Forth Valley Royal Hospital Assessment Document

NHS Forth Valley

Date of arrival 17/4/26 Time of arrival 23·50

Source of referral: GP ED Other H.

GP practice: Antonine

CHI NO: 0707663040 07/07/1966 Age 59
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

COPY

Consent for ECS	Yes	✓	No	

BM **NEWS score** 2

Tel

NOK 1 Name Rosanne Duncan
Relationship daughter
Address
Tel 07979816936.

NOK 2

A Presenting complaint: Swallowing Problems back ache

B Background: COPD. Epilepsy.

A	**NEWS 5 or more or other clinical concern**	Yes	[redacted]	No	✓
	T° 38°C or more within 14 days of chemotherapy (possible neutropenic sepsis)	Yes	[redacted]	No	
	Referred with potassium more than 6.4mmo/L or less than 2.8mmol/L	Yes	[redacted]	No	
	Referred with diabetic ketoacidosis	Yes	[redacted]	No	
	Reduced GCS	Yes	[redacted]	No	
	New limb weakness, speech disturbance or numbness for less than 4.5hours	Yes	[redacted]	No	
	Abdominal pain: Does referral or patient give history of aortic aneurysm?	Yes	[redacted]	No	
	Abdominal symptom in female under 55 with possibility of pregnancy	Yes	[redacted]	No	
	NEWS 2-4	Yes		No	
	New oxygen requirement (not on home oxygen)	Yes		No	
	Chest pain at time of triage- Obtain ECG, Clinician to review/ sign within 10 minutes	Yes		No	
	New limb weakness, speech disturbance or numbness for 4.5 hours or longer	Yes		No	
	Requires assistance of 1 or more to mobilise	Yes	[redacted]	No	
	Able to mobilise independently or using own aids/ appliances	Yes	[redacted]	No	

R [redacted] **Very urgent** **Urgent** [redacted] **Non-urgent** **Ambulant**

Actions					
		Amylase		Cannula	✓
U&E/ LFT/ CRP/ FBC/Glucose	✓	Calcium		ECG- to be signed within 10mins	✓
Cultures		Group and save		Troponin 0 hours / 12 hours	

Additional triage comments

Allergies and alerts

NKDA.

Name J Maddox Signature [signature] Date 18/4/26 Time 01.00

Date and Time	Daily MDT and Nursing update
	Consent (care planning) Yes ☐ Name band Yes ☐ NOK details obtained Yes ☐ Vital Signs Yes ☐ Own medication Yes ☐ No ☐ Dentures Yes ☐ No ☐ Glasses Yes ☐ No ☐ Hearing aids Yes ☐ No ☐
5/11/24 16.30	PT MISSED FOR CTPA TODAY, I HAVE CALLED PT TO APOLOGISE. SHE HAS NO WORSENING SYMPTOMS PT WILL ATTEND RACH @ 20.00HRS THIS EVENING FOR A FURTHER DOSE OF 1.5ML. PT WILL BE INFORMED OF SCAN TIME IN MAKE

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Consultant Ward Round

CHI NO: 0707863040 07/07/1966
CRN: F
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Diagnoses and significant comorbidities	Plan
- covid - ?PE - ?? malignancy	- CTPA via NACU - abx as wrong

Checklist		Estimated LoS	<24h	24-48h	>48h
Medicine reconciliation	✓	Transfer of Care to:			
VTE assessment	✓	Outstanding criteria for ward transfer/discharge (delete as appropriate):			
S_pO_2 target prescribed					
Fasting	Yes / No				

Name	Signature	Date	Time
METCALFE	[signature]	4/1/24	19.55

Resuscitation/ Escalation of care/ Anticipatory Care Planning / Advance Directives

Documentation of Discussion with Patient or Family

Treatment options that may help and patient would wish considered (and in what circumstances):-

Treatment options that may not help or patient would not wish:-

Discussed with patient/family: Y /N/Unable Documentation (circle all that apply): DNACPR ReSPECT AWI

Name	Signature	Date	Time

Consultant Ward Round

CHN

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Chris HR - Retcelfe

58 ♀

Sh COPD, stroke
diverticulosis
OCD
anxiety

nt D deficiency
thoracic a
migraine
epilepsy

Recent covid

Was improving

↑Jod + still int haemoptysis 6/7

Slim, no recent weight loss

NEWS 2

Sats 96% RA

HR 80

BP 113/72

Chest ↓AE

No OVT clinically

ECG

CXR/Imaging

Bloods ok

CXR - nil bcel

Results

Differential diagnosis

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Rule out PE
? 2° infection
?? underlying malignancy

Management plan

- Bloods incl D-Dimer (0-36) → if +ve → CTPA
- CXR ✓
- ECG ✓
- ? CT Chest to Ix ? malignancy

- Tx LMWH / Rivaroxaban

WELLS: 4.0
PESI: 68 (low risk)

(Feels well ?(H))

Additional investigations required (e.g. cultures) Please initial and date when sent

Venous thromboembolism (VTE) risk assessment

Medical patient expected to be mobilising as normal within 2 days		Proceed to VTE risk **actions**
Medical patient with reduced mobility for ≥2 days OR Surgical patient		Assess **thrombosis and bleeding risk factors**

Thrombosis risk factors. ANY thrombosis risk factor(s) should prompt VTE prophylaxis measures unless contraindicated → Assess bleeding risk.

- ☐ Mobility reduced for >2 days
- ☐ Age >60
- ☐ Dehydration
- ☐ Obesity BMI>30 kg/ m^2
- ☐ Significant medical comorbidity (e.g. cardiac, respiratory, endocrine, inflammatory, infectious conditions)
- ☐ Active cancer or cancer treatment
- ☐ Thrombophilia
- ☐ Personal history or first degree relative with history of VTE
- ☐ Use of hormone replacement therapy or oestrogen containing contraceptive
- ☐ Pregnancy or <6/52 post-partum
- ☐ Acute surgical admission with inflammatory or intra-abdominal condition
- ☐ Surgery with significant reduction in mobility
- ☐ Critical care admission
- ☐ Knee or hip replacement
- ☐ Hip facture
- ☐ Total anaesthetic+ surgical time >90mins
- ☐ Pelvic or lower-limb surgery with anaesthetic+ surgical time >60mins
- ☐ Varicose veins with phlebitis

Bleeding risk factors. Consider whether sufficient to preclude pharmacological prophylaxis

- ☐ Active bleeding
- ☐ Acquired bleeding disorder (e.g. acute liver failure)
- ☐ Current use of therapeutic anticoagulation (e.g. warfarin, rivaroxaban, dabigatran)
- ☐ Acute stroke
- ☐ Thrombocytopenia (<75x10^9/L)
- ☐ Uncontrolled hypertension (>230/120mmHg)
- ☐ Untreated inherited bleeding disorder
- ☐ Neurosurgery, spinal surgery or eye surgery
- ☐ Other procedure with high bleeding risk
- ☐ Lumbar puncture, epidural or spinal anaesthesia expected within the next 12 hours
- ☐ Lumbar puncture, epidural or spinal anaesthesia within the previous 4 hours

VTE risk actions

Information provided	LMWH	Antiembolism stockings
Provide if admission is anticipated Yes/ No	Yes/ No/ Contraindicated	Consider if thrombosis risk factors present and bleeding risk factors preclude LMWH Contraindicated in peripheral neuropathy, PVD, ulceration, cellulitis, gross oedema Yes/ No/ Contraindicated

Name L. Stevenson Signature [signature] Date 4/11/24 Time complete 18:50

Examination

Diabetic patients → foot examination and diabetes bundle
GI Bleeding → PR examination
Age >65 or confusion → AMT
If cognition or alertness impaired → consider delirium

Very low weight

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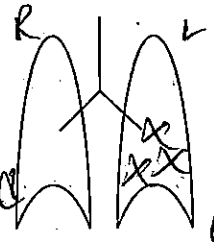
Cardiovascular

WWP
HR: 99
BP: 102/60
JVP: <-7.

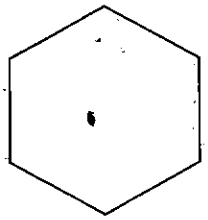
HS: 1+1 to
Carves: SNT
No pitting oedema

Respiratory



Trachea central.
RR: 21, SpO2: 94% RA.
Bilateral mid zone + basal crackles

Abdominal



SNT

Bowel sounds: present.

PR:

AMT (If <4/4, complete AMT10)

1. Age
2. DOB
3. Year
4. Location

/4

Ask patient to remember address: "42 West Street"

5. Time to nearest hour
6. Current monarch
7. Date Of WW2
8. Count 20→1
9. Identify 2 people
10. Recall address

/10

Neurological (remember speech, visual assessment, balance, gait)

Cranial nerves: GCS: 15/15

	R arm			L arm			R leg			L leg		
Tone												
Power												
Sensation												
Coordination												
Reflexes	B	T	S	B			K					

Other

Hb: 142 PT: 13.1 aUC: 5.6. Ca, cCa, Mg, PhOS: (N)
WCC: 9.6 APTT: 35.6 UEs: (N) CRP: 23.
Plt: 443 C-Fib: 8.4 LFTs: (N)

Interpretation of results

ECG NSR - Nil acute.

CXR ✓

Urine HCG

Other imaging

Urinalysis

	Neg	Trace	+		++	+++	++++
Leucocytes							
Nitrites							
Glucose							
Ketones							
Blood							
Protein							

Additional comments

Medicines Reconciliation At least 2 recent sources, one of which must be patient or carer

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☑ Patient *(e.g. verbal recollection or handwritten note)* ☐ Relative/Carer ☑ Electronic patient record ECS (issued in last 6 months?) IDL (within last month?)

☐ Patient's own medicines ☑ Nursing home prescription ☐ Community pharmacy ☐ Other

No Known Drug Allergies ☐

Drug / Substance	Reaction/ Side effect	Drug / Substance	Reaction/ Side effect
Sumatriptan			

Pharm	ADMISSION MEDICATON	Dose	Frequency	Withhold	Stop	Comment	Kardex
	Rizatriptan Benzoate	10mg	PRN			for migraine	
	co-codamol 30/500		PRN			QDS	
	Lamotrigine 200 +	100mg	BD				
	Amitriptyline	10mg	OD				
	Mirtazapine	30mg	OD				
	~~Fluticasone~~ Trixeo 5+7.2+160mcg		2x puffs			BD	
	Salbutamol	100mcg	PRN				
	Ropinirole	500mcg	OD				
	Prochlorperazine	5mg	TDS				
	Adcal D3 750+	5mcg	2x			BD	
	Nocesys	600mg	OD				
	Esomeprazole	20mg	BD				
	Senna	7.5mg	1-2			tablets ON	
	Teriparatide	20mg	- hospital only				

RECENT ANTIBIOTICS/RECENTLY DISCONTINUED MEDICATION (within 6 months)

co-Amoxiclav	625mg	TDS			12/9/24
Prednisolone	30mg	OD			" " "

NON-PRESCRIPTION MEDICATIONS AND HERBAL MEDICATIONS

Are you satisfied this medication history is complete and accurate? Yes ☐ No ☐

If 'No' please detail what further action is necessary (e.g. contact GP, carer or access ECS)

Medicine reconciliation completed by? Name: Signature: Date: Time:

Medicine reconciliation verified by? Name: Signature: Date: Time:

Assessment

Practitioners Name Lauren Adamson	Date 04/11/24
Grade ANP	Time commenced
GMC/ NMC	Location OAU

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CAN:
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Presenting Complaint:

(58) Recent covid, now testing negative - over the past few days ↑sputum production - green/yellow initially. Yesterday 6/7 episodes of haemoptysis - teaspoon of fresh blood ± clots. Denies any cp. Some fevers/sx. Reports fatigue + some ↑SOB during having covid.

Systemic Enquiry: Known COPD - recurrent exacerbations ± Abx ± pred over this past year.

Some further weight loss ? due to ↓ appetite ± cough. Bowels + bladder normal.

Height: 5ft 1ins **Weight:** 35.3kgs **BMI:**

Usual level of activity (please circle)

Bedbound	Dependent for personal care	Requires minimal assistance with ADLs	Slowed. Assistance with heavier household tasks	"Slowed-up" but not requiring assistance	No exercise beyond walking.	Occasional exercise	Regular exercise

Past medical, surgical and anaesthetic history

MI	
Angina	
Hypertension	
COPD	✓
Stroke /TIA	
Diabetes Implement diabetes bundle	

- Diverticulosis
- Oesteoporosis
- OCD
- Anxiety
- Emprysema
- Vit D deficiency
- Fibromyalgia

Family History
- Migraine

Travel History
- Hysterectomy bilateral salpingoophorectomy
- Appendicectomy.
- Epilepsy.

Social History

Smoking: Never Ex smoker (since_____)

Current 5-10 /day Pack years_____ has patches

Alcohol: Nil Units / week

Occupation Not working.

Driving license yes/ no

Lives With son + daughter in law.

Support/ Carers

PACKAGE OF CARE YES / NO (please circle)

IF YES CARE PROVIDER_____

NUMBER OF TIMES PER DAY 1/ 2/ 3/ 4 (please circle)

Forth Valley Royal Hospital Assessment Document

NHS Forth Valley

Date of arrival 4/11/24 Time of arrival 1625

Source of referral: GP ED Other

GP practice: Antonine

CHI NO: 0707663040 07/07/1966 Age 58
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

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Address .....

Consent for ECS Yes No

BM NEWS score 6. Tel 07887 872153

NOK 1 Name David Buchanyre (Son)
Relationship
Address Roseanne (daughter)
Tel 07979816936

NOK 2 .....

S Presenting complaint 10/7 Post covid +ve - still coughing haemoptysis

B Background COPD

A	NEWS 5 or more or other clinical concern	Yes		No
	T° 38°C or more within 14 days of chemot… …e neutropenic sepsis)	Yes		No
	Referred with potassium more than… …2.8mmol/L	Yes		No
	Referred with diabetic ke…	Yes		No
	Reduced GCS	Yes		No
	New limb weakness … …han 4.5hours	Yes		No
	Abdominal pain: Does … …aortic aneurysm?	Yes		No
	Abdominal symptom in … …ossibility of pregnancy	Yes		No
	NEWS 2-4	Yes		No
	New oxygen requirement … …n home oxygen)	Yes		No
	Chest pain at time of triage- Obtain ECG, Clinician to review/ sign within 10 minutes	Yes		No
	New limb weakness, speech disturbance or numbness for 4.5 hours or longer	Yes		No
	Requires assistance of 1 or more to mobilise	Yes		No
	Able to mobilise independently or using own aids/ appliances	Yes		No

IDL CLINICALLY COMPLETE

R Very urgent Urgent Non-urgent Ambulant

Actions					
U&E/ LFT/ CRP/ FBC/Glucose	✓	Amylase		Cannula	
Cultures		Calcium		ECG- to be signed within 10mins	✓
		Group and save		Troponin 0 hours / 12 hours	

Additional triage comments

Allergies and alerts

NKDA

Name K. RAE Signature K Rae Date 4/11/24 Time 1625

RINSE MOUTH. RETURN USED INHALERS TO PHARMACY
Salbutamol Cfc-free inhaler 100 micrograms/puff *2 INHALER TWO PUFFS WHEN REQUIRED*

COPY

Problem (REVIEW)	**Emphysema**

10/09/2024	PN Andrea Davidson at Data Entry
Problem (REVIEW)	**Emphysema**
Comment	sputum sample negative.

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
12/09/2024	**Mirtazapine Tablets 30 mg** ONE TABLET TO BE TAKEN AT NIGHT 56 TABLET	12/09/2024P	DR Lynsay Crawford	REPEAT
11/09/2024	**Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose** TWO INHALATIONS TWICE A DAY VIA SPACER - RINSE MOUTH. RETURN USED INHALERS TO PHARMACY 240 dose	11/09/2024P	PN Andrea Davidson	REPEAT
16/06/2023	**Esomeprazole Gastro-resistant Capsules 20 mg** ONE TO BE TAKEN TWICE A DAY 112 capsule	10/09/2024P	Dr Louise Marshall	REPEAT
10/01/2023	**Teriparatide Solution for injection 20 micrograms/dose, 2.4 ml cartridge** HOSPITAL ONLY 1 cartridge	10/01/2023O	Dr Louise Marshall	REPEAT
21/11/2022	**Adcal-D3 Caplets 750 mg + 5 micrograms (200 units)** TWO TO BE TAKEN TWICE A DAY 224 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
28/07/2022	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 56 tablet	07/10/2024P	Dr Louise Marshall	REPEAT
29/04/2022	**Prochlorperazine Maleate Tablets 5 mg** ONE TABLET TO BE TAKEN THREE TIMES DAILY PRN 84 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
11/02/2022	**Senna Tablets 7.5 mg** ONE OR TWO TABLETS TO BE TAKEN AT NIGHT TO TREAT CONSTIPATION 60 TABLET	14/08/2024P	Dr Louise Marshall	REPEAT
22/11/2021	**Nacsys Effervescent tablets 600 mg** ONE TABLET ONCE DAILY 60 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
23/11/2020	**Co-Codamol 30/500 Tablets** ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY 100 TABLET	28/10/2024P	Dr Louise Marshall	REPEAT
02/06/2020	**Lamotrigine Tablets 100 mg** ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD) 112 tablet	07/10/2024P	Dr Louise Marshall	REPEAT
15/04/2019	**Ropinirole Hydrochloride Tablets 500 micrograms** ONE TO BE TAKEN AT NIGHT 56 tablet	10/09/2024P	Dr Louise Marshall	REPEAT
31/12/2018	**Lamotrigine Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD) 112 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
11/01/2018	**Rizatriptan Benzoate Tablets 10 mg** Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours 6 tablet	28/10/2024P	Dr Louise Marshall	REPEAT
20/10/2017	**Salbutamol Cfc-free inhaler 100 micrograms/puff** TWO PUFFS WHEN REQUIRED 2 INHALER	11/09/2024P	PN Andrea Davidson	REPEAT

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18/05/2018	Cervical smear result Cervical smear: negative
03/09/2024	Height 153.3 cm
03/09/2024	Weight 37 Kg
03/09/2024	Body Mass Index 15.74 kg/m2
03/09/2024	Blood pressure reading 105/76 mm Hg
30/12/2019	Blood pressure reading O/E - BP reading
12/09/2024	Smoking Status Current smoker

Consultations

04/11/2024 — Dr Louise Marshall at F2F

History: Covid first positive 10 days ago. Feeling better from that point of view. Didn't need hospital etc though was unwell. Now testing negative. Still coughing and SOB but known COPD and had expected exacerbation of same. However over last night she started having episodes of haemoptysis. Has now had 6/7 episodes over course of today - all about a teaspoon with some clots not insignificant amounts. Not more SOB today than was last week but is more than her usual. No hx DVT/PE but obviously recent covid increases that risk. No leg pain or swelling. no chest pain. OE temp 36.7 pulse 106 reg. Sats 92% (she says her normal about 95%) No resp distress. Speaking normal sentences. Chest clear bilaterally otherwise. ?all mecahnical from coughing but has only just occurred and given increased risk of VTE due to recent covid and reduced sats, increased pulse then I think PE needs excluded given significant haemoptysis. Wells score is 5.5 (or if PE not equally liklely diagnosis still 2.5 so at least moderate risk) I spoke to medical team - no capacity at RACU so they will kindly see at CAU. She will get taken straight there.

01/10/2024 — Ms Kirsteen Hamill at Phone Encounter

Problem (REVIEW): **Emphysema**

Comment: Called pt today and se is feeling much better. She states that she finds the Trixeo very easy to take and that she thinks that she is using her salbutemol a little less that she was before her last exacerbation. She only really needs to use her salbutemol before she does something that she knows will make her breathless. She has not yet started smoking cessation, but she has organised for her daughter to take her down to the chemist in 2/7 and hopes to start on patches. For fu in 4/12.

Follow up: Emphysema (01/02/2025) Interim

12/09/2024 09:28 — DR Lynsay Crawford at Bonnybridge Health Centre

Problem (REVIEW): **Anxiety states**

History: feels better on mirtazapine 30mg. helped anxiety and OCD and weight stable. does admit to odd eating and at level of eating disorder.

Medication: Co-Amoxiclav 500/125 Tablets *21 tablet ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS*

Prednisolone Tablets 5 mg *30 tablet SIX TO BE TAKEN EACH MORNING FOR 5 DAYS*

Mirtazapine Tablets 30 mg *56 TABLET ONE TABLET TO BE TAKEN AT NIGHT*

Problem (REVIEW): **Emphysema**

History: Current smoker 2 x courses of antibitocs for infection (amox and doxyx). still coughing - milky spit. more soboe. had haemoptysis months ago which cleared with amox and CXR then was all clear. no furtehr haemoptysis. no chets pain. is still smoking - 2/day - recetn sputum - no infection

Smoking cessation advice will go to pharmacy for NRT patches. I suspect an element of her worsening soboe is her COPD getting worse due to smoking

Examination: thin. chatty. did cough. Po2=95% her usual - gets worse during infections. chest - generally redcued AE all over with nil focal

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11/09/2024 — PN Andrea Davidson at Data Entry

Problem (REVIEW): **Chronic obstructive pulmonary disease**

Comment: See entry 3/9/24 - Rx were never issued.

Has f/u 1/10/24

Medication: Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose *240 dose TWO INHALATIONS TWICE A DAY VIA SPACER -*

06/04/2021	Upper Gastrointestinal endoscopy Normal	Ms Johnstone	761Fz-2
12/03/2021	Gastroscopy normal	Ms Salvage	36[illegible]0
11/11/2020	COVID-19 excluded by laboratory test	Ms McMurdo	^ESCT1300245
05/10/2017	Grand mal seizure	Dr McRae	F2516
23/04/2013	Chronic obstructive pulmonary disease	Mrs Miller	H3
22/03/2013	Migraine	Mrs Miller	F26
11/03/2013	Adverse reaction to Sanomigran	Mrs Miller	EMISDRGA
12/01/2004	Abdominal hysterectomy and bilateral salpingoophorectomy	Mrs Miller	7E045

COPY

Past Problems		Authorised By	Code
21/11/2022	**Osteoporosis**	Dr McCalister	N330
04/11/2020	**COVID-19 excluded by laboratory test**	Mrs Ross	^ESCT1300245
03/04/2020	**Potential infectious contact** High risk category for developing complications from Covid-19 infection; COVID19 Shielding retired 31/05/2022	INTERNAL INTERNAL USER	9d44
18/01/2016	**Appendicectomy NEC**	Mrs Miller	7701z-1
28/05/2015	**Magnetic resonance imaging of brain normal**	Mrs Miller	569F
04/08/2014	**Cervical smear: negative 3 year recall due 04.08.17**	Mrs Miller	4K22
16/09/2011	**Cellulitis NOS**	Mrs Miller	M0320
01/06/2011	**Anxiety states**	Mrs Miller	E200
13/07/2010	**Diverticulosis**	Mrs Miller	J510
16/02/2010	**Closed fracture pubis left**	Mrs Miller	S132
17/07/2006	**Fibroadenosis of breast (Right)**	Mrs Miller	K302
29/08/2005	**Diverticulosis**	Mrs Miller	J510
10/12/2004	**Depressive disorder NEC**	Mrs Miller	E2B
18/03/2002	**Termination of pregnancy NEC**	Mrs Miller	7E086
11/10/2000	**Menorrhagia**	Mrs Miller	K5920
17/07/2000	**Acute pyelitis**	Mrs Miller	K1012
23/06/1998	**Spontaneous vaginal delivery**	Mrs Miller	L20-1
15/08/1994	**Spontaneous vaginal delivery**	Mrs Miller	L20-1
28/10/1985	**Spontaneous vaginal delivery male**	Mrs Miller	L20-1
21/02/1984	**Generalised nonconvulsive epilepsy**	Mrs Miller	F250
01/05/1983	**Neonatal death 26/40**	Mrs Miller	Q4z-2
31/10/1976	**TB - tuberculosis contact**	Mrs Miller	65P2-1
14/04/1975	**[X]Self mutilation**	Mrs Miller	U2E
29/08/1974	**Behavioural problem**	Mrs Miller	1B1X
29/08/1974	**Aggressive behaviour**	Mrs Miller	1P5
26/07/1974	**[D]Convulsion NOS**	Mrs Miller	R003z
21/09/1972	**Other diagnostic lumbar puncture normal**	Mrs Miller	70473
30/12/1968	**Bronchopneumonia**	Mrs Miller	EMISNQBR25
07/07/1966	**Grand mal seizure**	Mrs Miller	F2516

Due Diary Entries		Authorised By	Code
31/12/2099	**Key information summary, special note expiry date**	Sister Sword	EMISNQKE5
07/07/2025	**Chronic disease monitoring**	Ms Hamill	66...
07/07/2025	**Medication review**	Dr Marshall	8B314
01/02/2025	**Emphysema interim**	Ms Hamill	H32..

Overdue Diary Entries		Authorised By	Code
15/01/2022	**Key information summary review date OVERDUE**	Sister Sword	EMISNQKE7
30/01/2021	**No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion	Ms McMurdo	9Ow2.
23/11/2019	**Seasonal influenza vaccination OVERDUE**	Mrs Ross	65ED.

Alerts		Authorised By	Code
08/02/2019	**Advance directive signed January 2019**	Ms Johnstone	9X2-2

Drug Allergies		Authorised By	Code
11/03/2013	**Adverse reaction to Sanomigran**	Mrs Miller	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status

COPY

Registration Details - Patient No: 9724

Personal details...		Address details...	
Date of birth	07/07/1966	Post Code	FK4 1NH
Sex	F	House Name Flat No	
Surname	Black	No and Street	36 Spence Street
Previous Surname	Stitt	Village	
Forenames	Grace	Town	Bonnybridge
Calling Name	Grace	County	Stirlingshire
Title	Ms		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	Home Tel No	none
Registered GP	Dr Louise Marshall	Work Tel No	
Usual GP	Dr Louise Marshall	Mobile Tel No	07887872153
Residential Inst		E Mail Address	wee_grace1@live.co.uk
Branch Surgery		Contact	
CHI Number	0707663040	Contact Relationship	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	30/05/2017		

AMS\MCR Details		Imported user defined fields	
AMS Consent	Yes	GPASS Patient ID	
Pharmacy Details		NHS Number	
Item Collected Check	No		
MCR Suitability Status	1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
03/10/2023	Chr dis monitor - 1st recall	Mrs McLeish	9OE1
07/06/2023	Colonic polyp Benign	Ms Johnstone	J578
07/06/2023	Diverticulosis	Ms Johnstone	J510
07/06/2023	Diagnostic colonoscopy	Ms Johnstone	771J-1
28/12/2022	Osteoporosis partial collapse of T12	Mrs Conn	N330
02/12/2022	Obsessive-compulsive disorders	Ms Aitchison	E203
01/06/2022	Anxiety states	Dr Norve	E200
11/02/2022	Emphysema	Ms Aitchison	H32,
03/02/2022	[X]Deficiency of other vitamins Vitamin D	Dr McCalister	Cyu64
04/05/2021	Restless legs syndrome	Ms Salvage	F13z2
04/05/2021	Fibromyalgia	Ms Salvage	N248

Urgent Clinical Note

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

NHS Forth Valley

COPY

Results related Clinical Note

Recorded by: Nicolle Milne / General Medicine (A1)
Recorded on: 06 November 2024 15:08

Presenting Complaint, Investigations, Results, Diagnosis:

Ms Black attended RACU 6/11/24 for CTPA:

CTPA results:
No PE. Minor
central bronchial thickening. Consider
inflammation/bronchitis. Cause of haemoptysis is not
readily apparent otherwise. Known severe emphysema.

Advised me her haemoptysis has stopped.
Feeling ok.

Given 5 day course of prednisolone 40mg once daily.
Amoxicillin 500mg three times daily for 7 days.

Safety netting advice given.

Kind regards,
Nicolle
Trainee ANP
Acute Care Team

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Nicolle Milne on Wed 06 November 2024 at 15:16
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

ECG: NSR

Reviewed by Dr Metcalfe, given symptoms and risk factors keen to go ahead with CTPA to rule out PE/Malignancy. ? Antibiotics if any signs of consolidation.
WELLS: 4.0
PESI: 68
Treatment dose LMWH given and safety netting advice provided.
Discharged home to return to RACU for CTPA - Please call with time.

COPY

Many thanks
Lauren Adamson
ANP

Safety Alerts

Nil records exist

Allergy/Intolerance -

Allergy records are as recorded at time and date of printing
Nil records exist

Medications -

Drug Information:

Drug	Dose	Route	Frequency	GP to Continue	POD	Days Supply

Nil records exist

Drug Notes:

Drug	Drug Notes

Nil records exist

Additional Medicine Information:

Medicines discontinued during admission (Medicines that patient was recorded as admitted on only)

Drug	Discontinued Reason

Nil records exist

GP Communications:

Outstanding Results -

Responsibility of Hospital

Nil records exist

Person completing record

Authorised by
Name:
Designation or role:
Specialty:
Date completed: 05-Nov-2024

Clinically completed by
Name:
Designation or role:
Specialty:

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
LE Marshall	GP	Antonine Medical Practice

Immediate Discharge Letter (Authorised)

COPY

General Medicine
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

CHI Barcode: 0707663040

Date of Completion: 05-Nov-2024

LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
Bonnybridge
FK4 1ED

Patient Demographics

Patient Name:	BLACK, Grace	**Date Of Birth:**	07-Jul-1966
Patient Address:	36 Spence Street Bonnybridge Stirlingshire FK4 1NH	**Gender:**	Female
		CHI No:	0707663040
Telephone No:			

GP Practice

GP Name:	LE Marshall	**GP GMC:**	6115383
GP Practice Address:		**GP Practice Code:**	6115383/25192
		GP Clinic Code:	25192
		GP Telephone:	

Admission Details

Patient Location:	General Medicine	**Admission Care Provider:**	Dr Daniel Beckett
Admission Date:	04-Nov-2024	**Admission Time:**	14:59
Admission Method:	Emergency Admission, no additional detail added	**Ward:**	FVRH Ward CAU
Source Of Admission:	GP Non Obstetrics - same Provider		

Discharge Details

Discharge Specialty:	General Medicine	**Discharge Care Provider:**	Dr Daniel Beckett
Discharge Date:	04-Nov-2024	**Ward:**	FVRH Ward CAU
Discharge Time:	23:39	**Discharge Destination:**	Private Residence - no additional detail added
Discharge Method:	Regular discharge, no additional detail added		

Clinical Summary including History

Dear Doctor,

Mrs Black was referred to the clinical assessment unit with 6/7 episodes of haemoptysis. Recent covid, tested negative today. Generally unwell during Covid infection, some SOB and for the past few days sputum production.

PMH: Diverticulosis, Oesteoporosis, OCD, Anxiety, Emphysema, FM, COPD, Migraine, Epilepsy.

O/E:
Right midzone and base - Crackles, Nil other concerns on clinical examination.

Bloods: CRP: 23, WCC: 9.6, D.Dimer: 0.36
CXR: Nil obvious consolidation

Medicines discontinued during admission (Medicines that patient was recorded as admitted on only)

Drug	Discontinued Reason
ALENDRONIC ACID 70 mg Tablets	Discontinued - No longer indicated
ESOMEPRAZOLE 20 mg Capsules	Discontinued - Planned increase

COPY

GP Communications:

Given community prescription for Fluconazole 50mg OD for 7 days, Esomeprzole increased to 40mg BD, co-codamol 30/500 2 tablets up to 4 times daily as required. Alendronic acid 70mg once weekly stopped.

Outstanding Results -

Responsibility of Hospital

Nil records exist

Person completing record

Authorised by		Clinically completed by	
Name:	RN Emma Jade Kilgannon	**Name:**	RN Emma Jade Kilgannon
Designation or role:	Nurse	**Designation or role:**	Nurse
Specialty:		**Specialty:**	
Date completed:	18-Apr-2026		

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
LE Marshall	GP	Antonine Medical Practice

PMH
COPD, epilepsy, fibromyalgia, osteoporosis, acid reflux.

COPY

On Investigation
Bloods- CRP 19, Hb 153, U+E's normal, LFT's normal.

Medications
Commenced on empirical fluconazole 50mg OD for 7 days.
Co-codamol 30/500 up to QDS.
Esomeprazole dose increased to 40mg BD.
Stop alendronic acid.

Plan
Urgent outpatient OGD requested.
Discharged home.

Kind Regards
Emma-Jade Kilgannon
Nurse Practitioner
Acute Care Team

Safety Alerts

Nil records exist

Allergy/Intolerance - JAC

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing

Medications - Pharmacy System

Drug Information:

Drug	Route	Dose and Frequency	GP to Continue	POD	Days Supply
ACCRETE D3 One a Day 1000mg/880units Chewable Tablets	Oral	1 Tablet ONCE daily at 8am	Y	N	7
ACETYLCYSTEINE 600 mg Effervescent Tablets	Oral	600 mg ONCE daily at 8am	Y	N	7
AMITRIPTYLINE 10 mg Tablets	Oral	10 mg ONCE daily at 10pm	Y	N	7
CITALOPRAM 10 mg Tablets	Oral	10 mg ONCE daily at 8am	Y	N	7
CO-CODAMOL 30/500 Tablets	Oral	1 Tablet when required (PRN) for pain, max QDS 4-6 hrly	Y	N	7
ESOMEPRAZOLE 40 mg Tablets	Oral	40 mg TWICE daily at 8am and 6pm	Y	N	7
FLUCONAZOLE 50 mg Capsules	Oral	50 mg every 24 HOURS for 7 day(s)	N	N	7
LAMOTRIGINE 100 mg Tablets	Oral	100 mg TWICE daily at 8am and 8pm	Y	N	7
LAMOTRIGINE 200 mg Tablets	Oral	200 mg TWICE daily at 8am and 8pm	Y	N	7
MIRTAZAPINE 45 mg Tablets	Oral	45 mg ONCE daily at 10pm	Y	N	7
PROCHLORPERAZINE 5 mg Tablets	Oral	5 mg when required (PRN) for nausea. max TDS	Y	N	7
RIZATRIPTAN 10 mg Orodispersible Tablet	Oral	10 mg when required (PRN) for migraines, max BD	Y	N	7
ROPINIROLE 500 micrograms Tablets	Oral	500 microgram ONCE daily at 10pm	Y	N	7
SALBUTAMOL 100 micrograms (Easyhaler) per dose	Inhalation	2 Puff(s) when required (PRN) for breathlessness	Y	N	7
TRIXEO AEROSPHERE 5/7.2/160 Metered Dose Inhaler	Inhalation	2 Puff(s) TWICE daily at 8am and 10pm	Y	N	7

Drug Notes:

Drug	Drug Notes
Nil records exist	

Additional Medicine Information:

Immediate Discharge Letter (Authorised)

COPY

General Medicine
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

CHI Barcode: 0707663040

Date of Completion: 18-Apr-2026

LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
Bonnybridge
FK4 1ED

Patient Demographics

Patient Name:	BLACK, Grace	**Date Of Birth:**	07-Jul-1966
Patient Address:	36 Spence Street Bonnybridge Stirlingshire FK4 1NH	**Gender:**	Female
		CHI No:	0707663040
Telephone No:			

GP Practice

GP Name:	LE Marshall	**GP GMC:**	6115383
GP Practice Address:	25192/1 Antonine Medical Practice Larbert Road Bonnybridge Bonnybridge FK4 1ED FK4 1ED	**GP Practice Code:**	6115383/25192
		GP Clinic Code:	25192
		GP Telephone:	01324 812315

Admission Details

Patient Location:	General Medicine	**Admission Care Provider:**	Dr Daniel Beckett
Admission Date:	17-Apr-2026	**Admission Time:**	23:48
Admission Method:	Patient Non-Injury (e.g. stroke, MI, Ruptured Appendix)	**Ward:**	FVRH Ward CAU
Source Of Admission:	GP Non Obstetrics - same Provider		

Discharge Details

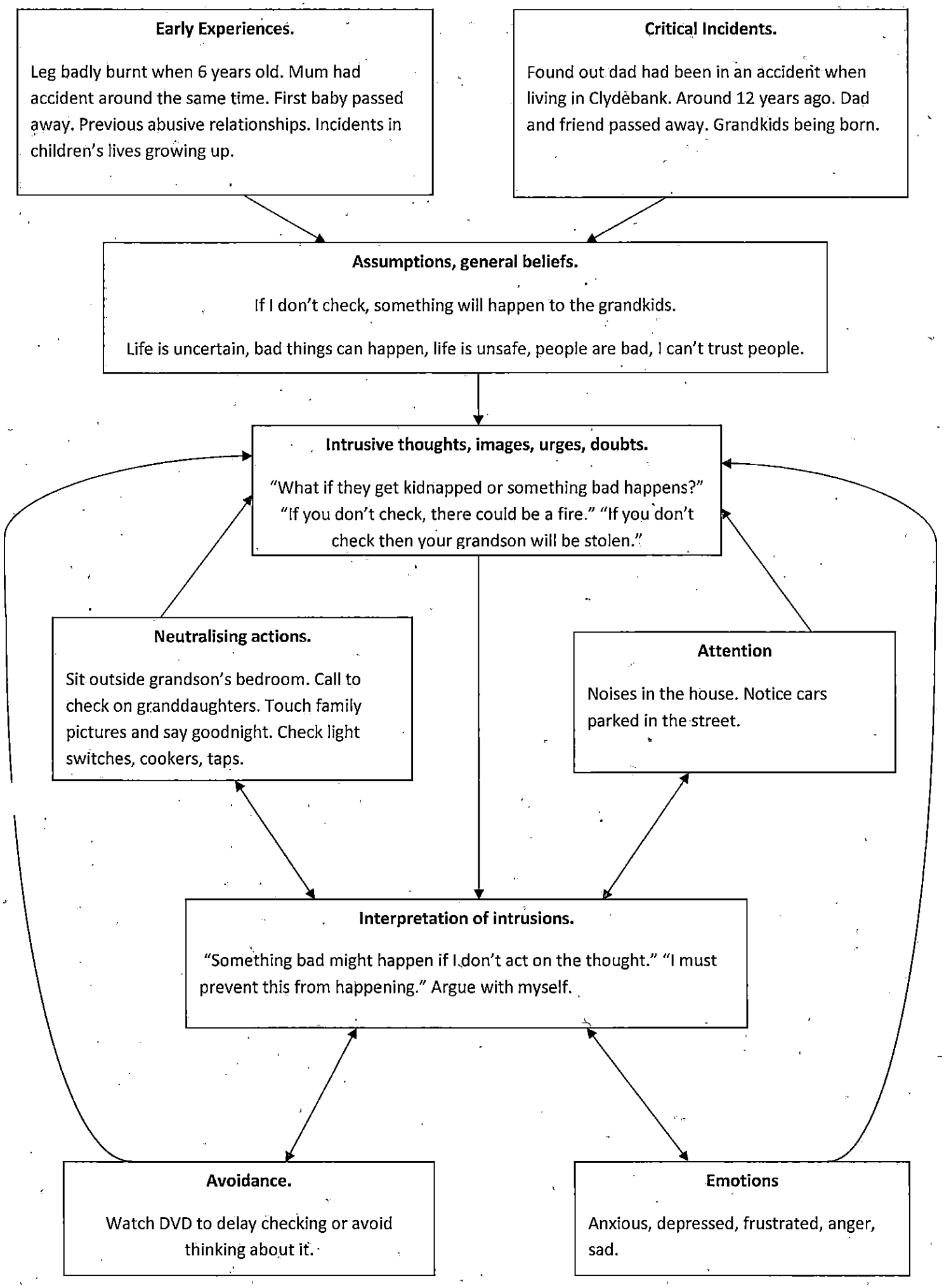
Discharge Specialty:	General Medicine	**Discharge Care Provider:**	Dr Daniel Beckett
Discharge Date:	18-Apr-2026	**Ward:**	FVRH Ward CAU
Discharge Time:	10:15	**Discharge Destination:**	Private Residence - living with relatives or friends
Discharge Method:	Regular discharge, no additional detail added		

Clinical Summary including History

Grace was admitted to CAU with swallowing difficulties. She describes dysphagia and the feeling of a 'lump' when swallowing for several days.

Impression
?oesophagitis from alendronate
?oesophageal candida

Cognitive Behavioural Model of Obsessive Compulsive Disorder (OCD).



OCD Hierarchy

Make a list of situations that trigger your OCD obsessions and compulsions.
Put them in order of least anxiety-provoking at the bottom, to most anxiety-provoking at the top.
Give each one a rating (0–100%) for how distressing it would be.

SITUATION	DISTRESS (0 – 100 %)
Not calling to check on the grandkids.	100%
Not calling granddaughter when she is out with her friends at night.	100%
Not checking the lock on the door (or only checking once).	90%
Not touching family photos before bedtime.	80%
Not checking switches or sockets for cooker and other appliances.	80%
Writing down intrusive thoughts when feeling anxious already.	70%
Saying out loud something bad will happen.	70%
Not checking the taps.	50 – 60 %
Delaying call by 10-15 minutes before checking on Kerry-Lee.	40 – 50%
Writing down intrusive thoughts when not feeling anxious.	40%
Delaying call by 5 minutes before checking on Kerry-Lee.	40%

Psychological Therapies Contact Record

Date of Activity 18 July 2025 09:00 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace said she was doing "fine, plodding alone". She said she continues to have up days and down days with her mood. She has a GP appointment next week for a medication and weight review which she reported there had been no change to since last session and she would like to build this up.

Grace continued to feel like it was the right time to draw our sessions to a close. We reviewed all significant gains she had made. For example, she is no longer checking on her grandchildren's well being excessively, and even encouraged one to travel abroad in her gap year. She said she no longer thinks about their safety nor needs to know where they are all the time. She also shared that she has saved so much time by removing her checking rituals of items such as the doors, cooker, windows, candles, plugs etc. She said her fear of intruders is significantly reduced – "I don't sit and think someone will come through the front door". She only performs one check of these items before bed, and never goes downstairs in the middle of the night. She said she gets an urge to check occasionally but she sits with it and knows it will pass. Grace also no longer performs superstitious rituals to keep family safe, such as touching their photographs before bed. She said she has learned "if something bad is going to happen it will happen. My checks won't stop it."

We reviewed the tools she learned that she can use again if she notices her symptoms creep up. We also talked about signs and triggers for a relapse. We noted that her daughter got burgled during our work together which did not lead to her symptoms worsening, so she feels confident she can maintain her gains.
We also spoke about activity scheduling and keeping social contact up on days she feels low and to continue to try and eat little and often when her appetite is low.

Grace has now been discharged.

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 02 July 2025 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace said her mood continued to be up and down. On half the days, she feels more motivated, gets up early and is active with the family etc. On other days, she finds her mood and motivation is low. She finds she sits in her bed at times thinking about the past, mainly things she feels guilty about. She does try to acknowledge this as unhelpful at the time, and tells self "it's in the past; live for the now and the future). I encouraged her to continue to label such times as rumination, and try to focus her time on a more productive task. There continues to be no clear trigger for a fluctuation in her mood, and I encouraged her to continue to try and plan activities in, in advance and try to stick to this plan.

Similarly, Grace's appetite continues to be variable. On days she feels low, she tends to have a sandwich for lunch and for dinner, but manages proper meals when her mood is more positive. She said she saw her GP in May who weighed her and continues to monitor her weight and the impact of her increased dose of Mirtazepine. She said she is due a follow up soon, and plans to call tomorrow to arrange this.

In terms of her OCD, Grace has maintained all previous gains. However she felt unable to attempt her thought action fusion task as she "did not want to put myself through that just now". This led to us reviewing our sessions, and we both agreed that they were coming to their natural conclusion. She is delighted with the progress she had made in reducing her checking rituals, and feels confident she can maintain the gains. In terms of her superstitious rituals, she feels she knows what to do to work on this in the future when she feels better placed to do so. We therefore agreed to do some relapse prevention work before discharging her.

Next appt: 18.7.25

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 24 June 2025 14:44 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace on the telephone. She said she was feeling better after her migraine on Friday. We agreed an appointment for 2.7.25

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 20 June 2025 08:45 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace called to cancel today's appointment, leaving a message saying she had a migraine.

Psychological Therapies Contact Record

Date of Activity 19 May 2025 09:00 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she continues to feel her mood is improving, although still has ups and downs. She feels her medication dose increase is benefitting her and hope more gains are made in the coming weeks. She has been having days where she is motivated and getting up / going out etc. For example, she took her grandson to town on a bus yesterday. Other days she has to force herself to get up and dressed and sits downstairs. She finds if she gets up straight away and has a bath, that helps to start her day off well. Only a couple of days has she remained mostly in her bed. She has been making plans for day trips throughout the summer too.

Grace's appetite has been improving too, although she still has some days she is not hungry. She said her weight has remained stable at 5 stone 10. She has a GP appointment on Wednesday for a review since her medication dose was increased.

Other developments - Grace's son in law found a lump on his testicle which is being examined, but she said she is feeling fine about it all and mainly worried about her daughter.

Grace felt ready to revisit our TAF task. She is to write down daily that [redacted] (daughter in law) will cut her finger, without seeking reassurance via any means afterwards. If this goes well after a couple of weeks, she will repeat the task with [redacted] (daughter).

Next appt: 20.6.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 07 May 2025 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she was started to feel improvement in her mood. She had had a GP appointment where her mirtazapine was increase from 30mg to 45mg. She said, similar to last time, she is feeling more tired as a result, but hopes this passes like the last time her dose increased from 15mg to 30mg. She does however feel "a bit of improvement" and "light at the end of the tunnel". She has felt more motivated to spend time with family, and to do jobs around the house, such as decluttering. She said she is "getting up and doing things again". She rated her mood as 5 or 6 out of 10.

She also discussed her loss of appetite and weight with the GP. The GP said that Grace should keep an eye on it and go back to chat if she loses more weight. She has a follow up appt. to review this and her medication in 2 weeks.

Grace feels her appetite has started to improve, albeit is still up and down. She described feeling like she is eating more and with greater variety, such as a burger and chips, rolls on sausages etc. Grace said the GP wondered if she had traits of ASD like her grandson and son, which Grace found a helpful conversation, as it gave her some insight into why certain food textures are difficult. She does not however want to seek a diagnosis.

We agreed to hold back from setting and exposure task for her OCD symptoms this time again, and will revisit this in 2 weeks if she continues to improve.

Next appt – 19.5.25

File attachment

Not Recorded

Risk assessment

Not recommended/required

Discussion with RMO/team members

Not recommended/required

Date of next review

25 October 2025

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Risk Profile (front page)

Date of Activity 25 April 2025 10:30 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Risk status

History of significant risk behaviour

No

Risk of violence to others

No apparent risk

Risk of suicide

No apparent risk

Risk of deliberate self-harm

No apparent risk

Risk of severe self-neglect

Low apparent risk

Note: Grace reports that her appetite has been lower over the past month. She said her mood has reduced and she experiences nausea when eating. She has been struggling to finish meals, but continues to snack throughout the day. She reports losing 2.5 pounds over the past month or so and is now weighting 5 stone 11.5. At the time of first meeting Grace she was 5 stone 8. She wishes to gain weight and has looked into ordering a high protein drink. She also wishes to discuss further increasing her mirtazapine with her GP and plans to book an appointment next week. She hope if this improves her mood, her appetite will improve as this is typically the case. I agreed to write a note asking the GP to offer her an appointment as she sometimes struggles to get through.

Risk to child

No apparent risk

Risk of elder abuse

No apparent risk

Care planning

Risk management plan developed

No

Further actions recommended/required

Recommended/required

Note: I wrote to the GP asking the to meet Grace to discuss her mood and weight

Psychological Therapies Contact Record

Date of Activity 25 April 2025 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace said her mood had been low over the past few weeks. She said there were no obvious triggers, but she feels her medication is not having the same impact now. She plans to call the GP on Monday to discuss increasing her Mirtazapine. Grace said it was increased around 6 months ago when she felt low and it helped, and she was told it could go up further if required. Grace has also found her pain is worse, and recognises a vicious cycle between this and her low mood.

Grace's appetite has been lower as a result. She has been feeling nauseous when she eats. She does wish to eat, and gain weight, but she has been finding it tough. She struggles to finish evening meals, however she has continued to snack throughout the day on sandwiches, chocolate, crisps, biscuits and scrambled eggs. She said she has been researching a high calorie drink that gym users often use and plans to order this. She believes the flavours sound better than other high calorie drinks she tried at the past when working with the dietician. Grace however does not wish to re-engage with dietetics. Grace said she lost 2.5 points in the last month or so. She now reports being 5 stone 11.5. She was 5 stone 8 at time of referral had built up her weight to 6 stones.

Grace has been spending lots of time in her room, but does go downstairs for some family time during dinner time. She also spends time with her grandson, Leon which helps, and sits downstairs with her dog in the day. I encouraged her to try and steer clear of spending too much time alone. She has not engaged with her usual hobby of DIY, although she did get a new tattoo and is doing her daughter's nails at the weekend.
Grace said the very impressive OCD checking progress had been maintained, but she had not felt up to trying the thoughts action fusion task. We agreed to pause that task for now and focus on improving her mood and appetite.

I agreed I would do a short note to the GP to update them on Grace's low mood and wish to discuss her medication and will also update the GP on her reduced appetite.

We also completed a 6 month review of the FACE form. This included the discussion of food as above, and also Grace continues to report no risk of suicide or self harm.

Next appt: 7.5.25

File attachment

Not Recorded

Black, Grace CHI Number 0707663040 Date of Birth 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 02 April 2025 10:45 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace called and asked to reschedule as she had been in accident and emergency all night with her son. I called her back in the afternoon following receipt of this message and arranged another session on 25.4.25. All was well, her son had badly cut himself, but was doing fine now.

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 03 March 2025 13:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported having a positive 2 weeks where her mood has felt good. She had been doing more home improvements – building up new bathroom furniture. Here checking behaviour progress had all been maintained. Grace also completed her TAF homework well. She was able to write that her son, David, would cut his finger. She found the first few days tough but was able to habituate quicker than anticipated. She therefore started to increase the difficulty by writing that he'd lose a limb. Grace said she did seek reassurance at first, by looking at his finger often, as well as listening at hi door if he was up in the night for the toilet, in case her writing about injuring his finger would lead to something else occurring like choking in his sleep. However, she habituated over time. We agreed to move on a work on her daughter in law, Lauren, at first, and once habituates her daughter Rosie. Again, she is to write re. cutting their finger. She did this in session for the first time. She will repeat daily, and I encouraged her not to seek reassurance this time around.

Next appt 2.4.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 21 February 2025 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She said after her migraine where she cancelled out last appointment, she had a spell of feeling low and feeling sorry for herself where she withdrew. Her illness flared up her fatigue and chronic pain also which contributed. But for the past 2 weeks or so she has picked up again. Grace said her appetite is good and her weight has remained stable and she continues to eat a good variety of high sugar foods and meats etc. Grace has took pleasure from finishing her DIY project of decorating her hall, and has plans to begin her spare room in the future.

Grace continues to maintain all progress with her checking rituals, despite reading on social media of an intruder entering a home recently. She did however struggle with her task to write down that various members of her family would cut her finger to test her fears around thought action fusion (TAF). Grace said reading about men attacking women on social media contributed to her avoiding this task. Although her task was to write about a cut finger, she worried that writing anything bad could lead to something worse happening. We adapted the task to only write the same message in relation to her adult son, and she felt this was more manageable. We did it in session and she had some anxiety, but this was relatively low. She is to repeat this when herself each day for homework.

Next appt 3.3.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 31 January 2025 15:25 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace left a message this morning to cancel her appointment as she had been unwell. I called her back this afternoon and she said was sick in the night (her grandson had a sickness bug earlier in the week), and she had a migraine in the morning. She said she was starting to feel better now, the migraine had lifted and she had managed some toast. We agreed another appointment for 21.2.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 16 January 2025 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she was currently doing well. It had been a month since our last appointment, and she had enjoyed her Christmas day. She had a period of 10 days afterwards where her mood felt low and she 'hid away' in her room. She put that down to it being a tough time of year due to previous losses around this period. She said that since Sunday, she picked herself up and is feeling a more positive mood again. She has been continuing to decorate her home with plans to do more. Grace said her appetite has been normal since overcoming her illness in November.

Grace has maintained all her progress in relation to checking. Even on the odd day her anxiety has felt higher, she has resisted stronger urges she experiences to check her doors. She did not attempt the new task we set (no write down that different family members would cut their finger daily and not perform a superstitious/relief seeking ritual), partly as she forgot and partly because her motivation was lower when she remembered. However, Grace felt well placed to set this task again and was keen to set this homework task. She said she will put an alarm in her phone as a reminder to do so.

Next appt – 31.1.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 17 December 2024 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she had been doing well overall. She is looking forward to Christmas although she has had frustrations with a her sons-in-law over his perceived lack of support to the family. Grace said on one night last week – her anxiety was particularly high and many former checking rituals returned throughout the night. At the time this felt out of the blue, however we connected this to coinciding with her fathers' anniversary of death. She had also heard about a couple of burglaries, and Grace also acknowledged holding a belief that bad things happen at this time of the year, as her mum also died on 20th December and family members have required emergency surgery around Xmas also.

Following this night, and prior to it, Grace has continued to do exceptionally well with her OCD checking. She continues to only check the door once before bed and any anxiety passes in around 10 minutes. She said she is starting to get "the old me back". She said she is calmer more generally too in life, where she brushes off things that would have formerly made her angry.

Grace also did well to recognise several intrusive thoughts re. her families' well being, and resisted the urge to perform a mental ritual to neutralise this. She is proving her anxiety will pass naturally and such steps are not needed to keep everyone safe. She was able to offer examples of resisting such urges. We agreed a new task – to write down that a different member of her family will cut their finger every day. She said this was anxiety provoking but she felt she could manage.

Review on 16.1.25

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 25 November 2024 14:30 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she has recovered from covid and her chest infection and is feeling well. Her energy and appetite have returned, and she is back to engaging in hobbies such as DIY projects. Grace reported good progress with her ERP task over the past 2 weeks (2 only check the door once before bed and not to go downstairs to check it in the night when she is typically awake to use the bathroom). The first 4 days proved too difficult, and Grace said she "gave in" and checked again. However, since then, she has managed to only check once, and she is starting to habituate to this. Current SUDS ratings are 5/10 which pass in ten mins. Only twice in the last two weeks has Grace checked again in the middle of the night, reporting that these tend to be more likely if her chronic pain has been worse on those days. We agreed to continue with the same task until she further habituates.

We also discussed superstitious rituals Grace has performed to keep her family safe (e.g. touch photographs of her family before bed; picture them happy should she experience an intrusive thought of them coming to harm). She said she no longer touches photographs daily, as she is learning she cannot control external events by doing so. She still occasionally pictures family healthy however should she experience an intrusive thought. We therefore set the task to completely stop this habit too.

We agreed we may move to look at thought action fusion experiments in the future to further work on this area.

Next appt 17.12.24

File attachment

Not Recorded

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 11 November 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she has been ill for the past 2 weeks. She caught COVID which wiped her out and she has spent most of the time in her bed. She went to the GP last week as she coughed up blood and was sent for X-rays in hospital and it was determined her covid, alongside an existing infection was responsible. She has been given anti biotics. Over the past few days, Grace has started to improve, although she is still not fully recovered. She has been able to go out the house again, having visited McDonald's yesterday.

This illness has limited Grace's ability to work on her ERP task – to only check the front door lock once before bed. She did however manage this last night for the first time. She wishes to focus on the same homework again this time. Grace has still not got up to check the door in the middle of the night, outside one time on Friday, over the past month or so now. Grace also continues to feel she is benefitting from not muting the TV to 'listen out' for noises downstairs.

Next appointment – 25.11.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 25 October 2024 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace shows further signs of significant progress. She is cat sitting for her daughter so has been staying overnight alone for 4 nights in her house. Grace is proud that she has been able to do this and recognised how significant a step it was. Her anxiety of intruders was understandably higher however, after the first night, he checks were down to 2 before bed and one or two checks in the night. We discussed how this is a clear marker for progress. She is delighted that this "proves I can stay alone" and that she "enjoys the peace and quiet".

Whilst staying at home, Grace also succeeded in her goal to avoid checking the door is locked at all in the middle of the night. She is now achieving this 100% of the time. Some nights feel tougher than others still but she has been able to tell herself her anxiety will pass and resists. Grace also took on board advice to stop sporadically muting her TV to listen for any signs of intruders. She still does so out of habit at times, but generally notices after a few seconds and stops. She is oftentimes catching herself before muting the TV and she feels this is helping reduce her anxiety, explaining that if I listen for noises, I will hear something that makes me anxious.

Another sign of progress in Grace supporting her 18 year old grand daughter's plan to fly to Amsterdam with her boyfriend, a significant change from being over protective and gaining regular reassurance over her whereabouts and safety.
We agreed the next ERP task – to only check her front door once before bed.

Next appt: 11.11.24

File attachment

Not Recorded

Discussion with RMO/team members

Not recommended/required

Date of next review

03 April 2025

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Risk Profile (front page)

Date of Activity 03 October 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Risk status

History of significant risk behaviour

No

Risk of violence to others

No apparent risk

Risk of suicide

No apparent risk

Risk of deliberate self-harm

No apparent risk

Risk of severe self-neglect

Low apparent risk

Note: Grace's weight has remained stable for some time. On days where her fibromyalgia has flared up, she has reduced appetite and eats less. Her appetite has improved overall however and she is eating more consistently and in greater quantities.

Risk to child

No apparent risk

Risk of elder abuse

No apparent risk

Care planning

Risk management plan developed

No

Further actions recommended/required

Not recommended/required

Risk assessment

Not recommended/required

Psychological Therapies Contact Record

Date of Activity 03 October 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well overall. Her mood has been up and down, which is typically linked to if her fibromyalgia has flared up and she is sore / not sleeping as well. She continues to go downstairs and mix with her family and pets now though which she feels helps. Otherwise, she has been active and engaging in her hobbies such as DIY and shopping. We completed a 6 month FACE form. No thoughts of harming herself. Weight has also remained stable.

In terms of her OCD task (to not check her door in the middle of the night – this has remained challenging, but she has made clear progress. Only once this week has she went down to check. Last week, she checked 3 days of the week. She described having arguments with herself over whether she heard something. Often she can reassure herself that it is one of her pets, but on days her fibromyalgia has been worse and she is more tired, it is harder to resist.

We discussed Grace's tendency to mute the TV at random points to listen out for intruders, which she recognised doing even when she feels calm. We discussed the pros and cons of this and Grace aims to stop this behaviour. We agreed to keep the homework task the same, given she has been making progress, but has not met her goal fully.

Next appt: 25.10.24

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 27 September 2024 11:27 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace briefly and we agreed to bring our next appointment forward to 3.10.24 given space had opened up in my diary.

File attachment

Not Recorded

Black, Grace CHI Number 0707663040 Date of Birth 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 24 September 2024 15:00 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I called Grace for our appointment. She answered and said she had completely forgot. She was just heading out and asked if we could reschedule. Another ppt. was agreed for 15.10.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 10 September 2024 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She has had some down moments but described pushing through and getting on with her day and mixing with her family and it lifted. She continues to report her appetite and weight as positive. She also continues to work on home improvements with further plans over the next week or two.

In terms of her ERP task (to not check her front door is locked when she wakes in the night), this has continued to be challenging. Last night she said was the first time she managed to complete this since our last session. Despite this, Grace was very positive she managed and was determined not to adjust the task in any way this week, feeling positive that she could build on this success. She described "sweating it out" last night, and used positive self talk to help her do so. She said her anxiety settled in approximately 20 mins. On a few other occasions, Grace slept through the night, which was unusual for her, so she did not check on those occasions.

Next appt 24.9.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 30 August 2024 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she was feeling well overall, albeit she had a spell 2 weeks ago when her mood and energy were reduced. During this spell she withdrew and spent a lot of time in her room. However she was pleased that she was able to get back on track after only a week. As before, she is unable to identify any triggers to this, but speculates in may be related to fibromyalgia and being in more pain. Since then, her mood and energy have felt positive. She has been doing DIY projects and was excited to share items she has ordered such as a spray paint machine and a sander for which she has many plans for home improvement. She is also back integrating with her family and engaging in other hobbies. Her appetite and weight are reported as stable.

In terms of her OCD task – Grace found this challenging. She reported a success rate of around 50%. Her target was to lock the door and allow herself 2 checks that is locked before bed, upon where she was not to return to check in the middle of the night. Grace said some nights she awakes thinking she has heard a noise. Grace does not feel she is being hypervigilant to noises, but instead is woken by a noise which she reasons, when calm, that it is likely the dog or cat. During this night however, she has been unable to resist checking again on such occasions. Despite this, it was acknowledged that she has been making slow and steady progress in reducing this item which is the top of her checking hierarchy.

We discussed setting a new task, and Grace felt she would like to continue to work towards the exact same task / goal and try to improve her ratio of success. We discussed trying to welcome the anxiety she feels on days she does have an urge to check again in the middle of the night, and see it as a good chance of working on the core of the issue and allow habituation to occur.

Next appointment 10.9.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 29 July 2024 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. Her mood and appetite continue to be in a good place. She was disappointed her tattoo appointment was cancelled by the studio today due to staff illness but is getting it on Friday now. Otherwise, Grace was happy with how she coped with her granddaughter having an 18th birthday night out. Grace resisted the temptation to phone her for reassurance and she managed well. Grace was also pleased with how well she managed when her son and daughter in law stayed away over night. It was just her, with her grandson and dog. She said her checking behaviours did increase somewhat before bed, and she also let the dog out to the garden twice (after going upstairs to bed) for reassurance no-one was out there. However, she said she fell asleep by 1am and coped far better than she did the last time she was the only responsible adult home.

In terms of her OCD task, Grace found this really challenging and for the first week and a half she was unable to resist the urge to go down and check that the door was locked when she was awake for the toilet in the middle of the night. However, on Friday, she said she was determined to not go back downstairs and she was able to resist and eventually fall asleep. She also achieved this the last 2 nights. She has yet to habituate to this, so we therefore agreed that keeping this up nightly would continue to be her task.

Next appt: 30.8.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 16 July 2024 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that soon after our last session, her symptoms which she felt were a cold turned into a chest infection. She was in bed for a number of days and required antibiotics. She has felt better for the last 5 days or so and has finished the course of anti biotics now. She reported that her mood, energy and appetite have been positive and she has been enjoying mixing with her family and engaging in hobbies. She has booked a tattoo appointment in 2 weeks which she is excited about.

Grace reported making excellent progress with her ERP task. She now successfully only checks the back door once before bed and does not check it at all in the middle of the night. She says it does not even cross her mind to do so now and is delighted by this progress that she never felt would be possible. We agreed to now focus on her front door. She currently checks 3 times before bed and 2 to 3 times in the night whenever she awakens. She will aim for just 2 checks before bed and none during the night. She has a test in 10 days when her son and daughter-in-law will be away over night so she will be home alone.

Next appt 29.7.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 02 July 2024 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that she was doing well. She Is over her thrush and chest infection albeit she now has a cold. However, she reported that her mood continued to be positive and she was engaging with hobbies and her family etc. Grace also feels as though she has been eating greater portions. She seems to eat a good variety of meat and is often finishing her meals now. Randomly, she says she has days with no appetite that does not seem connected to mood or stress where she has one meal a day. However, her weight remains stable.

In terms of her OCD task – she has done extremely well. She now manages to only check her front door x 2 before bed but has not checked it at all during the night (previously she would go downstairs and check twice at various points of awakening during the night. She said her anxiety/urge passes in 5 minutes and she was proud of this success. She did however recognise texting her granddaughter excessively since she got a girlfriend who she visits in Glasgow. She has already started to work on cutting this reassurance seeking back.

Next task – to only check front door x 1 before bed and not at all during the night.

Next appointment 16.7.24

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 19 June 2024 16:36 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace on the phone, she apologised for missing our appointment yesterday. She said she had a GP appointment as she has a chest infection and thrush in her mouth. We agreed another appointment for 2.7.24.

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 18 June 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I called Grace at the time of our appointment but it rang out and went to voicemail. I left a message saying I would call back in a few minutes. The same thing happened when I called back so I left a message asking her to call the office if she wishes to reschedule.

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 04 June 2024 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well overall. Her mood continues to be improved, albeit she has days of low energy if she has slept poorly and her fibromyalgia has resulted in more pain. She continues to engage well in interests (decorate; shopping; baking etc) and engaging in good self-care activities. She also reports her appetite continues to be better and her family have commented on the improvement also.

Grace said she can now successfully only check her windows once before bed and now this feels comfortable. She found the door checking tasks much harder. She did managed to cut her checks by one (she is now checking twice prior to bed and twice during the night) but this was not as much of a reduction as she had hoped. We discussed the impressive progress she has and continues to make and normalised how tough this item is given it is the top of her hierarchy. We agreed to focus on one door at a time, and she will aim to check the front door twice before bed and not check it again during the night. She will place a post it on the door to stop any absent-minded checking.

Next appt 18.6.24

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 13 May 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported feeling well. She has had a couple of days she has felt down, but not as low as she was prior to increasing her antidepressants. She put this down to days where her fibromyalgia flairs up in she has high pain and reduced mobility. Overall, she rated her mood on average as 7.5/10. Grace's appetite continues to be improved and she is maintaining her weight. She gave examples of eating a double cheeseburger, small fries and then ordering an extra cheeseburger. A big change from earlier in the year. She said she is feeling more energetic. Grace continues to use her time better – engaging in her interests such as decorating her spare room, doing beauty related activities, shopping and going for runs in the car.

In terms of her OCD task – she was pleased with how this has gone. Over the past few nights she has only checked the windows once before bed and not returned to check on them when she awakes in the middle of the night. She said she has felt comfortable at this level for the past few nights. As a result, she wished to move onto the top item on her checking hierarchy – the front door. Currently, she checks her front and back door x 2 before bed and then 3 times in the night. We agreed to aim for 2 before bed, and just once during the night. She said she was excited to try this. We discussed how if this ends up impacting her sleep, mood an appetite she should stop as maintaining a healthy appetite is the priority.

Next appt 4.6.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 29 April 2024 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. Her mood continues to be improved, with her rating it as "7 or 8 out of 10". She is continuing to feel more like her usual self and engaging in hobbies such as shopping and baking. She has been taking care of her appearance again by doing her hair and nails. Grace's appetite continues to be improved and she is maintaining her weight. She continues to snack more throughout the day, eat desserts and tries to continue eating for a little while longer when feeling full. She had a follow up appointment with her GP. Her x-ray was clear – it was a chest infection she had. She has a follow up review with her GP in 2 months now.

In terms of her OCD task – she has found this very tough and found she had not been able to "sweat it out" and ultimately re-checked the window when she got up to use the bathroom in the middle of the night. She did however manage for the first-time last night which she was pleased with and gave her the confidence she can continue with this. She said she did not experience an urge to check last night interestingly. The only idea she had behind this was that she had settled a family dispute which has been ongoing for the past week or so with her son-in-law.

We agreed to continue with this task and try to achieve this consistently. She said she us excited to move onto the top of her checking hierarchy which involves the door locks.

Next appt 13.5.24

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 15 April 2024 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She had her GP appointment shortly after our last session which she feels went well. She said her blood tests came back fine, and vitamins and thyroid were fine. The GP increased her mirtazapine from 15mg to 30mg in attempt to help lift her mood and hopefully her appetite.

Grace feels this has proved to be the case so far. She feels her mood is more positive (rating it as "6.5 or 7 out of 10"). She has had more energy and has been back doing enjoyable activities such as shopping and doing her nails. She has not been spending large chunks of time in her room and is having more family time as a result. She has also been for runs in the car and has been looking into recipes for baking. Grace does also feel her appetite has improved. She is snacking more throughout the day and is trying to continue to eat, even if just one extra bite when she is full. After tea, most nights she will have a dessert later. She is pleased by the progress she has noted.

Grace also feels her urge to perform checks has settled again. All of her gains to date have been maintained. She has also been allowing her grandchild in P7 to walk to school and her 15 year old grand daughter take the bus. She continues to not call for reassurance. Grace was keen to set a task again in relation to her checking of the windows. She wishes to check once before bed, and not check again when she wakes in the night and goes to the toilet (as is her current routine).

Next appt: 29.4.24

File attachment

Not Recorded

Discussion with RMO/team members

Not recommended/required

Date of next review

02 October 2024

Risk Profile (front page)

Date of Activity 02 April 2024 13:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Risk status

History of significant risk behaviour

No

Risk of violence to others

No apparent risk

Risk of suicide

No apparent risk

Risk of deliberate self-harm

No apparent risk

Risk of severe self-neglect

Low apparent risk

Note: Grace reports that her appetite has been low and her weight, although stable, continues to be low. As a result she is lacking in energy and motivation. She has consulted her GP recently and has had blood tests taken a she would like to gain weight. She has a follow up appointment with her GP in 2 days time to discuss this further.

Risk to child

No apparent risk

Risk of elder abuse

No apparent risk

Care planning

Risk management plan developed

No

Further actions recommended/required

Not recommended/required

Risk assessment

Not recommended/required

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 02 April 2024 13:30 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace said her mood has been low and her sleep is poor. She rated her average mood as 3/10. She said the main issue has been a lack of energy and motivation which she feels is linked to her low appetite and food intake. Grace recognises that she has been withdrawing more from others and engaging in rewarding activities less frequently. She does still have a lot of family time, but less than usual. Grace has been trying to plan activities in advance and assign times she will complete activities as she knows this will be beneficial but when it comes to it, she puts tasks off. Grace recognises being caught in a vicious cycle of having low appetite and low energy which means she does less and her mood reduces, which in turns further reduces her appetite. Grace denied having any thoughts regarding suicide or self-harm.

Grace said she has not been avoiding food due to a fear of vomiting, more that she has no appetite. She said she had lost sight of our previous discussion of having ice cream after dinner once she feels full and plans to go back to that. Again, the idea here was to keep eating even if full / nauseous to try and build up her tolerance to such sensations to test the idea that she would vomit. However, as discussed above, through our discussion today, it does not seem to be a fear of vomiting that is restricting what she is eating.

Grace would like to increase her weight, so she contacted her favourite GP, Dr Crawford to discuss this. She had an initial telephone appointment on 21st March to discuss her weight. This led to blood tests been completed last week and she has an appointment this Thursday (4th March) to discuss the results.

Grace said as a result of the above, she has not managed to reduce her window checks to once consistently and has settled on 2 checks for now. We did not set any new goals in this regard today, instead we discussed the importance of prioritizing trying to build her food intake and activity planning in attempt to lift her mood.

Next appt: 15.4.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 04 March 2024 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that is has been a positive few weeks overall, albeit the last 2 nights her sleep has been very poor (for no reason that could be identified). She said she has been more anxious re. intruders those nights and felt hypervigilant as a result, and also had more memories surface re. regrets for not visiting friend before she died or regrets for being short with her father before he died.

Prior to that, her mood and sleep had been better overall with some ups and downs. Her mood was rated as 6 or 7 /10. She has continued to use a planner to ensure she goes out to shops etc and she feels she enjoys once there and that it is working.
She said she went to a different GP to discuss poor sleep and weight. She said it was similar to the last time. The GP gave advice on foods to eat and offered shakes which Grace does not feel able to try. She was weighed and said the GP wasn't too concerned about it. She said she will try a GP she knows well and ask for advice re. sleep and anything else re weight.

Grace said her weight has been stable since our last session. She said she liked the idea of doing graded exposure to feeling of nausea, as she knows how will it worked with OCD. As was planned, she eats her dinner and when she feels unable to continue due to nausea, she will then have a pudding or ice cream. She has managed to eat this despite feeling sick sometime, whilst at others it goes down easily. She has also started to eat sandwiches on jam and peanut butter later on as well. She wishes to keep these tactics for another 2 weeks and then we discussed moving on to try and continue with her main meal for a few more mouthfuls, even when she starts to feel sick. She understands this is to test the idea that she can still eat without being sick, even if nauseous.

