mr JAMES 8 SPEY COURT M
 ELGIN 2601742178
 IV30 4AS 26 Jan 1974
 D.O.B.: 
 Unit No (or affix pa)
 CHI No:

HOSPITAL: DGH
 THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE:
 Ward: 6 Tel. Number: 507553
 Consultant / GP: MR ROOS
 Nurse in charge: Wm Mcgregor Smith

INFORMATION FOR GP

☒ Emergency OR ☐ Elective
 Operation / Procedure Other details

COMMENTS

human Bite to ① had. on 10 benzylpenicillin +
 Phloxacin. Switched to oral f/d/c for 7 days.
 To be v/u 2/7 post d/c on head b. MICKS @ Analogy
 hepatitis febrile.

Specify any results awaited:

If no further letter to follow, read and approved by:

WHY YOU WERE IN HOSPITAL:

Your diagnosis was:

Procedure / Treatment: Dental surgery, extraction and which out

Admitted on: 18/4/09

Discharged on: 22/04/09

Discharged time:

Other problems:

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

Name of Medicine	Dose	How to take it	(Pharmacy) How much to take	Break fast	Lunch	Tea-time	Bed-time	Other times	What is it for?	How long to take	Hospital Pharmacy to dispense?	Pharmacy use only
✓ PENICILLIN	2 tablets	ORAL	ONE	✓	✓	✓	✓	✓	WHOLE	7/3	Y/N	Jan
✓ DNEPRAZOLE	20mg	ORAL	ONE	✓	✓	✓	✓	✓	RENEW STOMACH	7/3	Y/N	28
✓ PARACETAMOL	3g	ORAL	2x 500g	✓	✓	✓	✓	✓	PAIN	7/3	Y/N	20
✓ IBUPROFEN	400mg	ORAL	ONE	✓	✓	✓	✓	✓	PAIN	7/3	Y/N	20
✓ DILUTED LAXATIVE	30mg	ORAL	ONE	✓	✓	✓	✓	✓	INFLAMMATION	7/3	Y/N	20
✓ METFORMIN	30mg	ORAL	ONE	✓	✓	✓	✓	✓	WHOLE PAIN	7/3	Y/N	20
✓ METFORMIN V	30mg	ORAL	2x 500g	✓	✓	✓	✓	✓	INFLAMMATION	7/3	Y/N	20

Signature of Doctor:

Date:

Drug / Medicine Sensitivity

Name of Doctor:

Ward Pharmacist Signature:

Bleep / Contact No:

Dispensed by:

Checked by:

© GUHT & GPCT

1c GP DISCHARGE SUMMARY

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NHS Grampian

PATIENT DISCHARGE INFORMATION PART 2

JACKSON
Mr JAMES
8 SPEY COURT
ELGIN
IV30 4AS

0520734A
M
2601742178
26 Jan 1974

0 5 2 0 7 3 4 A *

WHAT HAPPENS NEXT?

☐ You will be seen in the _____ clinic
at _____ Hospital.

☐ An appointment will be sent to the address on the left.

☐ An appointment has been made for _____ DATE
at _____ TIME

☐ No further hospital/clinic appointment is necessary.

Do you need to see your GP? YES or NO
If yes why?

DIAGNOSIS **LACERATION TO**
TO HAND

Admission Date 18/4/09 Discharge Date 22/4/09

General Practitioner Dr Wilson
ELGIN MEDICAL CENTRE

TREATMENT

Next of Kin/Main Carer's Name/Address PAMELA PATERSON
(SIA) PARTNER

Tel No 01343 552976

EXPLORATION AND WASHOUT OF HAND

WHO ELSE WILL YOU SEE WHEN YOU GO HOME?

Job Title	Comments (including first appointment if known)

INFORMATION LEAFLETS YOU RECEIVED

Item	Who to contact in case of problems or to return item

EQUIPMENT YOU HAVE TAKEN HOME

SPECIAL INSTRUCTIONS INFORMATION (eg Transport, Wound Dressings, Continence Advice, Mobility, Specialist Nurse)

Discharged from Ward 6 following exploration & washout of (C) Hand under Local anaesthetic. Non-absorbable sutures in situ. Dressed with mepore & gauze & crepe. Has been receiving IV Antibiotics & daily betadine soaks whilst in hospital.

Dr [Signature] 22/4/09

Post-op [Signature] dressing

Any queries contact your GP or call Ward 6 on 01343 567553

Signature of Nurse: [Signature] Date: 23/4/09

Patient/Relative Signature: [Signature]

Distribution: PINK - 2x LIAISON COMMUNITY COPY GREEN - 2x PATIENT INFORMATION YELLOW - 2x GP COPY WHITE - 2x COPY FOR NOTES (File in Section A)

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James Jackson

CHI: 2601742178

Emergency Department
Dr Grays Hospital
Pluscarden Road
Elgin
Morayshire, IV30 1SN

Dept. Contact Details:
Tel:

Dr RJ LOWE
LINKWOOD MEDICAL
THE GLASSGREEN CENTRE
2 THORNHILL DRIVE
ELGIN
IV30 6GQ

November 28, 2013

Source of Referral: Self referral

Dear Dr RJ Lowe

Re: James Jackson, 8, Spey Court, Elgin, IV30 4AS
DOB: 26/01/1974

CHI: 2601742178

Your patient attended Dr Grays Hospital on: 28 NOV 2013 at 17:30 hrs.

The A&E diagnosis was:

Acute upper respiratory infection

The following treatment was given:

Amoxycillin 500mg tds for 5-7 days. Tramadol 50mg tds

At the conclusion of treatment the patient was:

Discharged
at hrs.

Follow up:

No Follow Up

Additional Information:

Acute arthralgia, neck and chest pains. Raised
WBC but negative troponin and D-Dimer and CXR.
May have chronic sinusitis. Likely viral illness but
given antibiotics in view of sinusitis and continuing

Yours sincerely,
LAURA HOLTHAM
EM DP, DR GRAYS

Dr David Williams
Clinical Director
Dr Gray's Hospital Elgin

PETER WILLIAMS

Page 1 of 1

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Emergency Department
Dr. Gray's Hospital
Elgin
IV30 1SN

Dr LOWE
ELGIN MEDICAL CENTRE
10 VICTORIA CRESCENT
ELGIN
IV30 1RQ

December 29,
2010

Dear Dr Lowe,

Re. JAMES JACKSON, 8 SPEY COURT, ELGIN, MORAYSHIRE, IV30 4AS. Date of Birth 26.01.74 Hospital
Number: 0520734A, CHI No. 2601742178

Your patient attended the Dr. Gray's Hospital on the 29 DEC 2010 19:53.

The presenting complaint was: HEAD INJURY - KNIFE USED

The following investigations were carried out:

The A&E diagnosis was: LACERATION - HEAD - BACK

The following treatment was given:

At the conclusion of treatment the patient was: DISCHARGED. Departure Ready Date/Time: , Actual Departure Date/
Time:

Follow-up:

Additional Information: 3cm laceration left cheek, 4 4.0 prolene sutures, 4cm laceration back of
head 4 staples used, and steristrip to left ear. Discharged with head
injury advice.

J. Boyce
Yours sincerely,
JACQUELINE BOYCE
SENIOR HOUSE OFFICER

Consultants:

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Tel 0789 444 9862

INITIAL RESPIRATORY ASSESSMENT

DATE OF INITIAL ASSESSMENT:

Name: James Jackson DOB/CHI: 26-01-74 Sex: M AGE: 41
Address: Tel: 652976 GP: DR LANE F.
Height: 181 Weight (kg): 121.8 BMI: 36.5
Weight Loss in last 6 months Y/N

B/P:

Pulse:

Urine: Gluc/Prot
(If on oral steroids)

Alpha-1 Anti Y/N
Other Resp:

RESPIRATORY HISTORY:

Onset Symptoms: Onset: Sudden/Progressive Symptoms/How Often?

<u>COUGH</u> ☒ Y/N	<u>SPUTUM</u> ☒ Y/N	<u>DYSPNOEA</u> ☒ Y/N	<u>WHEEZE</u> ☒ Y/N
Daily/intermittent	Daily/intermittent	Daily/intermittent	Day
Worse AM/PM	Worse AM/PM	Nocturnal AM/PM	Night
Nocturnal AM/PM	Haemoptysis Y/N	MRC Scale	Both
Acid Reflux? ☒ yes	Most days (>3mth for 2yr)	1. Strenuous exercise	
On Treatment	Chest Infections Y/N	2. Hurry on level or slight hill	
	Antibiotics in last yr? ☒ yes	3. Slow on level/stops at own pace	
	White/yellow/green/dirty	4. Stop at 100m or few minutes	
	Daily volume: copious sputum	5. Hsebound or breathless dressing	

SMOKING HISTORY

Current Smoker ☒ Y/N How many daily? 20 For how long? 20
Ex-smoker Y/N How many daily? For how long? Date stopped
Pack years: 20 Passive smoker: Both parents (heavy)
VICTORIA CRESCENT MEDICAL CENTRE
REVIEWED JUNE 2007

Needs asthma diagnosis.

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YELLOW FEVER VACCINATION

18/2/09

4.20

548234

[illegible]

(N) Dr. R. J. Lowe.
Linkwood.

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BLOOD PRESSURE DIARY

NOTE: Please take 2 readings 5 minutes apart –
in the morning and in the evening.

For Example: 08.30am 125/80 19.00pm 136/97
08.35am 119/77 19.05pm 129/88

NAME		D.O.B.		G.P.	
James Jackson		26-01-74		Dr. Munro	
MONDAY	AM 132/100	AM 126/94	PM 130/96	PM 128/100	
TUESDAY	AM 136/105	AM 122/94	PM 126/89	PM 136/92	
WEDNESDAY	AM 126/96	AM 136/92	PM 128/94	PM 152/94	
THURSDAY	AM 130/98	AM 142/94	PM 129/95	PM 128/94	
FRIDAY	AM 125/99	AM 125/88	PM 126/94	PM 128/94	
SATURDAY	AM 128/96	AM 127/94	PM 127/98	PM	
SUNDAY	AM 134/97	AM 126/94	PM 157/96	PM 127/88	

Average 127/93 /
coded / W.D

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Moray Health and Social Care Partnership
Spynie Hospital
Duffus Road
ELGIN
IV30 5PW



Our Ref – Yvonne Watson/mm

Dr Lowe
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
ELGIN
IV30 6GQ

1 November 2016

Dear Dr Lowe

Re: James Jackson, [26/01/1974], 8 Spey Court, Elgin IV30 4AS

We have received a referral from Grampian Police we felt you should be made aware of.

At the time of writing this letter the above named person was showing on the Patient Management System being registered with your practice.

If you require any further information please contact Police Scotland on 101, give the Storm Number

Incident: 28/10/2016

Storm Ref: GP-20161028-0294

Purpose of this letter

This letter is to ensure that as James' GP, this incident has been brought to your attention.

A division of Education and Social Care
Jane Mackie, Division of Education and Social Care
Moray Health and Social Care Partnership
Spynie Hospital, Duffus Road,
ELGIN IV30 5PW

A division of NHS Grampian
Pamela Gowans, Chief Officer
Moray Health and Social Care Partnership
Spynie Hospital, Duffus Road,
ELGIN IV30 5PW

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2601742178 JJ

GRAM Radiologydgh

To:

Tue 20/09/2022 09:51

Good Morning

• GRAM Linkwoodmedicaladministrator

The referral for the above patient dated 28/04/22 is being returned for the following reason:

Patient has failed to attend 2 appointments.

Regards

Fi Aitkenhead
Radiology Admin
Dr Grays
Elgi

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18-May-2023 CAROL ANDERSON
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ECGs

Patient Name James Jackson

CHI No 2601742178

Date Taken 19/2/18

Requested by CT

Taken by Emma Howie

Filename: James Jackson - 12.pdf
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Pages:

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Waps FF
NHS GRAMPIAN

N 21589

RECOMMENDED OUT-PATIENT THERAPY

THIS FORM IS PRINTED ON N.C.R. PAPER. PLEASE USE A BALL POINT PEN ON HARD SURFACE. PLEASE ENSURE ALL COPIES ARE LEGIBLE.		SURNAME JACKSON		2601742178		UNIT No.	
FIRST NAME B SNEY COURT		ADDRESS ELGIN IV30 4AS		26 JAN 1974		CHI	
HOSPITAL DR GRAYS		POST CODE		BAR CODE		SEX	
CONSULTANT CAN		BAR CODE		#2601742178#		MARITAL STATUS	
WARD/DEPT. ENT		AGE				DATE OF BIRTH	
G.P.'s NAME		G.P.'s ADDRESS					

Dear Dr.

Your patient who is under the care of Dr/Mr. CAN was seen at the above out-patient clinic today. It is recommended that the following therapy be prescribed as listed below.
 *Detailed letter will/will not follow. *I have/have not arranged for the patient to be given a _____ days supply.
 *Delete as necessary.

COMMENTS:

Reflux
- nasal agent

A SUPPLY SHOULD ONLY BE MADE VIA THE HOSPITAL PHARMACY WHERE THERE IS A CLINICAL REQUIREMENT FOR TREATMENT TO COMMENCE IMMEDIATELY. In these circumstances a 14 days supply will normally be dispensed.

A 'C' in the Duration of Treatment column denotes continuing treatment unless otherwise specified in days.

MEDICINE (BLOCK LETTERS)	TYPE OF PREPARATION	DOSE	METHOD OF ADMINISTRATION	TIMES OF ADMINISTRATION							DURATION OF TREATMENT	For Completion By Pharmacy QUANTITY SUPPLIED
				8	12	2	6	10	OTHER TIMES			
GAVISCON ADVANCE LIQ	10ml	0		✓	✓		✓					
/												
DRUG SENSITIVITY												
For Pharmacy Use Only												
Dispensed by		Checked by		Doctor's signature**								
				Date signed								

**MEDICINES WILL NOT BE DISPENSED WITHOUT A DOCTOR'S SIGNATURE IN THIS SPACE.

Top (White) Copy to Pharmacy

Second (Yellow) Copy to G.P.

Third (Blue) Copy file in Section D of case notes

FORM 51281 (Jan. 1995)

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NHS Grampian

Sleep Apnoea Clinic

Chest Clinic
Clinic C
East End 2, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Consultants Dr P S Fitch
Dr M Chetty
Dr J J Miller

Sleep Apnoea Nurse (01224) 550962
Appointments (01224) 550664/562242
Secretary (01224) 551219 Fax (01224) 551210
Email to lesley.stein@nhs.net

PMG/LS

Mr James Jackson
8 Spey Court
Elgin
Morayshire
IV30 4AS

CHt: 2601742178

Date Dictated: 16/06/2016
Date Typed: 20/06/2016

Dear Mr Jackson

I am sorry that you were not able to manage your appointment with Dr Miller on the 20th April 2016. Can you please send your data card in for a review? If you are having any problems please contact 01224-550962.

Thank you

Yours sincerely

A handwritten signature in black ink, appearing to read "Mrs Greer".

