

H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec-2006
Additional Support Needs		
No known ASN requirements		
Additional relevant information		
OK to send correspondence to home address?:Yes		
Patient will accept any site:Yes		
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes		
Referred By:Referring GP		
Electronic Attachment Present:No		

Signature of referring doctor (or other professional) Date

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08-July-2026 ERIN MCGEEVER
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NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Clinic Letter

Dr. MJ Rennick
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

NHS
Greater Glasgow
and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main 0141 201 1100
Switchboard:
Department:
Contact Tel: 0141 201 2831
Enquiries to:
Letter Date: 05/11/2018
Reference: GC/DM
Dictated 05/11/2018
Date:
Transcribed 13/11/2018
Date:

Dear Dr. MJ Rennick,

Veronica Glancy; D.O.B: 04 Jun 1969; CHI: 0406694001
46 Hoddam Avenue, Glasgow, Lanarkshire, G45 0EZ

Attendance: Specialty - Neurology; Clinic - SUGCNE2-DR CHAVADA NEURO MON PM
Date and Time of Appointment - 05/11/2018 14:00

Clinical Comments:

I reviewed this lady in neurology clinic today as a follow up.

We discussed the result of her recent MRI scans. Her scan showed changes suggestive of chronic small vessel disease, however some of the lesions are in a periventricular distribution and have raised the possibility of her having inflammatory demyelination. I have explained these findings to her.

In order to take things further forward I have now organised a lumbar puncture looking for oligoclonal bands. I will review her back in six months time with the result of her lumbar puncture.

Yours sincerely

Dr Govind Chavada
Consultant Neurologist

Electronically Signed: Dr Govindsinh Chavada, Consultant

cc.

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Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: 0141 347 8347
Fracture Clinic: 0777 307 8192

Virtual Fracture Clinic

Clinic Date: 28/07/2018
Typed: 29/07/2018

Dr Rennick
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Q 2 AUG 2018

Dear Dr Rennick

Miss Veronica Glancy ~ DOB: 04/06/1969 ~ CHI:0406694001;
46 Hoddam Avenue Glasgow Lanarkshire G45 0EZ

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Left Radial head (Simple)
Injury Type:	Fracture
Management plan:	Letter and discharge
Patient contacted	Phone
Site:	QEUH
Outcome:	Review and discharge NFA required
Nurses notes:	Nurse present at Virtual Fracture Clinic: 29/07/2018 10:24 Sylvia Trotter I have spoken with Veronica today. I have given her all the advice for this injury and will send out an information leaflet. She has been discharged from the clinic today.

Yours sincerely

Mr [REDACTED]
Consultant Orthopaedic Surgeon

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Extension:.tif
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NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Clinical letter - GP:

Dr. MJ Rennick
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Neurology
0141 201 2831
Milmine
24/08/2018
GC/DM
20/08/2018
22/08/2018

Dear Dr Rennick,

Veronica Glancy; D.O.B: 04/06/1969; CHI: 0406694001
46 Hoddam Avenue, Glasgow, Lanarkshire, G45 0EZ

I have now discussed this patient's MRI scans with our neuroradiology colleagues. The radiological appearance, in particular periventricular lesions, is certainly highly suspicious of underlying inflammatory demyelination and there I have now organised a follow up appointment in my clinic to discuss these results in detail.

Yours sincerely

Dr Govind Chavada
Consultant Neurologist

Electronically Signed: Dr Govindsinh Chavada, Consultant

cc.

Printed on 24/08/2018 14:30 by Milmine

Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 27/07/2018

Consultant: Dr [REDACTED] Gunn

MJ Rennick
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
Glasgow
G45 9AW

Dear MJ Rennick

Re: **Glancy Veronica**
46 Hoddam Avenue
Glasgow G45 0EZ

DOB: 04/06/1969

CHI: 0406694001

Attended on: **27/07/2018 at 00:20 hrs.**
Discharge Type: **01a - Discharge with no follow up**
Previous ED Attendance in last 12 months: **1**

Departed on: **27/07/2018 at 02:00 hrs.**
Destination: **Private residence**

Presenting complaint
fall off bike arm injury

Nursing Assessment:
fall from bicycle. tender elbow and wrist

Investigations in ED:

1. XR Elbow Lt**2. XR Wrist Lt**

NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Diagnosis:

Diagnosis	Side	Site
Fracture of proximal radius, closed		

Procedures: **None**Immunisations: **None**

Dispensed Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment	Requesting Clinician
Cocodamol 30/500 2 tabs QID PREPACKED ONLY	Oral	2	TABS	FOUR Times a Day	No duration defined		Dr [REDACTED] Chroston

Clinician Notes:

Fall off cycle bike. R: posterior fat pad and sail's sign. Likely proximal radial head #. Broad arm sling, analgesia and # clinic F/U

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

[REDACTED] Chroston

Doctor

Copies to:

1. MJ Rennick (GP)

[REDACTED] Address:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC MSK Physiotherapy Protocol (Glasgow, vR15.0)

Additional Support Needs:

No known ASN requirements

REFERRAL TO	
South - Castlemilk Health Centre GGC MSK Physiotherapy	— Consultant / receiving practitioner and/or specialty clinic
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	— Hospital and hospital address Hospital location code. G049G Email address -
Urgency of referral Routine	Date sent 19-Feb-2019
Date of referral 19-Feb-2019	

PATIENT DETAILS		Patient's address
Surname	GLANCY	46 HODDAM AVE GLASGOW G45 0EZ
Forename(s)	VERONICA	
Title	MISS	Contact number(s) Voice: 583 2275 Voice: 00
Sex	Female	
Date of birth	04-Jun-1969	
CHI no.	0406694001	
Area of Residence	-	

101018063141U

Unique Care Pathway Number: 101018063141U

REGISTERED GP DETAILS		Practice address
Name	Dr. [REDACTED] Rennick	71 DOUGRIE DRIVE GLASGOW G45 9AW
GMC code	4013080 GP code 05738	
Practice name	Castlemilk Group Practice	Contact number(s) Voice: 0141-5318585
Practice code	49751	

REFERRING GP DETAILS		Practice address
Name	Dr. [REDACTED] Macaskill	Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
GMC code	7036871 GP code 06564	
Practice name	Castlemilk Group Practice (49751)	Contact number(s) Voice: 0141 531 8585
Practice code	49751	

CLINICAL INFORMATIONHistory of presenting complaint**Presenting complaint**

Description: Bilateral hip pain

Comment: Thank you for seeing this woman who has had several weeks history of bilateral hip pain, the right being worse than the left. On examination she has no tenderness. She has pain on all movements of her right hip, her left hip is more mobile and not as sore. I have arranged xrays.

Many Thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fracture of radius NOS	proximal - left	27-Jul-2018	27-Jul-2018
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary - adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
Family history	nil of note	20-Dec-2006

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Dihydrocodeine 30mg tablets	112	tablet	ONE TABLET UP TO FOUR TIMES D[more]	-	20-Jul-2017	19-Feb-2019

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Zopiclone 3.75mg tablets	7	tablet	1 TABLET AT NIGHT	-	21-Jan-2019	21-Jan-2019
Diazepam 2mg tablets	3	tablet	ONE TABLET AS DIRECTED FOR ANXIETY	-	03-Dec-2018	03-Dec-2018
Evorel Sequi patches (Janssen-Cilag Ltd)	24	patch	APPLY 1 PATCH TWICE WEEKLY FO[more]	-	22-Oct-2018	22-Oct-2018
Lactulose 3.1-3.7g/5ml oral solution	500	ml	10 OR 20 MLS TWICE A DAY FOR [more]	-	18-Sep-2018	18-Sep-2018
Dihydrocodeine 30mg tablets	56	tablet	ONE TABLET UP TO FOUR TIMES D[more]	-	20-Jul-2017	21-Jan-2019

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
28-Dec-2018	141	83
28-Dec-2018	144	85
28-Dec-2018	146	77

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
09-Jul-2018	1.58	82.8	33.1
02-Mar-2018	1.58	80.2	32.1
17-May-2017	1.58	84	33.6

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	26-Feb-2018
Not interested in stopping smoking:	Smoking status on date of event: Smoker.	18-Aug-2017
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	18-Aug-2017
Cigarette smoker:	Smoking status on date of event: Smoker.	22-Jun-2017
Ex smoker:	Smoking status on date of event: Ex-smoker.	17-May-2017
Current non drinker:	Drinking status on eventdate: Life teetotaler.	17-May-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	16-Mar-2016
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	23-Nov-2015
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	12-Dec-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	09-Jan-2014
Exercise grading:	Type of exercise: Moderate.	17-May-2017
Exercise grading:	walks	20-Dec-2006

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec-2006

Additional Support Needs

No known ASN requirements

Additional relevant information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No
 Has patient ever attended Pain Services for the same problem?:No
 OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP

Electronic Attachment Present: No

Signature of referring doctor (or other professional) Date

THIRD PARTY COPY

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NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Clinic Letter

Dr. C McKinnon
 Castlemilk Group Practice
 Castlemilk Health Centre
 71 Dougrie Drive
 Glasgow
 G45 9AW

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:



Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 G51 4TF
 0141 201 1100

Neurology
 0141 201 2831

26/02/2018

GC/DM

23/02/2018

08/03/2018

Dear Dr. C McKinnon,

Veronica Glancy; D.O.B: 04 Jun 1969; CHI: 0406694001
46 Hoddam Avenue, Glasgow, Lanarkshire, G45 0EZ

Attendance: Specialty - Neurology; Clinic - SUGCNE2-DR CHAVADA NEURO MON PM
 Date and Time of Appointment - 26/02/2018 16:00

Clinical Comments:

I reviewed this 48-year old lady in the neurology clinic at the request of Dr Phil Birschel, consultant stroke physician.

Over the last 12 months she has been having intermittent episodes of speech disturbance lasting for five minutes. Altogether she had three episodes in which she would find difficulty getting her words out. After her third episode she was reviewed by stroke team and has had an MRI scan which has raised suspicion of underlying inflammatory demyelination and hence the neurology referral.

She has not had any further such episodes.

Interestingly she has been reviewed by my colleague Dr Pushkar [REDACTED] back in 2011 after having presented with a history of migraine and sensory and speech disturbance. She also had an MRI scan at the time which was said to have shown non-specific white matter changes.

She has a past medical history of depression. She is currently on atorvastatin, simvastatin, and bendroflumethiazide. She is allergic to penicillin. She [REDACTED] her 18 and 10 year old [REDACTED] She does not work, however she is a full-time [REDACTED] for her 10 year old [REDACTED] who has autism. She smokes 20 cigarettes a day and does not drink alcohol.

NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

OPCL 26/02/2018 v1

Her neurological examination was unremarkable.

In view of stereotypical episodes it is possible that she may have underlying migraine, however to look for the possibility of inflammatory demyelination I have repeated her MRI scans with dedicated demyelination protocol. Following her MRI scan I will organise a lumbar puncture and will review her back in my clinic to discuss things further.

Yours sincerely

Dr Govind Chavada
Consultant Neurologist

Electronically Signed: Dr Govindsinh Chavada, Consultant

cc.

Printed on 20/03/2018 16:30 by [REDACTED] Milmine

Page 2 of 2

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Glancy Veronica

CHI: 0406694001

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 12/07/2018

Consultant: Dr [REDACTED] Howie

MJ Rennick
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
Glasgow
G45 9AW

Dear MJ Rennick

Re: **Glancy Veronica**
46 Hoddam Avenue
Glasgow G45 0EZ

DOB: 04/06/1969

CHI: 0406694001

Attended on: 11/07/2018 at 18:34 hrs.

Departed on: 11/07/2018 at 20:21 hrs.

Discharge Type: 01b - Discharge with follow up by
primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
seizure?

Nursing Assessment:

BIBA ?seizure. [REDACTED] found her unresponsive and shaking in arms for 2-3 mins. Has been feeling unwell for 2/3 days. BM in ambulance 3.6 hypostop administered. BM on admission 5.6 PMX ix seizure 20 yrs ago. possible TIAs. Has had brain scans suspecting inflammation on the brain. reports recently stopped taking medication.

Investigations in ED:

1. Full Blood Count
4. Bicarbonate

2. CRP
5. LFT

3. Urea and Electrolytes
6. Glucose

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Glancy Veronica

CHI: 0406694001

Diagnosis:

Diagnosis	Side	Site
Syncope and collapse		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Feeling dizzy in the morning for a few days as not sleeping well or eating well since the children have been home during [REDACTED] holidays. Today had collapse episode associated with limb jerking but with immediate recovery. Normal examination. Likely vasovagal. Discharged with reassurance

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Mairi Cruickshanks
Doctor

Copies to:

1. MJ Rennick (GP)

[REDACTED] Address:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5123542	Receive Date:	26-Aug-2017 16:52
Patient's Name:	Veronica Glancy		
Date of birth:	4-Jun-1969 (48 years)	Gender:	F
Address:	2/1 46 Hoddam Avenue	Current Address:	2/1 46 Hoddam Avenue
	Glasgow G45 0EZ		Glasgow G45 0EZ
Return Contact No:			
Tel No:	0141 583 2275		0141 583 2275
Mobile No:			
Priority:		Call Origin:	
Received:	26-Aug-2017 16:52	Calltype:	Dr To Phone Pt Within 1Hr
Advised:	18:06	Arrived PCC:	
Cons start:	26-Aug-2017 18:11	Cons End:	26-Aug-2017 18:13
Consulting Doctor:	IM [REDACTED]	Own doctor:	C McKinnon
CHI Number:	0406694001		

NHSD details:

Triage **This call should be directed via triage telephony route.**

NHSD - **WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.**

TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within two hours.