It terms of her OCD task – Grace now manages just 1 check of the windows before bed on 6 of 7 nights. She said she is having to argue with herself less. We agreed not to move onto the front door task yet, given her poor sleep seems to impact her mood and appetite. So she will continue working on the window task for now.

Next appt: 2.4.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 09 February 2024 11:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported that her son was doing better and she was less worried about him. [redacted]

Grace explained that her sleep has continued to be up and down. She had a week or so when she was sleeping well but this past week it has again worsened. She does not feel this is linked to her ERP task (to only check her windows are locked once before bed) as she managed to sleep fine for a week, and she does not feel it is heavily on her mind why lying awake.

In terms of her mood, Grace reported that this had been better overall, rating her mood generally as 5 or 6 out of 10. She has some days she feels worse following particularly bad sleeps. Grace has taken on board my advice to write in her diary a plan for the day, as she was withdrawing and staying in her room when she felt low. She has been finding this helpful to a degree, and on some days she finds it helps her to go downstairs, do chores, and mix with the family etc, which she sees does help lift her mood. On other days, she completes her activity plan but her motivation has been to low to do so.

Grace said she has noticed she had lost some weight. She had not weighed herself in a while and noted she was now 5 stone 11 from 6 stone 2. She said her appetite has been less which she feels has been connected to her poor sleep that then impacts her mood. Grace said she wants to be eating more but she feels full quickly and is convinced she will be sick if she continues on. She again feels sure that she would like to gain weight. Grace continues to eat a greater of variety of foods (e.g. various meats) but the quantity has been low. As a result, Grace went to her GP to discuss her weight loss. She said her GP suggested going back on previous milk shakes and recommended eating high calorie foods. Grace felt frustrated at this, as she already eats high fat foods and finds the milkshakes make her nauseous due to their flavour. Grace said she will continue to monitor her weight and if she loses any more, she will make an appointment to discuss this with a different GP.

We discussed why she finds it hard to eat, and she said the nausea she experiences when feel makes her stop eating her meal. I enquired about whether she feels a vomit phobia may be an issue and she did say she is anxious if being sick, and struggles to hear others being sick, and overcooks meat to reduce the likelihood of this.

I suggested she could consider taking a graded exposure approach, similar to what has been proving successful with her OCD symptoms, where she could try to gradually confront the sensation of continuing to eat for longer if she has not had much of her meal and feels nauseous. This may allow Grace to test her fear that she will be sick if she does so, and hopefully help her to habituate to this sensation. Grace said she felt this was a good idea and worth try. She will continue to eat her dinner, and if she feels nauseous, she will continue to try and eat. In attempt to grade this, she said she will try to have some ice cream or cake as she finds this easier to eat. She therefore agreed to give this idea a try.

In terms of her OCD task – this has continued similarly to last time. She estimates 4 nights out of 7, she only checks the windows are locked once. She said if she feels particularly tired due to poor sleep, it is harder to resist and she will get up and check. Given we introduced an exposure task surrounding food, we agreed to stick with this window task to try and get more consistent success.

Next appt: 4.3.24

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 02 February 2024 16:04 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I called Grace and we agreed a follow up appt on 9.2.24. She apologised for cancelling this morning and said her son had been struggling with his mental health so she accompanied him up to an appointment at Woodlands Resource Centre. She said he had settled somewhat, and that she was doing fine as she also has support from her daughter and her son's ex partner.

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 02 February 2024 09:43 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace called and left a message with our admin. staff to say her son was unwell and had a GP appointment so she was unable to attend her appointment today. She apologised and asked for another to be arranged. An appointment will be offered for 9.2.24

Psychological Therapies Contact Record

Date of Activity 18 January 2024 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace said she has been feeling very tired the week and a half. She has not been sleeping well. She falls asleep easily but awakes at 2-3am and is usually awake to 7am. She has tried to go to bed at consistent times etc but it has not helped. She said she was unsure why, saying this is a familiar pattern where she goes through spells of poor sleep. She did not feel it was linked to anxiety around her OCD task to reduce checking her windows. She tends to read or listen to podcasts. We discussed breathing exercises she could try to relax her body and mind which she said she was going to try. Grace also said she planned to make a GP appointment to get sleeping tablets for 2 or 3 days to try and break the pattern.

Grace recognises when her sleep and energy are poor her mood drops. She rated her mood as 2/10. She said her appetite has also been lower and she has had days where she barely leaves her room. We discussed the costs of this which she fully recognises. We discussed trying to set a plan for the following day before she goes to bed, and also attaching times to when she will perform these activities (e.g. bake). She said she liked this idea.

In terms of her OCD task, she found this difficult as a result. She has maintained the gains she made and she continues to check the window once before bed. Half of the nights she will get up when awake in the night, as was the case the last time we spoke. She will continue to try and get to 1 check every night but we acknowledged this is tougher when her mood / sleep is poor.
Grace said the session had been helpful and she was happy to get some ideas to try in relation to her sleep and activity levels.

Next appt: 2.2.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 05 January 2024 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well and had a good festive period. December is however a difficult period for her as she lost both her parents in December, and her best friend had died in November as well. Grace said she continues to have an improved appetite and her wait has remained stable. She said she plans to speak to a personal trainer her family knows to see how she can build herself up as she would like to get a tattoo on her arm if she bulks that up.

Grace found her ERP task challenging. She struggled the first few weeks to only check her windows once prior to bed. She said she was unable to resist for a while, but over the past week she has had a breakthrough. She said she has been able to check the window once before bed and not go back downstairs before going to sleep. She said this had been a real struggle but has started to become more manageable and she needs to argue with herself less now. She said if she wakes up, she has been going down to check again, but resisted this on 3 nights over the past week. She was particularly pleased that she thought she heard a noise downstairs once, but resisted her urge to get up and reasoned if there was an intruder her dog would hear this and alert her.

We agreed to keep focused on this tasks for 2 more weeks and aim to get to 100% success at only checking her windows once before bed. She also brought up an idea we used in the past - take water upstairs before bed so she is not tempted to check windows should she go down stairs for water in the night.

Next appt: 18.1.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 30 November 2023 13:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She is looking forward to Christmas and is well organised. She continues to find she feels nauseous less regularly. When she does it tends to be at nights when doing her checking routines etc. Grace was delighted with the progress she made on her ERP task. She was able to successfully reduce her checks of the cooker to once before bed, and also now resists asking her son that it has been turned off properly. This was very challenging but she has now habituated and the urge is far weaker. At times, she does not even notice a temptation to ask her son. Grace said she is enjoy the challenges of the tasks. She said she had "felt like a prisoner and hostage to her anxiety before but not so much now". We agreed to now focus to reduce her window checks. The last time she tried this task it led to nightmares re. burglary, but she feels well placed to revisit it. She said she is nervous but hopeful given all the success she has had since last trying it. She will spend two weeks dropping her checks from 3 per night (before going upstairs to bed, whilst lying in bed, when awakes in the night) to two. All being well, she will then move on to checking once before going upstairs and not return.

Next appt: 5.1.24

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 08 November 2023 14:00 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

grace reported doing well. She said she was up being sick the night prior to our last appt. She is unsure why, albeit she had felt her stress was higher due to her granddaughter having some difficulties. This however settled down quickly and she continues to eat a more varied diet and maintain her weight. Grace also had a difficult day yesterday as it was the anniversary of her best friends' death.

Grace reported that her OCD had continued to improve somewhat. She said she is now managing 1 check of the cooker 4 or 5 days a week. days when external stressors are present have proved more tough. She does however continue to maintain one check of plugs and candles 7 days a week. Grace was able to resist her urge to check the cooker is off after her son uses it in the middle of the night which she was pleased about. When exploring, I learned Grace does ask him if it is off, albeit she now trusts his answer. We agreed to aim to achieve 1 check x 7 days and never ask for this verbal reassurances which could be viewed as a check in itself. She wished to focus on this task for another couple of weeks.

Grace also said she is now allowing her grandchild in P7 to walk home from school herself.

Next appt: 30.11.23

File attachment

Not Recorded

Black, Grace | **CHI Number** 0707663040 | **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 27 October 2023 16:54 by James Clark | **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace called to cancel her appointment today as she was feeling unwell with a sore throat and had not slept well. We agreed another appt. via telephone for 8.11.23.

Psychological Therapies Contact Record

Date of Activity 12 October 2023 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She continues to eat meat regularly and is enjoying cooking and trying new recipes. She said her nausea continues to be less problematic. She did have a few days where it had heightened again but that seemed to be an anxious response as her daughter was struggling with her health and has since settled again. Her weight continues to be reported as stable.

Grace was very pleased to have maintained her progress with her checking tasks to date – particularly her plugs and candle. Both are now only checked once and she reports that is has got far easier and now feels like a new habit has formed.

In terms of her cooker task, Grace reported that she has managed to reduce her checks to 2. She had initially tried to only check once before bed but found this difficult. She said she would check if she went down to get water in the middle of the night when thirsty, or if she heard her son cooking in the middle of the night she would go down and check he had turned the cooker off.
She felt confident that she could now manage to try to cut this to one check prior to bed. She will now take water to bed so she has no reason outside of anxiety to go downstairs.

Next appt: 27.10.23

File attachment

Not Recorded

Not recommended/required

Date of next review

22 March 2024

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)
Sex Female

Risk Profile (front page)

Date of Activity 22 September 2023 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Risk status

History of significant risk behaviour

No

Risk of violence to others

No apparent risk

Risk of suicide

No apparent risk

Risk of deliberate self-harm

No apparent risk

Risk of severe self-neglect

Low apparent risk

Note: Grace has recently started eating meats again and is feeling sick less often. She feels she is managing larger portions of food now and plans to work to continue to build this up.

Risk to child

No apparent risk

Risk of elder abuse

No apparent risk

Care planning

Risk management plan developed

No

Further actions recommended/required

Not recommended/required

Risk assessment

Not recommended/required

Discussion with RMO/team members

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 22 September 2023 10:30 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reports very positive news. Initially, we discussed her diet and nausea upon eating. She reports both have improved markedly. She decided to start eat certain meats and is enjoying and having the most days. Her energy is better and she is getting up and doing more. She also feel nausea is less common, and she wondered if it is because all her medication now has more food to react with. She said she has therefore not gone ahead with the plan to contact GP to change anti sickness pills. She feels she is now eating bigger portions, but knows that when she overdoes it the nausea still comes, she she is trying to juggle that. She hopes this will lead to weight gain, so far it has remained the same.

Her OCD tasks have also gone very well. She continues to feel comfortable with previous achievements re. seeking reassurance from grand kids etc. However, she now only checks candle x 1 per night. She has also managed 5 nights from 7 not to go back down and check the lounge plus. She is only doing once prior to bed. She said she is starting to win the battle with the devil on her shoulder and can reason with herself better. She said some nights, when she wakes she does not even have any thoughts emerge re. the plugs being on etc. Grace also managed to cut the check of her washing machine to 1.

Out next task - only check the cooker x 1. That is the last item she checks in her kitchen.

Next appt: 12.10.23

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 18 August 2023 10:30 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. Her weight continues to be stable, albeit she has not had a chance to speak to the GP to discuss her anti sickness tablets being switched yet. She has been busy with grandchildren during the school holidays.

She reported that her OCD tasks had gone well. She has maintained gains of not calling grandchildren often for reassurance etc, and is not feeling like she needs to stand and watch until her grandchildren go into school, she now leaves 5 minutes before the bell. She recognises other family of children of the same age don't wait around.

She was also pleased, that in the last 2 nights, she resisted the urge to go down and check the candle in the middle of the night when she is up for the toilet. She said her anxiety started to pass after 20-30 mins and she fell asleep. She was proud of this. Prior to this, it was too tough to resist doing that second check.

As I have annual leave and there will be a longer gap - we agreed two new tasks over and above establishing this progress with the candle further. She wished to focus on the theme of fires and move onto plus. She checks 3 rooms mainly - lounge, kitchen and her bedroom. She does so once before going upstairs, goes back down before she sleeps and one in the middle of the night currently.

Her aim for the first 2 weeks is to cut check of the lounge to one (the TV and the lamps). If successful she will also work on the kitchen. However she felt she would need to focus on one area at a time here - her aim is only to check the washing machine once.

Next appt: 22.9.23

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 03 August 2023 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She got good news re. her scan result. They found small kidney stones which need no treatment and she was recommended to eat more fruit and fibre for diverticulitis. This brought relief. She now plans to speak to GP about changing anti sickness tablets as per her advice from dietician as she still feels nauseous at times when eats. She also feels sick at night, which is likely anxiety based as her mind comes alive when in bed with lots of what ifs in relation to family safety. She said her weight has remained stable.

In terms of her OCD, she was pleased to make progress with task. She said she managed to just check the candle once before bed and resisted the urge to go back to check and feel asleep. She does however go down a second time when she awakes for the toilet in the middle of the night. She said this has reduced from 4 or 5. She also does see that her SUDS has reduced over time as has the length of time it takes for her anxiety to pass.

She was keen to set the next homework task of cutting this middle of the night check so that has been set for homework. She said she felt proud of her progress and feels hopeful for reducing other areas. She has maintained reduction in calling/texting grandchild for reassurance that she is safe when she is out.

Next appt: 18.8.23

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 20 July 2023 13:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She has yet to hear about her CT scan results but reports feeling no anxiety about this. She said her weight has remained stable, albeit she does continue to feel nauseous when she eats. She still plans to consult her GP re. changing her anti sickness tablets, as was advised by dietician, once she gets the results should they be all clear.

In terms of her OCD task - the one went less well. She said she only tried this on two occasions (to only check windows are locked once before bed) because both times she tried, she had nightmares about burglars. She preferred to switch to a new task that did not involve intruders. She has however continued to refrain from looking for reassurance from grand children that they are well by phoning them regularly when they are out. She said this now feels relatively comfortable.

We therefore agreed to work to reduce checking her candle is off. She currently blows it out, looks at it, wets her fingers and 'dabs' it out further, goes to bed and gets up at least once to repeat this. Her aim is to only do this once.

Next appt: 3.8.23

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 12 July 2023 16:37 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace. She said she is feeling better now. She was up being sick in the night and had felt wiped out on Monday when we were supposed to meet. We agreed another appointment for 20.7.23.

Telephone Contact Record

Date of Activity 10 July 2023 09:37 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Message from admin. - Grace called to cancel today's appointment as she has been up all night being sick. I will call to reschedule.

Psychological Therapies Contact Record

Date of Activity 29 June 2023 13:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well. She has not had her bowel scan following her colonoscopy not being able to fully proceed, but she has an appointment now for her scan next Thursday. She continues to report feeling calm about this and was very pragmatic. She feels it is likely nothing to worry about and if it is, she will deal with it at the time. Grace repots her weight has been stable recently too.

In terms of her homework tasks - these went well. She was able to drop her granddaughter off 5 minutes before the bell and leave as per her goal. She has also been able to no longer call her eldest grandchild to check if she is home from outings etc. Not only that, her grandchild is not asked to call to reassure Grace. This is getting easier, and Grace is able to go the whole night without checking or hearing that she is home. She was delighted at that progress. She said she tells herself that her grandchild is responsible and if something happened she would know to call someone.

Grace was also able to reduce her tendency to check windows. From 5 or so, she has cut this down to 2. She even managed to not go and check for a third time upon awakening following a dream of being burgled. We set the task to cut this to 1 over the next 2 weeks. She did not wish to take on the task of cutting her door checks until she had the windows to 1.

Next appt: 10.7.23

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 12 June 2023 14:29 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported feeling well. She was decorating her bedroom this week and looking forward to finishing that. She said she had her coloscopy last week but they were unable to see clearly so she is awaiting a scan. She reflected that she has wondered whether a bowel issue may be behind why she has lost weight. She said she had not felt nauseous when eating larger portions to more recent times, plus she has not reduced how much she eats, yet has still lost weight. She said her gran died from bowel cancer and her uncle had it too. Despite this ongoing investigation, she retained a positive outlook and said she will worry about it if it happens and do whatever treatment may be required, so it has not been on her mind.

Grace had not spoken to the GP re. possibility of changing anti sickness tablets which she feels haven't worked, as she is awaiting to see the results of her scan to see if there is a medical explanation for this issue. If scans are clear, she plans to discuss it with her GP then.

In terms of her OCD - she was very pleased with progress she made and the success she had with her homework tasks. She has stopped calling her eldest grandchild for reassurance that they are safe and well, got home safe etc. She said this was tough but is now more manageable. Her grandchild still texts Grace once home which ultimately provides reassurance but she was pleased she resisted the urge to call far earlier and sat with the uncertainty for a while. She agreed to speak to her grandchild and ask her to stop now initiating the reassurance proving calls next.

Grace also managed to let her grandson walk into nursery by himself whilst she watched from the car, as per her goal. She has not had a chance to take middle grandchild to school and leave 5 mins before the bell, but she has a chance to do so later in the week so will carry over this homework task. We also agreed she should only check windows once before bed - as she currently gets in and out of bed multiple times.

Next appt: 29.6.23

File attachment

Not Recorded

Black; Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 18 May 2023 16:39 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace. She said she was feeling better after being unwell for our appointment on Monday. Another appt. agreed for 12.6.23

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 15 May 2023 14:45 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace called admin to cancel her appointment today as she is unwell. I called twice to reschedule but it went to voicemail. I left a message saying I would email with another appointment date and she could let me know if this new date was suitable. I offered her an appointment on 12.6.23.

File attachment

Not Recorded

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 17 April 2023 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace is doing okay on the whole. She spoke about her granddaughter (17 years old) being at a concert in Glasgow - she was anxious but coped reasonably well - albeit she did have her call once she arrived and was leaving etc. Grace also spoke about her sleep has been poor since burglary - waking around 3am and not falling back asleep.

Today we refreshed what graded exposure involved and started to build a hierarchy. We did not quite complete this, but we did enough to allow us to set a first exposure task - she is to avoid calling 2 of her grand children (the two she worries least about) to check if they are okay (e.g. if they got bullied, arrived/returned home safely from places etc). She will need to speak to Kerry Lee and ask her not to initiate the texts as she now often does this to pre-empt Grace's call.

Next appt: 3.5.23

File attachment

Not Recorded

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Initial assessment - Psychological therapies

Date of Activity 04 April 2023 09:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Initial assessment - Psychological therapies

Attachment

james.clark_05042023_135836.pdf

Black, Grace CHI Number 0707663040 Date of Birth 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 13 March 2023 15:10 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

I spoke to Grace to reschedule. We agreed an appointment for 4.4.23. She said her daughter had been burgled during the night.

File attachment

Not Recorded

Telephone Contact Record

Date of Activity 13 March 2023 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace cancelled her appointment today due to a family emergency. Another appt. to be offered for 4.4.23.

Initial assessment - Psychological therapies

Date of Activity 09 March 2023 14:45 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Initial assessment - Psychological therapies

Attachment

james.clark_13032023_095134.pdf

Initial assessment - Psychological therapies

Date of Activity 27 February 2023 09:15 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Initial assessment - Psychological therapies

Attachment

james.clark_27022023_102429.pdf

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)
Sex Female

Initial assessment - Psychological therapies

Date of Activity 16 February 2023 10:30 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Initial assessment - Psychological therapies

Attachment

james.clark_21022023_154725.pdf

Date of next review

16 August 2023

Risk Profile (front page)

Date of Activity 16 February 2023 12:12 by James Clark **Status** Closed
Centre of Care Adult Psychological Therapies

Risk status

History of significant risk behaviour

Yes

Note: When aged 16 - attempted overdose following death of child and was in an abusive relationship.

Risk of violence to others

No apparent risk

Risk of suicide

Low apparent risk

Risk of deliberate self-harm

No apparent risk

Risk of severe self-neglect

No apparent risk

Risk to child

No apparent risk

Risk of elder abuse

No apparent risk

Care planning

Risk management plan developed

No

Further actions recommended/required

Not recommended/required

Risk assessment

Not recommended/required

Discussion with RMO/team members

Not applicable

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 29 September 2022 10:15 by Ms. Megan Varty **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Paper assessment notes attached for sessions undertaken on: 29/07/22, 05/08/22, 19/08/22.

File attachment

Paper assessment notes GB.pdf

Psychological Therapies Contact Record

Date of Activity 29 September 2022 10:15 by Ms. Megan Varty **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Formulation session undertaken on 02/09/22 at 14:15 over telephone.

Review since last appointment:
Anxiety has improved slightly. Some days I feel more down although don't feel stuck in a dark tunnel like I have previously. Been keeping busy doing things enjoy such as practicing nail art.

Formulation collaboratively developed.

Grace reported she stopped working as a NHS24 call handler in 2011 because of her mental health. Her seizures and physical health had worsened. "I miss work life. I have adjusted to it but sometimes I feel useless and judged." Grace reported "back issues" meaning she couldn't do much around the house.

Grace reported she noticed her OCD symptoms about 12 years ago. "When I got really down. My dad pointed it out."

Grace confirmed emailed address is wee_grace1@live.co.uk. Reported that due to an issue with her phone she can't reply to emails to do test nhs email. Completed this over the phone - emailed Grace during appointment and she checked she had received it and confirmed correct email address.

Next appointment 12th September at 10am over telephone.

File attachment

Formulation GB.docx

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 29 September 2022 10:15 by Ms. Megan Varty **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

FACE Risk Form Attached.

File attachment

FACE form.docx

Psychological Therapies Contact Record

Date of Activity 05 December 2022 10:45 by Ms. Megan Varty **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Appointment conducted over telephone.

Grace reported she has covid - became unwell on Wednesday. Was initially worried because of her COPD but not worried anymore as symptoms don't appear to be impacting her airways.

Homework review:
Grace reported she attempted the ERP once before she became unwell. Waiting 5 minutes before ringing her granddaughter to check on her. "It was like torture. Every minute felt like an hour." Grace reported she felt very anxious, more than the 40% she predicted but unsure how high. Grace noticed her responses to the anxiety that tied in with her formulation such as arguing with herself, physical symptoms of anxiety.
Grace reported she realised that the "instant relief" doesn't last very long and that the anxiety gets worse and is maintained. Reflected back to formulation and discussed how this feeds into rationale of continuing with ERP and doing it repeatedly.

Plan for when on waitlist awaiting further therapy:
Grace plans to continue the ERP.
We discussed breaking down her OCD hierarchy even further. Grace plans to increase the amount of time she delays calling her granddaughter by a minute each time she feels ready to move up with it. Discussed barriers to doing ERP. Grace plans to write down her weekly plans for it and record her anxiety levels each time to help her track her progress.

Discussed upcoming anniversary of death of Grace's parents which are next week and the week before Christmas. Grace feeling "ok" currently and trying to focus on the grandchildren.

Advised Grace how to contact the service if her mental health worsens or she has any questions whilst awaiting further therapy. Grace will now be placed back on the waitlist to await new therapist.

File attachment

Not Recorded

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 02 December 2022 12:27 by Ms. Megan Varty **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Telephone appointment.
Grace reported she is feeling unwell but still able to do the appointment.

Review homework:
Grace reported she kept checking her emails after she had written down about me being in a car accident. Reported feeling quite anxious and checking the news for accidents. "Kept telling myself it was fine." Grace felt able to focus on some other things whilst waiting to hear from me and reported the anxiety felt manageable. Grace reported "just because the thought comes into my head doesn't mean it will happen." Discussed how other part of her thinks she might be wrong. "It's different and to do with luck."
Grace had some technological difficulties with reading the OCD hierarchy. Resent on Word document instead of PDF.

ERP:
Planned out first step on OCD hierarchy for Grace to try. When Grace has an intrusive thought that her granddaughter is in danger, she would normally immediately call and check on her. Agreed Grace will wait 5 minutes before calling. This will cause 40% anxiety. Discussed repeatedly doing this and not calling before the 5 minutes is complete. Plan to increase time before calling until Grace feels comfortable not checking at all. Hierarchy attached.

Discussed next appointment being our final one before I leave my post. Discussed Grace's fears about working with someone new "what if I don't like them or they don't like me."

Next appointment 5th December at 10:45am.

File attachment

OCD Hierarchy.docx

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Telephone Contact Record

Date of Activity 14 November 2022 10:45 by Ms. Megan Varty **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Review since last appointment:
Grace was unable to attend appointment scheduled for 31/10/22 due to unexpectedly having to take her daughter to A&E. Grace reported her daughter is doing better now. Grace reported her anxiety has reduced since the most recently attended appointment. Grace reported this time of year is difficult for her as it is the anniversary of her mum's (20th December), dad's (13th December), and friends (7th November) deaths. Grace reported she is feeling "ok" and focusing on making the festive period special for her children and grandchildren.

Discussion about Grace's weight:
Grace's dietician Honor Blackwood emailed to inform that they are working with Grace due to her being underweight (~35kg). I discussed this with Grace and she informed she has "always had a dodgy relationship with food." Grace reported when she was a teenager her mum would become upset that Grace wasn't eating. Grace reported "I don't think I am fat. I hate how I look, I'm way too skinny. I get full very quickly and vomit if I try to eat too much. Chewing feels like hard work." Grace denied any worries about gaining weight. She reported trying to eat but not feeling hungry. She reported she has eaten less over the past year and it has slowly gotten worse. and she doesn't know why. She has tried high calorie drinks. Grace reported she has another appointment with the dietician in December and they said if her weight doesn't improve she may need to use a tube. This is making her feel anxious, however, "if it helps then I am willing to try it." Discussed impact low weight has on mental health.

Review homework: Grace hadn't completed the OCD hierarchy and was unable to find it. Agreed I would resend it to her.

Outlined theory a/b thinking. Grace reported believing that if she writes something down it will come true. Grace wrote down that I will get in a car accident on my way home from work. Reported feeling 50% anxiety writing this down. Agreed to review at next appointment.

Next appointment 28th November at 10:45am.

Psychological Therapies Contact Record

Date of Activity 17 October 2022 10:30 by Ms. Megan Varty **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Review since last appointment:
Grace reported anxiety has been heightened since Wednesday 5th October and she hasn't been sleeping well since then. Her granddaughter was staying over and went into the kitchen in the middle of the night. She saw a man at the kitchen window looking in. Police were called and Grace's son checked the area around the property and didn't find anyone. Grace's anxiety much worse now as one of her main intrusive thoughts is about someone breaking in and harming her family.
During the day - Grace reported feeling able to rationalise the situation. "He was probably checking every house and if he got in he would've stolen something valuable and left without harming anyone."
During the night - Grace reported difficulty rationalising the situation and intrusive thoughts worse - "Probably a serial killer/kidnapper/pervert/trafficker going to harm my family." "I argue with myself."
Grandson has been at his other gran's this week, anxiety worse as worries about his safety have become broader than intruder harming him to "what if he chokes?"

Review homework:
Not managed to complete self-monitoring diary. "I've not been writing anything down because then it might come true." Anxiety too high to write things down.

Creating hierarchy:
Hierarchy created with Grace with ratings of distress for each item.
Discussed 'magical thinking' that something bad will happen if she writes something down - not just anxiety about the grandkids, if she wrote something bad happening to anyone would feel anxiety.
Discussed superstitions - Grace won't walk under ladders or put shoes on tables. Doesn't relate these to her OCD and safety of others so did not add to list.

Homework:
Emailed hierarchy to Grace. She will look over and see if anything needs added or if things can be broken down further, as lots of ratings are 70-100% distress.

Next appointment: Monday 24th October, 10:30am.

File attachment

Not Recorded

Psychological Therapies Contact Record

Date of Activity 03 October 2022 10:15 by Ms. Megan Varty **Status** Closed
Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Agreed to continue sessions over telephone as Grace struggles with technology using Near Me.

Review since last appointment:
Discussed formulation now Grace had an email copy to look over. "Quite a shock to look at. But good, helped me see I'm not the only person to go through this."
Had a good week, "feeling good."

Reviewed homework:
Not completed self-monitoring form. Didn't think needed to as had a positive week and felt good. "When feeling good I'm more able to reason with myself."
Discussed importance of still writing down even if able to not act on compulsions as much - will help us identify patterns, "Night thoughts weren't as bad but I was still doing the checks." Have new puppy - able to put noises down to him instead of believing intrusive thoughts that someone is in the house.

Discussed ERP and rationale behind it. Introduced hierarchy. Grace listed: not checking door, checking locks, checking sockets. Struggled to put a percentage to how distressing each task would be to not complete. Plan to continue with hierarchy at next appointment.

Next appointment 17th October, 10:30am via telephone.

File attachment

Not Recorded

Black, Grace **CHI Number** 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 29 September 2022 10:15 by Ms. Megan Varty **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Review since last appointment:
Been to cemetery to visit friends grave, mixed emotions.
Teenagers kicked Grace's cat, impacted her mood for a couple of nights.
Went out for dinner for the first time in "ages", sometimes uncomfortable with eating out.

After last appointment, sent Grace a test email to confirm her email address was correct. Grace did not reply. Discussed during today's appointment. Had received the email but phone wouldn't let her reply to it. Whilst on the phone, sent another email and Grace confirmed this had come through. Was then able to email her a copy of her formulation.

Further exploration of OCD symptoms:
When not in situation, believe the intrusive thoughts 10%.
When in situation, believe intrusive thoughts 90%. "The thoughts are ridiculous."
Psychoeducation about intrusive thoughts given.

Discussed self-monitoring over next couple of weeks.
Completed OCI (scored 97 in total).
Reflected on OCI questions and score - "I realised I keep a lot of things. Getting rid of things makes me feel anxious. I have about 40 bags." "When I clean the kitchen at night no-one can touch the taps after."

Emailed formulation, self-monitoring form.

Next appointment 3rd October, 10.15am.

File attachment

Not Recorded

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Anxiety Disorder

Comment: Moderate

Examinations and Investigations

Beating the Blues:	Yes
Stress Control:	Yes
Acceptance?:	Yes, information sharing accepted.
Outline of current difficulties / reason for referral:	Advice on strategies and management of anxiety and OCD, in particular. Lost a child that was born prematurely (she was only 17). When her son was born (when she was 19) she was overprotective and continues to have problems relating to concerns that her children/grandchildren might be abducted or die. Also other OCD behaviour e.g. handwashing. Ex partner very violent (no contact with him). Only has flashbacks/nightmares if watches programme in relation to domestic abuse on TV (i.e. not frequent).
Previous Mental Health difficulties:	Anxiety, OCD symptoms, depression
Intervention/Other Referral Details:	Currently attending pain management for management of persistent widespread pain. Not attending/referred to pain psychology, as her issues appear to be more appropriate for primary care.
Risk of self harm?:	Low risk of self harm
History of self harm?:	Yes
Any Current Suicide Ideation?:	No
Current Risk to Others?:	No
Known aggression towards healthcare staff?:	No
History of substance abuse?:	None
Forensic History?:	No
Risk of self-neglect?:	No
Any history of non-compliance (with treatment or meds)?:	No
Have they been referred to other agencies?:	No
Can the patient leave the house?:	Yes
Any past or current child protection concerns?:	No
Will this person have difficulty attending appointments?:	No

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Additional relevant information

?

Signature of referring doctor (or other professional) **Date** 09-Aug-2021

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
09-Aug-2021

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0707663040

CHI No: 0707663040

101024053571S

Unique Care Pathway Number: 101024053571S

REFERRAL TO

Psychological Therapy ServicesR2V2 FV Psychological Therapies_F	**Consultant / receiving practitioner and/or specialty clinic**
Stirling Community Hospital Livilands Gate Town Centre Stirling FK8 2AU	**Hospital and hospital address** Hospital location code. V201H

Urgency of Referral **Routine Referral??**

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Patient has special requirements:No
Has the patient ever been a looked after child?:No
Does the patient have a named carer?:No
Does anyone hold power of attorney?:No
Is this patient currently an inpatient?:No
Is this patient currently subject to any other detention order?:No
Armed Forces Veteran:No
Current Armed Forces personel or dependent:No
Religion: Not known
Ethnic Origin: Other British

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 SPENCE STREET
Bonnybridge
Stirlingshire
FK4 1NH

Contact number(s)

Voice: 07887 872153

REFERRING HCP DETAILS

Name:	SigrunGroves-Raines
Organisation name:	Falkirk Community Hospital
Location Code:	V102H

Organisation address

Westburn Ave
Falkirk
FK1 5QE
Voice: 01324 616053

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CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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Macmillan Cancer Support – provides support for those diagnosed with cancer and their families, including free access to an online community and an online chat service.
Tel: 0808 808 0000 (Mon – Sun 8am to 8pm)
https://www.macmillan.org.uk/cancer-information-and-support/get-help/emotional-help

Chest, Heart and Stroke Scotland - 0808 801 0899 (Mon – Fri 9:30am to 4pm) is free advice line is run by nurses and offers support for a range of chest, heart and stroke diagnoses.
Email: adviceline@chss.org.uk
www.chss.org.uk

Pain Concern - Advice and support for those struggling with chronic pain.
https://painconcern.org.uk
Tel: 0300 123 0789 (Mon 2-4pm, Fri 10am-12 noon, 2pm - 4pm)
Email: help@painconcern.org.uk

- **You can also access the following self-help material:**

NHS Inform Self-help guides – Both physical and mental self help guides can be found at NHS Inform
https://www.nhsinform.scot/self-help-guides

NHS Forth Valley Leaflets – this is a webpage developed by NHS Forth Valley, which offers downloadable information and advice on a wide range of commonly experienced mental health issues and difficulties.
https://www.selfhelpguides.ntw.nhs.uk/forthvalley/

Mental Health Resources - this is a webpage developed by NHS Forth Valley, which offers local and national emotional and mental health well-being resources.
https://nhsforthvalley.com/health-services/az-of-services/mental-health-unit/mental-health-resources/

Carers Centre Information for carers of all ages can be found on-line
http://centralcarers.org/

Please be advised that you may receive a system generated automated call while you are on the Waiting List asking you to confirm if you want to remain on the list.

Yours sincerely

Clinical Secretary,
Psychology Services

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SELF-HELP RESOURCES

The current COVID-19 pandemic will affect us all in different ways: physically, emotionally, socially and psychologically. This is normal. Thus, this is advice is for anyone who is feeling heightened levels of stress and/or anxiety in response to the situation caused by Coronavirus (Covid-19).

- **Current advice from the NHS regarding coronavirus (COVID-19) can be found at:**

www.gov.scot/coronavirus-covid-19/

- **The following agencies may also help if you want to talk to someone on the telephone about how you are feeling or need information about supporting other people with their feelings:**

Breathing Space – 0800 83 85 87 (evenings and weekends) is a free, confidential, phone service for anyone in Scotland over the age of 16, who is experiencing low mood, depression or anxiety. They can also be contacted if you are experiencing a crisis related to your mental health.
www.breathingspacescotland.co.uk

Samaritans – 01698 429411 or 116 123 (24hrs) will provide support to manage your emotional well-being and also provide information to help promote the well-being of others.
www.samaritans.org
jo@samaritans.org
They can also be contacted if you are experiencing a crisis related to your mental health.

NHS 111- telephone 111
You can call NHS 111 if you or someone you know needs urgent care, but it's not life threatening.
For example:

- if you have an existing mental health problem and your symptoms get worse
- if you experience a mental health problem for the first time
- if someone has self-harmed but it does not appear to be life threatening, or they're talking about wanting to self-harm
- if a person shows signs of possible dementia
- if a person is experiencing domestic violence or physical, sexual or emotional abuse

It is staffed by Mental Health Nurses who can provide specialist advice on mental health issues.

Silver Line Scotland – 0800 470 80 90 (24 hours) – this is a telephone service providing support and advice specifically for older people

Childline - 0800 111 If you know anyone under the age of 19 who is struggling with their mental health at this time, you can direct them to childline. This is a confidential, non-judgemental support line for children and young people. This service also provides email as well as phone contact.
www.childline.org.uk

Diabeties UK – 0141 212 8710 (Mon – Fri 9am to 6pm) is a helpline for emotional support and provides an open forum for advice for individuals with diabetes.
Email: helpline.scotland@diabetes.org.uk
https://www.diabetes.org.uk/about_us/news/coronavirus

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Psychological Therapies
Psychology Services

NHS Forth Valley
Psychology Services
Mayfield Building
Falkirk Community Hospital
FALKIRK
FK1 5QE

NHS Forth Valley

PRIVATE & CONFIDENTIAL
Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Our Ref:	MC/Opt In 1
CHI No	0707663040
Enquiries to:	Psychological Therapies
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 614347
Date:	11/08/2021

Dear Ms Black

As you will be aware you were recently referred to this department. We are aware that this is a particularly unusual and challenging time and that the current Covid-19 situation may be adding to your difficulties. There have had to be some changes in NHS services recently, to keep patients and staff as safe as possible. Despite this, we are doing our best to provide our service as best we can. We look forward to being able to work with you and support you as soon as we can.

We ask everyone who has been referred to opt-in to our service.

In order to do this you should telephone us on 01324 614347 to let us know that you wish to be seen by us.

Once you call to confirm you wish to be seen we will place your name on the waiting list. Due to the demand for our service and with the impact of COVID-19 our current waiting list is around 14 months. If you feel that your difficulties are worsening please contact either your GP or the relevant support service detailed below.

If you have any queries please contact Psychological Therapies.

Yours sincerely

Dr Sally Rankine
Head of Adult Mental Health Psychology

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Chair: Janie McCusker
Chief Executive: Cathie Cowan

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Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Yours sincerely

Clinical Secretary,
Psychology Services

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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NHS Forth Valley

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Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Our Ref:	MV/AMcG
CHI No	0707663040
Enquiries to:	Psychological Therapy
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 614347
Date:	22/07/2022

Dear Ms Black

APPOINTMENT

An appointment has been made for you at the following clinic: -

Clinic: **Clinical Psychology - Megan Varty**

Appointment: on the 29th of July at 11:00 via near me

This appointment is a Near Me *powered by Attend Anywhere* appointment which enables you to have your consultation online via a video call. Instead of travelling to your appointment, you enter the clinic's waiting area online. The option to have an online appointment would have been discussed and agreed with you at your last appointment.

The health service is notified when you report online and your clinician will join you when ready. There is no need to create an account. No information you enter is stored.

To attend your appointment, go to:

https://nhsattend.vc/PsychologicalTherapy

More information is available online regarding Near Me, appointments at https://nhsforthvalley.com/health-services/near-me-video-consultations/

If your above appointment is unsuitable or if you require any assistance regarding the use of Near Me for your appointment, please contact 01324 614387.

The above number will connect you to the Clinical Health Psychology appointment office, which is open from 9am to 3.30pm, Monday to Friday.

Encls: Information sheet re the Near Me service

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on fire from a lit match. She was led to believe for years that she caused the accident however she found out as an adult that it was her sister's fault. This left Grace feeling upset and questioning her trust in people. Shortly after the accident Grace's mum was in an accident at work and her injuries left her bedridden for months. Grace and her sister were sent to a boarding house so her father could look after her mother and Grace described the experience as "so horrible" she called her father after three weeks asking to come home. Grace reported her mother struggled to cope after the accident and became an alcoholic and a "shell of who she was". Regardless of this Grace reported her mother was still very loving and did not neglect her or her sister's needs as they were growing up. Grace reported her grandmother lived with them for a while and she had dementia which was very challenging.

Grace left school at age 15 reporting she had no interest in it. She worked two jobs that she enjoyed and through one of these jobs met her 21 year old boyfriend and quickly fell pregnant when she was age 16. Her boyfriend lived in Wales so they would often visit each other and she reported he became physically abusive. When she was visiting him she went into premature labour and her baby died after two days. She then moved in with her boyfriend for six months and the abuse worsened. Grace attempted to end her life to escape the situation and after being treated in hospital she moved back to Scotland to be with her family. Grace then met another man and married him. She fell pregnant quickly and once they were married he became abusive. Grace reported the abusive relationships left her feeling very closed off and unable to trust. She has not been in a relationship for 20 years as a result.

Grace had three children and reported she worried a lot about her children's safety when they were growing up, often phoning the doctor for reassurance. She described there were safeguarding concerns for her son and daughter when they were younger that led to Social Work being involved at the time. Her children are all adults now and Grace has three grandchildren. She lives with her son, daughter-in-law and grandson. Grace was her father's carer for three years and this was incredibly challenging.

Treatment

Grace and I agreed to follow a cognitive behavioural therapy approach. We have begun by looking at developing a formulation to help her better understand her difficulties. From here we plan to begin with exposure and response prevention techniques to help Grace reduce her compulsions. This will start with creating a hierarchy of feared situations. I will write to you again to update you on our progress in the coming months.

I hope this information has been useful but should you have any questions please do not hesitate to contact me.

Yours sincerely

Dictated and electronically checked by:

Megan Varty

Trainee Clinical Associate in Applied Psychology

Under the supervision of Sarah Cooper
Clinical Associate in Applied Psychology

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Our Ref:	MV/GF
CHI No	0707663040
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01786 434499
Date Dictated:	23/09/2022
Date Typed:	23/09/2022

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966 CHI: 0707663040
36 Spence Street Bonnybridge FK4 1NH

Thank you for referring Grace Black to the Adult Psychological Therapies Service. I was able to commence her initial assessment remotely over telephone on 29 July 2022 and I have seen her on four further occasions for assessment and formulation of her difficulties. I will briefly summarise our contact below.

Presenting Problems

Grace presented with symptoms of obsessive compulsive disorder and low mood. She reported she has intrusive thoughts that something bad will happen to her grandchildren. Her underlying beliefs are that life is unsafe and uncertain and that she cannot trust people. This leads her to believe she must act on her intrusive thoughts to prevent something bad happening. Grace neutralises these intrusive thoughts by sitting outside her grandson's bedroom at night to protect him from intruders, calling her granddaughters to check they are okay, checking light switches, the cooker and taps, and touching family photos every night. Grace has to repeat these compulsions to reduce her anxiety and it takes her at least half an hour every night. This is impacting on her mood and anxiety levels.

Grace reported her mental health has been up and down for years but has been worsening over the last 2-3 months and she is unsure why. Her father and very close friend passed away in the last couple of years and Grace reported still experiencing feelings of guilt. This is due to snapping at her father shortly before he died and cancelling plans with her friend shortly before she died. She reported she ruminates often about mistakes she made, spends a lot of time in her room and puts off things that require effort. She would like to improve her mood and reduce her OCD symptoms so she is no longer checking up on her family.

Relevant History

Grace grew up in Easterhouse with her parents and sister until she was age 8 when she moved to Alexandria and stayed there until she was around age 40. When Grace was age 6 she was badly burned when her clothes caught

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instead of not calling her granddaughter at all to check on her, Grace would initially wait five minutes. We agreed that over time the delay would increase until she felt able to not check at all.

At our final appointment Grace reported she had been unwell with Covid therefore only managed to try the first step of her anxiety hierarchy once. She reported it was anxiety provoking however she managed to wait the full five minutes before calling to check on her granddaughter. Grace reported it helped her realise that the instant relief she gets from acting on her compulsions is limited and it maintains her anxiety. This has motivated Grace to continue with the exposure work whilst she is awaiting a new therapist. We discussed barriers to her undertaking this technique and ways to overcome these. Grace plans to write down a weekly plan for using the technique and to gradually increase the delay before calling her granddaughter.

Grace will now be placed back on the waiting list and you will be contacted again when Grace has been appointed to another clinician.

Yours sincerely

Dictated and electronically checked by:

Megan Varty
Trainee Clinical Associate in Applied Psychology

Under the Supervision of
Sarah Cooper
Clinical Associate in Applied Psychology

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Our Ref:	MV/GF
CHI No	0707663040
Enquiries to:	
Email:	fv.psymailbox@nhs.scot
Telephone:	01786 434499
Date Dictated:	02/12/2022
Date Typed:	02/12/2022

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966 CHI: 0707663040
36 Spence Street Bonnybridge FK4 1NH

I am writing to update you on my contact with Grace following my letter dated 23 September 2022. We have now had ten sessions for assessment and treatment. As I am now leaving my post Grace will be placed back on the waiting list and will be picked up by one of my colleagues when a space becomes available. You will be updated in due course. I will briefly summarise our contact below.

Presenting Problems

Grace is experiencing symptoms of obsessive compulsive disorder. She experiences intrusive thoughts that her grandchildren will be harmed. To cope with these thoughts, or to prevent them, Grace carries out various compulsions. These include calling to check on her grandchildren, checking taps, windows, doors, and sockets, and touching family photographs every night before going to sleep.

Treatment

We have undertaken a cognitive behavioural therapy approach and firstly focused on psycho-education about her symptoms such as how they are maintained by her response to the intrusive thoughts. We have discussed 'magical thinking', where Grace believes that writing down a thought or saying it out loud will make it come true. We conducted a behavioural experiment to test this and although Grace found this anxiety provoking, she found it helpful, concluding "just because I write something down doesn't mean it will come true." Grace intends to continue with this technique.

We then created an anxiety hierarchy in preparation for Exposure Response Prevention. Grace listed all the compulsions she does as a result of her intrusive thoughts and rated them 0-100% on how distressing it would be to not carry out the compulsion. Grace initially found this difficult, only managing to think of compulsions that would be very distressing to stop. However we broke these down into more manageable activities such as

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deal of time by removing these checking rituals and has also recognised that she cannot control the safety of others. By removing her former habit of regularly checking on her family's well-being, she has learned to trust that they are responsible and can remain safe even when she does not implement her previous precautions. Grace was pleased to share that she even encouraged her grandchild to travel abroad on a gap year.

We also spent time trying to reduce Grace's urge to 'correct' any intrusive thoughts experienced. For example, should she experience an intrusive thought about a loved one coming to harm, she would try to override this by picturing them well. We started experiments attempting to help Grace reduce such rituals, but she had less success in this area. Grace ultimately felt she would like to return to work on this independently in the future as now did not feel it was the correct time to do so presently.

Throughout our sessions, Grace's mood has tended to fluctuate, from feeling positive and motivated to low and lethargic. It has been difficult to pinpoint triggers for such fluctuations, but we have wondered if it is connected to days that she feels tired and sore due to fibromyalgia flaring up. We discussed activity scheduling and trying to ensure she leaves her room and spend time with her family on such days. Grace reports being more accepting of such days and trusts they will pass.

Grace's appetite also tends to reduce during such times, and she continues to struggle to gain the weight she would like. She would like to gain weight, but reports finding it hard to stomach food when she has no appetite. I continued to encourage her to eat little and often on such days, and higher fat foods, as had previously been encouraged by dietetics. She was discharged from dietetics just after our sessions commenced, where they reported that she weighed 5 stone 5 pounds. Over our sessions, there has continued to be fluctuations in her weight with Grace reporting that she currently weights 5 stone 8 pounds. I expect that it would be helpful to continue to monitor this in the future.

As discussed above, Grace and I both felt it was now an appropriate time to discharge her from the service. I wish her well in the future and hope she can maintain the gains she made.

Yours sincerely

Dictated and electronically checked by:

James Clark
Clinical Associate in Applied Psychology

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Enquiries to:	Psychology Services
Email:	fv.psymailbox@nhs.scot
Telephone:	01324 614347
Date Dictated:	24/07/2025
Date Typed:	24/07/2025

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966 CHI: 0707663040
36 Spence Street Bonnybridge FK4 1NH

I write to update you on the current situation with Grace who I have now discharged. I am pleased that Grace has made significant progress relating to her OCD symptoms which I will summarise below.

As you know, Grace previously engaged in time consuming checking rituals because of her fear of intruders entering her home or a house fire. She has successfully managed to eradicate excessive checking behaviours of all household items; now only quickly checking each item once before bed. She no longer feels to compelled to complete multiple checks and go up and downstairs to perform checks in the middle of the night. Grace has also stopped engaging in certain superstitious behaviours, such as touching photographs of her family before going to bed, in attempt to keep them safe. Similarly, Grace has also removed excessive reassurance seeking behaviours in relation to her family's well-being, no longer calling or messaging them excessively to check they are safe.

To achieve this progress, we draw from an exposure and response prevention approach. This involved encouraging Grace to gradually confront her fears without performing a relief seeking ritual (e.g. going to bed without checking that her doors and windows are locked and that all electrical appliances are turned off multiple times). Although she found her anxiety increased initially whilst doing so, she found this soon peaked and passed if she refrained for long enough. More importantly, each time Grace completed the same task, she found that her anxiety increasingly reduced until the point she could resist whilst experiencing minimal anxiety. This allowed Grace to prove that a catastrophe would not occur if she was not as thorough as before. She impressively managed to maintain these gains despite a family member having an intruder in their home during our work together.

Grace also reported benefiting from reducing former hypervigilant behaviours, such as periodically muting her TV to listen out for intruders, which we felt was likely further fuelling her anxiety, as opposed to helping her feel calmer. At our last session, Grace explained that she has saved a great

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - Imprint or Attach Label

Surname _____ Hospital No. _____

Forenames _____ Sex _____

CHI _____ D. of B. _____

Address _____

Ward / Dept. _____

Date and Time

Good - Not given sound
- Not be constantly on them
- realise things will happen in meantime
What do My calls won't prevent it
- using less of family saying except
granddad is out having fun + not
need to call her.
- It would let me go out / visit Gran
etc + have more of own life

- Give of formulation + treatment plans
- get clear understanding + agreement
+ happy to proceed

- David due to move all soon - will be
last time Ent lived alone.
- I feel ill be okay I'm looking forward
to it in parts, other part I am ill
worry re them.
- looking forward to having own space + the
quiet
- No date yet on waiting list for
housing. Moving to Clyde Bank.

- Next appt - 17/4/23. JC

Please tick appropriate box

CLINICAL NOTES ✓

NURSING NOTES

PROGRESS NOTES

Consultant James Clark (CRAP)

Write - Imprint or Attach Label

Surname Black Hospital No.

Forenames Grant Sex

CHI 070766 3040 D. of B.

Address

Ward / Dept.

Date and Time

4/4/23 0 - Fine.

- Son & daughter burglary
- car stolen - got into house for keys.
- police caught them
- impact on you? up & down.
- checking out external
- constantly at door seeing reassurance it's locked
- a wee bit better.
- calling daughter less again now safe at home.

- Poor sleep/expectations done work.
- Eating wonky down but getting back to normal it's been not too bad. Been consciously making self eat little but often.

- Otherwise evening is taken along sleep poor.
- Lack of burglary
- hypervigilant - sounds / look out window more
- Not sat outside garden door

- with Megan - just started treatment
- happy to call, it'll delay it a bit.
- I waited 5 mins & gave her.
- was getting a bit tired - Crept back up
- Did TAF experiment
- did show me - just because I write a - doesn't mean it'll happen
- Sensible part of me knows that.

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Date and Time	

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CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant James Carlin MRCP

Write - Imprint or Attach Label

Surname Black Hospital No.

Forenames Grace Sex

CHI. 070766304D D. of B.

Address

Ward / Dept.

Date and Time	
9/3/23	Usual check to do normally - dis at time - often need to get out bed. - Takes (20-30 mins - each window + door. + Avoid? No. - hypervisilant? Do look out window into garden - Darts - does 3 x time. - Good session - Im realising Dx. Not I do that I had it thought of. - Next appt - finish assessment + discuss formulation + treatment plan. - Next appt: 13/3/23. 2pm

Please tick appropriate box

CLINICAL NOTES ☐
NURSING NOTES ☐
PROGRESS NOTES ☐

Consultant

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CHI ..... D. of B. .....
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Ward / Dept .....

Date and Time

dad, bro, best pal, cousin, grandkid).
- if didn't - I'm writing evil in.
- know it's pointless + have no impact
- still have common sense
- Don't avoid numbers.
- Don't respond to bad feelings etc
- -
- Can't say X will happen as I fear it'll happen (TAF = Thought, action, fusion)
- e.g. a plane will crash = it makes it more likely
- I once went to twin towers roof - I had thought what if plane hits building. Then 9/11
- I do know it wasn't my fault.

- Don't avoid news etc -
- if random thought = 'don't say it or it'll happen'
- I do try + picture them alive + happy.

- Tried experiment when saw Megan -
(sounds like she did have compulsions despite winters & I have - e.g. pictured her happy).

- Contamination = hate public loos
- can touch door handles.
- Nothing that causes issues.

- Doors, windows, candles, plugs, cooker
- plugs - switch off. Need to unplug since - phone charges.
- have same routine each time.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant James Clarke, MAP

Write - imprint or Attach Label

Surname Black Hospital No.

Forenames Grace Sex

CHI 070766 3040 D. of B.

Address

Ward / Dept.

Date and Time	
9/3/23 @	Ust two 6nd Anx Sonce as last week Divorced - grandson @ school - tonsilitus - her picking up now - makes me less anxious as I know he is safe in home - Started decorating livingroom + hall - keeps me distracted - helps mind not as overcome over active - Think why I do mail art - Checking started - plugs/handles - when young - ugly burnt - windows, door - once seperated pain ex - he harassed me 1990 - don't worry about him coming anymore - I'm not scared of him now. Worry I check now - old thought - is he following me in car - Used to hit me + daughter once - guilt - Everyone felt he was so nice - was blind - Front doors - After dad died (dementia) - I'd snapped at him - I felt guilt once died - Think of it often - find it hard not to focus on past - Think of things we said to folk - - - - Superstitious - I need to touch Linda photo before bed. Unsure why it started - No order. Touch their face (mum)

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames .... Sex ....

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Date and Time	
	- Since seeing them - not losing any weight anymore but not gaining it
	- told if weight does ↓ will need a feeding tube
	- couldn't do well with the drinks they gave me - taste it left me after it
	- She's got another appt in April. As long as weight stable will be fine
	- not [illegible] on what to eat
	Next appt - further assessment on 9/3/23
	[signature]

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant James Clark / Lorna

Write - imprint or Attach Label

Surname Black Hospital No.

Forenames Grace Sex

CHI 070766 3240 D. of B.

Address

Ward / Dept.

Date and Time

7/12/23 @

- mum died too.
- Dad stop. upper lip.
- mum was dietician person - "end of the world"
- Mum wrapped us in cotton wool - I take a lot of it from her.

- Mum - manic depression. Was very caring person.

- Fire in child. leg burnt PJs on fire. I was blamed for dropping a match.
- Aunt told me it was my sister.
- bed stop happens
- Anx re pre nav.

Still see dietician. Always run with food. Don't like a food it makes me sick. Don't like look & food - won't try it. Used to be very fussy. Vegetarian / don't eat meat - Fixing with textures / tastes - only manage kiddy portion. Some days don't feel im fat. I'd like to gain weight.

- good with dietician - small amounts & often. To try + eat breakfast.
- Always been very small.
- If eat too much it makes me sick. So try little + often as their advice.

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

Ward / Dept. .....

Date and Time

became v. timid & depdty / being responsible

- lost remember the same childhood - but
if time know what - needed to
say bye / love you x & after left
Ls still do it now e.g. hide go out + depended
- always aware of life is fragile
Ls Unsure why it developed
- 1st baby died - premature - made it
worse
- 3 months in hosp when 1st son born
(before it) - not easy pregnancy
- Then he's born - big sense of
respon.

- v. close to parents - helped me loads
- both mum + dad
- when 6 or 7 - mum in accident - bus
inspector - fell off - hurt her back -
laid up for months. Sent to
residential home - 2 months - hated it
- to let mum recover

- was head strong at school. Fights.
- Sister was a strong person but more
obedient. Were close at school.

- Some did died - only spk about
4 x. Told. Dryted.

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CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant James Clark (Locum)

Write - imprint or Attach Label

Surname Blake Hospital No

Forenames Grace Sex

CHI 0707663010 D. of B.

Address

Ward / Dept

Date and Time	
27/12/22 @	- Daughter got covid. I had it in November - Im fine now - Not too bad - Sore - injection it comes 2 years ago injections - daily - due to broken vertebrate. No idea when I got it. - Anx been not too bad. Rituals STILL - unsure why. Have places where as long as I structure things not too bad. - Mind not over thinking. Rituals still the same - Normal check is 3x 4x. by bad times - I need to get up + check - so do it more by feeling more anx. - Feel bad - it was good - you're easy to talk to. - when did it begin? when young? - As long as I can remember - when had accident - things really changed. - Don't like tall buildings. Phone Parks - fear developed when had been - restricted certain things are dangerous - 2 yrs ago - Talking on balcony - 3rd floor - balcony - fear of heights.

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Surname Hospital No

Forenames Sex

CHI D. of B.

Address

Ward / Dept

Date and Time

- Still go out etc. Not too anx re covid.

Typical day? Varies
- Some days no out much
- like to go to B & M. Jans
- visit family. Cemetery monthly - friend passed away year ago, do nails.
- Pain free. fine

- mood - sel down a bit. Anx high = impacts it - can lock self away.
- go out less, stay in room.

- Areas: mood 5/10 but fluctuates.

- Nightmares? Johny Depp trial - glued to it = bad dreams.
- Times Hrs lone. Even tho month. - shoulder annoyed it. - more upset than fear.
- blame self.
- FB flashbacks - not often. Panic: every 4-6 months - y see Smith on TV.

- Feedback - felt good. Was nervous before hand

- Next appt - further assessment on 27/2/23.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant James Clark rmnp

Write - Imprint or Attach Label

Surname Black Hospital No

Forenames Grace Sex

CHI DOB 16/6/30 D. of B

Address

Ward / Dept

Date and Time	
6.12.23 ②	- Worry re self esteem + attached? not so much - g car behind = is d following us - stems from ex - not agreed g him now "he knows where we live now" - he doesn't see girls now - NOT seen him for years - Suicidal thoughts = No - in past = cuts g not here but id never do it to family - I fear dying, I know I need to be here - Occasionally get v's b pain is v bad - NAD - be easier g never wake up - Attempted to overdose after 1st baby did - pentazocine + had spun with g - took handful epilepsy medicine - 16 or 17. Was glad it didn't work - No self harm. Never violent. - No abuse relationships - GP fibromyalgia, epilepsy, COPD, osteoporosis take diazepam now - recent flare (to help thicken bones). - Do walking respiratory club - Zoom at home. Twice a week. - Epilepsy well controlled.

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

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Date and Time	
	eg kids playing with other kids = can not fight.
	- During day = phone lots - grandkids - few times a day.
	- Goals to get them down + give them more personal space.
	- Take your child to school just before 9 + watch her go in.
	- key worker = name for MH nursing - approx re our kids.
	- Do calls in Glasgow etc by car - get them + can use when home.
	- Door - always locked - Client + pass (never during day) - Night = worse.
	- if cooker been on = client dr off - client on day + pass - client back door if dog been out
	- Night = worst
	- if client home - do client toilet + bathe - cats / dog home.
	- 2 cats Puppy - don't go + feed till know cats in

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CLINICAL NOTES ☑
NURSING NOTES ☐
PROGRESS NOTES ☐

Consultant: James Clark / MAP

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Surname: Black Hospital No.:
Forenames: Evan Sex:
CHI: 0707663040 D. of B.:
Address:

Ward / Dept.:

Date and Time	
16/7/23	- Caregiver training discussed - good support. - time with son / daughter - in law - anx - sit outside his room. Nightly. - Another gir / son - call 16 year old grandson [redacted] - 10 year old - granddaughter - call for reassurance. - if they are out - will they be kept upl. kidnapped. - lock doors - this stops kids in fear. - ½ hour sleep (2 hours a night) - hear things - hypervigilance - for sounds = VAD - someone inside. - Some nights are better - STILL do all checks + can fall asleep. - Not many over past 2 weeks. - Times I stay up on purpose if hear a noise outside. - Granddaughter did tell someone outside - just prior to xmas = ? any - last 3 ams nights - son + he checks kids are safe in bed.

FORTH VALLEY ACUTE HOSPITALS

RX1561

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

Ward / Dept. .....

Date and Time	
	you don't know." – Check all taps at night. – Lights off. Check every room. – "If I don't check for a noise, they'll steal him."
	– Routine – Check all doors, then windows, then everything switched off. 3 or 4 times will go downstairs. – Touch my pictures every night of my family. Say goodnights. If I don't something will happen. – Takes at least half an hour the first time, other times quicker. – Look at all the switches.
	Next appointment 02/09/22 at 2.30pm over telephone.
	Dr – Neurology (Tremors AHP)

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CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname BLACK Hospital No.

Forenames GRACE Sex

CHI 0707663040 D. of B.

Address

Ward / Dept.

Date and Time	
19/08/22 (S) Cont-	Usually pretty obvious when I'm calling that I'm checking on them. They say they'll check. Gives me ~~be~~ a sense of relief. Forgotten to point where they'll check when I call, without even asking. - Epilepsy - Take medication. Quite well controlled. - Bouts where I will have a cycle of small seizures in a week sometimes have a ~~ster~~ seizure when asleep and wake up with bruises. It does impact my mental health when it's worse. One of those nights I'll go to sleep and die. Don't want to go to sleep incase I die. Not dying that worries me, if I wake up and in the fire (being cremated). Checking - - on grandkids - Check door about 6 times a day - lying in bed then have to get up and check again. Check windows closed - Ring daughter check she's locked everything. - Cookers switched off. Everything that needs switched off are. - Anxious if don't check. Feeling builds up if don't check. "If you don't check, there could be a fire and

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Surname ..... Hospital No. .....

Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

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Ward / Dept. .....

Date and Time	
	- Don't trust people. Hear more about bad things that happen in the world.
	- When David was 12, moved into homeless units at last my job. A girl I kind of knew, not a nice person. Asked if David could see her 3 year old kid - a few months later she made allegations David sexually assaulted her child. Found out she was in relationship with my ex-husband. I didn't send David to school so Social work got involved. They were helpful. That's when I moved out of Alexandria. Police investigated - Couple of weeks. Got him a lawyer and she was great
	- Ex-husband sexually abused my daughter when she was 5 years old. Mum put Sleeping pills in tea to Stop me going to kill him. Police were aware but no prosecution. "If you can't trust child's dad..." "We don't trust anyone. Locked myself away from everyone." "How can someone do this?"
	- When moved away things settled a bit. Not?
	- Preventing problems - If having bad week, will phone couple of times a night, late at night, + get panicky. Dread sets in - worse at night. No distraction. Worst case Scenario thinking.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - Imprint or Attach Label

Surname BLACK Hospital No.

Forenames GRACE Sex

CHI 070766 3040 D. of B.

Address

Ward / Dept.

Date and Time	
19/08/12. (2) Cont.	– Roseanne when I was 22. She was small, NICU for couple of days. I was constantly burning up. Postnatal depression – wouldn't let anyone touch her. Didn't take her to the doctors as much as William, apart from first couple of months. Mum and dad were supportive & helped me not go to doctors as much.
	– David, when I had him I was 27. Came as shock. Great baby. Wasn't at doctors all the time by then. More relaxed felt easier. "I can do this, I'm doing it." I still didn't trust anyone but family to watch them.
	– When kids were growing up, when Roseanne started rebelling – I would grand her and keep her away from those kids. David never left his room so didn't have to worry about him. William would be bullied for being gay which worried me. He was quite violent and would beat up David. Social workers visited, he had to stay with his uncle for a while. He was diagnosed with borderline personality disorder. No one would listen to me when I said there was something wrong with his behaviour. Some blamed my parenting but my other kids were fine.
	– Different type of worry to my grandkids. I didn't let my kids out of my sight.

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

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Date and Time	
	Wales I was 16, he was 21. Moved quickly, I fell pregnant and blamed all my friends, they told me you couldn't get pregnant the first time. I was still up there and we were ~~visited~~ visiting. I went into premature labour in Wales. Came home. Then moved back down then. Lived with him for 6 months - things got worse when living there. My friend told me to leave him. Suicide attempt was around 6 months after baby was stillborn.
	- Got married to next guy, I got pregnant quickly. I didn't even love him. He was kind then we got married.
	- Impact of abusive relationships? Made me very closed off. Always waiting for next relationship to go the same way. Pushed his buttons to see if he would. Never trusted anyone since. Not been in a relationship in 20 years. Don't want relationship, partly as fearful but also find easier to be alone.
	- When had William I was 19 years old. I was paranoid mother, had him at the GP for everything. Stitch in cervix when pregnant as starting to soften. When baby/toddler worried, didn't get vaccines as I had epilepsy. He got a lot of illness. He wasn't an easy child, cried constantly. Probably because I was uptight.

Please tick appropriate box

CLINICAL NOTES ☑

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Consultant

Write - imprint or Attach Label

Surname: BLACK- Hospital No.

Forenames: GRACE Sex

CHI 07 0766 3040 D. of B.

Address

Ward / Dept.

Date and Time	
19/08/22. 2.15pm. (1).	Cantwine initial assessment over telephone. With Megan Varey (TEENAGE ANAP).
	AGENDA:-
	- check-in.
	- Cantwine with history taking and exploring OCD symptoms.
	Check-in:- Been feeling up and down. Some days working to stay in bed.
	- Decided to get back into doing nails as I enjoy that. Keeps me busy.
	- Friend who died last year, her partner come to visit and I haven't seen him in ages. He has met someone new, which is nice. Been thinking about her a lot, I phone now and leave her messages. Big loss. Friends for 26 years. She was only 11 when we met, I was like her bodyguard. Was like my sons second mum.
	- "What would Colette say if I did that?"
	History:-
	- left School at 15 years old.
	- I wasn't interested in School.
	- I was riding and worked in the stables, free entry to competitions - like very passionate about it. Babysat for extra money.
	- Girl I used to babysit for invited me out. I met her brother, moved to

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CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

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Surname..... Hospital No.....

Forenames..... Sex.....

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Date and Time	

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CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname Black Hospital No.

Forenames Grace Sex

CHI 070766 3040 D. of B.

Address

Ward / Dept.

Date and Time	
05/08/22. Cont'd.	I've probably made a load of unjustified assumptions based before knowing full story. Middle granddaughter quite challenging - I've gone in all guns blazing with her school but now I realise she embellishes quite a bit so now I think first before making her teacher cry. I hate apologising. Embarrassed.
(3).	- I've always gone off my emotions and been fixated. Now realised not everyone bells the bath, even those you love. Hit me hard. I feel it's important to be honest, I can't lie own up straight away.
	- Arrested once for breaching ex-husband. Policewoman told me off for owning up to it.
	Next appointment - plan to continue assessment. 19th August, 2.15pm.
	M Watt MEGINNESS CBT/NSS CNS

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

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Date and Time	
	Sister - Not spoken to her since February. Occasionally phone. I remind her of where she comes from.
	- Caring for dad - he would shout at me, I was his carer. He'd say "if you die I will kill myself." My parents were proud of who they were - I'm proud of who I am and where I'm from. Got closer to dad as I got older.
	- Caring for dad for about 3 year. Challenging. He had to be everywhere I was. I still have guilt - "I was a money cow for his last month." Started access to nursing at college but had to give it up as caring for my dad. 2015. Don't regret.
	- My mood was really down before he died. Everything getting on top of me, babysitting for my daughter. Felt I couldn't say no as daughter had taken me on holiday. Felt like a single parent, dad was a like a kid.
	- Mum got diagnosed with dementia and angina - really ill. Helped dad out as much as I could. Mum ended up in wheelchair. She would get confused easily - funny.
	- Mum changed a lot. I became a "bitch" at school. If anyone disrespected my mum and dad I would get vicious. It made me really overprotective like that with my kids + grandkids now.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - Imprint or Attach Label

Surname BLACK. Hospital No.

Forenames GRACE. Sex

CHI 070766 3910. D. of B.

Address

Ward / Dept.

Date and Time	
05/08/22	Scar on leg doesn't bother me. Always made
Cont.	sure mistakes are high up. Ive were locals,
(2) -	no bad feelings towards sister.
	Moved out of Alexandria to get away from
	Mum -- Loving. ex husband.
	Dad - from big family, home to get on with
	things.
	[redacted]
	very good relationship with mum. Not always
	with dad. I was always in trouble. Wouldn't
	back down if someone picked a fight with me.
	I was defiant. If didn't want to do something
	I wouldn't. Dad + sister, me + mum. When sister
	moved out didn't bother as much and moved to
	England.

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

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Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

Ward / Dept. .....

Date and Time

The people there were really horrible. Incident - Cliftonridge. There about 3 weeks Tad dad and he took us out. I remember feeling really bad for my mum. Would sit with her and hold her hand. We used to do a lot together. Made me worry all the time. She used to take me to work with her on the bus. "All of a sudden she was just this shell." "Felt bad about my dad." Tried to pretend I was ok but cried to my dad. Makes me hide things now as I don't want to upset people or burden them. Sister "we don't burden people" I've always been emotional - Sister is 18 months older than me, very different - She doesn't show emotion.

- Grew up where? Easterhouse - Glasgow until age 8, then moved to Kilsyth until 49 yrs
- Burnt at 6 years old - ~~intubated~~ NIV we were in bedroom. I thought I was playing with matches and dropped on piss, went up in flames. Uncle rushed in and burnt hand putting fire out. Sister did it but don't remember. She threw the match at me. "They let me believe I did it to myself all those years." "You lied to me." Gutted. Remember the pain, terrified of fire. Remember being taken to the hospital. Don't remember actual incident. No flashbacks. Avoid fires. Told kids I don't want cremated

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname BLACK Hospital No.

Forenames GRACE Sex

CHI 070766 3010 D. of B.

Address

Ward / Dept.

Date and Time	
05/08/22 11am (1)	Continued initial assessment appointment with Megan Varey (TRAINEE CMHP)
	AGENDA: - Timeline of life. - Explore OCD symptoms in more depth. - Physical health and lifestyle factors.
	Grace had Over telephone. Tech issues getting onto Near Me. 10 minutes late to appointment due to this.
	Logical side of me knows the noise in the night is the cats, but other part of my thinks what if it's not the cats. Podcasts on, fell asleep. Have started to put TV / Podcast on to distract from noise, but then not good quality sleep. Not sat outside room this week as often been awake late.
	Timeline of your life
	→ Got burnt when really young. I thought I had set leg on fire, but told couple of years ago it was my Sister who did it. I was about 6.
	→ I was age 6/7 and mum had accident at work, bedridden for months. Dad stayed off work to look after her me and Sister got sent to "boarding house place".

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname ..... Hospital No. .....

Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

.....

Ward / Dept. .....

Date and Time	

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname BLACK Hospital No.

Forenames GRACE Sex

CHI 0707663040 D. of B.

Address

Ward / Dept.

Date and Time	
29/07/22 (3) Cards.	Goals? - I want ways to help my anxiety so I'm not checking up on people. - Want to improve mood. If Someone dies it because of how I'm feeling - I know it doesn't make sense. Never known anyone be kidnapped. Try to talk myself out of it. Kidnap one. Suppose, tries to talk me out of it but doesn't work. When very down makes anxiety worse. Plan to continue assessment on Friday 5th August, 11am via MSP. Me Grace was late by 15 minutes today and appointment was over the phone. Called and she had forgotten, was apologetic. Mary. McGarvey (TRAINEE CAMP)

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname ..... Hospital No. .....

Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

Ward / Dept. .....

Date and Time	
—	My first baby died premature, I was 17 years old. Still think about her and wonder what she'd have looked like. No guilt, early later.
—	Constantly phone granddaughters checking up on them. Worry for them.
	My first baby is now with my mum and dad. Died at two days old.
⇒	Flashbacks? Hearing about domestic abuse testimonies. Amber Heard Johnny Depp testimony put me on a downward spiral. No one flashback.
→	Married after him, husband was quite abusive. "I've done it twice, how dumb am I? Why didn't I notice the signs."
⇒	Self-critical thoughts about the past. But it's helped make me the person I am. I'm more patient and understanding. Both physically abusive. Now and again moments come back. Not scared of ex husband now. I beat him last time I saw him then we split up. Been split up 30 years. He hates me and tells my kids but they don't keep in touch. I won't go to family events as I don't want an argument.
	My son is gay and doesn't want to tell his dad.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname BUCK Hospital No:

Forenames GRACE Sex

CHI 0707663040 D. of B.

Address

Ward / Dept.