Mrs Patricia Mary Greer
Staff Nurse

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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Page 1 of 2

Department of ENT
Dr Gray's Hospital
Elgin
IV30 1SN



Tel: 0845 4566000 Secretary: 01343 567919
Appointment & Referral Queries: 01343 567882

Mr Angus Cain
Consultant ENT Surgeon

ENT Clinic - 4th May 2015

AJC/LC

Dr S Davidson
Linkwood Medical
The Glassgreen Centre
Elgin
Moray
IV30 6GQ

CHI: 2601742178

NO Paper Copy Required For GP

Date Dictated: 04/05/2015
Date Typed: 04/05/2015

Dear Dr Davidson

Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
IV30 4AS

I saw this gentleman in the clinic today who has a slightly multifactorial problem with his nose and throat. Although he feels that things are not much better, on close questioning the majority of his throat symptoms seem to have improved on the Omeprazole. He still has nasal congestion and was asking today about antihistamine treatment.

On examination he has significant rhinitis although the CT has been reasonably clear showing the sinuses to be okay. He has quite marked redness in the back of the throat in keeping with reflux. Allergy testing today did show he has a slight allergy to pollen.

I have reassured him that his sinuses are normal with the only signs on the scan being of previous surgical intervention. He has recently started on an antihistamine and should continue with this to see whether it makes a difference to his symptoms.

James Jackson (2601742178)

This letter is viewable in SCI Store

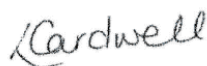
W15 Confidential Personal data should not be shared

Page 2 of 2

I suspect the mainstay of his treatment however will be firstly to stop smoking, secondly to take a regular steroid nasal spray to control the rhinitis and thirdly to add in a raft forming alginate to reduce the reflux load on the back of the throat and the post nasal space.

I have reassured him regarding all of this and at the present time he will not need further ENT review.

Yours sincerely



Mrs Laura Cardwell
ENT Medical Secretary
Signed on behalf of: Mr Angus John Cain
Consultant Otolaryngologist

James Jackson (2601742178)

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Page 1 of 2

Department of ENT
Dr Gray's Hospital
Elgin
IV30 1SN



Tel: 0845 4566000 Secretary: 01343 567919
Appointment & Referral Queries: 01343 567882

Mr Steven Ross
ENT Specialist Registrar

ENT Clinic – 6th April 2015

SKR/EG

Dr Davidson
Linkwood Medical
The Glassgreen Centre
Elgin
Moray
IV30 6GQ

CHI: 2601742178

NO Paper Copy Required For GP

Date Dictated: 06/04/2015
Date Typed: 15/04/2015

Dear Dr Davidson

Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
IV30 4AS

Many thanks for referring the above gentleman. He has a real mixture of symptoms and they have been worse over the last 2-3 weeks, namely he has problems with nasal blockage, dry mouth, throat discomfort, sleep disordered respiration, chest discomfort and pins and needles in his arms. His Epworth score is 16 and his BMI is 35.6. Unfortunately a trial of Flixonase spray has not helped his nose previously. He previously had a CT scan. He also has issues with headaches. His voice has also been croaky and he is a smoker.

Past history also includes hiatus hernia.

Within his nose he had generalised rhinitis with lots of thick mucopus. His oropharynx was generally inflamed and there was no palpable lymphadenopathy. Laryngoscopy showed a generally inflamed larynx which was smooth. Listening to his chest he was really quite wheezy in all zones.

In summary I think his current symptoms are multifactorial. Namely upper respiratory tract infection, possible lower respiratory tract infection, suspected sleep apnoea and laryngopharyngeal reflux.

James Jackson (2601742178)

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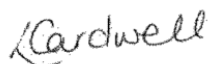
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Page 2 of 2

In the first instance I have given him a handwritten note for a course of Augmentin given his persistent symptoms. I have explained that his problems may well be viral. By copy of this letter to our Respiratory colleagues, I will refer him for a sleep study and I am very grateful for their help. Given his wheeze in his chest and discomfort, I have taken the liberty of asking that the gentleman makes contact with the Practice, as he may well also warrant an inhaler.

We will see him again in 4-6 weeks time. I have not arranged a chest x ray as yet, but it is something we may need to do in due course. Thank you in anticipation.

Yours sincerely



Mrs Laura Cardwell
ENT Medical Secretary
Signed on behalf of: Mr Steven Kenneth Ross
ENT - Specialty Doctor

Cc - Respiratory Team Respiratory Department ARI Foresterhill Aberdeen
AB25 2ZN

James Jackson (2601742178)

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NHS GRAMPAIN		N 63152	
THIS FORM IS PRINTED ON N.C.R. PAPER. PLEASE USE A BALL POINT PEN ON HARD SURFACE. PLEASE ENSURE ALL COPIES ARE LEGIBLE.		RECOMMENDED OUT-PATIENT THERAPY	
HOSPITAL Elgin		SURNAME JACKSON	2601742178
CONSULTANT Mr. C. J. ...		FIRST NAME S. SPEY COURT	UNIT No. CH
WARD/DEPT. ENT		ADDRESS ELGIN IU38 4AS	SEX M
AGE	POST CODE	26 JAN 1974	MARITAL STATUS DATE OF BIRTH
G.P.'s NAME	G.P.'s ADDRESS	*2601742178*	

Dear Dr

Your patient who is under the care of Dr./Mr.

was seen at the above out-patient clinic today. It is recommended that the following therapy be prescribed as listed below

*Detailed letter will/will not follow. *I have/have not arranged for the patient to be given a _____ days supply.

*Delete as necessary.

COMMENTS

A SUPPLY SHOULD ONLY BE MADE VIA THE HOSPITAL PHARMACY WHERE THERE IS A CLINICAL REQUIREMENT FOR TREATMENT TO COMMENCE IMMEDIATELY. In these circumstances a 14 days supply will normally be dispensed.

A 'C' in the Duration of Treatment column denotes continuing treatment unless otherwise specified in days.

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FORM S1281 (Jan. 1995)

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NHS Grampian

Dept of ENT
Dr Gray's Hospital
Elgin IV30 1SN
Telephone 01343 567990
Fax 01343 567925

NHS
Grampian

Enquiries to ENT Secretary
Email suzy.evans@nhs.net

APPOINTMENT QUERIES: (01343) 567329

AJC/SE/0520734

Dr A McClure
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
Elgin
IV30 6GQ

CRN: 0520734A
CHI: 2601742178

Date Dictated: 08/06/2010 Date Typed: 14/06/2010

Dear Dr McClure

Mr James Jackson (26/01/1974) 8 Spey Court, Elgin, Morayshire, IV30 4AS

This gentleman failed to attend his ENT follow up today but I see that his recent CT scan was clear.

I will not send a further appointment at present.

Yours sincerely


Mr Angus Cain
Consultant Otolaryngologist

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NHS Grampian

Dept of ENT
Dr Gray's Hospital
Elgin IV30 1SN
Telephone 01343 567990
Fax 01343 559227

NHS
Grampian

Enquiries to ENT Secretary
Extension 67990
Direct Line 01343 567990
Email lorna.stewart2@nhs.net

AC/AG/0520734A

Dr A McClure
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
ELGIN
Moray
IV30 6GQ

CRN: 0520734A
CHI: 2601742178

Date Dictated: 4.5.2010 Date Typed: 13.5.2010

Dear Dr McClure

James Jackson (26.1.1974) 8 Spey Court, Elgin, IV30 4AS

This gentleman's recent CT scan was essentially normal other than some surgical change in the left maxillary sinus. He is due to be seen back in the clinic to see how he is getting on.

Many thanks.

Yours sincerely



Mr Angus Gair
Consultant ENT Surgeon

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NHS Confidential: Personal data about a patient

NHS Grampian

Dept of ENT

Dr Gray's Hospital
Elgin IV30 1SN
Telephone 01343 567990
Fax 01343 559227



Enquiries to ENT Secretary
Extension 67990
Direct Line 01343 567990
Email loma.stewart2@nhs.net

SR/JAT/0520734

Dr A. McClure
Linkwood Medical
The Glassgreen Centre
2 Thornhill Drive
Elgin
IV30 6GQ

CRN: 0520734A

CHI: 2601742178

Date Dictated: 02/03/2010 Date Typed: 17/03/2010

Dear Dr McClure

Mr James Jackson (26/01/1974) 8 Spey Court, Elgin, IV30 4AS

Many thanks for referring the above 36 year old gentleman who presents with post-nasal drip and hoarse voice. It has been a problem for the last couple of years. He has a thick postnasal drip and clears his throat. He does this quite violently in the morning and he has a hoarse voice which has fluctuated over the last year. His throat clearing is so violent that he does occasionally vomit. His sense of smell remains subjectively normal and he says it is not frankly blocked. He gets green nasal discharge. He has been on Flixonase Spray but with no great help. He feels as if his ears pop. He gets frontal headaches a couple of times a week. He is a smoker.

Past medical history includes a hiatus hernia and what he said was anastomies aged 17 for nasal polyps. He is on Omeprazole.

On examination he had generalised rhinitis within the nose. The nasal septum is buckled. He had a smooth swelling in the left middle meatus. In his post-nasal space he had thick mucus. Flexible laryngoscopy showed generalised laryngitis with smooth vocal cords.

In summary he does have generalised rhinitis with a buckled septum. He had a slightly abnormal area in the left middle meatus which is most likely secondary to simple rhinitis. However, I think this will need to be reassessed. I think his laryngitis is secondary to vocal abuse.

Cont./....

NHS Confidential: Personal data about a patient

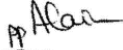
Mr. James Jackson

- 2 -

CRN: 0520734

In the first instance I have converted him to Flixonase nasal drops and given him advice on nasal douching. Because of the above findings, I have requested a CT scan of his paranasal sinuses and some advice to avoid throat clearing. We will see him with the results in a couple of month's time. He does work shift pattern offshore and hopefully our mutual schedules will coincide.

Yours sincerely



Dr. Steven Ross
Specialist Registrar in ENT

THIRD PARTY COPY
THIRD PARTY COPY

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E.N.T. Department,
Wards 1 and 2. **ABERDEEN ROYAL INFIRMARY**
Telephone No. 681818

* NF/AA/520734

FORESTERHILL
ABERDEEN
AB9 2ZB

Dr. A. Blain,
Braco Lodge,
Mayne Road,
ELGIN.

Dictated 8th September, 1989.
Typed 11th September, 1989.

Dear Dr. Blain,

Re: James Jackson, (26.1.74), Andrew Thomson House, Bishopmill, Elgin.

This man had antral lavage and left intranasal antrostomy carried out on the 5th September. Both inferior turbinates were noted to be fairly bulky. No discrete polyps were seen but blobs of dried out pus were hanging from the roof of the nose mimicking polyps; these were all cleared out. Lavage yielded a large amount of pus on the left, a sample of which was sent for culture, thus intranasal antrostomy was fashioned on the left and quite polypoid antral mucosa was stripped and cleared. The right sinus was washed out but no pus was obtained on this side. He was started on Augmentin for a week and was allowed home after the Vaseline pack had been removed from the left nasal cavity.

He is to be reviewed in one month's time.

Yours sincerely,

NEIL FROST,
Locum ENT Registrar.

c.c. Elgin Notes.

Filename: James Jackson - 19.pdf
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Collect Surgery

L 07343

RECOMMENDED OUT-PATIENT THERAPY

THIS FORM IS PRINTED ON N.C.J. PAPER. PLEASE USE A BALL POINT PEN ON THE HARD SURFACE. PLEASE ENDSURE ALL COPIES ARE LEGIBLE.		SURNAME FIRST NAMES ADDRESS POST CODE BAR CODE G.P.'s ADDRESS		Jackson Mr James 8 Spey Court Elgin IV30 4AS  #0520734A#		0520734A UNIT No. CH SEX MARITAL STATUS DATE OF BIRTH	
HOSPITAL ELGIN CONSULTANT Mr Cairn WARD/DEPT. AGE							
G.P.'s NAME							

Dear Dr.

Dear Dr. _____

Your patient who is under the care of Dr./Mr. _____

Your patient who is under the care of Dr./Mr. _____ was seen at the above out-patient clinic today. It is recommended that the following therapy be prescribed as listed below.

was seen at the above out-patient clinic today. It is recommended that the following therapy be continued as follows: 11 have/have not arranged for the patient to be given a _____ days supply.

*Delete as necessary.

COMMENTS:

rhinosinusitis

A SUPPLY SHOULD ONLY BE MADE VIA THE HOSPITAL PHARMACY WHERE THERE IS A CLINICAL REQUIREMENT FOR TREATMENT TO COMMENCE IMMEDIATELY. In these circumstances a 14 days supply will normally be dispensed. A 'C' in the Duration of Treatment column denotes continuing treatment unless otherwise specified in days.

[illegible]

****MEDICINES WILL NOT BE DISPENSED WITHOUT A DOCTOR'S SIGNATURE IN THIS SPACE**

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FORM 51281 (Jan. 1995)

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WEST GRAMPIAN HEALTH SERVICES UNIT

Dr Gray's Hospital, Elgin, Morayshire, IV30 1SN
Telephone 0343-543131.

Our Ref: NF/DC/74568

Your Ref:

21st August 1989

Dr. A. Blain,
Brace Lodge,
Mayne Road,
Elgin

Dear Dr. Blain,

RE.: James Jackson, Andrew Thomson House, Bishopmill, Elgin, (26.1.74.)

Thank you for your letter about this young man who certainly has a nose full of pus. He blew a considerable amount of this out this morning and even despite this, there was still a large amount of purulent discharge. This is certainly the cause of his chronic sinusitis and obstruction. Additionally, there was a polypoid swelling in the left nasal cavity which I feel is probably a polypoid turbinate but may be a discrete polyp. I will arrange for him to be put on our list for antral lavage, intra-nasal antrostomy and biopsy of the nasal polyp on the left fairly soon.

Yours sincerely,

Dr. N. Frost
ENT Registrar

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4715

Outpatients GP Report

DR GRAY'S HOSPITAL
ELGIN
IV30 1SN
Tel: 01343 543131

MR James Jackson
8 SPEY COURT
UNKNOWN
UNKNOWN
IV30 4AS
PAS 0520734A CHI: 2601742178

3486117 327071
DR R J LOWE
ELGIN MEDICAL CENTRE
10 VICTORIA CRESCENT
MORAYSHIRE
IV30 1RF

Procedure Date: 28/09/2009

Date of Referral: 31/08/2009

Indication: Reflux

Mode of Referral: Routine Out Patient

Medical History: Reflux disease, Gastritis

Family History: Duodenal Ulcer, Duodenal Ulcer

Medication: Losec

Symptom: Vomiting, Eructation

Diagnosis:

Review Date: 28/09/2009

Indication:

Change in Treatment ☒ PPI at 20mg OD for 2-3 months then reduce to 10mg OD maintenance

Patient Recommendations: Discussed diet and lifestyle and brief smoking cessation advice. Advised to reduce PPI to 10mg dose as lifestyle modifications take effect. Agreed review in 6 months

GP Recommendations: Please continue PPI at 20mg dose for 2-3 months then reduce to 10mg OD. Noted recent anti-biotic therapy for recurrent tonsillitis and feels he has ongoing sinus problems, suggest consider ENT referral.