NHSD **UNABLE TO GET NOSE BLEED TO STOP. ALSO COUGHING UP**

Comment **BLOOD UNSURE IF DUE TO NOSE BLEEDING, SUDDEN ONSET. (**

s - **(User) (Edinburgh))**

DW [REDACTED] LAMBIE NP - TOLD TO PINCH NOSE AND TILT HEAD FORWARD FOR 20MINS WITHOUT RELEASING, IF STILL BLEEDING AFTER FIRST 20MINS TO REPEAT. IF STILL BLEEDING THEN TO GO DIRECTLY TO A&E BUT TO CALL SERVICE BACK TO CONFIRM THAT ATTENDING A&E. ALSO TOLD TO SPIT OUT ANY BLOOD. ((User) (Edinburgh))

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OPENED FOR [REDACTED] TO TRIAGE ((User) (Cardonald))

Receptionist:

NOSE BLEED 10MINS SEE AV

UNT1 Untriaged call - OOH Service clinician to phone patient

Clinical summary created by: (User) (Cardonald) [26/08/2017 18:06:17] X FOR X

AND PASSED TO [REDACTED] FOR TRIAGE

Consultation details:

History - **nose bleeding has npw stpopped , recontact or attend a and e if does not stop bleedomg after ten mins of firm pressure , see gp if recurrent**

Followups:

No Follow Up

Clinical Codes:

R047. [D]Epistaxis

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Glancy Veronica

CHI: 0406694001

Letter to Patient: Result

Veronica Glancy
46 Hoddam Avenue
Glasgow
Lanarkshire
G45 0EZ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Stroke Team
0141 347 8775
Carolanne McMahon
06/10/2017
PB/CMcM
03/10/2017
03/10/2017

Dear Mrs Glancy ,

I hope you are keeping well. You may recall that you came up to my clinic at the New Victoria Hospital on 21st August 2017. As discussed, your initial brain scan as well as the neck artery scan and the heart tests have been unremarkable. I felt your recent symptoms were in keeping with migraine. The MRI had shown some findings, the significance of which is not clear and I had referred you to the Neurology clinic for an opinion regarding this.

Following the clinic, I also arranged for an MRI scan of your neck and spinal cord. I am pleased to say that this was normal (there were some minor wear and tear changes noted in the bones, but this is expected).

I gather my referral to the Neurology clinic has been received and hopefully you will be receiving a letter for an outpatient appointment shortly. I am pleased to say that you do not need to come back to my clinic.

I would recommend that you continue with your current medications. I also encourage any attempts to continue to quit smoking.

Kind regards

Dr P Birschel
Consultant Stroke Physician

CC- Dr C McKinnon, Castlemilk Health Centre, 71 Dougrie Drive, Glasgow,G45 9AW

Electronically Signed: Dr [REDACTED] Birschel, Consultant

cc.

Printed on 06/10/2017 15:16 by [REDACTED] Ruddock

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08-July-2026 ERIN MCGEEVER
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NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

Clinic Letter

Dr. C McKinnon
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Main
Switchboard:
Department:
Contact Tel: 0141 347 8775
Enquiries to:
Letter Date: 21/08/2017
Reference: PB/CMcM
Dictated: 22/08/2017
Date:
Transcribed: 28/08/2017
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dear Dr. C McKinnon,

Veronica Glancy; D.O.B: 04 Jun 1969; CHI: 0406694001
46 Hoddam Avenue, Glasgow, Lanarkshire, G45 0EZ

Attendance: Specialty - Geriatric Medicine; Clinic - VIPBGE2-DR BIRSCHER TIA MONDAY PM
Date and Time of Appointment - 21/08/2017 15:30

Clinical Comments:**Diagnosis**

Probable migraine
Recent MRI - suggestive of possible demyelination (referred to Neurology Clinic)
Smoker

Current Medication

Clopidogrel 75mgs daily
Atorvastatin 80mgs daily
Bendroflumethiazide 2.5mgs daily
Dihydrocodeine pm
Depo-Provera
Zolmitriptan

Proposed Change to Medication

Nil

Medical Follow Up

Outpatient MRI cervical spine
Neurology Clinic referral

Assessment

I reviewed Mrs Glancy in the TIA follow up Clinic on Monday 21st August 2017 at the New Victoria Hospital. She had been at the clinic in May 2017 with an episode of word finding difficulties.

NHS Confidential: Personal data about a patient

Glancy Veronica

CHI: 0406694001

OPCL 21/08/2017 v1

This had occurred three times over the previous year and without headache. She had occasional numbness in her feet and occasional bilateral hand numbness in bed overnight.

She had been seen in the TIA Clinic in 2010, having presented with headache and sudden onset paraesthesia affecting the right hand, as well as episodes of transient speech disturbance (with occasional headache) and occasional 'white spots' in front of her eyes. At that time, it was felt that her symptoms were in keeping with migraine. She had an MRI scan at that time which showed 'non specific' white matter changes. She was referred to the Neurology Clinic and seen by Dr [REDACTED] in January 2011 (who felt that her symptoms were in keeping with migraine and not convincing of demyelination). Her episodes of speech disturbance, over the last year, did not occur with headache.

Of note, since last review she has not had any further episodes of speech disturbance whilst on Aspirin. Her Carotid Doppler, echocardiogram and a 72 hour ECG have all been normal. Her blood pressure today was 144/75. Unfortunately, she continues to smoke.

Her recent MRI brain scan has shown lesions on the FLAIR sequence which seem to have progressed since 2010. The pattern may be more suggestive of demyelination according to the report. In view of this, I have referred her back to the Neurology Clinic to see whether she needs investigating for demyelination. She is aware of this.

She also mentioned an episode of numbness in her left occipital region recently which lasted for 20 minutes. Given this and her arm symptoms, I have also arranged for an MRI of her cervical spine (this might also be useful in investigating possible demyelination).

I will be in touch with her cervical MRI and await the opinion from Neurology clinic. I would recommend that she remains on her current medications at present, given that she is a smoker and we have not entirely ruled out vascular disease.

I have not arranged routine follow up in the TIA Clinic at present.

Kind regards

Dr Phil Birschel
Consultant Stroke Physician

Electronically Signed: Dr [REDACTED] Birschel, Consultant

cc.

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19 JUN 2017

THE VICTORIA INFIRMARY

Telephone: 0141-201 6000

GLASGOW, G42 9TY

Clinic TIA Clinic

Date 19/6/17

Dear Dr. McCaskill

NAME: Veronica Garry

008. 19th June 1969.

I saw this patient today and will be writing in detail. Meantime I would be grateful if you would prescribe the following:-

Bendroflumethiazide 2.5 mg

Clopidogrel 75 mg

Atorvastatin. 80mg. at night

Thank you

 Maken

- 656 Stroke Clinic.

9191032
VIC 736

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0406694001, Veronica Glancy, DOB 04/06/1969, Telephone



Queen Elizabeth University Hospital
Direct Access Service
Telephone: 0141 451 6097

Consultants: Dr J Hinnie, Dr SJ Gallacher, Dr AP [REDACTED]
Specialist Nurses: Sr [REDACTED] Harkness, Sr Angela Collie

Ref: AC/AC/0406694001

22-Jun-2017

Dr. [REDACTED] MCKINNON
CASTLEMILK HEALTH CENTRE
71 DOUGRIE DRIVE
GLASGOW

G45 9AW

Dear Dr. MCKINNON,

Veronica Glancy, DOB: 04-Jun-1969
46 Hoddam Avenue
Glasgow
Lanarkshire
G45 0EZ

Chi 0406694001

Thank you for referring your patient for DEXA which was performed on 22-Jun-2017.

Scan Date: 22-Jun-2017

Spine

L2-L4 BMD: 1.048 TScore: -1.300 ZScore: -1.600

Scan Conclusions:

BMD measurements are below average for age.

Right Hip

Neck of femur BMD: 1.033 TScore: 0.400 ZScore: 0.400

Scan Conclusions:

Normal BMD

Osteoporosis Risk Factors

Amenorrhoea secondary to use of DepoProvera
History in past 5 years of smoking
Family history of osteoporosis
Current or previous use of inhaled steroids

Fracture Risk Factors

History in past 5 years of smoking

Fracture History

Lateral vertebral morphometry performed - no vertebral fracture evident

Treatment Recommendations

BMD is below average for age, you may wish to consider an alternative to DepoProvera

Page 1 of 2

NHS Confidential: Personal data about a patient

0406694001, Veronica Glancy, DOB 04/06/1969, Telephone

Lifestyle Recommendations

Advise to stop smoking

Advise regular weight-bearing exercise appropriate to general health

Dietary calcium intake appears sub-optimal

Follow Up: No follow up

Spine BMD is 15% below average for the patient's age group.

Note: Ms Glancy has been on Depo-provera for 30 years.

Yours sincerely

Angela Collie
Osteoporosis Specialist Nurse



Dr [redacted] Gallacher
Consultant Physician

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Glancy Veronica

CHI: 0406694001

Letter to Patient: Result

22 AUG 2017

Veronica Glancy
46 Hoddam Avenue
Glasgow
Lanarkshire
G45 0EZ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Stroke Team
0141 347 8775
Carolanne McMahon
16/08/2017
PB.CMcM
12/08/2017

14/08/2017

Dear Mrs Glancy ,

I hope you are keeping well. You may recall that you attended my clinic at the New Victoria Hospital on 19th June 2017 and were seen by my Colleague, Dr Makin. This was following an episode where you were unable to express your words. You had also had similar episodes previously.

Following the clinic, we arranged for two heart tests (echocardiogram and three day heart recording) and I am pleased to say that these were both normal.

I would like to bring you back to my clinic shortly to see if you have had further symptoms. We are still awaiting the result of your MRI scan and that should be available by the time you come back to clinic.

Kind regards

Dr P Birschel
Consultant Stroke Physician

CC / Dr C McKinnon, Castlemilk Group Practice, Castlemilk Health Centre, 71 Dougrie Drive, Glasgow, G45 9AW

Electronically Signed: Dr [REDACTED] Birschel, Consultant

cc.

Printed on 16/08/2017 07:42 by Carolanne McMahon

Page 1 of 1

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Glancy Veronica

CHI: 0406694001

Clinic Letter

Dr. C McKinnon
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Stroke and TIA clinic
347 8775

19/06/2017

SM/JR

19/06/2017

20/06/2017

Dear Dr. C McKinnon,

Veronica Glancy; D.O.B: 04 Jun 1969; CHI: 0406694001
46 Hoddam Avenue, Glasgow, Lanarkshire, G45 0EZ

Attendance: Specialty - Geriatric Medicine; Clinic - VIPBGE2-DR BIRSCHER TIA MONDAY PM
Date and Time of Appointment - 19/06/2017 13:30

Requested Out-patient Investigations:

MRI 3-day tape

Follow Up: Await results**Clinical Comments:**

Diagnosis: Possible TIAs

Management Plan:

1. Treat as TIA with Clopidogrel 75mg OD
2. Bendroflumethazide 2.5mg OD
3. Atorvastatin 80mg OD
4. MRI as outpatient
5. Multi-day ECG

Thank you for referring Mrs Glancy to our service. She tells me that her symptoms occurred on her birthday, the 4th of June. She was laughing and joking with her [REDACTED] when she found that she could not get her words out. She feels it was the wrong words, but they were also slightly slurred. The

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Glancy Veronica

CHI: 0406694001

OPCL 19/06/2017 v1

symptoms lasted about 20 minutes. Her [REDACTED] thought she was having a stroke and encouraged her to visit her GP. She has had previous events which are similar to this- about 3 times in the last year, though on previous occasions she took to her bed.

She has had a previously investigations for neurological symptoms in 2010 which were attributed to migraines at that time. She had an MRI which was reported as non-specific white matter high signal (these abnormalities are very common and usually do not require any specific intervention).

However she tells me that her usual migraine symptoms are quite different. They are characterised by a severe headache and photophobia, and she will stay in a darkened room for some hours. She also has been prescribed anti-depressants in the past, and takes occasional co-codamol for back pain. She has a family history of vascular disease, does not drive, and smokes.

On examination today her BP was 149/80 in her right arm and 134/83 in her left arm. There was no focal neurology. She had an abnormality in her right retina which was noted by my colleague in 2010.

Today she had a CT head and Doppler which were both essentially unremarkable. I repeated her routine blood tests which showed a glucose of 5.9, and a cholesterol of 5.5.

Given her vascular risk factors I plan to treat as TIA which undertaking further investigations to further elicit the cause. I will arrange an MRI and multi-day ECG and we will review her with the results.

Yours sincerely

[REDACTED] Makin

St6 Stroke and GIM.

Electronically Signed: Dr [REDACTED] Makin, Doctor

cc.

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Dr. ■■■■ McKinnon
Dr. M. Rennick
Dr. D. ■■■■
Dr. J. Shand



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM ADULT PNEUMOCOCCAL VACCINATION.

Please answer the following questions:

* Immuniser to note: if any of the responses to questions 4 below are "Yes", please do not vaccinate in the first instance - please consult with an Occupational Health nurse or call the Public Health Protection Unit 9am - 5pm on 0141 201 4917 for advice.		Yes	No	Details
1.	Are you well today?	☒	☐	
2.	Do you have a health condition that we should be aware of?	☐	☒	
3.	Have you received the Pneumococcal vaccination Pneumovax vaccine before	☐	☒	
4.	* Have you ever had a <u>severe, life threatening</u> allergic/anaphylactic reaction to any of the following:			
	• Pneumococcal vaccination Pneumovax vaccine?	☐	☒	
	• Eggs and/or egg products?	☐	☒	
	• Any antibiotic?	☐	☒	
5.	Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? [deep sub-cutaneous vaccination may be required]	☐	☒	

Smoking Status ☒ YES ☐ NO

PATIENT CONSENT

Print Name VERONICA GLANCI Date of birth 4.10.1969 Tel No 583 2275

I have received and understand the advice given to me and consent to the administration of the pneumovax vaccine.