Date and Time	
29/07/22 (2) Carb.	Three weeks before he died I was inpatient with him. Carb. Think the guilt. I agreed to stop his medication, he might have been ok if I'd kept it going. Dad - very close to him. Mum died 1976. He was very close to my kids and lived with us. Thought I was doing ok. Friends sudden death at 40 last year brought it all back. Why are folk leaving me? I was meant to see my friend and I didn't go through. Regret.
	Anxiety goes through the roof. "Grace what is wrong with you?" Worry someone will kidnap the kids or someone will die. I will sit outside grandson room at night. Have daughter to ask if the girls are ok. I know they shouldn't appear. Relieves the anxiety for 5 minutes, then worry again. Argue with myself. Hear noise and I jump up to check. Wait until sunlight comes up. I feel stupid but can't help it. Try to stay in my room - getting sweaty, palpitations, can't breathe. Sometimes distract myself and watch with some but doesn't help for long. Don't know where it comes from.

Please tick appropriate box

CLINICAL NOTES ☐

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname ..... Hospital No. .....

Forenames ..... Sex .....

CHI ..... D. of B. .....

Address .....

Ward / Dept. .....

Date and Time	
	Suicidal risk – low. No active thoughts or plans. Care too much about my children and grandkids. Would feel guilty. No matter how bad I got, I would ask for help know people who have done it and see how impacted people.
	Tried to end my life when I was 16/17. Family don't know. Quite a few epilepsy meds, hospital, ~~SS~~ Stomach pumped. Ex-fiancé boyfriend lives in Wales, all my family were in Scotland. Went back home. Haven't spoken about it. Friends and Sister very matter of fact. "I was stupid but I didn't know any different. Didn't know how to get out of the situation." Didn't realised how it was permanent.
	Typical day – Sit in my room a lot. Things require effort and thought. Putting things off. "Can't be bothered." Best friend died suddenly November 2021. Her partner said last week worried about me. Wish I could stop thinking.
	Thoughts – You should have done this. Dad died in 2018, had dementia, died after a fall and pneumonia. Sudden.

Please tick appropriate box

CLINICAL NOTES ☑

NURSING NOTES ☐

PROGRESS NOTES ☐

Consultant

Write - imprint or Attach Label

Surname BLACK Hospital No.

Forenames GENA Sex

CHI 070766 3040 D. of B.

Address

Ward / Dept.

Date and Time	
29/07/22 11am. D	INITIAL ASSESSMENT: appointment via Near Me with MEGAN WATT (TRAINEE CMHP) AGENDA - Confidentiality ✓ - check details (GP, address etc) ✓ - Note taking ✓ - Presenting problems ✓ - Goals ✓ Mental health been up and down for years. Getting worse. Spoke to CPN, back on Mirtazapine (15mg), 2-3 months ago. Reviewed med yesterday, said can increase but im not sure. Feeling a bit better. Was having passive suicidal thoughts. Ruminating over mistakes. Sleep is terrible, I get about 5 hours, constantly waking up for no reason and can't get back to sleep. Exhausted. However, even can't do anything else. Feel bad - not doing things I should been doing. Guilty. (28 year old) (7 year old) Sam and partner, and his child living with me. ~~Five~~ three other grandchildren, 16, 14, 10 year. Spend lots of time with them. I have three kids.

NHS Forth Valley

Carseview House
Castle Business Park
Stirling
FK9 4SW

Telephone: 01324 566292
Fax:

NHS Forth Valley

Private and Confidential

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date:	20 May 2026
Your Ref:	100259
Our Ref:	GDP/0021466
Enquiries to:	Legal Admin Team
Extension:	
Direct Line:	01324 566292

Dear Sir/Madam

Re: Grace Black 07/07/1966

With reference to your recent access request please find enclosed copy health records as requested.

Please note that records held by Forth Valley Royal Hospital will include records for Falkirk Community Hospital and Stirling Health & Care Village.

If we can be of any further assistance then please do not hesitate to contact us.

Yours Sincerely

Legal Admin Team
E-mail: fv.healthrecs-legal@nhs.scot

Black, Grace

CHI Number 0707663040 **Date of Birth** 07-Jul-1966 (59y)

Sex Female

Psychological Therapies Contact Record

Date of Activity 03 May 2023 11:15 by James Clark **Status** Closed

Centre of Care Adult Psychological Therapies

Contact Record Details

Summary of contact

Grace reported doing well overall. We spoke about her recent discharge from the dietician. Grace stated that she was to try and continue with the advice already given, but there was little else they could suggest and was therefore discharged. She is to contact the GP re her feeling of nausea when she eats to see if her medication can be changed. Grace states the main reason that she does not eat more is because she is often not hungry and if she tries to eat when not hungry, she feels sick. She recognises she is under weight and would like to gain weight but finds it hard to follow the advice given. She plans to call the GP to discuss this, but plans to do so next week following an appointment with a nurse following a bowel screening flagging an issue up.

In terms of her OCD - Grace was pleased with her achievements with her homework tasks. She reported being able to wait 15 minutes before calling her eldest grandchild to ensure they were well/got home safe etc if she had been out. She did not wait longer that 15 minutes as per the original plan but was happy she stretched out the time before she would call. Interestingly, Grace said that her anxiety did rise initially when she resisted making the call but it then started to reduce, yet she still decided to call at this point. We agreed that the next task should be not to call for reassurance at all, nor should she ask her granddaughter to text when she is home.

She was also pleased she was able to let her grandchild, Ruby, play in the playground for 2 mins before the school bell. Normally Grace would watch until she saw her enter the building, but she was able to leave 2 mins before the bell. The next task is to try and leave 5 mins prior to the bell.

Next appt: 15.5.23

File attachment

Not Recorded

Assessment

Practitioners Name Mary Jack	Date 18/04/2026
Grade FY1	Time commenced 0300
GMC/ NMC	Location CAU

CHI NO: 0707660040 [illegible]966
CRN:
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH
COPY

Presenting Complaint:

'Lump in throat' feeling 1/52 → ® side, mid thoracic
2/7 pain: constant, in back and epigastric. Worsened on eating & drinking / swallowing. Getting worse. No change to Sx w/ different foods.
Constant nausea, 2/7 + BG of nausea + reflux.
No vomit. Bringing up gas.
↓ oral intake
Swallowing limited by pain, able to swallow.

Systemic Enquiry:

↓ urinary output No chest pain / SOB. No diarrhoea
BCO Wednesday. She reports this is normal for her.
No recent illness. No fevers / sweats.
Feels she has lost weight over last couple weeks, fluctuating.

Height: 5ft **Weight:** 5st 5 **BMI:**

Usual level of activity (please circle)

Bedbound	Dependent for personal care	Requires minimal assistance with ADLs	Slowed. Assistance with heavier household tasks	"Slowed-up" but not requiring assistance	No exercise beyond walking.	Occasional exercise	Regular exercise

Past medical, surgical and anaesthetic history

MI	
Angina	
Hypertension	
COPD	
Stroke /TIA	
Diabetes	
Implement diabetes bundle	

COPD,
Epilepsy
Fibromyalgia
Osteoporosis
Acid reflux

Family History

Travel History

Social History

Smoking: Never Ex smoker (since_____)
Current 5 /day (cutting down) Pack years_____

Alcohol: nil Units / week

Occupation —

Driving license yes / no

Lives With Son + Son's partner

Support/ Carers

PACKAGE OF CARE YES / NO (please circle)

IF YES CARE PROVIDER_____

NUMBER OF TIMES PER DAY 1/ 2/ 3/ 4 (please circle)

Medicines Reconciliation At least 2 recent sources, one of which must be patient or carer

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

COPY
Verbal

☑ Patient *(e.g. verbal recollection or handwritten note)* ☐ Relative/Carer ☑ Electronic patient record
ECS (issued in last 6 months?)
IDL (within last month?)

☐ Patient's own medicines ☐ Nursing home prescription ☐ Community pharmacy ☐ Other

No Known Drug Allergies ☐

Drug / Substance	Reaction/ Side effect	Drug / Substance	Reaction/ Side effect

Pharm	ADMISSION MEDICATON	Dose	Frequency	Withhold	Stop	Comment	Kardex
	Co-codamol 30/500	1 tab	PRN			max QDS	
	Rizatriptan Benzoate	10mg	PRN			max BD	
	Salbutamol	2 puffs	PRN				
	Lamotrigine	300mg	BD				
	Prochlorperazine	5mg	PRN			TDS	
	Amitriptyline	10mg	OD			(night)	
	Naegs	600mg	OD				
	Esomeprazole	20mg	BD				
	Citalopram	10mg	OD				
	Accrete D3	880units	OD				
	Trisec	2 inhalation		BD			
	Alendronic acid	70mg	once weekly				
	Ropinirole	500 micrograms				OD (night)	
	Mirtazipine	45mg	OD			(night)	

RECENT ANTIBIOTICS/RECENTLY DISCONTINUED MEDICATION (within 6 months)

NON-PRESCRIPTION MEDICATIONS AND HERBAL MEDICATIONS

Are you satisfied this medication history is complete and accurate? Yes ☐ No ☐
If 'No' please detail what further action is necessary (e.g. contact GP, carer or access ECS)

Medicine reconciliation completed by? Name: Signature:
Date: Time:

Medicine reconciliation verified by? Name: Signature:
Date: Time:

Examination

Diabetic patients → foot examination and diabetes bundle
GI Bleeding → PR examination
Age >65 or confusion → AMT
If cognition or alertness impaired → consider delirium

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
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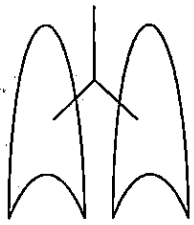
BONNYBRIDGE
FK4 1NH

COPY

Cardiovascular

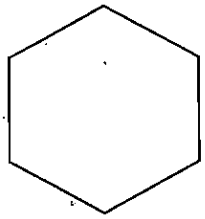
HS I+II+0
HR 87
BP 117/70

Respiratory



good air entry mild wheeze chest clear (L) base
sats 94% on RA

Abdominal



abdo soft
tender on palpation epigastric area & (R) upper quadrant

Bowel sounds:

PR:

AMT (If <4/4, complete AMT10)

1. Age
2. DOB
3. Year
4. Location

/4

Ask patient to remember address: "42 West Street"

5. Time to nearest hour
6. Current monarch
7. Date Of WW2
8. Count 20→1
9. Identify 2 people
10. Recall address

/10

Neurological (remember speech, visual assessment, balance, gait)
Cranial nerves:

	R arm			L arm			R leg			L leg		
Tone												
Power												
Sensation												
Coordination												
Reflexes	B	T	S	B	T	S	K	A	Plantar	K	A	Plantar

(N)

Other

(N) LFTs WCC 12·4
(N) U&Es
CRP 16

Interpretation of results

ECG

Sinus rhythm

Urine HCG

Urinalysis

	Neg	Trace	+		++	+++	++++
Leucocytes							
Nitrites							
Glucose							
Ketones							
Blood							
Protein							

CXR

PACS down

Other imaging

Additional comments

Differential diagnosis

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

COPY

? gastric ulcer , ? rule out malignancy

Management plan

→ OGD

→ CXR

→ monitor fluid status +/- IVF

→ morning bloods + TFTs

Additional investigations required (e.g. cultures) Please initial and date when sent

	Initial/ Date		Initial/ Date
	Initial/ Date		Initial/ Date

Venous thromboembolism (VTE) risk assessment

Medical patient expected to be mobilising as normal within 2 days		Proceed to VTE risk **actions**
Medical patient with reduced mobility for ≥2 days OR Surgical patient		Assess **thrombosis and bleeding risk factors**

Thrombosis risk factors. ANY thrombosis risk factor(s) should prompt VTE prophylaxis measures unless contraindicated → Assess bleeding risk.

- ☐ Mobility reduced for >2 days
- ☐ Age >60
- ☐ Dehydration
- ☐ Obesity BMI>30 kg/ m^2
- ☐ Significant medical comorbidity (e.g. cardiac, respiratory, endocrine, inflammatory, infectious conditions)
- ☐ Active cancer or cancer treatment
- ☐ Thrombophilia
- ☐ Personal history or first degree relative with history of VTE
- ☐ Use of hormone replacement therapy or oestrogen containing contraceptive
- ☐ Pregnancy or <6/52 post-partum
- ☐ Acute surgical admission with inflammatory or intra-abdominal condition
- ☐ Surgery with significant reduction in mobility
- ☐ Critical care admission
- ☐ Knee or hip replacement
- ☐ Hip facture
- ☐ Total anaesthetic+ surgical time >90mins
- ☐ Pelvic or lower-limb surgery with anaesthetic+ surgical time >60mins
- ☐ Varicose veins with phlebitis

Bleeding risk factors. Consider whether sufficient to preclude pharmacological prophylaxis

- ☐ Active bleeding
- ☐ Acquired bleeding disorder (e.g. acute liver failure)
- ☐ Current use of therapeutic anticoagulation (e.g. warfarin, rivaroxaban, dabigatran)
- ☐ Acute stroke
- ☐ Thrombocytopenia (<75x10^9/L)
- ☐ Uncontrolled hypertension (>230/120mmHg)
- ☐ Untreated inherited bleeding disorder
- ☐ Neurosurgery, spinal surgery or eye surgery
- ☐ Other procedure with high bleeding risk
- ☐ Lumbar puncture, epidural or spinal anaesthesia expected within the next 12 hours
- ☐ Lumbar puncture, epidural or spinal anaesthesia within the previous 4 hours

VTE risk actions

Information provided Provide if admission is anticipated Yes/ No	LMWH Yes/ No/ Contraindicated	Antiembolism stockings Consider if thrombosis risk factors present and bleeding risk factors preclude LMWH Contraindicated in peripheral neuropathy, PVD, ulceration, cellulitis, gross oedema Yes/ No/ Contraindicated

Signature Date Time complete

Consultant Ward Round

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

COPY

59 y

Osteoporosis : Jul on teriparide but stopped
to attend fall. July

COPD - Mixed

She describes dysuria and a feeling of a
'lump' over suprapubic for several days

Nauseated

No oral intake

Has managed a small amount of breakfast
and drink this morning

ECG

CXR/Imaging

Results CRP 16 U&E 17
WBC 12.4

UTI ✓
LRTI ✓

Consultant Ward Round

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
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BONNYBRIDGE
FK4 1NH

COPY

Diagnoses and significant comorbidities	Plan
? DESQUAMATING FROM ALENDRONATE	EMPIRICAL FLUCONAZOLE
? DESQUAMATING CANDIDA	STOP ALENDRONATE
	INCREASE ESOMEPRAZOLE TO LONG BD
	HOME WITH ANALGESIA
	URGENT OP UGI

Checklist		Estimated LoS	<24h	24-48h	>48h
Medicine reconciliation	✓	Transfer of Care to:	HOME		
VTE assessment	✓	Outstanding criteria for ward transfer/discharge (delete as appropriate):			
S_pO_2 target prescribed					
Fasting	Yes / No				

Name [illegible] Signature [illegible] Date 18/4 Time 0948

Resuscitation/ Escalation of care/ Anticipatory Care Planning / Advance Directives

Documentation of Discussion with Patient or Family

Treatment options that may help and patient would wish considered (and in what circumstances):-

Treatment options that may not help or patient would not wish:-

Discussed with patient/family: Y /N/Unable Documentation (circle all that apply): DNACPR ReSPECT AWI

Name	Signature	Date	Time

Date and Time	Daily MDT and Nursing update

Consent (care planning) Yes ☐
Name band Yes ☐
NOK details obtained Yes ☐
Vital Signs Yes ☐
Own medication Yes ☐ No ☐
Dentures Yes ☐ No ☐
Glasses Yes ☐ No ☐
Hearing aids Yes ☐ No ☐

CHI NO: 0707663040 07/07/1966
CRN: F
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BONNYBRIDGE
FK4 1NH

COPY

18/4/26 ~~care taken over~~ over
nursing Admitted to CAU at 23:50.
06:30. ews - 1 on arrival. PVC ✓ bloods ✓ ecg ✓
Notes written in retrospect due to ward demand.
Ind mobile.
Slept for short spells.
has buzzer to hand.
S/N A.MIDDLETON

18/4/26 Care taken over at 07:00.
09:15 Alert & orientated in CAU chair
Nursing New 1 as charted. Sats 95% on RA
Medication given as per kepma. Inhaler unavailable. Will ask son to bring own in.
Tolerating diet & fluids
Ind to toilet for personal hygiene
Son present this AM.
Await Consultant RV.
Nil new concerns SN. K. KEE

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COPY

GRACE BLACK
36 SPENCE STREET
BONNYBRIDGE

FK4 1NH

7 0707663040

PLEASE SUPPLY
-FLUCONAZOLE 50MG CAPSULE
TO BE TAKEN ONCE DAILY FOR
7 DAYS

ESOMEPRAZOLE 40MG TABLETS TO
BE TAKEN TWICE DAILY FOR 7
DAYS.

-CO CODAMOL 30/500 TABLETS
2 TABLETS UP TO 4 TIMES DAILY
AS REQUIRED

SAMANTHA KILGANNON
31101445

19/04/2026

Acute Care Unit
Larbert FK5 4WR

TEL: 01324 566032

Forth Valley Royal Hospital

V 4 0 1 4

51028179674

Date and Time	Daily MDT and Nursing update	COPY

Last: Black
First: Grace
ID: 0707663040
DOB: 07-Jul-1966
Age: 59yr Sex: Female
Comment:
Tech:
Ref Phys:

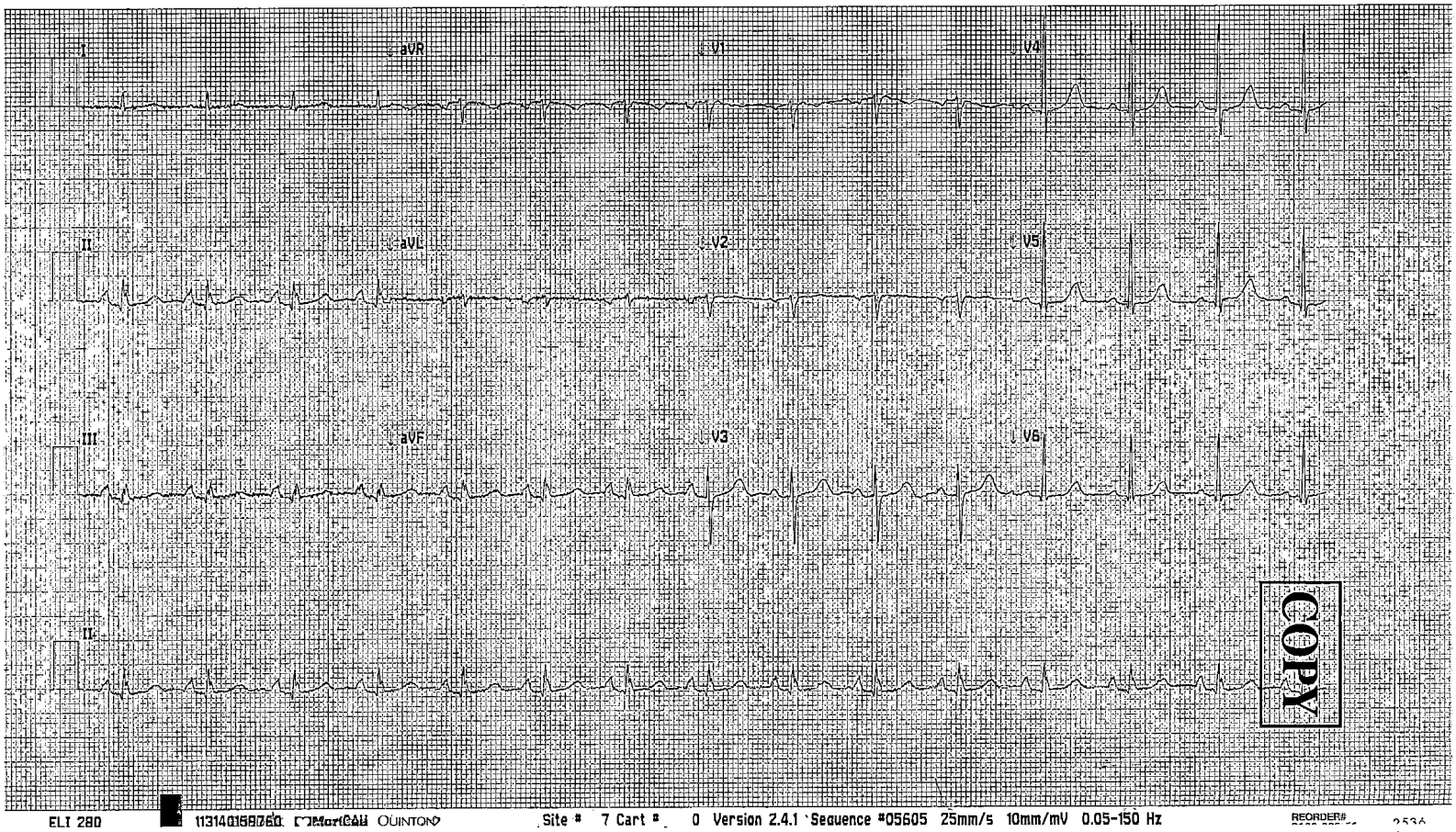
18-Apr-2026 00:59:41

Vent rate	88 BPM
PR int	158 ms
QRS dur	81 ms
QT/QTc	358/404 ms
P-R-T axes	85 58 70

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

No 3



ELI 280 [redacted] MortaraQUINTON Site # 7 Cart # 0 Version 2.4.1 Sequence #05605 25mm/s 10mm/mV 0.05-150 Hz REORDER# 253A

Last: Black
First: Grace
ID: 0707663040
DOB: 07-Jul-1966
Age: 58yr Sex: Female
Comment:
Tech:
Ref Phys:

04-Nov-2024 16:28:22

Vent rate	94 BPM
PR int	193 ms
QRS dur	81 ms
QT/QTc	324/375 ms
P-R-T axes	84 41 61

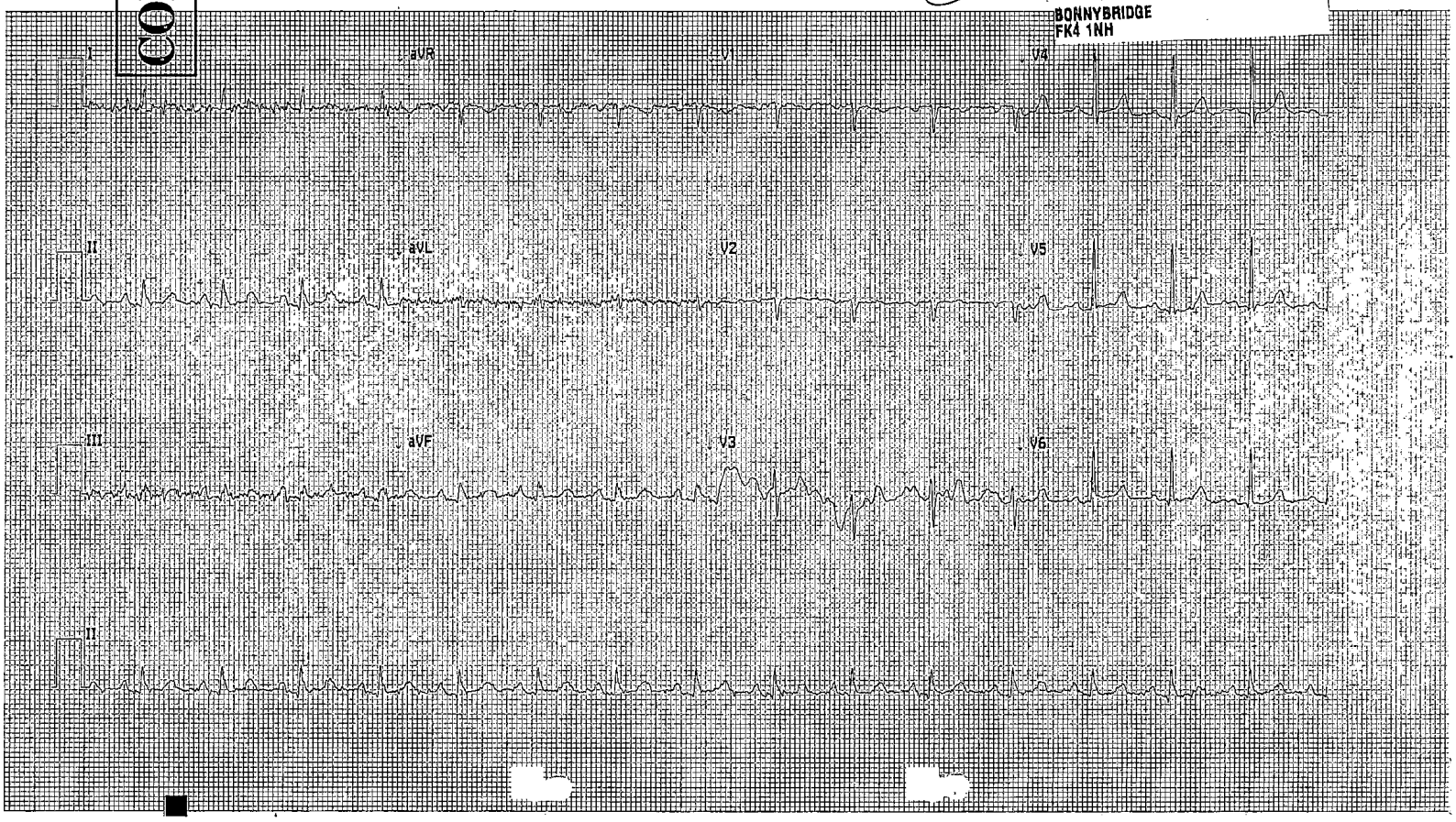
SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

COPY

CHI NO: 0707663040 07/07/1966 F
CRN:
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH



NEWS key	FULL NAME:
0 1 2 3	DATE OF BIRTH:

COPY

	DATE	4/4/24																					
	TIME	1630	1914																				
A+B Respirations Breaths/min	≥25																						
	21-24	21	21																				
	18-20																						
	15-17																						
	12-14																						
	9-11																						
	≤8																						
A+B SpO_2 Scale 1 Oxygen saturation (%)	≥96		96																				
	94-95	94																					
	92-93																						
	≤91																						
SpO_2 Scale 2† Oxygen saturation (%) Use Scale 2 if target range is 88-92%, e.g. in hypercapnic respiratory failure. Tick if using Scale 2 ☐ Signed_____ †ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2																						
	95-96 on O_2																						
	93-94 on O_2																						
	≥93 on air																						
	88-92																						
	86-87																						
	84-85																						
	≤83%																						
Air or oxygen?	A=Air	A	A																				
	O_2 L/min																						
	Device																						
C Blood Pressure mmHg Score uses systolic BP only ↕ Use	≥220																						
	201-219																						
	181-200																						
	161-180																						
	141-160																						
	121-140																						
	111-120		113																				
	101-110																						
	91-100																						
	81-90																						
	71-80		172																				
	61-70																						
	51-60																						
	≤50																						
C Pulse Beats/min Use •	≥131																						
	121-130																						
	111-120																						
	101-110																						
	91-100	0																					
	81-90		81																				
	71-80																						
	61-70																						
	51-60																						
	41-50																						
	31-40																						
	≤30																						
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert	A	A																				
	Confusion																						
	V																						
	P																						
	U																						
E Temperature °C	≥39.1°																						
	38.1-39.0°																						
	37.1-38.0°																						
	36.1-37.0°	37.2	36.1																				
	35.1-36.0°																						
	≤35.0°																						
NEWS TOTAL		6	2																				
Monitoring frequency		2	A																				
Escalation of care Y/N		Y	N																				
Blood Sugar		6	/																				
Pain Score 0-3		0	0																				
Initials		MH																					

DATE OF ADMISSION:

COPY

																			DATE
																			TIME
																			≥25
																			21-24
																			18-20
																			15-17
																			12-14
																			9-11
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	≤8
																			≥96
																			94-95
																			92-93
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	≤91
																			≥97 on O_2
																			95-96 on O_2
																			93-94 on O_2
																			≥93 on air
																			88-92
																			86-87
																			84-85
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	≤83%
																			A=Air
																			O_2 L/min
																			Device
																			≥220
																			201-219
																			181-200
																			161-180
																			141-160
																			121-140
																			111-120
																			101-110
																			91-100
																			81-90
																			71-80
																			61-70
																			51-60
																			≤50
																			≥131
																			121-130
																			111-120
																			101-110
																			91-100
																			81-90
																			71-80
																			61-70
																			51-60
																			41-50
																			31-40
																			≤30
																			Alert
																			Confusion
																			V
																			P
																			U
																			≥39.1°
																			38.1-39.0°
																			37.1-38.0°
																			36.1-37.0°
																			35.1-36.0°
																			≤35.0°
																			TOTAL
																			Monitoring
																			Escalation
																			Blood Sugar
																			Pain Score 0-3
																			Initials

National Early Warning Score (NEWS2)

NHS Forth Valley

COPY

Name: Grace BLACK
DOB: 07/07/1966
CHI No: CHI NO: 0707663040 F
CRN:
Address: 36 SPENCE STREET BONNYBRIDGE FK4 1NH

*** Regardless of NEWS always escalate if concerned about a patient's condition**

Total NEWS	Frequency of Monitoring	Clinical Response
0 *	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations
1 - 4 *	Minimum 4 - 6 hourly	• Inform registered nurse who must assess the patient • Registered Nurse to decide if increased frequency of monitoring and / or escalation of clinical care is required
5 - 6 * or 3 in one Parameter	Increased frequency to a minimum of 1 hourly	• Registered nurse to urgently inform the medical team caring for the patient • Urgent assessment by a clinician with core competencies to assess acutely ill patients • Ensure structured Response Stickers A & B are completed *(Not Applicable in Emergency Dept)*
7* or more	Continuous monitoring of vital signs (3 lead ECG and continuous SpO2 monitoring, 15 minute BP cycling - document observations every 30 minutes)	• Registered nurse to immediately inform the medical team caring for the patient • Emergency assessment by clinical team with core competencies to assess acutely unwell patients • Ensure structured Response Stickers A & B are completed *(Not Applicable in Emergency Dept)* • Consider transfer of clinical care to ITU

Exclusion Criteria

Anaesthesia and/or sedation may result in reduced conscious levels for a period of time. Scores that are increasing post-procedure and those including "P" or "U" always require escalation. The post-procedure NEWS score and post procedure plan that will include the frequency of observations should be communicated to the ward staff on transfer/handover of the patient.

Target O2 Saturation

Target SpO2 for most patients should be 94-98%.
Selected patients may require target SpO2 88-92% (Appropriate in specific patients with severe chronic respiratory disease who either have established chronic Type 2 respiratory failure, or are felt to be at significantly increased risk of CO_2 retention from oxygen therapy). These patients should use the modified (chronic hypercapnia) EWS. Arterial blood gases should be repeated at 30–60 min to check for rising CO_2 or H^+ after initiation of oxygen in this context.

Acute Respiratory Failure is a life threatening emergency
Severe Hypoxia (Requiring >60% O2 to maintain target SpO2)
Acute Hypercapnia (pCO_2 >6 and H^+ >45)
Urgent ST3 (or equivalent) review is required to optimise management.
Duty or on call consultant should be contacted if advice required.
Critical care referral and ventilatory support may be needed.

Pain Score
0 = no pain
1 = mild pain
2 = moderate pain
3 = severe pain

Codes For Recording Oxygen Delivery On NEWS Chart

A = Air (not requiring oxygen or weaning or on PRN oxygen)
N = Nasal Canulae
SM = Simple Mask
V24 =Venturi 24% V28 = Venturi 28% V35 = Venturi 35% V40 = Venturi 40% V60 = Venturi 60%
H28 = Humidified oxygen at 28% (also H35, H40 & H60 = Humidified Oxygen at 35%, 40% & 60%)
RM = Reservoir Mask
TM = Tracheostomy Mask
CP = Patient on CPAP System
NIV = Patient on NIV System
OTH = Other Device:_____ (specify which)

NHS Forth Valley

PERIPHERAL VASCULAR CATHETER (PVC) DAILY MAINTENANCE

Lab
Nat CHI NO: 0707663040 07/07/1966
D.C CRN: F
CH Grace BLACK
Hos 36 SPENCE STREET
(Us BONNYBRIDGE
FK4 1NH

COPY

Reason for insertion: Fluids		DAY 0
Insertion Date: 8/4/26 Time:		
Colour/batch no: Pink Position: Left AM		
Hand hygiene (HH) performed	Yes	No
Skin cleansed for 30 seconds with antiseptic & left to dry prior to insertion	Yes	No
Aseptic technique throughout	Yes	No
Sterile dressing applied including date and time	Yes	No
Inserted by: Ailsa		
Ward inserted: CAU		

Ensure that:
Medical staff review the need for intravenous (IV) therapy **including antibiotics on a daily basis – switch to oral if possible**
An antiseptic containing 70% isopropyl alcohol is used to clean the access hub. **Before accessing, rub the access hub for at least 15 seconds** ("scrub the hub")

MODIFIED VIP (VISUAL INFUSION PHLEBITIS) SCORE

IV site appears healthy	0	No phlebitis:	Observe cannula.
One of the following is evident: Slight pain or redness near site	1	Possible first sign:	Remove & replace cannula. Observe both sites and document. **Obtain swab**
Two or more of the following are evident: Pain, redness or swelling	2	Early stages of phlebitis:	Remove & replace cannula. Observe both sites and document. Treat if necessary. **Obtain swab**
All of the following are evident: Pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis	Remove and seek further advice. **Obtain swab**
As above including palpable venous cord	4		Remove and seek further advice. **Obtain swab**
As above including pyrexia	5		Seek further advice.

24 hours Date:	Time:	
Is PVC still required	YES	NO
Absence of inflammation/extravasation	YES	NO
VIP score - *please circle*	0 1 2 3 4 5	
PVC dressing intact	YES	NO
PVC inserted <72 hrs	YES	NO
HH before/after procedure	YES	NO
"Scrub the Hub" (before use)	YES	NO
PVC – *please circle*	Left in situ	removed
Reason for removal:		
Signature:		

48 hours Date:	Time:	
Is PVC still required	YES	NO
Absence of inflammation/extravasation	YES	NO
VIP score - *please circle*	0 1 2 3 4 5	
PVC dressing intact	YES	NO
PVC inserted <72 hrs	YES	NO
HH before/after procedure	YES	NO
"Scrub the Hub" (before use)	YES	NO
PVC – *please circle*	Left in situ	removed
Reason for removal:		
Signature:		

Is PVC still required	YES	NO
Absence of inflammation/extravasation	YES	NO
VIP score - *please circle*	0 1 2 3 4 5	
PVC dressing intact	YES	NO
PVC inserted <72 hrs	YES	NO
HH before/after procedure	YES	NO
"Scrub the Hub" (before use)	YES	NO
PVC – *please circle*	Left in situ	removed
Reason left in situ:		
Discussed with:		
Reason for removal:		
Signature:		

If PVC to remain in situ for longer than 72 hours this must be documented on a daily basis in notes and discussed with medical staff.

Observe closely for clinical signs and symptoms of Phlebitis.

New sheet to be commenced.

NEWS key: 0 | 1 | 2 | 3

FULL NAME:

DATE OF BIRTH:

COPY

CHI NO: 0707663040 07/07/1966 F

CRN: Grace BLACK 36 SPENCE STREET BONNYBRIDGE FK4 1NH

DATE		18/4	18/4	18/4	18/4	
TIME		0100	0215	0610	1811	
R	≥25					
	21-24					
	18-20	19	18	19	19	
	15-17					
	12-14					
	9-11					
	≤8					
S	≥96					
	94-95	94	94	94	95	
	92-93					
	≤91					
S	≥97 on O_2					
	95-96 on O_2					
	93-94 on O_2					
	≥93 on air					
	88-92					
	86-87					
	84-85					
	≤83%					
Air or oxygen?	A=Air	A	A	A	A	
	O_2 L/min					
	Device					
C Blood Pressure mmHg Score uses systolic BP only	≥220					
	201-219					
	181-200					
	161-180					
	141-160					
	121-140					
	111-120	117	117	113	111	
	101-110					
	91-100					
	81-90					
	71-80					
	61-70					
	51-60					
	≤50					
C Pulse Beats/min	≥131					
	121-130					
	111-120					
	101-110					
	91-100	91				
	81-90		87	90	86	
	71-80					
	61-70					
	51-60					
	41-50					
	31-40					
	≤30					
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert	A	A	A	A	
	Confusion					
	V					
	P					
	U					
E Temperature °C	≥39.1°					
	38.1-39.0°					
	37.1-38.0°				36.9	
	36.1-37.0°					
	35.1-36.0°					
	≤35.0°					
NEWS TOTAL		2	1	1	1	
Monitoring frequency		4	4	4	4	
Escalation of care Y/N		N	N	N	N	
Blood Sugar		-	-	6	-	
Pain Score 0-3		1	0	0	-	
Initials		JM	JM	JM	MC	

Use Scale 2 if target range is 88-92% e.g. in hypercapnic respiratory failure

Tick if using Scale 2 ☐

Signed_____

† ONLY use Scale 2 under the direction of a qualified clinician

DATE OF ADMISSION:

COPY

| | | |

National Early Warning Score (NEWS2)

NHS Forth Valley

COPY

Name: [redacted]
CHI NO: 0707663040 07/07/1966
DOB: CRN:
Grace BLACK
CHI No: 36 SPENCE STREET
Addre BONNYBRIDGE
FK4 1NH

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TM = Tracheostomy Mask
CP = Patient on CPAP System
NIV = Patient on NIV System
OTH = Other Device:_____ (specify which)

Patient Name: Grace Black CHI: 0707663040
Clinical Notes printed from Trakcare System

NHS Forth Valley

30/06/202221:26

Urgent Care Centre General

Clinical summary created by: Zara Alam (Call Taker Si) () [30/06/2022 20:57:05]

Reason for call: PAIN IN BACK - 45 MINUTES. PAIN IN BACK IS TRAVELLING INTO ABDOMEN AND HIPS. WAS LIFTING A COOKER WHEN THE PAIN CAME ON. TOOK COCODAMOL WITH NIL EFFECT.

30:06:2022 20:55:15 DOLANM.. SUDDEN ONSET LOWER BACK PAIN RADIATING TO ABDO, HIPS AND UPPER LEGS. WAS LIFTING OVEN AND "FELT AN EXPLOSION" ACROSS LOWER BACK AIDED BACK TO SEAT. HX OF BACK INJURIES BUT STATES THIS IS THE WORST... PAIN IS WORSENING DESPITE 2 X 30/500 COCODAMOL 8/10. MUCH WORSE ON MOVEMENT "WITH EVERY STEP" NO CHANGE IN BLADDER/BOWEL CONTROL. NO NUMBNESS. A&E 4 FLOW HUB TO ARRANGE..

Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

DAWN KNIGHT CNA 21:29

SPOKE WITH PATIENT, AUDIBLE IN VAST AMOUNT OF PAIN, WAS HELPING MOVE A COOKER 1 HOUR AGO AND DEVELOPED INSTANT SEVERE PAIN IN MID BACK, PAIN NOW RADIATING ROUND TO ABDOMEN / BOTH HIPS AND THIGHS, NO TO ALL CAUDA EQUINA QUESTIONS, 2X COCODAMOL 30/500 WITH NIL EFFECT. ADVISED ED FVRH

UCC Near Me and Telephone

Clinical Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone / Email / Ad-hoc Consultation Clinical Note

Additional info: Osteoporosis

Recorded by: Carol Ann Simpson / Rheumatology (AR)
Recorded on: 21 November 2025 15:47

Presenting Complaint, Investigations, Results, Diagnosis:

Thank you for your support with arranging loading of vitamin D for Mrs Black.
I spoke with Grace today and reassured her that the bloods you arranged for yesterday showed calcium as back in the normal range.
She admits she has been struggling with Adcal D2 2tabs BD. I suggested she switch to accrete D3 chewable. She only has 1 more dose left to take of vitamin D loading. She should stop adcal D3 and switch to Accrete D3 chewable once daily 1 week following last dose of Colecalciferol. She is aware

2 Medication Recommendation(s):

Authorised prescriber? Yes, I am an authorised prescriber
Clinician making recommendation(s): Carol Ann Simpson
Designation: Nurse Specialist

1 New medication(s):

(NEW) Recommendation 1 of 1: ACCRETE D3 One a Day 1000mg/880units

Form:	Chewable Tablets
Strength:	No strength supplied
Dose:	1 tablet
Freq/Duration:	daily ongoing
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: ADCAL-D3 – Caplets – 750 mg

'STOP' Details: struggling to take and poor adherence

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Clinical Note with Med Recommendation(s): Grace Black / 0707663040

Form completed by:	Carol Ann Simpson on Fri 21 November 2025 at 15:52
Form sent to:	Primary and secondary care document management system(s), eg. Docman and EDMS

Clinical Note with Med Recommendation(s), Grace Black, 0707663040

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Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Rheumatology

Clinic (From PAS): Carol Ann Simpson Osteoporosis
Date/Time of clinic: Thu 23 Mar 2023 11:50
Lead clinician for clinic: Carolann Simpson

Presenting Complaint, Investigations, Results, Diagnosis:

Telephone consultation, Caroline Brown, Pharmacist

I spoke with Grace on the phone this morning to catch up with how she is getting on with the teriparatide osteoporosis treatment. I was pleased to hear she is managing the self injections with no side effects. Grace has also completed her vitamin D loading dose course and has now started back on the Adcal D3. She has not had any falls or fractures. She is also getting help to stop smoking. Follow up, prior to the end of the teriparatide 2 year course. Grace has our contact information if there is anything she needs.

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Caroline Brown on Thu 23 March 2023 at 12:00
Form sent to: Primary and secondary care document management system(s); eg. Docman and EDMS

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Urgent Outpatient Clinic Note: Grace Black / 0707663040

Outpatient Clinic Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Rheumatology

Clinic (From PAS): Carol Ann Simpson Osteoporosis
Date/Time of clinic: Wed 28 Dec 2022 14:50
Lead clinician for clinic: Carolann Simpson

Presenting Complaint, Investigations, Results, Diagnosis:

I spoke with Grace on the phone this afternoon. Her bloods have been resulted and her vitamin D level is low at 24nmol/l. I asked about her compliance with Adcal D3, which is on her repeat medication. She confirmed that she does take it regularly but she hadn't until recently. I advised she completes a loading dose course of vitamin D 40,000 units weekly for 7 weeks, and withhold Adcal D3 which can recommence thereafter. Grace is happy with this plan. Her calcium level was resulted within the normal range so we can proceed with organising her teriparatide prescription. I will catch up with Grace in 4 months to see how she is getting on with the treatment.

2 Medication Recommendation(s):

Clinician making recommendation(s): Caroline Brown
Designation: Pharmacist

1 New medication(s):

(NEW) Recommendation 1 of 1: COLECALCIFEROL

Form:	Capsules
Strength:	20000 units
Dose:	2 capsules
Freq/Duration:	weekly for 7 weeks
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: ADCAL-D3 – Caplets – 750 mg

'STOP' Details: Withhold Adcal D3 and restart after loading dose vitamin D course complete

0 Follow Up action(s):

No 'follow up' info recorded/entered.

Further Info:

No 'further info' recorded/entered

Form completed by: Caroline Brown on Thu 12 January 2023 at 14:38
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Outpatient Clinic Note with Med Recommendation(s): Grace Black / 0707663040

Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Rheumatology

Clinic (From PAS): Carol Ann Simpson Osteoporosis
Date/Time of clinic: Wed 28 Dec 2022 14:50
Lead clinician for clinic: Carolann Simpson

Presenting Complaint, Investigations, Results, Diagnosis:

DXA results clinic:

Referral from GP:
Due to very low T score, high FRAX. She has Low BMD and working with the dieticians to help her put on weight. For discussion regarding treatment options

CLINICAL INDICATION: On steroids for COPD. Low BMI. On vitamin D.

10yr FRAX Major osteoporotic fracture 25% Hip fracture 14%

T scores:
Lumbar spine mean T-score -5.9
Left femoral neck T-score -2.8
Total left hip T-score -3.2

Vertebral fracture assessment: Low resolution images show partial collapse of T12 (Discussed with Karen Shanks, Radiologist - Grade 2).

General education provided on Osteoporosis.
Lifestyle recommendations:
Discussed diet - First appointment with the Dieticians - 26/01/23. keen to work with there team and consider additional calcium intake to support bone health Varied diet. Will send ROS diet/calcium booklet to support increasing calcium in diet
Exercise – Restricted due to winter conditions regarding exercise out of home. Discussed importance of including weight bearing exercises aimed at achieving good bone mineralisation. Will send HIS booklet on reducing risks of trips and falls which contains 'super 6' group of weight bearing exercises and directed to the Royal Osteoporosis society website for access to online exercise links which she seemed keen to do.
Smoker - now down to 4 cigs/day and working with respiratory team to consider switching to inhalators but ultimately keen to stop.
Menopause full hysterectomy age early 30's - due to heavy periods - could not tolerate HRT
Possible, but unconfirmed epilepsy - sees neurology. On lamotrigine (no impact on bone health)

Will receive osteoporosis education inc info on condition, diet, exercise, reducing falls risks and information on accessing the Royal osteoporosis society website/resources

Plan:
Bloods added to OrderComms and for commencement on Teriparatide thereafter
(Bloods reviewed and Normal - Immunoglobulins, Serum Electrophoresis and TTG outstanding

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Form completed by:	Carol Ann Simpson on Wed 28 December 2022 at 18:05
Form sent to:	Primary and secondary care document management system(s), eg. Docman and EDMS

Urgent Outpatient Clinic Note: Grace Black / 0707663040

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Physiotherapy

Clinic (From PAS): BAU Contingency Sigrun Grove-Raines
Date/Time of clinic: Mon 13 Sep 2021 14:50
Lead clinician for clinic: BAU Contingency Sigrun Groves-Raines

Presenting Complaint, Investigations, Results, Diagnosis:

Pain mgt physio review via telephone

S/ Trying to pace - struggles - going to try to pace better
Had some blood tests because she keeps coming out in terrible bruises - went to GP - blood tests fine
Also complaining of rashes on legs, torso
Cocodamol started in November 2020 - not really helful, except at night

O/ Reviewed meds - Cocodamol 30/500 was started in November 2020

A/ ?side effect of Cocodamol - only taking 4 daily due to low weight but could be side effect

Rx/ Suggested reducing by one Cocodamol during the day to see if reduces bruising/rashes
Advised to take pictures of rashes/bruising for GP

P/ Review 6/52 F2F at FCH

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Sigrun Groves-Raines on Thu 04 November 2021 at 16:28
Form sent to: Secondary care document management system(s), eg. EDMS

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Outpatient Clinic Note Grace Black 0707663040

Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Physiotherapy

Clinic (From PAS): BAU Contingency Sigrun Grove-Raines
Date/Time of clinic: Tue 26 Oct 2021 14:50
Lead clinician for clinic: BAU Contingency Sigrun Groves-Raines

Presenting Complaint, Investigations, Results, Diagnosis:

Pain mgt physio review F2F at FCH

S/ Has to put reminder on phone to remember to eat
Feels bad because daughter in law is doing everything
Has been journalling - quite likes that
Lack of food = cold, fatigue, no energy

Rx/ Signposted to Pain lecture by Lorimer Moseley
Discussed weight management - agreeable to try nutritional supplements, if appropriate

A/ Weight is limiting factor at present

P/ Liaise with GP (? refer community dietetics or GP to review for nutritional supplements)

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Sigrun Groves-Raines on Tue 26 October 2021 at 17:03
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Urgent Outpatient Clinic Note: Grace Black / 0707663040

Clinical Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone / Email / Ad-hoc Consultation Clinical Note

Additional info: Telephone communication with patient
Recorded by: Caroline Brown / Pharmacy (RA)
Recorded on: 17 April 2025 13:03

Presenting Complaint, Investigations, Results, Diagnosis:

I spoke with Grace on the phone today. She completed teriparatide treatment in February. Grace tolerated this treatment. No fracture experienced. Dental health - edentulous.

Grace has not taken another osteoporosis medication prior to teriparatide treatment. It is important to lock in the benefit of teriparatide with another osteoporosis treatment and we discussed starting alendronic acid. The important medication administration instructions were discussed and Grace seemed to have a good understanding of everything. I will arrange for additional information to be sent out also. Potential side effects discussed. Bloods requested on Ordercomms and Grace will make arrangements to have these taken.

I have sent out also the osteoporosis team contact telephone number and I encouraged Grace not to hesitate to get in touch.

1 Medication Recommendation(s):

Authorised prescriber? Yes, I am an authorised prescriber
Clinician making recommendation(s): Caroline Brown
Designation: Pharmacist

1 New medication(s):

(NEW) Recommendation 1 of 1: ALENDRONIC ACID

Form: Tablets
Strength: 70 mg
Dose: 70mg
Freq/Duration: Once a week on the same day of the week. Omit Adcal-D3 on morning or day of alendronic acid.

Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Caroline Brown on Thu 17 April 2025 at 13:22
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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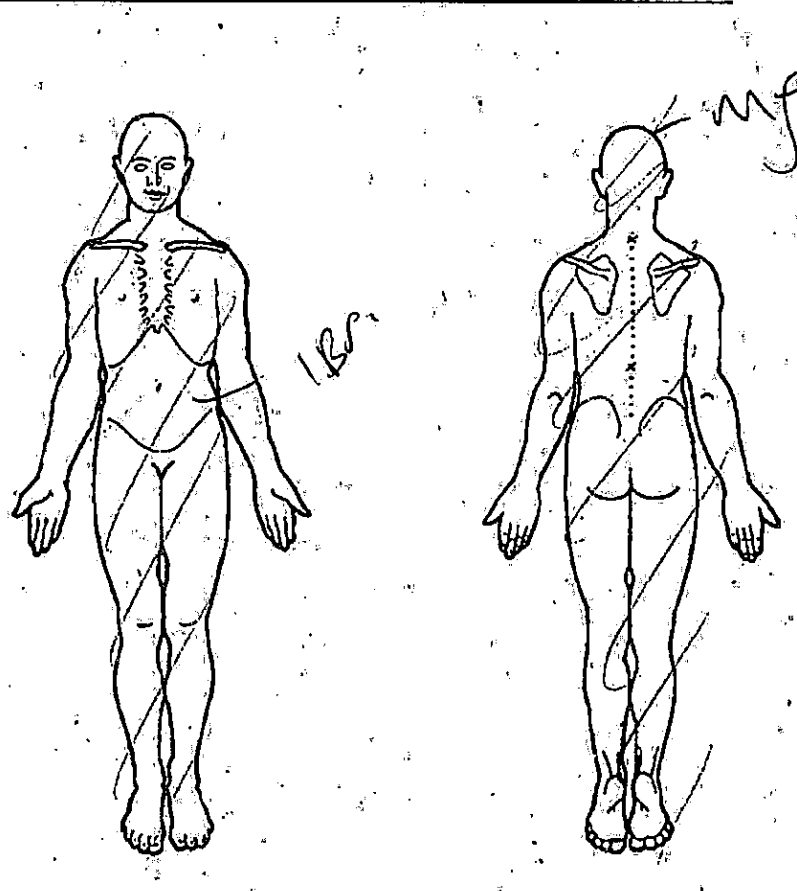
Clinical Note with Med Recommendation(s), Grace Black / 0707663040

HI NO: 0707663040 07/07/1966 C
RN: F C
Grace BLACK G
36 SPENCE STREET 3

BONNYBRIDGE B
FK4 1NH F

PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21

PAIN MANAGEMENT PHYSIOTHERAPY ASSESSMENT



Current condition/History of Present Condition:

Referred by GP via video call
GP → pain mgt
RN – 2019 symptoms got worse – some days
Before dad died in 2018 – cares for him –
aches + pains but just got on with it.
Always done everything – house, DIY
Recently tried DIY – in bed for a week
COVID – was shielding – killed her not
sees family
Pain/wellbeing/health impact on work/other

covidiot of golden days

SIGNED:

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HI NO: 0707663040 07/07/1966 C
RN: F C
Grace BLACK G
36 SPENCE STREET 3

6 ONNYBRIDGE B
KA4 1NH F

PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21.

Past Medical History/Conditions:

Occ flashbacks, not every day
some nightmares

? epilepsy
Anxiety → when it gets worse → OCD
COPD.
Mental health prob

Medication:

Previous Treatments: Neurology appts.
Psychiatry input as a teenager — more as a grown up. Not had any trauma Rx

Aggs/Eases; pain behaviour

↑

↓ Heat
Cool packs

24hr/EMS

Sleep Pillows + night

Fatigue Exhausted all the time

Continence

Sexual function

Appetite

Memory

SIGNED: JR

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PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21

Social History:
Family/Relationships/Social circumstances:

Son, DIL, grandson stays ε her.
Baby @ aged 17 – they died (premature).
Son born when she was 19 – was overprotective.
Kids are supportive.
Hx domestic abuse – ex very violent.

Developmental history (where born, raised by whom, losses):
Brought up by mum + dad. Mum ∆ arthritis when she was 12/13 – ended up in wheelchair so dad left work to look after her.
Hers + sister.

Function:
Activities of Daily Living (ADLs) / Personal ADLs (self care) (intercourse, falls, housing)
Stairs – can be a problem.

Work:

SIGNED:

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HI NO: 0707663040 07/07/1966 F
RN: [redacted]
Grace BLACK
6 SPENCE STREET

ONNYBRIDGE
K4 1NH

CCG3 BF

PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21

General Interests:

- Current

Housework
Bubble bath
Baking
Cooking

Past

DIY-
All everything

Future

Activity Levels (Cyclical Behaviour or Constant Level of Signs & Symptoms)

Typical Day:

Worst day:

Avoidant / Driven / Overactive – Rest

SIGNED:

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Grace Blade

PATIENT:
CHI:

PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21.

Perception of current condition: ?

Expectations of prognosis:

Expectations of treatment/rehab: ↓ pain / dull it down

Quality of Life:

Emotion/Mood/Cognition (inc predisposing factors such as loss, trauma)

OCD.
Guilt.
Unable to make plans.

Objective Assessment/Movement Analysis
Walking Aids/Quality of movement (stiffness, willingness to move, limiting factors, avoidance); Pain behaviour

Mob (I).
↓ BM.

SIGNED:

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

HI NO: 0707663040 07/07/1966 F
RN:
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH
CCG3 BF

PHYSIO: Sigrun Groves-Raines, ESP physiotherapist
Date: 9/8/21.

A/ Persons frame – uncurled.
→ OCD.

Rx/ Discussed journalling – bedtime – probably write it down..
- 50 ways to take a break
- Your thoughts are not always what they say they are.
- Activity log
- Discussed meds – ? wear Cocodamol

- Discuss meds again
P/ Refer primary care psychology ☑ 9/8/21.
? flare ups (planning for when things get worse)
? support to borrow Mosely lecture
? WFH

SIGNED:

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Urgent Clinical Note

NHS Forth Valley

Patient Name: GRACE BLACK
CHI: 0707663040

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone Consultation: Darren Wilkinson

Speciality: Neurology (AH)
Date/Time of consultation: 01 March 2019 15:26

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall,

I had received a call on my landline regarding Grace asking if her Lamotrigine could be causing her restless legs. I was unsure as to the origin of the call as no contact details had been left. I therefore called Grace who informed me that she felt that the call had come form the practice. I feel that as Graces restless legs have started fairly recently and Grace has been on Lamotrigine fro a reasonable amount of time that the Lamotrigine is unlikely to be causing her restless legs.

Best Wishes

Darren

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

CC Grace Black

Form Completed by: Darren Wilkinson at 15:37 on Fri 01 March 2019

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Urgent Clinical Note: GRACE BLACK / 0707663040

Urgent Outpatient Clinic Note

NHS Forth Valley

Patient Name: GRACE BLACK
CHI: 0707663040

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Neurology

Clinic: FVRH- NEURO TELEPHONE CLINIC
Date/Time of clinic: Tue 11 Sep 2018 11:00
Lead clinician for clinic: CNS Magnus Corkish

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall,

03/09/2018

Reported anti epileptic medication: Lamotrigine 200mg twice daily.

I have spoken to your patient, Mrs Grace Black, as part of a rapid access telephone review regarding her epilepsy.

She reports that the absence seizures have the same frequency and variability as per previous review (1-2 per day to 5-10 per day).

Recent nocturnal seizure where she was incontinent of urine which is unusual for her. Continues to have nocturnal seizures every alternate night.

No obvious drivers to the seizures identified.

Plan: Discussed with Darren Wilkinson (Epilepsy nurse specialist).

Suggest increasing the Lamotrigine by 50 mg every 2 weeks until on 250mgs twice daily.

Have requested to try and video any seizure activity if possible.

I will arrange an out patient appointment in due course.

Have advised to contact the epilepsy service with any other concerns I required to do so.

11/09/2018

Have caught up with Mrs Black again - seizure frequency unchanged.

Will continue with above plan.

Will catch up with her on a telephone review before then (6-8 weeks time).

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

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Urgent Outpatient Clinic Note: GRACE BLACK / 0707663040

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

cc. Mrs Grace Black

Form Completed by: Magnus Corkish at 11:54 on Tue 11 September 2018

Urgent Outpatient Clinic Note: GRACE BLACK / 0707663040

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Urgent Outpatient Clinic Note

NHS Forth Valley

Patient Name: GRACE BLACK
CHI: 0707663040

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Neurology

Clinic: FVRH- NEURO TELEPHONE CLINIC
Date/Time of clinic: Mon 13 Aug 2018 09:30
Lead clinician for clinic: CNS Magnus Corkish

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall,

Reported anti epileptic medication: levetiracetam 250mg twice daily; Lamotrigine 200mg twice daily.

I have spoken to your patient, Grace Black, as part of a rapid access clinic regarding her epilepsy.

Recent history of a reduction in her medication (Levetiracetam); had an increase in seizure frequency. Lamotrigine increase to 200mg twice daily 2 weeks ago.

Currently experiencing some variability in the frequency of her absence seizures where she zones out (1-2 per day to 5-10 per day).

Also experiencing nocturnal seizures every alternate night. Previous to the recent increase to the Lamotrigine, she was experiencing these types of seizures daily.

Potential driver to seizures is stress, however this has reduced recently as her father is receiving day care support 4 day per week.

Good compliance with medication. Tolerating well, but does feel tired.

Plan: no change to medication at present as seizure frequency has reduced with last increase of Lamotrigine.

Will arrange for a further telephone review in 1 month.

Have advised to contact the epilepsy service before then if required.

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

1 Follow Up action(s):

Follow up action 1 of 1:

Responsibilty of:	Secondary Care
Action required:	telephone review
Frequency/Timescales:	1 month

Further Info:

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Urgent Outpatient Clinic Note: GRACE BLACK 0707663040

Continued from previous page

cc. Grace Black.
CC. Dr Murray.
cc. Darren Wilkinson

Form Completed by: Magnus Corkish at 10:15 on Mon 13 August 2018

Urgent Outpatient Clinic Note: GRACE BLACK / 0707663040

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Urgent Outpatient Clinic Note

NHS Forth Valley

Patient Name: GRACE BLACK
CHI: 0707663040

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Neurology

Clinic: FVRH - DR KATY MURRAY NEUROLOGY
Date/Time of clinic: Tue 26 Jun 2018 15:00
Lead clinician for clinic: Dr Katy Murray

Presenting Complaint, Investigations, Results, Diagnosis:

presumed epilepsy although only 2 pages of Glasgow epilepsy notes reached me - please could you resend remaining 19 pages that you mentioned, thanks.
Inmeatime please increase lamotrigine to 100mg bd and after 2 weeks reduce levetiracetam to 250mg mane and 500mg nocte, and after further 2 weeks to 250mg bd. She knows this.

1 Medication Recommendation(s):

Clinician making recommendation(s): Katy Murray
Designation: Doctor

0 New medication(s):

No new medication recommendation(s) entered/recorded

0 Medication(s) to stop:

No 'STOP Medication' info recorded/entered

1 Medication(s) to alter:

(ALTER) Recommendation 1 of 1: LAMOTRIGINE -- 100 mg -- Tablets

'ALTER' Details: increase to 100mg bd from 75mg bd

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

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Urgent Outpatient Clinic Note: GRACE BLACK / 0707663040

Continued from previous page

Form Completed by: Katy Murray at 15:36 on Tue 26 June 2018

Urgent Outpatient Clinic Note: GRACE BLACK / 0707663040

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Urgent Clinical Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Results related Clinical Note

Recorded by: Nicolle Milne / General Medicine (A1)
Recorded on: 06 November 2024 15:08

Presenting Complaint, Investigations, Results, Diagnosis:

Ms Black attended RACU 6/11/24 for CTPA:

CTPA results:
No PE. Minor
central bronchial thickening. Consider
inflammation/bronchitis. Cause of haemoptysis is not
readily apparent otherwise. Known severe emphysema.

Advised me her haemoptysis has stopped.
Feeling ok.

Given 5 day course of prednisolone 40mg once daily.
Amoxicillin 500mg three times daily for 7 days.

Safety netting advice given.

Kind regards,
Nicolle
Trainee ANP
Acute Care Team

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Nicolle Milne on Wed 06 November 2024 at 15:16
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Clinical Note: Grace Black / 0707663040

Clinical Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Assessment Clinical Note

Additional info: GENRAC

Recorded by: Rosemary Haddock / Gastroenterology (A9)
Recorded on: 11 February 2022 17:10

Presenting Complaint, Investigations, Results, Diagnosis:

seen in GENRAC for weight loss/poor oral intake
epigastric pain and reflux symptoms
also on opiates and constipated
Can GP please change omeprazole to esomperazole
prescribe laxatives as below
full letter to follow, many thanks

4 Medication Recommendation(s):

Clinician making recommendation(s): Rosemary Haddock
Designation: Specialist Registrar

3 New medication(s):

(NEW) Recommendation 1 of 3: ESOMEPRAZOLE

Form:	Tablets
Strength:	40 mg
Dose:	BD
Freq/Duration:	ensure taking 30 minutes before meals reduce to 20mg BD after 8 weeks
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

(NEW) Recommendation 2 of 3: LAXIDO

Form:	Sachets
Strength:	No strength supplied
Dose:	1
Freq/Duration:	once a day if Senna not working
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

(NEW) Recommendation 3 of 3: SENNOSIDE B (Senna)

Form:	Tablets
Strength:	7.5 mg

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Clinical Note with Med Recommendation(s) Grace Black / 0707663040

Continued from previous page

Dose:	15mg
Freq/Duration:	nocte
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: OMEPRAZOLE -- Capsules -- 20 mg

'STOP' Details: change to other PPI

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Rosemary Haddock on Fri 11 February 2022 at 17:14

Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Clinical Note with Med Recommendation(s), Grace Black, 0707663040

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Urgent Clinical Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Referral Management related Clinical Note

Recorded by: Joanna Leithead / Gastroenterology (A9)
Recorded on: 01 February 2022 15:33

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr McCalister
Thank you for your referral letter requesting a repeat gastroscopy for this lady who has weight loss and a poor oral intake, attributed to early satiety. I note the long standing low body mass index - now 15 - and gastroscopy in March that was normal including D2 biopsies. Also note comments in your first referral letter.
At a distance, I think the diagnostic yield for a repeat gastroscopy is low here. Instead I have vetted her to an urgent clinic appointment in the first instance.
Hope this helps,
Jo Leithead, Consultant

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Joanna Leithead on Tue 01 February 2022 at 15:36
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Clinical Note: Grace Black / 0707663040

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

Consent Form

Patient agreement to endoscopic investigation and/or treatment.

Name of Procedure: Colonoscopy +/- Polypectomy and/or other necessary procedure.....

Inspection of the lower gastrointestinal tract with a flexible endoscope (with or without biopsy and photography). Biopsy specimens will be retained.

Statement of Patient

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I also give consent for any necessary biopsies and for photo recording +/- video recording for clinical and/or research purposes.

Have you ever been notified that you are at an increased risk of Creutzfeldt Jakob Disease (CJD) or Variant Creutzfeldt Jakob Disease (vCJD) for public health purposes? Yes No

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Patient Consent and Signature

You have the right to change your mind at any time, including after you have signed this form.

Signed: Grace Black **Date:** 6/6/2023

Name (print in capitals): GRACE BLACK

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature: _____ **Date:** _____

(For Staff Only)

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: _____ **Date:** _____

Name (print in capitals): _____

Job Title: _____

Endoscopist Name: _____

Endoscopist Signature: _____

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST
Endoscopy Unit

NHS Forth Valley

Date 7/6/2023 Ward/Dept Endoscopy Name

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Presenting Complaint BOSS Address

Procedure Colonoscopy

Is this a repeat procedure? Yes (No) CHI No.

Contact Number David (son) 075 855 22494 ✓

GP Antonine M/P

Endoscopy Preparation

Please confirm each check by ticking box or circling item as required, Wards please complete before endoscopy, if not applicable, write N/A in box.

	Ward	Endo
Procedure explained		✓
Written consent		✓
I.D. band checked		✓
Recordings obtained		✓
Premedication given		✓
Correct casenotes		Online
Correct nursing notes		Online
Referral letter		Online
Relevant X-Rays		N/A
Blood results obtained		N/A
On warfarin		No
INR obtained (If required)		N/A
Date LMPO (X-Ray only)		N/A
Antibiotics given		N/A
I.V. cannula sited		✓
I.V. cannula flushed		✓
I.V. cannula sited b whom	K. MacKenzie	

Dentures (Retained) Removed N/A
Crowns Loose Teeth N/A
Hearing aid Retained Removed (N/A)
Contact lenses/ spectacles (Retained) Removed N/A

Prosthesis Yes (No)
Type
Orthopaedic implants Yes (No)
Type
Cardiac Pacemaker Yes (No)
Heart valve replacement Yes (No)
Jewellery & Valuables (Retained) phone Removed
In locker Documented

Time last ate or drank Food: 6/6/23 13:00
Drink: 7/6/23 12:00

Pre scope stool (please circle): loose / bloody / solid	Enteric precautions required Yes / No
Bowel preparation (if required) type - Moviprep	
Result	Clear liquid No lumps.
Any side effects / problems	Vomited 6/6/23 ½ glass drank rest of prep.

History & Medication

Have you ever been notified that you are at risk of CJD or vCJD? Yes / (No)

Allergies Yes (No) (specify)
Heart disease Yes (No) (specify)
Chest problems (Yes) No (specify) COPD
~~Osteo~~ Error
Rheumatoid Arthritis (Yes) (No) Glaucoma Yes (No)
Epilepsy last seizure 5 months ago (Yes) No Diabetes Yes (No)
Other problems Diverticulitis, Fibromyalgia. Osteoporosis.

Previous surgery
Hysterectomy, Appendicectomy

Present medication
Adcal D3, Teriparatide inj, Amitriptyline, Co-Codamol, Lamotrigine, Mirtazapine, Nacsys, Prochlorperazine, Rizatriptan, Ropinirole, Salbutamol, Senna, Trimbow inh.

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Mobility Assessment Complete mobility chart below

Actual or Potential Problems				
Task	Pre Scope		Post Scope	Discharge
If independently mobile please tick	✓		✓	✓
	Asst	Equipment	Asst Equipment	Asst Equipment
Chair to Chair Chair to Couch Couch to Chair Other Specify			on trolley	
Signature	AM		GF	E Moffat

Nursing Assessment Is Sedation Requested (Yes) No Undecided

Patient well on admission. Consent obtained. Procedure explained. Observations charted. Cannula in situ. No complaints voiced. Son David is collecting and staying overnight. Epilepsy - last seizure 5 months ago. ST/N A. Morris.

Venflon (Yes) / No Size 22 GA Lot No. 23514948 Expires 2025-12-31

Sodium Chloride (Yes) / No Batch No. 3052155 Expires 2026-02-28

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CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

Procedure Room: Time in 14.58 Time out 15.15

	TICK AS COMPLETED (By Circulating Nurse)	COMMENTS: Please document any comments/concerns below (To be completed below by Named Nurse prior to safety brief)
PATIENT DEMOGRAPHICS Name, Address, DOB, GP	✓	Checked + Correct
PROCEDURE/INDICATIONS CONSENT completed/checked	✓	Obtained
ANTICOAGULANTS Warfarin, Clopidogrel etc	✓	None
ALLERGIES To what and effect on patient	✓	None
MOBILITY STATUS Hoist, glide sheets etc.	✓	Independent
INFECTION CONTROL MRSA, C-Diff, TB etc	✓	No Symptoms
PATIENT ISSUES Same name, confused, fall risk, Pacemakers, Diabetic, Artificial joints etc.	✓	Diverticulitis, Fibromalagia, COPD, Osteoporosis, Epilepsy last seizure 5 month ago, comes on randomly can feel the seizure coming on.

Sign below on completion of safety brief

Circulating Nurse E ROBERTS Endoscopist MR CROZIER

Procedure Performed COLON: (A) Sigmoid polyp
* Colon not completed due to Diverticular

Endoscope decontaminated, prepared & checked prior to use (Yes) / No

Throat spray Yes / (No) Time

Abdominal Pressure Applied Yes / (No) Where?

Diathermy plate (Yes) / No Pad site R THIGH Skin intact (Yes) / No

APC Applied: Yes / (No) Effect: Watts:

Present in Procedure Room (Witnessing Safety Brief)

Name Nurse Circulating Nurse E ROBERTS

Theatre Nurse N SWANSTON Endoscopist MR CROZIER

Trainee Endoscopist Others CBLAIR STN.

Patient Comfort Score: 0 - None 1 - Mild (2 - Moderate) 3 - Severe

Comments Tolerated well reassured throughout

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Endoscopy prescriptions

Date	Medicines	Route	Dose	Time	Dr's Signature	Given By
	Midazolam	I.V.	1 MG	15:00	[signature]	MR
7	Fentanyl	I.V.	25 MCG	15:00	[signature]	CRONER
/	Pethidine	I.V.				
/	Buscopan	I.V.				
	Voltarol	PR				
6	Anexate	I.V.				
	Adrenaline	INJ				
/	Botox	INJ				
	Lignocaine	NEB.				
23	Sodium Chloride	IV				
	Oxygen Therapy	2L	via nasal Cannulae			

Comments

Handover given to Rec Nurse

For CT Colon

Post procedure safety brief carried out ✓ Signed ER

Endoscope & Equipment decontamination record Valve No. _____

Please attach all decontamination reports / certificates securely to this page _____

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Recovery Needs

Fast until Awake B.P. Pulse & Resps ¼ hourly until sedation score 1 and stable

Lie in recovery position (circle as required) Left side Right side (Either)

Observe for any of the following - Haemorrhage, Perforation, Abdominal pain, Pulse, BP, Change of colour, Change of temperature, Respirations JAM

Oxygen must be administered at 2litres a minute until sedation score 1 or less and oxygen saturation level maintained at pre endoscopy saturation level

Reversal of sedation Yes / (No) (specify) _____

Type of recovery (Uneventful) / Eventful (specify) _____

Have passed urine Yes / No I.V. cannula removed (Yes) / No / None

I.V. cannula site (Satisfactory) / Unsatisfactory (specify) _____

	Admission			Theatre and Recovery															
Time	14:40			15:05					15:25	15:40	15:55								
BP & Pulse 190																			
180																			
170																			
160																			
150																			
140				↑															
130																			
120	115																		
110	^																		
100																			
90				✓															
80																			
70																			
60	60																		
50																			
40																			
O2 saturation	97			99%					98	95	96								
O2 therapy	A			2L					AIR	AIR	AIR								
Respirations	/									15									
Temperature	37.2								37.1	37	36.9								
BM	/			–															
Sedation score	/			–					0	0	0								
Nausea score	/			–					0	0	0								
Comfort score	/			–					0	0	0								
Staff Initials	AM			✓					EM	EM	EM								

RECOVERY

Sedation score

0. Fully aware of self & surroundings
1. Mostly aware of self & surroundings, but sedate
2. Slightly aware of self & surroundings, usually somnolent, arouses easily with stimuli
3. Not aware of self or surroundings, little arousal with stimuli
4. Unconscious, no arousal with painful stimuli

Nausea score

0. None
1. Mild, no treatment required
2. Moderate, helped by treatment
3. Severe, despite treatment

COMFORT SCORE

0. None / minimal
1. Mild
2. Moderate
3. Severe

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Discharge

Sedation score, pain score and nausea score must all be 1 or less for safe discharge. Discharge criteria must be met.