Follow Up: OPD - Sr Aitken - 24 Weeks

If you would like to discuss these results please contact the number below

signed.....
Sr. B.Aitken, Endoscopy Nurse Practitioner

Date: 28/09/2009
01343 567508

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18-May-2023 CAROL ANDERSON
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Filename: James Jackson - 23.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

4463

Gastroscopy GP Report

DR GRAY'S HOSPITAL
ELGIN
IV30 1SN
Tel: 01343 543131

MR James Jackson
8 SPEY COURT
UNKNOWN
UNKNOWN
IV30 4AS
PAS 0520734A CHI: 2601742178

3486117 327071
DRRJ LOWE
ELGIN MEDICAL CENTRE
10 VICTORIA CRESCENT
MORAYSHIRE
IV30 1RF

Procedure Date: 29/06/2009

Date of Referral: 22/04/2009

Indication: Reflux

Mode of Referral: Direct Access Routine

Medical History: Reflux disease

Family History: Duodenal Ulcer, Duodenal Ulcer

Medication: Losec

Symptom: Vomiting, Eructation

OESOPHAGUS Biopsy 2 ScopeNumber: 563

Grade 4 Oesophagitis

Moderate Hiatus Hernia

Medications:
Throat Spray Used.
Sedation: Midazolam (6mg
no reversal used

STOMACH Biopsy 0

Antral gastritis

CLO Taken: negative

Bile: ++

DUODENUM Biopsy 0

Normal

CLO at 24hours:
Not Available
CLO (helicobacter test)
Result will be
forwarded if positive
by 24hours



There were no complications

Patient Recommendations: Please take omeprazole twice daily for 4wks then reduce to daily. Phone review will be arranged in 4 wks

GP Recommendations: stopped smoking 2 months ago

Bile refluxate, suggest continue regular bd PPI for 4wks the daily for 4 months with diet and lifestyle advice

Follow Up: Phone call - 4 Weeks

If you would like to discuss these results please contact the number below

Signed:
Sr. B. Aitken, Endoscopy Nurse Practitioner

Date: 29/06/2009
01343 567508

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18-May-2023 CAROL ANDERSON
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Filename: James Jackson - 24.pdf
Extension: .tif
Pages:

Dr Gray's X-ray		RADIOLOGY REPORT	
Name: James Jackson	Referrer: Dr Rachel Lowe DR A SIMPSON	CHI No: 2601742178	Page 1 of 1
Address: 8 Spey Court Elgin Morayshire	Address: LINKWOOD MEDICAL THE GLASSGREEN CENTRE 2 THORNHILL DRIVE ELGIN MORAY IV30 6GQ	Book No: 37956186	
Postcode: IV30 4AS			
D.O.B. 26/01/1974			
Exam Date: 17/12/2020	Exam: XR Chest		
Chest PA. Comparison is made with the previous examination of 28 November 2013. No significant interval change. No acute focal pulmonary abnormality. Normal heart and mediastinal outlines. Reported by Dr Struan Wilkie, Consultant Radiologist. Dr Gray's Hospital. GMC 6074098 Reported By: Dr Struan Wilkie (Consultant Radiologist) Reported Date: 21/12/2020 Verified By: Dr Struan Wilkie, Consultant Radiologist Verified Date: 21/12/2020			

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NHS Confidential: Personal data about a patient

NHS Grampian, Dr Gray's Hospital		RADIOLOGY REPORT	
Name: James Jackson	Referrer:	DR. PETER RICHARD WILLIAMS	CHI No: 2601742178
Address: 8, Spey Court	Address:	OP AE DR GRAYS DR GRAYS HOSPITAL ELGIN	Sec.ID: 0520734A
Elgin Morayshire			Book No: 32181933
Postcode: IV30 4AS		IV30 1SN	Winkwood
D.O.B. 26.01.1974			

Exam Date: 28.11.2013 Exam: XR Chest

Clinical information - gradually worsening central pleuritic-type pain today, associated breathlessness with dry cough.
Marked wheeze.

The heart is not enlarged, and the lungs are normally expanded and clear.

Reported By: Dr Ken Brown, Consultant Radiologist
Reported Date: 29/11/2013
Verified by: Dr Ken Brown, Consultant Radiologist on 29/11/2013

Reported Date: 29/11/2013
Reported By: Dr Ken Brown, Consultant Radiologist

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18-May-2023 CAROL ANDERSON
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Filename: James Jackson - 27.pdf
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PATIENT REFERRAL - Routine

To: Dr Gray's Hospital
Clinic: Radiology
Date: 19 August 2011

PATIENT DETAILS

Title	Surname	Forenames
Mr	Jackson	James
Sex:	Male	
Date of Birth	26/01/1974	
CHI Number	2601742178	
Address:	8 Spey Court Elgin Moray IV30 4AS	
Telephone:	Home: 01343 552976	

PRACTICE DETAILS

Referring G.P. Dr J T Wilson
Practice Address Linkwood Medical
The Glassgreen Centre
Thornhill Drive
Elgin
Postcode IV30 6GQ
Telephone 0845 337 6350

Reason for referral

Thank you for seeing this 37 year old man who has had a significant assault at the beginning of this year. Since then he has frequent headaches and he presented today following another minor head injury when he felt numbness on the right side of his face he also gets episodes of up to 20 times a day of sudden shooting pains on the right side of his face.

I wonder whether he may have a general neuralgia but he is extremely anxious that "there is something else going on in his brain".

I discussed the likelihood of there being a brain tumor or a significant bleed following his head injuries but this has failed to reassure him.

I would be grateful if he could have a CT scan to exclude any significant intracranial pathology.

Past Medical History (Summary)

NOT Confidential: Personal data about a patient

10/11/1987 Free skin graft left knee/leg foot. donor site thigh
05/09/1989 Intranasal antrotomy
29/09/1993 Head injury Problem=Dormant
28/06/2010 X-ray report received X-ray report received Dr Grays Hospital
X-ray
12/01/2011 Head injury
17/08/2011 Trigeminal neuralgia NOS
15/06/2010 Knee pain
04/05/2011 Smoking cessation advice
20/11/2006 Ethnic groups (census)
09/09/2010 Infective otitis externa
19/10/2009 Chronic rhinitis
26/01/1974 Immunisations
01/10/2008 Reflux oesophagitis
29/04/2009 Cellulitis and abscess of hand NOS
21/08/1989 Nasal polyps
21/11/2006 New patient screen
28/07/2009 [D]Musculoskeletal chest pain
29/12/2010 Open wound of head NOS
24/09/2009 Acute tonsillitis

Sensitivities**Current Medication**

OMEPRAZOLE gastro-res cap 20mg TAKE ONE TWICE A DAY
MAINTAINANCE DOSE
FLUTICASONE PROPIONATE aqueous nasal spray 50 mcg/spray 2
PUFFS

Signature of Doctor:**Print Name:****Date:**

19 August 2011

Dictated:

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Filename: James Jackson - 26.pdf
Extension: .tif
Pages:

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NHS Grampian Dr. Gray's Hospital Radiology Department		Tel: 01343-567495 Fax:	2601742178 2601742178 Jackson, James 8, Spey Court Morayshire IV30 4AS Elgin
Elgin IV30 1SN		Date of birth 26/01/1974 Request GBRDGH0000529893 ExamNr: GBRDGH0000623678	
Report recipient LINKWOOD MEDICAL GLASSGREEN CENTRE 2 THORNHILL DRIVE ELGIN IV30 6GQ			
Referral source GLASSGREEN CENTRE 2 THORNHILL DRIVE ELGIN IV30 6GQ		Referring clinician DR J T WILSON	Request date 30/08/2011
Requested examination(s) CT BRAIN			
Clinical details Thank you for seeing this 37 year old man who has had a significant assault at the beginning of this year. Since then he has frequent headaches and he presented today following another minor head injury when he felt numbness on the right side of his face he also gets episodes of up to 20 times a day of sudden shooting pains on the right side of his face. I wonder whether he may have a general neuralgia but he is extremely anxious that "there is something else going on in his brain". I discussed the likelihood of there being a brain tumour or a significant bleed following his head injuries but this has failed to reassure him. I would be grateful if he could have a CT scan to exclude any significant intracranial pathology.			
Reason for referral			
Author: KOTEESWARAN (Medica), DR. SHIVA Authorised by: KOTEESWARAN (Medica), DR. SHIVA Clinician info:		Document date: 22/09/2011 Clinician info: 22/09/2011 Secretary: KOTEESWARAN (Medica), DR. SHIVA	
21/09/2011 CT BRAIN			
CT HEAD - NON CONTRAST			
No significant intracranial abnormality is seen. In particular, there is no evidence of an intra or extra axial space occupying lesion. There is currently no CT evidence of raised intra cranial pressure.			
Reported by Dr. S Koteeswaran, Medica Radiologist.			

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NHS Grampian
Dr. Gray's Hospital
Radiology Department

Tel. 01343-567495
Fax

2601742178
0520734A
JACKSON, JAMES
8 SPEY COURT
ELGIN

Elgin
IV30 1SN

IV30 4AS MORAYSHIRE

Report recipient

Date of birth 26/01/1974

Request GBRDGH0000475482

ExamNr: GBRDGH0000565713

LINKWOOD MEDICAL
GLASSGREEN CENTRE
2 THORNHILL DRIVE
ELGIN
IV30 6GQ

Referral source

Referring clinician
DR J T WILSON

Request date
18/06/2010

GLASSGREEN CENTRE
2 THORNHILL DRIVE
ELGIN
IV30 6GQ

Requested examination(s) KNEE R

Clinical details

Thank you for seeing this 36 year old man who is complaining of severe pain in his right knee, which came on while running. He has pain on weight bearing. There was no swelling developed. On examination he had a good range of movement both active and passive, there was no swelling, the joint was stable but he was very tender at the proximal end of his tibia. I wonder whether he may have developed a stress fracture of his tibia and would be grateful if he could have an xray of his right tibia.

Reason for referral

Author: CRAM (Medica), DR. LESTER
Authorised by: CRAM (Medica), DR. LESTER
ClinicInfo:

Document date: 23/06/2010
ClinicInfo: 23/06/2010
Secretary: CRAM (Medica), DR. LESTER

22/06/2010 KNEE R

There is no bone or joint abnormality identified.
There is no fracture identified.

Reported by Dr Lester Cram Medica Radiologist

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Pages:

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PATIENT REFERRAL - Routine

To: Dr Gray's Hospital
Clinic: Radiology
Date: 16 June 2010

PATIENT DETAILS

Title	Surname	Forenames
Mr	Jackson	James
Sex:	Male	
Date of Birth	26/01/1974	
CHI Number	2601742178	
Address:	8 Spey Court Elgin Moray IV30 4AS	
Telephone:	Home: 01343 552976	

PRACTICE DETAILS

Referring G.P.	Dr J T Wilson
Practice Address	Linkwood Medical The Glassgreen Centre Thornhill Drive Elgin
Postcode	IV30 6GQ
Telephone	0845 337 6350

Reason for referral

Thank you for seeing this 36 year old man who is complaining of severe pain in his right knee, which came on while running. He has pain on weight bearing. There was no swelling developed. On examination he had a good range of movement both active and passive, there was no swelling, the joint was stable but he was very tender at the proximal end of his tibia. I wonder whether he may have developed a stress fracture of his tibia and would be grateful if he could have an xray of his right tibia.

Past Medical History (Summary)

10/11/1987	Free skin graft	left knee/leg foot. donor site thigh
05/09/1989	Intranasal antrostomy	
29/09/1993	Head injury	Problem=Dormant
15/08/2010	Knee pain	
20/11/2006	Ethnic groups (census)	

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19/10/2009 Chronic rhinitis
26/01/1974 Immunisations
01/10/2008 Reflux oesophagitis
29/04/2009 Cellulitis and abscess of hand NOS
21/08/1989 Nasal polyps
21/11/2006 New patient screen
28/07/2009 [D]Musculoskeletal chest pain
24/09/2009 Acute tonsillitis

Sensitivities

Current Medication

BECLOMETASONE aqueous nasal spray 50micrograms/actuation TWO
PUFFS TWICE DAILY EACH NOSTRIL
FLIXONASE aqueous nasal spray 50 micrograms/spray TWO PUFFS
ONCE DAILY
FLUTICASONE unit dose nasal drop 400micrograms/unit USE 6 DROPS
TWICE A DAY TO BOTH NOSTRILS FOR 2 MONTHS
OMEPRAZOLE gastro-res cap 20mg TAKE ONE TWICE A DAY
MAINTAINANCE DOSE

Signature of Doctor:

Date:

16 June 2010

Dictated:

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Filename: James Jackson - 30.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

NHS Grampian Dr. Gray's Hospital Radiology Department		Tel. 01343-567495 Fax	0520734A 2601742178 JACKSON, JAMES 8 SPEY COURT
Elgin IV30 1SN	IV30 4AS ELGIN		Date of birth 26/01/1974
Report recipient	Request GBRDGH0000463791 ExamNr: GBRDGH0000552501		
LINKWOOD MEDICAL GLASSGREEN CENTRE 2 THORNHILL DRIVE ELGIN IV30 6GQ		Copy	
Referral source E.N.T. CLINIC	Referring clinician MR A CAIN MR A CAIN DR. LONE	Request date 04/03/2010	
GLASSGREEN CENTRE 2 THORNHILL DRIVE			
Requested examination(s) Clinical details		CT SINUSES	
Reason for referral			
Author: FORBAT, DR S	Document date: 25/03/2010		
Authorised by: FORBAT, DR S	ClinicInfo: 25/03/2010		
ClinicInfo:	Secretary: FORBAT, DR S		
25/03/2010 CT SINUSES			
History. Nasal blockage with facial pain. Rhinitis. Swelling in left middle meatus.? Sinusitis.			
Evidence of previous surgery in the left maxillary sinus. There is deviation of the nasal septum towards the right. There is mucosal thickening in both maxillary antra, more prominent on the right. The right osteomeatal complex is patent. The ethmoid air cells, frontal sinuses and sphenoid sinuses are clear.			