Signature [Signature] Date 30.11.2016

P:\FLU\2016\Consents\adult pneumococcal consent 2016.doc/31/03/2016

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5010085	Receive Date:	24-Apr-2017 01:03
Patient's Name:	Veronica Glancy		
Date of birth:	4-Jun-1969 (47 years)	Gender:	F
Address:	2/1 46 Hoddam Avenue	Current Address:	2/1 46 Hoddam Avenue
	Glasgow G45 0EZ		Glasgow G45 0EZ
Return Contact No:			
Tel No:	0141 583 2275		0141 583 2275
Mobile No:			
Priority:	Pr No Action Reqd	Call Origin:	No Action Required By Co-op
Received:	24-Apr-2017 01:03	Calltype:	
Advised:	02:53	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	C McKinnon

CHI Number:
0406694001

NHSD details:

Triage **This call should be directed via consult telephony route.**

NHSD - **TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours. WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.**

NHSD **BITS OF PINKY LOOKING JELLY BLOOD THROUGH THE**

Comment **VOMIT. SORE EAR. HEADACHE. SORE THROAT ((User)**

s - **(Edinburgh)**

Receptionist:

VOMITING 1 HR SEE A/V

NOA6 Pt advised to contact practice within 12 Hrs - For Information Only

Clinical summary created by: (Nurse Advisor) (Glasgow) [24/04/2017 02:53:35]

VOMITING FOR OVER 1 HOYR AGO AND SPECKS OF BLOOD EVIDENT IN

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MUCOUSY VOMIT. SORE THROAT AND COUGH OVER PAST FEW DAYS.
HEADACHE AND EAR PAIN. DIZZINESS YESTERDAY, ALSO RECENT
HISTORY OF STABBING PAIN IN BACK OF CHEST OVER PAST 5 DAYS.
DIHYDROCODIENE LAST TAKEN ABOUT 1 HOUR AGO. ADVISED TO
CONTACT GP SURGERY THIS MORNING.

Followups:
None

THIRD PARTY COPY

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Dr. [REDACTED] McKinnon
Dr. M. Rennick
Dr. D. [REDACTED]
Dr. J. Shand



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM

ADULT VACCINATION.

Please answer the following questions:

	Yes	No	Details
* Immuniser to note: If any of the responses to questions 4 below are "Yes", please do not vaccinate in the first instance - please consult with an Occupational Health nurse or call the Public Health Protection Unit 9am - 5pm on 0141 201 4917 for advice.			
1. Are you well today?	☒	☐	
2. Do you have a health condition that we should be aware of?	☐	☒	
3. Have you received the Seasonal Flu vaccine before?	☒	☐	
4. * Have you ever had a severe, life threatening allergic/anaphylactic reaction to any of the following:	☐	☒	!
• Seasonal Flu vaccine?	☐	☐	
• Eggs and/or egg products?	☐	☒	
• Any antibiotic?	☐	☒	
5. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? (deep sub-cutaneous vaccination may be required)	☐	☒	

Smoking Status YES/NO

PATIENT CONSENT

Print Name: V. Glaney Date of birth: 1.6.69 Tel No: 0141 583 2275

I have received and understand the advice given to me and consent to the administration of the influenza vaccine.

Signature: V. Glaney Date: 23.11.2016

P:\FLU\2016\Consents\flu consent 2016.doc/03/11/2016

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DIRECT ACCESS DXA SERVICE BONE DENSITOMETRY REFERRAL FORM



Send to Bone Densitometry Department, Hospital (enter appropriate Hospital)

PATIENT DETAILS		GP DETAILS (or stamp)	
Name	CHI: 0406694001 04/06/1969 F	Name	
Address	VERONICA 16 Macadam Ave, G45 0EZ 583 2275	Address	
Hospital	Dr Macaskill Castlemilk GP, G45 9BW D.O.B. 18/11/2016 09:49 Practice: 49751	Tel No.	
CHI No.	7036871	Fax No.	
Pregnant	Yes ☐ No ☒	Transport Required	Yes ☐ No ☒
		Car	☐
		Ambulance	☐

INDICATE REASON FOR REFERRAL

Men and women over 50 with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height)	☐
Site of fracture Date of fracture	
Steroids >5mg of prednisolone or equivalent per day for more than 3 months	☐
Indication	
Age >60 years + menopause aged less than 45 years	☐
Age >60 years + acquired kyphosis	☐
Age >60 years + significant self-reported height loss	☐
Age >60 years + family history of a first-degree relative with fracture	☐
Age >60 years + family history of a first-degree relative with kyphosis	☐
Age >60 years + family history of a first-degree relative with DXA confirmed osteoporosis	☐
Depo-Provera for > 5 years (if DXA result will influence use of the drug)	☒
Monitoring as recommend by or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (usually 5 years from previous scan).	☐

Other current health problems:

--

Current medication:

--

Referrer(Signature)..... (Print Name) Macaskill
Designation..... GP Date of referral 18.11.16
Address if not GP

MEDILL5GH.17702/14/04/08

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Acute Services Division

Diagnostics Directorate

Nuclear Medicine Department
Queen Elizabeth University
Hospital
1345 Govan Road
Glasgow
~~081 244~~

NHS
Greater Glasgow
and Clyde

Dr [REDACTED] Mckinnon
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Tel: 0141 452 3659
Date: 07/09/16
CHI No: 0406694001
Hosp Ref: G405H

12 SEP 2016

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Miss Veronica Glancy

Date of birth: 04/06/1969

CHI No: 0406694001

Patient Address:

46 HODDAM AVE

GLASGOW

LANARKSHIRE

G45 0EZ

Patient GP: Dr [REDACTED] Climie Practice: Castlemilk Group Practice

Referrer: Dr [REDACTED] Mckinnon Source: Castlemilk Group Practice

For: a **Bone Density Scan**

On: **Tuesday, 06 September, 2016 at 2:15 pm**

At: **Queen Elizabeth University Hospital, Nuclear Medicine Department**

We are concerned that your patient still requires their examination. If this is the case, could you please confirm this and re-request in the normal manner?

A copy of this letter has been sent to your patient.

Yours sincerely

Appointments Officer

Diagnostic Imaging

Event E-30378747



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Respiratory Unit Victoria Hospital

Name: Glancy, Veronica Id: 0406694001 Smoker: Yes How Long: 70 pk-yrs
Birth Date: 04/06/69 Date: 10/11/16 Quit: No Stopped: yrs
Gender: Female Race: Caucasian
Age: 47 Hb: gm/dL Body Mass Index: 32.45
Height(cm): 158 Weight(kg): 81.0 Technician: AB
Any Info: Physician:

Spirometry		(BTPS)	PRE-RX				POST-RX		
			PRED	BEST	%PRED	SR	BEST	%PRED	% Chg
FVC	Liters		2.89	3.00	104	0.25			
FEV1	Liters		2.47	2.21	90	-0.68			
FEV1/FVC %			80	74		-1.00			
FEF25-75% L/sec			3.30	1.63	49	-1.96			
FEF50% L/sec			3.86	2.59	67	-1.15			
PEF L/sec			6.17	5.69	92	-0.54			
FEF/FIF50				1.48					
FIV1/FIVC %				71					

Lung Volumes (BTPS)

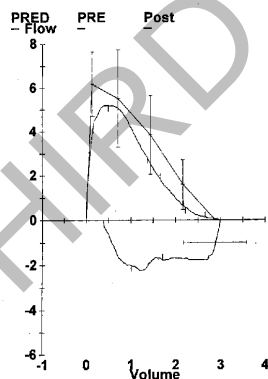
VC	Liters	2.86
TLC	Liters	4.64
RV	Liters	1.61
RV/TLC %		35
FRC N2	Liters	2.59
ERV	Liters	
IC	Liters	

Diffusion

DLCO	mL/mmHg/min	23.6
DL Adj	mL/mmHg/min	23.6
DLCO/VA	mL/mHg/min/L	5.08
DLVA Adj	mL/mHg/min/L	5.08
VA	Liters	4.64

SR

Normal	+/- 1.6 SR
Mild	+/- 1.6 - 2.5 SR
Moderate	+/- 2.51 - 3.50 SR
Severe	> +/- 3.50 SR



Comments:

Spirometry data is ACCEPTABLE and REPRODUCIBLE.
SpO2 93%
MRC 3
No inhalers taken today
Current smoker G45 0EZ
49751

Interpretation:

THERE IS NO AIRFLOW OBSTRUCTION ON DYNAMIC TESTING. RESULTS CANNOT EXCLUDE ASTHMA OR SOME FORMS OF INTERSTITIAL LUNG DISEASE.

REPORTED BY S [REDACTED]

Norm Set: ERS1993 Update + Zapleta

Version: IVS-0101-21-2A

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08-July-2026 ERIN MCGEEVER
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Rapid Access TIA Referral (Glasgow, vR15.0)

REFERRAL TO	
Stroke Fast Track TIA GGC Rapid Access TIA	— Consultant / receiving practitioner and/or specialty clinic
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	— Hospital and hospital address Hospital location code. G306H Email address -
Urgency of referral Urgent	Date sent 13-Jun-2017
Date of referral 13-Jun-2017	

PATIENT DETAILS		<i>Patient's address</i>
Surname	GLANCY	46 HODDAM AVE GLASGOW G45 0EZ
Forename(s)	VERONICA	
Title	MISS	Contact number(s)
Sex	Female	
Date of birth	04-Jun-1969	Voice: 583 2275
CHI no.	0406694001	Voice: 07770468162
Area of Residence	-	
101013850908B		Unique Care Pathway Number: 101013850908B

REGISTERED GP DETAILS		<i>Practice address</i>
Name	Dr C McKinnon	71 DOUGRIE DRIVE GLASGOW G45 9AW
GMC code	3128462 GP code 07153	
Practice name	Castlemilk Group Practice	Contact number(s)
Practice code	49751	
		Voice: 0141-5318585

REFERRING GP DETAILS		<i>Practice address</i>
Name	Dr [REDACTED] Macaskill	71 DOUGRIE DRIVE GLASGOW G45 9AW
GMC code	7036871 GP code 05738	
Practice name	Castlemilk Group Practice	Contact number(s)
Practice code	49751	
		Voice: 0141-5318585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: episode of speech disturbance

Date of onset: 31-May-2017

Comment: Thank you for seeing this 48 year old woman who had a 30 minute episode of dysphasia whilst on holiday 2 weeks ago. Thi has resolved with no ther symptoms or residual effects.

She is a smoker. Blood pressure was 131/99mmHg today. He recent glucose was normal, lipids are pending and I have commenced her on aspirin. She doe snot drive.

Many Thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary -adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite 100micrograms/dose inhaler (Chiesi [REDACTED])	200	dose	1 PUFF TWICE A DAY USED REGUL[more]	-	31-Aug-2016	31-Aug-2016
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	31-Aug-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine 30mg tablets	50	tablet	ONE TABLET UP TO FOUR TIMES D [more]	-	24-May-2017	24-May-2017
Depo-Provera 150mg/1ml suspension for injection pre-	1	pre-filled disposable	SUPPLIED FROM STOCK	-	17-May-2017	[REDACTED]

filled syringes (Pfizer Ltd)		injection				
Mirtazapine 15mg tablets	28	tablet	ONE TABLET EVERY NIGHT FOR DE[more]	-	09-May-2017	09-May-2017
Cetirizine 10mg tablets	28	tablet	1 EVERY DAY FOR ITCH AND ALLERGIES	-	09-May-2017	09-May-2017
Dihydrocodeine 30mg tablets	100	tablet	ONE TABLET UP TO FOUR TIMES D [more]	-	24-Apr-2017	24-Apr-2017
Clarithromycin 500mg tablets	10	tablet	1 TABLET TWICE A DAY	-	24-Apr-2017	24-Apr-2017
Omeprazole 20mg gastro-resistant capsules	56	capsule	ONE CAPSULE DAILY IF NEEDED F[more]	-	24-Apr-2017	24-Apr-2017
Zolmitriptan 2.5mg orodispersible tablets sugar free	6	tablet	1 AS SOON AS POSSIBLE AFTER O[more]	-	07-Mar-2017	07-Mar-2017
Cyclizine 50mg tablets	24	tablet	1 THREE TIMES A DAY FOR NAUSEA	-	07-Mar-2017	07-Mar-2017
Dihydrocodeine 30mg tablets	100	tablet	ONE TABLET UP TO FOUR TIMES D [more]	-	28-Feb-2017	28-Feb-2017
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	22-Feb-2017	22-Feb-2017

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
24-Apr-2017	148	93
22-Feb-2017	134	82
13-Jun-2016	123	80

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
17-May-2017	1.58	84	33.6
23-Nov-2016	1.58	82.6	33
10-Nov-2016	1.58	81	32.4

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:	Smoking status on date of event: Ex-smoker.	17-May-2017
Ex smoker:	Smoking status on date of event: Ex-smoker, Number of cigarettes smoked per day: 40, Date patient stopped smoking: 03/2017.	09-May-2017
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	16-Mar-2016
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	23-Nov-2015
Cigarette smoker:	Smoking status on date of event: Smoker.	17-Mar-2015
Current non drinker:	Drinking status on eventdate: Life teetotaler.	17-May-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	16-Mar-2016
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	23-Nov-2015
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	12-Dec-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	09-Jan-2014

Exercise grading:	Type of exercise: Moderate.	17-May-2017
Exercise grading:	walks	20-Dec-2006

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Age:	60 and under	-
BP:	Systolic over 140 and/or diastolic over 90	-
Clinical features:	Speech disturbance w/o weakness	-
Duration of symptoms:	10 - 59 minutes	-
Diabetic:	Not diabetic	-
Total ABCD2 score:	3	-

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec-2006

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Filename: igprda202607081536270.tif
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Pages:

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service
Telephone: 01413478123



Dr. Dr. [REDACTED] Shand
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Date: 11/04/2016

Dear Dr. Dr. [REDACTED] Shand,

Patient: Miss Veronica Glancy CHI: 0406694001

Address: 46 HODDAM AVE, Glasgow, Lanarkshire, G45 0EZ

Myoview scan - No evidence of inducible ischaemia, but inferior wall not assessed.

No further follow up arranged.