Sedation score = 0 Pain score = 0 Nausea Score = 0

Has patient had a drink	Yes / No
Has patient had food	Yes / No
Has patient been seen by doctor / N.E.	Yes / No
Has patient been seen by nurse	Yes / No
Advice on discharge sheet given	Yes / No
Discharge criteria met	Yes / No

If no specify _____

Discharged home (circle as required)

Alone / Accompanied (SON)

By ambulance Yes / No

Transfer to ward Yes / No

Which ward _____

Back to ward _____

Personal effects transferred

Teeth	Yes / No
Clothes	Yes / No
Glasses	Yes / No
Valuables	Yes / No

Response to endoscopy Satisfactory / Unsatisfactory (specify)

Patient education None required / Yes (specify) DIVERTICULAR DISEASE

After care leaflet given Yes Signature EMoffat

Condition on leaving endoscopy unit Drowsy / Slightly Drowsy / Awake

Clinic appointment:- Has one for _____ To be made for _____

To be rescoped :- Yes _____ Referral sent:- Yes _____

Other follow up MR CROZIER FOR CT colonoscopy.

Additional comments Post procedure care and advice discussed and understood by patient FOR CT colonography - Cartrographia given to patient on discharge

Patient well and uncomplaining on discharge

Time left department 16-10 Signature EMoffat

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Endoscopy Tracking Sheet

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

Reprocessor ID: 5 NHS Forth: Stirling Rd, Larbert FK5 4WR
Cycle: 1754 COLONOSCOPE

Washed
07-06-2023 - 12:48

Processed
07-06-2023 - 14:10

Scope Code: 3000233
User Code: KEY50196999
Lot: 00812
Serial No: 2054407

Use By:
DO NOT USE IF PACKING IS DAMAGED OR OPEN
STORE IN A CLEAN DUST FREE ENVIRONMENT

RS-ORDER CODE:X7/TL/PADP/9548/1000
Tel: +44 01454 321456

OLYMPUS
Single Use Injector
ディスポーザブル注射針 DNM
Model No. NM-400U-0425
LOT 2ZV

OLYMPUS
Single Use Electrosurgical Snare SD-400
Model No. SD-400U-10
LOT 2ZV

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NHS Forth Valley

Forth Valley Royal Hospital

COLONOSCOPY REPORT

Name:	**Grace BLACK (F)**	Address:	**36 Spence Street**
Date of birth:	**07/07/1966**		**Bonnybridge**
CHI No:	**0707663040**		**Stirlingshire**
Case note no.:	**S817695**		**FK4 1NH**

GP: **Dr LE Marshall**
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Procedure date: **7th June 2023 (15:02)**
Priority: **Urgent**
Hospital: **FVRH**
Ward: **(none)**
Referring Cons: **Bowel Screening Centre**

Indications
Bowel Screening Programme.
- rectal bleeding.

Consultant/Endoscopist
Mr Joseph Crozier
Nurses: Nicole Swanston
Elaine Roberts

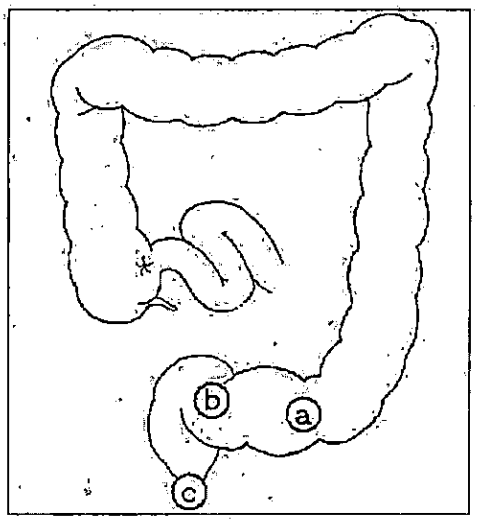
Report
Bowel preparation with Moviprep was good
The colon was insufflated with CO2.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the proximal sigmoid, insertion limited by severe diverticular disease. The scope was retroflexed in the rectum.
The rest of the examination to the limit of insertion was normal.

Site a: Proximal sigmoid
Diverticula: multiple localised.

Site b: Distal sigmoid
Lesions: 2 benign sessile polyps (largest 9mm) excised, 1 retrieved and sent to labs.
Specimens: Polyps.

Instruments
CF-H290L 2054407
Magnetic scope imager used

Premedication
Fentanyl (IV) 25 ug
Midazolam (IV) 1 mg



a: *Proximal sigmoid*
b: *Distal sigmoid (photographed)*
c: *Rectum (photographed)*

Diagnoses
Diverticulosis and Benign colonic polyp.

Advice/comments
Bowel screening
Scoped only to proximal sigmnoid - no further due to diverticular disease
2 distal sigmoid polyps - raised and snare resected
Ct colon requested
I will write with CT and pathology results

Follow up
Awaiting pathology results.

Mr Joseph Crozier
Consultant Surgeon
c.c. Black, Grace

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NHS Forth Valley

Forth Valley Royal Hospital

COLONOSCOPY REPORT

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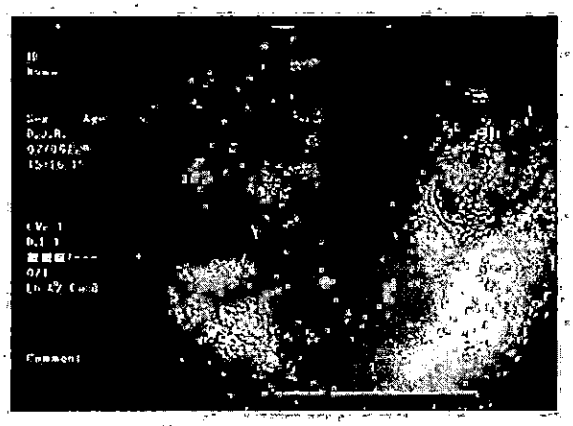
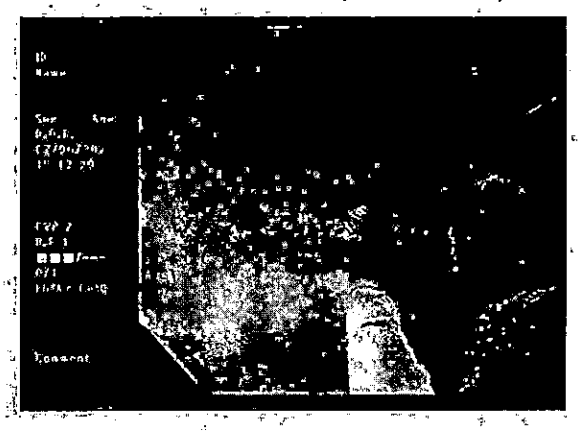


Site b: Distal sigmoid
Lesions: 2 benign sessile polyps (largest 9mm) excised, 1 retrieved and sent to labs.



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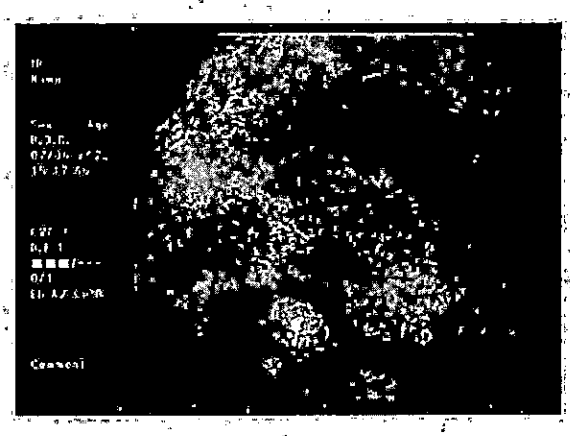

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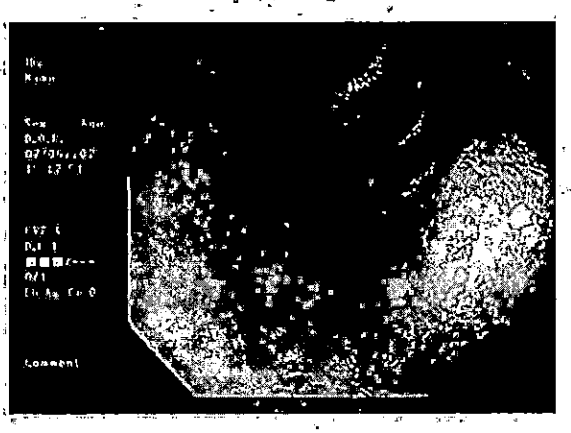

Site b: Distal sigmoid
Lesions: 2 benign sessile polyps (largest 9mm) excised, 1 retrieved and sent to labs.

Mr Joseph Crozier
Consultant Surgeon

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NHS Forth Valley

Forth Valley Royal Hospital

COLONOSCOPY REPORT

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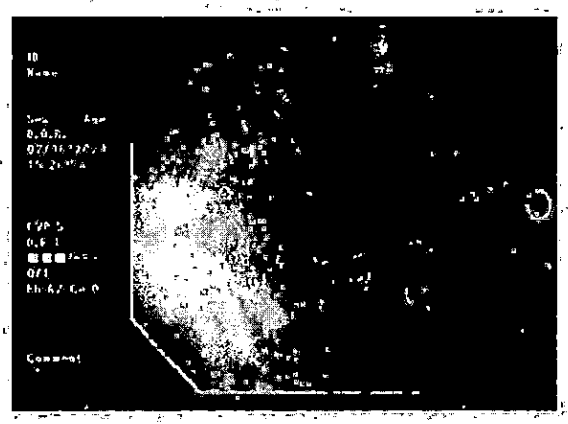
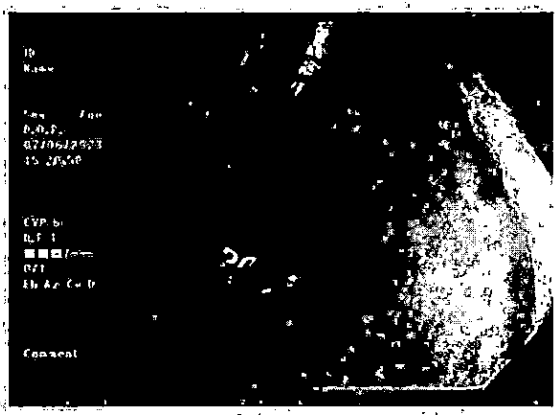


Site c: Rectum



Site c: Rectum

Mr Joseph Crozier
Consultant Surgeon

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ENDOSCOPY FVRH COVID 19 SCREENING QUESTIONS

PATIENT LABEL

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

1. Have you or any member of your family/household had a suspected or confirmed diagnosis of Covid 19 in the last 10 days? - YES/NO
2. Have you been in contact with anyone out with your household in the last 10 days who has had a suspected or confirmed diagnosis of Covid 19? - YES/NO
3. Do you have any of the following symptoms at present?

   High Temperature/Fever - YES/NO

   A New or continuous cough – YES/NO

   A loss or alteration to taste and or smell? – YES/NO

- If patient answers yes to any of the above questions or has obvious signs of a respiratory infection despite answering no to the screening questions then please obtain a ward lateral flow test and inform the endoscopist prior to test.

Reminder all immunosupressed patients must have a lateral flow test taken prior to endoscopy regardless of their answer to the screening questions.

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FV-ENDOSCOPY UNIT COVID-19 QUESTIONNAIRE

PATIENT LABEL

CHI NO: 0707663040 07/07/1966
F
CRN:
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

DATE- 12.3.21

PT AND STAFF TO WEAR MASK, STAFF TO WEAR APRON AND GLOVES OBTAIN PATIENT OBSERVATIONS BEFORE PROCEEDING WITH ADMISSION PAPERWORK

1.IS PATIENT TEMPERATURE 37.7C OR ABOVE?

(NO)
YES INFORM ENDOSCOPIST

368

2. HAVE YOU BEEN TESTED FOR COVID PRIOR TO THIS APPOINTMENT
NO
(YES) DATE 9.3.21 RESULT Negative

3. HAVE YOU SHIELDED FROM SWAB (YES)/NO

IF POSITIVE COVID 2 WEEKS TO 90 DAYS BEFORE APPOINTMENT AS LONG AS ASYMPTOMATIC THEN - TREAT AS YELLOW PATIENT

4.DO YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING SYMPTOMS?

HIGH TEMPERATURE OR FEVER OF 37.7C OR ABOVE
NEW BOTHERSOME OR CONTINUOUS COUGH
LOSS/CHANGE IN SENSE OF SMELL OR TASTE

(NO)
YES INFORM ENDOSCOPIST

5.HAVE YOU BEEN IN CONTACT WITH ANYONE IN THE PAST 14 DAYS WHO HAS TESTED POSITIVE FOR COVID-19 OR HAS HAD COVID-LIKE SYMPTOMS?

(NO)
YES INFORM ENDOSCOPIST

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NHS Forth Valley
Endoscopy Department

NHS Forth Valley

Consent Form Upper Gastrointestinal Endoscopy

I, ...
CHI NO: 0707663040 07/07/1966
of .... CRN: F
Grace BLACK
36 SPENCE STREET
....
BONNYBRIDGE
..... FK4 1NH

hereby consent
(or hereby consent to the submission of my child/ward .....)

to the procedure of: **Upper Gastrointestinal Endoscopy +/- Oesophageal Dilatation**
the purpose of which has been explained to me in the document entitled:
"Upper Gastrointestinal Endoscopy - Information for Patients".

I confirm that:

- I have read the document
- I have understood the information that has been given to me
- I understand that I will be given the opportunity to ask questions about the procedure.

also give consent for any necessary biopsies and for photographs or x-rays to be taken.

Signed (Patient/Parent) Grace Black Date 12/03/21

Name of Patient/Parent GRACE BLACK (block capitals)

Please ensure that you bring this form with you.

You do not have to sign this before you attend
if you have further questions you would like answered.

Even if you have signed the form you are
under no obligation to proceed with the test.

To be completed by the Endoscopist

I confirm that the patient received written information about the procedure, including the risks, and has been given the opportunity to ask any further questions.

Signed ..... Date 12/3/21

Endoscopist/Medical Practitioner

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST
Endoscopy Unit

NHS Forth Valley

Date 12.3.21 Ward/Dept ENDO Name

Presenting Complaint Epigastric Tenderness Address

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Procedure Gastroscopy

Is this a repeat procedure? Yes / (No) CHI No.

Contact Number David 07585522494 IN CAR park

GP Dr McCalister / Antonine Medical Practice

Endoscopy Preparation

Please confirm each check by ticking box or circling item as required, Wards please complete before endoscopy, if not applicable, write N/A in box.

	Ward	Endo
Procedure explained		Yes.
Written consent		Yes
I.D. band checked		Yes
Recordings obtained		Yes.
Premedication given		N/A
Correct casenotes		N.A
Correct nursing notes		Yes
Referral letter		Portal
Relevant X-Rays		PAS
Blood results obtained		SCI
On warfarin		No
INR obtained (If required)		NA
Date LMPO (X-Ray only)		N.A
Antibiotics given		NA
I.V. cannula sited		Yes
I.V. cannula flushed		Yes
I.V. cannula sited b whom	SN & [illegible]	

Dentures: Retained / (Removed) / N/A — TOP & BOTTOM
Crowns / Loose Teeth / N/A
Hearing aid: Retained / Removed / (N/A)
Contact lenses/ spectacles: Retained / Removed / (N/A)
Prosthesis: Yes / (No)
Type
Orthopaedic implants: Yes / (No)
Type
Cardiac Pacemaker: Yes / (No)
Heart valve replacement: Yes / (No)
Jewellery & Valuables: Retained In locker / Removed Documented — NONE

Time last ate or drank ATE : 19[00] 11.3.21
DRANK : WATER 12.3.21 06[00]

Pre scope stool (please circle) loose / bloody / solid	Enteric precautions required Yes / No
Bowel preparation (if required) type -	
Result	
Any side effects / problems	

History & Medication

Have you ever been notified that you are at risk of CJD or vCJD? Yes / No

Allergies: Yes / (No) (specify)
Heart disease: Yes / (No) (specify)
Chest problems: (Yes) / No (specify) COPD
Rheumatoid Arthritis: Yes / (No) Glaucoma: Yes / (No)
Epilepsy: (Yes) / No Diabetes: Yes / (No)
Other problems: Diverticulosis, Migraine

Previous surgery
Appendicectomy 2016
Hysterectomy 2015

Present medication
Co-codamol
Duloxetine
Lamotrigine
Omeprazole
Ranitidine
Salbutamol inhaler
Tiotropium inhaler

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Mobility Assessment Complete mobility chart below

Actual or Potential Problems						
		INV				
Task	Pre Scope		Post Scope		Discharge	
If independently mobile please tick	INV		✓			
	Asst	Equipment	Asst	Equipment	Asst	Equipment
Chair to Chair Chair to Couch Couch to Chair Other Specify	INV					
Signature	✓		Dsewell			

Nursing Assessment Is Sedation Requested Yes No Undecided

Attended Assisted for OGD
Procedure explained & obtained
Written consent obtained
Obs Signs recorded & charted
Pre Sedation Assessment
S/N

Venflon (Yes) / No Size 22G blue Lot No. 9291910P01 Expires XXX 10/2022

Sodium Chloride (Yes) / No Batch No. 20251014 Expires 11/2022

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CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Procedure Room: (3) Time in 0900 Time out 0910

	TICK AS COMPLETED (By Circulating Nurse)	COMMENTS: Please document any comments/concerns below (To be completed below by Named Nurse prior to safety brief)
PATIENT DEMOGRAPHICS Name, Address, DOB, GP	✓	Checked & Correct
PROCEDURE/INDICATIONS CONSENT completed/checked	✓	
ANTICOAGULANTS Warfarin, Clopidogrel etc	✓	NO
ALLERGIES To what and effect on patient	✓	None
MOBILITY STATUS Hoist, glide sheets etc	✓	Independent
INFECTION CONTROL MRSA, C-Diff, TB etc	✓	Covid Swab Negative
PATIENT ISSUES Same name, confused, fall risk, Pacemakers, Diabetic; Artificial joints etc.	✓	None Epilepsy, COPD

Sign below on completion of safety brief

Circulating Nurse ASewell Endoscopist I. Mackay

Procedure Performed Gastro - (A) D2 Biopsy

Endoscope decontaminated, prepared & checked prior to use (Yes) No

Throat spray (Yes) / No Time 0905

Abdominal Pressure Applied Yes / (No) Where? _____

Diathermy plate Yes / (No) Pad site _____ Skin intact Yes / No

APC Applied: Yes / (No) Effect: _____ Watts: _____

Present in Procedure Room (Witnessing Safety Brief)

Name Nurse _____ Circulating Nurse ASewell

Theatre Nurse R. Henderson Endoscopist I. Mackay

Trainess Endoscopist _____ Others R. Cruickshank

Patient Comfort Score: 0 - None (1 - Mild) 2 - Moderate 3 - Severe

Comments Reassurance throughout

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Endoscopy prescriptions

Date	Medicines	Route	Dose	Time	Dr's Signature	Given By
	Midazolam	I.V.	1.5 MG	0905		L. Rogerson
	Fentanyl	I.V.				
	Pethidine	I.V.				
	Buscopan	I.V.				
N/A	Voltarol	PR				
	Anexate	I.V.				
	Adrenaline	INJ				
N/A	Botox	INJ				
	Lignocaine	NEB				
N/A	Sodium Chloride	IV				
	Oxygen Therapy		2	LTRS	VIA NIC THROUGHOUT	

Comments

Handover given to recovery nurse

Post procedure safety brief carried out ✓ Signed Powell

Endoscope & Equipment decontamination record

Valve No. _____

Please attach all decontamination reports / certificates securely to this page

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Recovery Needs

Fast until ✱ 1030 ✱ B.P. Pulse & Resps ¼ hourly until sedation score 1 and stable

Lie in recovery position (circle as required) Left side Right side Either

Observe for any of the following - Haemorrhage, Perforation, Abdominal pain, Pulse, BP, Change of colour, Change of temperature, Respirations

Oxygen must be administered at 2litres a minute until sedation score 1 or less and oxygen saturation level maintained at pre endoscopy saturation level

Reversal of sedation Yes / (No) (specify) _____

Type of recovery (Uneventful) / Eventful (specify) _____

Have passed urine Yes / (No) I.V. cannula removed (Yes) / No / None

I.V. cannula site (Satisfactory) / Unsatisfactory (specify) _____

	Admission			Theatre and Recovery																
Time	0/15			09		09	09	09												
BP & Pulse 190	0831			05		10	25	40												
180																				
170																				
160					J															
150					2															
140					0															
130					3															
120					0															
110					5			102												
100	^				0	^	93	^												
90	/				2		/													
80	6																			
70	2						V	Ve												
60							62	70												
50																				
40																				
O2 saturation	98			97		97	96	96												
O2 therapy	Air			2L		(A)	Air	A												
Respirations	18			17		15	16	16												
Temperature	36.8																			
BM	/																			
Sedation score	/					1	0	0												
Nausea score	/					0	0	0												
Comfort score	/					0	0	0												
Staff Initials	K			15		15	SM	SM												

Sedation score

0. Fully aware of self & surroundings
1. Mostly aware of self & surroundings, but sedate
2. Slightly aware of self & surroundings, usually somnolent, arouses easily with stimuli
3. Not aware of self or surroundings, little arousal with stimuli
4. Unconscious, no arousal with painful stimuli

Nausea score

0. None
1. Mild, no treatment required
2. Moderate, helped by treatment
3. Severe, despite treatment

COMFORT SCORE

0. None / minimal
1. Mild
2. Moderate
3. Severe

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Discharge

Sedation score, pain score and nausea score must all be 1 or less for safe discharge. Discharge criteria must be met.

Sedation score = 0 Pain score= 0 Nausea Score= 0

Has patient had a drink Yes / (No)

Has patient had food Yes / (No)

Has patient been seen by doctor / N.E. (Yes) / No

Has patient been seen by nurse (Yes) / No

Advice on discharge sheet given (Yes) / No

Discharge criteria met (Yes) / No

If no specify _____

Discharged home (circle as required)

Alone / (Accompanied) Son

By ambulance Yes / No

Transfer to ward Yes / No

Which ward _____

Back to ward _____

Personal effects transferred

Teeth Yes / No

Clothes Yes / No

Glasses Yes / No

Valuables Yes / No

Response to endoscopy (Satisfactory) / Unsatisfactory (specify)

Patient education None required / Yes (specify)

After care leaflet given (Yes) Signature C McAdec

Condition on leaving endoscopy unit Drowsy / Slightly Drowsy / (Awake)

Clinic appointment:- Has one for _____ To be made for _____

To be rescoped :- Yes _____ Referral sent:- Yes _____

Other follow up _____

Additional comments

Nil complaints after procedure. Observations have remained satisfactory. Son provided transport

Time left department 09.50 Signature C McAdec

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Endoscopy Tracking Sheet

CHI NO: 0707663040 07/07/1966
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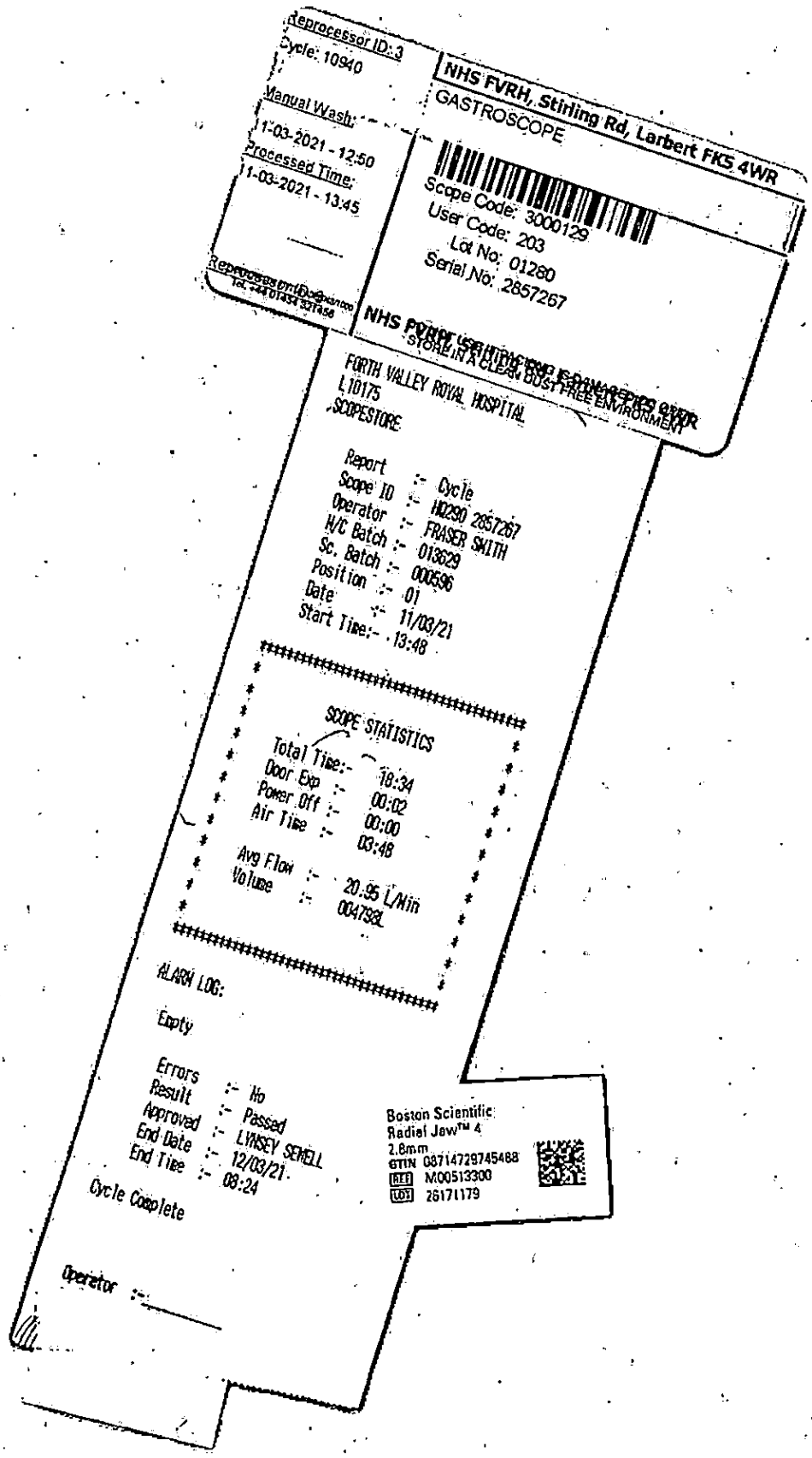
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH



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NHS Forth Valley

Forth Valley Royal Hospital

GASTROSCOPY REPORT

Name:	**Grace BLACK (F)**	Address:	**36 Spence Street**
Date of birth:	**07/07/1966**		**Bonnybridge**
CHI No:	**0707663040**		**Stirlingshire**
Case note no::	**S817695**		**FK4 1NH**

GP: **Dr LE Marshall**
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Procedure date: **12th March 2021 (09:00)**
Priority: **Urgent**
Hospital: **FVRH**
Ward: **(none)**
Referring Cons: **Dr Timothy Heron (Referring Consultants)**

Indications
Weight loss and loss of appetite.

Consultant/Endoscopist
List consultant: Stuart Paterson
Endoscopist No1: Dr Iain Macpherson
Nurses: Rossi Henderson
Lynsey Sewell

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.

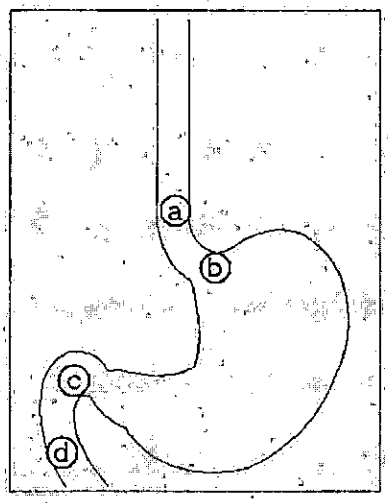
Site d: Second part
Specimens: 4x biopsy.

Instrument
GIF HQ290 - 2857267

Premedication
Midazolam (IV) 1.5 mg
Xylocaine (Spray) 100 mg

Advice/comments
Normal OGD. No cause for weight loss or reduced appetite found. d2 biopsies taken to exclude coeliac disease.

Follow up
Awaiting pathology results.



a: *Lower oesophagus (photographed)*
b: *Upper body (photographed)*
c: *First part (photographed)*
d: *Second part (photographed)*

Dr Iain Macpherson
Specialist Registrar
c.c. Dr Timothy Heron (Referring Consultants)
Black, Grace

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Forth Valley Royal Hospital

GASTROSCOPY REPORT

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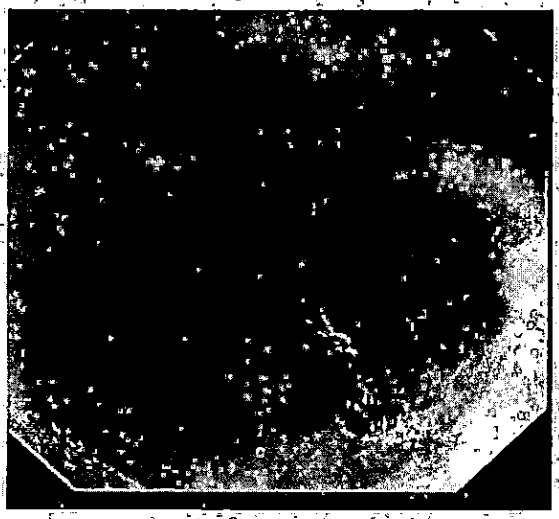
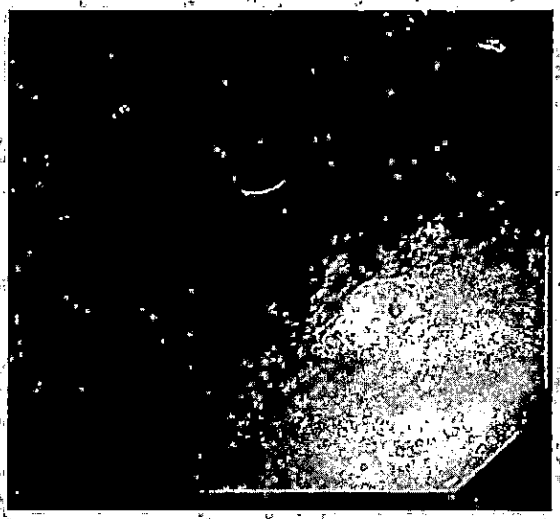
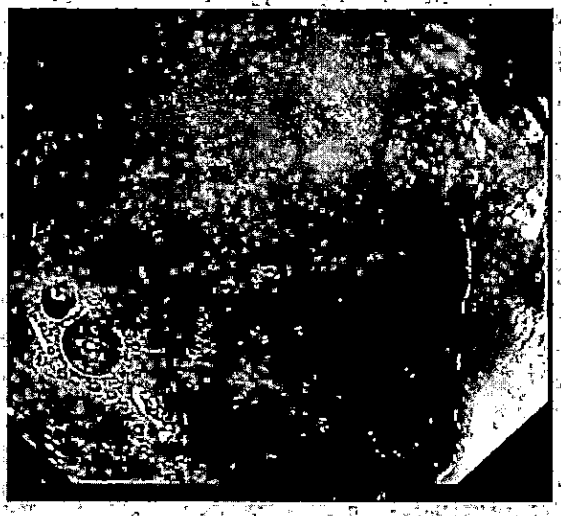


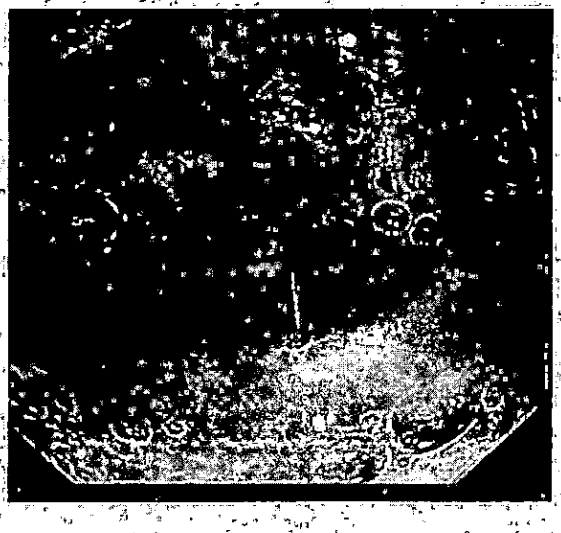
Site a: Lower oesophagus



Site b: Upper body



Site c: First part



Site d: Second part

Dr Iain Macpherson
Specialist Registrar

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST
Endoscopy Unit

NHS Forth Valley

Date 21/8/19 Ward/Dept endo Name

Presenting Complaint ↓Hb loss, heartburn, nausea Address

Procedure UGI

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
58 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Is this a repeat procedure? Yes / (No) CHI No.

Contact Number Son - David 07585522494

GP Antonine H/C BONNYBRIDGE

Endoscopy Preparation

Please confirm each check by ticking box or circling item as required, Wards please complete before endoscopy, if not applicable, write N/A in box.

	Ward	Endo
Procedure explained		✓
Written consent		✓
I.D. band checked		✓
Recordings obtained		✓
Premedication given		✓
Correct casenotes		✓
Correct nursing notes		✓
Referral letter		✓
Relevant X-Rays		✓
Blood results obtained		—
On warfarin		NO
INR obtained (If required)		—
Date LMPO (X-Ray only)		—
Antibiotics given		✓
I.V. cannula sited	(R) hand	
I.V. cannula flushed	✓	
I.V. cannula sited b whom	Spence 3.10pm 2018	

Dentures (Fully set) (Retained) Removed N/A
Crowns Loose Teeth (N/A)
Hearing aid Retained Removed (N/A)
Contact lenses/ specfacles Retained Removed (N/A)

Prosthesis Yes (No)

Type

Orthopaedic implants Yes (No)

Type

Cardiac Pacemaker Yes (No)

Heart valve replacement Yes (No)

Jewellery & Valuables Retained In locker Removed Documented

Time last ate or drank 11pm 2018.

Pre scope stool (please circle) loose / bloody / solid	Enteric precautions required Yes / No
Bowel preparation (if required) type	
Result	
Any side effects / problems	

History & Medication

Have you ever been notified that you are at risk of CJD or vCJD? Yes (No)

Allergies Yes / (No) (specify)

Heart disease Yes / (No) (specify)

Chest problems (Yes) / No (specify) COPD

Rheumatoid Arthritis Yes (No) Glaucoma Yes / (No)

Epilepsy (Yes) (No) Diabetes Yes / (No)

Other problems Seizure 1 week ago

Previous surgery appendectomy hysterectomy

Present medication inhalers x2 Lamotrigine Ropinirole Rizatriptan Nortriptyline

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Name:	Main ID:	Completed by:

Information sources available / accessed in completing risk profile *(Tick all sources used)*

Person assessed		Case notes		Carer/relative		Other *(specify)*	

Completed by *(print name):*	Profession:
Signature:	Date:

Copies to	Yes / No	Date, if yes	Copies to	Yes / No	Date, if yes
File			Mental health services		
Person assessed			Health services		
Carer			G.P.		
Social services			Other		

Name:	Main ID:	Completed by:

Protective factors *(e.g. self-monitoring, social support)*

Risk Management/Crisis Contingency Plan

Date completed:	Review date:

Areas of concern to be addressed by plan

Actions to be taken *e.g. in the event of risk behaviour/relapse/failure to attend (in order of priority, detail below)*				None	
Send further appointment		Discuss with RMO		Contact GP	
Contact care co-ordinator		Contact care manager		Contact nominated carer	
Telephone		Visit home		Other *(specify)*..	

Name:	Main ID:	Completed by:
Other risk factor(s) *(specify):*		

Descriptive Summary of Main Risks Identified *(Give brief details of recency, severity, frequency, pattern, ideation and intent; include details of serious untoward incidents, near misses etc.)*

Have actions been taken in the past to reduce risk? *(Detail + effectiveness)*	Yes		No		Unclear	

Service user's view of risk *(Give details, including person's view of what is needed to reduce risk)*

Is service user aware of possible risks?	Yes		No		Unclear	

Carer's view of risk *(Give details, including carer's view of what is needed to reduce risk)*

Are the person's carer(s)/family aware of possible risks?	Yes		No		N/a		Unclear	

Name:	Main ID:	Completed by:
Completed by:	Profession:	
Signature:	Date:	

RISK FACTORS AND WARNING SIGNS

Enter ✓ or 'Yes' in all boxes which apply. Enter 'n/k' if not known, 'no' if not present. If none apply within any section tick the 'NO' box at the top of the relevant column. Time frame for all Current warning signs = past month. Under Notes give brief description of risk factor/warning sign.

Clinical symptoms indicative of risk	History	Current	**Notes**
	No	No	
Early warning signs of relapse			
Ideas of harming others			
Ideas of self-harm/suicidal ideation			
Delusions			
Command hallucinations			
Morbid jealousy			
Impulsivity / lack of impulse control			
Behaviour indicative of risk	History	Current	
	No	No	
Physical harm to others			
Threats/intimidation *(inc. verbal abuse)*			
Preparation to harm others inc. carrying weapons			
Evidence of targeting *(children/females/males)*			
Child protection issues			
Suicide attempts			
Plans or preparations to commit suicide			
Deliberate self-harm *(w. no evident suicidal intent)*			
Domestic risk *(falling, unsafe use of appliances, fire)*			
Drug/alcohol abuse			
Fire-setting			
Damage to property			
Reckless or unsafe behaviour *(e.g. unsafe driving)*			
Severe self-neglect			
Absconding			
Wandering			
Treatment-related indicators	History	Current	
	No	No	
Discontinuation of medication/poor compliance			
Failure to attend appointments			
Unplanned disengagement from services			
Compulsory admission			
Admission to intensive care ward			
Forensic history	History	Current	
	No	No	
Conviction for violent offences			
Conviction for sexual offences			
Admission to special hospital			
Admission to secure unit			
Restriction order			
Supervised discharge			
Conditional discharge			
Other involvement suggesting risk *(e.g. injunctions)*			
Personal circumstances indicative of risk	History	Current	
	No	No	
Family history of suicide			
Physical problems/frailty *(e.g. risk of falling, illness)*			
Recent severe stress/life event			
Lack of meaningful employment/occupation			
Financial difficulties			
Concern expressed by others (relatives, carers)			
Recurrence of circumstances associated with risk			
Abuse/victimisation by others			
Social isolation			
Homelessness/rootlessness			

Name:	Main ID:	Completed by:

FACE Risk Profile MH

Confidential

This form to be completed following the assessment and/or review of risk, in accordance with local Clinical Risk Management Standards. Written details of current and past risks/behaviour should be provided on p.2/3

Family name: Black	Given name: Grace	
Preferred name: Grace	Title: Ms	Date of birth: 07/07/1966
NHS ID: 0707663040	Social Services ID:	
Care co-ordinator name:	Contact details *(tel/e-mail/fax)*: 07887 872153, wee_grace1@live.co.uk	

Other agencies involved *(tick as appropriate and detail below)*								None	
Health service		Social services		Voluntary sector		Probation services			
Police		Other *(specify)* Dietetics							

Assessment details

Location of assessment: Telephone (Remote)	Date of assessment: 29.09.22								
Assessment type	Repeat		Discharge		Follow up				
CPA status at time of assessment	Not applicable		Standard		Enhanced				
Legal status	None		Informal in-pt		Detained		On leave		S117		Guardianship	
Was the person assessed in a crisis situation?	Yes		No	X								

ASSESSMENT SUMMARY

Is there any evidence of a history of significant risk behaviour?	Yes		No	X					
Involved in serious incident in past 3 months?	No	X	Near miss		Yes		Not known		

Current risk status

Risk of violence to others	0
Risk of suicide	0
Risk of deliberate self-harm	0
Risk of severe self-neglect	1
Risk of accidental self-harm	0
Risk of abuse/exploitation by others	0
Risk related to physical condition	1
High risk of relapse? Y [ ] N	X

Rate all items using the scale shown (9=not known):

0=No apparent risk. No history/warning signs indicative of risk.

1= Low apparent risk. No current indication of risk, but person's history and/or warning signs indicate possible risk. Required precautions covered by standard care plan i.e. no special risk prevention measures or plan required.

2= Significant risk. Person's history and condition indicate the presence of risk and this is considered to be a significant issue at present. Requires a contingency risk management plan.

3= Serious risk. Substantial current risk. Circumstances are such that a risk management plan should be/has been drawn up *and* implemented.

4= Serious and imminent risk. Person's history and/or warning signs indicate the presence of risk and this is considered imminent. Highest priority to be given to risk prevention.

Persons potentially at risk *(tick as appropriate and detail on p.3)*									None	
Self	X	Partner/spouse		Parent		Staff member		General public		
Child		Is there a dependent child?	Y		N		Other *(specify)*....			

Further actions recommended/required *(tick as appropriate and detail below)*					None
Further risk assessment		Discussion with RMO/team members		Date of next review	

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Mobility Assessment Complete mobility chart below

Actual or Potential Problems						
Task	Pre Scope		Post Scope		Discharge	
If independently mobile please tick	✓		✓			
	Asst	Equipment	Asst	Equipment	Asst	Equipment
Chair to Chair Chair to Couch Couch to Chair Other Specify			Whilst sedated on trolley			
Signature	[illegible]		EM			

Nursing Assessment Is Sedation Requested (Yes) No Undecided

Procedure explained SB [illegible]

Venflon (Yes) / No Size 904987401 Lot No. _____ Expires 2022

Sodium Chloride (Yes) / No Batch No. 19084013 Expires 2021

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CHI NO: 0707663040 07/07/1986
CRN: F
Grade BLACK
35 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Procedure Room: 3 Time in 09.10 Time out 09.20

	TICK AS COMPLETED By Circulating Nurse)	COMMENTS: Please document any comments/concerns below (To be completed below by Named Nurse prior to safety brief)
PATIENT DEMOGRAPHICS Name, Address, DOB, GP	✓	yes
PROCEDURE/INDICATIONS CONSENT completed/checked	✓	yes
ANTICOAGULANTS Warfarin, Clopidogrel etc	✓	NO
ALLERGIES To what and effect on patient	✓	NO
MOBILITY STATUS Hoist, glide sheets etc	✓	NO
INFECTION CONTROL MRSA, C-Diff, TB etc	✓	NO
PATIENT ISSUES Same name, confused, fall risk, Pacemakers, Diabetic, Artificial joints etc.	✓	COPD, epileptic

Sign below on completion of safety brief

Circulating Nurse E Moffat Endoscopist Mr Wilson

Procedure Performed UGI - ONLY

Endoscope decontaminated, prepared & checked prior to use (Yes) / No

Throat spray (Yes) / No Time 09.15

Abdominal Pressure Applied Yes / No Where?

Diathermy plate Yes / No Pad site Skin intact Yes / No

APC Applied: Yes / No Effect: Watts:

Present in Procedure Room (Witnessing Safety Brief)

Name Nurse S Boyce Circulating Nurse E Moffat

Theatre Nurse L McGuigan Endoscopist

Trainess Endoscopist Others ~~HSP~~ L Miller

Patient Comfort Score: 0 - None 1 - Mild 2 - Moderate 3 - Severe

Comments Tolerated procedure

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Endoscopy prescriptions

Date	Medicines	Route	Dose	Time	Dr's Signature	Given By
21.8.19	Midazolam	I.V.	2mg	09.15	MJ	
	Fentanyl	I.V.				
	Pethidine	I.V.				
	Buscopan	I.V.				
	Voltarol	PR				
	Anexate	I.V.				
	Adrenaline	INJ				
	Botox	INJ				
	Lignocaine	NEB				
	Sodium Chloride	IV				
21.8.19	Oxygen Therapy			@ Citre throughout		

Comments

Handover to recov

Post procedure safety brief carried out ✓ Signed EMoffat

Endoscope & Equipment decontamination record Valve No.

Please attach all decontamination reports / certificates securely to this page

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Recovery Needs

Fast until ~~X~~ 10.45 ~~X~~ B.P. Pulse & Resps ¼ hourly until sedation score 1 and stable

Lie in recovery position (circle as required) Left side Right side Either

Observe for any of the following - Haemorrhage, Perforation, Abdominal pain, Pulse, BP, Change of colour, Change of temperature, Respirations

Oxygen must be administered at 2litres a minute until sedation score 1 or less and oxygen saturation level maintained at pre endoscopy saturation level

Reversal of sedation Yes / No (specify) _____

Type of recovery Uneventful / Eventful (specify) _____

Have passed urine Yes / No I.V. cannula removed Yes / No / None

I.V. cannula site Satisfactory / Unsatisfactory (specify) _____

	Admission	Theatre and Recovery																		
Time				09	09					9.20	9.35	9.50								
BP & Pulse 190																				
180																				
170																				
160																				
150																				
140																				
130																				
120																				
110																				
100																				
90																				
80																				
70																				
60																				
50																				
40																				
O2 saturation																				
O2 therapy																				
Respirations																				
Temperature																				
BM																				
Sedation score																				
Nausea score																				
Comfort score																				
Staff Initials																				

RECOVERY

MIDAZOLAM

RECOVERY

2 L

Sedation score

0. Fully aware of self & surroundings
1. Mostly aware of self & surroundings, but sedate
2. Slightly aware of self & surroundings, usually somnolent, arouses easily with stimuli
3. Not aware of self or surroundings, little arousal with stimuli
4. Unconscious, no arousal with painful stimuli

Nausea score

0. None
1. Mild, no treatment required
2. Moderate, helped by treatment
3. Severe, despite treatment

COMFORT SCORE

0. None / minimal
1. Mild
2. Moderate
3. Severe

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Discharge

Sedation score, pain score and nausea score must all be 1 or less for safe discharge. Discharge criteria must be met.

Sedation score = 0 Pain score= 0 Nausea Score= 0

Has patient had a drink Yes / (No) NBM

Has patient had food Yes / (No) NBM

Has patient been seen by doctor / N.E. (Yes) / No

Has patient been seen by nurse (Yes) / No

Advice on discharge sheet given (Yes) / No

Discharge criteria met (Yes) / No

If no specify _____

Discharged home (circle as required)

Alone / Accompanied

By ambulance Yes / No

Transfer to ward Yes / No

Which ward _____

Back to ward _____

Personal effects transferred

Teeth Yes / No

Clothes Yes / No

Glasses Yes / No

Valuables Yes / No

Response to endoscopy Satisfactory / Unsatisfactory (specify)

_____

_____

Patient education None required / Yes (specify)

_____

_____

After care leaflet given (Yes) Signature P. FITZGERALD

Condition on leaving endoscopy unit Drowsy / Slightly Drowsy / Awake

Clinic appointment:- Has one for _____ To be made for _____

To be rescoped :- Yes _____ Referral sent:- Yes _____

Other follow up Mr Wilson.

_____

Additional comments CT scan will be arranged.
Patient left the unit awake & orientated
No complaints of pain
Venflon removed
Son picked patient up.

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Time left department _____ Signature _____

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Endoscopy Tracking Sheet 21-8-19

CHI NO: 0707663040 07/07/1966 F
CRN:
Grace BLACK
88 SPENCE STREET
BONNYBRIDGE
FK4 1NH

Reprocessor ID: 2
Cycle: 6254

Manual Wash:
18-08-2019 - 15:52
Processed Time:
18-08-2019 - 17:59

Tel. +44 01454 321456

~~NHS FVRH, Stirling Rd, Larbert FK5 4WR~~

GASTROSCOPE

Scope Code: 3000042
User Code: 8004A000020
Lot No: 01282
Serial No: 2110439

DO NOT USE IF PACKING IS DAMAGED OR OPEN
STORE IN A CLEAN DUST FREE ENVIRONMENT

FORTH VALLEY ACUTE HOSPITAL
L10174.1
SCOPESTORE

Report :- Cycle
Scope ID :- GIF-H260 2110439
Operator :- NIKOLETT PURLI
H/C Batch :- 023714
Sc. Batch :- 001028
Position :- 03
Date :- 19/08/19
Start Time:- 18:09

SCOPE STATISTICS

Total Time:- 38:36
Door Exp :- 00:05
Power Off :- 00:00
Air Time :- 04:08

Avg Flow :- 20.07 L/Min
Volume :- 0049821

ALARM LOG:

Empty

Errors :- No
Result :- Passed
Approved :- LIZ HOUGAN
End Date :- 21/08/19
End Time :- 08:46

Cycle Complete

Operator :-

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NHS Forth Valley
Endoscopy Department

NHS Forth Valley

Consent Form Upper Gastrointestinal Endoscopy

CHI NO: 0707663040 07/07/1966
CRN: F
Grace BLACK
36 SPENCE STREET

BONNYBRIDGE
FK4 1NH

I, GRACE BLACK

of 36 Spence Street
Bonnybridge
FK4 1NH

hereby consent
(or hereby consent to the submission of my child/ward .....)

to the procedure of: **Upper Gastrointestinal Endoscopy +/- Oesophageal Dilatation**
the purpose of which has been explained to me in the document entitled:
"Upper Gastrointestinal Endoscopy - Information for Patients".

I confirm that:

- I have read the document
- I have understood the information that has been given to me
- I understand that I will be given the opportunity to ask questions about the procedure.

I also give consent for any necessary biopsies and for photographs or x-rays to be taken.

Signed (Patient/Parent) Grace Black Date 21/08/19

Name of Patient/Parent.....(block capitals)

Please ensure that you bring this form with you.

You do not have to sign this before you attend
if you have further questions you would like answered.

Even if you have signed the form you are
under no obligation to proceed with the test.

To be completed by the Endoscopist

I confirm that the patient received written information about the procedure, including the risks, and has been given the opportunity to ask any further questions.

Signed MJ Lee Date 21/08/19

Endoscopist/Medical Practitioner

Re-Order Ref: PIL/1058/SS Review Date: 2019

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NHS Forth Valley

GASTROSCOPY REPORT

Name:	**Grace BLACK (F)**	Address:	**36 Spence Street**
Date of birth:	**07/07/1966**		**Bonnybridge**
CHI No:	**0707663040**		**Stirlingshire**
Case note no.:	**S817695**		**FK4 1NH**

GP: **Dr LE Marshall**
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Procedure date: **21st August 2019 (09:06)**
Priority: **Urgent**
Hospital: **Not specified**

Indications
Dyspepsia, reflux symptoms and weight loss.

Report
The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.

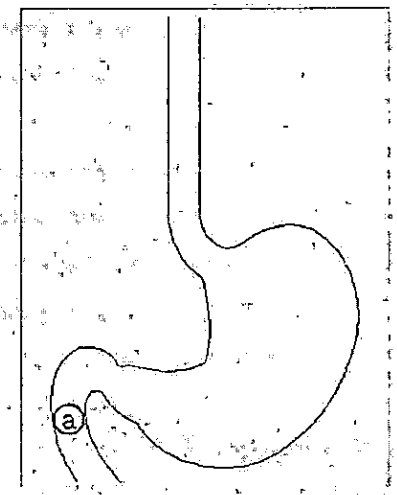
Advice/comments
Normal endoscopic examination today. In view of weight loss I have requested CT.

Follow up
Further CT chest/abdomen in 3 weeks.

Consultant/Endoscopist
List consultant: Mr Michael Wilson
Endoscopist No1: Miss Sawsan Lutfi
Nurses: Elizabeth McGuigan
Evelyn Moffat

Instrument
FQ260 2110439

Premedication
Midazolam (IV) 2 mg
Xylocaine (Spray) 100 mg



a: *Second part (photographed)*

Miss Sawsan Lutfi
Specialist Registrar
c.c. Mr Michael Wilson (Consultant)
Black, Grace

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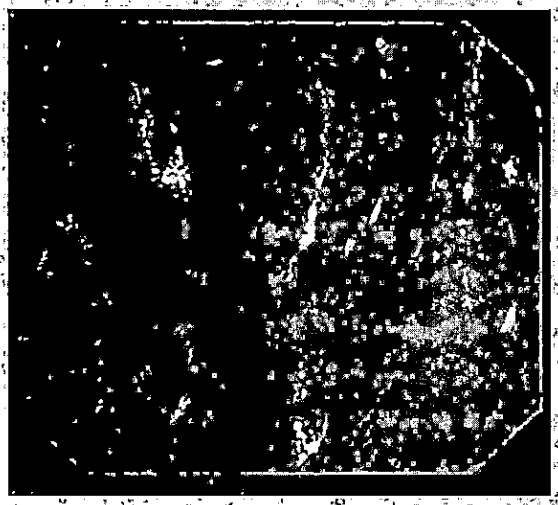
NHS Forth Valley

GASTROSCOPY REPORT

Name:	**Grace BLACK (F)**	Address:	**36 Spence Street**
Date of birth:	**07/07/1966**		**Bonnybridge**
CHI No:	**0707663040**		**Stirlingshire**
Case note no.:	**S817695**		**FK4 1NH**

Procedure date: **21st August 2019 (09:06)**



Site a: Second part

Miss Sawsan Lutfi
Specialist Registrar

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Urgent Clinical Note

Name: **Grace Black**
CHI: **0707663040**

NHS Forth Valley

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone / Email / Ad-hoc Consultation Clinical Note

Recorded by: Honor Blackwood / Dietetics (R3)
Recorded on: 27 April 2023 09:30

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall

Please find below details of the dietetic t/c review carried out with the above patient.

Current wt. 34.9kg. BMI 14.7kg/m2 - ~2.5% wt. loss in 3/12.

Remains on Prochlorperazine and states taking this TDS 30-60mins pre meals however continues to experience ongoing nausea which appears to be impacting on her oral intake.

Oral intake continues to be variable with the Grace reporting anxiety and nausea main barriers. Little progression and variable in approach. Reinforced need for consistency if we are to achieve wt. gain goal. Further discussed the need for a little + often approach of high protein/high energy sources as well as food fortification. Grace previously prescribed ONS and does not want to re-commence these. Limited further advice due to non compliance.

Aim - Minimise further nutritional decline

Plan
- Enc. little + often approach to eating
- Enc. food fortification
- Continue with nourishing drinks
- RD to email and update psychologist

Agreed no follow up as limited further input. Patient aware to contact if nutritional status deteriorates.

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Honor Blackwood on Thu 27 April 2023 at 10:30
Form sent to: Primary and secondary care document management system(s); eg. Docman and EDMS

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Urgent Clinical Note: Grace Black / 0707663040

Clinical Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: 0707663040

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone / Email / Ad-hoc Consultation Clinical Note

Recorded by: Honor Blackwood / Dietetics (R3)
Recorded on: 17 October 2022 11:00

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall

Please find below details of the dietetic t/c review carried out with the above patient by student dietitian Zoe Young, supervised by RD Honor Blackwood

Wt. 35.3 kg therefore ~7.3% wt. loss in ~1/12.

Anxiety remains a significant issue for Grace however she remains under psychological review.

She reports her appetite remains variable with her often skipping meals. We discussed the importance of regular eating in order to support nourishment, meet nutritional requirements but also support mental health. Discussed food fortification and little and often approach. Reinforced previous advice and indicated little dietetic input as patient not been able to make any changes and not compliant with ONS. Pt prescribed Fortisip compact OD however not compliant therefore have recommended these are discontinued.

Aim - improve nutritional status

Plan
- Ensure little + often approach to eating and often of high protein/high energy sources
- Encourage food fortification with meals
- D/C ONS

1 Medication Recommendation(s):

Clinician making recommendation(s): Honor Blackwood
Designation: Dietitian Specialist

0 New medication(s):

No new medication recommendation(s) entered/recorded

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: FORTISIP Compact -- Liquid -- No strength supplied

'STOP' Details: Discontinue

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

Agreed further review with patient on the basis she has agreed to try and implement advice. Will email psychologist to advise of ongoing nutritional issues most likely attributed to mental health issues

Form completed by: Honor Blackwood on Mon 17 October 2022 at 21:28
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Dietetics

Clinic (From PAS): SCH Ms Lindsay Davidson Friday
Date/Time of clinic: Fri 26 Aug 2022 14:30
Lead clinician for clinic: Ms Lindsay Davidson

Presenting Complaint, Investigations, Results, Diagnosis:

Patient reviewed at SCH clinic today - via telephone call referred for weight loss secondary to COPD, Fibromyalgia.
Weight reported as 38.1kg Ht:1.59m BMI: 15kg/m2, 2.9kg weight loss 4/12.
Patient reports a poor dietary intake often missing 1-2 meal day although this is variable, dislikes Fortisip Compact but reports taking 5 over the last week.
Continue Plan
-Establish little + often approach to eating of high protein/high energy sources this was discussed again today with examples given leaflets previously sent out and patient had received.
- Fortify meals/snacks
- Increase use of nourishing drinks
- Fortisip Compact 125ml daily - not to be used as meal replacer
R/v 2-3 /12

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

Continue to issue Fortisip compact as requested one per day 28 units per month.

Form completed by: Lindsay Davidson on Fri 26 August 2022 at 15:45
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Outpatient Clinic Note: Grace Black / 0707663040

Clinical Note + Med Recommendation(s)

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Telephone / Email / Ad-hoc Consultation Clinical Note

Recorded by: Honor Blackwood / Dietetics (R3)
Recorded on: 11 April 2022 10:30

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr Marshall

Thank you for your referral of the above patient. Please find below details of the T/C assessment undertaken on the above date.

Current wt. 41kg (self taken ~1/12 ago). 40.8kg (Feb 21) - Wt. stable.

Complaining of recent wt. loss with nausea and reduced appetite. Always been low wt. never been heavier than 44.5kg. Low mood with bereavement ~1yr ago. Currently on Duloxetine and awaiting MH input. Gastroenterologist swapped PPI to Esomeprazole and found this has improved abdo pains. She is also on Prochlorperazine maleate 2-3/day PRN. Suggested she takes this on a regular basis and 30-60mins pre meals to support with oral intake. She was also commenced on Laxido and is taking this every 2 days - bowels opening ~every 2 days. ++ fatigue.

Grace reports a poor oral intake with irregular oral intake. Can go days with no oral intake. I understand she was previously trialled on Fortijuce but could not tolerate this therefore we advised trial of Fortisip Compact. She admits she only commenced this last week however is managing OD (mixing with ice cream etc).

Discussed correlation between COPD and increased requirements. Also discussed how constipation, low mood, nausea etc can all affect appetite and oral intake. Suggested as well as regulating anti-emetics to reduce cooking smells by closing doors, choose cold foods that produce less of a smell and ask son to prepare meals but not ask you to choose what you want as this can often be difficult if you are experiencing nausea. Enc her to try and regulate oral intake and set small goals e.g. aim to have breakfast every day and work up towards going no longer than 2-3hrs between meals/snacks. Also discussed the filling effect fizzy drinks can have and suggested ensuring having these between meals and/or reduce intake. Suggested the use of nourishing drinks instead which would support meeting her nutritional requirements. Also discussed food fortification e.g. butter in mash etc.

Aim - Minimise further losses

Plan
- Establish little + often approach to eating of high protein/high energy sources
- Fortify meals/snacks
- Increase use of nourishing drinks
- Fortisip Compact 125ml daily - not to be used as meal replacer

1 Medication Recommendation(s):

Clinician making recommendation(s): Honor Blackwood
Designation: Dietitian Specialist

0 New medication(s):

No new medication recommendation(s) entered/recorded

1 Medication(s) to stop:

(STOP) Recommendation 1 of 1: FORTIJUCE – Bottle – 200 mL
STOP Details: Discontinue

1 Follow Up action(s):

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Clinical Note with Med Recommendation(s), Grace Black, 0707663040

Continued from previous page

(1 of 1): Responsibility of GP/PrimaryCare

Action required:	Please continue to prescribe Fortisip Compact 125ml daily
Frequency/Timescales:	ongoing

Further Info:

Agreed rv. 2/12. Will send out written info. Patient to contact earlier if required.

Form completed by: Honor Blackwood on Mon 11 April 2022 at 11:22

Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Clinical Note with Med Recommendation(s), Grace Black / 0707663040

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Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Grace Black**
CHI: **0707663040**

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Clinical Psychology

Clinic (From PAS): APTS Falkirk Treatment
Date/Time of clinic: Fri 25 Apr 2025 10:30
Lead clinician for clinic: APTS Falkirk Treatment

Presenting Complaint, Investigations, Results, Diagnosis:

Dear Dr

I write with a brief update on my contact with Grace who I have continued to meet regularly since my last letter. I am pleased to report that Grace has made impressive and significant progress with her OCD symptoms. She has significantly reduced time-consuming checking rituals of items such as plug sockets and door locks and has also removed her tendency to excessively seek reassurance from her family about their wellbeing. We are moving into the final stages of our work in this regard, and she is proud of her progress.

However, I write to highlight that Grace said her mood has dipped over the past month or so, without any clear trigger. She feels her mirtazapine is no longer having the desired benefit and she wished to discuss the possibility of further increasing her dose with her GP.

As typically occurs, Grace's appetite has also been reduced since her mood lowered. She said she is struggling to finish her evening meals due to nausea when eating, although has continued to snack throughout the day. She said she has lost 2.5 pounds in the past month or so, reporting that her weight is currently 5 stones 11.5. She is keen to regain her appetite and re-gain this weight and feels an improvement in her mood typically helps in this regard. She hopes a review of her medication may help facilitate this.

She said she often has trouble getting through to secure an appointment, so I agreed I would write a short note to request that she is offered an appointment to discuss the above matters.

Yours sincerely,

James Clark
Clinical Associate in Applied Psychology

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

1 Follow Up action(s):

(1 of 1): Responsibility of GP/PrimaryCare

Action required: Please can Grace be offered a GP appointment to discuss her medication and weight.
Frequency/Timescales: As soon as is feasible

Further Info:

No 'further info' recorded/entered

Form completed by: James Clark on Fri 25 April 2025 at 12:17
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Outpatient Clinic Note

Name: **Grace Black**
CHI: **0707663040**

NHS Forth Valley

Registered GP Name: MARSHALL, LOUISE
Registered GP Practice: Antonine Medical Practice

Clinic attended: Clinical Psychology

Clinic (From PAS): APTS Falkirk Treatment
Date/Time of clinic: Mon 27 Feb 2023 09:15
Lead clinician for clinic: APTS Falkirk Treatment

Presenting Complaint, Investigations, Results, Diagnosis:

Dr Dr

I write to update you that I have taken over Grace's case, following Megan Varty, Trainee Clinical Associate in Applied Psychology, leaving the service. I have now met with Grace on two occasions, to start familiarising myself with her case and begin to build a rapport. We have agreed further appointments to work on reducing her anxiety towards the well being of her loved ones, which results in time comsuming checking and reassurance seeking behaviours.

I will update you on our progress in due course.

Yours sincerely,

James Clark
Clinical Associate in Applied Psychology

0 Medication Recommendation(s):

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: James Clark on Wed 01 March 2023 at 15:12
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

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Urgent Outpatient Clinic Note: Grace Black / 0707663040

FVRH Emergency Department Forth Valley Royal Hospital 03

Date of attendance: 30/06/2022 22:03
Presenting complaint: back/abdo pain

Surname: Black		**Forename:** Grace	**Title:** Ms
Address: 36 SPENCE STREET Bonnybridge Stirlingshire		**Postcode:** FK4 1NH	**CHI:** 0707663040
Telephone: 07887 872153			
Date of Birth: 07/07/1966		**Sex:** Female	**Age:** 55 Years

GP Name: LE Marshall	
Address: 25192/1 Antonine Medical Practice Larbert Road Bonnybridge Bonnybridge FK4 1ED	**Telephone:** 01324 812315

Next of Kin

Name: William Stitt	
Relationship: Son	**Postcode:**
Address:	**Telephone:** 07951344006

Triage Information

"Lifted heavy cooker, States felt like something 'exploded' in lower back "
"Lumber spin pain and bilateral groin pain since "

Observations

P= 80	**BP=** 139 / 74 **RR=** 16	**Sat=** 98	**BM=**	**Temp=** 36.2
Peak Flow=	**GCS=**		**News=** 0	

Emergency Department / Pre-Hospital Drugs **Allergies**

3 Co-codamol 30/500 @ 20.00

Date	Drug	Dose	Route	Signature	Given by	Time
30/6/22	Ibuprofen	400mg	PO	PGP	KK	22.30

DNV

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Clinical Notes

Seen by:		Time:	

Attach continuation sheets here

Attach here onto face of pocket

Guidelines Used:	

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
18-Apr-2026

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040

CHI No: 0707663040

1010396932058

Unique Care Pathway Number: 1010396932058

REFERRAL TO

Acute Admission PathwayA1V4 FV Acute OOH Admission	?	**Consultant / receiving practitioner and/or specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	?	**Hospital and hospital address** Hospital location code. V217H

Urgency of Referral

Urgent OOH Acute Admission/Assessment Referral: With Attachments?? ?

Administrative Information

Adastra referral Attached:Yes
Age in Years:59
Patient has special requirements:No
Religion: Not known
Ethnic Origin: Other British
?

PATIENT DETAILS

Surname	Black		
Forename(s)	Grace		
Title	-	Sex	Female
Previous Surname	-		
Date of birth	07-Jul-1966		
CHI no.	0707663040		

Patient's address

36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Contact number(s)

Voice: 07887 872153

REFERRING HCP DETAILS

Name:	Dr OoH Clinician (GMC: 1234567)
Organisation name:	GP Out of Hours Service (25811) (V217H)
Specialty:	- (-)

Organisation address

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR
Voice: 08454 242424

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Acute Admission/Assessment

Examinations and Investigations

Murmur present:	Not Recorded -
Is a 12 lead ECG:	Not done -
Recent CXR:	Not done -
FBC:	Not Recorded -
Urea and Electrolytes:	Not Recorded -
LFT:	Not Recorded -
TFT:	Not Recorded -
Lipid Profile:	Not Recorded -
Glucose:	Not Recorded -

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Smoking status: Number per day: ? (not known)

Alcohol status: Units per day: ? (not known)

Exercise status: Not Known

Additional relevant information

?

Signature of referring doctor (or other professional)		**Date**	18-Apr-2026

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NHSFV GP OOH Service
Referral Letter

0707663040

Medical Assessment Unit

Date: Saturday, 18-Apr-26 **Agency Phone No.** 01324 566032

Patient Name:	Grace Black	**Sex:**	Female
Address:	36 Spence Street Bonnybridge	**Ethnicity:**	
	Stirlingshire	**Date of Birth:**	07-Jul-1966
		Age:	59 years
	FK4 1NH	**CHI:**	0707663040
Home Tel:	07887 872153	**Own Doctor:**	
Case Origin:		**Surgery:**	Antonine Medical Practice
Caller Name:	**Tel:**	**Case Number:**	28228
		Case Priority:	Within 2 hours

Reported Condition: **Receive Time:** 8:19 PM **Operator:** KMACKENZIE

Symptoms: This case was generated from 28207. Initial Symptoms: History: :CONSTANT UPPER ABDOMINAL PAIN FOR 4 DAYS ; PAIN RADIATING TO BACK ; NO SWELLING , ABDOMEN SOFT BUT TENDER TO THE TOUCH . PAIN IS SIGNIFICANTLY WORSE ON EATING AND DRINKING , THEREFORE ORAL INTAKE REDUCED . PASSED URINE X2 TODAY . ATTENDED OOH IN EARLY AM , GIVEN IM ANTI EMETIC AND ? ANTI SPASMODIC . ADVISED TO CONTINUE WITH PRESCRIBED ESOMEPRAZOLE AND ANTI EMETICS AND TO CONTACT GP FOR REVIEW. ONGOING SYMPTOMS DESCPITE MEDICATIONS . UNABLE TO OBTAIN GP REVIEW TODAY . STATES STRUGGLING TO TAKE MEDICATIONS , THESE INCLUDE ANTI CONVULSANTS . PCEC 4 HOURS Outcome: PCEC within 4 Hrs

t/consultation, spoke with patient, nhs 24 summary and previous consultation noted.

ongoing symptoms:

pain radiating to her back, worsening with eating and drinking

tried toast, took one hour to eat, only managed one glass of water today.

ongoing nausea.

is taking esomeprazole

no vomiting or fever.

bo on wednesday.

hpu.

abdomen soft to touch, tender when pressed, is not distended.

occasional sensation of something stuck in throat.

can feel acid in the back of her mouth, eating helps with this.

no alcohol, no nsaids or spicy food. no greasy or fatty foods.

pmh gord, recent weight loss. GP is monitoring. epilepsy, copd.
meds esomeprazole
allergies nil

imp abdominal pain, ? gord/gastritis ? ulcer

tci for assessment

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NHSFV GP OOH Service

Referral Letter

0707663040

4 hour appt please.

Examination: Diagnosis: Treatment: Case Summary: UPPER ABDO PAIN1/7

Latest Consultation Details **Consulted By:** Wishart, Lisa **Cons. Begin:** 11:27 PM
Cons. Finished: 11:59 PM

t/consultation, spoke with patient, nhs 24 summary and previous consultation noted.

ongoing symptoms.

pain radiating to her back, worsening with eating and drinking

tried toast, took one hour to eat, only managed one glass of water today.

ongoing nausea.

is taking esomeprazole

no vomiting or fever.

bo on wednesday.

hpu.

abdomen soft to touch, tender when pressed, is not distended.

occasional sensation of something stuck in throat.

can feel acid in the back of her mouth, eating helps with this.

no alcohol, no nsaids or spicy food, no greasy or fatty foods.

pmh gord, recent weight loss, GP is monitoring, epilepsy, copd.
meds esomeprazole
allergies nil

imp abdominal pain, ? gord/gastritis ? ulcer

tci for assessment

4 hour appt please.

hx as above

presented yesterday with same symptoms - declined admission as felt pain/nausea had slightly improved post injections
re-presented tonight - unable to get GP review today - symptoms worsening
stomach pain 8/10 radiating to back, worsening dysphagia ,
not able to eat - drinking water
NBO since wednesday.
weight loss ? cause being monitored by GP

meds as per ecs

known gastritis.

Examination Details:

walked to examination room
GCS 15, pallor
abdomen - soft and not distended
no rebound tenderness, no flank pain;
neg murphys , pain + epigastric region
bowel sounds present.

Clinical Codes:

194.. Dysphagia
J15.. Gastritis or Duodenitis
1969. Abdominal pain

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NHSFV GP OOH Service

Referral Letter

0707663040

nausea - no vomiting, pain worse on swallowing.
pt felt injections helped yesterday.
stat hyoscine 10mg IM right gluteal given @ 23:45 hours.
stat ondansetron 4mg IM right gluteal given @ 23:45 hours.
given worsening symptoms for review by medical team.
known gastritis - ? ulcer - given additional symptoms cannot rule out malignant cause.
observations stable

for review by medical team - for transfer to CAU
porter arranged - patient aware

Clinical Template

Prescription Items:

Diagnosis:

? stomach ulcer

Agency Questions and Answers

Agency Comments

for review in CAU

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Immediate Discharge Letter (Authorised)

General Medicine
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
Bonnybridge
FK4 1ED

CHI Barcode: 0707663040

Date of Completion: 18-Apr-2026

Patient Demographics

Patient Name:	BLACK, Grace	**Date Of Birth:**	07-Jul-1966
Patient Address:	36 Spence Street Bonnybridge Stirlingshire FK4 1NH	**Gender:**	Female
		CHI No:	0707663040
Telephone No:			

GP Practice

GP Name:	LE Marshall	**GP GMC:**	6115383
GP Practice Address:	25192/1 Antonine Medical Practice Larbert Road Bonnybridge Bonnybridge FK4 1ED FK4 1ED	**GP Practice Code:**	6115383/25192
		GP Clinic Code:	25192
		GP Telephone:	01324 812315

Admission Details

Patient Location:	General Medicine	**Admission Care Provider:**	Dr Daniel Beckett
Admission Date:	17-Apr-2026	**Admission Time:**	23:48
Admission Method:	Patient Non-Injury (e.g. stroke, MI, Ruptured Appendix)	**Ward:**	FVRH Ward CAU
Source Of Admission:	GP Non Obstetrics - same Provider		

Discharge Details

Discharge Specialty:	General Medicine	**Discharge Care Provider:**	Dr Daniel Beckett
Discharge Date:	18-Apr-2026	**Ward:**	FVRH Ward CAU
Discharge Time:	10:15	**Discharge Destination:**	Private Residence - living with relatives or friends
Discharge Method:	Regular discharge, no additional detail added		

Clinical Summary Including History

Grace was admitted to CAU with swallowing difficulties. She describes dysphagia and the feeling of a 'lump' when swallowing for several days.