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Filename: James Jackson - 32.pdf
Extension: .tif
Pages:

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TEST RESULTS (TELEPHONE)

Patient's Name: JAMES JACKSON

Date of Birth: 26 JAN 1974

Address: 8 SPEY COURT, ELGIN

Date of Test: 14 SEPT 2015

MORAY, N30 4AS

Date of Result: 16 SEPT 2015

Type of Test: STOOL

Doctor: M. GREGOR

Result: POSITIVE; CAMPYLOBACTER

Sensitive to: Amoxicillin ☐

Augmentin ☐

Cefotaxime ☐

Cefradine ☐

Cefuroxime ☐

Ciprofloxacin ☐

Clindamycin ☐

Co-Amoxiclav ☐

Co-Trimoxazole ☐

Erythromycin ☐

Flucloxacillin ☐

Gentamycin ☐

Nitrofurantoin ☐

Tetracycline ☐

Trimethoprim ☐

Has the patient been informed: YES/NO

Result Taken By: Kelly George

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Filename: James Jackson - 31.pdf
Extension: .tif
Pages:

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NHS Grampian Dr. Gray's Hospital Radiology Department		Tel: 01343-567495 Fax	0520734A 2601742178 JACKSON, JAMES 8 SPEY COURT
Elgin IV30 1SN		IV30 4AS ELGIN	
Report recipient: ELGIN MEDICAL CENTRE 10 VICTORIA CRESCENT ELGIN		Request GBRDGH0000431636 Date of Birth 26/01/1974 Copy	
IV30 1RQ Referral source: A&E		Referring clinician: MR ANDRE VAN NIEKERK (LOCUM) RL	Request date: 18/04/2009
10 VICTORIA CRESCENT ELGIN			
Examination(s): HAND L			
Clinical details:			
Reason for referral:			
Author: SUBEDI (Sp.R), DR. NAWARAJ Authorised by: ADDISON, DR.		Report date: 21/04/2009 Secretary: DONALD, DAWN	
18/04/2009 LEFT HAND			
History - Punched someone last night. Swelling over 2nd, 3rd and 4th metacarpals, tender over the same.			
No acute bony injury.			
Reviewed with Dr Addison.			

THIRD PARTY COPY

File	
Notes	
Prescription to Collect	
To Make Appointment	
24 APR 2009	
Administrative	
if Patient Satisfied	
Normal / Abnormal	
Abnormal - Comment?	
Pass to	
Seen By	

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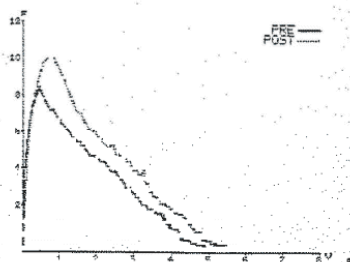
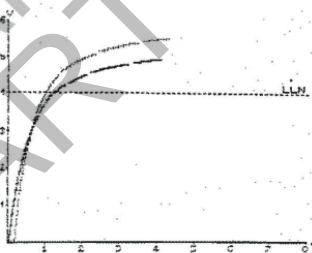
DATE: 2/6/15

NAME: James Jackson
REFERENCE NO: 260174
AGE: 41 db. 26/01/74
HEIGHT: 181 CM.
SEX: MALE
ETHNIC ORIGIN: CAUCASIAN
PREDICTION REFERENCE: E.C.C.S.

SOFTWARE REF. NO: 60.201 ISSUE 4
CALIBRATION UPDATE DATE: 2/6/15
CALIBRATION CHECK DATE: 2/6/15

PRE: 6 TESTS, BEST WITHIN 7%
POST: 5 TESTS, BEST WITHIN 5% best effect.

	PRE			POST			CHANGE
	PRED	MERS	%	MERS	%	%	
UC	5.24	4.56	87	5.00	95	9	
FVC	5.00	4.95	99	5.48	110	10	
FEV1	4.10	3.78	92	4.26	104	13	
FEV1 %	80	76	-4	78	-2	3	
PEF	570	504	88	600	105	17	
FEF25-75	4.45	3.02	68	3.56	80	16	
FEF25	8.22	5.80	71	7.10	86	20	
FEF50	5.24	3.50	67	4.40	84	23	
FEF75	2.32	1.30	56	1.50	65	14	



Reversed by 500mls.

Filename: James Jackson - 34.pdf
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Pages:

ages.

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Aberdeen Royal Infirmary Virology

Name & Address	Patient No.	Report Address	Ward
JACKSON, JAMES	2601742178	Dr A. McClure	ZELG1
8 SPEY COURT	2601742178	Victoria Cresc. Medical Centre	
ELGIN		10 Victoria Crescent	
	26/01/1974	ELGIN	

*****MICRO SEROLOGY*****

Helicobacter pylori IgG EIA <18.0
Negative

13 JAN 2009

Authorised by: Jennifer Fayerman

Spec. No:310211Specimen Date:05/01/2009Date received:05/01/2009
Page:1 Specimen:Venous Blood Date reported:09/01/200911:00

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Pages:

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ABERDEEN ROYAL INFIRMARY		BIOCHEMISTRY/HAEMATOLOGY	
JACKSON, JAMES	2601742178	Dr A. McClure	ZELG1
8 SPEY COURT	2601742178	Victoria Cresc. Medi	
ELGIN		10 Victoria Crescent	43
	26/01/1974	ELGIN	

Specimen Date/Time Lab No
05/01/2009 u/k 363826

		Ref. Range	Units
HB	144	(140 - 180)	g/l
RBC	* 4.8	(5.0 - 6.0)	x10 ¹² /l
HCT	0.42	(0.42 - 0.54)	l/l
MCV	87	(83 - 98)	fl
MCH	30	(27 - 32)	pg
FLT	385	(140 - 400)	x10 ⁹ /l
MPV	8.3	(7.0 - 10.4)	fl
WBC	7.4	(4.0 - 10.0)	x10 ⁹ /l
NEUTM	3.85	(1.5 - 7.0)	x10 ⁹ /l
EOSM	0.07	(0.0 - 0.5)	x10 ⁹ /l
LYMPHM	3.03	(1.5 - 4.0)	x10 ⁹ /l
MONOM	0.44	(0.2 - 0.8)	x10 ⁹ /l

1. Name of Applicant: John Doe
 2. Date of Birth: 01 JAN 2000
 3. Address: 123 Main Street
 4. City: Springfield
 5. State: IL
 6. Zip: 62761
 7. Social Security Number: 123-45-6789
 8. Signature: [Signature]
 9. Date: 01 JAN 2000
 10. Pass to: Seen by

Report Date 06/01/2009 Report Time 15:45

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ABERDEEN ROYAL INFIRMARY
JACKSON, JAMES 2601742178 Dr Sarah-Jane McGregor ZELG1
8 SPEY COURT 2601742178 Victoria Cresc. Medi
ELGIN 26/01/1974 10 Victoria Crescent 43
ELGIN

Specimen Date/Time Lab No
03/10/2008 u/k 006153

		Ref. Range	Units
Cholesterol	4.2	(3.4 - 5.2)	mmol/L
HDL Cholesterol	1.2	(0.8 - 1.9)	mmol/L
LDL Cholesterol	2.7	(1.4 - 5.0)	mmol/L
Tot Chol / HDL Ratio	3.6		
Triglyceride	0.86	(0.6 - 2.0)	mmol/L

File
Notes
Prescription to Collect
To Make Appointment
- 6 OCT 2008
Diagnosis
All Patient Result
Normal / Negative
Abnormal - Comment
40510
PL

Report Date 03/10/2008 Report Time 20:15

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Filename: James Jackson - 38.pdf

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Pages:

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	64127	Receive Date:	9-Aug-2019 06:49
Patient's Name:	James Jackson	Gender:	M
Date of birth:	26-Jan-1974 (45 years)	Current Address:	8 Spey Court Elgin
Address:	8 Spey Court Elgin		
	IV30 4AS		IV30 4AS
Return Contact No:			
Tel No:	07873 610515		07873 610515
Mobile No:			
Priority:	4 Hours	Call Origin:	NHS24
Received:	9-Aug-2019 06:49	Calltype:	NHS24 Advice
Advised:	06:59	Arrived PCC:	
Cons start:		Cons End:	

Consulting Doctor:	Own doctor:	Rachel Lowe
--------------------	-------------	-------------

NHS Number:

2601742178

Reported Condition:

STRUGGLING TO BREATHE - SINCE WEDNESDAY NIGHT

Followups:

None

NHSD details:

Questions -

Algorithm: DECISION SUPPORT

Keyword 1

☒ Breathing

Keyword selected

☒ BREATHING

Algorithm:

Does the patient have pain in their chest, either front or back?

--NO

Does the patient have any of the following symptoms (Select one)?

☒ Breathing is causing concern

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Is the patient able to speak in their normal complete sentences?
--YES

Select the additional marker that defines the callers complaint: (Select one)

☒ Struggling to breathe

Does the patient have emphysema or COPD?
--NO

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended interim endpoint:
☒ Clinical issue

Please confirm caller's current location details
☒ The details are still correct

Disposition In-Hours Action: Patient to Own GP within 4 hr
In-Hours Action: Patient to Own GP within 4 hr

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Filename: James Jackson - 37.pdf
Extension: .tif
Pages:

BHD Confidential: Personal data about a patient

Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	98435	Receive Date:	26-Oct-2019 09:09
Patient's Name:	James Jackson	Gender:	M
Date of birth:	26-Jan-1974 (45 years)	Current Address:	8 Spey Court
Address:	8 Spey Court		Elgin

Return Contact No:	IV30 4AS		IV30 4AS
Tel No:	07873 610515		07873 610515
Mobile No:			
Priority:	4 Hours	Call Origin:	NHS24
Received:	26-Oct-2019 09:09	Calltype:	NHS24 Advice
Advised:	10:31	Arrived PCC:	
Cons start:		Cons End:	

Consulting Doctor:		Own doctor:	Rachel Lowe
--------------------	--	-------------	--------------------

NHS Number:
2601742178

Reported Condition:
ABDOMINAL CRAMPS AND DIARRHOEA, OVERNIGHT

Followups:
None

NHSD details:

Questions -

Algorithm: DECISION SUPPORT

Keyword 2
[X] Diarrhoea

Keyword 1
[X] Abdominal

Keyword selected
[X] ABDOMINAL

Algorithm:

Does the patient have any of the following symptoms (Select one)?
[X] None of the above

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Does the patient have pain in their chest, either front or back?

--NO

Select the additional marker that defines the callers complaint: (Select one)

☒ None of the above

Select the descriptor of the keyword that defines callers complaint: (Select one)

☒ Since you became unwell have you had diarrhoea

Select the additional marker that defines the callers complaint: (Select one)

☒ Food poisoning

Algorithm: DECISION SUPPORT

Reason for choosing selected endpoint:

☒ NURSE TRIAGE

Please confirm caller's current location details

☒ The details are still correct

Disposition Contact Pharmacist

Disposition

Contact Pharmacist

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Pages:

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	56557	Receive Date:	13-Sep-2015 08:13
Patient's Name:	James Jackson	Gender:	M
Date of birth:	26-Jan-1974 (41 years)	Current Address:	8 Spey Court
Address:	8 Spey Court		Elgin IV30 4AS
Return Contact No:			
Tel No:	01343 552976		01343 552976
Mobile No:		Call Origin:	Other Professional
Priority:	2 Hours	Calltype:	Advice
Received:	13-Sep-2015 08:13	Arrived PCC:	
Advised:	08:57	Cons End:	
Cons start:		Own doctor:	Rachel Lowe
Consulting Doctor:	Almut Brandl		

NHS Number:
2601742178

Reported Condition:

Symptoms: See previous call - gp would like review advice call this morning
Comments: These cases were received and finished within the last 72 hours: Centre
Consults #55831 at 12-Sep-15 06:53:57

Triage details:

History -	improving, but still hourly bloody diarrhoea over night; got more sleep than the night before though
Examination -	tel.
Diagnosis -	suspected M.Crohn's / Ulcerative Colitis
Treatment -	see own GP tomorrow please

Followups:

Worsening Statement
Patient Advised To Contact GP
Retrospective Advice

Clinical Codes:

J4... Non infective enteritis

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	37797	Receive Date:	14-Feb-2016 07:02
Patient's Name:	James Jackson	Gender:	M
Date of birth:	26-Jan-1974 (42 years)	Current Address:	8 Spey Court
Address:	8 Spey Court		Elgin IV30 4AS
Return Contact No:			
Tel No:	01343 552976		01343 552976
Mobile No:			
Priority:	4 Hours	Call Origin:	NHS24
Received:	14-Feb-2016 07:02	Calltype:	Centre Consults
Advised:	08:45	Arrived PCC:	14-Feb-2016 09:54
Cons start:	14-Feb-2016 10:00	Cons End:	14-Feb-2016 10:17
Consulting Doctor:	Almut Brandl	Own doctor:	Rachel Lowe

NHS Number:
2601742178

Reported Condition:
ABDO PAIN WORSENING SEE A/V

Consultation details:

History -	had similar symptoms before; last time Campylobacter infection, cleared with antibiotic treatment, since 2 days diarrhoea and vomiting; had chicken nuggets and dinner take away the night before it started; still nausea, vomiting and diarrhoea have stopped now, but still abdominal cramps; drinking water. He has been drinking Dioralyte. Working in the middle of the woods. no other health issues Taking Omeprazole and known asthma well controlled no allergy no other PMH
Examination -	up and well, T 36.9C; P 74, O2 sat 96%, oral mucosa fairly dry, abdomen: soft, exaggerated bowel sounds, no tenderness, no guarding, no resistance
Diagnosis -	suspected food poisoning, possibly recurrence of Campylobacter Gastroenteritis?
Treatment -	Buscopan 20 mg i.m. given; Buscopan prn, Dioralyte prn, advice and worsening statement given, drink plenty fluids; stool sample kit to hand in to own GP, please

Prescriptions:
BUSCOPAN tablets 10mg [BOEH INGL] 2 tablets four times a day as required
\$6.00 DIORALYTE CITRUS sachets [AVENTIS] as required 20.00

Followups:
Worsening Statement
Patient Advised To Contact GP
Retrospective Centre Consult

Clinical Codes:
A0812 Gastroenteritis - presumed inf

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NHSD details:

Triage NHSD - This call should be directed via triage telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within two hours.

NHSD Comments - **CRAMPING PAIN IN ABDO. DIARRHOEA AND VOMITING HAVE STOPPED. STILL FEELS LIKE NEEDING TO PASS STOOL BUT NOT PASSING ANYTHING. SYMPTOMS BEGAN ON THURSDAY, BELIEVES HE HAS FOOD POISONING. (User) (Edinburgh)**

Questions -

Algorithm: ILT Assessment

Is the patient conscious and breathing (or is this an expected death call)?
 --YES

Algorithm: Safety Questions Protocol - Adult

Does the patient have pain in their chest, either front or back, and is one of the following (Select one):

☐ Younger than 35 years
☐ Age 35 years or older
☒ No chest pain

Does the patient have any of the following symptoms (Select one)?

☐ Currently choking on something
☐ Breathing is causing concern
☒ Pale, cold and clammy skin to touch now
☐ Has a rash and is unwell
☐ None of the above

Is the patient currently bleeding?

--NO

Has the patient suffered a traumatic injury within the past hour?

--NO

Is the patient displaying any NEW confusion or changes in behaviour?

--NO

Does the patient feel like passing out OR has passed out?

--NO

Notes:

Notes: LIGHTHEADED WHEN PAIN COMES ON

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Algorithm: Keyword Search - Adult

Select the Keyword that defines callers complaint: (Select one)

☒ Abdominal

Algorithm: Abdominal

Select the additional marker that defines the callers complaint:
(Select one)

☐ Any chance of pregnancy, if female over 9

☐ Recent or ongoing chemotherapy

☐ Pain above the belly button and over 25 years old

☒ None of the above

Select the descriptor of the keyword that defines callers
complaint: (Select one)

☐ Known Aortic Aneurysm or Age over 50yrs with pain going
through to the back

☐ Since you became unwell have you vomited?

☐ Since you became unwell have you had diarrhoea?