Regards

Yours sincerely,

[REDACTED] Lannigan
Cardiology Nurse Practitioner

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NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service
Telephone: 01413478123

NHS
Greater Glasgow
and Clyde

11 APR 2016

Dr. Dr. [REDACTED] Shand
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Date: 11/04/2016

Dear Dr. Dr. [REDACTED] Shand,

Patient: Miss Veronica Glancy CHI: 0406694001

Address: 46 HODDAM AVE, Glasgow, Lanarkshire, G45 0EZ

Myoview scan - No evidence of inducible ischaemia, but inferior wall not assessed.

No further follow up arranged.

Regards

Yours sincerely,

[REDACTED] Lannigan
Cardiology Nurse Practitioner

Chi Number: 0406694

Miss Veronica Glancy

Page 1 of 1

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DIRECT ACCESS DXA SERVICE BONE DENSITOMETRY REFERRAL FORM

NHS
Greater Glasgow
and Clyde

Send to Bone Densitometry Department..... Hospital (enter appropriate Hospital)

PATIENT DETAILS		GP DETAILS (or stamp)	
Name	CHI: 0406694001 04/06/1969 F	Drs. McKinnon, Rennie, & Shand	
Address	CLANCY, VERONICA 46 Hoddam Ave, G45 0EZ 583 2275	Address Castlemilk Health Centre Glasgow G45 9AW	
Hospital	Dr Shields Castlemilk GP, G45 9AW 16/03/2016 17:15 Practice: 49751	Tel No. 0141 531 8588 Post Code Fax: 0141 531 8596	
D.O.B.		Transport Required Yes ☐ No ☒	
CHI No.		Car ☐ Ambulance ☐	
Pregnant	Yes ☐ No ☒		

INDICATE REASON FOR REFERRAL

Men and women over 50 with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height)	☐
Site of fracture Date of fracture.....	
Steroids >5mg of prednisolone or equivalent per day for more than 3 months	☐
Indication.....	
Age >60 years + menopause aged less than 45 years	☐
Age >60 years + acquired kyphosis	☐
Age >60 years + significant self-reported height loss	☐
Age >60 years + family history of a first-degree relative with fracture	☐
Age >60 years + family history of a first-degree relative with kyphosis	☐
Age >60 years + family history of a first-degree relative with DXA confirmed osteoporosis	☐
Depo-Provera for > 5 years (if DXA result will influence use of the drug.)	☒
Monitoring as recommend by or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (usually 5 years from previous scan).	☐

Other current health problems:	Current medication:

Referrer(Signature)..... (Print Name).....
Designation..... Date of referral.....
Address if not GP.....

MEDILLSGH.27702/1/04/08

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NHS Confidential: Personal data about a patient

From: Edinburgh Prison

To: 901415318596

02/02/2016 11:33

#710 P.001/002



02 FEB 2016

H.M. PRISON EDINBURGH

33 Stenhouse Road
Edinburgh
EH11 3LNTelephone: 0131 444 3000
Fax: 0131 444 3045

Please quote Our Reference

FAX COVER SHEET

To:	CASTLE MILK HEALTH CENTRE
Company:	MEDICAL SURGERY .
Phone:	0141 531 8585
Fax:	0141 531 8596

From:	REBECCA [REDACTED] HMP EDINBURGH .
Phone:	0131 444 3000
Fax:	0131 444 3045
Date:	02 / 2 / 2016 .
No. of Pages (including this page):	2 PAGES .

Comments:

AS TELEPHONE CONVERSATION PLEASE FIND ATTACHED REGARDING
PRISONER MICHAEL GLANCY DOB 06/18/89 APPLYING TO VISIT
VERONICA GLANCY (MOTHER) .

PLEASE CAN THIS BE COMPLETED AND EITHER FAXED TO THE
ABOVE NUMBER - 0131 444 3045 OR SENT BACK TO MYSELF
AT THE PRISON .

33 STENHOUSE ROAD
EDINBURGH
EH11 3LN

KIND REGARDS REBECCA FRASER *[Signature]* 02/2/16 .



INVESTOR IN PEOPLE

The Scottish Prison Service is an Agency of the Scottish Executive Justice Department

NHS Confidential: Personal data about a patient

From: Edinburgh Prison

To: 901415318596

02/02/2016 11:34

#710 P.002/002

HM Prison EDINBURGH

Dr ~~Renicks~~ ^{CASTLEMILK H-C DOUGRIE DRIVE CASTLEMILK GLASGOW.} G45 9AW

Date 02/2/16

12 FEB 2016

Dear Dr RenicksPrisoner's Name Michael [REDACTED] DOB 06/8/1989

The above named, a prisoner in HM Prison ^{EDINBURGH} ~~XXXX~~ has applied to visit Veronica Glancy, your patient at home/in a care home/in hospital. Before considering the application, we need to know the following:-

Is the patient dangerously ill?

Y	N
☐	☒

If no, are they well enough to travel to the prison?

☐	☒
--------------------------	-------------------------------------

If no, are they well enough to travel to a prison close to their location?

☐	☐	I DON'T KNOW.
--------------------------	--------------------------	---------------

Please sign below, validate with your Surgery stamp and return in the envelope provided.

Thank you.

Governor in Charge
HM EDINBURGH

PP [Signature]
02/2/16

2/2/16. I TOOK THE TIME TO SEEK
CONSENT FROM THIS PATIENT WHICH
YOU SHOULD BE PROVIDING.
SHE IS VERY LIMITED BY BREATHLESSNESS
DUE TO A NUMBER OF FACTORS.
SHE ALSO HAS A YOUNG SON WITH
AUTISM WHO CANNOT TRAVEL.

DR. D. DEAR.

CASTLEMILK GROUP PRACTICE
71 DOUGRIE DR. GLASGOW G45 8AW
TEL: 0141 531 8585 FAX: 0141 531 8596

Revised version GMA 025A/15

NHS Confidential: Personal data about a patient

02/02 2016 TUE 16:24

FAX 0141 531 8596

Castlemilk GP

001

*** FAX TX REPORT ***

TX IMAGE SET NOT TO DISPLAY

TRANSMISSION OK

JOB NO.	4395
DESTINATION ADDRESS	9101314443045
SUBADDRESS	
DESTINATION ID	
ST. TIME	02/02 16:23
TX/RX TIME	00' 24
PGS.	2
RESULT	OK

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From: Edinburgh Prison

To: 901415318596

02/02/2016 11:33

#710 P.001/002



02 FEB 2016

H.M. PRISON EDINBURGH

33 Stenhouse Road
Edinburgh
EH11 3LNTelephone: 0131 444 3000
Fax: 0131 444 3045

Please quote Our Reference

FAX COVER SHEET

To:	CASTLE MILK HEALTH CENTRE
Company:	MEDICAL SURGERY
Phone:	0141 531 8585
Fax:	0141 531 8596

From:	REBECCA [REDACTED] HMP EDINBURGH
Phone:	0131 444 3000
Fax:	0131 444 3045
Date:	02/2/2016
No. of Pages (including this page):	2 PAGES

Comments:

AS TELEPHONE CONVERSATION PLEASE FIND ATTACHED REGARDING PRISONER [REDACTED] GLANCY DOB 06/8/89 APPLYING TO VISIT VERONICA GLANCY (MOTHER).

PLEASE CAN THIS BE COMPLETED AND EITHER FAXED TO THE ABOVE NUMBER - 0131 444 3045 OR SENT BACK TO MYSELF AT THE PRISON.

33 STENHOUSE ROAD
EDINBURGH
EH11 3LN

KIND REGARDS REBECCA FRASER *[Signature]* 02/2/16.



INVESTMENT IN PEOPLE

The Scottish Prison Service is an Agency of the Scottish Executive Justice Department

NHS Confidential: Personal data about a patient

From: Edinburgh Prison

To: 901415318596

02/02/2016 11:34

#710 P.002/002

HM Prison EDINBURGH

Dr Rennicks GUS

Date 02/2/16

02 FEB 2016

Dear Dr Rennicks

Prisoner's Name Michael Alamy DOB 06/8/1989

The above named, a prisoner in HM Prison EDINBURGH has applied to visit Veronica Alamy, your patient at home/in a care home/in hospital. Before considering the application, we need to know the following:-

	Y	N
Is the patient dangerously ill?	☐	☐
If no, are they well enough to travel to the prison?	☐	☐
If no, are they well enough to travel to a prison close to their location?	☐	☐

Please sign below, validate with your Surgery stamp and return in the envelope provided.

Thank you.

Governor in Charge
HM EDINBURGH

PP [Signature]
02/2/16

Revised version GMA 025A/15

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Pages:

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service



Dr. [REDACTED] Shand
Castlemilk Health Centre
71 Dougrie Drive
G45 9AW

Printed on: 26/01/2016

Dear Dr. [REDACTED] Shand,

Re: Miss Veronica Glancy (CHI 0406694001). 46 Hoddam Ave Glasgow Lanarkshire G45 0EZ

Your patient was seen at the Rapid Access Chest Pain Clinic on 26/01/2016 at The Victoria Infirmary.

Presenting History

There was no presenting history details given.

Presenting Notes She presented with a few weeks history of a sharp pain under both breasts and is associated with SOB. It is mainly precipitated by rest and is not relieved by anything. It happens occasionally lasting for 20 minutes.

Relevant Past Medical History

Hypertension and hypercholesterolaemia.

Patients father had CHD at <55 years of age; [REDACTED] had CHD at <65 years of age.

Investigations

ECG

Heart Rate: 87 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT

ETT Done.
Inadequate test.
Protocol: [REDACTED]
No angina during exercise.
Ex. Time: 02:22.
Inconclusive.

Reason(s) for Stopping
Dyspnoea, needed ventolin
inhaler

Clinical Findings

BP (mmHg) 130/82

Smoking Status Current Smoker

Diagnosis and Recommendations

Additional discharge comments: I have advised her that we are uncertain of the cause of the chest pain until further tests are performed.

I have arranged for an out patient Myoview scan - Dobutamine as has Asthma. Procedure explained.

I have also arranged for an out patient Echocardiogram.

Booklets and advice given.

Cholesterol - 6.3 mmol

Triglycerides - 3.3 mmol

Yours Sincerely,

*** Confidential - Internal Use Only ***

██████ Lannigan
Chest Pain Nurse Practitioner
Rapid Access Chest Pain Service

THIRD PARTY COPY

RACP Discharge Letter: Miss Veronica Glancy

Printed by: ████████ Lannigan on 26/01/2016 Page 2

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NHS Greater Glasgow and Clyde

Page 1 of 2

Call No: 71909 **Date:** 28/11/2015 **External Case**
Patient's Name: Veronica Glancy **DOB:** 04/06/1969 **Age:** 46 years
Address Today: 2/1 46 Hoddam Avenue **Home Address (If Different)**
 Glasgow
Postcode: G45 0EZ **Postcode:**
Current Phone: 0141 583 2275 **Home Phone (If Different)**
CHI Number: 0406694001
Callers Name: **Relationship to patient:**
Name of GP: McKinnon,C(338) **Time Call Received NHS24:** 28/11/2015 19:35:33
Surgery: 338 Castlemilk Health Centre **Time Received OOH:**
Call Type: Dr To Phone Pt. **Time Patient Arrived:**
 Within 1Hr
Priority: **Consultation Start:** 28/11/2015 20:41:19
Consultation End: 28/11/2015 20:45:52

Receptionist: **Time Arrived:** **Time Complete:** 28/11/2015 20:45

VERY RED AND STINGING AND HORRIBLE SMELL COMING FROM THIS AREA. (User) (Glasgow)

PT WILL PUT SUDOCREME ON RASH - HAD FLU JAB ON MONDAY. (User) (Glasgow)

SUITABLE FOR RAPID TRIAGE - RASH (Other Clinical User) (Glasgow)

*REDNESS/SPOTS UNDER RIGHT BREAST-TODAY - SEE A/N

UNTEL Untriaged call - OOH Service clinician to phone patient

Clinical summary created by: (User) (Cardonald) [28/11/2015 20:17:09]
 X FOR X AND UNTRIAGED CALL PASSED TO PARTNER TO ACTION

NHS24 Summary

Remarks:

BP:

PR:

Temp:

Doctor/Nurse: Safarik, Ivana(304)

Follow Up: GP Follow Up -

Consultation(s):

By: Safarik, Ivana(304) **Start:** 28/11/2015 20:41 **Finish:** 28/11/2015 20:45

Clinical Assessment Details:

Started- 28/11/2015 20:41:19

Finished- 28/11/2015 20:45:52

Initial Assessment

History

redness and few spots under breast- advised to attend PCEC- says would be difficult tonight- tried some

Report Statistics:

Report produced by Adastra Version 3 - 28/11/2015 21:48:56

NHS Confidential: Personal data about a patient

Page 2 of 2

Sudocrem and can try Canesten cream tonight- if worsening by tomorrow or no better- can attend VT PCEC tomorrow

Examination

Diagnosis

Treatment

Clinical Coding

R021z [D] Rash/nonspec. skin eruption

Prescription Details

THIRD PARTY COPY

Report Statistics:

Report produced by Adastra Version: 3 - 28/11/2015 21:46:56

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File name: igprda202607081536390_2.tif
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Dr. [REDACTED] McKinnon
Dr. M. Rennick
Dr. D. [REDACTED]
Dr. J. Shand



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM

ADULT VACCINATION.

Please answer the following questions

* Immuniser to note: if any of the responses to questions 4 below are "Yes", please do not vaccinate in the first instance - please consult with an Occupational Health nurse or call the Public Health Protection Unit 9am - 5pm on 0141 201 4917 for advice.		Yes	No	Details
1.	Are you well today?	☒	☐	
2.	Do you have a health condition that we should be aware of?	☒	☐	
3.	Have you received the Seasonal Flu vaccine before?	☒	☐	
4.	* Have you ever had a severe, life threatening allergic/anaphylactic reaction to any of the following:			
	• Seasonal Flu vaccine?	☐	☐	
	• Eggs and/or egg products?	☐	☒	
	• Any antibiotic?	☐	☒	
5.	Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? [deep sub-cutaneous vaccination may be required]	☐	☒	

Smoking Status YES/NO

PATIENT CONSENT

Print Name: VERONICA GILLY Date of birth: 04.06.69 Tel No: 0141 583 2275

I have received and understand the advice given to me and consent to the administration of the influenza vaccine.