Impression
?oesophagitis from alendronate
?oesophageal candida

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PMH
COPD, epilepsy, fibromyalgia, osteoporosis, acid reflux.

On Investigation
Bloods- CRP 19, Hb 153, U+E's normal, LFT's normal.

Medications
Commenced on empirical fluconazole 50mg OD for 7 days.
Co-codamol 30/500 up to QDS.
Esomeprazole dose increased to 40mg BD.
Stop alendronic acid.

Plan
Urgent outpatient OGD requested.
Discharged home.

Kind Regards
Emma-Jade Kilgannon
Nurse Practitioner
Acute Care Team

Safety Alerts

Nil records exist

Allergy/Intolerance - JAC

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing

Medications - Pharmacy System

Drug Information:

Drug	Route	Dose and Frequency	GP to Continue	POD	Days Supply
ACCRETE D3 One a Day 1000mg/880units Chewable Tablets	Oral	1 Tablet ONCE daily at 8am	Y	N	7
ACETYLCYSTEINE 600 mg Effervescent Tablets	Oral	600 mg ONCE daily at 8am	Y	N	7
AMITRIPTYLINE 10 mg Tablets	Oral	10 mg ONCE daily at 10pm	Y	N	7
CITALOPRAM 10 mg Tablets	Oral	10 mg ONCE daily at 8am	Y	N	7
CO-CODAMOL 30/500 Tablets	Oral	1 Tablet when required (PRN) for pain, max QDS 4-6 hrly	Y	N	7
ESOMEPRAZOLE 40 mg Tablets	Oral	40 mg TWICE daily at 8am and 6pm	Y	N	7
FLUCONAZOLE 50 mg Capsules	Oral	50 mg every 24 HOURS for 7 day(s)	N	N	7
LAMOTRIGINE 100 mg Tablets	Oral	100 mg TWICE daily at 8am and 8pm	Y	N	7
LAMOTRIGINE 200 mg Tablets	Oral	200 mg TWICE daily at 8am and 8pm	Y	N	7
MIRTAZAPINE 45 mg Tablets	Oral	45 mg ONCE daily at 10pm	Y	N	7
PROCHLORPERAZINE 5 mg Tablets	Oral	5 mg when required (PRN) for nausea, max TDS	Y	N	7
RIZATRIPTAN 10 mg Orodispersible Tablet	Oral	10 mg when required (PRN) for migraines, max BD	Y	N	7
ROPINIROLE 500 micrograms Tablets	Oral	500 microgram ONCE daily at 10pm	Y	N	7
SALBUTAMOL 100 micrograms (Easyhaler) per dose	Inhalation	2 Puff(s) when required (PRN) for breathlessness	Y	N	7
TRIXEO AEROSPHERE 5/7.2/160 Metered Dose Inhaler	Inhalation	2 Puff(s) TWICE daily at 8am and 10pm	Y	N	7

Drug Notes:

Drug	Drug Notes
Nil records exist	

Additional Medicine Information:

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Medicines discontinued during admission (Medicines that patient was recorded as admitted on only)

Drug	Discontinued Reason
ALENDRONIC ACID 70 mg Tablets	Discontinued - No longer indicated
ESOMEPRAZOLE 20 mg Capsules	Discontinued - Planned Increase

GP Communications:

Given community prescription for Fluconazole 50mg OD for 7 days, Esomeprzole increased to 40mg BD, co-codamol 30/500 2 tablets up to 4 times daily as required. Alendronic acid 70mg once weekly stopped.

Outstanding Results -

Responsibility of Hospital

Nil records exist

Person completing record

Authorised by		Clinically completed by	
Name:	RN Emma Jade Kilgannon	**Name:**	RN Emma Jade Kilgannon
Designation or role:	Nurse	**Designation or role:**	Nurse
Specialty:		**Specialty:**	
Date completed:	18-Apr-2026		

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
LE Marshall	GP	Antonine Medical Practice

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NHS Forth Valley
Fracture Liaison Service

Hut 3
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE

NHS Forth Valley

PRIVATE & CONFIDENTIAL

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	11/7/2025
Date Typed:	15/7/2025
Our Ref:	CAS/LG
CHI:	0707663040
Website:	https://nhsforthvalley.com/health-services/az-of-services/fracture-liaison-service/
Email:	fv.fractureliaisonservicefv@nhs.scot
Telephone:	01324 616139

Dear Ms Black

I note that you were reviewed by my colleague Caroline Brown, bone specialist pharmacist in April and switched from Teriparatide to Alendronic acid.

She had requested that you attend for blood monitoring to ensure that we have baseline bloods should you run into any issues whilst on Alendronic acid.

From review today it does not look like you have yet attended for these. I would be grateful if you could make arrangements to do so.

You can attend Forth Valley Royal Hospital Monday to Friday between the hours of 9am and 3pm without the need for an appointment at the phlebotomy hub. This is located at the outpatient department and you should simply let them know when you attend that you have to attend for Osteoporosis bloods.

Kind regards.

Yours sincerely

Dictated and electronically checked by:

Carol Ann Simpson
Rheumatology Specialist Nurse

CC:
Dr Le Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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NHS Forth Valley
Fracture Liaison Service

Hut 3
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE

PRIVATE & CONFIDENTIAL

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	17/4/2025
Date Typed:	22/4/2025
Our Ref:	BC/LG
CHI:	0707663040
Website:	https://nhsforthvalley.com/health-services/az-of-services/fracture-liaison-service/
Email:	fv.fractureliaisonservicefv@nhs.scot
Telephone:	01324 616139

Dear Ms Black

It was lovely to speak to you on the telephone to discuss starting Alendronic acid.

As discussed, to assist further assessment of your bone health blood tests should be carried out. You can arrange to have these done at the drop in Phlebotomy Clinic in the Outpatient Department in Forth Valley Royal Hospital between 9am and 3pm Monday to Friday.

The medications that have been discussed with you today are Alendronic acid and I enclose some information for you to read over.

The Royal Osteoporosis website has excellent resources including fact sheets and videos that can be accessed by visiting
https://theros.org.uk/fact-sheets-and-leaflets/.

You can also visit their YouTube page which has many useful video links to support promoting good bone health
https://www.youtube.com/c/osteoporosissociety

You can access Strength and balance exercises online via NHS Forth Valley's 'webpage'
https://nhsforthvalley.com/health-services/health-promotion/physical-activity/strength-balance/

If you are concerned regarding falls and want to know what you can do to reduce your risk, you can visit the following website.
https://nhsforthvalley.com/health-services/az-of-services/falls-management-prevention/

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Yours sincerely

The Fracture Liaison Service

CC:
Dr Le Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Encls:

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Immediate Discharge Letter (Authorised)

LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
Bonnybridge
FK4 1ED

General Medicine
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

CHI Barcode: 0707663040

Date of Completion: 05-Nov-2024

Patient Demographics

Patient Name:	BLACK, Grace	**Date Of Birth:**	07-Jul-1966
Patient Address:	36 Spence Street Bonnybridge Stirlingshire FK4 1NH	**Gender:**	Female
		CHI No:	0707663040
Telephone No:			

GP Practice

GP Name:	LE Marshall	**GP GMC:**	6115383
GP Practice Address:		**GP Practice Code:**	6115383/25192
		GP Clinic Code:	25192
		GP Telephone:	

Admission Details

Patient Location:	General Medicine	**Admission Care Provider:**	Dr Daniel Beckett
Admission Date:	04-Nov-2024	**Admission Time:**	14:59
Admission Method:	Emergency Admission, no additional detail added	**Ward:**	FVRH Ward CAU
Source Of Admission:	GP Non Obstetrics - same Provider		

Discharge Details

Discharge Specialty:	General Medicine	**Discharge Care Provider:**	Dr Daniel Beckett
Discharge Date:	04-Nov-2024	**Ward:**	FVRH Ward CAU
Discharge Time:	23:39	**Discharge Destination:**	Private Residence - no additional detail added
Discharge Method:	Regular discharge, no additional detail added		

Clinical Summary Including History

Dear Doctor,

Mrs Black was referred to the clinical assessment unit with 6/7 episodes of haemoptysis. Recent covid, tested negative today. Generally unwell during Covid infection, some SOB and for the past few days sputum production.

PMH: Diverticulosis, Oesteoporosis, OCD, Anxiety, Emphysema, FM, COPD, Migraine, Epilepsy.

O/E:
Right midzone and base - Crackles. Nil other concerns on clinical examination.

Bloods: CRP: 23, WCC: 9.6, D.Dimer: 0.36
CXR: Nil obvious consolidation

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ECG: NSR

Reviewed by Dr Metcalfe, given symptoms and risk factors keen to go ahead with CTPA to rule out PE/Malignancy. ? Antibiotics if any signs of consolidation.
WELLS: 4.0
PESI: 68
Treatment dose LMWH given and safety netting advice provided.
Discharged home to return to RACU for CTPA - Please call with time.

Many thanks
Lauren Adamson
ANP

Safety Alerts

Nil records exist

Allergy/Intolerance -

Allergy records are as recorded at time and date of printing
Nil records exist

Medications -

Drug Information:

Drug	Dose	Route	Frequency	GP to Continue	POD	Days Supply

Nil records exist

Drug Notes:

Drug	Drug Notes

Nil records exist

Additional Medicine Information:

Medicines discontinued during admission (Medicines that patient was recorded as admitted on only)

Drug	Discontinued Reason

Nil records exist

GP Communications:

Outstanding Results -

Responsibility of Hospital

Nil records exist

Person completing record

Authorised by
Name:
Designation or role:
Specialty:
Date completed: 05-Nov-2024

Clinically completed by
Name:
Designation or role:
Specialty:

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
LE Marshall	GP	Antonine Medical Practice

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
04-Nov-2024

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040 CHI No: 0707663040

101034682242N

Unique Care Pathway Number: 101034682242N

REFERRAL TO

Acute Admission PathwayA1V4 FV Acute Admission Referral	? **Consultant / receiving practitioner** and/or **specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	? **Hospital** and **hospital address** Hospital location code. V217H

Urgency of Referral **Urgent Acute Admission/Assessment Referral: With Attachments??** ?

Administrative Information

EMIS:The EMIS intermediate summary PDF has been successfully attached to this template

Patient has special requirements:No

Ethnic Origin: (White) British

?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: none
Voice: 07887872153
E-mail: wee_grace1@live.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr. Louise Marshall (GMC: 6115383)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Acute Admission/Assessment

Examinations and Investigations

Murmur present:	Not Recorded -
Is a 12 lead ECG:	Not done -
Recent CXR:	Not done -
FBC:	Not Recorded -
Urea and Electrolytes:	Not Recorded -
LFT:	Not Recorded -
TFT:	Not Recorded -
Lipid Profile:	Not Recorded -
Glucose:	Not Recorded -

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
105	76				03-Sep-2024
105	76				03-Sep-2024
126	70				26-Oct-2023
124	73				27-Jan-2022
112	75				30-Dec-2019
		153.3	37	15.74	03-Sep-2024
			38		31-Jan-2024
		154.8	38	15.86	26-Oct-2023
		153.5	38.5	16.34	11-Jul-2022
			40	15.82	11-Feb-2022

Reason for referral

Care type requested: Direct Referral

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Diverticulosis	??	-	??	-	??	-	??	07-Jun-2023	
Colonic polyp	??	-	??	-	??	Benign	??	07-Jun-2023	
Osteoporosis	??	-	??	-	??	partial collapse of T12	??	28-Dec-2022	
Obsessive-compulsive disorders	??	-	??	-	??	-	??	02-Dec-2022	
Osteoporosis	??	-	??	-	??	-	??	21-Nov-2022	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2022	
Emphysema	??	-	??	-	??	-	??	11-Feb-2022	
[X]Deficiency of other vitamins	??	-	??	-	??	Vitamin D	??	03-Feb-2022	
Fibromyalgia	??	-	??	-	??	-	??	04-May-2021	
Restless legs syndrome	??	-	??	-	??	-	??	04-May-2021	
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	
Acute pyelitis	??	-	??	-	??	-	??	17-Jul-2000	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	23-Jun-1998	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	15-Aug-1994	
Spontaneous vaginal delivery	??	-	??	-	??	male	??	28-Oct-1985	
Generalised nonconvulsive epilepsy	??	-	??	-	??	-	??	21-Feb-1984	
Neonatal death	??	-	??	-	??	26/40	??	01-May-1983	
[X]Self-mutilation	??	-	??	-	??	-	??	14-Apr-1975	
Aggressive behaviour	??	-	??	-	??	-	??	29-Aug-1974	
Behavioural problem	??	-	??	-	??	-	??	29-Aug-1974	
[D]Convulsion NOS	??	-	??	-	??	-	??	26-Jul-1974	
Grand mal seizure	??	-	??	-	??	-	??	07-Jul-1966	

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Past Procedures (High priority)

Description	?? Laterality	?? Extension	?? Date Recorded
Diagnostic colonoscopy	?? -	?? -	?? 07-Jun-2023
Upper Gastrointestinal endoscopy	?? -	?? -	?? 06-Apr-2021
Gastroscopy normal	?? -	?? -	?? 12-Mar-2021
Appendicectomy NEC	?? -	?? -	?? 18-Jan-2016
Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Mirtazapine Tablets 30 mg	?? 0403010AAAAAAAA	?? 56 TABLET	?? ONE TABLET TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	?? -	?? 240 dose	?? TWO INHALATIONS TWICE A DAY VIA SPACER - RINSE MOUTH. RETURN USED INHALERS TO PHARMACY	?? -	?? -	?? -
Esomeprazole Gastro-resistant Capsules 20 mg	?? -	?? 112 capsule	?? ONE TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Adcal-D3 Caplets 750 mg + 5 micrograms (200 units)	?? -	?? 224 TABLET	?? TWO TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Amitriptyline Hydrochloride Tablets 10 mg	?? 0403010B0AAAGAG	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Prochlorperazine Maleate Tablets 5 mg	?? 0406000T0AAAGAG	?? 84 TABLET	?? ONE TABLET TO BE TAKEN THREE TIMES DAILY PRN	?? -	?? -	?? -
Senna Tablets 7.5 mg	?? 0106020M0AAACAC	?? 60 TABLET	?? ONE OR TWO TABLETS TO BE TAKEN AT NIGHT TO TREAT CONSTIPATION	?? -	?? -	?? -
Nacsys Effervescent tablets 600 mg	?? -	?? 60 TABLET	?? ONE TABLET ONCE DAILY	?? -	?? -	?? -
Co-Codamol 30/500 Tablets	?? 0407010F0AAAHAH	?? 100 TABLET	?? ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	?? -	?? -	?? -
Lamotrigine Tablets 100 mg	?? 0408010H0AAAAAA	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 2 INHALER	?? TWO PUFFS WHEN REQUIRED	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Co-Amoxiclav 500/125 Tablets	?? 0501013K0AAAJAJ	?? 21 tablet	?? ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS	?? -	?? - ?? 42?Days
Prednisolone Tablets 5 mg	?? 0603020T0AAACAC	?? 30 tablet	?? SIX TO BE TAKEN EACH MORNING FOR 5 DAYS	?? -	?? - ?? 42?Days
Easychamber Spacer device	?? -	?? 1 DEVICE	?? USE AS DIRECTED	?? -	?? - ?? 42?Days

Clinical warnings

Description	Comment	Date Recorded
Light smoker - 1-9 cigs/day	prev 20cpd	19-Jul-2019

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	20-Aug-2020
Alcohol consumption, 0 units/week	-	30-May-2017

Exercise status: Not Known

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

Additional relevant information

?

Signature of referring doctor (or other professional) **Date** 04-Nov-2024

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Registration Details - Patient No: 9724

Personal details...		Address details...	
Date of birth	07/07/1966	Post Code	FK4 1NH
Sex	F	House Name Flat No	
Surname	Black	No and Street	36 Spence Street
Previous Surname	Stitt	Village	
Forenames	Grace	Town	Bonnybridge
Calling Name	Grace	County	Stirlingshire
Title	Ms		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	Home Tel No	none
Registered GP	Dr Louise Marshall	Work Tel No	
Usual GP	Dr Louise Marshall	Mobile Tel No	07887872153
Residential Inst		E Mail Address	wee_grace1@live.co.uk
Branch Surgery		Contact	
CHI Number	0707663040	Contact Relationship	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	30/05/2017		

AMS\MCR Details		Imported user defined fields	
AMS Consent	Yes	GPASS Patient ID	
Pharmacy Details		NHS Number	
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
03/10/2023	Chr dis monitor - 1st recall	Mrs McLeish	9OE1
07/06/2023	Colonic polyp Benign	Ms Johnstone	J578
07/06/2023	Diverticulosis	Ms Johnstone	J510
07/06/2023	Diagnostic colonoscopy	Ms Johnstone	771J-1
28/12/2022	Osteoporosis partial collapse of T12	Mrs Conn	N330
02/12/2022	Obsessive-compulsive disorders	Ms Aitchison	E203
01/06/2022	Anxiety states	Dr Norve	E200
11/02/2022	Emphysema	Ms Aitchison	H32
03/02/2022	[X]Deficiency of other vitamins Vitamin D	Dr McCalister	Cyu64
04/05/2021	Restless legs syndrome	Ms Salvage	E13z2
04/05/2021	Fibromyalgia	Ms Salvage	N248

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06/04/2021	Upper Gastrointestinal endoscopy Normal	Ms Johnstone	761Fz-2
12/03/2021	Gastroscopy normal	Ms Salvage	36140
11/11/2020	COVID-19 excluded by laboratory test	Ms McMurdo	^ESCT1300245
05/10/2017	Grand mal seizure	Dr McRae	F2516
23/04/2013	Chronic obstructive pulmonary disease	Mrs Miller	H3
22/03/2013	Migraine	Mrs Miller	F26
11/03/2013	Adverse reaction to Sanomigran	Mrs Miller	EMISDRGA
12/01/2004	Abdominal hysterectomy and bilateral salpingoophorectomy	Mrs Miller	7E045

Past Problems		Authorised By	Code
21/11/2022	Osteoporosis	Dr McCallister	N330
04/11/2020	COVID-19 excluded by laboratory test	Mrs Ross	^ESCT1300245
03/04/2020	Potential infectious contact High risk category for developing complications from Covid-19 infection; COVID19 Shielding retired 31/05/2022	INTERNAL	9d44
18/01/2016	Appendicectomy NEC	INTERNAL USER	7701z-1
28/05/2015	Magnetic resonance imaging of brain normal	Mrs Miller	569F
04/08/2014	Cervical smear: negative 3 year recall due 04.08.17	Mrs Miller	4K22
16/09/2011	Cellulitis NOS	Mrs Miller	M03z0
01/06/2011	Anxiety states	Mrs Miller	E200
13/07/2010	Diverticulosis	Mrs Miller	J510
16/02/2010	Closed fracture pubis left	Mrs Miller	S132
17/07/2006	Fibroadenosis of breast (Right)	Mrs Miller	K302
29/08/2005	Diverticulosis	Mrs Miller	J510
10/12/2004	Depressive disorder NEC	Mrs Miller	E2B
18/03/2002	Termination of pregnancy NEC	Mrs Miller	7E086
11/10/2000	Menorrhagia	Mrs Miller	K5920
17/07/2000	Acute pyelitis	Mrs Miller	K1012
23/06/1998	Spontaneous vaginal delivery	Mrs Miller	L20-1
15/08/1994	Spontaneous vaginal delivery	Mrs Miller	L20-1
28/10/1985	Spontaneous vaginal delivery male	Mrs Miller	L20-1
21/02/1984	Generalised nonconvulsive epilepsy	Mrs Miller	F250
01/05/1983	Neonatal death 28/40	Mrs Miller	Q4z-2
31/10/1976	TB - tuberculosis contact	Mrs Miller	65P2-1
14/04/1975	[X]Self mutilation	Mrs Miller	U2E
29/08/1974	Behavioural problem	Mrs Miller	1B1X
29/08/1974	Aggressive behaviour	Mrs Miller	1P5
26/07/1974	[D]Convulsion NOS	Mrs Miller	R003z
21/09/1972	Other diagnostic lumbar puncture normal	Mrs Miller	70473
30/12/1968	Bronchopneumonia	Mrs Miller	EMISNQBR25
07/07/1966	Grand mal seizure	Mrs Miller	F2516

Due Diary Entries		Authorised By	Code
31/12/2099	Key information summary, special note expiry date	Sister Sword	EMISNQKE5
07/07/2025	Chronic disease monitoring	Ms Hamil	66...
07/07/2025	Medication review	Dr Marshall	8B314
01/02/2025	Emphysema interim	Ms Hamil	H32..

Overdue Diary Entries		Authorised By	Code
15/01/2022	Key information summary review date OVERDUE	Sister Sword	EMISNQKE7
30/01/2021	No response to bowel cancer screening programme invitation OVERDUE Bowel Cancer Screening Exclusion	Ms McMurdo	9Oh2
23/11/2019	Seasonal influenza vaccination OVERDUE	Mrs Ross	65ED

Alerts		Authorised By	Code
08/02/2019	Advance directive signed January 2019	Ms Johnstone	9X2-2

Drug Allergies		Authorised By	Code
11/03/2013	Adverse reaction to Sanomigran	Mrs Miller	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status

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18/05/2018	Cervical smear result Cervical smear: negative
03/09/2024	Height 153.3 cm
03/09/2024	Weight 37 Kg
03/09/2024	Body Mass Index 15.74 kg/m2
03/09/2024	Blood pressure reading 105/76 mm Hg
30/12/2019	Blood pressure reading O/E - BP reading
12/09/2024	Smoking Status Current smoker

Consultations

04/11/2024	Dr Louise Marshall at F2F
History	Covid first positive 10 days ago. Feeling better from that point of view. Didn't need hospital etc though was unwell. Now testing negative. Still coughing and SOB but known COPD and had expected exacerbation of same. However over last night she started having episodes of haemoptysis. Has now had 6/7 episodes over course of today - all about a teaspoon with some clots not insignificant amounts. Not more SOB today than was last week but is more than her usual. No hx DVT/PE but obviously recent covid increases that risk. No leg pain or swelling, no chest pain. OE temp 36.7 pulse 106 reg. Sats 92%! (she says her normal about 95%) No resp distress. Speaking normal sentences. Chest clear bilaterally otherwise. ?all mechanical from coughing but has only just occurred and given increased risk of VTE due to recent covid and reduced sats, increased pulse then I think PE needs excluded given significant haemoptysis. Wells score is 5.5 (or if PE not equally likely diagnosis still 2.5 so at least moderate risk) I spoke to medical team - no capacity at RACU so they will kindly see at CAU. She will get taken straight there.

01/10/2024	Ms Kirstean Hamill at Phone Encounter
Problem (REVIEW)	**Emphysema**
Comment	Called pt today and se is feeling much better. She states that she finds the Trixeo very easy to take and that she thinks that she is using her salbutemol a little less that she was before her last exacerbation. She only really needs to use her salbutemol before she does something that she knows will make her breathless. She has not yet started smoking cessation, but she has organised for her daughter to take her down to the chemist in 2/7 and hopes to start on patches. For fu in 4/12.
Follow up	Emphysema (01/02/2025) Interim

12/09/2024 09:28	DR Lynsay Crawford at Bonnybridge Health Centre
Problem (REVIEW)	**Anxiety states**
History	feels better on mirtazapine 30mg. helped anxiety and OCD and weight stable. does admit to odd eating and at level of eating disorder.
Medication	Co-Amoxiclav 500/125 Tablets *21 tablet ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS* Prednisolone Tablets 5 mg *30 tablet SIX TO BE TAKEN EACH MORNING FOR 5 DAYS* Mirtazapine Tablets 30 mg *56 TABLET ONE TABLET TO BE TAKEN AT NIGHT*

Problem (REVIEW)	Emphysema
History	Current smoker 2 x courses of antibiotics for infection (amox and doxyx), still coughing - milky spit, more soboe, had haemoptysis months ago which cleared with amox and CXR then was all clear. no furtehr haemoptysis, no chets pain. is still smoking - 2/day - receth sputum - no infection Smoking cessation advice will go to pharmacy for NRT patches. I suspect an element of her worsening soboe is her COPD getting worse due to smoking
Examination	thin, chatty, did cough. Po2=95% her usual - gets worse during infections. chest - generally reduced AE all over with nil focal

11/09/2024	PN Andrea Davidson at Data Entry
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Comment	See entry 3/9/24 - Rx were never issued. Has f/u 1/10/24
Medication	Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose *240 dose TWO INHALATIONS TWICE A DAY VIA SPACER* -

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RINSE MOUTH. RETURN USED INHALERS TO PHARMACY
Salbutamol Cfc-free inhaler 100 micrograms/puff *2 INHALER TWO PUFFS WHEN REQUIRED*

Problem (REVIEW) **Emphysema**

10/09/2024 PN Andrea Davidson at Data Entry
Problem (REVIEW) **Emphysema**
Comment sputum sample negative.

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
12/09/2024	**Mirtazapine Tablets 30 mg** ONE TABLET TO BE TAKEN AT NIGHT 56 TABLET	12/09/2024P	DR Lynsay Crawford	REPEAT
11/09/2024	**Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose** TWO INHALATIONS TWICE A DAY VIA SPACER - RINSE MOUTH. RETURN USED INHALERS TO PHARMACY 240 dose	11/09/2024P	PN Andrea Davidson	REPEAT
16/06/2023	**Esomeprazole Gastro-resistant Capsules 20 mg** ONE TO BE TAKEN TWICE A DAY 112 capsule	10/09/2024P	Dr Louise Marshall	REPEAT
10/01/2023	**Teriparatide Solution for Injection 20 micrograms/dose, 2.4 ml cartridge** HOSPITAL ONLY 1 cartridge	10/01/2023O	Dr Louise Marshall	REPEAT
21/11/2022	**Adcal-D3 Caplets 750 mg + 5 micrograms (200 units)** TWO TO BE TAKEN TWICE A DAY 224 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
28/07/2022	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 56 tablet	07/10/2024P	Dr Louise Marshall	REPEAT
29/04/2022	**Prochlorperazine Maleate Tablets 5 mg** ONE TABLET TO BE TAKEN THREE TIMES DAILY PRN 84 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
11/02/2022	**Sonna Tablets 7.5 mg** ONE OR TWO TABLETS TO BE TAKEN AT NIGHT TO TREAT CONSTIPATION 60 TABLET	14/08/2024P	Dr Louise Marshall	REPEAT
22/11/2021	**Nacsys Effervescent tablets 600 mg** ONE TABLET ONCE DAILY 60 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
23/11/2020	**Co-Codamol 30/500 Tablets** ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY 100 TABLET	28/10/2024P	Dr Louise Marshall	REPEAT
02/06/2020	**Lamotrigine Tablets 100 mg** ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD) 112 tablet	07/10/2024P	Dr Louise Marshall	REPEAT
15/04/2019	**Ropinirole Hydrochloride Tablets 500 micrograms** ONE TO BE TAKEN AT NIGHT 56 tablet	10/09/2024P	Dr Louise Marshall	REPEAT
31/12/2018	**Lamotrigine Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD) 112 TABLET	10/09/2024P	Dr Louise Marshall	REPEAT
11/01/2018	**Rizatriptan Benzoate Tablets 10 mg** Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours 6 tablet	28/10/2024P	Dr Louise Marshall	REPEAT
20/10/2017	**Salbutamol Cfc-free inhaler 100 micrograms/puff** TWO PUFFS WHEN REQUIRED 2 INHALER	11/09/2024P	PN Andrea Davidson	REPEAT

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Department of General Surgery
Consultant: Mr Joseph Crozier
Tel: 01324 566944

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	12/07/2023
Date Typed:	13/07/2023
Our Ref:	JC/PD
CHI:	0707663040

Dear Ms Black

I now have the results back from the CT scan of the bowel. This shows no evidence of any abnormalities throughout the rest of the bowel. As you know you had a couple of polyps removed which are benign adenomas. As such we do not need to see you back again for further colonoscopies.

On your CT of your bowel there was some diverticular disease. You just need to increase the amount of fruit and fibre in your diet for this and there is not any other particular medication you need.

Also on your CT scan there was a couple of small kidney stones on the left hand side. These are 2mm in size and are very very unlikely to cause you a problem therefore you do not need any intervention for these.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Mr Joseph Crozier
Consultant Colorectal and General Surgeon

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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@nhsforthvalley @nhsforthvalley

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Department of General Surgery
Consultant: Mr Joseph Crozier
Tel: 01324 566944

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated: 29/06/2023
Date Typed: 29/06/2023
Our Ref: JC/PD
CHI: 0707663040

Dear Ms Black

Further to your recent colonoscopy as part of the bowel screening programme, I now have the results back. The polyps I removed are benign adenomas. I will be in touch when I have the results of your CT scan.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Mr Joseph Crozier
Consultant Colorectal and General Surgeon

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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NHS FORTH VALLEY
Pre Assessment for Colonoscopy

Grace Black 36 Spence Street Bonnybridge FK4 1NH	CHI Number	0707663040
	Date of Birth	07-07-1966
	CRN	
	Date of consultation telephone call / interview	08/05/2023
	Date of 2nd Pre-assessment appt (if required)	
	Patient fit for colonoscopy	yes
	Patient willing to have colonoscopy	yes
Telephone No. 07887 872153	Date & Time of colonoscopy	07/06/2023 1430

Additional Comments

Check Date of Birth and Address AND ENSURE ADDRESSOGRAPHS ARE CORRECT	**Y / N**
Do you require an interpreter? (If so, use language-line services or face-to-face interview & British Sign Language service.)	n

Give explanation of positive FOB test result and rational for colonoscopy and ask:

Have you read the colonoscopy information leaflet?	y
Do you have any questions?	n
Do you have a responsible adult to collect you and stay with you for the first 24 hours?	y

Give an overview of:

Colonoscopy procedure	y
Risks and complications	y
Sedation	y
Haemorrhage	y
Perforation	y
Consent process	y
The prep	y

Do you have or have ever had any of the following	Y / N	Comments
CARDIOVASCULAR		
MI	n	
CVA/TIA	n	
Valvular heart disease	n	
Heart Valve replacement	n	
Atrial Fibrillation/SVT	n	
Internal Defibrillator /Pacemaker	n	
Hypertension/High Blood Pressure	n	
Chest pain or Angina	n	
RESPIRATORY	**Y / N**	
Asthma	n	
COPD/Bronchitis/Emphysema	y	sats normal for patient at 95%
Sleep apnoea	n	
HAEMATOLOGY	**Y / N**	
Anaemia	n	Date: Hb:

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Blood disorders	n	Platelets:
GENITO-URINARY see BSG guideline if <59 Moviprep	**Y / N**	Date: 28/12/22 eGFR: >59
Renal impairment	n	Crcal:
Haemodialysis/Peritoneal dialysis/Renal transplant	n	Discuss with Nephrologist
OTHER RELEVANT CONDITIONS	**Y / N**	
Epilepsy	y	last fit approx 3/12, usually when asleep
Blackout/collapse/fainting/dizzy spells	n	
Glaucoma or other eye problems (Wait at least 6 weeks after cataract surgery if asymptomatic. If symptomatic check with Consultant.	n	
Arthritis	y	Osteoporosis
Diabetes	n	
Addisons Disease/Primary Adrenal Insufficiency/Pituitary Insufficiency of ACTH	n	Double usual dose of Hydrocortisone for 3days – see Guideline
ANTICOAGULANT THERAPY – see BSG guideline	**Y/N**	If unsure, do **not** stop prior to procedure
Do you take Warfarin/Heparin Clopidogrel (Plavix) /Aspirin/Rivaroxaban/Prasugrel.	n	
BOWEL DISEASE	**Y / N**	
Previous UGIE problems	y	OGD – for weight loss 2022 NAD
Known Bowel Diseases	y	diverticulitis

Previous colonic surgery? (Was it to remove the entire colon and rectum, - if so, no colonoscopy required. Was it a subtotal colectomy, - if so, Flexible Sigmoidoscopy is required.)
no

Previous colonoscopies? Yes aged 25 can't remember reason

OTHER RELEVANT INFO	**Y/N**	
Previous abdominal or pelvic surgery	y	hysterectomy, appendicectomy
Are you having other cancer treatments?	n	
Problems with previous anaesthetic or sedation	n	
Do you have any other serious illness?	n	
Do you have any allergies/sensitivies?	n	

Are you taking any other medication, prescription or otherwise at present (steroids)? Inc Herbal remedies
Please list
Adcal D3 Lamotrigine 250mg Prochlorperazine 5mg Salbutamol inhaler
Teriparatide injection
Amitriptyline 10mg Mirtazipine 15mg Rizatriptan 10mg Senna 7.5mg
Co-Codaniol 30/500mg Nacsys) Ropinirole 500mcg Trimbow inhaler

Have you ever been notified that you are at risk of CJD or vCJD for public health purposes?	n	
Do you have any mobility issues?	n	
What is your weight:	5 stone 7lb	Height: 5ft 1 in
Do you smoke?	1 per day	Weekly alcohol units: no
Any physical or mental disabilities?	y	depression + anxiety
Do you have any particular religious or cultural	n	

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needs?		
BLOOD: no **CHANGE IN BOWEL HABIT: constipation due to medications** **WEIGHT LOSS: yes - lost 1 stone in 2 months, seen dietician for this and on supplementation**		**ANAEMIA: no** **ABD PAIN/BLOATING: no** **FAMILY HISTORY:paternal uncle and grandmother bowel CA**
Not referred for colonoscopy	n	
Patient needs further outpatient assessment – referred to PPC staff for appointment	n	
Declined colonoscopy	n	GP informed
Needs in-patient colonoscopy	n	Arrangements

BOWEL PREP PRESCRIBED:

Electronically checked by: **Rebecca Farish** Date: 08/05/2023

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2nd Pre-assessment

Blood Results:

Date:
eGFR:
Creat:

1. **CKD 3** i.e.eGFR> 30 Complete pre-assessment and prescribe bowel prep preferably Moviprep. Advise patient to drink at least 1 more litres of fluids over the 24hr period (over and above the Bowel prep).

2. **CKD 4** i.e. eGFR <30 due to risks of volume depletion. Most of the CKD4 patients could still be managed as outpatients if they are fit enough and are advised to take enough fluids. Withhold diuretics the days before bowel prep. Consider withholding ace inhibitors and ARBs and NSAIDS. They should get bloods checked and be assessed 48h after procedure by day medicine or GP.*

3. **CKD 5** If eGFR <15 admit for fluids. Admit as there is a risk of precipitating need for dialysis if they become volume deplete. Withhold diuretics day before bowel prep. Consider withholding ace inhibitors and ARBs and NSAIDS. They should get bloods checked and be assessed 48h after procedure.*

Follow-up Options:

			Y / N
CKD 3 & 4	Phone patient and reassure that they can attend for colonoscopy send out bowel prep/appointment with advice from protocol above.	Date & Time:	
CKD 5	Patient requires to be seen in clinic by a consultant at OPD	Create SBAR and notes to PPC for appt at clinic	
Any other concerns	Patient management requires input from other consultant colleagues. If this is the case it will be requested within 3 days.		

Name of Pre-assessor: **Rebecca Farish**

Electronically checked by: **Rebecca Farish** Date: 08/05/2023

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Date Referral Created	24-Apr-2023
Date Referral Submitted	25-Apr-2023

REFERRAL TO

Scottish Bowel Screening Programme Local Coordinator	? **Consultant / receiving practitioner** and/or **specialty clinic**
Falkirk and District Royal Inf Majors Loan Falkirk FK1 5QE	? **Hospital** and **hospital address** Hospital unit no.: V001G Email address: -

Urgency of referral **Urgent - Suspected Cancer??** ?High Risk of Bowel Cancer

UCPN	134000169368B

PATIENT DETAILS

Surname	BLACK
Forename(s)	GRACE
Title	-
Sex	Female
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 SPENCE STREET
BONNYBRIDGE
STIRLINGSHIRE
FK4 1NH

Contact number(s): -

REGISTERED GP DETAILS

Name	LOUISE MARSHALL
GP code	V5893
Practice name	THE ANTONINE MED PRACTICE
Practice code	V25192

Practice address

HEALTH CENTRE
LARBERT ROAD
BONNYBRIDGE
FK4 1ED

Contact number(s): Voice: 01324 812315

REFERRING HCP DETAILS

Organisation Name	Organisation address	Contact No.
Scottish Bowel Screening Programme	Scottish Bowel Screening Centre Kings Cross Clepington Road Dundee DD3 8AE	01382 425677

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CLINICAL INFORMATION

POSITIVE BOWEL SCREENING TEST RESULT

Requires urgent assessment for a screening colonoscopy

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Department of Respiratory Medicine
Respiratory Nursing Department
Tel: 01324 566618

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr Le Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date 9/3/2023

Dictated

Date Typed: 9/3/2023
Our Ref: AS/AK
CHI: 0707663040

Dear Dr Le Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

The current 6-week block of the Pulmonary Rehabilitation Virtual programme at has now come to an end; the above patient attended, results as follows:

1. Global Quality of Life
   - Pre rehabilitation 55
   - Post rehabilitation 50

2. Hospital Anxiety & Depression Scores
   - Pre rehabilitation – Anxiety **no score**
   - Post rehabilitation – Anxiety **17 * (a concern)**
   - Pre rehabilitation - Depression **no score**
   - Post rehabilitation – Depression **10**

3. CAT score
   - Pre rehabilitation **no score**
   - Post rehabilitation **35**

4. Exercise Tolerance
   - Sit to stand for 1 minute on 1st week **16**
   - Sit to stand for 1 minute after 6 weeks **20**

Chair: Janie McCusker
Chief Executive: Cathie Cowan

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5. Issued with a Youtube link/Home Exercise Programme and this will enable them to continue exercising at home.

Comments for Information

Enjoyed the classes, feels she has more energy.
Plans to go to New York next year.
Ongoing support from the Stop Smoking service, hopes to stop soon.

Yours sincerely

Dictated and electronically checked by:

Amanda Smillie
Respiratory Nurse Specialist

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NHS Forth Valley
Fracture Liaison Service

Hut 8
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE

NHS Forth Valley

PRIVATE & CONFIDENTIAL

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	30/1/2023
Date Typed:	30/1/2023
Our Ref:	CAS/LP
CHI:	0707663040
Website:	https://nhsforthvalley.com/health-services/az-of-services/fracture-liaison-service/
Email:	fv.fractureliaisonservicefv@nhs.scot
Telephone:	01324 616139

Dear Ms Black

I have now reviewed the blood tests and coeliac screen which you attended for following your appointment in the Osteoporosis clinic. I am pleased to inform you that these have returned normal, other than a low vitamin D which you are aware of and we have commenced you on a loading dose of vitamin D to correct this.

Yours sincerely

Dictated and electronically checked by:

Carol Ann Simpson
Osteoporosis Specialist Nurse

CC:
Dr Le Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Encls:

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NHS Forth Valley
Fracture Liaison Service

Hut 8
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE

PRIVATE & CONFIDENTIAL
Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	9/1/2023
Date Typed:	9/1/2023
Our Ref:	CAS/LP
CHI:	0707663040
Website:	https://nhsforthvalley.com/health-services/az-of-services/fracture-liaison-service/
Email:	fv.fractureliaisonservicefv@nhs.scot
Telephone:	01324 616139

Dear Ms Black

It was lovely to see you in clinic to discuss your bone health.

The medication that has been recommended and discussed with you is Teriparatide and I have enclosed some information for you to look at. You will take this for the next 2 years as a daily injection and the injections will be delivered directly to your home by the Homecare company Lloyds. Initially this will be delivered monthly for the first 3 months and then if you are getting on well with the injections, they will deliver these every 3 months.

The injections must be kept in the fridge and should be taken out around 10 minutes before you administer the injection to allow it to reach room temperature. Following your first delivery, a nurse from the Homecare company will come out to show you how to administer these injections..

You will receive an appointment around 1 month before your 2 years course is due to finish for a follow-up with myself to discuss further ongoing management for your bone health. If in the meantime you have any further questions or think you may be experiencing side effects to the treatment, please do not hesitate to contact me on the above number.

Yours sincerely

Dictated and electronically checked by:

Carol Ann Simpson
Osteoporosis Specialist Nurse

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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CC:
Dr Le Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Encls:

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Jubilee report GB 0707663040

Karen Shanks (NHS Forth Valley)
To:
- Caroline Brown 2 (NHS Forth Valley);
- Amy Scott (NHS Forth Valley)

Cc: Carol Ann Simpson (NHS Forth Valley) Wed 28/12/2022 11:35

Hi

Its a definite grade 2 of T12 and no further imaging is required.

Karen

Karen Shanks
Fracture Liaison Practitioner
Hut 8
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5QE
01324 616139

Caroline Brown 2 (NHS Forth Valley)

To:
- Karen Shanks (NHS Forth Valley);
- Amy Scott (NHS Forth Valley)

Cc: Carol Ann Simpson (NHS Forth Valley Wed 28/12/2022 11:23

Hi both,

Patient coming in today with another super helpful Jubilee scan. Formal x-rays of the spine were advised. Would you be able to have a look at the images? Scan 'report' says low res show partial collapse of T12.

Help massively appreciated!
Caroline

Caroline Brown
Pharmacist
Osteoporosis Team
NHS Forth Valley
Working days Tuesday, Wednesday, Thursday (9-5)
Current contact number: 07545281359

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NHS Forth Valley

Department of Nutrition and Dietetics
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Direct dial: 01786 434046 (24 hour Answerphone)
Date: 06/12/2022
Our Ref: HB/CG
CHI: 0707663040

Please confirm attendance at this appointment by telephoning 01786 434046 a.s.a.p.

Dear Ms Black

The Dietitian has arranged a telephone appointment for you as follows:-

Date: Thursday 26th January 2023
Time: 14:30 p.m.

We will phone you on this number: 07887 872153

If this appointment does not suit you or you no longer wish to speak to a Dietitian, please call us on:

Tel: 01786 434046 (24 hour answer phone available)

If you miss this telephone appointment and then do not contact us within one month, you may be discharged from the service.

Please note if you are prescribed Nutritional Supplements by your GP, these will be stopped unless you are being reviewed by a Dietitian.

Checking your weight

It would be useful if you could check your weight before your telephone appointment but do not worry if you do not have scales or feel it is not safe for you to do this.

We look forward to speaking with you.

Yours sincerely

Honor Blackwood
Community Dietitian

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW
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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Date Referral Submitted
(This date is fixed at hospital end):
25-Nov-2022

0707663040 CHI No: 0707663040 *1010280513910*

Unique Care Pathway Number: 1010280513910

REFERRAL TO

Carol AnnSimpson (Specialist Nurse)
RheumatologyAR
FV Osteoporosis Clinic

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

Forth Valley Royal Hospital
FVRH
Stirling Road
Larbert
FK5 4SE

Hospital and **hospital address**

Hospital location code.
V214H

Urgency of Referral **Routine Osteoporosis Clinic Referral - with attachments??**

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Phone Consultation
Patient has special requirements:No
Ethnic Origin: (White) British

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: none
Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Bridget McCallister (GMC: 3264799)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Osteoporosis Clinic

Examinations and Investigations

History of presenting complaints: Dear Doctor,

Thank you for seeing this lady who has had a DEXA scan at the Golden Jubilee Hospital on 11th August which I attach.

As you can see she has osteoporosis. She is a very thin lady who is under the dieticians to try to help her put on weight. She has COPD. Her FRAX score 24. She is on a Trimbo inhaler and has occasional courses of Prednisolone for exacerbation of her COPD.

I have given her the contact details for information on osteoporosis and commenced her on Adcal. In veiw of her new diagnosis I am grateful for you reviewing her and deciding what additional bone protection she requires.

Thank you for your help with this.

Yours sincerely
Dr Bridget McCallster

FBC: Not Recorded

Urea and Electrolytes: Not Recorded

LFT: Not Recorded

TFT: Not Recorded

Vitamin D: Not Recorded

TTG: Not Recorded

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
124	73				27-Jan-2022
112	75				30-Dec-2019
114	67				19-Jun-2019
116	79				24-Oct-2017
		153.5	38.5	16.34	11-Jul-2022
			40	15.82	11-Feb-2022
			38	15.03	27-Jan-2022
			40		22-Nov-2021
			38		23-Feb-2021

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Osteoporosis	??	-	??	-	??	-	??	21-Nov-2022	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2022	
Emphysema	??	-	??	-	??	-	??	11-Feb-2022	
[X]Deficiency of other vitamins	??	-	??	-	??	Vitamin D	??	03-Feb-2022	
Fibromyalgia	??	-	??	-	??	-	??	04-May-2021	
Restless legs syndrome	??	-	??	-	??	-	??	04-May-2021	
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	
Acute pyelitis	??	-	??	-	??	-	??	17-Jul-2000	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	23-Jun-1998	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	15-Aug-1994	
Spontaneous vaginal delivery	??	-	??	-	??	male	??	28-Oct-1985	
Generalised nonconvulsive epilepsy	??	-	??	-	??	-	??	21-Feb-1984	
Neonatal death	??	-	??	-	??	26/40	??	01-May-1983	
[X]Self mutilation	??	-	??	-	??	-	??	14-Apr-1975	
Aggressive behaviour	??	-	??	-	??	-	??	29-Aug-1974	

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Behavioural problem	?? -	?? -	?? -	?? 29-Aug-1974
[D]Convulsion NOS	?? -	?? -	?? -	?? 26-Jul-1974
Grand mal seizure	?? -	?? -	?? -	?? 07-Jul-1966

Past Procedures (High priority)

Description	?? Laterality	?? Extension	?? Date Recorded
Upper Gastrointestinal endoscopy	?? -	?? -	?? 06-Apr-2021
Gastroscopy normal	?? -	?? -	?? 12-Mar-2021
Appendicectomy NEC	?? -	?? -	?? 18-Jan-2016
Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Adcal-D3 Caplets 750 mg + 5 micrograms (200 units)	?? -	?? 224 TABLET	?? TWO TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Amitriptyline Hydrochloride Tablets 10 mg	?? 0403010B0AAAGAG	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Mirtazapine Tablets 15 mg	?? -	?? 28 tablet	?? ONE TABLET TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Prochlorperazine Maleate Tablets 5 mg	?? 0406000T0AAAGAG	?? 84 TABLET	?? ONE TABLET TO BE TAKEN THREE TIMES DAILY PRN	?? -	?? -	?? -
Senna Tablets 7.5 mg	?? 0106020M0AAACAC	?? 60 TABLET	?? ONE OR TWO TABLETS TO BE TAKEN AT NIGHT TO TREAT CONSTIPATION	?? -	?? -	?? -
Nacsys Effervescent tablets 600 mg	?? -	?? 60 TABLET	?? ONE TABLET ONCE DAILY	?? -	?? -	?? -
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	?? -	?? 2 DOSE	?? TWO PUFFS TO BE INHALED TWICE A DAY	?? -	?? -	?? -
Co-Codamol 30/500 Tablets	?? 0407010F0AAAHAH	?? 100 TABLET	?? ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	?? -	?? -	?? -
Lamotrigine Tablets 100 mg	?? 0408010H0AAAAAA	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 2 INHALER	?? TWO PUFFS WHEN REQUIRED	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??
Esomeprazole Gastro-resistant Capsules 20 mg	?? -	?? 56 CAPSULE	?? ONE TO BE TAKEN DAILY	?? -	?? - ?? 42?Days

Clinical warnings

Smoking status: Number per day: ? (not known)

Description	Comment	Date Recorded
Current smoker	-	11-Jul-2022
Cigarette smoker, 5 Cigarettes/day	-	11-Feb-2022
Cigarette pack-years, 35 year	-	17-Jan-2022
Cigarette smoker, 5 cigarettes/day	-	17-Jan-2022
Current smoker	-	17-Jan-2022

Alcohol status: Units per day: ? (not known)

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	20-Aug-2020
Alcohol consumption, 0 units/week	-	30-May-2017

Exercise status: Not Known

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

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Additional relevant information
?

Signature of referring doctor (or other professional)	Date	25-Nov-2022

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NHS Confidential Personal information enclosed

NHS Golden Jubilee
Clydebank G81 4HX
National Waiting Times Centre Special Health Board

NHS
Golden Jubilee

DEPARTMENT OF RADIOLOGY
Radiology Secretaries
Phone: 0141 951 5264 Fax: 0141 951 5869
(OFFICE HOURS 9.00-5PM MON-FRI)

NAME: Black, Grace **DOB:** 07/07/1966
CHI NUMBER: 0707663040 **Examination Number:** D105003077727
Examination Date: 11/08/2022 **Examination Time:** 11:46
Examination: Bone Densitometry DEXA
Referring Consultant: Mccalister, Dr Bridget
Referring Department / Location: ANTONINE MEDICAL PRACTICE FV

Clinical Reason:

Bone Densitometry DEXA

Radiology Report
Report Date: 11/11/2022
Patient Name: GRACE BLACK
D.O.B: 07/07/1966
NHS No. /Unique Identifier:0707663040
Referring Hospital: GOLDEN JUBILEE NATIONAL HOSPITAL
Referring Consultant: MCCALISTER DR BRIDGET
Examination Date: 11/08/2022

Examination Date:11/08/2022 11:46
Bone densitometry

CLINICAL INDICATION: On steroids for COPD. Low BMI. On vitamin D.

FINDINGS:
Bone densitometry performed with Hologic Horizon A

Golden Jubilee National Hospital
Name:Black, Grace Date of Birth: 07/07/1966
CHI Number:0707663040

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Lumbar spine mean bone density 0.39 g/sq cm: T-score -5.9
All the individual vertebral values fall well below age-matched controls.
Left femoral neck bone density 0.54 g centimetre squared: T-score -2.8
Total left hip bone density 0.56 g/sq cm: T-score -3.2
10 year fracture risk
Major osteoporotic fracture 25%
Hip fracture 14%
Vertebral fracture assessment: Low resolution images show partial collapse of T12 and formal x-rays of this region are advised.
Comment: Marked osteoporosis in the spine and specialist referral is advised.

4ways Reporting Radiologist: Dr.Deborah Cunningham - GMC 1629552 on 11/11/2022 18:05

If the referring clinician has any queries regarding this report, please contact Helpline: 0844 736 0306.

Verified by:
Andreea Mahu

Reported Created: 12/11/2022 13:36:34

Golden Jubilee National Hospital
Name:Black, Grace Date of Birth: 07/07/1966
CHI Number:0707663040

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Neurology Department
Consultant: Dr Katy Murray
Tel: 01324 566352

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS
Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated: 09/08/2022
Date Typed: 31/08/2022
Our Ref: KM/HD
CHI: 0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Diagnoses:

1. Possible but unconfirmed epilepsy
   1.1 Previous extensive EEG/video telemetry including Quarrier's stay with possible diagnosis of simple partial seizures but by no means definite and attacks less frequent than 2015-2017
2. Day time blank spells of uncertain aetiology and not been possible to see video
3. Anxiety - now seeing psychology
4. Fibromyalgia
5. Weight loss with reassuring investigations - under dietician
6. Emphysema on imaging

Recommendations:

1. No change and continue Lamotrigine 300mg bd
2. Not for regular neurology review but open appointment and I would be happy to see Grace either if attacks became more frequent or if she obtained a video image in which case she will contact us

I reviewed Grace in the clinic on the 9th August 2022. Things are much as a year ago but certainly better than between 2015 and 2017 when her last extensive epilepsy investigations occurred. As before she has episodes during the day when she appears to spaced out for anywhere between seconds to a few minutes but thus far we have not been able to capture any of these in video. We are unsure of the frequency. She also has less frequent episodes at night, probably from sleep which have variously been considered possible frontal lobe seizures or historically generalised tonic clonic seizures may be secondary generalised and she can have a few in a month or none for several months with no particular pattern and again no recent video clip. She is also struggling a bit with anxiety worse of late and has just started seeing psychology. She has lost more weight but has had some reassuring investigations under gastro and is seeing the dietician but admits she struggles to eat large amounts. She did not manage to really comply that well with pain management so is not seeing them currently (has fibromyalgia). She is taking Lamotrigine 300mg bd without side effects.

Looking over her previous neurology letters in 2015 to 2017 she was having around 5 episodes a week from sleep but nothing was ever captured either on 48 hour outpatient EEG, five day video telemetry or a 3 week stay.

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in Quarrier's with telemetry. A video clip around this time was thought to be atypical for epilepsy. However despite this and the negative telemetry a tentative diagnosis of focal epilepsy with simple partial seizures was made from Quarrier's largely based on the history of reported stereotyped episodes and possible childhood seizures although I note these were generalised tonic clonic seizures. I think it is fair to say the diagnosis has never been secure and if a diagnosis could not be made when she was having five episodes a day I think it is highly unlikely we can make a clear diagnosis now and Grace agrees with this. I think antiseizure medication has reduced the frequency although it is hard to know and she has been rather on and off Levetiracetam and Lamotrigine around the time of all the investigations but has been on a stable Lamotrigine dose for a while now.

We have agreed that given things are stable and not Grace's main health problem right now to make no change. I don't think routinely seeing Grace in neurology is going to add a lot but were the events to either to become more frequent and troublesome or she managed to get a video clip then I would be keen to be updated and potentially see her back so I have outcomed her for open review if required. She is happy with the plan. Of note she is a non driver.

Yours sincerely

Dictated and electronically checked by:

Dr Katy Murray
Consultant Neurologist

cc:
Grace Black
36 Spence Street
Bonnybridge
FK4 1NH

cc:
Darren Wilkinson - for information
Epilepsy Nurse Specialist
FVRH

I don't think needs regular review unless she contacts us.

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Gastroenterology Unit
ST6: Dr Rosemary Haddock
Tel: 01324 566827

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
IBD Specialist Nurses: Ann Muir, Gillian Richardson
Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	27/06/2022
Date Typed:	08/07/2022
Our Ref:	RH/VH/RB
CHI:	0707663040

Dear Ms Black

I now have the results of the CT scan that you had carried out. I am pleased to say that there is no evidence of anything sinister or concerning. You do have marked changes of emphysema in the lungs, which may indeed be contributing to weight loss and I see that you had a discussion with the Dieticians about this.

You had normal liver, kidneys, pancreas and spleen and you have diverticular disease of the bowel but no evidence of inflammation or any masses.

We also noted that your ultrasound scan was normal and this is all very reassuring and I hope, with the Dietician input, that you are managing to enjoy your food a bit better.

Kind regards.

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

*** Any results appended to this letter are the responsibility of the secondary care clinicians**

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
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Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	27/06/2022
Date Typed:	08/07/2022
Our Ref:	RH/VH/RB
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

I now have the results of this lady's scan. I am pleased to note, there is no evidence of malignancy. It does show marked emphysema, which indeed will be contributing to her low weight and some uncomplicated diverticulosis.

I note she has seen the Dietetics Team, which should hopefully be helpful for her. I do note that her folate levels were a little bit low in February and I could not see Folic Acid on her prescription, however I think this would be useful to give her.

We have not arranged to see her back, however if you have any questions, please do not hesitate to contact us.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

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NHS Forth Valley

Department of Nutrition and Dietetics
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Direct dial:	01786 434046 (24 hour Answerphone)
Date:	18/07/2022
Our Ref:	LD/CG
CHI:	0707663040

Please confirm attendance at this appointment by telephoning 01786 434046 a.s.a.p.

Dear Ms Black

The Dietitian has arranged a telephone appointment for you as follows:-

Date: Friday 26th August 2022
Time: 14:30 a.m.

We will phone you on this number: 07887 872153

If this appointment does not suit you or you no longer wish to speak to a Dietitian, please call us on:

Tel: 01786 434046 (24 hour answer phone available)

If you miss this telephone appointment and then do not contact us within one month, you may be discharged from the service.

Please note if you are prescribed Nutritional Supplements by your GP, these will be stopped unless you are being reviewed by a Dietitian.

Checking your weight

It would be useful if you could check your weight before your telephone appointment but do not worry if you do not have scales or feel it is not safe for you to do this.

We look forward to speaking with you.

Yours sincerely

Lindsay Davidson
Community Dietitian

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Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
Bonnybridge
FK4 1ED

CHI Barcode: 0707663040

Date of Completion: 01-Jul-2022

GP Practice

GP Name:	LE Marshall	**GP GMC:**	6115383
GP Practice Address:	Antonine Medical Practice Larbert Road Bonnybridge Bonnybridge FK4 1ED	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	6115383/25192 25192/1 01324 812315

Patient Demographics

Patient Name:	BLACK, Grace	**Date Of Birth:**	07-Jul-1966
Patient Address:	36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH	**Gender:** **CHI No:**	Female 0707663040
Telephone No:	07887 872153		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	30-Jun-2022
Admission Care Provider:	Dr Ben Hughes	**Admission Time:**	22:03
Source Of Admission:	NHS24		

Presenting Complaint

back/abdo pain

Diagnosis

Diagnosis	Site	Laterality
ED diagnosis - Left before clinical assessment		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	Patient left before being treated	**Discharge Date:**	01-Jul-2022
Discharge Destination:	Not Known	**Discharge Time:**	00:42
Referred To:			

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Notes for GP

Person completing record

Name:	Dr Beth Harrison	**Specialty:**	
Designation or role:	Consultant	**Date completed:**	01-Jul-2022

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
LE Marshall	GP	Antonine Medical Practice

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Gastroenterology Unit
ST6: Dr Rosemary Haddock
Tel: 01324 566827

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
IBD Specialist Nurses: Ann Muir, Gillian Richardson
Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated: 13/06/2022
Date Typed: 16/06/2022
Our Ref: RH/VH/RB
CHI: 0707663040

Dear Ms Black

I now have the results of the abdominal ultrasound scan you had last month.

I am pleased to say, this was normal, with no evidence of gallstones.

We await the CT scan of your chest, abdomen and pelvis and will be in contact the results of this in due course.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

*** Any results appended to this letter are the responsibility of the secondary care clinicians**

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated:	04/04/2022
Date Typed:	14/04/2022
Our Ref:	RH/SD/RBurnham
CHI:	0707663040

Dear Ms Black

I've had a chance to review your old CT scan of your abdomen with one of our Specialist Gastro-Intestinal Radiologist's. At this point, there was no evidence of any build up of atheroma (fatty plaques) in any of the arteries in the abdomen. I think therefore, given your ongoing weight loss and problems with eating, I will request a repeat CT scan of your chest, abdomen and pelvis to see if we can get more of an idea of what's happening in your abdomen. I've taken the liberty of requesting this and you'll receive a separate appointment through the post for this.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

*** Any results appended to this letter are the responsibility of the secondary care clinicians**

CC:
Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

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Gastroenterology Unit
ST6: Dr Rosemary Haddock
Tel: 01324 566827

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
IBD Specialist Nurses: Ann Muir, Gillian Richardson
Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Dr LE Marshall
Antonine Medical Practice.
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	04/04/2022
Date Typed:	14/04/2022
Our Ref:	RH/SD/RBurnham
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

I've had a chance to discuss this lady's previous scan with one of our GI Radiologists. At this point, there was no significant atherosclerotic disease of her mesenteric arteries. In view of that, I think I will request a repeat CT chest, abdo, pelvis due to her ongoing weight loss.

With kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

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NHS Forth Valley

Department of Nutrition and Dietetics
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Direct dial:	01786 434046 (24 hour Answerphone)
Date:	23/03/2022
Our Ref:	HB/CG
CHI:	0707663040

Please confirm attendance at this appointment by telephoning 01786 434046 a.s.a.p.

Dear Ms Black

The Dietitian has arranged a telephone appointment for you as follows:-

Date: Monday 11th April 2022
Time: 10:30 a.m.

We will phone you on this number: 07887 872153

If this appointment does not suit you or you no longer wish to speak to a Dietitian, please call us on:

Tel: 01786 434046 (24 hour answer phone available)

If you miss this telephone appointment and then do not contact us within one month, you may be discharged from the service.

Please note if you are prescribed Nutritional Supplements by your GP, these will be stopped unless you are being reviewed by a Dietitian.

Checking your weight

It would be useful if you could check your weight before your telephone appointment but do not worry if you do not have scales or feel it is not safe for you to do this.

We look forward to speaking with you.

Yours sincerely

Honor Blackwood
Community Dietitian

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Gastroenterology Unit
ST6: Dr Rosemary Haddock
Tel: 0134 566827

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS
Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
IBD Specialist Nurses: Ann Muir, Gillian Richardson
Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	11/02/2022
Date Typed:	25/02/2022
Our Ref:	RH/MMcR/RB
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Medical History:

1. Severe emphysema - on inhalers - exercise tolerance on staircase
2. Epilepsy - on Lamotrigine
3. Lifelong smoker currently smoking 5 a day
4. Anxiety
5. Seeing pain management - likely fibromyalgia

Thank you for the referral of this 55 year old lady to GENRAC today. You referred this lady in with low weight, low appetite and nausea. She describes being nauseous all the time and can sometimes go up to 2 days without eating. She does get hungry however only eats 1 - 2 mouthfuls before she feels very full and feels like if she eats any more then she will vomit although has not vomited a lot recently. She is quite restrictive in what she eats and experiences epigastric pain radiating round to her back and indeed she a few times has felt like she is having a heart attack.

Her bowels are relatively alternating between constipation and diarrhoea although predominantly she is constipated (I note she is on opiates). Her weight today was 40kgs (with clothes on) - I note in the GP practice it was 38kgs in January. I do also note that as far back as 2019 her weight was 40kgs at that point so therefore it has not fluctuated a lot. Basic weight loss blood tests including TTG and TFT's are normal. She has had an upper GI endoscopy with normal D2 biopsies which shows no cause for her symptoms. I also note she had a CT in 2019 after being referred to the surgeons for similar symptoms of weight loss however at that point she was eating normally. She smokes 5 a day at the moment however this has been significantly more in the past, certainly chest x-ray's and CT's showed significant emphysema. She denies alcohol or cannabis use.

On examination she had a low BMI and was slightly tender in her epigastrium. There is no other abnormal pathology.

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Her current medication includes regular dihydrocodeine, inhalers and NAC for her COPD, Lamotrigine for epilepsy and omeprazole 20mgs 1 - 2 times a day. I see she is folate and Vitamin D deficient and these are being replaced.

Altogether I think this lady's symptoms are multi factorial. I think she needs an abdominal ultrasound given her abdominal pain radiating to her back to rule out gallstones. I suggest to you we change her omeprazole to esomeprazole given the upper GI symptoms and I think she needs her bowels regulating with laxatives as these certainly won't be helping her appetite and abdominal pain. She does describe having an aversion to different sorts of textures in her mouth so I do wonder if there is a learned psychological element to this. However the one other thing I felt we should look into is if she has mesenteric disease given the fact she is a life long smoker and I will discuss her previous scan with one of our GI radiologists to see if there is any evidence for this and if there is any benefit of doing a repeat CT chest/abdo/pelvis. Certainly I think if her ultrasound is normal then we may go onto do this.

I will be in contact with the results of these tests. I know she has seen a dietician and she has got some fortijuce which I think will also be useful. The patient herself really just wants to enjoy eating again and eat properly which I hope we can achieve.

With kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Rosemary Haddock
ST6 in Gastroenterology

*** Any results appended to this letter are the responsibility of the secondary care clinicians**

Dr Richard Burnham
Consultant Gastroenterologist
Dept of Gastroenterology
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

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Consultant Gastroenterologist

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Dept of Anaesthesia & Pain Management
Specialist Physiotherapist: Sigrun Groves-Raines
Tel: 01324 567832

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	07/02/2022
Date Typed:	08/02/2022
Our Ref:	SGR/JS
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

I am writing to update you regarding Grace Black who attended 3 out of a possible 4 pain management physiotherapy appointments. She cancelled an appointment in November, but did not make a follow up appointment.

Grace's issues with low weight impacted on her ability to engage in a lot of what we were doing and therefore I referred her to dietetics for consideration of supplements. I understand she is having ongoing issues with this and would understand that this would be a barrier to attending pain management physiotherapy at present. If she feels that pain management would be beneficial in future she has an open appointment with myself.

Yours sincerely

Dictated and electronically checked by:

Sigrun Groves-Raines
Specialist Pain Management Physiotherapist

CC:

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Chief Executive: Cathie Cowan

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
31-Jan-2022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040

CHI No: 0707663040

101025420148S

Unique Care Pathway Number: 101025420148S

REFERRAL TO

GastroenterologyA9 FV Upper GI Endoscopy	? **Consultant / receiving practitioner** and/or **specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	? **Hospital** and **hospital address** Hospital location code. V217H

Urgency of Referral — **Urgent Upper Gastro-Intestinal Endoscopy Request??** ?

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Phone Consultation

Patient has special requirements:No

Ethnic Origin: (White) British

?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	-
Sex	Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: none
Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Bridget McCalister (GMC: 3264799)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: weight loss, anorexia and early satiety

Comment: Dear Doctor,

Thank you for seeing this lady who had a normal endoscopy a year ago. She did mange to put on some weight but has lost 2kg over the last 2 months. She says that she wants to eat but sometimes even one mouthful food can make her nauseated. If she manages to eat 4 mouthfuls she feels completely full. She has no dysphagia. She does get symptoms of weight loss and is on omeprazole 20mg daily.

She is being seen by the dieticians but has not been able to tolerate the drinks she has been offered so far. I have started her on a different type of Fortisip today as per their advice.

Abdominal examination was normal. She has always been very thin but the amount that she is able to eat has got steadily less.

I have arranged for blood tests to be checked and these should be available on SCI store.

In view of her weight loss and very poor oral intake I am very grateful for you doing an endoscopy to rule out any gastric pathology. I told her it maybe that she has got used to eating so little that her body has become accustomed to this.

She and her daughter are concerned that she may have some serious illness going on..

thank you for your help with her investigations.

Yours sincerely
Dr Bridget McCalister

Examinations and Investigations

Previous Gastric Surgery:	Not Recorded	-
Previous Endoscopy:	Not Recorded	-
Dysphagia:	Not Recorded	-
Nausea:	Not Recorded	-
Vomiting:	Not Recorded	-
Haematemesis:	Not Recorded	-
Melaena:	Not Recorded	-
Chest Pain:	Not Recorded	-
Early Satiety:	Yes	-
Anaemia:	Not Recorded	-
Anorexia:	Yes	-
Weight Loss:	Yes	-
Epigastric Pain:	Not Recorded	-
Heartburn:	Yes	-
Bloating:	Not Recorded	-
Altered Bowel Habit:	Not Recorded	-
Previous HP eradication therapy:	Not Recorded	-
Helicobacter serology:	Not Recorded	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
124	73				27-Jan-2022
112	75				30-Dec-2019
114	67				19-Jun-2019
116	79				24-Oct-2017
			38	15.03	27-Jan-2022
			40		22-Nov-2021
			38		23-Feb-2021
			38.55	15.25	20-Aug-2020
			40	15.82	12-Aug-2019

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Fibromyalgia	??	-	??	-	??	-	??	04-May-2021	

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Restless legs syndrome	?? -	?? -	?? -	?? 04-May-2021
Grand mal seizure	?? -	?? -	?? -	?? 05-Oct-2017
Chronic obstructive pulmonary disease	?? -	?? -	?? -	?? 23-Apr-2013
Migraine	?? -	?? -	?? -	?? 22-Mar-2013
Cellulitis NOS	?? -	?? -	?? -	?? 16-Sep-2011
Anxiety states	?? -	?? -	?? -	?? 01-Jun-2011
Diverticulosis	?? -	?? -	?? -	?? 13-Jul-2010
Closed fracture pubis	?? -	?? -	?? left	?? 16-Feb-2010
Fibroadenosis of breast (Right)	?? -	?? -	?? -	?? 17-Jul-2006
Diverticulosis	?? -	?? -	?? -	?? 29-Aug-2005
Depressive disorder NEC	?? -	?? -	?? -	?? 10-Dec-2004
Menorrhagia	?? -	?? -	?? -	?? 11-Oct-2000
Acute pyelitis	?? -	?? -	?? -	?? 17-Jul-2000
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 23-Jun-1998
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 15-Aug-1994
Spontaneous vaginal delivery	?? -	?? -	?? male	?? 28-Oct-1985
Generalised nonconvulsive epilepsy	?? -	?? -	?? -	?? 21-Feb-1984
Neonatal death	?? -	?? -	?? 26/40	?? 01-May-1983
[X]Self mutilation	?? -	?? -	?? -	?? 14-Apr-1975
Aggressive behaviour	?? -	?? -	?? -	?? 29-Aug-1974
Behavioural problem	?? -	?? -	?? -	?? 29-Aug-1974
[D]Convulsion NOS	?? -	?? -	?? -	?? 26-Jul-1974
Grand mal seizure	?? -	?? -	?? -	?? 07-Jul-1966

Past Procedures (High priority)

Description	?? Laterality	?? Extension	?? Date Recorded
Upper Gastrointestinal endoscopy	?? -	?? -	?? 06-Apr-2021
Gastroscopy normal	?? -	?? -	?? 12-Mar-2021
Appendicectomy NEC	?? -	?? -	?? 18-Jan-2016
Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Nacsys Effervescent tablets 600 mg	?? -	?? 60 TABLET	?? ONE TABLET ONCE DAILY	?? -	?? -	?? -
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	?? -	?? 2 DOSE	?? TWO PUFFS TO BE INHALED TWICE A DAY	?? -	?? -	?? -
Co-Codamol 30/500 Tablets	?? 0407010F0AAAHAH	?? 100 TABLET	?? ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	?? -	?? -	?? -
Duloxetine Gastro-resistant Capsules 30 mg	?? -	?? 56 CAPSULE	?? ONE BD	?? -	?? -	?? -
Lamotrigine Tablets 100 mg	?? 0408010H0AAAAAA	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Omeprazole Capsules (Gastro-Resistant) 20 mg	?? 0103050P0AAAGAG	?? 56 CAPSULE	?? ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free Inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 1 INHALER	?? TWO PUFFS WHEN REQUIRED FOR WHEEZE	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Fortisip Compact Liquid Feed (Chocolate) Milkshake Style	?? -	?? 12 ml	?? AS DIRECTED	?? -	?? - ??	42? Days
Prochlorperazine Maleate Tablets 5 mg	?? 0406000T0AAAGAG	?? 42 tablet	?? ONE TABLET TO BE TAKEN THREE TIMES DAILY PRN	?? -	?? - ??	42? Days
Metoclopramide Hydrochloride Tablets 10 mg	?? 0406000P0AAAEAE	?? 21 TABLET	?? ONE TABLET TO BE TAKEN THREE TIMES DAILY TO TREAT SICKNESS	?? -	?? - ??	42? Days
Doxycycline Hyclate Capsules 100 mg	?? -	?? 8 capsule	?? TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	?? -	?? - ??	42? Days

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Amoxicillin Capsules 500 mg	?? -	?? 15 capsule	??	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS	?? -	?? - ?? 42? Days
Prednisolone Tablets 5 mg	?? 0603020T0AAACAC	?? 30 tablet	??	6 DAILY	?? -	?? - ?? 42? Days
Fortijuce Liquid	?? -	?? 28*200 ml	??	TAKE ONE DAILY - MIXED FLAVOURS- NO ORANGE PLEASE	?? -	?? - ?? -
Zopiclone Tablets 7.5 mg	?? 0401010Z0AAAAAA	?? 5 tablet	??	TAKE ONE TABLET AT NIGHT TO HELP SLEEP	?? -	?? - ?? 42? Days

Clinical warnings

Smoking status: Number per day: ? (not known)

Description	Comment	Date Recorded
Cigarette pack-years, 35 year	-	17-Jan-2022
Cigarette smoker, 5 cigarettes/day	-	17-Jan-2022
Current smoker	-	17-Jan-2022
Current smoker	-	20-Aug-2020
Cigarette smoker, 4 Cigarettes/day	-	12-Aug-2019

Alcohol status: Units per day: ? (not known)

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	20-Aug-2020
Alcohol consumption, 0 units/week	-	30-May-2017

Exercise status: Not Known

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

Additional relevant information
?