☐ Since you became unwell have you had new problems passing
urine?

☒ Did the pain wake you or prevent you from sleeping?

☐ Does the pain stop you from standing fully upright?

☐ None of the above

Notes:

Notes: DIARRHOEA AND VOMITING HAVE STOPPED

Do you feel hot to touch now?

--NO

Disposition CS - Priority Two

Disposition -

Contact GP Practice within 4 Hours (as soon as possible)

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Filename: James Jackson - 41.pdf

Extension: .tif

Pages:

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Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	55831	Receive Date:	12-Sep-2015 06:53
Patient's Name:	James Jackson	Gender:	M
Date of birth:	26-Jan-1974 (41 years)	Current Address:	8 Spey Court
Address:	8 Spey Court		Elgin IV30 4AS
Return Contact No:			
Tel No:	01343 552976		01343 552976
Mobile No:			
Priority:	4 Hours	Call Origin:	NHS24
Received:	12-Sep-2015 06:53	Calltype:	Centre Consults
Advised:	08:25	Arrived PCC:	12-Sep-2015 09:29
Cons start:	12-Sep-2015 11:27	Cons End:	12-Sep-2015 11:41
Consulting Doctor:	Almut Brandl	Own doctor:	Rachel Lowe

NHS Number:
2601742178

Reported Condition:
ABDO PAIN 4 DAYS SEE A/V

Consultation details:
History -

since 4 days abdominal pains ; started at Dentist; started laxatives which gave him bowel movements; abdominal cramps with nausea; more and more often small loose, very bloody bowel movements; was given Buscopan yesterday without any improvement. Had been up all night. Never had this before. Took Paracetamol. No appetite; cramps worse after eating; no urinary symptoms. stopped Laxatives yesterday. He returned from Kuba over a month ago; has been in the U.K. last month. He didn't have eggs/ chicken/ icecream before onset.

Known asthma and sleep apnoea; on Omeprazole and known Hiatus hernia.

no allergy

PMH: burn L leg; L ankle shattered; nose surgery

Family History: Father had prostate problems and pancreatitis

and bowel cancer

Examination - up and well, T 36.4C; P 90, O2 sat 95%, BP 144/100, oral mucosa mildly moist, abdomen: soft, very exaggerated bowel sounds, diffuse mild tenderness, no guarding, no resistance, no P.M.

Blood: WBC 11.9, NEUTR 8.9, HB 146, COAG normal; GGT 60, CRP 112, ESR 44, ALL ELSE NORMAL

Diagnosis - suspected Ulcerative Colitis/ M. Crohn???

Treatment - Buscopan 20mg i.m. given; continue Buscopan orally prn; stool sample kit given; Co-Codamol 30/500mg prn, Dioralyte prn, long discussion about starting steroids and advice about side effects of steroids given; wishes to start steroids now: Prednisolone 40mg mane ; increase dose of Omeprazole if needed; please see own GP Monday for follow up and to hand in stool sample kit and probably referral. Worsening statement given!!

Prescriptions:

9156 Confidential Personal data about a subject

DIORALYTE NATURAL sachets [AVENTIS] as required 20.00 BUSCOPAN tablets 10mg [BOEHI INGL] 2 four times a day as required 56.00 co-codamol (codeine and paracetamol) tablets 30mg + 500mg 2 tablets four times a day prn 30.00 prednisolone gastro-resistant tablets 5mg 8 tablets mane with food 28.00

Followups:

Worsening Statement
Patient Advised To Contact GP
Retrospective Centre Consult

Clinical Codes:

J4... Non infective enteritis

NHSD details:

Triage NHSD - TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.

WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately. This call should be directed via consult telephony route.

NHSD Comments - RETURN CALLER - HAS BEEN UNABLE TO SLEEP DUE TO PAIN OVER LAST 4 DAYS. SEEN BY OWN GP PRACTICE YESTERDAY. ALSO HAVING LOOSE BOWEL MOVEMENTS. ((User) (Edinburgh))

OPENED FOR QC ROLE ((User) (Cardonald))

QC ROLE ((Other Clinical User) (Cardonald))

Questions -

Algorithm: ILT Assessment

Is the patient conscious and breathing (or is this an expected death call)?

--YES

Algorithm: Safety Questions Protocol - Adult

Does the patient have pain in their chest, either front or back, and is one of the following (Select one):

☐ Younger than 35 years

☐ Age 35 years or older

☒ No chest pain

Does the patient have any of the following symptoms (Select one)?

☐ Currently choking on something

☐ Breathing is causing concern

☐ Pale, cold and clammy skin to touch now

☐ Has a rash and is unwell

☒ None of the above

Notes:

Notes: SKIN WARM TO TOUCH.

WHS Confidential - Personal data should not be shared

Algorithm: Keyword Search - Adult

Select the Keyword that defines callers complaint: (Select one)

☒ Abdominal

Algorithm: Abdominal

Select the additional marker that defines the callers complaint: (Select one)

- ☐ Any chance of pregnancy, if female over 9
☐ Recent or ongoing chemotherapy
☐ Pain above the belly button and over 25 years old
☒ None of the above

Select the descriptor of the keyword that defines callers complaint: (Select one)

- ☐ Known Aortic Aneurysm or Age over 50yrs with pain going through to the back
☐ Since you became unwell have you vomited?
☒ Since you became unwell have you had diarrhoea?
☐ Since you became unwell have you had new problems passing urine?
☐ Did the pain wake you or prevent you from sleeping?
☐ Does the pain stop you from standing fully upright?
☐ None of the above

Notes:

Notes: HAS BEEN LAXATIVES FOR POSSIBLE CONSTIPATION.

Algorithm: Diarrhoea

Select the additional marker that defines the callers complaint: (Select one)

- ☐ Black stool or Black diarrhoea
☐ Recent or ongoing chemotherapy
☐ Addison's Disease
☐ Diabetes
☐ Vomiting and diarrhoea
☐ Food Poisoning
☐ Recent travel
☐ Loose motions following recent antibiotics
☒ No other symptoms

Notes:

Notes: FEELING NAUSEOUS.

Disposition CS - Priority Three

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18-May-2023 CAROL ANDERSON
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Filename: James Jackson - 42.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Date: 19/04/2009 Time: 04:09:11

Page 14 of 27

Call #: 57136 Received: 18-Apr-2009 11:02 (Action: 18-Apr-2009 10:59)

Patient's Name:	James Jackson	Surgery:	Victoria Cres Med Centre	Received:	10:59
Date of birth:	26-Jan-1974 (Age: 35 years)	Sex:	Male	Passed:	
Home Address:	8 Spey Court			Advised:	
	Elgin IV30 4AS			Arrived:	
Home Tel No:	01343 552976	Origin:	NHS24	Departed:	
Urgency:	4 Hours	Type:	NHS24 Advice		
Time taken from reception to final consultation:					? mins
Consulted by:		Own Doctor:	Lowe, Rachel		

Message received:
CS CUT ON HAND 16 HRS SEE A/V

NHS24 Clinical Summary:
Clinical summary created: 18-Apr-2009
nical User) (Edinburgh) (18/04/2009 10:59:46)
CUT/GASH TO LEFT HAND FOR 16 HOURS AND GASH FROM SOMEONE'S TEETH TO KNUCKLES
YESTERDAY. AREA SWOLLEN, WEEPING SEROUS/BLOODY FLUID. FINGER MOVEMENTS
BECOMING MORE RESTRICTED. TRIED SELF CARE BUT IS WORSENING. REFER A & E AS
SOON AS POSSIBLE

Triage:
WEEPING THIS AM. HIT SOMEONE YESTERDAY WHO TRIED TO ROB HIM CUT HAND ON HIS
TEETH. ((Non-Clinical User) (Edinburgh))

Consultation:
History
Examination
Diagnosis
Treatment

Prescriptions:

Follow-ups:

Call #: 57136 Patient: James Jackson DOB: 26-Jan-1974 (Age: 35 years)

File
Notes
Prescription to Collect
to Make Appointment
18 APR 2009
to Advise
all Patient Result
normal / Negative
normal - Comment ?
ss to
B-

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NHS Confidential: Personal data about a patient

Date 12/01/2009 Time 05:28:47

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Call #: 22256 Received: 11-Jan-2009 12:27 (Action: 11-Jan-2009 12:24)

Patient's Name: James Jackson Surgery: Victoria Cres Med Centre
 Date of birth: 26-Jan-1974 (Age: 34 years) Sex: Male Received: 12:24
 Home Address: 8 Spey Court Advised: _____
 Elgin IV30 4AS Origin: NMS24 Arrived: 14:45
 Home Tel No: 01343 552976 Type: Centre Consults Departed: 15:07
 Urgency: 4 Hours Time taken from reception to final consultation: 140 mins
 Consulted by: Dennis, Theresa Own Doctor: Lowe, Rachel

Message received:

PATIENT CALL SERVICE ON THE 9TH - OUTCOME WAS SELF CARE ADVICE AND TOLD TO TAKE IBUPROFEN... HAS GOT PAIN IN HIS EAR SINCE FRIDAY NIGHT... PAIN STARTING TO SPREAD TO HIS LEFT EAR... CONDITION HAS WORSENED... STATES THAT HE IS NOT SLEEPING PROPERLY ((Non-Clinical User) (Aberdeen))

T/L JEANETTE BROGAN RAPID TRAIGE
 SPOKE TO PATIENT WHO STATES THAT DESPITE REGULAR PAIN RELIEF EAR PAIN CONTINUES
 HAS HAD FLU SYMPTOMS
 FOR PCEC 4HR HUB TO ARRANGE
 WORSENING STATEMENT GIVEN ((Non-Clinical User) (Edinburgh))

C

NMS24 Clinical Summary:

Clinical summary created: 11-Jan-2009
 nical User) (Edinburgh) [11/01/2009 12:27:10]
 EARACHE FOR 6 DAYS AND SEEN BY GP LAST WEEK, TRIAGED BY NMS24 ON 09/01
 ADVISED TO TAKE PAIN RELIEF. HAS DONE SO SYMPTOMS CONTINUE. HAS HAD FLU
 SYMPTOMS. FOR PCEC 4HR HUB TO ARRANGE

Triage:

PATIENT CALL SERVICE ON THE 9TH - OUTCOME WAS SELF CARE ADVICE AND TOLD TO TAKE IBUPROFEN... HAS GOT PAIN IN HIS EAR SINCE FRIDAY NIGHT... PAIN STARTING TO SPREAD TO HIS LEFT EAR... CONDITION HAS WORSENED... STATES THAT HE IS NOT SLEEPING PROPERLY ((Non-Clinical User) (Aberdeen))

T/L JEANETTE BROGAN RAPID TRAIGE
 SPOKE TO PATIENT WHO STATES THAT DESPITE REGULAR PAIN RELIEF EAR PAIN CONTINUES
 HAS HAD FLU SYMPTOMS
 FOR PCEC 4HR HUB TO ARRANGE
 WORSENING STATEMENT GIVEN ((Non-Clinical User) (Edinburgh))

Consultation:

History

3/52 N/O URTI and cough Also D & V initially. 5/7 N/O ear pain / blockage.
 N/O asthma in childhood. Otherwise healthy. Smokes 20/day. (Discussed).

Examination

T 36.6. Both drums red and retracted. Widespread wheeze all areas.
 Clinical code: N051. (Upper respiratory infect.N05)

Diagnosis

URTIL: Eustachean tube dysfunction; Exacerbation of asthma

Treatment

Amoxillillin 250 tds. Prednisolone 40mg od 5/7. Regular Salbutamol (nebulizer)
 given in surgery)

Review at surgery.

Prescriptions:

Follow-ups:

Follow up message (Patient Advised To Contact GP)

File	☒
Notes	☒
Prescriptions	☒
12 JAN 2009	
Full Patient Record	☒
Abnormal - Significant	☒
Abnormal - Common	☒
Has to	☒

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Date: 12/01/2009 Time: 05:29:31

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follow up message (Retrospective Centre Consult)

Call #: 22256 Patient: James Jackson DOB: 26-Jan-1974 (Age: 34 years)

File	
Notes	
Prescription to Collect	
To Make Appointment	
16 Jan 2009	
to Medicine	
Self Patient Result	
Normal / Negative	
Abnormal - Comment?	
Ref to	

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Date 10/01/2009 Time 01:12:30

Page 3 of 3

Call #: 21173 Received: 09-Jan-2009 22:40 (Action: 09-Jan-2009 22:41)

Patient's Name:	James Jackson	Surgery:	Victoria Cres Med Centre
Date of birth:	26-Jan-1974 (Age: 34 years)	Sex:	Male
Home Address:	8 Spey Court	Received:	22:41
	Elgin IV30 4AS	Passed:	
Home Tel No:	01343 552976	Advised:	
Urgency:	4 Hours	Arrived:	
Type:	NHS24 Advice	Departed:	
Time taken from reception to final consultation:			7 mins
Consulted by:		Own Doctor:	Lowe, Rachel

Message received:
CS PROBLEM HEARING, 3 DAYS SEE AV

NHS24 Clinical Summary:
Clinical summary created: 09-Jan-2009
nical User) (Edinburgh) [09/01/2009 22:41:48]
MUFFLED HEARING FOR 3 DAYS AND PATIENT NOW STATES HAS EARACHE, ADVISED TO
TAKE ANALGESIA & OBSERVE.

Triage:
INITIALLY HAD ISSUES WITH JUST 1 EAR, BUT TONIGHT BOTH ARE AFFECTED.
DESCRIBES NO PAIN, JUST HEARING IS MUFFLED. DESCRIBED IT LIKE WHEN YOU HAVE
WATER IN YOUR EAR. NO BALANCE PROBLEMS NOTED. (Non-Clinical User)
(Cardonald))

CALLED BACK. ADVISED WOULD BE CALLED BACK ASAP. (Non-Clinical User)
(Aberdeen))

Consultation:
History
Examination
Diagnosis
Treatment

Prescriptions:

Follow-ups:

Call #: 21173 Patient: James Jackson DOB: 26-Jan-1974 (Age: 34 years)

TRANSMISSION COMPLETE

File	
Notes	
Prescription to Collect	
to Make Appointment	
16 JAN 2009	
1. Indefinite	
2. Patient Result	
Normal / Negative	
Abnormal - Comment?	
Ref to	

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18-May-2023 CAROL ANDERSON
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NHS Confidential: Personal data about a patient

From: GMEQ To: 01343 546781 Page 1 of 2 02 28 05, 02 April 2008

Surgery: Victoria Cres Med Centre

The following calls have been acted upon on behalf of your surgery:

Call #: 11078 Received: 01-Apr-2008 19:53 (Action: 01-Apr-2008 18:31)

Patient's Name: James Jackson Surgery: Victoria Cres Med Centre
Date of birth: 26-Jan-1974 (Age: 34 years) Sex: Male Received: 18:31
Home Address: 8 Spey Court Passed: ---
Elgin IV30 4AS Advised: ---
Home Tel No: 01343 552976 Origin: NMS24 Arrived: 20:20
Urgency: 4 Hours Type: Centre Consults Departed: 20:44
Time taken from reception to final consultation: 109 mins
Consulted by: Brandl, Almut Own Doctor: Lowe, Rachel

Message received:
CB 1DAY PAIN IN BACK WHEN BREATHING SEE A/V

NMS24 Clinical Summary:
Clinical summary created: 01-Apr-2008
PLEURITIC TYPE BACK AND CHEST PAIN FOR 2 DAYS AND WORSE ON COUGHING/
INSPIRATION. NO COUGH/ COLD SYMPTOMS. FEELS PAIN CATCHING HIS BREATH. HAS
TAKEN X 1 DOSE CO-CODAMOL WITH NO RELIEF. NO SWEATINESS. HAS OCCASIONAL
PALPITATIONS- NOT IN THE PAST 48 HOURS. NORMALLY WELL. ADVISED FURTHER
CO-CODAMOL AND ATTEND FCEC WITHIN 4 HOURS. HUB TO ARRANGE.