Signature: [Signature] Date: 21.11.2015

P:\FLU\2015\Consent Forms\flu consent 2015.doc/20/10/2015

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Glancy Veronica

CHI: 0406694001

Clinic Letter

Dr. C McKinnon
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Urology
0141 347 8213
30/10/2015
LM/IS
30/10/2015
04/11/2015

Dear Dr. C McKinnon,

Veronica Glancy; D.O.B: 04 Jun 1969; CHI: 0406694001
46 HODDAM AVE, Glasgow, Lanarkshire, G45 0EZ

Attendance: Specialty - Urology; Clinic - SGLMURI-MR [REDACTED] URO EXTRA CLINIC
Date and Time of Appointment - 30/10/2015 10:30

Clinical Comments:

This patient was seen at the clinic today. She was referred up with a history of recurrent infections over the last year or so. These normally respond to antibiotics. I note she has had microscopic haematuria found at other times, although she has been unaware of any [REDACTED] haematuria. This is little of note in her past history.

I have arranged for a scan of her upper tract and a flexible cystoscopy and will be in contact again when the results of these are available.

Yours sincerely

Mr L [REDACTED]

Associate Specialist in Urology

Electronically Signed: Mr Lindsay [REDACTED] Consultant

cc.

Printed on 05/11/2015 07:56 by Irene Slingsby

Page 1 of 1

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Victoria Infirmary: Diagnostic Imaging Report		Page 1 of 1
GLANCY, VERONICA		DoB: 04/06/1969
46 HODDAM AVE, GLASGOW, LANARKSHIRE, G45 0EZ		CHI. No.: 0406694001
Ref. Locn.: GP PRACTICE		CRIS No.: 424677
Referrer: Dr [REDACTED] McKinnon		Curr Ward: GP
VERIFIED Verified By: Dr Laval [REDACTED] Cheong 03/11/15 1310.		
Clinical History : cough and right shoulder pain		
X-ray chest: The cardiac and mediastinal outlines are normal. No focal lung lesion is seen.		
X-ray right shoulder: No abnormality is seen.		
Reporting Consultant: Dr Laval [REDACTED] Cheong GMC 2545990 Consultant Radiologist Medica Reporting Ltd		
Event Number : E-29950714  Examination Date : 22/10/15		
Ref. Source : Dr [REDACTED] McKinnon, Castlemilk Health Centre, 71 Dougrie Drive, Glasgow, G45 9AW		
Examinations : XR Chest, XR Shoulder Rt		

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Filename: igprda202607081536400_2.tif
Extension:.tif
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NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES	NHS GREATER GLASGOW & CLYDE	Enquiries 0141 354 9132
		SOUTH SECTOR LABORATORY

Patient / Specimen details		
GLANCY VERONICA	CHI No. 0406694001	Cons/GP Dr [REDACTED]
46 Hoddam Ave	Hosp. No. 0406694001	Loc. Castlemilk Health Centre
Glasgow	D.O.B. 04.06.1969	Coll'd 21.08.2015 10:17
G45 0EZ	Sex F	Rec'd 21.08.2015 14:42
		Senders ref. no.
Urine Culture	Order No. IS1809793	
Mid Stream Urine		Copy to: Castlemilk Health Centre

* FINAL REPORT *

Microscopy White cells: Scanty
Organisms: Scanty

Culture: No evidence of urinary tract infection

26 AUG 2015

Authorised by Automatic release by system
Reported 21.08.2015 14:52

Lab No. M,15,5167579.Z

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08-July-2026 ERIN MCGEEVER
Additional:Scanned Document

Hospital use only	Clinic	Day Date	Time	Hospital No.
----------------------	--------	-------------	------	-----------------

REFERRAL LETTER**MEDICAL IN CONFIDENCE**

Rapid Access Chest Pain Referral Protocol - Glasgow (Glasgow,
v15.0)

REFERRAL TO	
GGC Rapid Access Chest Pain Clinic G Rapid Access Chest Pain	— Consultant / receiving practitioner and/or specialty clinic
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G034G
	Email address -
Urgency of referral	Urgent
Date of referral	19-Jan-2016
Date sent	19-Jan-2016

PATIENT DETAILS		Patient's address
Surname	GLANCY	46 HODDAM AVE GLASGOW G45 0EZ
Forename(s)	VERONICA	
Title	MISS	Contact number(s)
Sex	Female	
Date of birth	04-Jun-1969	Voice: 583 2275
CHI no.	0406694001	Voice: 07770468162
Area of Residence	-	

101010662930S	Unique Care Pathway Number: 101010662930S
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr C Mckinnon	71 DOUGRIE DRIVE GLASGOW G45 9AW
GMC code	3128462	
GP code	07153	Contact number(s)
Practice name	Castlemilk Group Practice	
Practice code	49751	Voice: 0141-5318585

REFERRING GP DETAILS		Practice address
Name	Dr. [REDACTED] Shand	Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
GMC code	7020277	
GP code	03425	Contact number(s)
Practice name	Castlemilk Group Practice (49751)	
Practice code	49751	Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Rapid access

Comment: 46-year-old woman who is a heavy smoker with a strong family history (██████ had CABG). Onset of left-sided chest pain at rest.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

██████ medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary -adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	18-Jan-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	200	dose	1 PUFF TWICE A DAY USED REGUL [more]	-	18-Jan-2016	18-Jan-2016
Aspirin 75mg dispersible tablets	56	tablet	1 EVERY DAY WITH FOOD TO REDU[more]	-	18-Jan-2016	18-Jan-2016
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	23-Nov-2015	23-Nov-2015
Omeprazole 20mg gastro-resistant capsules	28	capsule	ONE CAPSULE DAILY IF NEEDED F[more]	-	09-Nov-2015	09-Nov-2015
Doxycycline 100mg capsules	8	capsule	2 ON FIRST DAY; THEN 1 EVERY [more]	-	09-Nov-2015	09-Nov-2015

Dihydrocodeine 30mg tablets	112	tablet	ONE TABLET FOUR TIMES DAILY, [more]	-	20-Oct-2015	20-Oct-2015
Citalopram 20mg tablets	28	tablet	1 EVERY DAY FOR DEPRESSION	-	20-Oct-2015	20-Oct-2015
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	28-Aug-2015	28-Aug-2015
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	200	dose	1 PUFF TWICE A DAY USED REGUL [more]	-	26-Aug-2015	26-Aug-2015
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	26-Aug-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
BP systolic:	142	-
BP diastolic:	90	-
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	23-Nov-2015
Cigarette smoker:	Smoking status on date of event: Smoker.	17-Mar-2015
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	01-Aug-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	09-Jan-2014
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	23-Nov-2015
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	12-Dec-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	09-Jan-2014
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	25-Apr-2013
Drinks rarely:	Drinking status on eventdate: Current drinker.	02-May-2012
Exercise grading:	walks	20-Dec-2006

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Symptoms present for <= 4 weeks?:	Yes	-
Existing treated angina that is more frequent or related to less exertion?:	No	-
Have the changed symptoms been present for <= 4 weeks?:	NK	-
Is patient physically able to/capable of undertaking a treadmill test?:	yes	-
Pre-existing OP cardiology appt?:	No	-
Discussed with cardiologist?:	No	-
Cholesterol test done within last 6 months?:	Yes	-
Treated hypertensive:	NK	-
Smoker?:	Current smoker	-

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of	20-Dec-2006

allergy: Likely, Severity of allergy:
Moderate.

Additional relevant information

Administrative information

Preferred hospital:Victoria Infirmary

Interpreter required:No

OK to send correspondence to home address?:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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13 APR 2015

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE

Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

GLANCY VERONICA

46 Hoddam Ave

Glasgow

G45 0EZ

CHI No. 0406694001

Hosp. No.

D.O.B. 04.06.1969

Sex F

Cons/GP Dr [REDACTED] Rennick

Loc. Castlemilk Health Centre

Coll'd 07.04.2015 14:18

Rec'd 07.04.2015 18:02

Senders ref. no.

Urine Culture

Mid Stream Urine

Order No. IS1254790

Copy to:
Castlemilk Health Centre

* FINAL REPORT *

Microscopy White cells: Scanty

Organisms: Scanty

Culture: No evidence of urinary tract infection

Authorised by Automatic release by system
Reported 07.04.2015 18:25

Lab No. M,15.5128227.C

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GLASGOW MICROBIOLOGY SERVICES	NHS GREATER GLASGOW & CLYDE	Enquiries 0141 354 9132
		SOUTH SECTOR LABORATORY

Patient / Specimen details		
GLANCY VERONICA	CHI No. 0406694001	Cons/GP Dr [REDACTED]
46 Hoddam Ave	Hosp. No.	Loc. Castlemilk Health Centre
Glasgow	D.O.B. 04.06.1969	Coll'd 17.07.2015 16:00
G45 0EZ	Sex F	Rec'd 18.07.2015 10:22
		Senders ref. no.
Urine Culture	Order No.	
Urine Not specified		Copy to:
		Castlemilk Health Centre

* FINAL REPORT *

23 JUL 2015

Specimen not processed
Insufficient specimen received for request.
Minimum volume of 10ml required for urinalysis.

Authorised by [REDACTED]
Reported 19.07.2015 15:40

Lab No. M.15.5157493.R

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Direct Access Spirometry (Glasgow, vR13.0)

REFERRAL TO	
Spirometry GGC Direct Access Spirometry	— Consultant / receiving practitioner and/or specialty clinic
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G035G
	Email address -
Urgency of referral	Routine
Date of referral	19-Jan-2016
Date sent	19-Jan-2016

PATIENT DETAILS		Patient's address
Surname	GLANCY	46 HODDAM AVE GLASGOW G45 0EZ
Forename(s)	VERONICA	
Title	MISS	Contact number(s)
Sex	Female	
Date of birth	04-Jun-1969	Voice: 583 2275
CHI no.	0406694001	Voice: 07770468162
Area of Residence	-	
101010662895E		Unique Care Pathway Number: 101010662895E

REGISTERED GP DETAILS		Practice address
Dr C Mckinnon		71 DOUGRIE DRIVE GLASGOW
GMC code	3128462 GP code 07153	
Practice name	Castlemilk Group Practice	Contact number(s)
Practice code	49751	
		Voice: 0141-5318585

REFERRING GP DETAILS		Practice address
Dr. [REDACTED] Shand		Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
GMC code	7020277 GP code 03425	
Practice name	Castlemilk Group Practice (49751)	Contact number(s)
Practice code	49751	
		Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: COPD

Comment: This 46-year-old woman has a history of asthma but smokes at least 30 cigarettes per day. She finds herself becoming more breathless. Possible element of COPD now. Spirometry with reversibility please.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary -adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	18-Jan-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	200	dose	1 PUFF TWICE A DAY USED REGUL [more]	-	18-Jan-2016	18-Jan-2016
Aspirin 75mg dispersible tablets	56	tablet	1 EVERY DAY WITH FOOD TO REDU[more]	-	18-Jan-2016	18-Jan-2016
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	23-Nov-2015	23-Nov-2015
Omeprazole 20mg gastro- resistant capsules	28	capsule	ONE CAPSULE DAILY IF NEEDED F[more]	-	09-Nov-2015	09-Nov-2015
Doxycycline 100mg capsules	8	capsule	2 ON FIRST DAY; THEN 1 EVERY [more]	-	09-Nov-2015	09-Nov-2015

Dihydrocodeine 30mg tablets	112	tablet	ONE TABLET FOUR TIMES DAILY, [more]	-	20-Oct-2015	20-Oct-2015
Citalopram 20mg tablets	28	tablet	1 EVERY DAY FOR DEPRESSION	-	20-Oct-2015	20-Oct-2015
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	28-Aug-2015	28-Aug-2015
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	200	dose	1 PUFF TWICE A DAY USED REGUL [more]	-	26-Aug-2015	26-Aug-2015
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	26-Aug-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Weight (kg):	80.4	-
Height (m):	1.61	-
BMI (Weight / Height):	31	-
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	23-Nov-2015
Cigarette smoker:	Smoking status on date of event: Smoker.	17-Mar-2015
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	01-Aug-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	09-Jan-2014
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	23-Nov-2015
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	12-Dec-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	09-Jan-2014
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	25-Apr-2013
Drinks rarely:	Drinking status on eventdate: Current drinker.	02-May-2012
Exercise grading:	walks	20-Dec-2006

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Persistent Cough:	YES	-
Change in MRC grade in known COPD:	NO	-
Breathlessness:	YES	-
Regular sputum:	NO	-
Known COPD:	NO	-
Known asthma:	YES	-
Previous Spirometry:	NO	-
Known current MRSA in sputum:	NO	-
Possible tubercle – if yes, do not refer till clear:	NO	-
Pneumothorax or chest trauma in last three months. If yes, do not refer till after three months from event:	NO	-
Recent chest infection/COPD exacerbation:	NO	-
Recent Eye surgery:	NO	-
Smoking history:	Current smoker	-

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec- 2006
<i>Additional relevant information</i>		
Administrative information		
Short acting b-agonist: YES		
Long acting b-agonist: NO		
Long acting anti-cholinergic: NO		
Long acting combined inhaled steroid/long acting b-agonist: NO		
Inhaled steroid: YES		
Oral steroid: NO		
Preferred site: Victoria Infirmary		
Interpreter required: NO		
OK to send correspondence to home address?: YES		
Patient will accept any site: YES		
Patient will accept cancellation or short notice appointment (within 1-6 days): YES		
Patient has disability or requires wheelchair access: NO		
Referred By: Referring GP		
Electronic Attachment Present: NO		