Signature of referring doctor (or other professional) **Date** 31-Jan-2022

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
21-Jan-2022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040

CHI No: 0707663040

101025358420R

Unique Care Pathway Number: 101025358420R

REFERRAL TO

Respiratory MedicineAQ FV Respiratory - Nursing	? **Consultant / receiving practitioner and/or specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	? **Hospital and hospital address** Hospital location code. V217H

Urgency of Referral **Routine Respiratory Nursing Referral??** ?

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Near Me Consultation

Patient has special requirements:No

Ethnic Origin: (White) British

?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: none
Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Peter McCalister (GMC: 3264775)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: pulmonary rehab

Comment: Dear Pulmonary Rehab Team,

I would be grateful if you could see this 55 year old lady. She has had COPD since 2013. MRC3. Reports O2 sats 84-96% at home.

Struggles with an exertional exercise. Low BMI.

Unfortunately recent bereavement and has started smoking again (5 per day).. 35 pack years.

she is aware classes may be virtual.

Kind regards
Andrea Davidson
Practice Nurse

Examinations and Investigations

Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
112	75				30-Dec-2019
114	67				19-Jun-2019
116	79				24-Oct-2017
			40		22-Nov-2021
			38		23-Feb-2021
			38.55	15.25	20-Aug-2020
			40	15.82	12-Aug-2019
			40		19-Jul-2019

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Fibromyalgia	??	-	??	-	??	-	??	04-May-2021	
Restless legs syndrome	??	-	??	-	??	-	??	04-May-2021	
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	
Acute pyelitis	??	-	??	-	??	-	??	17-Jul-2000	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	23-Jun-1998	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	15-Aug-1994	
Spontaneous vaginal delivery	??	-	??	-	??	male	??	28-Oct-1985	
Generalised nonconvulsive epilepsy	??	-	??	-	??	-	??	21-Feb-1984	
Neonatal death	??	-	??	-	??	26/40	??	01-May-1983	
[X]Self mutilation	??	-	??	-	??	-	??	14-Apr-1975	
Behavioural problem	??	-	??	-	??	-	??	29-Aug-1974	
Aggressive behaviour	??	-	??	-	??	-	??	29-Aug-1974	
[D]Convulsion NOS	??	-	??	-	??	-	??	26-Jul-1974	
Grand mal seizure	??	-	??	-	??	-	??	07-Jul-1966	

Past Procedures (High priority)

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Description	??	Laterality	??	Extension	??	Date Recorded
Upper Gastrointestinal endoscopy	??	-	??	-	??	06-Apr-2021
Gastroscopy normal	??	-	??	-	??	12-Mar-2021
Appendicectomy NEC	??	-	??	-	??	18-Jan-2016
Magnetic resonance imaging of brain normal	??	-	??	-	??	28-May-2015
Cervical smear: negative	??	-	??	-	??	04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	??	-	??	-	??	12-Jan-2004
Termination of pregnancy NEC	??	-	??	-	??	18-Mar-2002
TB - tuberculosis contact	??	-	??	-	??	31-Oct-1976
Other diagnostic lumbar puncture	??	-	??	-	??	21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	??	Drug code	??	Formulation	??	Dosage	??	Frequency	??	Last Issued	??
Nacsys Effervescent tablets 600 mg	??	-	??	60 TABLET	??	ONE TABLET ONCE DAILY	??	-	??	-	?? -
Fortijuce Liquid	??	-	??	28*200 ml	??	TAKE ONE DAILY - MIXED FLAVOURS- NO ORANGE PLEASE	??	-	??	-	?? -
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	??	-	??	2 DOSE	??	TWO PUFFS TO BE INHALED TWICE A DAY	??	-	??	-	?? -
Co-Codamol 30/500 Tablets	??	0407010F0AAAHAH	??	100 TABLET	??	ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	??	-	??	-	?? -
Duloxetine Gastro-resistant Capsules 30 mg	??	-	??	56 CAPSULE	??	ONE BD	??	-	??	-	?? -
Lamotrigine Tablets 100 mg	??	0408010H0AAAAAA	??	112 tablet	??	ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	??	-	??	-	?? -
Omeprazole Capsules (Gastro-Resistant) 20 mg	??	0103050P0AAAGAG	??	56 CAPSULE	??	ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN	??	-	??	-	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	??	-	??	56 tablet	??	ONE TO BE TAKEN AT NIGHT	??	-	??	-	?? -
Lamotrigine Tablets 200 mg	??	0408010H0AAA1A1	??	112 TABLET	??	ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	??	-	??	-	?? -
Rizatriptan Benzoate Tablets 10 mg	??	0407041R0AAABAB	??	6 tablet	??	Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	??	-	??	-	?? -
Salbutamol Cfc-free Inhaler 100 micrograms/puff	??	0301011R0AAAPAP	??	1 INHALER	??	TWO PUFFS WHEN REQUIRED FOR WHEEZE	??	-	??	-	?? -

Issued Scripts for Acutes and Inactive Repeats (In last 90 days)

Drug name	??	Drug code	??	Formulation	??	Dosage	??	Frequency	??	
Metoclopramide Hydrochloride Tablets 10 mg	??	0406000P0AAAEAE	??	21 TABLET	??	ONE TABLET TO BE TAKEN THREE TIMES DAILY TO TREAT SICKNESS	??	-	?? - ??	42? Days
Doxycycline Hyclate Capsules 100 mg	??	-	??	8 capsule	??	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	??	-	?? - ??	42? Days
Amoxicillin Capsules 500 mg	??	-	??	15 capsule	??	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS	??	-	?? - ??	42? Days
Prednisolone Tablets 5 mg	??	0603020T0AAACAC	??	30 tablet	??	6 DAILY	??	-	?? - ??	42? Days
Zopiclone Tablets 7.5 mg	??	0401010Z0AAAAAA	??	5 tablet	??	TAKE ONE TABLET AT NIGHT TO HELP SLEEP	??	-	?? - ??	42? Days

Clinical warnings

Smoking status: Number per day: ? (not known)

Description	Comment	Date Recorded
Cigarette pack-years, 35 year	-	17-Jan-2022
Cigarette smoker, 5 cigarettes/day	-	17-Jan-2022
Current smoker	-	17-Jan-2022
Current smoker	-	20-Aug-2020
Cigarette smoker, 4 cigarettes/day	-	12-Aug-2019

Alcohol status: Units per day: ? (not known)

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	20-Aug-2020
Alcohol consumption, 0 units/week	-	30-May-2017

Exercise status: Not Known

Allergies

Description	??	Comment	??	Modifier	??	Start Date	??	Recorded Date
Adverse reaction to Sanomigran	??	-	??	-	??	-	??	-

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Additional relevant information ?

Signature of referring doctor (or other professional)	Date	21-Jan-2022

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Advice Response

13/01/2022 10:06:30

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Blackwood Honor Stirling Community Hospital Livilands Gate STIRLING	Antonine Medical Practice (25192) Larbert Road Bonnybridge

ADVICE REQUIRED:-

This 55year old is awaiting dietician review and you had sent a letter dated 15/11/2021 recommending she try Fortisip or Fortijuice. These were unpalatable to her and she continues to struggle with her adequate caloric intake. Could you recommend anything else or contact her for review? Yours sincerely,

ADVICE GIVEN:-

Dear Dr Norve Thank you for your advice request regarding Grace Black (CHI: 0707663040). I can see she has been trialled on Fortijuce but wondering if she has trialled any of the milk based ONS. If she has not, it may be worthwhile trialling her on Fortisip Compact OD (she can take this in 4 doses over the day to help with compliance). Grace is due to be reviewed in clinic as a routine review but I will send her out some nourishing meal/drink idea leaflets in the interim. Please do not hesitate to contact me again should you require further advice/assistance. Honor Blackwood Specialist Nutritional Support Dietitian

PATIENT DETAILS:-

Forename	Grace
Surname	Black
Middlename(s)	-
Previous Surname	-
Sex	F
Date of Birth	07/07/1966
CHI No.	0707663040

36 Spence Street
Bonnybridge

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency Started	Last Issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAAPAP	1 INHALER	TWO PUFFS WHEN REQUIRED FOR WHEEZE	20/10/2017	
Rizatriptan Benzoate Tablets 10 mg	0407041R0AAABAB	6 tablet	Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	11/01/2018	
Lamotrigine Tablets 200 mg	0408010H0AAA1A1	112 TABLET	ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	31/12/2018	
Ropinirole Hydrochloride Tablets 500 micrograms		56 tablet	ONE TO BE TAKEN AT NIGHT	15/04/2019	
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN	17/01/2020	
Lamotrigine Tablets 100 mg	0408010H0AAAAAA	112 tablet	ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	02/06/2020	
Duloxetine Gastro-resistant Capsules 30 mg		56 CAPSULE	ONE BD	10/08/2020	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	23/11/2020	
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose		2 DOSE	TWO PUFFS TO BE INHALED TWICE A DAY	26/01/2021	
Fortijuce Liquid		28*200 ml	TAKE ONE DAILY - MIXED FLAVOURS- NO ORANGE PLEASE	15/11/2021	
Nacsys Effervescent tablets 600 mg		60 TABLET	ONE TABLET ONCE DAILY	22/11/2021	
Carbocisteine Capsules 375 mg	0307000J0AAAAAA	240 CAPSULE	2 Caps Twice daily	01/12/2020	
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 TABLET	EIGHT TO BE TAKEN EACH MORNING	26/01/2021	
Amoxicillin Capsules 500 mg		15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS	26/01/2021	
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	5 tablet	TAKE ONE TABLET AT NIGHT TO HELP SLEEP	12/11/2021	
Amoxicillin Capsules 500 mg		15 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS	22/11/2021	
Prednisolone Tablets 5 mg	0603020T0AAACAC	30 tablet	6 DAILY	22/11/2021	
Doxycycline Hyclate Capsules 100 mg		8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	02/12/2021	
Metoclopramide Hydrochloride Tablets 10 mg	0406000P0AAAEAE	21 TABLET	ONE TABLET TO BE TAKEN THREE TIMES DAILY TO TREAT SICKNESS	11/01/2022	

Consent to share	-
Sensitivity	-

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Advice Request

11-01-2022 13:00:19

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Dietetics Falkirk Community Hospital Majors Loan Falkirk FK1 5QE	Dr. Martin Norve Antonine Medical Practice (25192) Larbert Road Bonnybridge

ADVICE REQUIRED:-

This 55year old is awaiting dietician review and you had sent a letter dated 15/11/2021 recommending she try Fortisip or Fortijuice, These were unpalatable to her and she continues to struggle with her adequate caloric intake. Could you recommend anything else or contact her for review? Yours sincerely,

PATIENT DETAILS:-

Forename	Grace
Surname	Black
Middlename(s)	-
Previous Surname	-
Sex	Female
Date of Birth	07-07-1966
CHI No.	0707663040

36 Spence Street
Bonnybridge

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency	Started	Last Issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAAPAP	1 INHALER	TWO PUFFS WHEN REQUIRED FOR WHEEZE		20-10-2017	
Rizatriptan Benzoate Tablets 10 mg	0407041R0AAABAB	6 tablet	Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours		11-01-2018	
Lamotrigine Tablets 200 mg	0408010H0AAA1A1	112 TABLET	ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)		31-12-2018	
Ropinirole Hydrochloride Tablets 500 micrograms		56 tablet	ONE TO BE TAKEN AT NIGHT		15-04-2019	
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN		17-01-2020	
Lamotrigine Tablets 100 mg	0408010H0AAAAAA	112 tablet	ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)		02-06-2020	
Duloxetine Gastro-resistant Capsules 30 mg		56 CAPSULE	ONE BD		10-08-2020	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY		23-11-2020	
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose		2 DOSE	TWO PUFFS TO BE INHALED TWICE A DAY		26-01-2021	
Fortijuce Liquid		28*200 ml	TAKE ONE DAILY - MIXED FLAVOURS- NO ORANGE PLEASE		15-11-2021	
Nacsys Effervescent tablets 600 mg		60 TABLET	ONE TABLET ONCE DAILY		22-11-2021	
Carbocisteine Capsules 375 mg	0307000J0AAAAAA	240 CAPSULE	2 Caps Twice daily		01-12-2020	
Prednisolone Tablets 5 mg	0603020T0AAACAC	40 TABLET	EIGHT TO BE TAKEN EACH MORNING		26-01-2021	
Amoxicillin Capsules 500 mg		15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS		26-01-2021	
Zopiclone Tablets 7.5 mg	0401010Z0AAAAAA	5 tablet	TAKE ONE TABLET AT NIGHT TO HELP SLEEP		12-11-2021	
Amoxicillin Capsules 500 mg		15 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS		22-11-2021	
Prednisolone Tablets 5 mg	0603020T0AAACAC	30 tablet	6 DAILY		22-11-2021	
Doxycycline Hyclate Capsules 100 mg		8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY		02-12-2021	
Metoclopramide Hydrochloride Tablets 10 mg	0406000P0AAAEAE	21 TABLET	ONE TABLET TO BE TAKEN THREE TIMES DAILY TO TREAT SICKNESS		11-01-2022	

Consent to share	-
Sensitivity	-

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NHS Forth Valley

Department of Nutrition and Dietetics
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Direct dial : 01786 434046 (24 hour Answerphone)
Date : 15/11/2021
Our Ref: HB/CG
CHI: 0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

You recently referred Ms Grace Black for advice from the Dietitian. The 'Oral Nutritional Support Guidelines' *allow for supplement drinks to be used in selected patients before referral.

Please prescribe Fortisip Compact 125mls, twice daily, would be the choice, if the patient dislikes milk please prescribe Fortijuce 200mls daily. These are available initially in a starter pack.

Prescribe continuously for the next 4 months, until Dietitian reviews/assesses them.

Thank you for your help in this matter. We will send an appointment out in due course.

* Search Supplement in EMIS templates for diet sheets and the supplement process

Request: Please commence supplements as above if these have not been commenced already

Yours sincerely

Dictated and electronically checked by:

Honor Blackwood
Community Dietitian

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Chief Executive: Cathie Cowan

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NHS Forth Valley

Department of Nutrition and Dietetics
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU

NHS Forth Valley

Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Direct dial: 01786 434046 (24 hour Answerphone)
Date: 15/11/2021
Our Ref: HB/CG
CHI: 0707663040

Dear Ms Black

Your General Practitioner (GP) has recently referred you to the Dietitian for help with your low weight/loss of weight.

While you wait for this appointment we think it would be beneficial to start on some Oral Nutritional Supplements to help support you. **If your GP has already started you on these please ignore this letter.**

These supplement drinks will provide you with extra nourishment and they are best to take in the evening or in between meals. The extra nutrition can help to boost your weight and general energy.

It is important that you do not reduce what you are currently eating.

We have asked your G.P. To prescribe for you Fortisip Compact 125 mls, twice daily.

These supplements have been put on your repeat prescription; please remember to continue to order monthly until you are seen by the Dietitian.

I have also enclosed a diet sheet with some useful tips on weight gain.

An appointment with the Dietitian will be sent to you in due course.

Yours sincerely

Dictated and electronically checked by:

Honor Blackwood
Community Dietitian

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CC:

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
02-Nov-2021

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040 CHI No: 0707663040 *101024748683B*

Unique Care Pathway Number: 101024748683B

REFERRAL TO

DieteticsR3 FV Dietetics	? **Consultant / receiving practitioner and/or specialty clinic**
Falkirk Community Hospital Majors Loan Falkirk FK1 5QE	? **Hospital and hospital address**

Hospital location code: V102H

Urgency of Referral **Urgent Dietetic Referral??** ?Continues to lose weight.

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
What other services have been involved?:GP
Patient has special requirements:No
Armed Forces Veteran:No
Current Armed Forces personel or dependent:No
Religion: Not known
Ethnic Origin: Other British
?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 SPENCE STREET
Bonnybridge
Stirlingshire
FK4 1NH

Contact number(s)

Voice: 07887 872153

REFERRING HCP DETAILS

Name:	SigrunGroves-Raines
Organisation name:	Falkirk Community Hospital
Location Code:	V102H

Organisation address

Westburn Ave
Falkirk
FK1 5QE
Voice: 01324 616053

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Weight loss

Date Started: 09-Nov-2020

Comment: Grace is underweight and having difficulty eating (mainly due to nausea). She is complaining of fatigue, difficulty keeping warm and moving. She is trying to eat small amounts, regularly, but is struggling. She is including high calorie foods in her diet. She had an upper GI endoscopy, which was normal. In February 2021 she was 6 stone 6lb but she reports having lost more weight since then. I have discussed with her GP and they will review, however they recommended I refer on for advice/assessment of diet and supplements, if required.
Grace has fibromyalgia and is attending pain management. She is currently on a reduced dose of co-codamol due to her low weight.

Examinations and Investigations

Is this a nutritionally compromised/ONS referral?: yes -

(If yes) Have the ONS guidelines been followed: yes -

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Medical history

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Smoking status: Number per day: ? (not known)

Alcohol status: Units per day: ? (not known)

Exercise status: Not Known

Additional relevant information

?

Signature of referring doctor (or other professional)	**Date**	02-Nov-2021

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Dept of Anaesthesia & Pain Management
Specialist Physiotherapist: Sigrun Groves-Raines
Tel: 01324 616053

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	09/08/2021
Date Typed:	10/08/2021
Our Ref:	SGR/JS
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Grace Black was referred to pain management physiotherapy by Dr Judith Wilson and was assessed in a face to face appointment at Falkirk Community Hospital today.

Grace has a diagnosis of fibromyalgia and tells me that her symptoms got worse in 2019 after her dad died. She had been caring for him prior to this death. She had aches and pains before this but had been managing much better, however after his death her symptoms got significantly worse and there were days that she wasn't able to come downstairs, as she was unable to get back up to go to the toilet. She recognises that her pain and mental health impact on each other, as well as the impact of social isolation with COVID particularly as she was shielding. In addition to fibromyalgia, Grace has epilepsy, as well as possible non epileptic seizures. She has anxiety, as well as OCD symptoms and COPD. She has ongoing input from neurology, had limited psychiatry input as a teenager but none as an adult. She gets migraines, IBS symptoms and significant fatigue.

Grace is currently living with her son, daughter in law and grandson. She has other children who are grown up and have also left home. Grace had a baby when she was 17 but it was born prematurely and passed away. She was very protective of her son when he was born a couple of years later and she continues to be similarly over-protective of her children and grandchildren. She is separated from her ex who was very violent. She tells me that she gets occasional flashbacks if she is watching something on television in relation to domestic abuse.

She was brought up by her mum and dad. Her mum was diagnosed with arthritis when she was about 12 and ended up in a wheelchair so her dad left work to look after her. She had a good upbringing.

Grace currently describes quite a boom-bust pattern of activity, as she tries to get everything done when she is feeling better and then ends up in bed for several days and up to a week. She used to really enjoy doing DIY and tells me she did everything, as she was a single parent and now gets very frustrated and tries to do as much as she can on her good days but then flares up significantly.

We discussed the contributing factors to fibromyalgia and she was keen to understand more about why she developed it and she was keen to find out ways of managing it better. We discussed strategies of behaviour to manage pain and she recognised her boom-bust pattern.

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I have given her some advice on activity management and pacing, as well as some information about thoughts and a sheet called "50 ways to take a break". We also discussed medication and talked about reducing the strength of her Co-Codamol in future so that she had the ability to increase this during flare ups, as it does not sound like it is particularly helpful at this time. It may be beneficial to wean to 8/500 x four times daily instead of 30/500 x four daily, but I will discuss this with her again at a later date. She tells me that on the advice of her pharmacist she is only taking four 30/500 Co-Codamol each day due to her low weight.

We discussed onward referral to psychology and Grace was happy with this. She may also be appropriate for attending our Widespread Pain online group but I will discuss this with her at a later date.

Yours sincerely

Dictated and electronically checked by:

Sigrun Groves-Raines
Specialist Pain Management Physiotherapist

CC:

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	25/06/2021
Date Typed:	22/07/2021
Our Ref:	DW/CC
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

I tried to conduct a planned telephone clinic review with Grace today. Unfortunately she was unavailable at the time of the review. I do notice however, she was very recently reviewed by Dr Murray, less than 4 weeks ago. I would therefore move this appointment on for about 5 months and she is due to see Dr Murray in a year's time or thereabouts.

I would ask Grace that she and her family try to email in videos of her seizures as per Dr Murray's last letter, before her next review.

As always, if Grace has any concerns prior to this moved appointment, I would ask her to give me a call on the number on this letter.

Regards.

Yours sincerely

Dictated and electronically checked by:

Darren Wilkinson
Epilepsy Specialist Nurse
fv.nurse.epilepsyservice@nhs.scot

CC:

Dr Katy Murray
Consultant Neurologist
FVRH

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Ms Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

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Dept of Anaesthesia & Pain Management
Specialist Physiotherapist: Sigrun Groves-Raines
Tel: 01324 616053

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	24/05/2021
Date Typed:	25/05/2021
Our Ref:	SGR/JS
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Grace Black was referred to pain management physiotherapy by Dr Judith Wilson. Grace was sent a letter outlining our services and asking her to contact us if she would like an appointment.

As she has not made any contact we have removed her from our waiting list.

Yours sincerely

Dictated and electronically checked by:

Sigrun Groves-Raines
Specialist Pain Management Physiotherapist

CC:

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Neurology Department
Consultant: Dr Katy Murray
Tel: 01324 566352

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	04/05/2021
Date Typed:	20/05/2021
Our Ref:	KM/HD
CHI:	0707663040

Dear Dr LE Marshall

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Diagnoses:
1. Suspected nocturnal frontal lobe seizures
   1.1 Previous extensive EEG/telemetry including Quarrier's stay but no event captured
2. Day time blank spells of uncertain aetiology - still awaiting video if possible but proving challenging
3. Fibromyalgia
4. Restless leg syndrome

Recommendation;
1. No change to Lamotrigine 300mg bd as generally doing a little better

I caught up with Grace by phone on the 4th May 2021. She had a difficult time particularly in the first lock down with all the restrictions and not being able to see friends and family and in this context felt that her suspected nocturnal frontal lobe seizures were maybe a little worse. Since things have started to open up her presumed seizures have settled somewhat. She thinks she has around two a month based on how she feels the following morning and her son sometimes hearing a noise in the night She continues to have these day time spells when she is vacant but we are really not sure of the frequency of these and the aetiology remains uncertain. She did manage to capture one on video but there was a problem accessing this and despite her best efforts and those of her son she can no longer access the brief clip. Therefore the plan remains as before that a family member will try and video one if and when this is possible though I appreciate it is difficult as they are quite short and occur out the blue. She feels tired all the time. Lamotrigine 300mg bd may be a contributing factor. I don't think tiredeness can be entirely explained by the nocturnal frontal lobe seizures given their frequency and I suspect her disturbed sleep is the main explanation. Her sleep is disturbed partly by her Fibromyalgia related pain for which she is now seeing the chronic pain team but particularly from her restless legs symptoms as sometimes she just has to get up at night a few times and walk around. She is already on Ropinirole.

We discussed pros and cons of increasing her anti convulsant treatment but she is on maximum dose Lamotrigine, Levetiracetam did not help, her presumed nocturnal seizures are less frequent than before and we

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don't know the aetiology of the day time episodes so we both agreed it makes sense to keep her Lamotrigine unchanged and not add in anything new. She is happy with this plan and has annual review with me. Darren our epilepsy nurse may well be planning to catch up with her in the interim but if not she knows she can contact Darren if there are concerns before her annual review.

Yours sincerely

Dictated and electronically checked by:

Dr Katy Murray
Consultant Neurologist

CC:
Grace Black
36 Spence Street
Bonnybridge
FK4 1NH

cc:
Darren Wilkinson
Epilepsy Nurse Specialist
FVRH

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Gastroenterology Unit
Consultant: Dr Tim Heron
Tel: 01324 566828

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Consultants: Dr D Watts, Dr S Paterson, Dr R Burnham, Dr T Heron, Dr S Salunke, Dr A Ahmed, Dr L Clark, Dr I Morrison, Dr J Leithead
IBD Specialist Nurses: Ann Muir, Gillian Richardson
Hepatology Specialist Nurses: Karen Prentice, Lorraine Moffat, Karen Gibb

Dr B McCalister
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated:	06/04/2021
Date Typed:	15/04/2021
Our Ref:	TH/JB
CHI:	0707663040

Dear Dr McCalister

Grace Black DOB: 07-07-1966
36 Spence Street Bonnybridge FK4 1NH

Thank you very much for referring this lady for upper GI endoscopy. This was normal with normal duodenal biopsies.

I hope this is useful.

With kind regards.

Yours sincerely

Dictated and electronically checked by:

Dr Tim Heron
Consultant Gastroenterologist

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Forth Valley Pain Management
Physiotherapy

Pain Management Service,
Falkirk Community Hospital,
Westburn Avenue, Falkirk, FK1 5SU
www.nhsforthvalley.com

NHS Forth Valley

Private & Confidential

Grace Black
36 Spence Street
Bonnybridge
Stirlingshire
FK4 1NH

Date 01/04/21

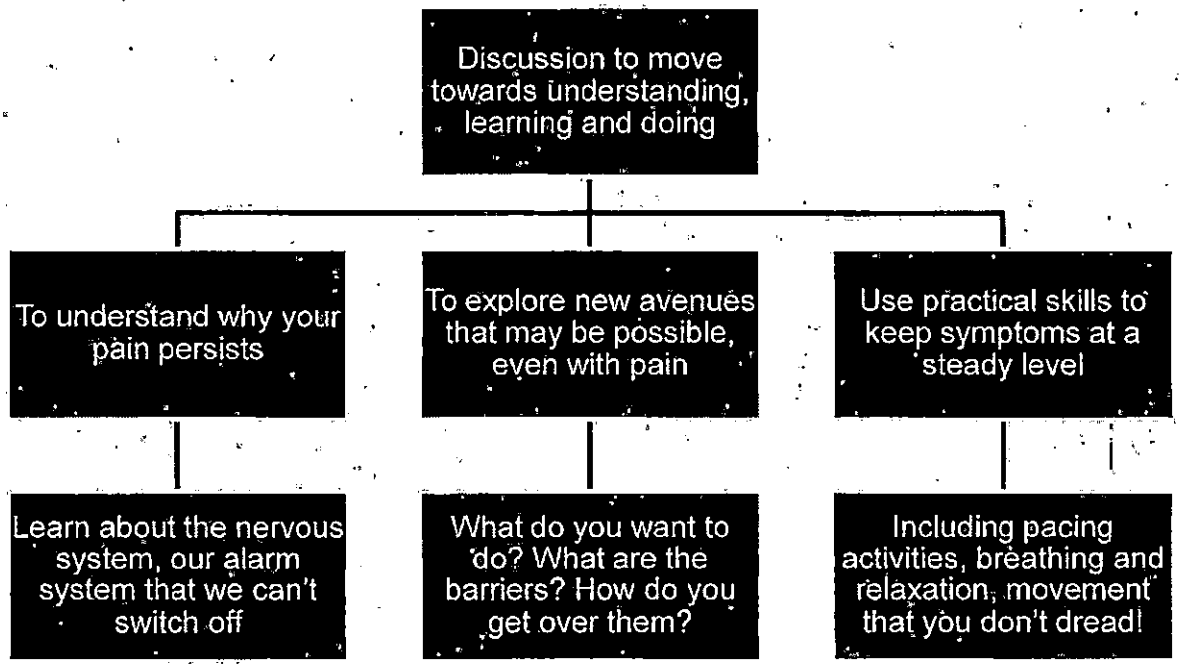
CHI 0707663040

Enquiries to 01324 616053

Dear Grace,

You have been referred to **Pain Management Physiotherapy** and we can now offer you an appointment. We are able to offer **face to face, video** or **telephone appointments**.

We have clinics at the Pain Management Service in Falkirk Community Hospital, as well Clackmannanshire Community Healthcare Centre. We should be able to restart a clinic in Stirling Community Hospital in the next few months. Please let us know what would suit you best.



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NHS
Forth Valley

Your first appointment will last approximately 1 hour. It gives us a chance to talk about your experience of pain in depth and the problems that have arisen because of it.
To arrange an appointment, please call 01324 616053 between 09:00 and 16:00 Monday to Thursday to arrange this. Out with these times, leave a message and someone will get back to you.

Physiotherapy in the Pain Management Service focuses on listening, explaining and supporting you to choose the best route forward. Our aim is to help you to become more confident in coping with all aspects of your condition, so you can move on in life.

If we receive no contact from you within 30 days of this letter, we will assume that you do not want to opt in at this time.

Yours sincerely,

Sigrun Groves- Raines & Claire Campbell
Specialist Pain Management Physiotherapists

Resources for people managing long term pain or other long term conditions are on available on our webpage:
https://nhsforthvalley.com/health-services/az-of-services/self-management/useful-resources/

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
26-Feb-2021

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0707663040 CHI No: 0707663040

101022725448K
Unique Care Pathway Number: **101022725448K**

REFERRAL TO

GastroenterologyA9 FV Upper GI Endoscopy	**Consultant / receiving practitioner** and/or **specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	**Hospital** and **hospital address** Hospital location code: V217H

Urgency of Referral — **Urgent Upper Gastro-Intestinal Endoscopy Request??**

Administrative Information

Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Phone Consultation
Patient has special requirements:No
Ethnic Origin: (White) British

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address
36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)
Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name: Dr. Bridget McCalister (GMC: 3264799)
Practice: Antonine Medical Practice (25192)
Phone: Voice: 01324 812315

Practice address:
Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

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

Description: epigastric tenderness, weight loss, satiety

Comment: Dear Doctor,

Thank you for seeing this lady who has always been very thin at about 6 stone 6lbs. She says that she has lost about 9 lbs on her own scales over the last month or so. On our scales she has lost 0.5kg sine she was last seen in August. She has noticed decreased appetite and she feels full very quickly. She was prescribed Naproxen for possible fibromyalgia.

On examination she had epigastric tenderness .

She is suffering from anxiety and she and I agree that the most likely reason for her decreased appetite is her anxiety. However in view of her ongoing symptoms I am grateful for you doing endoscopy to exclude any GI cause.

I have given her dietary advice and asked her to stop taking her Naproxen and also to try to stop her Ropinirole as this can cause eating disorders.

Thank you for you help with her further investigations.

Yours sincerely
Dr Bridget McCalister

Examinations and Investigations

Previous Gastric Surgery:	Not Recorded -
Previous Endoscopy:	Not Recorded -
Dysphagia:	Not Recorded -
Nausea:	Not Recorded -
Vomiting:	Not Recorded -
Haematemesis:	Not Recorded -
Melaena:	Not Recorded -
Chest Pain:	Not Recorded -
Early Satiety:	Yes -
Anaemia:	Not Recorded -
Anorexia:	Not Recorded -
Weight Loss:	Yes -
Epigastric Pain:	Yes -
Heartburn:	Not Recorded -
Bloating:	Not Recorded -
Altered Bowel Habit:	Not Recorded -
Previous HP eradication therapy:	Not Recorded -
Helicobacter serology:	Not Recorded -
FBC:	Not Recorded -
Urea and Electrolytes:	Not Recorded -
LFT:	Not Recorded -
TFT:	Not Recorded -
Lipid Profile:	Not Recorded -
Glucose:	Not Recorded -

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
112	75				30-Dec-2019
114	67				19-Jun-2019
116	79				24-Oct-2017
			38		23-Feb-2021
			38.55	15.25	20-Aug-2020
			40	15.82	12-Aug-2019
			40		19-Jul-2019
			40	15.82	19-Jun-2019

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Medical history
Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	

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Closed fracture pubis	?? -	?? -	?? left	?? 16-Feb-2010
Fibroadenosis of breast (Right)	?? -	?? -	?? -	?? 17-Jul-2006
Diverticulosis	?? -	?? -	?? -	?? 29-Aug-2005
Depressive disorder NEC	?? -	?? -	?? -	?? 10-Dec-2004
Menorrhagia	?? -	?? -	?? -	?? 11-Oct-2000
Acute pyelitis	?? -	?? -	?? -	?? 17-Jul-2000
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 23-Jun-1998
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 15-Aug-1994
Spontaneous vaginal delivery	?? -	?? -	?? male	?? 28-Oct-1985
Generalised nonconvulsive epilepsy	?? -	?? -	?? -	?? 21-Feb-1984
Neonatal death	?? -	?? -	?? 26/40	?? 01-May-1983
[X]Self mutilation	?? -	?? -	?? -	?? 14-Apr-1975
Aggressive behaviour	?? -	?? -	?? -	?? 29-Aug-1974
Behavioural problem	?? -	?? -	?? -	?? 29-Aug-1974
[D]Convulsion NOS	?? -	?? -	?? -	?? 26-Jul-1974
Grand mal seizure	?? -	?? -	?? -	?? 07-Jul-1966

Past Procedures (High priority)

Description	?? Laterality	?? Extension	?? Date Recorded
Appendicectomy NEC	?? -	?? -	?? 18-Jan-2016
Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	?? -	?? 2 DOSE	?? TWO PUFFS TO BE INHALED TWICE A DAY	?? -	?? -	?? -
Co-Codamol 30/500 Tablets	?? 0407010F0AAAHAH	?? 100 TABLET	?? ONE TO BE TAKEN UP TO MAX QDS PRN - MAX 4 DAILY	?? -	?? -	?? -
Duloxetine Gastro-resistant Capsules 30 mg	?? -	?? 56 CAPSULE	?? ONE BD	?? -	?? -	?? -
Lamotrigine Tablets 100 mg	?? 0408010H0AAAAAA	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Omeprazole Capsules (Gastro-Resistant) 20 mg	?? 0103050P0AAAGAG	?? 56 CAPSULE	?? ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free Inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 1 INHALER	?? TWO PUFFS WHEN REQUIRED FOR WHEEZE	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Prednisolone Tablets 5 mg	?? 0603020T0AAACAC	?? 40 TABLET	?? EIGHT TO BE TAKEN EACH MORNING	?? -	?? - ??	42? Days
Amoxicillin Capsules 500 mg	?? -	?? 15 CAPSULE	?? ONE TO BE TAKEN THREE TIMES A DAY FOR FIVE DAYS	?? -	?? - ??	42? Days
Carbocisteine Capsules 375 mg	?? 0307000J0AAAAAA	?? 240 CAPSULE	?? 2 Caps Twice daily	?? -	?? - ?? -	

Clinical warnings

Smoking status: Number per day: ? (not known)

Description	Comment	Date Recorded
Current smoker	-	20-Aug-2020
Cigarette smoker, 4 Cigarettes/day	-	12-Aug-2019
Light smoker - 1-9 cigs/day	prev 20cpd	19-Jul-2019
Current smoker	-	19-Jun-2019
Current smoker	-	23-Nov-2018

Alcohol status: Units per day: ? (not known)

Description	Comment	Date Recorded

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Alcohol consumption, 0 units/week - 20-Aug-2020
Alcohol consumption, 0 units/week - 30-May-2017

Exercise status: Not Known

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

Additional relevant information
?

Signature of referring doctor (or other professional) **Date** 26-Feb-2021

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Dept of Anaesthesia & Pain Management
Consultant: Dr Judith Wilson
Tel: 01324 567352 or 616053

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated 14 December 2020
Date Typed 15 December 2020

Our Ref JW/JS
CHI 0707663040

Dear Dr Marshall

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Thank you for your referral regarding this 54 year old lady who I reviewed via a virtual consultation using Near Me technology. I note she has a recent diagnosis of fibromyalgia and she has been suffering from widespread pain for over a year. She struggles to get up and down the stairs and rarely leaves her house. Her son does most of her shopping and housework. Her sleep is disturbed about twice per night and she describes her mood as labile and she does have issues with anxiety. She also describes being extremely fatigued at times and if she sits down during the day she will fall asleep.

I note her past medical history of epilepsy and COPD.

Her medications include Duloxetine 30mg BD, Lamotrigine, Omeprazole, inhalers, Co-Codamol 30/500, Rizatriptan, Naproxen.

I note that she has trialled various analgesics but has had side effects or no benefit from them.

Grace lives at home with her son and daughter in law and her grandson. She has been medically retired due to her epilepsy. She has slowly reduced down her cigarette consumption and now smokes only 4 cigarettes per day and is continuing to try and reduce this. She denies any alcohol.

We chatted at length about self management and Grace is keen to use these techniques to help her manage her pain. She was keen to be referred to the widespread pain group and I will make the onward referral for this. While she is waiting for this referral she may wish to have a look at the link at the bottom of this letter which has a number of resources she may find helpful and she may also wish to look at www.painconcern.org and www.tamethebeast.org.

Kind regards.

Yours sincerely

(Dictated and electronically checked by Dr Judith Wilson)

Dr Judith Wilson
Consultant in Anaesthesia & Pain Management
Useful information can be found at: http://nhsforthvalley.com/health-services/self-management/useful-resources/

CC Ms Grace Black, 36 Spence Street, Bonnybridge FK4 1NH

INVESTORS IN PEOPLE | Gold Until 2021

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

TO WHOM IT MAY CONCERN:

Date Dictated: 04 November 2020
Date Typed 09 November 2020

Our Ref: DW/HD/0707663040
CHI 0707663040

Dear Sir/Madam,

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Grace has very kindly asked me to write a support letter regarding her forthcoming benefit review.

Grace has been under the care of the neurology department in Forth Valley for epilepsy since early January 2018.

She has a diagnosis of frontal lobe noctural epilepsy with day attacks of uncertain aetiology. She was intially tried Keppra however this was of little benefit and has since then moved on to Lamotrigine to a dose of 300mg twice daily.

She was last reviewed in late September with no change to anti convulsant medication and her seizures have continued in much the same vein despite being on quite a large dose of Lamotrigine. We are also at the moment trying to ascertain the aetiology of the day time seizures and we have asked that Grace and her family provide us with video evidence of these day time seizures to help with the diagnosis of this.

As you understand seizures can have a great impact on an individuals every day living activities. We have advised Grace that she should not bathe due to the risk of drowning and that she should ideally shower. Even with showering bathrooms do have quite hard surfaces and Grace is at risks of injury through fall related seizures.

It can also be quite problematic regarding cooking and in the past Grace has had scalds and burns from accidents in the kitchen.

Post seizure Grace can be quite confused and may take some while to return to base line.

Please can you consider all of this when reviewing Grace for her forthcoming benefits claim.

Yours faithfully,

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv.nurse.epilepsyservice@nhs.net

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: DW/CC
CHI: 0707663040

Clinic Date: 25 September 2020
Date: 14 October 2020

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Marshall

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Reported antiepileptic medication:
Lamotrigine 300mgs twice daily.

I have just conducted a prearranged telephone clinic review with Grace.

Background
Last reviewed in late May, with a recommendation to increase her Lamotrigine to the above dose. A diagnosis of suspected frontal lobe nocturnal epilepsy, although diagnosis not completely secure and daytime attacks of uncertain aetiology.

Assessment
I am pleased to say that Grace reports that she is tolerating the increase in Lamotrigine well with no side effects. Unfortunately this has no impact on her seizure frequency. Grace did manage to send me a video link to one of her videos which seemed to be hosted on an Amazon site. Unfortunately, the token for the site expired prior to me being able to review the video successfully. I have therefore asked that grace could please email me a copy of the video so that I can ask Dr Murray if she would review.

For now, I would make no changes to Grace's anticonvulsants and I will arrange for a further follow up in due course.

Recommendation
1. Grace to try to email video in please.
2. Follow up in due course.

Kind regards.

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Yours sincerely

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv.nurse.epilepsyservice@nhs.net

cc

Dr Katy Murray
Consultant Neurologist
FVRH

Grace Black
36 Spence Street
Bonnybridge
FK4 1NH

UK Epilepsy and Pregnancy register enrolment page.
http://www.epilepsyandpregnancy.co.uk/pages/registrationChoice2.html

EPILEPSY CONNECTIONS (Your Friendly Local Support Organisation)
http://www.epilepsyconnections.org.uk/
01324 673 750

Information on sudden unexplained death
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EPILEPSY SCOTLAND
http://www.epilepsyscotland.org.uk/
Helpline: 0808 800 2200

EPILEPSY ACTION
http://www.epilepsy.org.uk/
0808 800 5050

Web Stes
http://www.moodjuice.scot.nhs.uk/

BREATHING SPACE
http://www.breathingspacescotland.co.uk

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Tel :- 01786 233525

Falkirk Welfare benefits
Tel :- 01324 501404

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
17-Jul-2020

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040 CHI No: 0707663040

101021330794Q

Unique Care Pathway Number: 101021330794Q

REFERRAL TO

Pain ManagementC31 FV Chronic Pain Referral	? **Consultant / receiving practitioner and/or specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	? **Hospital and hospital address** Hospital location code. V217H

Urgency of Referral **Routine Chronic Pain Clinic Referral??** ?

Administrative Information

Priority Reason:Chronic widespread Pain, Chronic Pain Clinic Referral

Patient has special requirements:No

Ethnic Origin: (White) British

?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Louise Marshall (GMC: 6115383)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

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

Description: Chronic pain. Diagnosis fibromyalgia

Examinations and Investigations

Self management?:	Yes
1) TCAs e.g. Amitriptyline:	Yes
2) Gabapentinoids:	No
3) SNRI e.g. Duloxetine:	Yes
Referral Information:	This lady has chronic widespread pains and my partner diagnosed her with fibromyalgia. Her background history includes seizures, COPD, anxiety, depression , diverticulosis and migraine. She is really struggling with pain particularly in her legs. Keeping her awake at night and really sore during day also. She has tried various analgesia but either got SEs or had no effect. I recently tried to increase her duloxetine but it didn't help and gave her SEs. She is on NSAID. She was unable to tolerate amitriptyline or nortriptyline. Gabpentinoids interact with her other meds. She is taking regular co-codamol but I am reluctant to move to stronger opiates for chronic pain relief. I would be grateful for the input of your service, I wonder if the non-pharmacological aspects may be helpful here too and she is certainly keen to be seen for advice and assessment. Many thanks, Dr L Marshall
1) TCAs e.g. Amitriptyline:	Please select
2) Gabapentin:	Please select
3) Pregabalin:	Please select
4) SNRI e.g. Duloxetine:	Please select
Physiotherapy assessment?:	Please select
Is a 12 lead ECG:	Not done
Recent CXR:	Not done
FBC:	Not Recorded
Urea and Electrolytes:	Not Recorded
LFT:	Not Recorded
TFT:	Not Recorded
Lipid Profile:	Not Recorded
Glucose:	Not Recorded

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
112	75				30-Dec-2019
114	67				19-Jun-2019
116	79				24-Oct-2017
			40	15.82	12-Aug-2019
			40		19-Jul-2019
			40	15.82	19-Jun-2019
			42	16.61	07-Nov-2017
		159	43	17.01	24-Oct-2017

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history
Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	

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Acute pyelitis	?? -	?? -	?? -	?? 17-Jul-2000
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 23-Jun-1998
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 15-Aug-1994
Spontaneous vaginal delivery	?? -	?? -	?? male	?? 28-Oct-1985
Generalised nonconvulsive epilepsy	?? -	?? -	?? -	?? 21-Feb-1984
Neonatal death	?? -	?? -	?? 26/40	?? 01-May-1983
[X]Self mutilation	?? -	?? -	?? -	?? 14-Apr-1975
Aggressive behaviour	?? -	?? -	?? -	?? 29-Aug-1974
Behavioural problem	?? -	?? -	?? -	?? 29-Aug-1974
[D]Convulsion NOS	?? -	?? -	?? -	?? 26-Jul-1974
Grand mal seizure	?? -	?? -	?? -	?? 07-Jul-1966

Past Procedures (High priority)

Description	?? Laterality	?? Extension	?? Date Recorded
Appendicectomy NEC	?? -	?? -	?? 18-Jan-2016
Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Lamotrigine Tablets 100 mg	?? 0408010H0AAAAAA	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY (TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Naproxen Tablets 500 mg	?? 1001010P0AAAEAE	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Omeprazole Capsules (Gastro-Resistant) 20 mg	?? 0103050P0AAAGAG	?? 56 CAPSULE	?? ONE CAPSULE TO BE TAKEN ONCE DAILY WHILST TAKING NAPROXEN	?? -	?? -	?? -
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	?? -	?? 60 dose	?? 1 puff daily	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 TABLET	?? ONE TO BE TAKEN TWICE A DAY(TOTAL DOSE 300MG BD)	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free Inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 1 INHALER	?? TWO PUFFS WHEN REQUIRED FOR WHEEZE	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Co-Codamol 30/500 Tablets	?? 0407010F0AAAHAH	?? 100 TABLET	?? ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN	?? -	?? - ??	104? Days
Duloxetine Gastro-resistant Capsules 30 mg	?? -	?? 56 CAPSULE	?? ONE BD	?? -	?? - ??	77? Days

Clinical warnings

Description	Comment	Date Recorded
Cigarette smoker, 4 Cigarettes/day	-	12-Aug-2019
Light smoker - 1-9 cigs/day	prev 20cpd	19-Jul-2019
Current smoker	-	19-Jun-2019
Current smoker	-	23-Nov-2018
Thinking about stopping smoking	-	24-Oct-2017
Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	30-May-2017

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

Additional relevant information

?

Signature of referring doctor (or other professional) **Date** 17-Jul-2020

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: DW/HD/0707663040
CHI: 0707663040

Clinic Date: 27 May 2020
Date: 27 May 2020

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Marshall

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Reported antiepileptic medication:
Lamotrigine 250mg twice daily

I have just conducted a pre arranged telephone clinic review with Grace. This was in replacement to a planned outpatient appointment cancelled due to increased risk of infection.

Background
A diagnosis of suspected frontal lobe nocturnal epilepsy although diagnosis not completely secure and day time attacks of uncertain aetiology.

Assessment
I am pleased to say that Grace reports that she is tolerating her anti convulsant medication reasonably well.

Unfortunately her nocturnal attacks have increased to around one per night. As we are more certain to the nocturnal events being seizures I feel that it would be reasonable to increase Grace's Lamotrigine in the first instance to 250mg am, 300mg pm and then in two weeks time to 300mg twice daily. The drivers for these may well be that Grace is shielding and finding this somewhat stressful and disconcerting.

Grace does have some video footage that we had requested at the last review unfortunately she has been unable to email this out to us. I have asked Grace if she could try to email this once more I would be most grateful.

I will arrange for a further follow up for Grace in around three months time which in all probability will be a telephone review once more due to COVID and I have asked that Grace calls me if she has any concerns prior to this.

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Recommendations
Please increase Lamotrigine slowly to 300mg twice daily
Follow up in around three month's time

Kind regards.

Yours sincerely

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv-uhb.nurse.epilepsyservice@nhs.net

cc Grace Black

UK Epilepsy and Pregnancy register enrolment page.
http://www.epilepsyandpregnancy.co.uk/pages/registrationChoice2.html

EPILEPSY CONNECTIONS (Your Friendly Local Support Organisation)
http://www.epilepsyconnections.org.uk/
01324 673 750

Information on sudden unexplained death
https://www.sudep.org

EPILEPSY SCOTLAND
http://www.epilepsyscotland.org.uk/
Helpline: 0808 800 2200

EPILEPSY ACTION
http://www.epilepsy.org.uk/
0808 800 5050

Web Sites
http://www.moodjuice.scot.nhs.uk/

BREATHING SPACE
http://www.breathingspacescotland.co.uk

Money Matters for Stirling and Clackmannanshire
Tel :- 01786 233525

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Tel :- 01324 501404

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: DW/HD/0707663040
CHI: 0707663040

Clinic Date: 12 September 2019
Date: 03 October 2019

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Marshall

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Current antiepileptic medication:
Lamotrigine 250mg twice daily

I have just conducted a pre arranged telephone clinic review with your patient Grace Black.

Background
Last reviewed by Dr Murray in early July with no change to Lamotrigine at the above dose.

Diagnosis of suspected frontal lobe nocturnal seizures although diagnosis not completely secure and day time attacks of uncertain aetiology.

Assessment
I am pleased to say that Grace reports she is tolerating her Lamotrigine reasonably well with little in the way of side effects.

Her seizures unfortunately do continue both nocturnally and during the day. Certainly there is some question mark regarding the aetiology of her day time seizures. Grace kindly informed me that she has managed to capture some videos of her seizures and I believe her son is going to email them to me in due course. Therefore for now I would make no change Grace's anti epileptic medication and would rather review the videos and then discuss with Dr Murray.

I will arrange for a further outpatients appointment for Grace in due course.

Recommendations
No change to anti epileptic medication
Follow up in due course

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Kind regards.

Yours sincerely

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv-uhb.nurse.epilepsyservice@nhs.net

cc

UK Epilepsy and Pregnancy register enrolment page.
http://www.epilepsyandpregnancy.co.uk/pages/registrationChoice2.html

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01324 673 750

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https://www.sudep.org

EPILEPSY SCOTLAND
http://www.epilepsyscotland.org.uk/
Helpline: 0808 800 2200

EPILEPSY ACTION
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0808 800 5050

Web Sites
http://www.moodjuice.scot.nhs.uk/

BREATHING SPACE
http://www.breathingspacescotland.co.uk

Money Matters for Stirling and Clackmannanshire
Tel :- 01786 233525

Falkirk Welfare benefits
Tel :- 01324 501404

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Department of General Surgery
Consultant: Mr Michael Wilson
Tel: 01324 566939

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Grace Black
36 SPENCE STREET
Bonnybridge
Stirlingshire
FK4 1NH

Date Dictated 03 September 2019
Date Typed 04 September 2019

Our Ref MW/SL/0707663040
CHI 0707663040

Dear Ms Black

Following on from your recent upper GI endoscopy to investigate your reflux symptoms and weight loss, I requested a CT scan of your chest and abdomen to look for other causes out with the scope of the upper GI endoscopy. I am pleased to report that this CT scan was normal with no obvious serious causes identified. I do hope that you are reassured by this.

At this moment in time I don't propose any further investigations and I have discharged you back to the care of your GP.

Yours sincerely

(Dictated and electronically checked by Mr Michael Wilson)

Mr Michael Wilson
Consultant Surgeon

cc: Dr Louise Marshall, Antonine Medical Practice, Larbert Road, Bonnybridge, FK4 1ED

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Chief Executive: Cathie Cowan

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Neurology Department
Consultant: Dr Katy Murray
Tel: 01324 566352

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated 02 July 2019
Date Typed 20 August 2019

Our Ref KM/HD/0707663040
CHI 0707663040

Dear Dr Marshall

Grace Black 07/07/1966
36 SPENCE STREET Bonnybridge Stirlingshire FK4 1NH

Diagnosis:

1. Suspected frontal lobe nocturnal seizures although diagnosis not completely secure and day time attacks of uncertain aetiology

Plan:

1. Continue Lamotrigine 250mg bd
2. No further adjustments to anti convulsants until we get information from the video equipement that Grace is hopefully getting in the next fortnight

I caught up with Grace for epilepsy review on the 2nd July 2019. She is now on Lamotrigine 250mg bd and tolerating it fine. She is off the Levetiracetam. This switch has had no impact on her presumed seizures. The nocturnal events that are thought to be frontal lobe seizures remain rather erratic so recently she had none for two months and then had two in a week without any clear change in circumstance or trigger. She tends to know the next morning when she wakes up feeling sore and sometimes bruised. As you know extensive EEG telemetry and stays in Quarriers in Glasgow failed to capture any of these events but they have been thought to be nocturnal frontal lobe seizures on clinical grounds and hence treated as such. More recently she has been having these day time episodes which might be focal seizures although I don't think the diagnosis is at all secure with these and it is curious that they emerged so long after the nocturnal attacks. She is unsure right now how many she is having as everyone is out at work during the day and she is not aware during or after the episodes but previous estimates have been around ten a day. They can last between 2 seconds and two minutes she has been told. She just appears to blank out and then afterwards either continues the conversation as if the event never happened or sometimes is briefly muddled and looses track of conversation for a few seconds and then back to normal.

Darren wrote in January asking if we could get the daytime attacks videoed if at all possible but unfortunately this has been difficult. However her son has now ordered some sort of video equipment called an epihunter which apparently records fairly constantly and can be downloaded onto a phone so they are optimistic they will get useful information within the next few weeks. They will then send it on to Darren who will share it me or make a decision, both hopefully as to the aetiology of the attacks and also whether further anti convulsants are indicated.

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Chairman: Alex Linkston CBE
Chief Executive: Cathie Cowan

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

www.nhsforthvalley.com Facebook.com/nhsforthvalley @nhsforthvalley

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For now on the current basis I would not change things and Grace is happy with this plan. I have given her annual review with me but either Darren or I will be in touch before then if there is additional information.

Yours sincerely

(Dictated and electronically checked by Dr Katy Murray)

Dr Katy Murray
Consultant Neurologist

Cc Darren Wilkinson
Cc Grace Black

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
13-Aug-2019

REFERRAL LETTER

MEDICAL IN CONFIDENCE

0707663040 CHI No: 0707663040

101019344300U
Unique Care Pathway Number: 101019344300U

REFERRAL TO

General SurgeryC1 FV Suspected OG Cancer	**Consultant / receiving practitioner** and/or **specialty clinic**
Forth Valley Cancer Services NHS Forth Valley	**Hospital** and **hospital address** Hospital location code. V001G

Urgency of Referral **Urgent - Suspected Cancer (Upper GI - OG) Referral??**

Administrative Information
Patient has special requirements:No
Ethnic Origin: (White) British

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	- Sex Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address
36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)
Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Bridget McCalister
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:
Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

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

Description: unexplained weight loss and new heartburn

Comment: Dear Doctor,

thank you for seeing this lady who saw a locum GP 3 weeks ago. Over the last 2 ? months she had lost 4kg in weight. She was eating normally and had no bowel symptoms. Abdominal examination was normal. She had been buying Rennies for heartburn. She had no change to her appetite and no problems swallowing. The locum gave her Ranitidine which improved her symptoms but did not put them away. Her weight has remained stable over the last 3 weeks. Blood tests were all normal apart from a Vitamin D level of 19 which I presume is due to her vegetarian diet.

She is a smoker and awaits a chest x-ray.

Her other past medical history and medications are listed below.

In view of her weight loss and new symptoms of heartburn I am grateful for you seeing her urgently.

Yours sincerely
Dr Bridget McCalister

Examinations and Investigations

Is this person fit for day case endoscopy?:	Yes	-
Performance Status:	No numerical value	-
FBC sent:	Not Recorded	-
Ferritin sent:	Not Recorded	-
U and E's sent:	Not Recorded	-
LFTs sent:	Not Recorded	-
Previous Endoscopy done:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
114	67				19-Jun-2019
116	79				24-Oct-2017
			40	15.82	12-Aug-2019
			40		19-Jul-2019
			40	15.82	19-Jun-2019
			42	16.61	07-Nov-2017
		159	43	17.01	24-Oct-2017

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Medical history
Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	
Acute pyelitis	??	-	??	-	??	-	??	17-Jul-2000	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	23-Jun-1998	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	15-Aug-1994	
Spontaneous vaginal delivery	??	-	??	-	??	male	??	28-Oct-1985	
Generalised nonconvulsive epilepsy	??	-	??	-	??	-	??	21-Feb-1984	
Neonatal death	??	-	??	-	??	26/40	??	01-May-1983	
[X]Self mutilation	??	-	??	-	??	-	??	14-Apr-1975	
Aggressive behaviour	??	-	??	-	??	-	??	29-Aug-1974	
Behavioural problem	??	-	??	-	??	-	??	29-Aug-1974	
[D]Convulsion NOS	??	-	??	-	??	-	??	26-Jul-1974	
Grand mal seizure	??	-	??	-	??	-	??	07-Jul-1966	

Past Procedures (High priority)

Description	??	Laterality	??	Extension	??	Date Recorded
Appendicectomy NEC	??	-	??	-	??	18-Jan-2016

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Magnetic resonance imaging of brain normal	?? -	?? -	?? 28-May-2015
Cervical smear: negative	?? -	?? -	?? 04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	?? -	?? -	?? 12-Jan-2004
Termination of pregnancy NEC	?? -	?? -	?? 18-Mar-2002
TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Nortriptyline Tablets 10 mg	?? 0403010V0AAADAD	?? 60 tablet	?? ONE TABLET AT NIGHT	?? -	?? -	?? -
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	?? -	?? 60 dose	?? 1 puff daily	?? -	?? -	?? -
Ropinirole Hydrochloride Tablets 500 micrograms	?? -	?? 56 tablet	?? ONE TO BE TAKEN AT NIGHT	?? -	?? -	?? -
Lamotrigine Tablets 200 mg	?? 0408010H0AAA1A1	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Lamotrigine Tablets 50 mg	?? 0408010H0AAABAB	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY	?? -	?? -	?? -
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 1 INHALER	?? TWO PUFFS WHEN REQUIRED FOR WHEEZE	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Colecalciferol Tablets 4,000 units	?? -	?? 70 tablet	?? ONE TO BE TAKEN DAILY	?? -	?? - ??	70? Days
Omeprazole Capsules (Gastro-Resistant) 20 mg	?? 0103050P0AAAGAG	?? 28 capsule	?? ONE CAPSULE TO BE TAKEN ONCE DAILY	?? -	?? - ??	42? Days
Ranitidine Tablets 150 mg	?? 0103010T0AAAAAA	?? 56 tablet	?? ONE TABLET TO BE TAKEN TWICE DAILY	?? -	?? - ??	42? Days
Zolmitriptan Tablets 5 mg	?? -	?? 6 tablet	?? ONE TO BE TAKEN IF REQUIRED FOR MIGRAINE.	?? -	?? - ??	42? Days
Nortriptyline Tablets 10 mg	?? 0403010V0AAADAD	?? 28 tablet	?? ONE TABLET AT NIGHT	?? -	?? - ??	42? Days

Clinical warnings

Smoking status: Number per day: ? (not known)

Description	Comment	Date Recorded
Cigarette smoker, 4 Cigarettes/day	-	12-Aug-2019
Light smoker - 1-9 cigs/day	prev 20cpd	19-Jul-2019
Current smoker	-	19-Jun-2019
Current smoker	-	23-Nov-2018
Thinking about stopping smoking	-	24-Oct-2017

Alcohol status: Units per day: ? (not known)

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	30-May-2017

Exercise status: Not Known

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
Adverse reaction to Sanomigran	?? -	?? -	?? -	?? -

Additional relevant information

?

Signature of referring doctor (or other professional) **Date** 13-Aug-2019

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Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: DW/HD/0707663040
CHI: 0707663040

Clinic Date: 02 May 2019
Date: 21 May 2019

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Marshall

GRACE BLACK 07/07/1966
36 SPENCE STREET BONNYBRIDGE STIRLINGSHIRE FK4 1NH

Current antiepileptic medication:
Lamotrigine 250mg twice daily

I have just completed a pre arranged telephone clinic review with your patient Grace Black.

Background
Last reviewed in clinic in early January with no change to anti epileptic medication.

Diagnosis of problem epilepsy with focal onset secondary generalisation.

Assessment
I am pleased to say that Grace reports she is tolerating the Lamotrigine reasonably well. Regarding seizures, her seizures are reasonably settled and continue in much the same vein as her previous review. Grace does report ongoing absences however I do note that Dr Razvi did question whether or not these were all epileptic in origin. We discussed the Amitriptyline that you have introduced for Grace, she does report some fatigue and feeling quite tired in the morning. At the moment Grace is taking her Amitriptyline at around 9.00pm at night and I have advised her to take this a little earlier, say between 6.00pm and 7.00pm as this may help her to feel less fatigued in the am.

I see that Grace is ticketed for review with Dr Murray in late June early July although with no release date. I will therefore offer a telephone clinic in around four months or so. Grace has my contact details should she wish to contact me for any reason prior to this.

Recommendations
No change to anti epileptic medication
Follow up in around four months as part of a telephone clinic review

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Kind regards.

Yours sincerely

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv-uhb.nurse.epilepsyservice@nhs.net

cc Grace Black
cc Dr K Murray Consultant Neurologist FVRH

UK Epilepsy and Pregnancy register enrolment page.
http://www.epilepsyandpregnancy.co.uk/pages/registrationChoice2.html

EPILEPSY CONNECTIONS (Your Friendly Local Support Organisation)
http://www.epilepsyconnections.org.uk/
01324 673 750

Information on sudden unexplained death
https://www.sudep.org

EPILEPSY SCOTLAND
http://www.epilepsyscotland.org.uk/
Helpline: 0808 800 2200

EPILEPSY ACTION
http://www.epilepsy.org.uk/
0808 800 5050

Web Sites
http://www.moodjuice.scot.nhs.uk/

BREATHING SPACE
http://www.breathingspacescotland.co.uk

Money Matters for Stirling and Clackmannanshire
Tel :- 01786 233525

Falkirk Welfare benefits
Tel :- 01324 501404

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Neurology Department
Specialist Nurse: Darren Wilkinson
Tel: 01324 566354

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS
Forth Valley

Ref: DW/HD/0707663040
CHI: 0707663040

Clinic Date: 10 January 2019
Date: 14 January 2019

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Marshall

GRACE BLACK 07/07/1966
36 SPENCE STREET BONNYBRIDGE STIRLINGSHIRE FK4 1NH

Current antiepileptic medication:
Lamotrigine 250mg twice daily

Your patient GRACE BLACK and her daughter and grandson very kindly attended my epilepsy clinic today.

Background
Last reviewed by my colleague Magnus Corkish in mid August of last year. Increasing absence seizures whilst Levetiracetam was being reduced. Lamotrigine increased from 200mg twice daily to 250mg twice daily.

Diagnosis of probable epilepsy with focal onset with secondary generalisation? frontal lobe onset.

Assessment
I am pleased to say that Grace has tolerated the increase in Lamotrigine well.

Regarding her seizures, her night time seizures at the moment there is around two of these per month which Grace reports are reasonably settled for her. Grace and her daughter also reports between 5 to 10 absences per day which has not changed since last reviewed by Magnus and the increase in Lamotrigine.

On discussion today the length of these absences may be between 2 and 10 minutes where Grace will stare unresponsively. It is also reported that she makes a fairly rapid recovery from these absences. I am unsure if these are actual absences or epileptic seizures. To this end I have asked that Grace's family video three of these and email on to me so the seizures can be reviewed by both myself and Dr Murray as I am uncertain if these events are true seizures.

For now we will make no change to her anti epileptic medication and I will review once more as part of a telephone clinic in around three months time.

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Recommendations
No change to anti epileptic medication
Absence like seizure/events to be videoed and emailed in to the email address at the foot of this letter for review.

Kind regards.

Yours sincerely

(Dictated and electronically checked by Darren Wilkinson)

Darren Wilkinson
Epilepsy Specialist Nurse
fv-uhb.nurse.epilepsyservice@nhs.net

cc Grace Black
cc Dr K Murray Consultant Neurologist FVRH

UK Epilepsy and Pregnancy register enrolment page.
http://www.epilepsyandpregnancy.co.uk/pages/registrationChoice2.html

EPILEPSY CONNECTIONS (Your Friendly Local Support Organisation)
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01324 673 750

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EPILEPSY SCOTLAND
http://www.epilepsyscotland.org.uk/
Helpline: 0808 800 2200

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http://www.epilepsy.org.uk/
0808 800 5050

Web Sites
http://www.moodjuice.scot.nhs.uk/

BREATHING SPACE
http://www.breathingspacescotland.co.uk

Money Matters for Stirling and Clackmannanshire
Tel :- 01786 233525

Falkirk Welfare benefits
Tel :- 01324 501404

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Scan please to GGNS

Black Grace CHI: 0707663040 S817695

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

South Glasgow University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 232 7938
Enquiries to: Karen Paisley (Secretary)
Letter Date: 04/06/2015
Reference: SR/KP
Dictated Date: 28/05/2015
Transcribed Date: 02/06/2015

Dr. MA McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire
ML11 0PX

Dear Dr McArhur,

Grace Black; D.O.B: 07/07/1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

This lady's MR scan of the brain was reported to be normal.

Yours sincerely,

Dr Saif Razvi

Consultant Neurologist

Electronically Signed: Dr Saif Razvi, Consultant

cc.

Add Surrey & Glasgow correspondence in folder
letter of 26/6/15
MRI "impression of 4 cr
and in dilation & neurological
clinic (and when
did not improve) no
MRI no other explan
any GP ... 15/6
15 in Queries
... as seen a

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Clinic Letter

NHS
Greater Glasgow and Clyde

South Glasgow University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department:
Contact Tel: 0141 232 7938
Enquiries to:

Dr. MA McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire
ML11 0PX

Letter Date: 28/04/2015
Reference: SR/KP
Dictated Date: 28/04/2015
Transcribed Date: 13/05/2015

Dear Dr. MA McArthur,

Grace Black; D.O.B: 07 Jul 1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

Attendance: Specialty - Neurology; Clinic - SGSRNE4 DR RAZVI NEURO TUESDAY PM
Date and Time of Appointment - 28/04/2015 14:30

Clinical Comments:
This 48 year-old right-handed lady, who is not working at the moment, was seen at the neurology service today along with her son and son's girlfriend. She informs me that at the age of 14, she started having seizures at a frequency of about 1 a month. They would all occur from sleep. She would wake up having bruised herself. She would bite her tongue but would never be incontinent. She would be seen to be thrashing about in the bed. She was seen at the Western Infirmary and a diagnosis of epilepsy was made in the 1980's. She was started on medication. Her last event occurred at the age of 19 and her medications were stopped either at the age of 20 or 21. She stopped the medication on her own accord.

She then had no events until September 2014. She has now started having events at a frequency of about 2-5 a week. These all occur at night-time. She goes to bed at 1am. She typically has an event between 1am and 2am. She wakes up feeling a bit confused. She is not sure if she has events when she is awake or when she is actually sleeping. She may feel that her legs are sore. She does not injure herself otherwise. She is not incontinent and does not bite her tongue. She feels quite upset and may panic afterwards.

At times, she wakes up at night and has a sense of paralysis of her limbs although she is awake. This would last for two minutes.

At times, she wakes up feeling extremely shaky and tremulous.

Her son who lives with her notices that she calls out to him. He finds her looking quite dazed. She asks questions about when she went to bed. She is quite agitated and paranoid for a few hours.

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There is a history of migraine, depression, COPD, Asthma, and she is now on Citalopram and Diazepam for anxiety. She smokes. She does not drink. She was driving but is now aware of the DVLA regulations and is not driving. There is no family history of epilepsy. There is no history of head injury, meningitis or encephalitis. There is no history of febrile seizures.

In summary, frequent new onset events are described for the last 6 months. This on the background of a likely diagnosis of epilepsy in her teenage years. It would be important to clarify the nature of these events to allow us to provide appropriate treatment. It is possible that the events represent a behavioural state of agitation rather than a post-ictal state. It is interesting that despite the high frequency of events, and her son being awake when she has the events, he has not noticed anything untoward.

We have discussed the differential diagnosis today. We have discussed the differential diagnosiss of epilepsy as well as a behavioural state or a sleep disorder. I have suggested that we do an MR scan of the brain and ECG today was normal. I have also suggested that we either do an ambulatory EEG or a short period of diagnostic video telemetry. I have informed her that I shall write to my neurophysiology colleagues and ask them to kindly arrange an appropriate EEG assessment for the patient. I have provided advice regarding first aid measures, safety issues, the risks involved with a blackout disorder and the importance of doing the investigations. We have also discussed the DVLA regulations and she knows that she is not in a position to drive at the moment. I shall see her back with the results of her assessments.

Yours sincerely,

Dr Saif Razvi

Consultant Neurologist

Electronically Signed: Dr Saif Razvi, Consultant

cc: Dr Shona Livingstone
Consultant Neurophysiologist
Department of Neurophysiology
Institute of Neurological Sciences
Southern General Hospital

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Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 232 7938
Enquiries to:
Letter Date: 29/09/2015
Reference: SR/KP
Dictated Date: 18/09/2015
Transcribed Date: 22/09/2015

Dr. MA McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire
ML11 0PX

Dear Dr. MA McArthur,

Grace Black; D.O.B: 07/07/1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

Admission: Specialty - Neurology; Ward - QEUH Ward 68A - Neurology
Consultant - Dr Saif Razvi; Date of Admission - 05/08/2015
Date of Discharge - 07/08/2015; Discharged to - Private Residence - living with relatives or friends

Procedures:
05/08/2015 SLEEP STUDIES NEC

Clinical Comments:
This patient had a period of video telemetry assessment for a period of 44 hours in August 2015. No events were reported or recorded during the 44 hours of admission. EEG showed prominent fast activity related to Benzodiazepines. No epileptiform activity was seen. A further review appointment will be made in due course.

Yours sincerely,

Dr Saif Razvi

Consultant Neurologist

Electronically Signed: Dr Saif Razvi, Consultant

cc.

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Yours sincerely,

Dr Saif Razvi

Consultant Neurologist

Electronically Signed: Dr Saif Razvi, Consultant

cc. Dr Shona Livingstone
Consultant Neurophysiologist
Department of Neurophysiology
Institute of Neurological Sciences
Queen Elizabeth University Hospital

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Black Grace CHI: 0707663040

Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Neurology
0141 232 7938

Dr. MA McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire
ML11 0PX

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 27/09/2016
Reference: SR/KP
Dictated Date: 27/09/2016
Transcribed Date: 28/09/2016

Dear Dr. MA McArthur,

Grace Black; D.O.B: 07 Jul 1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

Attendance: Specialty - Neurology; Clinic - SGSRNE4-DR RAZVI NEURO TUESDAY PM
Date and Time of Appointment - 27/09/2016 16:30

Clinical Comments:
This lady was reviewed back at the neurology service today. She was accompanied by her son. She informed me that she continues to have events. These can occur up to 5 times a week. She can then be episode free for up to a week at a time. She herself believes that the attacks occur at night-time. She wakes up feeling a bit confused and unwell. Her son describes hearing a call out from the neighbouring room. She appears to be panicking and is confused and is dazed and this may last for 15 minutes.

Interestingly, he has also noted a couple of episodes in the living room when she has fallen asleep during the day. She may have a few larger jerks of her body, which appear to be hypnic jerks, and she will then wake up. She will ask what has happened and appear confused for two minutes.

As you are aware, her prior EEG performed for two days did not capture any events. In view of her continued events, I shall request Dr Livingstone, Consultant Neurophysiologist to arrange a 5 day period of Video Telemetry assessment as this will hopefully capture events and clarify the diagnosis and allow us to guide further management. She understands that although there is prior history of epilepsy, several markers of what is being described today would not appear particularly epileptic in nature. In addition, a home video was shown today in which she appeared to be extremely tremulous and anxious and was walking around in clear consciousness communicating appropriately. This did not appear particularly epileptic in nature. She understands that she will need to wait a few months for a Video Telemetry assessment. I shall then review her to discuss further management as appropriate.

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Electronically Signed: Dr Saif Razvi, Consultant

cc.

THIS IS A RECONSTITUTED DOCUMENT PRINTED FROM EDRM

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. MA McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire
ML11 0PX

Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 232 7938
Enquiries to:
Letter Date: 19/01/2017
Reference: SR/KC
Dictated Date: 04/01/2017
Transcribed Date: 12/01/2017

Dear Dr. MA McArthur,

Grace Black; D.O.B: 07/07/1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

Admission: Specialty - Neurology; Ward - QEUH Ward 68A - Neurology
Consultant - Dr Saif Razvi; Date of Admission - 12/12/2016
Date of Discharge - 16/12/2016; Discharged to - Private Residence - no additional detail added.

Clinical Comments:
This lady was admitted to the video telemetry unit for a period of 5 days. 95 hours of EEG were recorded. No events were reported or recorded during the 5 day admission. The Interictal EEG was not normal with sharp activity seen more so on the left temporal region.