Triage:
PAIN ALSO DOWN SIDE WHEN BREATHING. ((Non-clinical user) (Aberdeen))
ADVISED BY T/LEADER BILLY T. OK TO PUT IN CLINICAL Q ((Non-clinical user)
(Aberdeen))

Consultation:
History
since 2 days pain in back on deep breathing and on coughing shooting pains
down his right side. lying flat he feels SOB. He just took Co-Proxamol, has
not made any difference so far.
He took sleeping tablets last night, nevertheless he woke up in pain. No
sputum, dry cough. smoker. No allergy known. sometimes wheezy, known asthma,
on Ventoline, no fever, but feeling like a cold.
no other health issues, no other PMH.
Examination
up and well; pale, able to talk full sentences; temp. 37.3 C; pulse 80/min.;
BP 143/80 mmHg; peak flow 400 l/sec.; pulmo : clear, on auscultation and
percussion HAD: well hydrated, no pain on pressure to thorax.
Clinical code: H0651 (Lower resp tract infection)

Diagnosis
Bronchitis / Bronchopneumonia

Treatment
Clarithromycin 250 mg bd.; drink plenty of clear fluids: STOP SMOKING!!!,
continue Salbutamol prn. and Co-Proxamol prn.; Phos + Lyc + Bry C 30 given.

Prescriptions:

Follow-ups:
follow up message (Worsening Statement)
follow up message (Patient Advised To Contact GP)
follow up message (Retrospective Centre Consult)

Call #: 11078 Patient: James Jackson DOB: 26-Jan-1974 (Age: 34 years)

File
Notes
Prescription to Collect
To Make Appointment
02 APR 2008
To Midwife
Tell Patient Result
Normal / Negative
Abnormal - Comment?
Page 1 of 1

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Pages:

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Consent to share

REFERRAL TOEar, Nose & Throat (ENT)CS
Gramp GP General (V)Dr Gray's Hospital
Elgin
Morayshire
IV30 1SNConsultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital unit no.

N411H

Email address

Urgency of referral

Routine

Sensitivity of referral

Sensitive

PATIENT DETAILS

Surname	JACKSON
Forename(s)	JAMES
Title	MR
Sex	Male
Date of birth	26-Jan-1974
CHI no.	2601742178

Patient's address8 SPEY COURT
ELGIN
IV30 4AS

Contact number(s)

Voice: 01343552976

REGISTERED GP DETAILS**Practice address****REFERRING PRACTITIONER DETAILS**

Name	Dr. Alex McClure	
GMC code	2678818	GP code 66915
Practice name	Linkwood Medical (32707)	
Practice code	32707	

Practice addressThe Glassgreen Centre
2 Thornhill Drive
Elgin
IV30 6GQ

Contact number(s)

Voice: 0845 337 6350

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Chronic rhinitis

Comment: This 35 year old man tells me that he has had problems with chronic sinusitis for many years. He has a record of having had an intra-nasal anastomosis in 1989 in relation to nasal polyps and chronic sinusitis. He says that his symptoms have worsened in recent months and that during the night his throat is choked up with green brown mucous which he finds extremely uncomfortable and which keeps him awake at night. He has been using Becanase for several months and tells me he has experienced no benefit from this. I have switched him to Flonase and would be grateful if you could see him to advise on further management. He understands the importance of persevering with the nasal steroid meanwhile.

His health is otherwise pretty good. He takes Omeprazole for hiatus hernia.

Examinations and Investigations

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15-Jan-2009 00:00
20.
Moderate smoker - 10-19 cigs/d: Smoking status on date of event: Smoker. 01-Oct-2008 00:00
Current smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 21-Nov-2006 00:00
0.
Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 21-Nov-2006 00:00
20. NOTES: :Units: a day.
Alcohol consumption: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 01-Oct-2008 00:00
21.
Alcohol consumption NOS: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21-Nov-2006 00:00
10. NOTES: Average:Units: units/week.

Investigations

NB:: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB:: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Weight in Kilograms: 100
Patient Height in Metres: 1.82
Patient BMI: 30.1

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Chronic rhinitis	-	-	tel. says recurrent sinus/nasal congestion. PH of polyps. gastroscopy adv referral ENT. but try nasal spray first then rv	19-Oct-2009
Acute tonsillitis	-	-	[TRUNCATED]unwell 4d. Throat feels closed, scared to sleep as worse lying down. Sweats Tonsils enlarged, red covered pus. Enlarged cervical LNs alsoAdvised reg analgesia, aspirin gargles, f	24-Sep-2009
[D]Musculoskeletal chest pain	-	-	-	28-Jul-2009
Hiatus hernia	-	-	- from endoscopy report	29-Jun-2009
Oesophagitis	-	-	grade 4	29-Jun-2009

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Hiatus hernia	-	-	moderate	29-Jun-2009
Candidal balanitis	-	-	?2ndry to antibiotic.Offshore tomorrow am so no time to Ix.	29-Apr-2009
Cellulitis and abscess of hand NOS	-	-	[TRUNCATED]Been in hosp with cellulitis R hand over laceration caused by punching a drug addict trying to mug him,laceration caused by assailants teeth.Has dressing over laceration healing by open g	29-Apr-2009
[X]Bite from human	-	-	Left hand	18-Apr-2009
Eustachian tube dysfunction	-	-	deafness with URTI tm normal advsied and sudafed and review if persists	15-Jan-2009
Acute bronchiolitis	-	-	had course of steroids and antibiotics still wheezy chest exp wheeze. try salbutamol stopp smoking	15-Jan-2009
Diarrhoea & vomiting, symptom	-	-	[TRUNCATED]2 weeks D and V with cough and green snot. Unwell but up and about. Chest clear. Smokes. Malaria 2 years ago but not travel since. For FBC and film in view of slightly unusual presen	05-Jan-2009
Reflux oesophagitis	-	-	waking at night with acid probs and during day - last 18/12 and getting worse. Tried zantac - no effect	01-Oct-2008
Laboratory Encounter	-	-	-	04-Apr-2008
Free text	-	-	Childhood asthmatic	21-Nov-2006
Body Mass Index	-	-	32.00 :Units: kg/m2	21-Nov-2006
Head injury	-	-	Problem=Dormant	29-Sep-1993
Nasal polyps	-	-	Problem=Dormant	21-Aug-1989
Sequelae of burns corrosions and frostbite	-	-	Problem=Dormant	10-Nov-1987
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
Patient reviewed	-	-	-	
Patient reviewed	-	-	-	
Blood withdrawal	-	-	-	
Patient reviewed	-	-	-	
Blood withdrawal	-	-	-	
Smoking cessation advice	-	-	-	
New patient screen	-	-	-	
Emergency hospital admission	-	-	-	
Intranasal antrostomy	-	-	-	
Free skin graft	-	-	-	
Immunisations	-	-	-	
Current and recent medication				
<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u> <u>Course started</u> <u>Duration</u>

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FLIXONASE aqueous nasal spray 50 micrograms/spray	01149001	150 dose nasal spray	TWO PUFFS ONCE DAILY	-	01-Dec- 2009	-
OMEPRazole gastro-res cap 20mg	05588001	capsule(s)	TAKE ONE TWICE A DAY MAINTAIN [more]	-	29-Jul- 2009	-
BECLOMETASONE aqueous nasal spray 50micrograms/actuation	04324002	200 dose nasal spray	TWO PUFFS TWICE DAILY EACH NOSTRIL	-	19-Oct- 2009	-
PENICILLIN V tabs 250mg	-	tablet(s)	TAKE ONE 4 TIMES/DAY	-	24-Sep- 2009	-
OMEPRazole gastro-res cap 20mg	-	capsule(s)	TAKE ONE TWICE A DAY MAINTAIN [more]	-	29-Jul- 2009	-

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber per day
? (not known)**Alcohol consumption**Units per day
? (not known)**Additional relevant information****Administrative information**

This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Part-time Resident GP

Family conditions

Description	Modifier	Extension	Relation to patient	Date of onset
FH: Cancer - *	-	Grandmother - type unknown	-	
FH: Stroke	-	Mother	-	
FH: Angina > 60yrs	-	Mother	-	

Signature of referring doctor (or other professional) Date

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18-May-2023 CAROL ANDERSON

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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Consent to share

REFERRAL TO

Gastroenterology A9
Gramp GP General (V)

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

Dr Gray's Hospital
Elgin
Morayshire
IV30 1SN

— **Hospital and hospital address**

Hospital unit no.

N411H

Email address

-

Urgency of referral

Routine

Sensitivity of referral

Sensitive

PATIENT DETAILS

Surname JACKSON
Forename(s) JAMES
Title MR
Sex Male
Date of birth 26-Jan-1974
CHI no. 2601742178

Patient's address

8 SPEY COURT
ELGIN
IV30 4AS

Contact number(s)

Voice: 01343552976

REGISTERED GP DETAILS**Practice address****REFERRING PRACTITIONER DETAILS**

Name Dr SS Moparthi
GMC code 6100883 GP code 86801
Practice name Victoria Crescent Medical Centre
Practice code 32707

Practice address

VICTORIA CRESCENT
ELGIN
MORAY
IV30 1RQ

Contact number(s)

Voice: 01343547512

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00012400/00280215.HTM 18/05/2023

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Dyspepsia

Comment: Many thanks for reviewing this 35 year old gentleman who was bothered by dyspepsia almost 8 months back. He had a history of epigastric pain and reflux symptoms. He had vomiting associated with this as well. He was waking up in the night with acid reflux. He did not complain of any history of any loss of weight. He does mention about a loss of appetite. He has responded well after starting Omeprazole. We tried to wean him down with the Omeprazole but he could not tolerate this. There are occasions when the 20 mg of Omeprazole is not enough for him. There is no history of any melaena in stools either. We have explained to the patient that the symptoms are secondary to the reflux oesophagitis but given the patient is still having symptoms despite being on Omeprazole for the past 8 months, I would be very grateful to you if you could kindly investigate this patient a bit further. His blood results were normal and his H-pylori serology was negative as well. This patient is very keen to get investigation done to get to know the problem.

Many thanks for your help.

Examinations and Investigations

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15-Jan-2009 20. 00:00

Moderate smoker - 10-19 cigs/d: Smoking status on date of event: Smoker. 01-Oct-2008 00:00

Current smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 21-Nov-2006 0. 00:00

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 21-Nov-2006 20. NOTES: :Units: a day. 00:00

Alcohol consumption: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 01-Oct-2008 21. 00:00

Alcohol consumption NOS: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21-Nov-2006 10. NOTES: Average:Units: units/week. 00:00

Investigations

NB:: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB:: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Weight in Kilograms: 100

Patient Height in Metres: 1.82

Patient BMI: 30.1

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Head injury	-	-	Problem=Dormant	29-Sep-1993

Past procedures

Description	Laterality	Modifier	Date performed
Intranasal anastomy	-	-	-
Free skin graft	-	-	-

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
OMEPRAZOLE gastro-res cap 20mg	05588001	capsule(s)	TAKE ONE DAILY	-	01-Oct-2008	-

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OMEPRazole gastro-res cap 20mg	-	capsule(s)	TAKE ONE DAILY	-	01-Oct-2008	-
OMEPRazole gastro-res cap 20mg	-	capsule(s)	TAKE ONE DAILY	-	01-Oct-2008	-

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**

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Referred By: GP Registrar

Signature of referring doctor (or other professional) Date

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18-May-2023 CAROL ANDERSON

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Extension: .tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			13-Jan-2015	
Patient Consent has been given for information sharing			Date Referral Submitted	
			14-Jan-2015 @ 11:45:31	

Unique Care Pathway Number: 101008521312X

CHI No: 2601742178

REFERRAL TO	
Ear, Nose & Throat (ENT)C5 Grampian General Protocol	Consultant / receiving practitioner and/or specialty clinic
Dr Gray's Hospital Elgin Morayshire IV30 1SN	Hospital and hospital address
	Hospital unit no. N411H
	Email address
Urgency of referral	Routine
Sensitivity of referral	Sensitive

PATIENT DETAILS	
Surname	JACKSON
Forename(s)	JAMES
Title	MR
Sex	Male
Date of birth	26-Jan-1974
CHI No.	2601742178
Patient's address	8 SPEY COURT ELGIN MORAY IV30 4AS
Contact details	Home: 01343552976

REFERRING PRACTITIONER DETAILS	
Name	Dr Stephen Davidson
GP Code	68071
GMC Code	7334231
Practice name	Linkwood Medical (32707)
Practice code	32707
Practice address	The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ
Contact details	Voice: 0845 337 6350

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Other Agency

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00012400/00626647.HTM 18/05/2023

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint**Description:** chronic rhinitis**Referral** Date Dictated: 12 January 2015**Summary:** Date Typed: 13 January 2015

I would be grateful if you could please review this 40 year old offshore worker who has been experiencing ongoing problems with chronic rhinitis. He was last seen by your service in 2010 and was thought to have generalised rhinitis with a buckled septum. A CT scan of his para nasal sinuses was reported as normal but he unfortunately missed his review appointment. He had been continuing with your advice of nasal douching and steroid nasal drops and/or spray with no benefit. His symptoms remain unchanged, describing post nasal drip with clearing of thick green or brown mucous, occasionally making him vomit. He is a current smoker but has managed to cut down his intake. I look forward to your assessment.