Signature of referring doctor (or other professional) Date

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NHS Great Glasgow and Clyde		Diagnostic Imaging Request Form		Hospital: <u>New Victoria</u>	
* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately. Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please overleaf prior to completion.					
CH: 040669401 VERONICA 583 2275 Dr D Castlemilk GP 31/03/2015		Referring Consultant/GP: Ward/Clinic/Practice: Phone (day and evening):		Appr New Victoria Level 0 Imaging Department Mon - Fri 9.00 am - 4.30 pm	
Postcode: Investigation(s) requested: <u>CXR</u>		Please complete for all outpatients Is this a New Diagnosis? ☐ Tracked patient? ☐ Is this a Planned Procedure? ☐ YES ☐ Result required by MDT/Clinic on: NO ☐ Date:			
Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000): What is the clinical question? (Please PRINT boldly in black ink) <u>10 CPD SNAPEL</u> <u>Cause 6 Months Disease</u> <u>ANTIBIOTICS</u> <u>INFECTION</u>		IR(ME)R Justification: Initials: <u> </u> YES ☐ NO ☐ Date received: <u> </u> Preparation: Fast: ☐ Full bladder: ☐ Laxative: ☐ Oral contrast: ☐ No prep: ☐ Urgency: ☐ Initials: <u> </u> Examination protocol: <u> </u>			
Please indicate any previous surgery or history of malignancy?					
TO BE COMPLETED BY REFERRING CLINICIAN					
Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention					
For contrast studies a recent eGFR is mandatory. (See note 4 overleaf). Current eGFR: <u> </u> Date of result: <u> </u>		OR This patient has no risk factors and can proceed to contrast medium without eGFR. Initials: <u> </u>		Additional information for MRI patients Please indicate if patient has any of the following: Yes No A cardiac pacemaker? ☐ ☐ Surgery in the last 8 weeks? ☐ ☐ Aneurysm clipped/treated? ☐ ☐ Metal fragments in eyes? ☐ ☐ Previous cranial surgery? ☐ ☐ Any metal in the body? ☐ ☐ Claustrophobia? ☐ ☐	
Is your patient diabetic? ☐ Yes ☐ No ☐ If so, does your patient take metformin? (see note 5 overleaf) ☐ Yes ☐ No ☐ Has your patient had a contrast medium injection before? ☐ Yes ☐ No ☐ Does your patient have a known contrast medium allergy? ☐ Yes ☐ No ☐ Does your patient have severe or multiple allergies? ☐ Yes ☐ No ☐ Does your patient have asthma? ☐ Yes ☐ No ☐		For interventions a coagulation screen is required in certain scenarios - see overleaf for details. For any interventions (see note 7 overleaf): Is your patient on anticoagulants? ☐ Yes ☐ No ☐ Current INR/coagulation score: <u> </u>			
Pregnancy Rule Observe: ☐ Ignore: ☐		AT RISK MRSA: ☐ C Diff: ☐ Specify: <u> </u>		Transport GP/Out-patients Walking with assistance (suitable for hospital car) ☐ Uses own wheelchair ☐ Stretcher ☐ Escort required (must have medical need) ☐	
Transport/In-patients Trolleys: ☐ Chair: ☐ Oxygen: ☐ Drip: ☐					
Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000) - I certify that the correct patient details have been given - I have taken into account the possibility of pregnancy - I have given sufficient information for the request to be justified according to IR(ME)R 2000 - I know of no contraindication to performing the examination or intervention I have requested					
Referrer's signature: <u> </u>		Name: <u>RAES</u>		Designation: <u>GP</u>	
Phone/Pager: <u> </u>		Date: <u>8/3/15</u>			

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 4027096 Date: 15 Mar 2014 of Call: 22:52
Patient's Name: Veronica Glancy DOB: 04/06/1969 Age: 44 Y
Address Today: 2/1 46 Hoddam Avenue Home Address If different: 2/1 46 Hoddam Avenue
Post Code: Glasgow Intercom/Buzzer Entry G45 0EZ Post Code: Glasgow Intercom/Buzzer Entry G45 0EZ
Phone Number Today: (0141) 583 2275 - Home Phone If different: (0141) 583 2275 -
NHS24 Call ID : 14308304

Callers Name: Relationship to patient:
Name of GP: McKinnon C Practice No: 338
Surgery: 338 Castlemilk Health Centre Cipher No: G0715 3
Address: Dr P Wiggins & Castlemilk Health Centre Fax No: 01415318596
Dougrie Drive Glasgow G45 9AW Speed Dial: 051
Call Type: No Action Required by Co- NOT GIVEN NHS24 Time Passed:

Receptionist's Name:HF Time Arrived: Time Complete: 15/03/2014 22:52:36
Patient's Complaint: Patient's Complaint:

PT HAS ASTHMA (Non-Clinical User) (Glasgow):

+1 RIB CAGE PAIN, UNDER BREAST 24 HRS SEE AV

Clinical summary created by: (Nurse Advisor) (Edinburgh) [15/03/2014 22:54:49]
RIGHT SIDED RIB PAIN FOR 24 HOURS AND PAIN ON COUGHING/MOVEMENT. COUGH FOR SEVERAL MONTHS.
INCREASED USE OF INHALERS YESTERDAY WITH GOOD EFFECT. ADVISED RE ANALGESIA, CALL BACK IF
WORSENS. ROUTINE GP APPT

This call should be directed via consult telephony route.

This call should be directed via triage telephony route.

TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within one hour.

WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.

The symptoms reported during this call suggest that the problems concerned can be managed at home.

WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor

Follow Up:

Consultation(s):

By: Start: Finish

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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO	
Urology GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	— Hospital and hospital address Hospital location code. G306H Email address -
Urgency of referral Date of referral	ROUTINE 27-Jul-2015 Date sent 28-Jul-2015

PATIENT DETAILS		<i>Patient's address</i>
Surname	GLANCY	46 HODDAM AVE GLASGOW G45 0EZ
Forename(s)	VERONICA	
Title	MISS	Contact number(s)
Sex	Female	
Date of birth	04-Jun-1969	Voice: 583 2275
CHI no.	0406694001	Voice: 07770468162
Area of Residence	-	

101009669806X

Unique Care Pathway Number: 101009669806X

REGISTERED GP DETAILS		<i>Practice address</i>
Dr. C McKinnon		71 DOUGRIE DRIVE GLASGOW G45 9AW
GMC code	3128462 GP code 07153	
Practice name	Castlemilk Group Practice	Contact number(s)
Practice code	49751	
		Voice: 0141-5318585

REFERRING GP DETAILS		<i>Practice address</i>
Dr. Shand		Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
GMC code	7020277 GP code 03425	
Practice name	Castlemilk Group Practice (49751)	Contact number(s)
Practice code	49751	
		Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: UTI

Comment: Dear Colleague

This patient presented with ongoing symptoms of UTI. She has had 3 episodes of UTI since April this year. Been noted to have microscopic haematuria. Last year culture showed no growth. Abdominal examination abdomen was soft and non tender, no mass was felt. Urine dip was positive and urine culture has been sent. She was treated with a course of Trimethoprim.

I would be grateful if she could be seen in urology for further investigation.

Yours sincerely

Dr N Valiyaparambath

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary - adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol 100micrograms/dose inhaler CFC free	400	dose	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	11-Feb-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol 10mg tablets	56	tablet	1 FOUR TIMES A DAY WHEN REQUI [more]	-	17-Jul-2015	17-Jul-2015

Trimethoprim 200mg tablets	14	tablet	1 TWICE A DAY FOR TREATMENT O[more]	-	17-Jul-2015	17-Jul-2015
Dihydrocodeine 30mg tablets	112	tablet	ONE TABLET FOUR TIMES DAILY, [more]	-	17-Jul-2015	17-Jul-2015
Nitrofurantoin 50mg capsules	28	capsule	1 FOUR TIMES A DAY TO TREAT U [more]	-	08-Jul-2015	08-Jul-2015
Dihydrocodeine 30mg tablets	100	tablet	ONE TABLET FOUR TIMES DAILY, [more]	-	04-Jun-2015	04-Jun-2015
Zopiclone 7.5mg tablets	10	tablet	1 AT NIGHT FOR SLEEP IF REQUIRED	-	04-Jun-2015	04-Jun-2015
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	03-Jun-2015	03-Jun-2015
Trimethoprim 200mg tablets	10	tablet	1 TWICE A DAY FOR TREATMENT O[more]	-	07-Apr-2015	07-Apr-2015
Propranolol 10mg tablets	28	tablet	1 FOUR TIMES A DAY WHEN REQUI [more]	-	17-Mar-2015	17-Mar-2015
Doxycycline 100mg capsules	8	capsule	2 ON FIRST DAY; THEN 1 EVERY [more]	-	17-Mar-2015	17-Mar-2015
Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	1	pre-filled disposable injection	SUPPLIED FROM STOCK	-	11-Mar-2015	11-Mar-2015
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	200	dose	1 PUFF TWICE A DAY USED REGUL [more]	-	11-Feb-2015	11-Feb-2015
Erythromycin 250mg gastro-resistant tablets	28	tablet	1 FOUR TIMES A DAY	-	11-Feb-2015	11-Feb-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker.	17-Mar-2015
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	01-Aug-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	27-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	09-Jan-2014
Not interested in stopping smoking:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	11-Oct-2013
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	12-Dec-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	09-Jan-2014
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	25-Apr-2013
Drinks rarely:	Drinking status on eventdate: Current drinker.	02-May-2012
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	05-Apr-2011
Exercise grading:	walks	20-Dec-2006

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec-2006

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Dr P Wiggins
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

29 November 2012

Dear Dr Wiggins

Re: VERONICA GLANCY, 2/2 55 HODDAM AVENUE, GLASGOW, G45 0EX
Date of Birth: 04.06.69 Hospital Number: 64602587X CHI Number: 0406694001

05 DEC 2012

Your patient attended Glasgow Royal Infirmary on the 28 NOV 2012 at 12:37 pm.

The presenting complaint was:

Mental Health Issue

Triage Information:

Pt Attends 218 Service. Disclosed To Workers There That Mood Was Low. Pt Died In Aug & Pt States Wishes To Be With Him. Having Suicidal Thoughts. States Would Throw Self In Front Of Bus But Has 2 X Children. Tearful @ Triage. Pmhx Overdoses

The following investigations were carried out:

Nil

The A&E diagnosis was:

Psychiatric - Depression

The following treatment was given:

Nil

At the conclusion of treatment the patient was:

Discharged

Follow-up:

Discharged

Additional Information:

Advised to attend ED by 218 counselling service due to ? suicidal thoughts. Pt has been depressed since bereavement 3/12 ago. Commenced fluoxetine 2/12 ago and has recently began going to 218 service which she feels helps. States her children keep her going and she manages to get out the house to do shopping etc and is looking into new hobbies. Meets friend every Wednesday which she enjoys. Admits to poor appetite and little sleep, but denies any suicidal ideation. States would never harm herself as she has her children to look after. OE low mood, good rapport, appropriately dressed, good eye contact. No signs of hallucinations/delusion. Obs stable. I have advised pt to continue her fluoxetine and perhaps try taking it in the morning. I also suggested she try OTC herbal sleeping tablets to aid her sleep. She tells me she would like to continue 218 service which I encourage. I have suggested she make another appointment with yourself to ensure things are moving in the right direction. Pt is happy with plan. Kind regards,

Yours sincerely,

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NHS Greater Glasgow & Clyde OOH Services

Call No: 3777392 Date: 25 May 2013 Time of Call: 09:10
Patient's Name: Veronica Glancy DOB: 04/06/1969 Age: 43 Y
Address Today: 2/2 55 Hoddam Avenue Home Address If different: 2/2 55 Hoddam Avenue
Castlemilk Castlemilk
Glasgow Glasgow
Intercom/Buzzer Entry Intercom/Buzzer Entry
Post Code: G45 0EX Post Code: G45 0EX
Phone Number Today: (0141) 583 2275 Home Phone If different: (0141) 583 2275
NHS24 Call ID : 13179069
Callers Name: Relationship to patient:
Name of GP: McKinnon C Practice No: 338
Surgery: 338 Castlemilk Health Centre Cipher No: G0715 3
Address: Dr P Wiggins & Castlemilk Health Centre Fax No: 01415318596
Dougrie Drive Glasgow G45 9AW Speed Dial: 051
Call Type: No Action Required by Co- NOT GIVEN NHS24 Time Passed:
Receptionist's Name: HF Time Arrived: Time Complete: 25/05/2013 09:10:24
Patient's Complaint: **Patient's Complaint:**
COUGH - ON ANTI-BIOTICS FOR CHEST INFECTION, PAIN WORSENING AT BACK AROUND CHEST AREA (Non-
Clinical User) (Cardonald)

UPPER BACK PAIN 24HRS SEE A/V

Clinical summary created by: (Nurse Advisor) (Cardonald) (25/05/2013 09:09:37)
UPPER BACK PAIN FOR 24 HOURS AND PAIN IN RIGHT MID BACK-WORSE ON MOVEMENT/COUGHING HAS
CHEST INFECTION-ON CLARITHROMYCIN-PHLEGM CLEAR COLOUR NORMAL-APYREXIAL-NO PAIN RELIEF USED-
ADVISED RE THIS SELF CARE

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get out off you will call them back immediately.

Remarks: This call will be transferred directly to a nurse via serious and urgent telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor

Follow Up:

Consultation(s):

By:

Start:

Finish

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Dr. P. S. Wiggins
Dr. [REDACTED] McKinnon
Dr. M. Rennick



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM

ADULT VACCINATION.