I had the opportunity of discussing the above assessment with Ms Black. In view of the fact that she has now had two periods of EEG assessment without clarification of her current frequent events, it would be useful for a longer period of inpatient assessment. This could be considered at the Scottish Epilepsy Centre, run by the charity Quarriers in conjunction with the NHS. Ms Black was agreeable to this suggestion and I shall therefore apply for extra contractual funding to allow her to be admitted to the Scottish Epilepsy Centre for a period of two weeks with a view to capturing events, clarifying diagnosis and a foundation for further long term management.

Yours sincerely,

Dr Saif Razvi

Consultant Neurologist

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Clinical letter - Others:

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Joanne Hill
Epilepsy Nurse Specialist
William Quarrier Scottish Epilepsy Centre
20 St Kenneth Drive
Glasgow
G51 4QD

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 232 7938
Enquiries to:	Karen Paisley (Secretary)
Letter Date:	18/01/2017
Reference:	SR/AK
Dictated Date:	11/01/2017
Transcribed Date:	11/01/2017

Dear Joanne,

Grace Black; D.O.B: 07/07/1966; CHI: 0707663040
45 Newtonhead Road, Rigside, Lanark, Lanarkshire, ML11 9NB

I would be grateful if you could help facilitate a two week period of inpatient diagnostic assessment for this patient, Miss Grace Black. This would help clarify the nature of her current events and inform further management. I shall request my secretary to forward copies of previous correspondence from hospitals in Glasgow detailing her prior clinic attendances and assessments. She has recently had a video telemetry assessment at the Queen Elizabeth University Hospital and I would hope that the final report of the video EEG assessment be forwarded to yourself. Funding has been approved for a period of two weeks by Lanarkshire Health Board.

Kind regards,
Yours sincerely,

Dr Saif Razvi
Consultant Neurologist

ENCS.

Electronically Signed: Dr Saif Razvi, Consultant

cc.

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Allergies/Sensitivities

~~No known allergies~~ Lamotrigine

Medicines discontinued:

Name of medicine	Formula	Dose	Route	Reason for stopping

Medicines introduced:

Name of medicine	Formula	Dose	Route	Indications

Medicines on Discharge:

Name of medicine	Formula	Dose	Route	8am	12pm	6pm	10pm	Treatment Duration	Tablets Supplied
Levetiracetam	Tablet	250mg	Oral	See titration schedule for date To commence.					14 tabs
Coccodamol	Tablet	30/500mg (1 or 2 required)	Oral	As Required. max 8/24hrs 4/6 hours between doses					74 tabs

Nurse confirmation of medicines supplied: [signature] Date: 6/3/17.

KBayle Date: 6/3/17

Consultant / Clinical Nurse Specialist Sign-off

Signature: [signature] Date: 6.3.17

Print Name: JOANNE HILL

Job Title: CLINICAL NURSE SPECIALIST

RECEIVED 08 MAR 2017

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SCOTTISH EPILEPSY CENTRE
Independent Hospital

20 St Kenneth Drive, Govan,
Glasgow G51 4QD
Tel: 0141 445 7750 Fax: 0141 445 7752

Consultant Neurologist: Dr Saif Razvi
Consultant Neuropsychiatrist: Dr Maria Oto
Consultant Neurophysiologist: Dr Aline Russell
Clinical Physiologist: Julia Hampshire
Principal Clinical Psychologist: James Anderson
Clinical Nurse Specialist: Joanne Hill

IMMEDIATE DISCHARGE LETTER

Name GP Practice Address Postcode	Dr M A McCarther Douglasdale Medical Practice 69 Ayr Road Douglas Lanarkshire ML11 0PX	Date of Admission 14/02/17 Date of Discharge 06/03/17	

Patient Name	CHI	Date of Birth	Address
Grace Black	0707663040	07/07/66	45 Newtonhead Road Rigside Lanark ML11 9NB

SEC Consultant	Designation	Referrer
Dr S Razvi	Consultant Neurologist	Dr S Razvi

Reason for Admission	Clarification of diagnosis
Primary Discharge Diagnosis	Focal epilepsy
Clinical Progress and Procedures Investigations	Prolonged Video telemetry No seizures captured during admission
Other Information	Lamotrigine commenced – withdrawn - possible allergic rash Levetiracetam to commence: Friday 10th March: 250mg pm Friday 17th March: 250mg am 250mg pm Friday 24th March: 250mg am 500mg pm Friday 31st March: 500mg am 500mg pm

Aids to compliance	Follow up Arrangements	Extended Discharge Document to Follow
no	6 weeks - SEC	yes

Copy to Patient	Copy to Carer / Relative
yes	no

File on EPR.
pte

Last reviewed 15 March 2016 3/3/17

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The William Quarrier Scottish Epilepsy Centre

20 St Kenneth Drive, Govan,
Glasgow G51 4QD
Tel: 0141 445 7750 Fax: 0141 445 7751
www.scottishepilepsycentre.org.uk

Quarriers

Consultant Neurologist: Dr Saif Rezvi
Consultant Neuropsychiatrist: Dr. Maria Ota
Consultant Clinical Neurophysiologist: Dr Aline Russell
Clinical Physiologist: Julia Hampshire
Principal Clinical Psychologist: James Anderson
Clinical Nurse Specialist: Joanne Hill

PRIVATE & CONFIDENTIAL

Ref: SR273/CLK

Dr M A McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire ML11 0PX

Date Dictated: 8 March 2017
Date Typed: 8 March 2017

CHI: 0707663040

Dear Dr McArthur

Grace Black, d.o.b 07/07/1966
45 Newtonhead Road, Rigside, Lanark ML11 9NB

Date of Admission: 14 February 2017 **Date of Discharge: 6 March 2017**

Aim of Admission

- Clarify diagnosis of current attacks

Diagnosis on Discharge

- Focal epilepsy

Medication on Discharge

- Co Codamol 30/500mg 2 tabs as required for pain
- Levetiracetam 250mg (for titration at home)

File EPR

14/3/17

This lady was admitted to the Scottish Epilepsy Centre with a view to a period of in-patient assessment in order to ass whether she did have active epilepsy or not. This followed prior assessment at the Queen Elizabeth University Hospital by myself including video telemetry assessment which had not captured events. Prior clinical information is available in my prior clinic letters detailing her presentation and assessments to date.

Video telemetry

A period of video telemetry was carried out for 96 hours and no events were captured during the recording period. No significant changes were seen inter ictally allowing for occasional slowing on the right. Low amplitude fast activity is prominent at times despite no medication. (Report enclosed)

Medication changes

Following the discussion of the diagnoses, Lamotrigine was commenced at a dose of 25mg. Following receiving a single dose of Lamotrigine, Ms Black developed abdominal rash which was quite itchy and blotchy. She was given anti-histamine Loratadine for the same. This helped the rash settle down. She was observed for another couple of days before being discharged. The plan would be to introduce Levetiracetam at a dose of 250mg at

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night for a period of a week, to be then increased to 250mg twice daily for one week, to be then increased to 250mg in the morning and 500mg at night for one week to be then increased to 500mg twice daily to continue. She was counselled about the use of Levetiracetam and potential benefits and side-effects.

In summary

Based on the clinical description of stereotyped events which would be compatible with probably simple partial seizures, a clinical diagnosis of epilepsy was made and discussed with Ms Black. This was on the basis of the description, prior history of epilepsy as a child and the fact that despite our assessment, we did not see any evidence of any alternative epilepsy mimics.

Ms Black stayed in the Unit for a period of 3 weeks. During this period of observation, we had the option of having several conversations with her as the diagnosis of epilepsy was made. Levetiracetam will be initiated as above.

Ms Black was also reviewed by Mr Anderson, Principal Clinical Psychologist at the Centre and this was useful. A full report follow this discharge summary.

We shall see her back at the Centre in about 6 weeks' time.

Kind regards

Yours sincerely

Dr Saif Razvi
Consultant Neurologist

Joanne Hill
Clinical Nurse Specialist
E: joanne.hill@quarriers.org.uk

Cc:
Dr Saif Razvi
Consultant Neurologist
Queen Elizabeth University Hospital

RECEIVED 14 MAR 2017

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Yours sincerely

Mr James Anderson
Principal Clinical Psychologist

Cc:
Dr Saif Razvi
Consultant Neurologist
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF

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The William Quarrier Scottish Epilepsy Centre

Quarriers

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Tel: 0141 445 7750 Fax: 0141 445 7751
www.scottishepilepsycentre.org.uk

Consultant Neurologist: Dr Saif Razvi
Consultant Neuropsychiatrist: Dr. Maria Oto
Consultant Clinical Neurophysiologist: Dr Aline Russell
Clinical Physiologist: Julia Hampshire
Principal Clinical Psychologist: James Anderson
Clinical Nurse Specialist: Joanne Hill

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Ref:JA660/EB

Dr M A McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire ML11 0PX

Date Dictated: 27 March 2017
Date Typed: 29 March 2017

CHI: 0707663040

Dear Dr McArthur

PSYCHOLOGY REPORT

Grace Black, d.o.b 07/07/1966
45 Newtonhead Road, Rigside, Lanark ML11 9NB

Thank you for your referral of Ms Black. I saw her on four occasions during her admission to the Scottish Epilepsy Centre. She also participated in a study looking at cognitive change with changes in medication. Consequently there was neuropsychological assessment completed at admission and discharge. The history is previously well documented that is she had a diagnosis of epilepsy made in the 1980s. The last event was reported as being at age 19 with medication stopped at age 20 or 21, until new events emerged in September of 2014. She has a pre-existing diagnosis of anxiety, a history of migraine, depression, COPD and asthma.

Ms Black did well during the admission. While having no events Dr Razvi thought the clinical history consistent with epilepsy. Ms Black was commenced on treatment. This was initially Lamotrigine, which caused a rash, and a plan was made to switch to Levetiracetam.

Ms Black has noted an existing diagnosis of anxiety and depression which she is on treatment for and felt this was manageable and did not require further input. We had a general discussion of any cognitive problems related to epilepsy. Ms Black believed that she had some memory difficulties. These were principally failing to recall pieces of information that she had previously been told. Her description presented as being consistent with epilepsy.

I completed an Epitrack (measure of speed and executive function) along with elements of the Dells Kaplan Battery, Repeated Battery Neurological Status and the BIRT Memory and Information Processing Battery. While there was some variance between measures, broadly my impression was there was some evidence for mild memory impairment (relative to estimated premorbid function and against other tested skills). All other aspects of cognition were intact and in an average to high average range. There was also some plausible worsening of memory (both in encoding new information and retention of information) reported around seizures.

Practically this was a reassurance to Ms Black, as she did not have significant impairment. It was also helpful in her understanding of how some of the frustrations within her family emerged. Principally she cited her son's annoyance with her and not remembering things that he had told her. We discussed a variety of memory strategies and I also offered to speak to her son and explain some of the difficulties his mother was having. She declined this as she felt that she would be able to do so herself. I plan to review her once at her 6 week follow up appointment.

File Email

21/4/17

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Quarriers

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Consultant Neuropsychiatrist: Dr. Maria Olo
Consultant Clinical Neurophysiologist: Dr Aline Russell
Clinical Physiologist: Julia Hampshire
Principal Clinical Psychologist: James Anderson
Clinical Nurse Specialist: Joanne Hill

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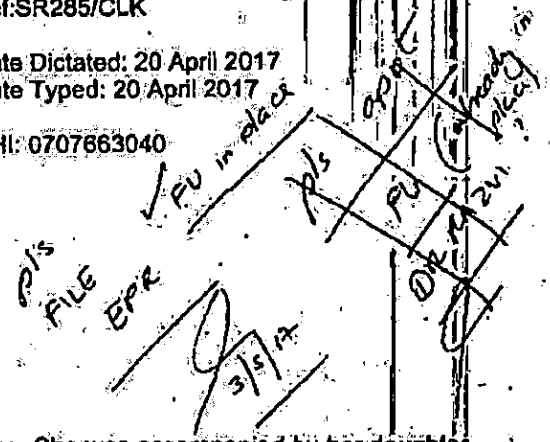
Ref:SR285/CLK

Dr M A McArthur
Douglasdale Medical Practice
69 Ayr Road
Douglas
Lanarkshire ML11 0PX

Date Dictated: 20 April 2017
Date Typed: 20 April 2017

CHI: 0707663040



Dear Dr McArthur

Grace Black, d.o.b 07/07/1966
45 Newtonhead Road, Rigside, Lanark ML11 9NB

I reviewed Ms Black at the clinic at the Scottish Epilepsy Centre today. She was accompanied by her daughter. They informed me that she has been taking her Keppra and is now on Keppra 500mg twice daily without much ill-effect. However, they do note that she has been slightly more irritable and snappy and this may well be a side-effect of the Keppra. However, she does have long-standing mental health issues and she understands that this may also be a reflection of the same. She is keen to reengage with the Local Mental Health Team and I would be grateful if she could be referred on to her local service.

Interestingly, for the last two weeks, Grace's daughter has noticed episodes. These can occur on a daily or every second day basis. Typically, she appears to just go into her shell and appears quiet and appears to stare ahead. There are no movements of her eyes, eyelids, face, arms or legs. Her breathing remains normal. Her colour remains normal. She does not respond. The episodes last from 2 minutes to 30 minutes. She then appears to come out of the episode in a virtually unaffected manner and resumes normal activities without any ill-effect. The only effect of these episodes is that she does not recollect what has been said to her during these episodes. We discussed the nature of these episodes and discussed the differential diagnosis. Grace herself and her daughter noted that that these events were new and had never been seen before. We discussed their possible basis. I explained that it would be odd for episodes lasting 30 minutes to occur without any post ictal phase or any other obvious seizure markers. We discussed the possibility that these events were related to attention and concentration and perhaps were behavioural in view of other distress that she is experiencing at the moment. Ms Black was agreeable to these suggestions. I have suggested that a family member take videos of these events on phone cameras as well as get a clearer eye witness accounts in terms of onset, duration, level of interaction and post episode state as this would allow us to have a clearer and more definitive answer to the nature of these episodes. However, Ms Black understood we would not be attributing these episodes to seizures at this juncture.

In terms of medications, in view of the degree of irritability that she is describing, we discussed alternative medications for epilepsy. I explained that perhaps it would be worthwhile considering the use of Lamotrigine and I counselled her on benefits and potential side-effects. After discussion, I have suggested that Lamotrigine be introduced and added to her current medication and this could be introduced at a dose of 25mg at night for 2 weeks to be then increased to 25mg twice daily for 2 weeks, to be then increased to 25mg in the morning and 50mg at night for 2 weeks and then increased to 50mg twice daily for 2 weeks, to be then increased to 50mg in the morning and 75mg in the evening for 2 weeks, to be then increased to 75mg twice daily to continue. This will be in addition to her Keppra. If this introduction of Lamotrigine goes smoothly, we would then consider decreasing the Keppra in steps of 250mg every 2 weeks until she is completely off it. She is agreeable to this suggestion.

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She understands that anti-seizure medications are being introduced on the basis of the description of episodes that have been thought to be compatible for focal seizures over the years. However, she also understands that during her 3 week stay at the Scottish Epilepsy centre no obvious clinical seizures were noted. The medications are being offered as a way of protection against larger and more significant seizures. She seemed to take this on board and understood the reasons for the introduction of Lamotrigine. I shall see her back at my own clinic at the Queen Elizabeth University Hospital in due course and this will allow us to advise regarding further management as appropriate.

Kind regards

Yours sincerely

Dr Saif Razvi
Consultant Neurologist

Cc:
Dr Saif Razvi
Consultant Neurologist
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF

RECEIVED 03 MAY 2017

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Black Grace CHI: 0707663040

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Main Switchboard:
Department: Neurology
Contact Tel: 0141 201 2466
Enquiries to: karyn.brown@ggc.scot.nhs.uk
Letter Date: 04/07/2017
Reference: 0707663040/SR/KB
Dictated Date: 04/07/2017
Transcribed Date: 05/07/2017

Dear Dr. LE Marshall,

Grace Black; D.O.B: 07 Jul 1966; CHI: 0707663040
36 Spence Street, Bonnybridge, Stirlingshire, FK4 1NH

Attendance: Specialty - Neurology; Clinic - SGSRNE3-DR RAZVI NEURO TUESDAY AM
Date and Time of Appointment - 04/07/2017 12:15

Follow Up: Discharged

Clinical Comments:
This lady was reviewed at the neurology service in Glasgow today. I note that she has now moved to Bonnybridge in Stirlingshire.

She was previously assessed at the Scottish Epilepsy Centre in Glasgow. I am unsure if you have her prior correspondence at the surgery and I shall request my secretary to forward all prior information and copies of discharge letters and correspondence from the Scottish Epilepsy Centre and Glasgow to yourself.

Ms Black informed me that following her review in April 2017 by myself in Glasgow, she had an episode in the bathtub in her new house in Bonnybridge. She believes that she lost awareness for a period of time. She came round having injured her ribs. She was taken by her family to Larbert where she was assessed and given painkillers. I had no further clinical details available today. I did emphasise to her the importance of being aware of risk factors in her environment. We discussed safety issues related to her environment and in particular safety in relation to water and I emphasised that it would be dangerous for her to be having a bath in view of her circumstances.

We discussed that a diagnosis of epilepsy had been made on a clinical basis based on her prior history as well as descriptions of her current episodes. However, we noted that during her stay at the Scottish Epilepsy Centre over a period of over 3 weeks, no overt clinical seizures had been seen. We had commenced Keppra as protection on a pragmatic basis but it seemed that it was not tolerated. We therefore had suggested the introduction of Lamotrigine. I had suggested in April that the Lamotrigine be introduced at a dose of 25 mg at night for a period of 2 weeks, to be then increased to 25 mg twice

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daily for 2 weeks and so forth in steps of 25 mg every 2 weeks until she was on 75 mg twice daily to continue. She believes that she is currently on 25 mg of Lamotrigine in the morning and 50 mg at night. I would be grateful if this could be further increased to 50 mg twice daily for 2 weeks, to be then increased to 50 mg in the morning and 75 mg in the evening for 2 weeks, to be then increased to 75 mg twice daily to continue. Following this, if she is on Lamotrigine for a period of 1 month, at a dose of 75 mg twice daily, her Keppra could then be reduced to 250 mg in the morning and 500 mg in the evening for 2 weeks, to be then reduced to 250 mg twice daily for 2 weeks, to be then reduced to 250 mg at night for 2 weeks, to be then stopped.

In addition, we discussed that since she has moved to Bonnybridge, it would be appropriate for her to be referred by yourself to her local neurology service in Larbert. I will forward all correspondence from Glasgow to yourself along with this letter.

In addition, she described a very heightened sense of anxiety and mood fluctuation. This has been something that she has always experienced but it has perhaps become more intense following her move to Bonnybridge. I would therefore be grateful if you could consider referring her on to her local community mental health service as a matter of priority for further assessment and advice as appropriate.

No further review has been planned at Glasgow and she has been discharged from this clinic.

With kind regards

Yours sincerely,

Saif Razvi
Consultant Neurologist

Note: Enclosures with a copy of this letter to follow via post.

Typed by Karyn Brown

Electronically Signed: Dr Saif Razvi, Consultant

cc.

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Neurology Department
Consultant: Dr Katy Murray
Tel: 01324 566352

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Darren Wilkinson
Epilepsy Nurse Specialist
FVRH

Date Dictated 26 June 2018
Date Typed 25 July 2018

Our Ref KM/HD/0707663040
CHI 0707663040

Dear Darren,

GRACE BLACK 07/07/1966
36 SPENCE STREET BONNYBRIDGE STIRLINGSHIRE FK4 1NH

Would you mind seeing this lady in some 4-6 months. My clinic letter is enclosed.

Yours sincerely

(Dictated and electronically checked by Dr Katy Murray)

Dr Katy Murray
Consultant Neurologist
encl

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Neurology Department
Consultant: Dr Katy Murray
Tel: 01324 566352

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr Louise Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Date Dictated 26 June 2018
Date Typed 24 July 2018

Our Ref. KM/HD/0707663040
CHI 0707663040

Dear Dr Marshall

GRACE BLACK **07/07/1966**
36 SPENCE STREET BONNYBRIDGE STIRLINGSHIRE FK4 1NH

Diagnosis:

1. Probable epilespy but awaiting Glasgow correspondance– from available history focal onset+/- secondary generalisation ? frontal lobe onset

Recommendation:

1. I will send Eform regarding getting Glasgow correspondance which has not reached us and medication adjustments
2. **I have asked her to increase Lamotrigine with immediate effect to 100mg bd**
3. **Two weeks later to reduce Levetiracetam to 250mg mane, 500mg nocte and after a further two weeks to 250mg bd**

Thanks for referring this 51 year old right handed lady to neurology. She attended on the 26th June together with her daughter. Unortunately although I had Dr Razvi's most recent clinic letter I did not have any of the other 19 pages of correspondance which does not seem to have made it to our records. I would appreciate it if this could be sent to me we will then get it scanned in (thanks, now received and see addendum at end of letter). However from what Grace could tell me and the information on your referral and Dr Razvi's letter she had a possible seizure at birth, your records suggest a possible further seizure aged 8 and she also had some behavioural issues at the time though does not know much about this period. She was diagnosed as having nocturnal generalised tonic clonic seizures from the age of 13, was possibly treated although we are not sure with what and they seemed to settle around the age of 20. They then started up again in 2013. There is clearly some diagnostic uncertainty and she was not put on an anti convuslant for some time. She had two weeks of video telemetry at the QE hospital in Glasgow but no events were captured and no treatment was started Then in February 2017 she had 3 weeks in Quarriers, again no seizure was captured on EEG although apparently she had a few episodes just before the leads were put on, but a pragmatic decision was made that based on the clinical history this probably was epilepsy and Levetiracetam was recommended. Grace had potential side effects of anxiety and aggression with this so he recommended switching to Lamotrigine. Currently she is still actually on Levetiracetam 500mg bd and does get some anger issues with it plus also Lamotrigine 75mg bd which she is tolerating well. Additionally she is on inhalers, a triptan for migraines prn plus Mirtazapine for her anxiety and depression and she is awaiting psychiatry input.

In terms of attack descriptions currently, from November until the end of March on a weekly basis she was having very frightening episodes

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either from sleep or in bed from an awake state when she could not move the upper half of her body but her legs were involuntary jerking yet she was aware throughout. She has a difficult to describe sensation in her head at the same time. Whilst these might be dissociative my impression from her description was that these might be frontal lobe seizures. Without any real intervention these seem to have settled completely since the beginning of May. She has different daytime episodes where relatives notice her staring in to space between 30 seconds and 5 minutes, not responding to voice and possible with oral automatisms suggestive of focal seizures. The frequency is variable but may be weekly. In addition very occasionally e.g. once or twice every six months she wakes form sleep in the morning feeling very sore and bruised and suspects she might have had a secondary generalised seizure then.

She sleeps alone and her father with dementia stays with her. She is a non driver.

As above I really do need to get all the extensive correspondance from the epilepsy service in Glasgow but based on the available information it sounds like she has focal onset seizures sometimes with secondary generalisation and possibly with a frontal lobe origin though of course there may be more relevant details coming. Given the seizures are not fully controlled and she is angry on Levetiraetam I suggest increasing the Lamotrigine as above and then titrating down the Levetiracetam. If this goes well she can reduce the Levetiracetam and stop it altogether and if need be the Lamotrigine can be pushed up above 100mg bd. I will ask Darren our epilepsy nurse to see her in some six months and I will arrange annual review with me but she knows to get in touch if there are problems with seizure control before then particularly related to dose titration and obviously if her Glasgow notes suggest something very different I will also be in touch.

Yours sincerely

(Dictated and electronically checked by Dr Katy Murray)

Dr Katy Murray
Consultant Neurologist

Addendum: Thanks for forwarding the Glasgow records. In summary her epilepsy was diagnosed aged 13-14 with nocturnal seizures, treated for 5-6 years and seizure free from late teens, but attacks restarted from late 2014 up to 2-5 times/ week. These were described as confusional episodes and panic on waking from sleep between 1-2 am plus different attacks at night when awake but limbs feel paralysed. She underwent 48 hour video telemetry, later 5 days video telemetry and finally a 3 week stay in Quarriers Scottish epilepsy centre including another 5 days of EEG recording. No attacks were ever captured on EEG/video. MRI brain was normal. A decision was made to treat this as epilepsy based, I think, on her prior epilepsy diagnosis and the fact no alternative diagnosis for the attacks was made. She started lamotrigine but quickly developed a rash so switched to levetiacetam. It isn't clear if this influenced the nocturnal attacks but shortly after starting levetiracetam Grace developed different episodes during daytime when she was quiet, staring, unresponsive, still with eyes open and no abnormal movement lasting between 2 and 30 minutes, and then recovers rapidly with no post ictal phase. Dr Razvi felt these were rather unlikely to be seizures, although suggested adding in lamotrigine (which she tolerated despite earlier rash) due to irritability on levetiracetam, with a view to weaning off leveitracetam.
Putting all this together I think the diagnosis of epilepsy is much less secure than I was initially led to believe. As Dr Razvi noted there are a number of features in the history that are atypical for epileptic seizures, and there are other differentials including dissociative attacks and a sleep disorder. Extensive investigation failed to give definitive support for an epilepsy diagnosis and it looks like ultimately they took a pragmatic approach that this sounded most like epilepsy and it was safest to therefore treat it as this. For now I think we should continue with this strategy but I think it is important to highlight the diagnostic uncertainty and if attacks fail to settle with anticonvulsant recommendations as above then I would wish to revisit things.

Cc Grace Black

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Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. LE Marshall
Antonine Medical Practice
Larbert Road
Bonnybridge
FK4 1ED

Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2466
Enquiries to: karyn.brown@ggc.scot.nhs.uk
Letter Date: 04/07/2017
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Dictated Date: 04/07/2017
Transcribed Date: 05/07/2017

Dear Dr. LE Marshall,

Grace Black; D.O.B: 07 Jul 1966; CHI: 0707663040
36 Spence Street, Bonnybridge, Stirlingshire, FK4 1NH

Attendance: Specialty - Neurology; Clinic - SGSRNE3-DR RAZVI NEURO TUESDAY AM
Date and Time of Appointment - 04/07/2017 12:15

Follow Up: Discharged

Clinical Comments:
This lady was reviewed at the neurology service in Glasgow today. I note that she has now moved to Bonnybridge in Stirlingshire.

She was previously assessed at the Scottish Epilepsy Centre in Glasgow. I am unsure if you have her prior correspondence at the surgery and I shall request my secretary to forward all prior information and copies of discharge letters and correspondence from the Scottish Epilepsy Centre and Glasgow to yourself.

Ms Black informed me that following her review in April 2017 by myself in Glasgow, she had an episode in the bathtub in her new house in Bonnybridge. She believes that she lost awareness for a period of time. She came round having injured her ribs. She was taken by her family to Larbert where she was assessed and given painkillers. I had no further clinical details available today. I did emphasise to her the importance of being aware of risk factors in her environment. We discussed safety issues related to her environment and in particular safety in relation to water and I emphasised that it would be dangerous for her to be having a bath in view of her circumstances.

We discussed that a diagnosis of epilepsy had been made on a clinical basis based on her prior history as well as descriptions of her current episodes. However, we noted that during her stay at the Scottish Epilepsy Centre over a period of over 3 weeks, no overt clinical seizures had been seen. We had commenced Keppra as protection on a pragmatic basis but it seemed that it was not tolerated. We therefore had suggested the introduction of Lamotrigine. I had suggested in April that the Lamotrigine be introduced at a dose of 25 mg at night for a period of 2 weeks, to be then increased to 25 mg twice

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daily for 2 weeks and so forth in steps of 25 mg every 2 weeks until she was on 75 mg twice daily to continue. She believes that she is currently on 25 mg of Lamotrigine in the morning and 50 mg at night. I would be grateful if this could be further increased to 50 mg twice daily for 2 weeks, to be then increased to 50 mg in the morning and 75 mg in the evening for 2 weeks, to be then increased to 75 mg twice daily to continue. Following this, if she is on Lamotrigine for a period of 1 month, at a dose of 75 mg twice daily, her Keppra could then be reduced to 250 mg in the morning and 500 mg in the evening for 2 weeks, to be then reduced to 250 mg twice daily for 2 weeks, to be then reduced to 250 mg at night for 2 weeks, to be then stopped.

In addition, we discussed that since she has moved to Bonnybridge, it would be appropriate for her to be referred by yourself to her local neurology service in Larbert. I will forward all correspondence from Glasgow to yourself along with this letter.

In addition, she described a very heightened sense of anxiety and mood fluctuation. This has been something that she has always experienced but it has perhaps become more intense following her move to Bonnybridge. I would therefore be grateful if you could consider referring her on to her local community mental health service as a matter of priority for further assessment and advice as appropriate.

No further review has been planned at Glasgow and she has been discharged from this clinic.

With kind regards

Yours sincerely,

Saif Razvi
Consultant Neurologist

Note: Enclosures with a copy of this letter to follow via post.

Typed by Karyn Brown

Electronically Signed: Dr Saif Razvi, Consultant

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
12-Jan-2018

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

0707663040

CHI No: 0707663040

101015237763I

Unique Care Pathway Number: 101015237763I

REFERRAL TO

NeurologyAH FV Epilepsy	? **Consultant / receiving practitioner** and/or **specialty clinic**
Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	? **Hospital** and **hospital address** Hospital location code. V217H

Urgency of Referral **Routine Epilepsy Referral??** ?

Administrative Information

Patient has special requirements:No

Ethnic Origin: (White) British

?

PATIENT DETAILS

Surname	Black
Forename(s)	Grace
Title	-
Sex	Female
Previous Surname	-
Date of birth	07-Jul-1966
CHI no.	0707663040

Patient's address

36 Spence Street
Bonnybridge
FK4 1NH

Contact number(s)

Voice: 07887872153

REFERRING PRACTITIONER DETAILS

Name:	Dr. Bridget McCalister (GMC: 3264799)
Practice:	Antonine Medical Practice (25192)
Phone:	Voice: 01324 812315

Practice address:

Larbert Road
Bonnybridge
FK4 1ED

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CLINICAL INFORMATION

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

Description: please see soon should have been referred July 17 but this not done in error

Comment:, Dear Doctor,

Thank you for seeing this lady who, as you can see from the attached 19 page document was being seen by Dr Razvi in Glasgow. her diagnosis of epilepsy was made on a clinical basis made on prior history.

Her medications have been increased in line with the recommendations that were made in that clinic letter. However she has remained on Kepra. Her current epileptic medication is Lamotrigine 75mg BD and Levetiracetam 500mg BD. her other medications are listed below.

My partner meant to refer her to you on receiving that letter in July 2017 but unfortunately seems not to have been done.

She saw me today saying that she gets absences weekly or daily, these come and go and there has been no change in these. She also complains of seizures at night. She can go for a month with none. She thinks that she usually gets one about every 6 weeks. However since 28th December she has had 4 episodes of night. For 3 of those she has been awake and fully conscious. She is unable to move her upper body but can feel her legs jerking. She finds this very scary and it last about a minute. She had one episode when she was asleep when her son heard and saw her. She also complains of feeling very tired for the last 2 weeks.

Just prior to this I had seen her with a lot of stress. Her father who has dementia lives with her and follows her around the house all the time. he searches her room for tablets and she feels she cant cope and wasn't sleeping at all. I issued a one week course of Zopidone 7.5mg, I wonder if this is the explanation for her sudden change in seizure activity.

Her other past medical history and medications are on this letter. I will try and contact the epilepsy nurses to see if they can give me any advice on her medications as she is waiting for an appointment with yourself.

many thanks
Yours sincerely
Dr Bridget McCalister

Examinations and Investigations

History of Head Injury:	Not Recorded -
History of Febrile Convulsions:	Not Recorded -
History of Brain Infections (e.g.meningitis):	Not Recorded -
Employment Status:	Not Recorded -
Driving Status:	Not Recorded -

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Medical history
Pre-existing Conditions (High Priority)

Description	??	Laterality	??	Modifier	??	Extension	??	Date Started	??
Grand mal seizure	??	-	??	-	??	-	??	05-Oct-2017	
Chronic obstructive pulmonary disease	??	-	??	-	??	-	??	23-Apr-2013	
Migraine	??	-	??	-	??	-	??	22-Mar-2013	
Cellulitis NOS	??	-	??	-	??	-	??	16-Sep-2011	
Anxiety states	??	-	??	-	??	-	??	01-Jun-2011	
Diverticulosis	??	-	??	-	??	-	??	13-Jul-2010	
Closed fracture pubis	??	-	??	-	??	left	??	16-Feb-2010	
Fibroadenosis of breast (Right)	??	-	??	-	??	-	??	17-Jul-2006	
Diverticulosis	??	-	??	-	??	-	??	29-Aug-2005	
Depressive disorder NEC	??	-	??	-	??	-	??	10-Dec-2004	
Menorrhagia	??	-	??	-	??	-	??	11-Oct-2000	
Acute pyelitis	??	-	??	-	??	-	??	17-Jul-2000	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	23-Jun-1998	
Spontaneous vaginal delivery	??	-	??	-	??	-	??	15-Aug-1994	
Spontaneous vaginal delivery	??	-	??	-	??	male	??	28-Oct-1985	
Generalised nonconvulsive epilepsy	??	-	??	-	??	-	??	21-Feb-1984	
Neonatal death	??	-	??	-	??	26/40	??	01-May-1983	
[X]Self mutilation	??	-	??	-	??	-	??	14-Apr-1975	
Aggressive behaviour	??	-	??	-	??	-	??	29-Aug-1974	
Behavioural problem	??	-	??	-	??	-	??	29-Aug-1974	
[D]Convulsion NOS	??	-	??	-	??	-	??	26-Jul-1974	
Grand mal seizure	??	-	??	-	??	-	??	07-Jul-1966	

Past Procedures (High priority)

Description	??	Laterality	??	Extension	??	Date Recorded
Appendicectomy NEC	??	-	??	-	??	18-Jan-2016
Magnetic resonance imaging of brain normal	??	-	??	-	??	28-May-2015
Cervical smear: negative	??	-	??	-	??	04-Aug-2014
Abdominal hysterectomy and bilateral salpingoophorectomy	??	-	??	-	??	12-Jan-2004
Termination of pregnancy NEC	??	-	??	-	??	18-Mar-2002

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TB - tuberculosis contact	?? -	?? -	?? 31-Oct-1976
Other diagnostic lumbar puncture	?? -	?? -	?? 21-Sep-1972

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	?? Last Issued	??
Rizatriptan Benzoate Tablets 10 mg	?? 0407041R0AAABAB	?? 6 tablet	?? Take one as soon as possible after onset repeat after 2 hours if migraine recurs - Maximum of 20mg in 24 hours	?? -	?? -	?? -
Salbutamol Cfc-free inhaler 100 micrograms/puff	?? 0301011R0AAAPAP	?? 1 INHALER	?? TWO PUFFS WHEN REQUIRED FOR WHEEZE	?? -	?? -	?? -
Lamotrigine Tablets 25 mg	?? 0408010H0AAACAC	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY AFTER FOOD	?? -	?? -	?? -
Lamotrigine Tablets 50 mg	?? 0408010H0AAABAB	?? 112 tablet	?? ONE TO BE TAKEN TWICE A DAY AFTER FOOD	?? -	?? -	?? -
Levetiracetam Tablets 500 mg	?? -	?? 56 tablet	?? ONE TO BE TAKEN TWICE A DAY	?? -	?? -	?? -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	?? Drug code	?? Formulation	?? Dosage	?? Frequency	??	
Zopiclone Tablets 7.5 mg	?? 0401010Z0AAAAAA	?? 7 tablet	?? TAKE ONE TABLET AT NIGHT TO HELP SLEEP	?? -	?? - ??	42? Days
Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose	?? -	?? 30 dose	?? ONE DOSE TO BE INHALED EACH DAY	?? -	?? - ??	42? Days
Varenicline Tablets 1 mg + 500 micrograms	?? -	?? 25 TABLET	?? TAKE AS DIRECTED ON PACK	?? -	?? - ??	42? Days
Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose	?? -	?? 30 dose	?? ONE DOSE TO BE INHALED EACH DAY	?? -	?? - ??	42? Days
Aerochamber Plus Spacer device standard (blue)	?? -	?? 1 DEVICE	?? USE AS DIRECTED	?? -	?? - ??	42? Days
Prednisolone Tablets 5 mg	?? 0603020T0AAACAC	?? 40 TABLET	?? EIGHT TO BE TAKEN EACH MORNING	?? -	?? - ??	42? Days
Clarithromycin Tablets 500 mg	?? 0501050B0AAADAD	?? 10 TABLET	?? ONE TO BE TAKEN TWICE A DAY FOR FIVE DAYS	?? -	?? - ??	5?Days

Clinical warnings

Lifestyle risks

Exercise status: Not Known

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

Allergies

Description	?? Comment	?? Start Date
Adverse reaction to Sanomigran	?? -	?? - ?? -

Additional relevant information

?

Signature of referring doctor (or other professional)	**Date**	12-Jan-2018

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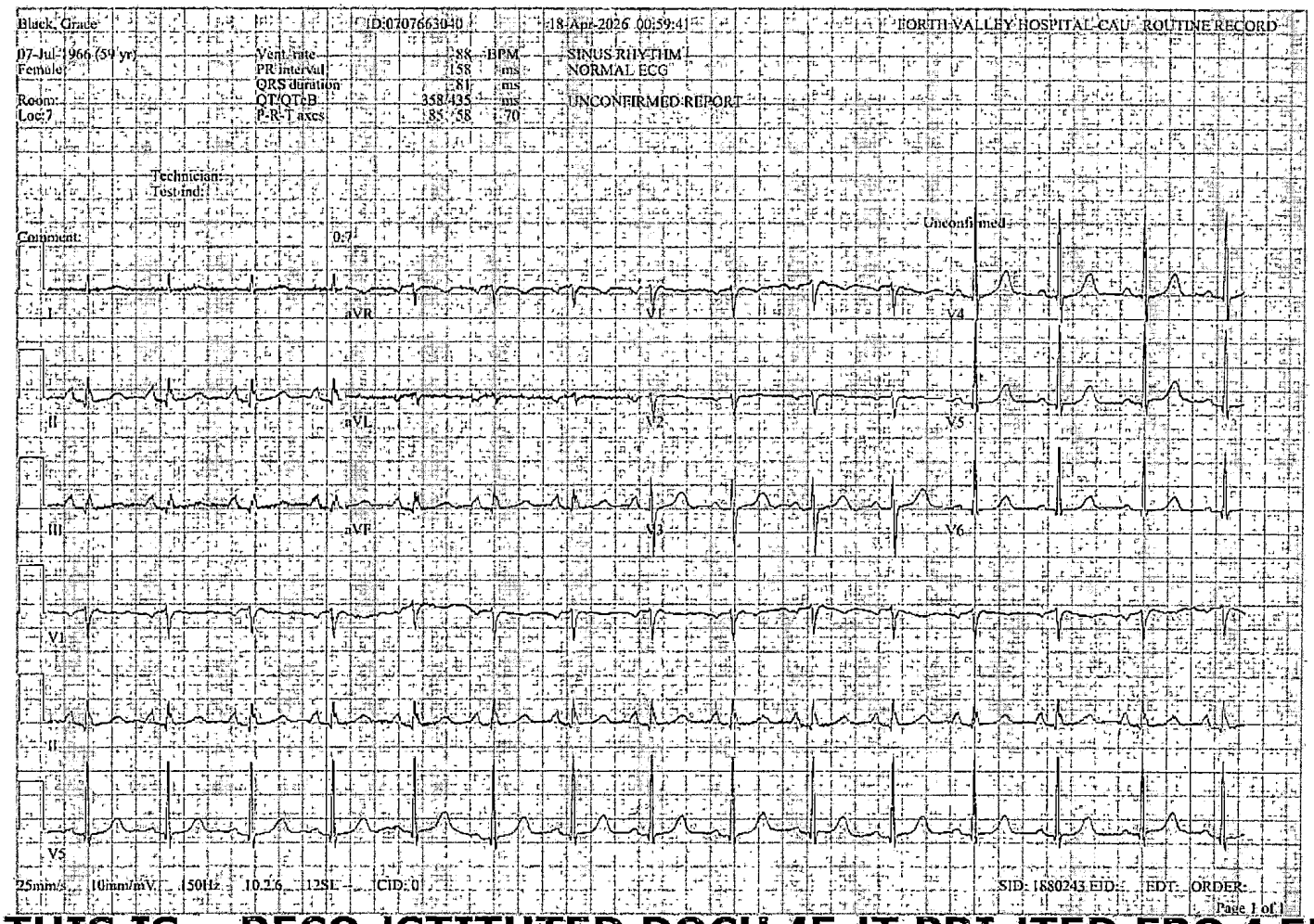

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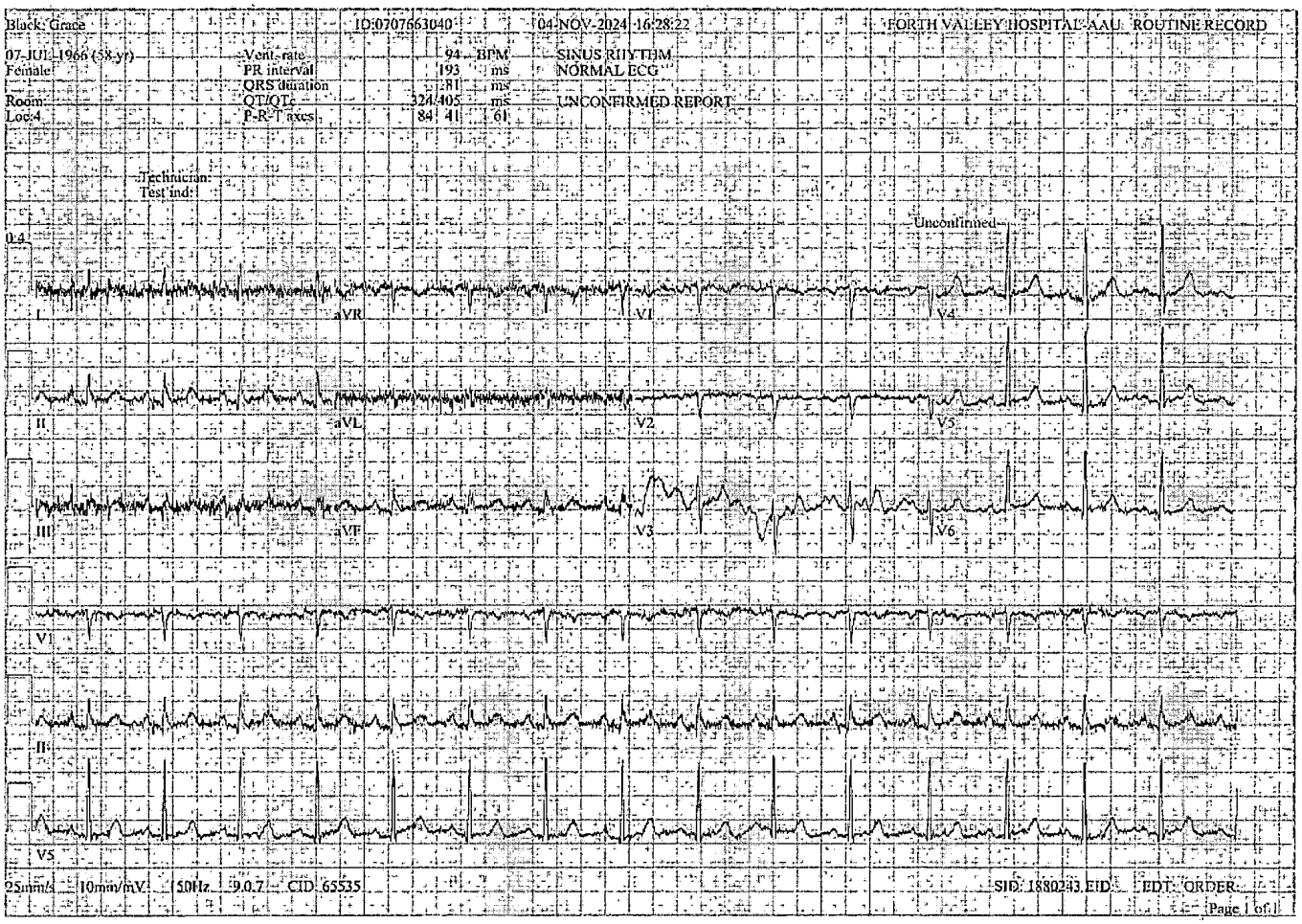

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SCI Store - Forth Valley - Patient Result Report

Report ID: BB972550V/04/26

Sample Collected: 18/04/2026 08:46:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Warburton, Dr Kate	(FVAAU2) Acute Assessment Area 2 FVRH	BB972550V/04/26	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	18/04/2026 08:46:00	18/04/2026 09:23:00	18/04/2026 10:53:36	Active

Report

LFT — Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	14	0 - 45	U/L	
ALT	15	0 - 55	IU/L	
Bilirubin	9	0 - 21	umol/L	
Total Protein	62	60 - 80	g/L	
Albumin	43	35 - 50	g/L	
Alk. Phosphatase	65	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 70-80 U/L
(ALP) ALP Ref. Limit for patients <17 years old is 60-425 U/L
(ALP) ALP Ref. Limit for adults (>17 years) is 30-130 U/L

Ca, Mg & PO4 — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.19	2.03 - 2.48	mmol/L	
Corrected Calcium	2.20	2.03 - 2.48	mmol/L	(CCA)
Phosphate	1.03	0.8 - 1.5	mmol/L	

Test Comments

(CCA) note - change to adjusted calcium reference range from
(CCA) 24/02/2026

U&E — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	136	133 - 146	mmol/L	
Potassium	4.3	3.5 - 5.3	mmol/L	
Chloride	103	95 - 108	mmol/L	
Urea	3.8	2.5 - 7.8	mmol/L	
Creatinine	48	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

C-reactive protein Cumulative

Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot.	**19**	**0 - 5**	**mg/L**	**R**

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	1.88	0.35 - 5.00	mU/L	

Last 2 users to access this result

Name	System	Location	Time
daniel.beckett	Clinical Portal	Forth Valley Portal Server	08/05/2026 07:18:20
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 18:54:07

Printed By: Ellesse Azmat on 11/05/2026 11:22:06

SCI Store - Forth Valley - Patient Result Report

Report ID: HR482071H/04/26 **Sample Collected:** 18/04/2026 08:46:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Warburton, Dr Kate	(FVAAU2) Acute Assessment Area 2 FVRH	HR482071H/04/26	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	18/04/2026 08:46:00	18/04/2026 09:23:00	18/04/2026 10:13:38	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**153**	**120 - 150**	**g/L**	**A**
White Blood Count	9.8	4.0 - 10.0	10^9/L	
Platelet Count	334	150 - 410	10^9/L	
Red Blood Count	4.79	3.8 - 4.8	10^12/L	
Mean Cell Volume	97.7	83.0 - 101.0	fl	
Packed Cell Volume	**0.468**	**0.36 - 0.46**		**A**
Mean Cell Haemoglobin	31.9	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	327	315 - 345	g/L	
Neutrophil Count	6.5	2.0 - 7.0	10^9/L	
Lymphocyte Count	2.5	1.0 - 3.0	10^9/L	
Monocyte Count	0.6	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 2 users to access this result

Name	System	Location	Time
daniel.beckett	Clinical Portal	Forth Valley Portal Server	08/05/2026 07:18:25
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 18:54:25

Printed By: Ellesse Azmat on 11/05/2026 11:22:11

SCI Store - Forth Valley - Patient Result Report

Report ID: BB972525H/04/26

Sample Collected: 18/04/2026 01:03:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beckett, Dr	(FVCAU) Clinical Assessment Unit FVRH	BB972525H/04/26	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	18/04/2026 01:03:00	18/04/2026 01:20:00	18/04/2026 02:13:51	Active

Report

LFT — Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	15	0 - 45	U/L	
ALT	15	0 - 55	IU/L	
Bilirubin	5	0 - 21	umol/L	
Total Protein	63	60 - 80	g/L	
Albumin	44	35 - 50	g/L	
Alk. Phosphatase	64	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 70-80 U/L
(ALP) ALP Ref. Limit for patients <17 years old is 60-425 U/L
(ALP) ALP Ref. Limit for adults (>17 years) is 30-130 U/L

Ca, Mg & PO4 — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.23	2.03 - 2.48	mmol/L	
Corrected Calcium	2.23	2.03 - 2.48	mmol/L	(CCA)
Phosphate	0.93	0.8 - 1.5	mmol/L	

Test Comments

(CCA) note - change to adjusted calcium reference range from
(CCA) 24/02/2026

U&E — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	139	133 - 146	mmol/L	
Potassium	3.8	3.5 - 5.3	mmol/L	
Chloride	104	95 - 108	mmol/L	
Urea	3.3	2.5 - 7.8	mmol/L	
Creatinine	48	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

C-reactive protein Cumulative

Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot.	**16**	**0 - 5**	**mg/L**	**R**

Last 3 users to access this result

Name	System	Location	Time
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 18:54:29
daniel.beckett	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:29:11
8109431	Clinical Portal	Forth Valley Portal Server	18/04/2026 03:31:48

Printed By: Ellesse Azmat on 11/05/2026 11:22:16

SCI Store - Forth Valley - Patient Result Report

Report ID: BB972524E/04/26

Sample Collected: 18/04/2026 01:03:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report, Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beckett, Dr	(FVCAU) Clinical Assessment Unit FVRH	BB972524E/04/26	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Fluoride Oxalate	18/04/2026 01:03:00	18/04/2026 01:21:00	18/04/2026 01:54:01	Active

Report

Blood glucose Cumulative

Description	Value	Range	Unit	Normalcy Notes
Glu Sample Time	01.03			
Glucose	5.7	3 - 6	mmol/L	

Last 2 users to access this result

Name	System	Location	Time
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:36:06
8109431	Clinical Portal	Forth Valley Portal Server	18/04/2026 02:59:46

Printed By: Ellesse Azmat on 11/05/2026 11:22:21

SCI Store - Forth Valley - Patient Result Report

Report ID: HR482049D/04/26

Sample Collected: 18/04/2026 01:03:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beckett, Dr	(FVCAU) Clinical Assessment Unit FVRH	HR482049D/04/26	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	18/04/2026 01:03:00	18/04/2026 01:21:00	18/04/2026 01:33:47	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**151**	**120 - 150**	**g/L**	**A**
White Blood Count	**12.4**	**4.0 - 10.0**	**10^9/L**	**A**
Platelet Count	304	150 - 410	10^9/L	
Red Blood Count	4.63	3.8 - 4.8	10^12/L	
Mean Cell Volume	96.3	83.0 - 101.0	fl	
Packed Cell Volume	0.446	0.36 - 0.46		
Mean Cell Haemoglobin	**32.6**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	339	315 - 345	g/L	
Neutrophil Count	**8.2**	**2.0 - 7.0**	**10^9/L**	**A**
Lymphocyte Count	**3.3**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.9	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 3 users to access this result

Name	System	Location	Time
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:36:08
daniel.beckett	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:29:26
8109431	Clinical Portal	Forth Valley Portal Server	18/04/2026 03:31:39

Printed By: Ellesse Azmat on 11/05/2026 11:22:27

SCI Store - Forth Valley - Patient Result Report

Report ID: BB675490P/11/25 **Sample Collected:** 20/11/2025 09:16:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	BB675490P/11/25	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	20/11/2025 09:16:00	20/11/2025 12:37:00	20/11/2025 17:13:45	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	15	0 - 45	U/L	
ALT	8	0 - 55	IU/L	
Bilirubin	4	0 - 21	umol/L	
Total Protein	63	60 - 80	g/L	
Albumin	44	35 - 50	g/L	
Alk. Phosphatase	56	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 70-80 U/L
(ALP) ALP Ref. Limit for patients <17 years old is 60-425 U/L
(ALP) ALP Ref. Limit for adults (>17 years) is 30-130 U/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.28	2.2 - 2.6	mmol/L	
Corrected Calcium	2.25	2.2 - 2.6	mmol/L	
Phosphate	1.19	0.8 - 1.5	mmol/L	

U&E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	141	133 - 146	mmol/L	
Potassium	3.9	3.5 - 5.3	mmol/L	
Chloride	104	95 - 108	mmol/L	
Urea	2.8	2.5 - 7.8	mmol/L	
Creatinine	50	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

Haematinics Cumulative

Description	Value	Range	Unit	Normalcy Notes
Ferritin	75	15 - 200	ug/L	
Folate	>20.0	3.0 - 20.0	ug/L	
Vitamin B12	240	187 - 883	ng/L	

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	**6.26**	**0.35 - 5.00**	**mU/L**	**A**
Free T4	10.4	9.0 - 21.0	pmol/L	

Last 3 users to access this result

Name	System	Location	Time
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:38:09
carolann.simpson	Clinical Portal	Forth Valley Portal Server	21/11/2025 15:43:43
WS Unit Test	UnitTestApp	SG033827	20/11/2025 19:00:07

Printed By: Ellesse Azmat on 11/05/2026 11:22:32

SCI Store - Forth Valley - Patient Result Report

Report ID: HR837821T/11/25

Sample Collected: 20/11/2025 09:16:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	HR837821T/11/25	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	20/11/2025 09:16:00	20/11/2025 12:37:00	20/11/2025 13:13:40	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	143	120 - 150	g/L	
White Blood Count	**12.0**	**4.0 - 10.0**	**10^9/L**	**A**
Platelet Count	363	150 - 410	10^9/L	
Red Blood Count	4.17	3.8 - 4.8	10^12/L	
Mean Cell Volume	**106.0**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.442	0.36 - 0.46		
Mean Cell Haemoglobin	**34.3**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	324	315 - 345	g/L	
Neutrophil Count	**7.4**	**2.0 - 7.0**	**10^9/L**	**A**
Lymphocyte Count	**3.5**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	1.0	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Last 2 users to access this result

Name	System	Location	Time
emmajade.kilgannon	Clinical Portal	Forth Valley Portal Server	18/04/2026 09:38:11
WS Unit Test	UnitTestApp	SG033827	20/11/2025 15:00:17

Printed By: Ellesse Azmat on 11/05/2026 11:22:38

SCI Store - Forth Valley - Patient Result Report

Report ID: BB576816T/10/25 **Sample Collected:** 02/10/2025 09:44:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	BB576816T/10/25	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	02/10/2025 09:44:00	02/10/2025 12:38:00	02/10/2025 15:14:32	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy	Notes
AST	14	0 - 45	U/L		
ALT	10	0 - 55	IU/L		
Bilirubin	6	0 - 21	umol/L		
Total Protein	**58**	**60 - 80**	**g/L**	**R**	
Albumin	41	35 - 50	g/L		
Alk. Phosphatase	59	30 - 130	U/L		(ALP)
Gamma GT	21	0 - 40	U/L		

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 70-80 U/L
(ALP) ALP Ref. Limit for patients <17 years old is 60-425 U/L
(ALP) ALP Ref. Limit for adults (>17 years) is 30-130 U/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**2.16**	**2.2 - 2.6**	**mmol/L**	**R**	
Corrected Calcium	**2.18**	**2.2 - 2.6**	**mmol/L**	**R**	
Phosphate	1.24	0.8 - 1.5	mmol/L		
Magnesium	0.79	0.7 - 1.0	mmol/L		

U&E Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Sodium	141	133 - 146	mmol/L		
Potassium	3.8	3.5 - 5.3	mmol/L		
Chloride	105	95 - 108	mmol/L		
Urea	**2.3**	**2.5 - 7.8**	**mmol/L**	**R**	
Creatinine	46	40 - 130	umol/L		
eGFR (/1.73m2)	>59		ml/min	M	

Haematinics Cumulative

Description	Value	Range	Unit	Normalcy Notes
Ferritin	75	15 - 200	ug/L	
Folate	**1.2**	**3.0 - 20.0**	**ug/L**	**R**
Vitamin B12	237	187 - 883	ng/L	

Vitamin D Cumulative

Description	Value	Range	Unit	Normalcy Notes
25 OH Vitamin D	8		nmol/l	(VID)

Test Comments

(VID) Total 25OH Vit D: <25 deficient, 25-50 insufficient,
(VID) >50 adequate.

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	**7.24**	**0.35 - 5.00**	**mU/L**	**A**
Free T4	9.9	9.0 - 21.0	pmol/L	

Last 2 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	21/11/2025 15:43:57
WS Unit Test	UnitTestApp	SG033827	02/10/2025 19:00:10

Printed By: Ellesse Azmat on 11/05/2026 11:22:43

SCI Store - Forth Valley - Patient Result Report

Report ID: HR773170Y/10/25 **Sample Collected:** 02/10/2025 09:44:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford .	HR773170Y/10/25	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	02/10/2025 09:44:00	02/10/2025 12:38:00	02/10/2025 13:09:08	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	134	120 - 150	g/L	
White Blood Count	8.9	4.0 - 10.0	10^9/L	
Platelet Count	323	150 - 410	10^9/L	
Red Blood Count	3.82	3.8 - 4.8	10^12/L	
Mean Cell Volume	**106.0**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.405	0.36 - 0.46		
Mean Cell Haemoglobin	**35.1**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	331	315 - 345	g/L	
Neutrophil Count	4.6	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.5**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	02/10/2025 15:00:18

Printed By: Ellesse Azmat on 11/05/2026 11:28:30

SCI Store - Forth Valley - Patient Result Report

Report ID: HR773170Y/10/25 **Sample Collected:** 02/10/2025 09:44:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	HR773170Y/10/25	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	02/10/2025 09:44:00	02/10/2025 12:38:00	02/10/2025 13:09:08	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	134	120 - 150	g/L	
White Blood Count	8.9	4.0 - 10.0	10^9/L	
Platelet Count	323	150 - 410	10^9/L	
Red Blood Count	3.82	3.8 - 4.8	10^12/L	
Mean Cell Volume	**106.0**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.405	0.36 - 0.46		
Mean Cell Haemoglobin	**35.1**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	331	315 - 345	g/L	
Neutrophil Count	4.6	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.5**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	02/10/2025 15:00:18

Printed By: Ellesse Azmat on 11/05/2026 11:28:30

SCI Store - Forth Valley - Patient Result Report

Report ID: BB549829E/09/25 **Sample Collected:** 18/09/2025 09:20:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davidson, P/N Andrea	(25192_4) P/N Andrea Davidson	BB549829E/09/25	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	18/09/2025 09:20:00	18/09/2025 13:03:00	18/09/2025 14:34:28	Active

Report

Serum lipids Cumulative

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	4.2		mmol/L	
Triglycerides	1.8	0 - 2	mmol/L	
LDL Cholesterol	2.5		mmol/l	
HDL Cholesterol	0.90		mmol/L	
Lipid Sample Time	09.20			

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	18/09/2025 15:00:29

Printed By: Ellesse Azmat on 11/05/2026 11:28:48

SCI Store - Forth Valley - Patient Result Report

Report ID: HR755447D/09/25 **Sample Collected:** 18/09/2025 09:20:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davidson, P/N Andrea	(25192_4) P/N Andrea Davidson	HR755447D/09/25	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	18/09/2025 09:20:00	18/09/2025 13:03:00	18/09/2025 13:49:28	Active

Report

Hb A1c Cumulative

Description	Value	Range	Unit	Normalcy Notes
HbA1c IFCC	38		mmol/mol	(IFCC)

Test Comments

(IFCC) Target for good Diabetic Control is 48-59 mmol/mol

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	18/09/2025 15:00:21

Printed By: Ellesse Azmat on 11/05/2026 11:28:53

SCI Store - Forth Valley - Patient Result Report

Report ID: BB475032V/08/25 **Sample Collected:** 12/08/2025 13:37:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Brown, Caroline	(FVOSSE) OSTEOPOROSIS SERVICE	BB475032V/08/25	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	12/08/2025 13:37:00	12/08/2025 14:44:00	12/08/2025 16:15:38	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
Total Protein	60	60 - 80	g/L	
Albumin	43	35 - 50	g/L	
Alk. Phosphatase	74	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 70-80 U/L
(ALP) ALP Ref. Limit for patients <17 years old is 60-425 U/L
(ALP) ALP Ref. Limit for adults (>17 years) is 30-130 U/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.25	2.2 - 2.6	mmol/L	
Corrected Calcium	2.24	2.2 - 2.6	mmol/L	
Phosphate	1.05	0.8 - 1.5	mmol/L	

U&E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	137	133 - 146	mmol/L	
Potassium	4.7	3.5 - 5.3	mmol/L	
Chloride	104	95 - 108	mmol/L	
Urea	**1.6**	**2.5 - 7.8**	**mmol/L**	**R**
Creatinine	45	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

Vitamin D Cumulative

Description	Value	Range	Unit	Normalcy Notes
25 OH Vitamin D	11		nmol/l	(VID)

Test Comments

(VID) Total 25OH Vit D: <25 deficient, 25-50 insufficient,
(VID) >50 adequate.

Last 1 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	18/11/2025 12:54:41

Printed By: Ellesse Azmat on 11/05/2026 11:29:05

SCI Store - Forth Valley - Patient Result Report

Report ID: V213979198401 **Sample Collected:** 06/11/2024 11:40:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(FVUCC) FV URGENT CARE CENTRE	V213979198401	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
CT	06/11/2024 11:40:00	04/11/2024 19:46:00	06/11/2024 12:15:22	Active

Report

CT

58 yr old ladyRecent Covid, now tested neg. Increased SOB, Multiple episodes of haemoptysis. Crackles left mid zone and base
Provisional Diagnosis :
? PE/? malignancy

-
Findings:
CTPA.
-
Previous imaging: Preceding chest x-ray 04/11/2024. CT chest abdomen pelvis 15/06/2022.. CT colonography 06/07/2023.
-
Scan quality: Good.
Pulmonary arterial opacification: 900 HU.
-
Pulmonary emboli: None down to and including segmental level.
Right Heart Strain:
None.
-
Central airways: Patent. Trace of fluid at the carina. Minor central bronchial thickening, in comparison to previous.
-
Lungs: Severe known emphysema. Right lower lobe calcified granuloma. Linear atelectasis /scarring at in the lower lobes, lingula, and middle lobe bases. Focus of right lower lobe pleural calcification. Bilateral apical pleural thickening, with calcification on the right. Lungs otherwise clear.
-
Heart: No obvious findings for non-gated study.
Coronary artery calcification: None .
Aortic valve leaflet calcification: None.
Aorta: Normal calibre. No significant atherosclerosis.
-

Lymph nodes: None size
significant.
-
Upper abdomen where included: Normal.
Bones: T12 superior endplate fracture on the 2023 study.
Patient has known osteoporosis.
-
Opinion: No PE. Minor
central bronchial thickening. Consider
inflammation/bronchitis. Cause of haemoptysis is not
readily apparent otherwise. Known severe emphysema.
Examination Date: 06/11/2024
Examination: CT Angiogram
Pulmonary
Date Reported: 06/11/2024 11:58:57

Report Final
by: EN HSUN CHOI DR GMC 4697569

Last 4 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	18/11/2025 12:54:46
margoann.smith	Clinical Portal	Forth Valley Portal Server	20/11/2024 09:54:27
lauren.hutchison	Clinical Portal	Forth Valley Portal Server	09/11/2024 17:33:31
nicolle.milne	Clinical Portal	Forth Valley Portal Server	06/11/2024 15:12:34

Printed By: Ellesse Azmat on 11/05/2026 11:29:12

SCI Store - Forth Valley - Patient Result Report

Report ID: V213978781901 **Sample Collected:** 04/11/2024 18:58:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(COMASS) FV CLINICAL ASSESSMENT UNIT	V213978781901	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	04/11/2024 18:58:00	04/11/2024 18:30:00	05/11/2024 08:08:15	Active

Report

General

Indication:
Clinical Details :
58yr oldAdmission with
SOB and frank haemoptysis. Recent covid, now out of
isolation and tested neg.Right crackles midzone and base
Provisional Diagnosis :
? Consolidation or other
pathology

Bleep - 1001

Findings:
Comparison with previous
imaging 04/04/2024.
Lungs are hyperinflated in keeping with
emphysema. Normal heart and mediastinal contours. No
evidence of active pulmonary disease.

Examination Date:
04/11/2024
Examination: XR Chest
Date Reported: 05/11/2024
08:03:29

Report Final by: DR GORDON DEWAR GMC 3330137

Last 1 users to access this result

Name	System	Location	Time
margoann.smith	Clinical Portal		20/11/2024 09:54:20

Forth Valley
Portal
Server

Printed By: Ellesse Azmat on 11/05/2026 11:29:18

SCI Store - Forth Valley - Patient Result Report

Report ID: HC689583X/11/24 **Sample Collected:** 04/11/2024 16:39:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beden, Dr Rushdy Shahin	(FVCAU) Clinical Assessment Unit FVRH	HC689583X/11/24	Coagulation	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	04/11/2024 16:39:00	04/11/2024 16:48:00	04/11/2024 18:10:54	Active

Report

Coagulation tests Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	13.1	12.8 - 15.2	seconds		
APTT	**35.6**	**27.5 - 33.7**	**seconds**	**R**	(APTT)
C FIBRINOGEN	**5.4**	**2.35 - 4.2**	**g/L**	**R**	
D-Dimer Assay	0.36		ug/ml (FEU)		

Test Comments
(APTT) Test Performed With New Reagent

Last 2 users to access this result

Name	System	Location	Time
deborah.hamilton	Clinical Portal	Forth Valley Portal Server	05/11/2024 18:44:18
louise.marshall	Clinical Portal	Forth Valley Portal Server	05/11/2024 07:19:35

Printed By: Ellesse Azmat on 11/05/2026 11:29:23

SCI Store - Forth Valley - Patient Result Report

Report ID: BB627314S/11/24 **Sample Collected:** 04/11/2024 16:39:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice		

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beden, Dr Rushdy Shahin	(FVCAU) Clinical Assessment Unit FVRH	BB627314S/11/24	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	04/11/2024 16:39:00	04/11/2024 16:48:00	04/11/2024 18:02:27	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	15	0 - 45	U/L	
ALT	11	0 - 55	IU/L	
Bilirubin	4	0 - 21	umol/L	
Total Protein	66	60 - 80	g/L	
Albumin	42	35 - 50	g/L	
Alk. Phosphatase	79	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.39	2.2 - 2.6	mmol/L	
Corrected Calcium	2.39	2.2 - 2.6	mmol/L	
Phosphate	1.16	0.8 - 1.5	mmol/L	
Magnesium	0.81	0.7 - 1.0	mmol/L	

U&E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	136	133 - 146	mmol/L	
Potassium	4.2	3.5 - 5.3	mmol/L	
Chloride	103	95 - 108	mmol/L	
Urea	3.0	2.5 - 7.8	mmol/L	
Creatinine	47	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

C-reactive protein

Cumulative

Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot.	23	0 - 5'	mg/L	R

Last 2 users to access this result

Name	System	Location	Time
daniel.beckett	Clinical Portal	Forth Valley Portal Server	17/12/2024 12:14:02
louise.marshall	Clinical Portal	Forth Valley Portal Server	05/11/2024 07:19:42

Printed By: Ellesse Azmat on 11/05/2026 11:29:37

SCI Store - Forth Valley - Patient Result Report

Report ID: BB627313L/11/24 **Sample Collected:** 04/11/2024 16:39:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beden, Dr Rushdy Shahin	(FVCAU) Clinical Assessment Unit FVRH	BB627313L/11/24	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Fluoride Oxalate	04/11/2024 16:39:00	04/11/2024 16:48:00	04/11/2024 17:44:42	Active

Report

Blood glucose Cumulative

Description	Value	Range	Unit	Normalcy Notes
Glu Sample Time	16.39			
Glucose	5.6	3 - 6	mmol/L	

Printed By: Ellesse Azmat on 11/05/2026 11:29:42

SCI Store - Forth Valley - Patient Result Report

Report ID: HR898238D/11/24 **Sample Collected:** 04/11/2024 16:39:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Beden, Dr Rushdy Shahin	(FVCAU) Clinical Assessment Unit FVRH	HR898238D/11/24	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	04/11/2024 16:39:00	04/11/2024 16:48:00	04/11/2024 17:11:37	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	142	120 - 150	g/L	
White Blood Count	9.6	4.0 - 10.0	10^9/L	
Platelet Count	**443**	**150 - 410**	**10^9/L**	**A**
Red Blood Count	4.06	3.8 - 4.8	10^12/L	
Mean Cell Volume	**102.7**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.417	0.36 - 0.46		
Mean Cell Haemoglobin	**35.0**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	341	315 - 345	g/L	
Neutrophil Count	5.9	2.0 - 7.0	10^9/L	
Lymphocyte Count	2.8	1.0 - 3.0	10^9/L	
Monocyte Count	0.8	0.2 - 1.0	10^9/L	
Eosinophil Count	0.2	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Last 2 users to access this result

Name	System	Location	Time
daniel.beckett	Clinical Portal	Forth Valley Portal Server	17/12/2024 12:14:05
lauren.hutchison	Clinical Portal	Forth Valley Portal Server	04/11/2024 17:36:02

Printed By: Ellesse Azmat on 11/05/2026 11:29:46

SCI Store - Forth Valley - Patient Result Report

Report ID: MG757572E **Sample Collected:** 06/09/2024 14:15:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davidson, P/N Andrea	(25192_4) P/N Andrea Davidson	MG757572E	Microbiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Sputum	06/09/2024 14:15:00	N/A	07/09/2024 11:51:35	Active

Report

Sputum

COPD

Pyogenic
Culture
No Lower Respiratory Tract pathogens isolated

Test performed by UKAS accredited medical laboratory No.10825.

Printed By: Ellesse Azmat on 11/05/2026 11:29:51.

SCI Store - Forth Valley - Patient Result Report

Report ID: HR820100L/09/24 **Sample Collected:** 03/09/2024 17:06:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davidson, P/N Andrea	(25192_4) P/N Andrea Davidson	HR820100L/09/24	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	03/09/2024 17:06:00	04/09/2024 13:14:00	04/09/2024 14:11:15	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	142	120 - 150	g/L	
White Blood Count	8.2	4.0 - 10.0	10^9/L	
Platelet Count	338	150 - 410	10^9/L	
Red Blood Count	4.15	3.8 - 4.8	10^12/L	
Mean Cell Volume	**106.7**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.443	0.36 - 0.46		
Mean Cell Haemoglobin	**34.2**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	321	315 - 345	g/L	
Neutrophil Count	4.3	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.2**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.5	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	04/09/2024 15:00:16

Printed By: Ellesse Azmat on 11/05/2026 11:29:57

SCI Store - Forth Valley - Patient Result Report

Report ID: MG743682B **Sample Collected:** 18/06/2024 09:58:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Marshall, Dr Louise	(58939) Dr Louise Marshall	MG743682B	Microbiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Throat swab	18/06/2024 09:58:00	N/A	19/06/2024 12:06:43	Active

Report

Throat swab

inhalers. Oral thrush?

Pyogenic
Culture
  Heavy growth of Candida
species

Test performed by UKAS accredited medical
laboratory No.10825.

Printed By: Ellesse Azmat on 11/05/2026 11:30:01

SCI Store - Forth Valley - Patient Result Report

Report ID: V213924601401 **Sample Collected:** 04/04/2024 14:39:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(3540635D) CRAWFORD, DR L, LOCUM GP ANTONINE MEDICAL PRACTICE	V213924601401	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	04/04/2024 14:39:00	04/04/2024 11:58:00	09/04/2024 08:33:34	Active

Report

General

Indication:
Clinical Details :
smoker, copd, new
haemoptysis
Provisional Diagnosis :
exclude pathology
Findings:

Comparison: 10/12/21

Findings: Normal heart
size and mediastinal contours. Background changes of
emphysema as before. Chronic minor bibasal atelectasis. No
major collapse or consolidation. No appreciable pleural
effusion. No focal lung lesion is seen.

Normal chest x-ray
report in the presence of continuing haemoptysis does not
exclude a significant lung abnormality. If there are
continuing symptoms patient should be referred to a
respiratory physician.

Garry Gabayno. HCPC: RA41570
Reporting Radiographer, Medica Reporting Ltd.