Examinations and Investigations

Ex smoker	Smoking status on date of event: Ex-smoker.	03-Oct-2011
Heavy smoker - 20-39 cigs/day	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	04-May-2011
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	12-Nov-2010
Alcohol consumption	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21.	01-Oct-2008
Alcohol consumption NOS	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 10. NOTES: Average:Units: units/week.	21-Nov-2006

Investigations

NB: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED - OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Weight in Kilograms	100	-
Patient Height in Metres	1.82	-
Patient BMI	30.1	-

Reason for referral**Care type requested:** Out Patient**Expected outcome:** TreatPast medical historyPre-existing conditions

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Trigeminal neuralgia NOS	-	-	[TRUNCATED]c/o pain on side of face comes up to 20 times per day R side of face. shooting pain no visual disturbance. fundi normal. ?? trigeminal neuralgia try carbamazepine anxious after head injur	17-Aug-2011
Head injury	-	-	Problem=Dormant	29-Sep-1993

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Intranasal antrostomy	-	-	05-Sep-1989
Free skin graft	-	-	10-Nov-1987

Medication DetailsCurrent and recent medication

<u>Drug name</u>	<u>BNF</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course</u>	<u>Duration</u>
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	code				started	
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	TAKE ONE DAILY AND 2 OCCASIONALLY	-	29-Jul-2009	-
Fluticasone propionate 50micrograms/dose nasal spray	51502020	dose	2 PUFFS AS DIRECTED	-	17-Aug-2011	-
Past Medication Section						
Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Omeprazole 20mg gastro-resistant capsules	-	capsule	TAKE ONE TWICE A DAY MAINTAIN [more]	-	29-Jul-2009	-
Omeprazole 20mg gastro-resistant capsules	-	capsule	TAKE ONE TWICE A DAY MAINTAIN [more]	-	29-Jul-2009	-

Clinical warnings

No clinical alert data available

Additional relevant information

No family history information available

Application Version
No. **2.1.1c**Stylesheet Version
No. **5.8**

Signature of referring doctor (or other professional)

Date

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18-May-2023 CAROL ANDERSON
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			06-Jan-2021	
Patient Consent has been given for information sharing			Date Referral Submitted	
			06-Jan-2021 @ 08:36:09	

Unique Care Pathway Number: 1010223811973

CHI No: 2601742178

REFERRAL TO	
Respiratory MedicineAQ Grampian General Protocol	Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	Hospital and hospital address
	Hospital unit no. N101H
	Email address -
Urgency of Referral	Urgent
Sensitivity of Referral	Sensitive

PATIENT DETAILS	
Surname JACKSON	Patients address
Forename(s) JAMES	8 SPEY COURT ELGIN MORAY IV30 4AS
Title MR Sex Male	Contact details
Marital Status Divorced	Mobile: 07873 610 515
Date of birth 26-Jan-1974	
CHI No. 2601742178	

REFERRING PRACTITIONER DETAILS	
Name Dr Annalee Simpson	Practice address
GP Code 66583 GMC Code 7482463	The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ
Practice name Linkwood Medical (32707)	Contact details
Practice code 32707	Voice: 0345 337 6350

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring HCP and authorised for transmission.
Referred By: Registered GP

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00012400/01044679.HTM 18/05/2023

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Reason For Referral See below

Referral Reason / Background Date Dictated: 05 January 2020
Date Typed: 06 January 2020

Please could you assess this 46 year old gentleman with persistent productive cough

He has been troubled with a chesty cough for the past 3 months, which has been streaked with fresh red blood. I gave him a course of amoxicillin, and his haemoptysis has settled, however, he continues to cough dirty brown/green spit. CXR was normal with no interval change

He smokes 20 roll ups a day and has done for 30 years. He denies any SOB or weight loss

I am concerned by the persistence of his productive cough, especially with his smoking history and I am not reassured by his normal CXR

Many thanks for your input

Yours sincerely

Examinations and Investigations**Examinations**

Current smoker Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1. 08-Dec-2020

Current smoker Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1. 08-Dec-2020

Current smoker Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20. 19-Feb-2018

Alcohol intake above recommended sensible limits Drinking status on eventdate: Current drinker. 08-Dec-2020

Alcohol intake above recommended sensible limits Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. NOTES: 12 tins of lager on average at a weekend. Can go months without drinking. 08-Dec-2020

Alcohol consumption Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21. 01-Oct-2008

Enjoys moderate exercise - 08-Dec-2020

Enjoys moderate exercise Going to the gym for past 6 weeks 5 times per week 08-Dec-2020

Enjoys light exercise - 05-May-2017

Investigations

NB: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD -

NB: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED -

Patient Measurements Date Recorded Diastolic Systolic Height (m) Weight (kg) BMI

08-Dec-2020	118	89			
09-Mar-2018	129	88			
07-Mar-2018	126	87			
08-Dec-2020			1.81	124	37.8
19-Feb-2018			1.81	111	33.8
14-Sep-2015			1.81	108	32.9

Reason for Referral

file:///N:/PCTI/Docman7/Data S1/Document/DMEDOC01/00012400/01044679.HTM 18/05/2023

Care type requested Out Patient

Expected outcome Treat

Past medical history

Pre-existing conditions

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extention</u>	<u>Date of onset</u>
Essential hypertension	-	-	-	19-Feb-2018
Asthma	-	-	-	04-Jun-2015
Trigeminal neuralgia NOS	-	-	[TRUNCATED]c/o pain on side of face comes up to 20 times per day R side of face. shooting pain no visual disturbance. fundi normal. ?? trigeminal neuralgia try carbamazepine anxious after head injur	17-Aug-2011
Head injury	-	-	Problem=Dormant	29-Sep-1993

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Intranasal antrotomy	-	-	05-Sep-1989
Free skin graft	-	-	10-Nov-1987

Medication Details

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Salbutamol 100micrograms/dose inhaler CFC free	59554020	dose	2 PUFFS WHEN REQUIRED	-	16-Mar-2018	-
Ramipril 10mg capsules	70737020	capsule	TAKE 1 EVERY MORNING FOR BLOO[more]	-	05-Mar-2018	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	1 CAPSULE ONCE A DAY	-	16-Mar-2018	-
Flutiform 125micrograms/dose / 5micrograms/dose inhaler (Napp Pharmaceuticals Ltd)	44173020	dose	2 PUFFS TWICE DAILY	-	16-Mar-2018	-
Cetirizine 10mg tablets	70930020	tablet	TAKE ONE DAILY FOR ALLERGY	-	16-Mar-2018	-

Past Medication Section

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Amoxicillin 500mg capsules	-	capsule	1 THREE TIMES A DAY FOR 5 DAYS	-	08-Dec-2020	-

Application Version No. **2.1.1c**

Stylesheet Version No. **7.17**

Signature of referring doctor (or other professional)

Date

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18-May-2023 CAROL ANDERSON
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Radiology Request			Date Radiology Request Created	
MEDICAL IN CONFIDENCE			08-Dec-2020	
Patient Consent has been given for information sharing			Date Radiology Request Submitted	
			08-Dec-2020 @ 12:46:41	

Unique Care Pathway Number: 1010222311172

CHI No: 2601742178

RADIOLOGY REQUEST TO	
Clinical Radiology-Plain FilmH1N4 Grampian Radiology-Plain Film	Consultant / receiving practitioner and/or specialty clinic
Dr Gray's Hospital Elgin Morayshire IV30 1SN	Hospital and hospital address
	Hospital unit no. N411H
	Email address -
Urgency of Radiology Request	Urgent see below
Sensitivity of Radiology Request	Sensitive

PATIENT DETAILS	
Surname	JACKSON
Forename(s)	JAMES
Title	MR Sex Male
Marital Status	Divorced
Date of birth	26-Jan-1974
CHI No.	2601742178
Patients address	
8 SPEY COURT ELGIN MORAY IV30 4AS	
Contact details	
Mobile: 07873 610 515	

REFERRING PRACTITIONER DETAILS	
Name	Annalee Simpson
GP Code	66583 GMC Code 7482463
Practice name	Linkwood Medical (32707)
Practice code	32707
Practice address	
The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ	
Contact details	
Voice: 0345 337 6350	

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Has the patient record been checked for any previous X-rays?: I have checked the patient records for any previous X-rays that may be suitable
Referred By: Registered GP

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00012400/01040647.HTM 18/05/2023

CLINICAL INFORMATION**Presenting complaint****Reason For Radiology Request** see belowDate dictated: 8 December 2020
Date typed: 8 December 2020

Please could you consider arranging an urgent chest x-ray for this 46 year old smoker with chronic cough and haemoptysis.

Relevant Clinical Details

He has had a productive cough, with green sputum intermittently over the past 2 months. He often brings up green sputum with streaks of fresh blood. He denies weight loss. He smokes roll ups - 20/day for the past 30 years.

On examination, there are crepitation's at left base, with no wheeze.

I would like an x-ray to look for consolidation, hyperinflation or a mass.

Many thanks,

Yours sincerely.

Could this patient be pregnant?

Not Selected

Is a hoist likely to be needed?

Not Selected

Examinations and Investigations**Examinations**

Current smoker	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1.	08-Dec-2020
Current smoker	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1.	08-Dec-2020
Current smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	19-Feb-2018
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	08-Dec-2020
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. NOTES: 12 tins of lager on average at a weekend. Can go months without drinking.	08-Dec-2020
Alcohol consumption	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21.	01-Oct-2008
Enjoys moderate exercise	-	08-Dec-2020
Enjoys moderate exercise	Going to the gym for past 6 weeks 5 times per week	08-Dec-2020
Enjoys light exercise	-	05-May-2017

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	124	-
Patient Height in Metres	1.81	-
Patient BMI	37.8	-

Reason for Radiology Request**Care type requested** Out Patient**Expected outcome** InvestigateApplication Version No. **2.1.1c**Stylesheet Version No. **7.17**

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18-May-2023 CAROL ANDERSON
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Extension: .tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Electronic Referral			Date Referral Created	
MEDICAL IN CONFIDENCE			22-Apr-2022	
Patient Consent has been given for information sharing			Date Referral Submitted	
			22-Apr-2022 @ 17:13:41	

Unique Care Pathway Number: 1010261408510

CHI No: 2601742178

REFERRAL TO	
Cancer Urgent Head and Neck C1TN Cancer Urgent Head and Neck	Consultant / receiving practitioner and/or specialty clinic
Aberdeen Royal Infirmary Foresterhill Road Aberdeen AB25 2ZN	Hospital and hospital address
	Hospital unit no. N101H
	Email address -
Urgency of Referral	Urgent: Suspected Head and Neck Cancer
Sensitivity of Referral	Sensitive

PATIENT DETAILS	
Surname JACKSON	Patients address
Forename(s) JAMES	8 SPEY COURT ELGIN MORAY IV30 4AS
Title MR Sex Male	Contact details
Marital Status Divorced	Mobile: 07873 610 515
Date of birth 26-Jan-1974	
CHI No. 2601742178	

REFERRING PRACTITIONER DETAILS	
Name Dr. Anne Little	Practice address
GP Code 68438 GMC Code 6157435	The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ
Practice name Linkwood Medical (32707)	Contact details
Practice code 32707	Voice: 0345 337 6350

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By: Registered GP

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00012400/01145485.HTM 18/05/2023

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Reason For Referral Urgent: Suspected Head and Neck Cancer

Examinations and Investigations**Examinations**

Yes true -
 Other risk factors Ex smoker -
 Clinical Exam - Other Date Dictated: 22 April 2022 -
 clinical findings Date Typed: 22 April 2022 -

I'd be grateful if you'd consider seeing this 48 year old gentleman, who presents with a 6 to 7 month history of persistent hoarseness, which is constant, however but does worsen at times, to the point that he can't speak for a number of weeks.

There's no weight loss, swelling in the neck or any other abnormality found. Of note he's an ex-smoker of over a year. He has had previous reflux, however this is well controlled with Omeprazole.

On examination, there's no lumps or swellings or any tenderness around the neck on palpation. His throat is red and James tells me it's constantly red, however there's nothing else to see. Due to these persistent symptoms I'd be grateful if you'd consider seeing him on an urgent basis.

Of note, he is away offshore on 1st May for 3 weeks.

Suspected Area - true -
 Larynx -
 Current smoker Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1. 08-Dec-2020
 Current smoker Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1. 08-Dec-2020
 Current smoker Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20. 19-Feb-2018
 Current smoker Smoking status on date of event: Smoker. 05-May-2017
 Ex smoker Smoking status on date of event: Ex-smoker. 03-Oct-2011

Investigations

NB: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD -
 NB: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED -
 Patient Weight in Kilograms 124 -
 Patient Height in Metres 1.81 -
 Patient BMI 37.8 -

Reason for Referral

Care type requested Out Patient
Expected outcome Investigate

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extention	Date of onset
Essential hypertension	-	-	-	19-Feb-2018
Asthma	-	-	-	04-Jun-2015

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Trigeminal neuralgia NOS	-	-	[TRUNCATED]c/o pain on side of face comes up to 20 times per day R side of face. shooting pain no visual disturbance. fundi normal. ?? trigeminal neuralgia try carbamazepine anxious after head injur	17-Aug-2011
Head injury	-	-	Problem=Dormant	29-Sep-1993

Past procedures

Description	Laterality	Modifier	Date performed
Intranasal anastomosis	-	-	05-Sep-1989
Free skin graft	-	-	10-Nov-1987

Medication Details**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluticasone furoate 27.5micrograms/dose nasal spray	94815020	dose	2 SPRAYS INTO EACH NOSTRIL AT NIGHT	-	18-Mar-2021	-
Salbutamol 100micrograms/dose Inhaler CFC free	59554020	dose	2 PUFFS WHEN REQUIRED	-	16-Mar-2018	-
Ramipril 10mg capsules	70737020	capsule	TAKE 1 EVERY MORNING FOR BLOO[more]	-	05-Mar-2018	-
Omeprazole 20mg gastro-resistant capsules	69782020	capsule	1 CAPSULE ONCE A DAY	-	16-Mar-2018	-
Flutiform 125micrograms/dose / 5micrograms/dose inhaler (Napp Pharmaceuticals Ltd)	44173020	dose	2 PUFFS TWICE DAILY	-	16-Mar-2018	-
Cetirizine 10mg tablets	70930020	tablet	TAKE ONE DAILY FOR ALLERGY	-	16-Mar-2018	-
Sterimar 31.8% isotonic nasal spray (Church & Dwight UK Ltd)	04987021	ml	1 PUFF IN TO EACH NOSTRIL AS [more]	-	18-Mar-2021	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Amoxicillin 500mg capsules	-	capsule	1 THREE TIMES A DAY FOR 5 DAYS	-	03-Feb-2022	-

Application Version No. **2.1.1c**Stylesheet Version No. **7.17**

Signature of referring doctor (or other professional)

Date

file:///N:/PCTI/Docman7/Data S1/Document/DMEDOC01/00012400/01145485.HTM 18/05/2023

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18-May-2023 CAROL ANDERSON
Additional: Scanned Document

Filename: James Jackson - 52.pdf
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
SCI Gateway Radiology Request			Date Radiology Request Created 28-Apr-2022	
MEDICAL IN CONFIDENCE			Date Radiology Request Submitted 28-Apr-2022 @ 12:42:06	
Patient Consent has been given for information sharing				

Unique Care Pathway Number: **101026187748Y**CHI No: **2601742178**

RADIOLOGY REQUEST TO	
Clinical Radiology-Plain FilmH1N4 Grampian Radiology-Plain Film	Consultant / receiving practitioner and/or specialty clinic
Dr Gray's Hospital Elgin Morayshire IV30 1SN	Hospital and hospital address Hospital unit no. N411H Email address -
Urgency of Radiology Request Sensitivity of Radiology Request	Urgent Sensitive

PATIENT DETAILS	
Surname JACKSON	Patients address 8 SPEY COURT ELGIN MORAY IV30 4AS
Forename(s) JAMES	
Title MR	Sex Male
Marital Status Divorced	Contact details
Date of birth 26-Jan-1974	Mobile:07873 610 515
CHI No. 2601742178	

REFERRING PRACTITIONER DETAILS	
Name Dr. Sarah Packham	Practice address The Glassgreen Centre 2 Thornhill Drive Elgin IV30 6GQ
GP Code 62022	GMC Code 6078657
Practice name Linkwood Medical (32707)	Contact details Voice:0345 337 6350
Practice code 32707	

ADMINISTRATIVE INFORMATION
This referral letter is complete, has been checked by the referring GP and authorised for transmission. Has the patient record been checked for any previous Xrays?:I have checked the patient records for any previous X-rays that may be suitable Referred By:Registered GP

file:///N:/PCTI/Docman7/Data S1/Document/DMEDOC01/00012400/01147453.HTM 18/05/2023

CLINICAL INFORMATION**Presenting complaint****Reason For Radiology Request** See belowDate Dictated: 27 April 2022
Date Typed: 28 April 2022**Relevant Clinical Details**

I would be grateful if you would consider this 48 year old gentleman for a chest xray. He presents with a 6-7 month history of persistent hoarseness and really struggles to speak at times. There is no history of any weight loss and any swelling of the neck. Of note he is an ex-smoker of over a year. He has been referred urgently on to ENT, however due to the smoking history and new hoarseness I would be grateful for a chest xray for further assessment. Of note he is due to go away offshore on Monday 2 May for 3 weeks.