Please answer the following questions:

* Immuniser to note: if any of the responses to questions 4 below are "Yes", please do not vaccinate in the first instance - please consult with an Occupational Health nurse or call the Public Health Protection Unit 9am - 5pm on 0141 201 4917 for advice.		Yes	No	Details
1.	Are you well today?	✓		
2.	Do you have a health condition that we should be aware of?			
3.	Have you received the Seasonal Flu vaccine before?	✓		
4.	* Have you ever had a severe, life threatening allergic/anaphylactic reaction to any of the following:			
	• Seasonal Flu vaccine?		✓	
	• Eggs and/or egg products?		✓	
	• Any antibiotic?		✓	
5.	Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? [deep sub-cutaneous vaccination may be required]		✓	

Smoking Status YES/NO

PATIENT CONSENT

Print Name... ✓ V. GUNNY Date of birth... 7-6-69 Tel No... 583 2875

I have received and understand the advice given to me and consent to the administration of the influenza vaccine.

Signature... V. Gunny Date... 12.11.12

P:\FLU\flu consent 2012.doc/16/11/2012

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NHS Confidential: Personal data about a patient

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow
and Clyde

Dr [REDACTED] WIGGINS
CASTLEMILK GROUP PRACTICE
CASTLEMILK HEALTH CENTRE 71 DOUGRIE DRIVE GLASGOW
G45 8AV

Date: 28 Nov 2012

Dear Dr [REDACTED] WIGGINS,

Re: VERONICA GLANCY, 2/2 55 HODDAM AVENUE, GLASGOW, G45 0EX
Date of Birth: 04/06/1969 CHI number: 0406694001

Your patient attended Glasgow Royal Infirmary on the 28 Nov 2012 at 12:37 PM.

The presenting complaint was:

MENTAL HEALTH ISSUE

Triage information:

PT ATTENDS 218 SERVICE. DISCLOSED TO WORKERS THERE THAT MOOD WAS LOW. PT PARTNER DIED IN AUG & PT STATES WISHES TO BE WITH HIM. HAVING SUICIDAL THOUGHTS. STATES WOULD THROW SELF IN FRONT OF BUS BUT HAS 2 X CHILDREN. TEARFUL @ TRIAGE. PMHX OVERDOSES

The following investigations were carried out: **None**

The A&E diagnosis was: **PSYCHIATRIC - DEPRESSION**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **DISCHARGED**

Follow-up: **DISCHARGED**

Additional information:

Advised to attend ED by 218 counselling service due to ?suicidal thoughts. Pt has been depressed since [REDACTED] bereavement 3/12 ago. Commenced fluoxetine 2/12 ago and has recently began going to 218 service which she feels helps. States her children keep her going and she manages to get out the house to do shopping etc and is looking into new hobbies. Meets friend every Wednesday which she enjoys. Admits to poor appetite and little sleep, but denies any suicidal ideation. States would never harm herself as she has her children to look after. OE low mood, good rapport, appropriately dressed, good eye contact. No signs of hallucinations/delusion. Obs stable. I have advised pt to continue her fluoxetine and perhaps try taking it in the morning. I also suggested she try OTC herbal sleeping tablets to aid her sleep. She tells me she would like to continue 218 service which I encourage. I have suggested she make another appointment with yourself to ensure things are moving in the right direction. Pt is happy with plan. Kind regards.

NHS Confidential: Personal data about a patient

Yours sincerely,

■■■■■■■■■■

EMERGENCY DEPARTMENT DOCTOR

THIRD PARTY COPY

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Dr. P. S. Wiggins
Dr. [REDACTED] McKinnon
Dr. M. Rennick



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM

ADULT VACCINATION

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS.

- Are you feeling well enough today to receive this vaccine? YES/NO
- Do you suffer from any severe allergies? YES/NO
- Are you allergic to eggs? YES/NO
- Have you received this vaccine before? YES/NO
- If yes was there any reaction? YES/NO
- Have you received any vaccines or immunoglobulin within the last 3 months? YES/NO
(if YES, please detail)
- Do you smoke? YES/NO
20-40 cpl.

PATIENT CONSENT

Print Name... V. Glancy Date of birth... 4.6.69 Tel No

I have received and understand the advice given to me and consent to the administration of the influenza vaccine.

Signature... V. Glancy Date... 13.12.11

p:\fluflu consent.doc

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ACCIDENT-&EMERGENCY DEPARTMENT
VICTORIA INFIRMARY
GLASGOW

NHS
Greater Glasgow
and Clyde

(B S F A I P G A C C)

SURNAME: GLANCY DOB: 04/06/69 AGE: 42 SEX: F A/E Number: AE0000336/12
FORENAME: VERONICA OCCUPATION: CHI Number: 0406694001
ADDRESS: 55 HODDAM AVENUE UNIT Number: 8500264113
FLAT 2/2 ARRIVAL DATE: 02/01/12
GLASGOW ARRIVAL TIME: 0422
MODE: A
POSTCODE: G45 0EX TEL: 0141 583 2275 REFERRAL BY: SELF

GP Name: C MCKINNON PRESENTING COMPLAINT: LOW MOOD
ADDRESS: CASTLEMILK HEALTH CENTRE INCIDENT TYPE: MED
GLASGOW
G45 9AW INCIDENT LOCATION: INS
CODE: 49751|1 TEL: 0141 531 8585

- 6 JAN 2012

GP DISCHARGE LETTER

DIAGNOSIS Low mood

INVESTIGATIONS

X-RAYS

TREATMENT Revised CPN liaison tonight
Waiting for [redacted] input on community

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) Laurie CODE Fur-laurie
(SIGNATURE) [Signature] DISCHARGE TIME 0625

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE) ADMISSION

A&E CLINIC ORTHOPAEDIC TO WARD

SURGERY MEDICINE MEDICINE SURGERY

EYE E.N.T. ORTHOPAEDIC E.N.T.

GYNAECOLOGY OTHER GYNAECOLOGY OTHER

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41

Oakview Medical Practice (85403)
TEMPORARY RESIDENT

64015

29 MAY 2012

PLEASE NOTE ALL THE QUESTIONS MUST BE ANSWERED

Today's Date: 18/05/12

G.P.
C. MCKINNON

Surname: Glanay

Forename: Veronica

DOB: 04/06/69 CHN: 4001

Temporary address: 149 Pappert
Bonhill
Alexandra
G83 9LG

Anticipated length of stay: less than 15 days

Name of Doctor at home: Dr Wiggins

Address of own doctor: Unknown

Home address: 55 Hoddam Avenue
Glasgow
G4S 0EX

For office use : Entered on EMIS : Date By

Included in register sent to PS : Date

Clinical notes forwarded to PS : Date(s)

General/forms/temporary resident

NHS Confidential: Personal data about a patient

49

64975

Oakview Medical Practice (85403)
TEMPORARY RESIDENT

09 MAY 2013

PLEASE NOTE ALL THE QUESTIONS MUST BE ANSWERED

Today's Date: 17.5 2012

Surname: GLANCY

Forename: VERONICA

G.P. C. MCKINNON

DOB: 4.6.69 CHN: 4001

Temporary address:

149 PAPPET

G83 9LG

Anticipated length of stay:

Short

Name of Doctor at home: GASTON DR. WIGGANS

Address of own doctor: CASEMILK HEALTH CENTER

Home address: 55 HORDAM Avenue
GLASGOW
GUS- OEXapt wed 23/5
8.10
paula

For office use: Entered on EMIS: Date 18/5/12 By Kim

Included in register sent to PS: Date

Clinical notes forwarded to PS: Date(s)

Reg 22465

General/forms/temporary resident

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Acute Services Division

Regional Services Directorate

DEPARTMENT OF NEUROLOGY
INSTITUTE OF NEUROLOGICAL SCIENCES
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF

NHS
Greater Glasgow
and Clyde

Dr J P [REDACTED] Secretary
Direct Line: 0141 201 2517
JPL/SB

22nd June 2011

Dr [REDACTED] Wiggins
Castlemilk Group Practice
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

06 JUL 2011

Dear Dr Wiggins,

Veronica Glancy DOB: 4/06/69
55 Hoddam Avenue, Flat 2/2, Glasgow, G45 0EX

Your locum (Dr [REDACTED]) this patient in your name. She had a further transient episode of right arm numbness.

This patient had seen Dr [REDACTED] in January and had her scans discussed at that time. The symptoms as described by your Locum would be consistent with migrainous phenomenon.

She has no ongoing neurological deficit. I would be happy not to arrange to arrange further review at Neurology Clinic.

Feel free to get in touch should you wish to discuss this further.

Yours sincerely

Dr J P Leach
Consultant Neurologist

Delivering better health

www.nhs.uk

40368

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SG00264113
GLANCY, VERONICA
55 HODDAM AVENUE
FLAT 2/2
GLASGOW 04/06/1969
G45 0EX CHI 0406694001

18 MAY 2011

NHS
Greater Glasgow
and Clyde

Urology Day Care
Southern General Hospital
Zone 1
1345 Govan Road
Glasgow
G51 4TF
0141 201 1559

10 May 2011

Dear Doctor

This patient has declined to attend the Haematuria Clinic and does not want to be re-appointed at this time.

We would be happy to send out another appointment if the patient was re-referred and willing to attend.

Yours sincerely

Una [REDACTED]
Urology Nurse Specialist

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CP RADIOLOGY REFERRAL Victoria Infirmary		NHS Great Glasgow and Clyde	
Surname: _____ First name: _____ Address: _____ CH: 045554001 04/05/1969 F Flat 2/2 55 Heddon Ave, G45 0EX 553 2275 6126697 GP/10/2011 17/25 Practice 4075 Postcode: _____ Sex: M ☐ F ☐		CHI: _____ or CHS No: _____ or Hosp No: _____ Date of birth: _____ Daytime Tel: _____	
Investigation Requested: Abdominal USS Clinical Summary / Indication / Purpose of examination: Right sided abdominal pain and vomiting, precipitated by greasy foods ? Gall stones		Requesting GP: M. JACKSON Registered GP: DR C. MCKINNON Practice: CASTLE MILK GROUP PRACTICE 71 DOUGHERIE DR GLASSCOW G45 8AW TEL 0141 531 8865 FAX 0141 531 8596 Telephone: _____ *If referee is a registrar, locum or trainee, details of registered GP or trainer are essential. Previous exams: _____ Victoria ☐ SOH ☐ Neuro Ins ☐	
Signed: Annmarie MacLennan Print: M. JACKSON		Date: 05.10.2011 Urgency: _____ Examined by: _____ Checked by: _____ Films taken: _____ Sign: _____ Radiologist: _____ Reported: _____	

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic
imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TONeurology - General
GGC General Referral— Consultant / receiving
practitioner and/or specialty clinicSouthern General Hospital
1345 Govan Road
Glasgow
G51 4TF

— Hospital and hospital address

Hospital location code.

G405H

Email address

-

Urgency of referral

ROUTINE

Date of referral

14-Jun-2011

Date sent

14-Jun-2011

PATIENT DETAILS**Patient's address**

Surname

GLANCY

Forename(s)

VERONICA

Title

MISS

Sex

Female

Date of birth

04-Jun-1969

CHI no.

0406694001

Area of
Residence

-

FLAT 2-2
55 HODDAM AVE
GLASGOW
G45 0EX

Contact number(s)

Voice: 5832275

Voice: 07770468162

101002130883T

Unique Care Pathway Number: 101002130883T

REGISTERED GP DETAILS**Practice address**

Name

Dr C Mckinnon

GMC code

3128462

GP code

07153

Practice name

Castlemilk Group Practice

Practice code

49751

71 DOUGRIE DRIVE
CASTLEMILK
GLASGOW

Contact number(s)

Voice: 0141-5318585

REFERRING GP DETAILS**Practice address**

Name

Dr. [REDACTED] Wiggins

GMC code

2343772

GP code

09369

Practice name

Castlemilk Group Practice (49751)

Practice code

49751

Castlemilk Health Centre
71 Dougrie Drive
Glasgow

Contact number(s)

Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Arm numbness, slurred speech

Comment: I am writing regarding this 42 year advice regarding this 42 year-old lady, who was seen at the neurology clinic when her symptoms were attributed to migraines.

She presented today very concerned as she had a further episode of right arm numbness, and slurred speech. She states she was speaking to [REDACTED] teachers at the time and they were alarmed at her slurred speech, and that she knew what she was trying to say, but could not get the correct words out. There was no headache or visual disturbance associated with it like her usual migraines.

There was no focal neurology on examination today.

Her CT had shown non-specific hyperintensity changes only.

In view of the fact that these symptoms occurred in the absence of headache or usual migrainous symptoms, I wonder if there is anything more going on, or if we can simply reassure her. I would therefore be extremely grateful for your opinion.