If you are
a clinician and have a query on this report, please call
Medica on 01424 377 901 or email
clinical@medicagroup.co.uk

Examination Date: 04/04/2024
Examination: XR Chest
Date Reported: 09/04/2024 08:33:21
Report Final by:

Printed By: Ellesse Azmat on 11/05/2026 11:30:07

SCI Store - Forth Valley - Patient Result Report

Report ID: HR615507K/03/24 **Sample Collected:** 28/03/2024 11:54:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	HR615507K/03/24	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	28/03/2024 11:54:00	28/03/2024 18:09:00	29/03/2024 03:14:10	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**152**	**120 - 150**	**g/L**	**A**
White Blood Count	9.0	4.0 - 10.0	10^9/L	
Platelet Count	386	150 - 410	10^9/L	
Red Blood Count	4.44	3.8 - 4.8	10^12/L	
Mean Cell Volume	**102.0**	**83.0 - 101.0**	**fl**	**A**
Packed Cell Volume	0.453	0.36 - 0.46		
Mean Cell Haemoglobin	**34.2**	**27.0 - 32.0**	**pg**	**A**
Mean Cell Haemoglobin Conc.	336	315 - 345	g/L	
Neutrophil Count	4.6	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.7**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.6	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Hb A1c Cumulative

Description	Value	Range	Unit	Normalcy Notes
HbA1c IFCC	36		mmol/mol	(IFCC)

Test Comments
(IFCC) Target for good Diabetic Control is 48-59 mmol/mol

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	29/03/2024 11:00:04

Printed By: Ellesse Azmat on 11/05/2026 11:30:12

SCI Store - Forth Valley - Patient Result Report

Report ID: BB893133X/03/24 **Sample Collected:** 28/03/2024 11:54:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crawford, Dr Lynsay	(25192_28) Dr Lynsay Crawford	BB893133X/03/24	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	28/03/2024 11:54:00	28/03/2024 18:08:00	28/03/2024 20:58:47	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	17	0 - 45	U/L	
ALT	10	0 - 55	IU/L	
Bilirubin	6	0 - 21	umol/L	
Total Protein	65	60 - 80	g/L	
Albumin	46	35 - 50	g/L	
Alk. Phosphatase	80	30 - 130	U/L	(ALP)
Gamma GT	29	0 - 40	U/L	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.38	2.2 - 2.6	mmol/L	
Corrected Calcium	2.32	2.2 - 2.6	mmol/L	
Phosphate	1.10	0.8 - 1.5	mmol/L	

U&E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Sodium	141	133 - 146	mmol/L	
Potassium	4.3	3.5 - 5.3	mmol/L	
Chloride	104	95 - 108	mmol/L	
Urea	2.5	2.5 - 7.8	mmol/L	
Creatinine	54	40 - 130	umol/L	
eGFR (/1.73m2)	>59		ml/min	M

Haematinics

Cumulative

Description	Value	Range	Unit	Normalcy Notes
Ferritin	55	15 - 200	ug/L	
Folate	3.7	3.0 - 20.0	ug/L	
Vitamin B12	203	187 - 883	ng/L	

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	3.54	0.35 - 5.00	mU/L	

Last 2 users to access this result

Name	System	Location	Time
daniel.beckett	Clinical Portal	Forth Valley Portal Server	17/12/2024 12:14:11
WS Unit Test	UnitTestApp	SG033827	29/03/2024 07:00:21

Printed By: Ellesse Azmat on 11/05/2026 11:30:17

SCI Store - Forth Valley - Patient Result Report

Report ID: V213857602001 **Sample Collected:** 06/07/2023 11:59:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(ENDOSC) FV ENDOSCOPY UNIT, AMB CARE	V213857602001	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
CT	06/07/2023 11:59:00	07/06/2023 15:21:00	10/07/2023 12:07:52	Active

Report

CT

Indication:
Clinical Details :
bowel screeningIncomplete
scope due to sigmoid diverticular disease2 sigmoid polyps -
ENDOSCOPICALLY EXCISED TODAY
Provisional Diagnosis :
?
proximal pathology

Findings:
Prone and supine non contrast
CT colonography. Usual Gastrografin preparation and IV
Buscopan.
-
Extra colonic findings:
Emphysema in the lung
bases.
2 mm left renal lower pole caliceal calculus.
Hysterectomy.
T12 and L5 old wedge fractures.
-
Colonic
findings:
Colonic diverticulosis. No tumour or polyp.
Examination Date: 06/07/2023
Examination: CT Colonoscopy
(Virtual)
Date Reported: 10/07/2023 12:07:32

Report Final
by: MARK ROGER DR CONS R/IST GMC 4310615

Last 2 users to access this result

Name	System	Location	Time
emma.dean	Clinical Portal	Forth Valley Portal Server	31/01/2024 10:04:26
Annie Coventry (FCH)	FV SCI Store Live	SCI Store - Forth Valley	27/09/2023 16:23:03

Printed By: Ellesse Azmat on 11/05/2026 11:30:23

SCI Store - Forth Valley - Patient Result Report

Report ID: PH008474X/23 **Sample Collected:** 07/06/2023 15:21:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Crozier, Mr	(FVEND) Endoscopy	PH008474X/23	Pathology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
N/A	07/06/2023 15:21:00	N/A	23/06/2023 15:15:18	Active

Report

Clinical Details

Bowel screening.

Sigmoid Polyp

Received is a brown polyp measuring 10x9x9mm on a 9x8x4mm stalk.

Microscopy

Histological sections show a tubulovillous adenoma. This is low grade dysplastic change only. The lesion appears excised.

Summary: Tubulovillous Adenoma, Low Grade Dysplasia, Excised.

Dr Gordon Reid

Last 1 users to access this result

Name	System	Location	Time
Annie Coventry (FCH)	FV SCI Store Live	SCI Store - Forth Valley	27/09/2023 16:23:38

Printed By: Ellesse Azmat on 11/05/2026 11:30:28

SCI Store - Forth Valley - Patient Result Report

Report ID: HS491910C/12/22 **Sample Collected:** 28/12/2022 15:42:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice		

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davies, Carol Ann	(FVOSSE) OSTEOPOROSIS SERVICE	HS491910C/12/22	Special	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	28/12/2022 15:42:00	28/12/2022 16:17:00	12/01/2023 16:50:32	Active

Report

Autoimmune Profile

Report From: Immunology NHS Greater Glasgow & Clyde

Autoimmune profile Cumulative

Description	Value	Range	Unit	Normalcy Notes
Tissue Transglutaminase A/B	0.3	0.0 - 7.0	U/ml	(TTG)

Set Comments

If screening for coeliac disease, this result is only valid if the person was
eating gluten at least twice a day for previous 6 weeks.
If known to have coeliac disease, this negative result suggests adherence to gluten free diet.

Test Comments

(TTG) Normal= <= 7.0,Equivocal= 7.0 -10.0 Positive = >10.0

Sample Comments

posted on 29/12/22

Last 2 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	23/03/2023 11:23:08
honor.blackwood	Clinical Portal	Forth Valley Portal Server	26/01/2023 14:41:31

Printed By: Ellesse Azmat on 11/05/2026 11:30:33

SCI Store - Forth Valley - Patient Result Report

Report ID: BB732674J/12/22 **Sample Collected:** 28/12/2022 15:42:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davies, Carol Ann	(FVOSSE) OSTEOPOROSIS SERVICE	BB732674J/12/22	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	28/12/2022 15:42:00	28/12/2022 16:18:00	09/01/2023 13:40:18	Active

Report

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	4.47	0.35 - 5.00	mU/L	

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
AST	15	0 - 45	U/L	
ALT	11	0 - 55	IU/L	
Bilirubin	8	0 - 21	umol/L	
Total Protein	68	60 - 80	g/L	
Albumin	46	35 - 50	g/L	
Alk. Phosphatase	100	30 - 130	U/L	(ALP)

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Ca, Mg & PO4 Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.43	2.2 - 2.6	mmol/L	
Corrected Calcium	2.37	2.2 - 2.6	mmol/L	
Phosphate	1.32	0.8 - 1.5	mmol/L	

Serum lipids Cumulative

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	4.7		mmol/L	

U&E Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Sodium	141	133 - 146	mmol/L		
Potassium	4.7	3.5 - 5.3	mmol/L		
Chloride	108	95 - 108	mmol/L		
Urea	**2.0**	**2.5 - 7.8**	**mmol/L**	**R**	
Creatinine	46	40 - 130	umol/L		(CREA)
eGFR (/1.73m2)	>59				

Test Comments

(CREA) New assay in use from 28/11/2022.
(CREA) Results may be up to 5% lower than previous.

C-reactive protein

C-Reactive Prot.	<5	

Vitamin D Cumulative

Description	Value	Range	Unit	Normalcy	Notes
25 OH Vitamin D	24		nmol/l		(VID)

Test Comments

(VID) Total 25OH Vit D: <25 deficient, 25-50 insufficient,
(VID) >50 adequate.

Immunoglobulins Cumulative

Description	Value	Range	Unit	Normalcy	Notes
IgG	6.1	6.0 - 16	g/L		
IgM	0.57	0.40 - 2.40	g/L		
IgA	1.37	0.80 - 4.00	g/L		

Protein electrophoresis Cumulative

Description	Value	Range	Unit	Normalcy	Notes
S Electrophoresis Paraprotein Conc	Immunofixation to follow				(EP)

Test Comments

(EP) Immunofixation to follow

Immunofixation

Serum Immunofixation	No paraprotein detected by serum prot' Electrophoresis.	(SIF)

Test Comments

(SIF) No paraprotein detected by serum prot' Electrophoresis.
(SIF) Reduced polyclonal gamma globulins.

Last 5 users to access this result

Name	System	Location	Time
john.harvie	Clinical Portal	Forth Valley Portal Server	06/05/2024 20:10:23
emma.dean	Clinical Portal	Forth Valley Portal Server	31/01/2024 10:04:47

rebecca.farish	Clinical Portal	Forth Valley Portal Server	08/05/2023 11:37:12
carolann.simpson	Clinical Portal	Forth Valley Portal Server	23/03/2023 11:23:16
honor.blackwood	Clinical Portal	Forth Valley Portal Server	26/01/2023 14:41:35

Printed By: Ellesse Azmat on 11/05/2026 11:30:39

SCI Store - Forth Valley - Patient Result Report

Report ID: HR606000Z/12/22

Sample Collected: 28/12/2022 15:42:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Davies, Carol Ann	(FVOSSE) OSTEOPOROSIS SERVICE	HR606000Z/12/22	Routine	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	28/12/2022 15:42:00	28/12/2022 16:16:00	28/12/2022 16:55:14	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	148	120 - 150	g/L	
White Blood Count	8.0	4.0 - 10.0	10^9/L	
Platelet Count	319	150 - 410	10^9/L	
Red Blood Count	4.64	3.8 - 4.8	10^12/L	
Mean Cell Volume	96.8	83.0 - 101.0	fl	
Packed Cell Volume	0.449	0.36 - 0.46		
Mean Cell Haemoglobin	31.9	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	330	315 - 345	g/L	
Neutrophil Count	4.2	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.2**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.5	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 2 users to access this result

Name	System	Location	Time
rebecca.farish	Clinical Portal	Forth Valley Portal Server	08/05/2023 11:38:22
carolann.simpson	Clinical Portal	Forth Valley Portal Server	30/01/2023 08:23:35

Printed By: Ellesse Azmat on 11/05/2026 11:30:43

SCI Store - Forth Valley - Patient Result Report

Report ID: V213732506201 **Sample Collected:** 16/06/2022 10:15:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(GASTOP) GASTROLOGY OUTPATIENTS DEPT	V213732506201	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
CT	16/06/2022 10:15:00	04/04/2022 17:49:00	20/06/2022 07:19:02	Active

Report

CT

Indication:
Clinical Details :
Severe weight loss- quite
cachecticabdominal pain with eating known emphysema -
ongoing smokingTTG/TFTs and OGD NAD? malignancy
Provisional Diagnosis :
? maligancy

Findings:
Study date:
15/6/22
Study: CT chest abdomen and pelvis with IV
contrast

Report:
Comparison has been made with the
previous imaging.
There are marked changes of emphysema.
There is minor bibasal atelectasis.
No soft tissue
pulmonary nodules.
No significant mediastinal or hilar
lymphadenopathy.

Normal liver, kidneys, pancreas and
spleen. No significant abdominal or pelvic lymphadenopathy.
No malignant bony abnormality. There is moderate depression
of the superior endplate of L5.
There is mild uncomplicated
diverticulosis of the colon. No evidence of recent or
active inflammation.
The small bowel is grossly normal. No
free fluid.
There is no significant atheroma within the
mesenteric arteries.

Conclusion:
There is mild
uncomplicated diverticulosis of the colon.
No radiological
evidence of malignancy

Report Date: 20/6/22

Dr M.Puckett
Consultant GI Radiologist
GMC 4318486
Medica Radiology Ltd
If you are a clinician and have a query on this report,
please call Medica on 01424 377 901 or email
clinical@medica.co.uk
All correspondence via Medica Ltd
Examination Date: 16/06/2022
Examination: CT
Chest/Abdo/Pelvis
Date Reported: 20/06/2022 07:11:41
Report Final by: MEDICA DR M PUCKETT GMC 4318486

Last 2 users to access this result

Name	System	Location	Time
emma.dean	Clinical Portal	Forth Valley Portal Server	31/01/2024 10:05:19
carolann.simpson	Clinical Portal	Forth Valley Portal Server	30/01/2023 08:23:36

Printed By: Ellesse Azmat on 11/05/2026 11:30:48

SCI Store - Forth Valley - Patient Result Report

Report ID: V213722768501 **Sample Collected:** 20/05/2022 12:00:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(GASTOP) GASTROLOGY OUTPATIENTS DEPT	V213722768501	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
US	20/05/2022 12:00:00	11/02/2022 17:18:00	20/05/2022 12:03:12	Active

Report

US

Addendum created at 20/05/2022 12:01:12:
Accession:
V213722768501, Examination Date: 20/05/2022, Examination:
US Abdomen
US Urinary Tract:

Addendum by: Laura Shirley
Indication:
epigastric pain radiating to back intermittent
vomiting ? gallstones ? renal pathology
Provisional
Diagnosis :
? gallstones

Findings:
The liver appears
normal in size, shape and echo pattern with no focal liver
lesions identified. The portal vein appears patent with
hepatopetal flow.
-
Thin-walled gallbladder; no evidence of
calculi. Common duct measures 3 mm. No evidence of
intrahepatic ductal dilatation.
-
Normal ultrasound
appearance of the body of pancreas (head and tail
obscured), aorta, spleen and both kidneys. No free fluid.
-
Comment:
No evidence of gallstones. Normal ultrasound
appearance of the kidneys.

Examination Date: 20/05/2022
Examination: US Abdomen
Date Reported: 20/05/2022
12:01:21

Last 2 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	30/01/2023 08:23:37
valerie.hay	Clinical Portal	Forth Valley Portal Server	16/06/2022 13:39:08

Printed By: Ellesse Azmat on 11/05/2026 11:30:53

SCI Store - Forth Valley - Patient Result Report

Report ID: BB813299X/02/22 **Sample Collected:** 01/02/2022 10:04:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB813299X/02/22	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	01/02/2022 10:04:00	01/02/2022 11:28:00	01/02/2022 17:15:24	Active

Report

Haematinics — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Folate	**2.4**	**3.0 - 20.0**	**ug/L**	**R**
Vitamin B12	319	187 - 883	ng/L	

Vitamin D — Cumulative

Description	Value	Range	Unit	Normalcy Notes
25 OH Vitamin D	8		nmol/l	(VID)

Test Comments

(VID) Total 25OH Vit D: <25 deficient, 25-50 insufficient,
(VID) >50 adequate.

LFT — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Bilirubin	3	0 - 21	umol/L	
Alk. Phosphatase	83	30 - 130	U/L	(ALP)
ALT	14	0 - 55	IU/L	
AST	15	0 - 45	U/L	
Total Protein	63	60 - 80	g/L	
Albumin	42	35 - 50	g/L	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Ca, Mg & PO4 — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.38	2.2 - 2.6	mmol/L	

Corrected Calcium	2.38	2.2 - 2.6	mmol/L
Phosphate	1.10	0.8 - 1.5	mmol/L

U&E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Potassium	3.8	3.5 - 5.3	mmol/L	
Sodium	141	133 - 146	mmol/L	
Chloride	105	95 - 108	mmol/L	
Creatinine	51	40 - 130	umol/L	
Urea	**2.2**	**2.5 - 7.8**	**mmol/L**	**R**
eGFR (/1.73m2)	>59			

C-reactive protein

C-Reactive Prot.	<5

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	4.69	0.35 - 5.00	mU/L	
Free T4	11.0	9.0 - 21.0	pmol/L	

Last 5 users to access this result

Name	System	Location	Time
carolann.simpson	Clinical Portal	Forth Valley Portal Server	30/01/2023 08:23:38
caroline.brown2	Clinical Portal	Forth Valley Portal Server	28/12/2022 11:27:26
rosemary.haddock	Clinical Portal	Forth Valley Portal Server	27/06/2022 12:30:27
moira.sargent	Clinical Portal	Forth Valley Portal Server	15/06/2022 16:42:08
honor.blackwood	Clinical Portal	Forth Valley Portal Server	11/04/2022 11:03:52

Printed By: Ellesse Azmat on 11/05/2026 11:36:20

SCI Store - Forth Valley - Patient Result Report

Report ID: BB813298R/02/22 **Sample Collected:** 01/02/2022 10:04:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB813298R/02/22	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Fluoride Oxalate	01/02/2022 10:04:00	01/02/2022 11:28:00	01/02/2022 15:55:53	Active

Report

Blood glucose Cumulative

Description	Value	Range	Unit	Normalcy Notes
Glu Sample Time	10.04			
Glucose	3.6	3 - 6	mmol/L	

Last 3 users to access this result

Name	System	Location	Time
honor.blackwood	Clinical Portal	Forth Valley Portal Server	11/04/2022 11:04:16
WS Unit Test	UnitTestApp	SG033827	01/02/2022 19:00:14
wsmorse	wsmorse	wsmorse	01/02/2022 16:01:46

Printed By: Ellesse Azmat on 11/05/2026 11:37:19

SCI Store - Forth Valley - Patient Result Report

Report ID: HR739859K/02/22 **Sample Collected:** 01/02/2022 10:04:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	HR739859K/02/22	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	01/02/2022 10:04:00	01/02/2022 11:28:00	01/02/2022 12:55:25	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	147	120 - 150	g/L	
White Blood Count	9.0	4.0 - 10.0	10^9/L	
Platelet Count	318	150 - 410	10^9/L	
Red Blood Count	4.60	3.8 - 4.8	10^12/L	
Mean Cell Volume	98.0	83.0 - 101.0	fl	
Packed Cell Volume	0.451	0.36 - 0.46		
Mean Cell Haemoglobin	32.0	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	326	315 - 345	g/L	
Neutrophil Count	5.4	2.0 - 7.0	10^9/L	
Lymphocyte Count	3.0	1.0 - 3.0	10^9/L	
Monocyte Count	0.5	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

ESR Cumulative

Description	Value	Range	Unit	Normalcy Notes
Erythrocyte Sed. Rate	2	2 - 30	mm in 1st hour	

Last 5 users to access this result

Name	System	Location	Time
honor.blackwood	Clinical Portal	Forth Valley Portal Server	11/04/2022 11:04:19
rosemary.haddock	Clinical Portal	Forth Valley Portal Server	11/02/2022 15:16:31
joanna.leithead			

	Clinical Portal	Forth Valley Portal Server	01/02/2022 15:32:54
WS Unit Test	UnitTestApp	SG033827	01/02/2022 15:00:09
wsmorse	wsmorse	wsmorse	01/02/2022 13:48:45

Printed By: Ellesse Azmat on 11/05/2026 11:37:25

SCI Store - Forth Valley - Patient Result Report

Report ID: V203620200801 **Sample Collected:** 17/12/2021 09:47:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(GP005946) MCCALISTER BRIDGET ANTONINE MP	V203620200801	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	17/12/2021 09:47:00	22/11/2021 09:03:00	27/12/2021 10:30:16	Active

Report

General

Indication:
Clinical Details :
Smoker, COPD, wt loss
Treated for exac COPD 22/11/21
Provisional Diagnosis :
exclude lung path

Findings:
PA chest radiograph
-
Lung
hyperinflation and increased transradiancy consistent with emphysema/ COPD. Minor apical scarring. No focal consolidation. Normal cardiomediastinal contour. Bony thorax is unremarkable.
-

Examination Date: 17/12/2021
Examination: XR Chest
Date Reported: 27/12/2021 10:24:20
Report Final by: BARRETT DR A CONS R/IST GMC 6166001

Last 4 users to access this result

Name	System	Location	Time
honor.blackwood	Clinical Portal	Forth Valley Portal Server	11/04/2022 10:31:39
rosemary.haddock			

	Clinical Portal	Forth Valley Portal Server	11/02/2022 15:16:38
Bridget McCalister	FV SCI Store Live	SCI Store - Forth Valley	20/01/2022 11:16:36
wsmorse	wsmorse	wsmorse	31/12/2021 11:59:00

Printed By: Ellesse Azmat on 11/05/2026 11:38:00

SCI Store - Forth Valley - Patient Result Report

Report ID: BB546162V/08/21 **Sample Collected:** 24/08/2021 12:00:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Martin, ANP Sarah-Jayne	(25192_14) ANP Sarah-Jayne Martin	BB546162V/08/21	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	24/08/2021 12:00:00	24/08/2021 16:49:00	25/08/2021 19:36:26	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	9	0 - 21	umol/L		
Alk. Phosphatase	84	30 - 130	U/L		(ALP)
Gamma GT	33	0 - 40	U/L		
ALT	**62**	**0 - 55**	**IU/L**	**R**	
AST	35	0 - 45	U/L		
Total Protein	64	60 - 80	g/L		
Albumin	42	35 - 50	g/L		

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

U&E Cumulative

Description	Value	Range	Unit	Normalcy	Notes
Potassium	3.8	3.5 - 5.3	mmol/L		
Sodium	141	133 - 146	mmol/L		
Chloride	106	95 - 108	mmol/L		
Creatinine	57	40 - 130	umol/L		
Urea	**1.5**	**2.5 - 7.8**	**mmol/L**	**R**	
eGFR (/1.73m2)	>59				

Last 4 users to access this result

Name	System	Location	Time
joanna.leithead	Clinical Portal	Forth Valley Portal Server	01/02/2022 15:32:57
Bridget McCalister	FV SCI Store Live	SCI Store - Forth Valley	20/01/2022 11:16:51

sigrun.groves-raines	Clinical Portal	Forth Valley Portal Server	13/09/2021 15:08:21
sarah.martin	Clinical Portal	Forth Valley Portal Server	08/09/2021 08:29:56

Printed By: Ellesse Azmat on 11/05/2026 11:38:06

SCI Store - Forth Valley - Patient Result Report

Report ID: HC507624K/08/21 **Sample Collected:** 24/08/2021 12:00:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Martin, ANP Sarah-Jayne	(25192_14) ANP Sarah-Jayne Martin	HC507624K/08/21	Coagulation	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	24/08/2021 12:00:00	24/08/2021 16:49:00	24/08/2021 17:53:20	Active

Report

Coagulation tests Cumulative

Description	Value	Range	Unit	Normalcy Notes
Prothrombin Time	13.3	12.8 - 15.2	seconds	
APTT	30.1	27.5 - 33.7	seconds	
C FIBRINOGEN	3.6	2.35 - 4.2	g/L	

Last 3 users to access this result

Name	System	Location	Time
Bridget McCalister	FV SCI Store Live	SCI Store - Forth Valley	20/01/2022 11:17:14
sigrun.groves-raines	Clinical Portal	Forth Valley Portal Server	13/09/2021 15:08:29
sarah.martin	Clinical Portal	Forth Valley Portal Server	08/09/2021 08:27:47

Printed By: Ellesse Azmat on 11/05/2026 11:38:12

SCI Store - Forth Valley - Patient Result Report

Report ID: HR563886Z/08/21 **Sample Collected:** 24/08/2021 12:00:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Martin, ANP Sarah-Jayne	(25192_14) ANP Sarah-Jayne Martin	HR563886Z/08/21	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	24/08/2021 12:00:00	24/08/2021 16:49:00	24/08/2021 17:37:57	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	149	120 - 150	g/L	
White Blood Count	8.9	4.0 - 10.0	10^9/L	
Platelet Count	333	150 - 410	10^9/L	
Red Blood Count	4.66	3.8 - 4.8	10^12/L	
Mean Cell Volume	93.8	83.0 - 101.0	fl	
Packed Cell Volume	0.437	0.36 - 0.46		
Mean Cell Haemoglobin	32.0	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	341	315 - 345	g/L	
Neutrophil Count	4.4	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.6**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.6	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 3 users to access this result

Name	System	Location	Time
Bridget McCalister	FV SCI Store Live	SCI Store - Forth Valley	20/01/2022 11:17:20
sigrun.groves-raines	Clinical Portal	Forth Valley Portal Server	13/09/2021 15:08:30
sarah.martin	Clinical Portal	Forth Valley Portal Server	08/09/2021 08:27:42

Printed By: Ellesse Azmat on 11/05/2026 11:38:19

SCI Store - Forth Valley - Patient Result Report

Report ID: PH002074G/21 **Sample Collected:** 12/03/2021 09:10:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Heron, Dr Timothy	(FVEND) Endoscopy	PH002074G/21	Pathology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
N/A	12/03/2021 09:10:00	N/A	25/03/2021 17:44:40	Active

Report

Clinical Details

Weight loss.

Duodenal Biopsy

4 biopsies 1-5mm.

Microscopy

Microscopy shows fragments of unremarkable duodenal mucosa. There is no evidence of Coeliac disease or parasites.

Summary: Within Normal Limits.

Dr Nadja Melquiot

Last 5 users to access this result

Name	System	Location	Time
emma.dean	Clinical Portal	Forth Valley Portal Server	31/01/2024 10:06:43
Annie Coventry (FCH)	FV SCI Store Live	SCI Store - Forth Valley	27/09/2023 16:23:46
morag.mcroberts	Clinical Portal	Forth Valley Portal Server	25/02/2022 10:07:31
joanna.leithead	Clinical Portal	Forth Valley	01/02/2022 15:31:12

		Portal Server	
Bridget McCalister	FV SCI Store Live	SCI Store - Forth Valley	20/01/2022 11:17:28

Printed By: Ellesse Azmat on 11/05/2026 11:38:57

SCI Store - Forth Valley - Patient Result Report

Report ID: MS460828J **Sample Collected:** 09/03/2021 10:00:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Thompson, Tracey	(FVPAC) Pre-Op Assessment (Area 1)	MS460828J	Microbiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Nasal & Throat swabs	09/03/2021 10:00:00	N/A	09/03/2021 19:29:44	Active

Report

Nasal & Throat swabs

endo covid

SARS-CoV-2 PCR Not Detected
SARS-CoV-2 is the virus that causes COVID-19

Tested using Seegene instrument

Last 4 users to access this result

Name	System	Location	Time
sigrun.groves-raines	Clinical Portal	Forth Valley	13/09/2021 15:08:40

		Portal Server	
kim.walkerpengelly	Clinical Portal	Forth Valley Portal Server	12/03/2021 08:34:42
Michelle Gilbertson (ANP - FVRH)	FV SCI Store Live	SCI Store - Forth Valley	10/03/2021 16:24:32
ann.hendry	Clinical Portal	Forth Valley Portal Server	10/03/2021 11:51:20

Printed By: Ellesse Azmat on 11/05/2026 11:39:21

SCI Store - Forth Valley - Patient Result Report

Report ID: BB927026M/02/21 **Sample Collected:** 23/02/2021 10:15:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB927026M/02/21	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	23/02/2021 10:15:00	23/02/2021 14:18:00	23/02/2021 17:14:46	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
Bilirubin	5	0 - 21	umol/L	
Alk. Phosphatase	90	30 - 130	U/L	(ALP)
ALT	19	0 - 55	IU/L	
AST	18	0 - 45	U/L	
Total Protein	65	60 - 80	g/L	
Albumin	44	35 - 50	g/L	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Calcium profile Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.27	2.2 - 2.6	mmol/L	
Corrected Calcium	2.24	2.2 - 2.6	mmol/L	
Phosphate	1.18	0.8 - 1.5	mmol/L	

U & E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Potassium	4.0	3.5 - 5.3	mmol/L	
Sodium	139	133 - 146	mmol/L	
Chloride	105	95 - 108	mmol/L	
Creatinine	55	40 - 130	umol/L	
Urea	2.8	2.5 - 7.8	mmol/L	
eGFR (/1.73m2)	>59			

C-reactive protein

C-Reactive Prot.	<5

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	3.72	0.35 - 5.00	mU/L	

Last 4 users to access this result

Name	System	Location	Time
joanna.leithead	Clinical Portal	Forth Valley Portal Server	01/02/2022 15:33:03
sigrun.groves-raines	Clinical Portal	Forth Valley Portal Server	13/09/2021 15:08:43
timothy.heron	Clinical Portal	Forth Valley Portal Server	31/03/2021 11:32:23
WS Unit Test	UnitTestApp	SG033827	23/02/2021 19:00:13

Printed By: Ellesse Azmat on 11/05/2026 11:39:29

SCI Store - Forth Valley - Patient Result Report

Report ID: BB927025K/02/21 **Sample Collected:** 23/02/2021 10:15:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB927025K/02/21	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Fluoride Oxalate	23/02/2021 10:15:00	23/02/2021 14:18:00	23/02/2021 15:15:02	Active

Report

Blood glucose Cumulative

Description	Value	Range	Unit	Normalcy Notes
Glu Sample Time	10.15			
Glucose	5.0	3 - 6	mmol/L	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	23/02/2021 19:00:06

Printed By: Ellesse Azmat on 11/05/2026 11:39:34

SCI Store - Forth Valley - Patient Result Report

Report ID: HR901446N/02/21 **Sample Collected:** 23/02/2021 10:15:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	HR901446N/02/21	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	23/02/2021 10:15:00	23/02/2021 13:45:00	23/02/2021 14:15:10	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	142	120 - 150	g/L	
White Blood Count	9.7	4.0 - 10.0	10^9/L	
Platelet Count	331	150 - 410	10^9/L	
Red Blood Count	4.53	3.8 - 4.8	10^12/L	
Mean Cell Volume	96.7	83.0 - 101.0	fl	
Packed Cell Volume	0.438	0.36 - 0.46		
Mean Cell Haemoglobin	31.3	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	324	315 - 345	g/L	
Neutrophil Count	5.5	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.3**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/L	
Eosinophil Count	0.2	0.02 - 0.5	10^9/L	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/L	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	23/02/2021 15:00:08

Printed By: Ellesse Azmat on 11/05/2026 11:39:42

SCI Store - Forth Valley - Patient Result Report

Report ID: V213541677201 **Sample Collected:** 02/12/2020 15:01:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(GP005946) MCCALISTER BRIDGET ANTONINE MP	V213541677201	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	02/12/2020 15:01:00	23/11/2020 11:46:00	03/12/2020 15:38:14	Active

Report

General

Clinical Details :
ex smoker with COPD. 1/12 more SOB Had antibs and steroids x2 Chest clear
Provisional Diagnosis :
exclude lung path
Findings: Normal cardiomediastinal contours. Lungs hyperinflated with coarse interstitial markings in keeping with smoking history. Upper zone emphysema. Minor upper zone scarring. No collapse, consolidation or mass lesion.
-
No significant change since 2019.
Examination Date: 02/12/2020
Examination: XR Chest
Date Reported: 03/12/2020
Dictating Radiologist / Clinical Specialist By PAUL KELLY DR CONS R/IST GMC 3277029
Verified by: PAUL KELLY DR CONS R/IST GMC 3277029 on 03/12/2020

Last 1 users to access this result

Name	System	Location	Time
rosemary,haddock	Clinical Portal	Forth Valley Portal Server	11/02/2022 17:02:23

Printed By: Ellesse Azmat on 11/05/2026 11:39:56

SCI Store - Forth Valley - Patient Result Report

Report ID: V213456803901

Sample Collected: 22/08/2019 11:26:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice		

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(ENDOSC) FV ENDOSCOPY UNIT, AMB CARE	V213456803901	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
CT	22/08/2019 11:26:00	21/08/2019 09:24:00	29/08/2019 14:53:20	Active

Report

CT

Clinical Details :
Upper GI PPC referral with new reflux and 6kg weight loss.
No anaemia. Normal OGD. Look for other causes of weight
loss pls
Provisional Diagnosis :
Wt loss ?cause
Bleep - 1036
Radiology Report
Report Date: 29/08/2019 13:54
Patient Name: GRACE BLACK GRACE
D.O.B: 07/07/1966
NHS No. /Unique Identifier: 0707663040
Referring Hospital: FORTH VALLEY HOSPITAL 2
Referring Consultant: FV ENDOSCOPY UNIT, AMB CARE
Examination Dated: 22/08/2019 00:00
Title & Technique: CT chest abdomen and pelvis with IV
contrast
Clinical Details: New reflux weight loss no anaemia
Findings: Direct comparison is made with the previous CT
done November 2017
No suspicious focal lung lesion seen.
Background of centrilobular emphysema more pronounced in
the upper lobes.
There is no mediastinal or hilar lymphadenopathy.
There is no pleural effusion.
No suspicious focal liver lesion is seen.
The small perfusion defect is seen in the right lobe of
the liver adjacent to the fissure.
There is no ductal dilatation.
Normal appearances of the adrenals.
Normal pancreas, spleen and both kidneys.
There are no enlarged para-aortic or pelvic lymph nodes.
There are no omental or peritoneal masses.
There is faecal loading of the large bowel and no obvious
mass lesion is seen.
Multiple diverticula seen in the large bowel.
There are no pelvic masses.
There is no free fluid.
There is no destructive bony lesion seen.
Conclusion: No obvious mass lesion or lymphadenopathy
seen.
Reporting Consultant:
Suhail Khan - GMC 6117850

Consultant Radiologist
4 Ways Healthcare
If the referring clinician has any queries regarding this report, please contact Helpline: 0844 736 0306.
Examination Date: 22/08/2019
Examination: CT Chest/Abdo/Pelvis
Date Reported: 29/08/2019
Dictating Radiologist / Clinical Specialist By JAMES RAND 4WAYS TRANSCRIPTIONIST
Verified by: JAMES RAND 4WAYS TRANSCRIPTIONIST on 29/08/2019

Last 2 users to access this result

Name	System	Location	Time
rosemary.haddock	Clinical Portal	Forth Valley Portal Server	21/03/2022 17:02:35
Cancer Audit Tracker System	Cats	ICT Forth Valley	02/09/2019 10:06:04

Printed By: Ellesse Azmat on 11/05/2026 11:40:01

SCI Store - Forth Valley - Patient Result Report

Report ID: V213455150601 **Sample Collected:** 13/08/2019 08:55:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(GP005946) MCCALISTER BRIDGET ANTONINE MP	V213455150601	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	13/08/2019 08:55:00	13/08/2019 08:55:00	14/08/2019 14:33:05	Active

Report

General

Clinical Details :
unexplained wt loss smoker
Provisional Diagnosis :
exclude lung ca
-
-
Chest:
Upper zone emphysema. Lungs hyperinflated but no evidence of active pulmonary disease. Normal heart and mediastinal contours.
-
No significant interval change from 06/10/2017.
-
Examination Date: 13/08/2019
Examination: XR Chest
Date Reported: 14/08/2019
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR GMC 3330137
Verified by: DR GORDON DEWAR GMC 3330137 on 14/08/2019

Printed By: Ellesse Azmat on 11/05/2026 11:40:28

SCI Store - Forth Valley - Patient Result Report

Report ID: MF089960H

Sample Collected: 08/08/2019 12:26:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McRae, Dr Katie	(25192_1) Dr Katie McRae	MF089960H	Microbiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Faeces	08/08/2019 12:26:00	N/A	09/08/2019 15:08:38	Active

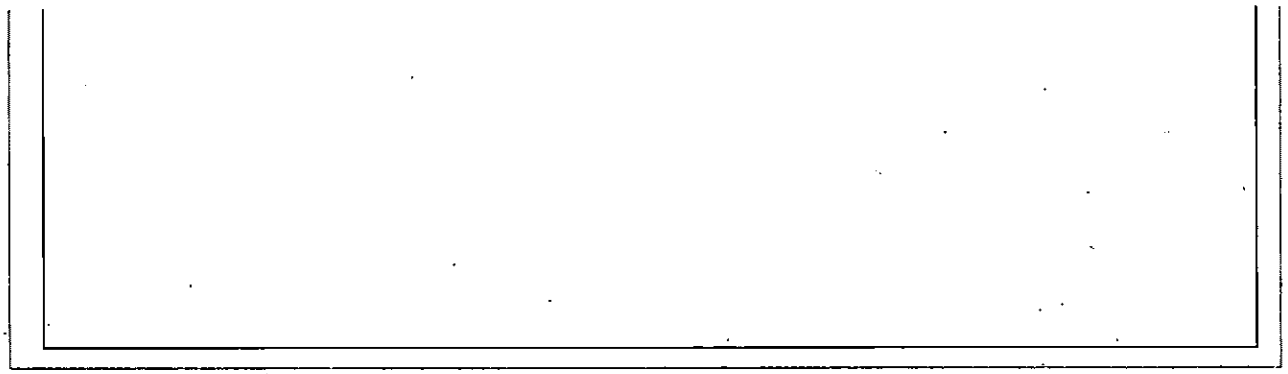
Report

Faeces

weight loss

H.pylori stool
antigen
H.pylori stool antigen :
negative

Antibiotics, proton pump inhibitors and bismuth preparations
are known to suppress the growth of H.pylori.
Stool sampling must not be performed earlier than 2 weeks
after termination of ingestion proton pump inhibitors
and bismuth preparations, and 4 weeks after termination
of antibiotic therapy, respectively.



Printed By: Ellesse Azmat on 11/05/2026 11:40:33

SCI Store - Forth Valley - Patient Result Report

Report ID: HS407294R/07/19

Sample Collected: 24/07/2019 11:17:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Marshall, Dr Louise	(58939) Dr Louise Marshall	HS407294R/07/19	Special	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	24/07/2019 11:17:00	24/07/2019 17:20:00	31/07/2019 15:53:57	Active

Report

Haematinics — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Serum Folate	3.2	2.1 - 14.0	ug/L	
Serum Ferritin	47	24 - 155	ug/l	

Last 2 users to access this result

Name	System	Location	Time
michael.wilson3	Clinical Portal	Forth Valley Portal Server	21/08/2019 09:17:22
WS Unit Test	UnitTestApp	SG033827	31/07/2019 19:00:10

Printed By: Ellesse Azmat on 11/05/2026 11:40:38

SCI Store - Forth Valley - Patient Result Report

Report ID: BB770060J/07/19

Sample Collected: 24/07/2019 11:17:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Marshall, Dr Louise	(58939) Dr Louise Marshall	BB770060J/07/19	Clinical Chemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	24/07/2019 11:17:00	24/07/2019 17:19:00	24/07/2019 19:33:46	Active

Report

Endocrine studies — Cumulative

Description	Value	Range	Unit	Normalcy Notes
25 OH Vitamin D	19		nmol/l	(VID)

Test Comments

(VID) Total 25OH Vit D: <25 deficient, 25-50 insufficient,
(VID) >50 adequate.

LFT — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Bilirubin	6	0 - 21	umol/L	
Alk. Phosphatase	76	30 - 130	U/L	(ALP)
ALT	12	0 - 55	IU/L	
AST	15	0 - 45	U/L	
Total Protein	63	60 - 80	g/L	
Albumin	43	35 - 50	g/L	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Calcium profile — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.36	2.2 - 2.6	mmol/L	
Corrected Calcium	2.40	2.2 - 2.6	mmol/L	
Phosphate	1.02	0.8 - 1.5	mmol/L	

U & E — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Potassium	4.3	3.5 - 5.3	mmol/L	
Sodium	141	133 - 146	mmol/L	
Chloride	106	95 - 108	mmol/L	

Creatinine	56	40 - 130	umol/L
Urea	2.9	2.5 - 7.8	mmol/L
eGFR (/1.73m2)	>59		

C-reactive protein	
C-Reactive Prot.	<5

Last 3 users to access this result

Name	System	Location	Time
michael.wilson3	Clinical Portal	Forth Valley Portal Server	21/08/2019 09:22:13
louise.marshall.25192	Clinical Portal	Forth Valley Portal Server	25/07/2019 13:26:32
WS Unit Test	UnitTestApp	SG033827	25/07/2019 07:00:08

Printed By: Ellesse Azmat on 11/05/2026 11:40:43

SCI Store - Forth Valley - Patient Result Report

Report ID: HR884070Z/07/19

Sample Collected: 24/07/2019 11:17:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Marshall, Dr Louise	(58939) Dr Louise Marshall	HR884070Z/07/19	Routine	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	24/07/2019 11:17:00	24/07/2019 17:09:00	24/07/2019 17:33:40	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	134	120 - 150	g/L	
White Blood Count	8.2	4.0 - 10.0	10^9/L	
Platelet Count	357	150 - 410	10^9/L	
Red Blood Count	4.39	3.8 - 4.8	10^12/L	
Mean Cell Volume	96.4	83.0 - 101.0	fl	
Packed Cell Volume	0.423	0.36 - 0.46		
Mean Cell Haemoglobin	30.5	27.0 - 32.0	pg	
Mean Cell Haemoglobin Conc.	317	315 - 345	g/L	
Neutrophil Count	4.5	2.0 - 7.0	10^9/L	
Lymphocyte Count	**3.1**	**1.0 - 3.0**	**10^9/L**	**A**
Monocyte Count	0.5	0.2 - 1.0	10^9/L	
Eosinophil Count	0.1	0.02 - 0.5	10^9/L	
Basophil Count	**0.0**	**0.02 - 0.1**	**10^9/L**	**A**
Nucleated Red Blood Cells	0.00		10^9/L	

Last 2 users to access this result

Name	System	Location	Time
michael.wilson3	Clinical Portal	Forth Valley Portal Server	21/08/2019 09:17:27
WS Unit Test	UnitTestApp	SG033827	24/07/2019 19:00:22

Printed By: Ellesse Azmat on 11/05/2026 11:40:48

SCI Store - Forth Valley - Patient Result Report

Report ID: HS374068W/02/19 **Sample Collected:** 15/02/2019 11:22:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	HS374068W/02/19	Special	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	15/02/2019 11:22:00	15/02/2019 18:16:00	18/02/2019 14:48:56	Active

Report

Haematinics Cumulative

Description	Value	Range	Unit	Normalcy Notes
Vitamin B12	235	180 - 900	ng/l	
Serum Folate	2.6	2.1 - 14.0	ug/L	
Serum Ferritin	59	24 - 155	ug/l	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	18/02/2019 15:00:28

Printed By: Ellesse Azmat on 11/05/2026 11:40:53

SCI Store - Forth Valley - Patient Result Report

Report ID: BB499172R/02/19

Sample Collected: 15/02/2019 11:22:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB499172R/02/19	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	15/02/2019 11:22:00	15/02/2019 17:58:00	15/02/2019 21:53:59	Active

Report

LFT — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Bilirubin	6	0 - 21	umol/L	
Alk. Phosphatase	96	30 - 130	U/L	(ALP)
ALT	29	0 - 55	IU/L	
AST	19	0 - 45	IU/L	
Total Protein	65	60 - 80	g/L	
Albumin	43	35 - 50	g/L	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

Calcium profile — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.36	2.2 - 2.6	mmol/L	
Phosphate	1.08	0.8 - 1.5	mmol/L	
Corrected Calcium	2.40	2.2 - 2.60	mmol/l	

U & E — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Potassium	4.6	3.5 - 5.3	mmol/L	
Sodium	141	133 - 146	mmol/L	
Chloride	106	95 - 108	mmol/L	
Creatinine	58	40 - 130	umol/L	
Urea	3.0	2.5 - 7.8	mmol/L	
eGFR (/1.73m2)	>59			

C-reactive protein

C-Reactive Prot.	<5

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	16/02/2019 07:00:09

Printed By: Ellesse Azmat on 11/05/2026 11:40:58

SCI Store - Forth Valley - Patient Result Report

Report ID: HR706918E/02/19

Sample Collected: 15/02/2019 11:22:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	HR706918E/02/19	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	15/02/2019 11:22:00	15/02/2019 18:20:00	15/02/2019 19:53:46	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**154**	**120 - 150**	**g/l**	**A**
White Blood Count	9.5	4 - 10	10^9/l	
Platelet Count	311	150 - 410	10^9/l	
Red Blood Count	**4.85**	**3.8 - 4.8**	**10^12/l**	**A**
Mean Cell Volume	95.9	83 - 101	fl	
Packed Cell Volume	**0.465**	**0.36 - 0.46**		**A**
Mean Cell Haemoglobin	31.7	27 - 32	pg	
Mean Cell Haemoglobin Conc.	330	315 - 345	g/l	
Neutrophil Count	5.5	2.0 - 7.0	10^9/l	
Lymphocyte Count	**3.2**	**1.0 - 3.0**	**10^9/l**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/l	
Eosinophil Count	0.1	0.02 - 0.5	10^9/l	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/l	

ESR — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Erythrocyte Sed. Rate	2	2 - 30	mm in 1st hour	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	16/02/2019 07:00:05

Printed By: Ellesse Azmat on 11/05/2026 11:41:03

SCI Store - Forth Valley - Patient Result Report

Report ID: BB549333L/01/18 **Sample Collected:** 16/01/2018 10:11:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	BB549333L/01/18	Clinical Chemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	16/01/2018 10:11:00	16/01/2018 11:43:00	16/01/2018 13:50:15	Active

Report

LFT Cumulative

Description	Value	Range	Unit	Normalcy Notes
Bilirubin	9	0 - 17	umol/l	
Alk. Phosphatase	88	0 - 130	u/L	(ALP)
ALT	11	11 - 37	iu/l	
AST	17	12 - 31	iu/l	
Total Protein	70	62 - 80	g/l	
Albumin	47	36 - 52	g/l	

Test Comments

(ALP) ALP Ref. Limit for patients <30 days old is 0-380 iu/L
(ALP) ALP Ref. Limit for patients <17 years old is 0-425 iu/L
(ALP) ALP Ref. Limit for adults (>17 years) is 0-130 iu/L

C-reactive protein

C-Reactive Prot.	<5

Thyroid function test Cumulative

Description	Value	Range	Unit	Normalcy Notes
TSH	3.26	0.35 - 5.00	mU/l	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	16/01/2018 15:00:30

Printed By: Ellesse Azmat on 11/05/2026 11:41:07

SCI Store - Forth Valley - Patient Result Report

Report ID: HR831591N/01/18

Sample Collected: 16/01/2018 10:11:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr Bridget McCalister	HR831591N/01/18	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	16/01/2018 10:11:00	16/01/2018 11:43:00	16/01/2018 13:04:59	Active

Report

Full Blood Count — Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**155**	**120 - 150**	**g/l**	**A**
White Blood Count	**10.9**	**4 - 10**	**10^9/l**	**A**
Platelet Count	344	150 - 410	10^9/l	
Red Blood Count	4.66	3.8 - 4.8	10^12/l	
Mean Cell Volume	96.1	83 - 101	fl	
Packed Cell Volume	0.448	0.36 - 0.46		
Mean Cell Haemoglobin	**33.2**	**27 - 32**	**pg**	**A**
Mean Cell Haemoglobin Conc.	**346**	**315 - 345**	**g/l**	**A**
Neutrophil Count	6.4	2.0 - 7.0	10^9/l	
Lymphocyte Count	**3.6**	**1.0 - 3.0**	**10^9/l**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/l	
Eosinophil Count	0.2	0.02 - 0.5	10^9/l	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/l	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	16/01/2018 15:00:15

Printed By: Ellesse Azmat on 11/05/2026 11:41:13

SCI Store - Forth Valley - Patient Result Report

Report ID: HR831591N/01/18 **Sample Collected:** 16/01/2018 10:11:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Bridget	(57444) Dr.Bridget McCalister	HR831591N/01/18	Routine	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	16/01/2018 10:11:00	16/01/2018 11:43:00	16/01/2018 13:04:59	Active

Report

Full Blood Count Cumulative

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**155**	**120 - 150**	**g/l**	**A**
White Blood Count	**10.9**	**4 - 10**	**10^9/l**	**A**
Platelet Count	344	150 - 410	10^9/l	
Red Blood Count	4.66	3.8 - 4.8	10^12/l	
Mean Cell Volume	96.1	83 - 101	fl	
Packed Cell Volume	0.448	0.36 - 0.46		
Mean Cell Haemoglobin	**33.2**	**27 - 32**	**pg**	**A**
Mean Cell Haemoglobin Conc.	**346**	**315 - 345**	**g/l**	**A**
Neutrophil Count	6.4	2.0 - 7.0	10^9/l	
Lymphocyte Count	**3.6**	**1.0 - 3.0**	**10^9/l**	**A**
Monocyte Count	0.7	0.2 - 1.0	10^9/l	
Eosinophil Count	0.2	0.02 - 0.5	10^9/l	
Basophil Count	0.1	0.02 - 0.1	10^9/L	
Nucleated Red Blood Cells	0.00		10^9/l	

Last 1 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	16/01/2018 15:00:15

Printed By: Ellesse Azmat on 11/05/2026 11:41:18

SCI Store - Forth Valley - Patient Result Report

Report ID: BB442409Z/11/17 **Sample Collected:** 06/11/2017 09:51:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
McCalister, Dr Peter	(57185) Dr Peter McCalister	BB442409Z/11/17	Clinical Chemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	06/11/2017 09:51:00	06/11/2017 12:16:00	06/11/2017 14:20:04	Active

Report

U & E Cumulative

Description	Value	Range	Unit	Normalcy Notes
Potassium	4.0	3.5 - 5	mmol/l	
Sodium	141	135 - 145	mmol/l	
Chloride	107	97 - 107	mmol/l	
Creatinine	61	60 - 130	umol/l	
Urea	2.5	2.5 - 8	mmol/l	
eGFR (/1.73m2)	>59			

Last 2 users to access this result

Name	System	Location	Time
WS Unit Test	UnitTestApp	SG033827	06/11/2017 15:00:15
Ellen Smith	FV SCI Store Live	SCI Store - Forth Valley	06/11/2017 14:28:57

Printed By: Ellesse Azmat on 11/05/2026 11:41:22

SCI Store - Forth Valley - Patient Result Report

Report ID: V213326022301 **Sample Collected:** 24/10/2017 09:51:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(6128706) MCRAE, DR K, GP ANTONINE MEDICAL PRACTICE	V213326022301	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
CT	24/10/2017 09:51:00	24/10/2017 09:51:00	07/11/2017 17:08:13	Active

Report

CT

Clinical History: Possible left upper lung nodule on C XR.
Smoker.
-
CT chest and upper abdomen.
-
Findings: No focal intrapulmonary nodule. C XR appearances are thought composite.
-
Gross emphysema most marked in the upper lungs. Tiny bilateral lower lobe granulomas. Minor bibasal atelectasis. No mediastinal or abdominal lymphadenopathy.
-
No significant solid organ abnormality. Uncomplicated colonic diverticula change. No focal bony abnormality.
-
Conclusions:
No pulmonary nodule. C XR appearances are composite.
Gross emphysema.
-
Examination Date: 07/11/2017
Examination: CT Chest/Abdo With Contrast
Date Reported: 07/11/2017
Dictating Radiologist / Clinical Specialist By DR PAUL KELLY GMC 3277029
Verified by: DR PAUL KELLY GMC 3277029 on 07/11/2017

Last 3 users to access this result

Name	System	Location	Time
rosemary.haddock	Clinical Portal	Forth Valley Portal Server	11/02/2022 17:02:04
katy.murray	Clinical Portal	Forth Valley Portal Server	26/06/2018 15:17:42

Peter McCalister	FV SCI Store Live	SCI Store - Forth Valley	14/11/2017 16:45:34

Printed By: Ellesse Azmat on 11/05/2026 11:41:28

SCI Store - Forth Valley - Patient Result Report

Report ID: V213323034601 **Sample Collected:** 05/10/2017 08:36:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black Name Changed	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(6128706) MCRAE, DR K, GP ANTONINE MEDICAL PRACTICE	V213323034601	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	05/10/2017 08:36:00	05/10/2017 08:36:00	20/10/2017 14:58:43	Active

Report

General

Clinical History: Cough. Smoker
-
Chest X-ray: Normal heart and mediastinal contours.
Questionable opacity projected over left posterior sixth rib - composite shadow or nodule? Background emphysema.
-
We will arrange an appointment from CT thorax to clarify these appearances. Please ensure eGFR result from within last 3 months is available
Examination Date: 06/10/2017
Examination: XR Chest
Date Reported: 20/10/2017
Dictating Radiologist / Clinical Specialist By DR C SMITH CONS R/IST GMC 6099441
Verified by: DR C SMITH CONS R/IST GMC 6099441 on 20/10/2017

Last 1 users to access this result

Name	System	Location	Time
Jean Proffit	FV SCI Store Live	SCI Store - Forth Valley	24/10/2017 10:12:11

Printed By: Ellesse Azmat on 11/05/2026 11:41:33

SCI Store - Forth Valley - Patient Result Report

Report ID: V213313031002 **Sample Collected:** 07/08/2017 16:13:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(6115383) MARSHALL, DR LOUISE ANTONINE MEDICAL PRACTICE	V213313031002	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	07/08/2017 16:13:00	07/08/2017 16:13:00	16/08/2017 09:24:59	Active

Report

General

Clinical History: Left hip pain and knees.
Pelvis:
Bony pelvic ring is intact. Normal appearance to hip joint.
-
Knees:
Degenerative change in the right medial joint compartment with marginal osteophytes. Joint spaces are however relatively well preserved.
-
The left knee is well preserved.
Examination Date: 14/08/2017
Examination: XR Knees, XR Pelvis
Date Reported: 16/08/2017
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR, GMC 3330137
Verified by: DR GORDON DEWAR, GMC 3330137 on 16/08/2017

Printed By: Ellesse Azmat on 11/05/2026 11:41:40

SCI Store - Forth Valley - Patient Result Report

Report ID: V213313031001 **Sample Collected:** 07/08/2017 16:13:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Grace Black	0707663040	07/07/1966	59	MARSHALL, LOUISE	Antonine Medical Practice	
Name Changed						

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(6115383) MARSHALL, DR LOUISE ANTONINE MEDICAL PRACTICE	V213313031001	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	07/08/2017 16:13:00	07/08/2017 16:13:00	16/08/2017 09:24:59	Active

Report

General

Clinical History: Left hip pain and knees.
Pelvis:
Bony pelvic ring is intact. Normal appearance to hip joint.
-
Knees:
Degenerative change in the right medial joint compartment with marginal osteophytes. Joint spaces are however relatively well preserved.
-
The left knee is well preserved.
Examination Date: 14/08/2017
Examination: XR Knees, XR Pelvis
Date Reported: 16/08/2017
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR, GMC 3330137
Verified by: DR GORDON DEWAR, GMC 3330137 on 16/08/2017

Printed By: Ellesse Azmat on 11/05/2026 11:41:45

FV Dietetics Community - Continuation Note

NHS Forth Valley

Patient Name:	BLACK, Grace (Ms)
CHI Number:	0707663040

Date / Time of note recorded in MORSE: 27/04/2023 09:57:10

Date / Time of contact: 27/04/2023 09:30:00

Note

T/C review carried out with patient.

A - Current wt. 34.9kg. Ht. 1.54 BMI 14.7kg/m2 - ~2.5% wt. loss in 3/12.

B - Nil recent

C - Commenced daily Teriparatide injections. Remains on Ad-cal D3. Been re-assigned another psychologist and they are having sessions every 2 weeks. Remains on Prochlorperazine and states taking this TDS 30-60mins pre meals however continues to experience ongoing nausea.

D - Oral intake continues to be variable with the patient reporting anxiety and nausea main barriers. Little progression and variable in approach. Reinforced need for consistency if we are to achieve wt. gain goal. Further discussed the need for a little + often approach of high protein/high energy sources as well as food fortification. Patient previously prescribed ONS and does not want to re-commence these. Limited further advice due to non compliance.

Aim - Minimise further nutritional decline

Plan
- Enc. little + often approach to eating
- Enc. food fortification
- Continue with nourishing drinks
- Patient to speak with GP re anti-emetic
- RD to email and update psychologist

Agreed no follow up as limited further input. Patient aware to contact if nutritional status deteriorates.

Recorded by:	Honor Blackwood	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 26/01/2023 14:41:00

Date / Time of contact: 26/01/2023 14:30:00

Note

T/C review carried out with patient.

A - Current wt. 35.8kg. Wt. stable since last review ~3/12 ago.

B - Nil recent.

C - Recently diagnosed with Osteoporosis and due to commence Teriparatide as daily injections. Awaiting delivery of this. Patient also commenced on a loading dose of vit D for 7 weeks due to low vit D and then to recommence her Ad-cal D3. Bo with Laxido. Continues to experience anxiety and her clinical psychologist has left her post therefore patient is on the waiting list to be assigned another psychologist.

D - Reports E+D as before. Not implemented any changes as suggested at last review. Reiterated to patient that as wt. stable, indicates she is eating enough to maintain her wt. however if her aim is to gain weight then she requires to either increase her current intake or increase the nutritional value of her current oral intake. Limited input can be provided if patient non compliant.

Patient did agree to increase her hot choc (made with fcm) intake and will incorporate a breakfast into her day.

Aim - Improve nutritional status

Plan
- Implement a breakfast meal
- Increase hot chocs through the day

Agreed rv. t/c 27/4/23 @ 9:30 however if patient continues to be non compliant then d/c from community dietetics.

Recorded by:	Honor Blackwood	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 24/10/2022 15:26:00

Date / Time of contact: 24/10/2022 15:26:00

Note

Email received from Megan Varty, Trainee Clinical Associate in Applied Psychology;

"Hi,

Thank you for the update regarding Grace. I am still seeing her and will discuss this with her at our next appointment.

Best wishes,
Megan.

Megan Varty"

Recorded by:	Honor Blackwood	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 17/10/2022 15:46:00

Date / Time of contact: 17/10/2022 13:30:00

Note

T/C review with patient - student dietitian Zoe Young, supervised by RD Honor Blackwood

A- Wt. 35.3 kg, pt reports Wt. below 35kg past few weeks
-7.3% wt loss in ~1/12.

B- Nil new

C - BO ~OD with use of Laxido. Anxiety remains an ongoing issue and patient remains under clinical psychology with strategies in place.

D- Appetite reported to be up and down. Pt reports first meal 3 o'clock or dinner time due to not feeling hungry. Discussed importance of regular eating in order to support nourishment, meet nutritional requirements but also support mental health. Discussed food fortification and little and often approach. Pt reports feeling has no energy and upset that can wear her nice clothes as they no longer fit. Reinforced previous advice and indicated little dietetic input as patient not been able to make any changes and not compliant with ONS.
Pt prescribed fortsip compact OD however not compliant therefore have recommended these are discontinued.

Diet hx;
B - Nil, rarely will have anything apart from COC. Reported 0/7 for having breakfast this week
MM- nil
L - 1 or 2 slices of bread as a sandwich with cheese and tomato - as an early dinner
MA - Nil
D - Sandwich as above or small 'child's portion' spaghetti bolognaise
Snack - COT or Hot chocolate with biscuit
Fluids - COT&COC, Water, Hot chocolate, 1 fizzy juice can

- Agreed further review with patient on the basis she has agreed to try and implement advice. Will email psychologist to advise of ongoing nutritional issues most likely attributed to mental health issues.

Aim - Improve nutritional status

Plan
- Ensure little + often approach to eating and often of high protein/high energy sources
- Encourage food fortification with meals
- D/C Fortisip compact OD

Recorded by:	Zoe Young	Contact Number:	
Designation:	Student		

Date / Time of note recorded in MORSE: 26/08/2022 15:16:00

Date / Time of contact: 26/08/2022 14:30:00

Note

pt reviewed at SCH clinic today - via telephone call

weight reported as 38.1kg Ht:

PMH - COPD. Fibromyalgia. Complaining of recent wt. loss with nausea and reduced appetite. Always been low wt. never been heavier than 44.5kg. Low mood with bereavement ~1yr ago. Currently on Duloxetine. Gastroenterologist swapped PPI to Esomeprazole and found this has improved abdo pains. Patient also on Prochlorperazine maleate 2-3/day PRN. Have suggested

she takes this on a regular basis and 30-60mins pre meals to support with oral intake. Patient also commenced on Laxido and is taking this every 2 days - bowels opening ~every 2 days. ++ fatigue.
Bowels opening nil concerns this appt
Gastro investigations showed no malignancy started on folic acid
emphysema, diverticulosis
for psychology appt 2nd sept 1430
Chest infection 2 weeks ago got antibiotics feels better again, gets SOB going upstairs, son will take her out in the car

Diet- not consistent with FC od has taken 5 this week
breakfast - nil this week last week was better had a few days where she had a roll on sausage or s/thing hot
this week has not eaten until 2-3pm sandwich 1 slice bread occasionally has bacon crisps,
Dinners are small portions doesn't eat all
trying to mix FC with ice cream as finds easier to take
dislikes milk on its own
but would take a milky hot chocolate or coffee and have a biscuit - jaffa cake
dislikes cakes and chocolate now
admits eating is not great has not really taken on advise from last appt.
discussed options - fortisip mixing in some milk / fortified milk / 1 weetabix for B with hot milk sugar
thick n creamy yogurts, could heat a FC also
if continues to lose weight maxijul??? disliked FJ

AIM- stabilise weights where able
Continue PLAN
- Establish little + often approach to eating of high protein/high energy sources
- Fortify meals/snacks
- Increase use of nourishing drinks
- Fortisip Compact 125ml daily - not to be used as meal replacer
R/v 17/10 1330 agreed

Recorded by:	Lindsay Davidson	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 11/04/2022 11:00:00

Date / Time of contact: 11/04/2022 10:30:00

Note

T/C assessment undertaken with patient.

Patient referred via GP due to wt. loss and lack of appetite.

A - Current wt. 41kg (self taken ~1/12 ago). 40.8kg (Feb 21) - Wt. stable.

B - Folate 2.4, Urea 2.2 (01/02/22)

C - PMH - COPD. Fibromyalgia. Complaining of recent wt. loss with nausea and reduced appetite. Always been low wt. never been heavier than 44.5kg. Low mood with bereavement ~1yr ago. Currently on Duloxetine and awaiting MH input. Gastroenterologist swapped PPI to Esomeprazole and found this has improved abdo pains. Patient also on Prochlorperazine maleate 2-3/day PRN. Have suggested she takes this on a regular basis and 30-60mins pre meals to support with oral intake. Patient also commenced on Laxido and is taking this every 2 days - bowels opening ~every 2 days. ++ fatigue.

D - Patient reports poor oral intake with irregular oral intake. Can go days with no oral intake. B - toast x 1 with butter or jam (2-

3/7 will have no oral intake), L - Rarely has lunch, EM - mashed pot with cheese, S - toast or scrambled egg (occ). Fluids - 2 cans fizzy juice, 2 glasses water + occ a COC. Patient was previously trialled on Fortijuce but could not tolerate this therefore we advised GP to trial Fortisip Compact. Patient only commenced this last week however is managing OD (mixing with ice cream etc).

Discussed correlation between COPD and increased requirements. Also discussed how constipation, low mood, nausea etc can all affect appetite and oral intake. Suggested as well as regulating anti-emetics to reduce cooking smells by closing doors, choose cold foods that produce less of a smell and ask son to prepare meals but not ask you to choose what you want as this can often be difficult if you are experiencing nausea. Enc patient to try and regulate oral intake and set small goals e.g. aim to have breakfast every day and work up towards going no longer than 2-3hrs between meals/snacks. Also discussed the filling effect fizzy drinks can have and suggested ensuring having these between meals and/or reduce intake. Suggested the use of nourishing drinks instead which would support meeting her nutritional requirements. Also discussed food fortification e.g. butter in mash etc.

E - Lives with son, son's partner and grandson. They all do cooking.

Aim - Minimise further losses

Plan
- Establish little + often approach to eating of high protein/high energy sources
- Fortify meals/snacks
- Increase use of nourishing drinks
- Fortisip Compact 125ml daily - not to be used as meal replacer

Agreed rv. ~2/12. Will send out written info. Patient to contact earlier if required.

Recorded by:	Honor Blackwood	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 12/01/2022 11:46:00

Date / Time of contact: 12/01/2022 11:47:00

Note

Advice requested from GP via sci-gateway re alternative ONS as patient not tolerated once prescribed.

Advice request response;

"Dear Dr Norve

Thank you for your advice request regarding Grace Black (CHI: 0707663040). I can see she has been trialled on Fortijuce but wondering if she has trialled any of the milk based ONS. If she has not, it may be worthwhile trialling her on Fortisip Compact (she can take this in 4 doses over the day to help with compliance). Grace is due to be reviewed in clinic as a routine review but I will send her out some nourishing meal/drink idea leaflets in the interim"

Recorded by:	Honor Blackwood	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 11/11/2021 13:15:00

Date / Time of contact: 11/11/2021 13:15:00

Note

FCH clinic date to be seen by 2/2/22
sorry error in date below

Recorded by:	Lindsay Davidson	Contact Number:	
Designation:	Dietitian		

Date / Time of note recorded in MORSE: 11/11/2021 13:12:00

Date / Time of contact: 11/11/2021 13:12:00

Note

triage as a routine 2/1/22 referred by gp
low BMI wt loss 2kg
started on ONS fortisip compact bd

Recorded by:	Lindsay Davidson	Contact Number:	
Designation:	Dietitian		

Medication Administration Profile

Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 4-Nov-2024
Discharged On: 23-Nov-2024

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***
Sensitivities:

Weight: kg
Height: cm
Body Surface: m²

Episode History:
Consultant: DR DANIEL BECKETT from 4-Nov-2024 14:59 to 4-Nov-2024 23:39

Transfer History:
Admitted to Ward: CAU (FVRH) on 4-Nov-2024 at 14:59
Transferred to Ward UCC SDEC (FVRH) on 5-Nov-2024 at 16:44

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC). <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

DRUG DOSE,ROUTE & FREQUENCY/INTERVAL/RATE *VERIFIER*	4-Nov-2024 Monday	5-Nov-2024 Tuesday	6-Nov-2024 Wednesday	7-Nov-2024 Thursday	8-Nov-2024 Friday	9-Nov-2024 Saturday	10-Nov-2024 Sunday
ENOXAPARIN (INHIXA) 60 mg Injection 60 mg SC Inj STAT MS LAUREN ADAMSON Start Date/Time 4-Nov-2024 19:52 Stop Date/Time: 4-Nov-2024 21:39	! 21:38 LWRII <MOD> LWRII						
ENOXAPARIN (INHIXA) 60 mg Injection 50 mg SC Inj STAT MS DEBORAH HAMILTON Start Date/Time 5-Nov-2024 18:48 Stop Date/Time: 5-Nov-2024 19:55		! 19:54 VPRO <MOD> VPRO					

Medication Administration Profile

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***

Weight: kg
Height: cm
Body Surface: m²

Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 17-Apr-2026
Discharged On: 18-Apr-2026 Order Note(s) exist

Sensitivities:

Episode History:
Consultant: DR CALUM MCGREGOR from 17-Apr-2026 23:48 to 18-Apr-2026 08:05
Consultant: DR DANIEL BECKETT from 18-Apr-2026 08:06 to 18-Apr-2026 10:18
Transfer History:
Admitted to Ward: CAU (FVRH) on 17-Apr-2026 at 23:48

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

DRUG DOSE,ROUTE & FREQUENCY/INTERVAL/RATE *VERIFIER*	17-Apr-2026 Friday	18-Apr-2026 Saturday					
LAMOTRIGINE 100 mg Tablets 100 mg Oral 2X08/20 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 08:56 KKEE					
LAMOTRIGINE 200 mg Tablets 200 mg Oral 2X08/20 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 08:56 KKEE					
AMITRIPTYLINE 10 mg Tablets 10 mg Oral 1X22 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 22:00							
ACETYLCYSTEINE 600 mg Effervescent Tablets 600 mg Oral 1X08 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 09:02 KKEE					

Medication Administration Profile

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***

Sensitivities:

Weight: kg
Height: cm
Body Surface: m²

Date of Report: 11-May-2026 at 11:42
Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 17-Apr-2026
Discharged On: 18-Apr-2026 Order Note(s) exist

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

DRUG DOSE,ROUTE & FREQUENCY/INTERVAL/RATE *VERIFIER*	17-Apr-2026 Friday	18-Apr-2026 Saturday					
ESOMEPRAZOLE 20 mg Capsules 20 mg Oral 2X08/20 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00 Stop Date/Time: 18-Apr-2026 09:54		! 08:56 KKEE <DIS> EHUN					
CITALOPRAM 10 mg Tablets 10 mg Oral 1X08 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 08:58 KKEE					
ACCRETE D3 One a Day 1000mg/880units Chewable Tablets [+] ! Tablet Oral 1X08 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 09:06 KKEE					
TRIXEO AEROSPHERE 5/7.2/160 Metered Dose Inhaler 2 Puff(s) Inhalation 2X08/22 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 08:00		! 08:00 [Drug Unavailable] KKEE					

Medication Administration Profile

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***

Sensitivities:

Weight: kg
Height: cm
Body Surface: m²

Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 17-Apr-2026
Discharged On: 18-Apr-2026 Order Note(s) exist

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

DRUG DOSE,ROUTE & FREQUENCY/INTERVAL/RATE *VERIFIER*	17-Apr-2026 Friday	18-Apr-2026 Saturday					
ROPINIROLE 500 micrograms Tablets 500 microgram Oral 1X22 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 22:00							
MIRTAZAPINE 45 mg Tablets 45 mg Oral 1X22 DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 22:00							
FLUCONAZOLE 50 mg Capsules 50 mg Oral 24H MS EMMA JADE KILGANNON Start Date/Time 18-Apr-2026 09:51 Stop Date/Time: 24-Apr-2026 09:52		! 09:51 [Not Charted prior to SYSTEM					
ESOMEPRAZOLE 40 mg Tablets 40 mg Oral 2X08/18 MS EMMA JADE KILGANNON Start Date/Time 18-Apr-2026 18:00							

Medication Administration Profile

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***

Weight: kg
Height: cm
Body Surface: m²

Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 17-Apr-2026
Discharged On: 18-Apr-2026 Order Note(s) exist

Sensitivities:

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

DRUG DOSE,ROUTE & FREQUENCY/INTERVAL/RATE *VERIFIER*	17-Apr-2026 Friday	18-Apr-2026 Saturday					
CO-CODAMOL 30/500 Tablets 1 Tablet Oral PRN for pain, max QDS4-6 hrly DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 03:47		! 09:02 KKEE					
RIZATRIPTAN 10 mg Orodispersible Tablet 10 mg Oral PRN for migraines, max BD DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 03:47							
SALBUTAMOL 100 micrograms (Easyhaler) per dose 2 Puff(s) Inhalation PRN for breathlessness DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 03:48							
PROCHLORPERAZINE 5 mg Tablets 5 mg Oral PRN for nausea, max TDS DR MARY JACK (NEE BANFIELD) Start Date/Time 18-Apr-2026 03:49							

Medication Administration Profile

Type of Report: Since Admission
Requested By: EAZM
Current Status: Discharged

Admitted On: 17-Apr-2026
Discharged On: 18-Apr-2026 Order Note(s) exist

Patient: **Black, Grace**
Hospital No: 0707663040 National No: 070 766 3040
Date of Birth: 7-Jul-1966
Allergies: ***No known drug allergies***

Weight: kg
Height: cm
Body Surface: m²

Sensitivities:

ACCRETE D3 One a Day 1000mg/880units Chewable Tablets - Notes

Note to appear when Charting. **ACCRETE D3**

Added by: DR MARY JACK (NEE BANFIELD) on 18-Apr-2026 at 03:53

Not to be taken on day of alendronic acid.