Thank you.

Could this patient be pregnant? Not Selected**Is a hoist likely to be needed?** Not Selected**Examinations and Investigations****Examinations**

Current smoker	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1.	08-Dec-2020
Current smoker	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 1.	08-Dec-2020
Current smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	19-Feb-2018
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker.	08-Dec-2020
Alcohol intake above recommended sensible limits	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. NOTES: 12 tins of lager on average at a weekend. Can go months without drinking.	08-Dec-2020
Alcohol consumption	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 21.	01-Oct-2008
Enjoys moderate exercise	-	08-Dec-2020
Enjoys moderate exercise	Going to the gym for past 6 weeks 5 times per week	08-Dec-2020
Enjoys light exercise	-	05-May-2017

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	124	-
Patient Height in Metres	1.81	-
Patient BMI	37.8	-

Reason for Radiology Request**Care type requested** Out Patient**Expected outcome** InvestigateApplication Version No. **2.1.1c**Stylesheet Version No. **7.17**

Signature of referring doctor (or other professional)

Date

file:///N:/PCTI/Docman7/Data S1/Document/DMEDOC01/00012400/01147453.HTM 18/05/2023

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18-May-2023 CAROL ANDERSON
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Filename: James Jackson -54.pdf
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Pages:

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NHS Grampian**Sleep Apnoea Clinic**

Chest Clinic
Clinic C
East End 2, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Consultants Dr P S Fitch
Dr M Chetty
Dr J J Miller

Sleep Apnoea Nurse (01224) 550882
Appointments (01224) 550664/552242
Secretary (01224) 553552 Fax: (01224) 554848
Email to Julie.mcdonald@nhs.net

PMG/JM

Dr R J Lowe
Linkwood Medical
The Glassgreen Centre
Elgin
Moray
IV30 6GQ

CHT: 2601742178

NO Paper Copy Required For GP

Date Dictated: 22/06/2017
Date Typed: 26/06/2017

Dear Dr Lowe

**Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
IV30 4AS**

Date CPAP Started:	1 st September 2015
CPAP/NIV Machine Type:	S9 autoset machine
Serial Number:	22151498298
RGP Number:	MP 0024194
Mask Type:	Quattro Air full face mask large
Tube:	Slim line
Humidifier Type:	
Category of OSA:	Severe
AHI on Diagnosis:	38.95
Epworth Score on Diagnosis:	9/24

This man has never been seen since starting his treatment on 1st September 2015. He has never returned to the consultant or to any of his appointments. He has never sent in his data card, as asked. He has DNA'd the past 2 appointments. Due to the time constraints of the clinic no further appointments will be sent and no parts will be issued until this man gets in touch with us. I have already sent out a letter last year asking him to return the machine if he was no longer using it, he has not responded to that letter.

Yours sincerely

James Jackson (2601742178)

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Page 2 of 2

Mrs Patricia Mary Greer
Staff Nurse

PRIVATE & CONFIDENTIAL

Mr James Jackson
8 Spey Court
Elgin
Morayshire
IV30 4AS

Please contact us as soon as possible. Thanks.

James Jackson (2601742178)

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NHS GRAMPIAN

Dr G Currie
Chest Clinic
Clinic C
Orange Zone
Aberdeen Royal Infirmary
Aberdeen
AB25 2ZN

NHS
Grampian

Appointments: (01224) 550664/552242
Secretary: (01224) 551208
Email: Nikki.Stewart@nhs.scot

GPC/NS

Dr Simpson
Linkwood Medical
The Glassgreen Centre
Elgin
Moray
IV30 6GQ

CHI: 2601742178

NO Paper Copy Required For GP

Date Dictated: 07/01/2021
Date Typed: 08/01/2021

Dear Dr Simpson

Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire, IV30 4AS

Thank you for your TrakCare correspondence about this 46 year old man with a chronic cough who smokes cigarettes with normal x-ray who has had blood streaked sputum. I will arrange a CT pulmonary angiogram and if it demonstrates nothing amiss I suspect endobronchial irritation caused by smoking is the cause of his symptoms. Mr Jackson should expect an appointment for a CT pulmonary angiogram in the near future.

Yours sincerely



Dr Graeme P Currie
Consultant Chest Physician

CC
Mr James Jackson
8 Spey Court
Elgin
IV30 4AS

James Jackson (2601742178)

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NHS Grampian

Sleep Apnoea Clinic
Chest Clinic
Clinic C
East End 2, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Consultants	Dr P S Fitch	Sleep Apnoea Nurse	(01224) 550962
	Dr M Chetty	Appointments	(01224) 550664/552242
	Dr J J Miller	Secretary	(01224) 551219 Fax: (01224) 551210
		Email to	lesley.stein@nhs.net

PMG/JP

Mr James Jackson
8 Spey Court
Elgin
Morayshire
IV30 4AS

CHI: 2601742178

Date Dictated: 06/09/2016
Date Typed: 08/09/2016

Dear Mr Jackson

Our records show that you did not attend your appointment at the Nurse Sleep Clinic on 6th September 2016 and also the Sleep Consultant on 20th April 2016. It is important to review patients who are on CPAP therapy in order to check the equipment and to ensure that they are obtaining benefit from the CPAP. I would therefore be grateful if you could send your data card back so that we can update your file. If you no longer wish to be seen in the Sleep Apnoea Clinic and do not require the CPAP machine, we would be very grateful if you could return the machine so that this can be used for other patients.

We look forward to hearing from you.

Yours sincerely

Mrs Patricia Mary Greer
Staff Nurse

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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NHS Grampian

Sleep Apnoea Clinic
 Chest Clinic
 Clinic C
 East End 2, Orange Zone
 Aberdeen Royal Infirmary
 Foresterhill
 Aberdeen AB25 2ZN



Consultants Dr P S Fitch
 Dr M Chetty
 Dr J J Miller

Sleep Apnoea Nurse (01224) 550962
 Appointments (01224) 550664/552242
 Secretary (01224) 551219 Fax: (01224) 551210
 Email to lesley.stein@nhs.net

JM/LS

Dr Steven Ross
 ENT Speciality Doctor
 Department of ENT
 Dr Gray's Hospital
 ELGIN
 IV30 2SN

CHI: 2601742178

Date Dictated: 11/11/2015

Date Typed: 13/11/2015

Dear Dr Ross

**Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
 IV30 4AS**

DIAGNOSES: 1. Severe sleep disordered breathing, desaturation
 index 38.9, Epworth Score 9/24
 2. BMI 38
 3. Current smoker, 20 a day
 4. Asthma
 5. Gastro-oesophageal reflux
 6. Nasal congestion

This 41 year old man failed to attend his Sleep Clinic review appointment having started on a trial of CPAP for severe sleep disordered breathing. I see from the nurse's letter that he had lost 10 kilos in weight and was also hoping for a referral to ENT but this had been declined until his sleep apnoea was treated. I will write to him to ask him to make another appointment when convenient.

James Jackson (2601742178)

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Yours sincerely



Dr Joy Miller
Consultant

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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NHS Grampian

Sleep Apnoea Clinic
Chest Clinic
Clinic C
East End 2, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Consultants Dr P S Fitch
Dr M Chetty
Dr J J Miller

Sleep Apnoea Nurse (01224) 550962
Appointments (01224) 550664/552242
Secretary (01224) 551219 Fax: (01224) 551210
Email to lesley.stein@nhs.net

JM/LS

Mr James Jackson
8 Spey Court
Elgin
Morayshire
IV30 4AS

CHI: 2601742178

Date Dictated: 11/11/2015
Date Typed: 13/11/2015

Dear Mr Jackson

I am sorry you were unable to attend your Sleep Clinic review appointment today. Please get in contact on the above number to re-arrange an appointment at a suitable time.

Best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read "Joy Miller".

Dr Joy Miller
Consultant

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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NHS Grampian

Sleep Apnoea Clinic
 Chest Clinic
 Clinic C
 East End 2, Orange Zone
 Aberdeen Royal Infirmary
 Foresterhill
 Aberdeen AB25 2ZN



Consultants Dr P S Fitch
 Dr M Chetty
 Dr J J Miller

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 Secretary (01224) 551219 Fax: (01224) 551210
 Email to lesley.stein@nhs.net

PMG/JP

Dr Steven Ross
 ENT Speciality Doctor
 Department of ENT
 Dr Gray's Hospital
 Elgin
 IV30 2SN

CHI: 2601742178

Date Dictated: 01/09/2015
 Date Typed: 02/09/2015

Dear Dr Ross

**Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
 IV30 4AS**

This gentleman was issued an S9 Autoset CPAP machine for the treatment of his obstructive sleep apnoea. Several masks were tried today, although the patient tolerated nasal breathing in Clinic I have issued him with a full face mask, as he has had occasional nose bleeds the last one was 2 days ago and he has rhinitis. He was referred to ENT who he states will not deal with his ENT issues until he has his sleep apnoea under control. The patient has lost 10 kilograms since diagnosis and is still working on his weight. Explanation has been given to him on the contraindications and he is aware when he has not to use his mask and machine. The patient has a spot on the bridge of his nose at the moment, so I have advised him to let this heal before he starts his treatment. The patient demonstrated using his equipment well in Clinic and he has been advised to read the manual fully before use. Contracts have been signed to look after all his equipment and I have advised him not to drive if sleepy.

Plan: Sleep Consultant 1-2 month's (11/11/2015) and to send the data card 2 weeks before Consultant appointment and Sleep Nurse review in 1 year. (06/09/2016)

Thank you.

James Jackson (2601742178)

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Yours sincerely



Mrs Patricia Mary Greer
Staff Nurse

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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NHS Grampian

Sleep Apnoea Clinic
Chest Clinic
Clinic C
East End 2, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Consultants Dr P S Fitch
Dr M Chetty
Dr J J Miller

Sleep Apnoea Nurse (01224) 550962
Appointments (01224) 550664/552242
Secretary (01224) 551219 Fax: (01224) 551210
Email to lesley.stein@nhs.net

PF/LS

Dr Steven Ross
ENT Specialty Doctor
Department of ENT
Dr Gray's Hospital
ELGIN
IV30 2SN

CHI: 2601742178

Date Dictated: 18/08/2015
Date Typed: 20/08/2015

Dear Dr Ross

Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire, IV30 4AS

Further to my letter of the 11th June, Mr Jackson was reviewed on his own at the Sleep Apnoea Clinic today. He is 41 years old and has a history of loud snoring and witnessed apnoeas, and he initially attended because of frequent waking overnight, associated with nasal congestion and I note that he has been started on an antihistamine for rhinitis. He describes himself as sometimes sleepy during the day and admits that he does fall asleep sometimes sitting at home in the afternoon. He does not, however, fall asleep at any other times. He has an active job in forestry and he has no sleepiness driving, neither has he ever fallen asleep while driving. He sometimes has difficulty concentrating during the day. He goes to bed anywhere between 10.00 pm and 1.00 am, and gets up between 5.00 am and 6.00 am. His past medical history includes asthma for which he is on Ventolin and Becotide. He also has Omeprazole. He is a current smoker of 20 cigarettes a day and admits to binge drinking alcohol. There is a strong family history of both cerebrovascular accident and ischaemic heart disease.

On examination he is overweight with a BMI of 36. There was no tonsillar enlargement. On auscultation of the chest there was mild expiratory wheeze. His BP is slightly elevated at 127/97. He and his partner have scored him normally on the Epworth Scale at 9/24 and, as you know, two nights of pulse

James Jackson (2601742178)

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oximetry did show evidence for severe sleep disordered breathing with a maximum desaturation index of 38.9.

Conclusion

We have discussed the diagnosis and also CPAP treatment. Although he does not complain of much in the way of sleepiness, in view of the severity of his sleep disordered breathing I have recommended a trial of CPAP which he has agreed to. I have encouraged weight loss and he has already managed to lose about 8 Kg in weight, his weight today being 114 Kg. I have advised him not to drive if he is sleepy and if in due course he has benefit from CPAP, then I would recommend that he inform the DVLA. I have strongly encouraged him to stop smoking for general health reasons and advised him that alcohol in the evenings will worsen his sleep apnoea. Follow-up is one month after the CPAP trial.

Yours sincerely



Dr Patrick Fitch
Consultant Physician

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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Chest Clinic
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Foresterhill
Aberdeen AB25 2ZNConsultants Dr P S Fitch
Dr M Chetty
Dr J J MillerSleep Apnoea Nurse (01224) 550962
Appointments (01224) 550664/552242
Secretary (01224) 551219 Fax: (01224) 551210
Email to lesley.stein@nhs.net

PF/JP

Dr Steven Ross
ENT Speciality Doctor
Dept of ENT
Dr Gray's Hospital
Elgin
IV30 2SN

CHI: 2601742178

Date Dictated: 11/06/2015
Date Typed: 15/06/2015

Dear Dr Ross

**Mr James Jackson (26 January 1974) 8 Spey Court, Elgin, Morayshire,
IV30 4AS**

Thank you for referring Mr Jackson to the Sleep Apnoea Service. He has attended for 2 nights of pulse oximetry on the 29th and 30th May 2015 which has shown evidence for severe sleep apnoea with a maximum desaturation index of 38.9 per hour. He and his partner have scored him normally on the Epworth Scale at 9/24 and he is markedly overweight with a BMI of 38.8. Although we currently have a long waiting time for the Sleep Clinic, in view of this result I will endeavour to see him urgently. However in the meantime I would be grateful if he could be advised not to drive if he is sleepy driving and also to lose weight which is likely to improve the problem.

Yours sincerely

Dr Patrick Fitch
Consultant Physician

This letter has been chosen to be electronically CC'd to the GP Practice.

James Jackson (2601742178)

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CC:

Clinic Co ordinator
Clinic C
Chest Clinic
ARI

Please can you send an urgent Sleep Consultant appointment

James Jackson (2601742178)

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