With kind regards,
Dr S [REDACTED] (GP locum)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary - adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
CO-CODAMOL tabs 8mg 500mg	100	tablet(s)	2 TABLETS TO MAXIMUM 4 TIMES [more]	-	29-Mar-2011	29-Mar-2011
RANITIDINE tabs 150mg	112	tablet(s)	1 TABLET TWICE DAILY	-	07-Jul-2010	22-Feb-2011
SALBUTAMOL cfc free inh 100micrograms/inhalation	2	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	22-Feb-2011
CLENIL MODULITE cfc free inh 100micrograms/actuation	1	200 dose inhaler	2 [REDACTED] [more]	-	14-Mar-2008	16-Sep-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
ZOPICLONE tabs			TAKE ONE OR TWO AT		18-May-	18-May-

3.75mg	14	tablet(s)	NIGHT	-	2011	2011
PROPRANOLOL tabs 40mg	28	tablet(s)	1 IN THE MORNING AND ONE AT 6 P.M.	-	18-May- 2011	18-May- 2011
TRIMETHOPRIM tabs 200mg	6	tablet(s)	1 TWICE A DAY FOR TREATMENT O[more]	-	17-Mar- 2011	17-Mar- 2011
SUMATRIPTAN tabs 50mg	6	tablet(s)	1 AS SOON AS HEADACHE DO NOT [more]	-	03-Feb- 2011	03-Feb- 2011
DEPO-PROVERA inj 150mg/1ml	1	pre-filled syringe	GIVEN AS 1ML PRE- FILLED SYRINGE	-	13-Jan- 2011	13-Jan- 2011
CO-CODAMOL tabs 30mg 500mg	100	tablet(s)	1 OR 2 UP TO FOUR TIMES A DAY[more]	-	06-Oct- 2010	22-Feb- 2011
RANITIDINE tabs 150mg	112	tablet(s)	1 TABLET TWICE DAILY	-	07-Jul- 2010	22-Feb- 2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	05-Apr- 2011
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	05-Apr- 2011

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: PENICILLIN G inj 600mg/vial, Reaction type: Allergy, [REDACTED] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec- 2006

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date

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Version: Glancy 04/06/1969 S644/1/69/785

PATIENT HEALTH QUESTIONNAIRE

Patient: Glancy 04/06/1969 Female NHS: S644/1/69/785 CHI: 0406694001

During the last 2 weeks, how often have you been troubled by any of the following problems?
(Use "0" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
Loss of interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Difficulty falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Loss of appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
Difficulty concentrating on things, such as reading the news paper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or hurting yourself in some way	0	1	2	3

add columns: 1 8 3

TOTAL: 12

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

For Reception Staff

a) Planning _____

b) No records _____

c) If needed to be scored or entered onto Vision, this will have been done _____

Page 1 of 1

25 January 2011 3:25:18pm

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Acute Services Division**Regional Services Directorate**

DEPARTMENT OF NEUROLOGY
Institute of Neurological Sciences

Direct Line: 0141 201 2829
Fax: 0141 201 2510

PS/AGR/CHI:0406694001

Clinic: 11/01/11
Dictated: 11/01/11
Typed: 12/01/11

DR [REDACTED]
CASTLEMILK HEALTH CENTRE
GLASGOW
G45 9AW

Dear Dr [REDACTED]

VERONICA GLANCY DOB: 04/06/69 (SG00264113)
55 HODDAM AVENUE, FLAT 2/2, GLASGOW, G45 0EX

Many thanks for this referral. I reviewed this lady in the Neurology Outpatient Clinic today. She is a 41 year old, right handed, single lady who [REDACTED] her [REDACTED] child. She has been experiencing migraine headaches since the age of 16 years. These were infrequent for several years and seem to have come back again. These though are still infrequent but can be severe and Sumatriptan helps. She usually gets an occipital or frontal headache with severe nausea, vomiting and has photophobia and phonophobia and has to lie down in a dark quiet room.

Recently after having a typical migraine headache she noticed gradual numbness coming over the right side of her face which then involved the whole of the right side of the face over several minutes. Apparently her face looked asymmetrical and her speech was altered in that she was using wrong words and the family were laughing at her which made her more stressed and annoyed. She was reviewed in the TIA Clinic where no neurological deficits were found and she had recovered by then. Her subsequent CT scan of the brain and further MRI scan of the brain were normal apart from two non specific subcortical white matter high signal density lesions were noticed. A further neurology referral was suggested by the Stroke Clinic in view of this.

Her last headache was at Christmastime and she has not had a further headache. Also she has not had further neurological symptoms since her admission.

She did admit that she was going through a lot of stress with her older boy who has now left home only last week.

She has smoked 20 cigarettes per day since the age of 12 years.

Page 1 of 2

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40368

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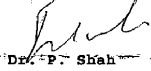
VERONICA GLANCY
04/06/69
CHI:0406694001

17 JAN 2011

She was mainly worried regarding her MRI scan changes and was otherwise well.

I have reviewed her scans with her and explained to her that the changes on the scan were completely non specific and irrelevant to her symptoms and recent clinical presentation. This would not be unexpected in someone of her age and also with her history of smoking and migraine. I have advised her regarding lifestyle modifications to reduce risk factors for vascular disease. I also discussed treatments for migraine in that she may use prophylactics if her headaches are more frequent and persistent. One may consider Propranolol, Amitriptyline, Pizotifen or Topiramate depending on the suitability and as per the BNF guidelines. I have not arranged further routine follow up in the Neurology Clinic.

Yours sincerely



Dr. P. Shah
Consultant Neurologist

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Acute Services Division

Rehabilitation and Assessment Directorate

18 OCT 2010

NHS
Greater Glasgow
and Clyde

Mansionhouse Unit
Mansionhouse Road
GLASGOW
G41 3DX
Direct Line 0141 201 6302
Fax 0141 201 6159

Ref: MR/LW

Clinic Date: 12/07/10
Dictated Date: 05/10/10
Typed: 13/10/10

Stroke & TIA - New
Consultant: []

DR EWEN [REDACTED] (GP Trainee)
CASTLEMILK HEALTH CENTRE
GLASGOW
G45 9AW

Dear Dr [REDACTED]

VERONICA GLANCY DOB: 04/06/69 (SG00264113) CHI: 0406694001
55 HODDAM AVENUE, FLAT 2/2 GLASGOW, G45 0EX

Consultant: Dr J McManus TIA Clinic

Thank you for your recent telephone call regarding this lady. As you are aware she presented with headaches, possible visual disturbance and right limb signs approximately 3 months ago. Apparently she has re-attended the practice on several occasions with lots of non-specific symptoms. However, it was felt she may have evidence of migraine and in fact her symptoms have improved a little with Triptan.

Thank you for pointing out the result of her MRI which does show non-specific hypertintensity in the T2 and flare images. These are within the right hemisphere. I think the appearance is non-specific; it does say demyelination is possible and I suppose for this reason it may be worthwhile referring on to our neurology colleagues for review and advice. I would be happy to discuss in the future if there are any further issues.

Yours sincerely

DR J MCMANUS
Consultant Physician, Medicine for the Elderly

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Acute Services Division

Regional Services Directorate

Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

NHS
Greater Glasgow
and Clyde

DEPARTMENT OF NEUROLOGY
Institute of Neurological Sciences

Direct Line: 0141 201 2829
Fax: 0141 201 2510

PS/AGR/CHI:0406694001

Dictated: 08/10/10
Typed: 08/10/10

DR [REDACTED]
CASTLEMILK HEALTH CENTRE
GLASGOW
G45 9AW

15 OCT 2010

Dear Dr [REDACTED]

VERONICA GLANCY DOB: 04/06/69 (SG00264113)
55 HODDAM AVENUE, FLAT 2/2, GLASGOW, G45 0EX

Thank you for referring this lady to the MS Clinic as an urgent priority. From your referral letter, I note that this lady had transient neurological symptoms which recovered within an hour's time and has suffered from headaches. She was reviewed in the TIA Clinic and had further CT scan of the brain and subsequently MRI scan of the brain. This shows non specific white matter changes and her headaches continue. She is under a lot of stress at home and I also note she is a long term heavy smoker.

In view of this information, I have downgraded the priority as routine and the patient will be seen within twelve weeks, as opposed to an urgent one whereby the patients have to be seen within two weeks. If you feel that there is additional information that would change the priority to urgent, then please do not hesitate to contact me.

Kind regards.

Yours sincerely

Dr P. [REDACTED]
Consultant Neurologist

Page 1 of 1

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Urology
GGC General Referral

— Consultant / receiving
practitioner and/or specialty clinic

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

— Hospital and hospital address

Hospital location code.

G306H

Email address

-

Urgency of referral

ROUTINE

Date of referral

31-Mar-2011

Date sent

01-Apr-2011

PATIENT DETAILS*Patient's address*

Surname

GLANCY

Forename(s)

VERONICA

Title

MISS

Sex

Female

Date of birth

04-Jun-1969

CHI no.

0406694001

FLAT 2-2

55 HODDAM AVE

GLASGOW

G45 0EX

Contact number(s)

Voice: 5832275

Voice: 07770468162

1010018052906

Unique Care Pathway Number: 1010018052906

REGISTERED GP DETAILS*Practice address*

Name

Dr C McKinnon

GMC code

3128462

GP code

07153

Practice name

Castlemilk Group Practice

Practice code

49751

71 DOUGRIE DRIVE

CASTLEMILK

GLASGOW

Contact number(s)

Voice: 0141-5318585

REFERRING GP DETAILS*Practice address*

Name

Dr. [REDACTED] McKinnon

GMC code

3128462

GP code

07153

Practice name

CASTLEMILK HEALTH CENTRE (49751)

Practice code

49751

71 DOUGRIE DRIVE

GLASGOW

Contact number(s)

Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Haematuria

Comment: Dear Doctor

This 41 year old woman presented with low back pain and urinary frequency and was treated for a presumed urinary tract infection. Urinalysis has shown blood which has not resolved despite antibiotics her MSSU showed no growth. I would be grateful if you would see her for investigation of her haematuria.

Yours faithfully

Dr [REDACTED] Watt
GP Locum

for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary - adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
CO-CODAMOL tabs 8mg 500mg	100	tablet(s)	2 TABLETS TO MAXIMUM 4 TIMES [more]	-	29-Mar-2011	29-Mar-2011
RANTIDINE tabs 150mg	112	tablet(s)	1 TABLET TWICE DAILY	-	07-Jul-2010	22-Feb-2011
SALBUTAMOL cfc free inh 100micrograms/inhalation	2	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep-2010	22-Feb-2011
CLENIL MODULITE cfc free inh 100micrograms/actuation	1	200 dose inhaler	2 [REDACTED] [more]	-	14-Mar-2008	16-Sep-2010

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
TRIMETHOPRIM tabs 200mg	6	tablet(s)	1 TWICE A DAY FOR TREATMENT O[more]	-	17-Mar-2011	17-Mar-2011
NITROFURANTOIN caps 50mg	28	capsule(s)	1 FOUR TIMES A DAY TO TREAT U[more]	-	17-Feb-2011	17-Feb-2011
SUMATRIPTAN tabs 50mg	6	tablet(s)	1 AS SOON AS HEADACHE DO NOT [more]	-	03-Feb-2011	03-Feb-2011
ZOPICLONE tabs 7.5mg	7	tablet(s)	1 EVERY NIGHT FOR SLEEP NOT F[more]	-	03-Feb-2011	03-Feb-2011
CLARITHROMYCIN tabs 250mg	14	tablet(s)	1 TWICE A DAY	-	03-Feb-2011	03-Feb-2011
DEPO-PROVERA inj 150mg/1ml	1	pre-filled syringe	GIVEN AS 1ML PRE-FILLED SYRINGE	-	13-Jan-2011	13-Jan-2011
CITALOPRAM tabs 20mg	28	tablet(s)	1 EVERY DAY FOR DEPRESSION	-	18-Nov-2010	18-Nov-2010
DEPO-PROVERA inj 150mg/1ml	1	pre-filled syringe	GIVEN AS 1ML PRE-FILLED SYRINGE	-	28-Oct-2010	28-Oct-2010
CO-CODAMOL tabs 30mg 500mg	100	tablet(s)	1 OR 2 UP TO FOUR TIMES A DAY[more]	-	06-Oct-2010	22-Feb-2011
RANITIDINE tabs 150mg	112	tablet(s)	1 TABLET TWICE DAILY	-	07-Jul-2010	22-Feb-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2011
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	05-Jul-2010
Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker.	27-Apr-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	15-Feb-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	03-Dec-2009
Drinks rarely:	Drinking status on eventdate: Current drinker.	17-Feb-2011
Drinks rarely:	Drinking status on eventdate: Current drinker.	15-Feb-2010
Drinks rarely:	Drinking status on eventdate: Current drinker.	20-Dec-2006
Exercise grading:	walks	20-Dec-2006

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
H/O: drug allergy	Drug code for allergy: PENICILLIN G inj 600mg/vial, Reaction type: Allergy, [redacted] code for reaction: O/E - allergic rash [2227.11], Certainty of allergy: Likely, Severity of allergy: Moderate.	20-Dec-2006

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Acute Services Division**Rehabilitation and Assessment
Directorate**

Mansionhouse Unit
Mansionhouse Road
GLASGOW
G41 3DX
Direct Line 0141 201 6302
Fax 0141 201 6159

NHS
Greater Glasgow
and Clyde

Ref: MR/LW

Clinic Date: 12/07/10
Dictated Date: 15/07/10
Typed: 15/07/10

Stroke & TIA - New
Consultant: []

DR MCKINNON
CASTLEMILK HEALTH CENTRE
GLASGOW
G45 9AW

22 JUL 2010

Dear Dr

VERONICA GLANCY .DOB: 04/06/69 .(SG00264113).CHI: -0406694001-
55 HODDAM AVENUE, FLAT 2/2 GLASGOW, G45 0EX

Reason for assessment: ?transient ischaemic attack.

This 41 year old lady was reviewed at the TIA clinic on 12th July 2010. Approximately one week ago she described sudden onset of paraesthesia affecting her right hand. This affected the ulnar distribution. The symptoms were associated with transient speech disturbance described as an expressive dysphasia. She also felt a bit lightheaded and had generalised headache. For a few seconds she saw some white spots in front of her left eye and some left sided facial numbness. Overall her symptoms had almost completely resolved within one hour. She has a past history of asthma and she takes inhalers. She is a smoker. There is a family history of ischaemic heart disease but no cerebrovascular disease. She has had previous headaches but no formal diagnosis of migraine and no family history of migraine.

On examination today she was in sinus rhythm with blood pressure 140/78 with no postural drop. Heart sounds were pure and chest was clear. There was no focal neurology detected today, however, she did have an abnormal right fundus. Unfortunately, I do not have her old notes to hand. She tells me this is longstanding and has been described as "scarring". There was almost a pigmented appearance to her fundus. I shall clarify with the previous notes regarding these findings.

ECG showed sinus rhythm. Echocardiogram showed no abnormalities. Carotid Doppler was normal. CT scan showed no evidence of infarct. However, there was really fairly significant cerebral atrophy in both frontal lobes and posterior fossa.

OVER.../

Page 1 of 2

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VERONICA GLANCY
DOB: 04/06/69

This was certainly much more severe than expected for this patient's age.

Diagnosis:

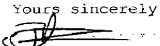
1. Possible migraine.
2. Right fundal changes

Current medication: Inhalers.

Suggested changes: nil.

Advice and outcome: I explained to this lady that on the basis of her history and investigation findings I felt the diagnosis is more likely to be migraine than a transient ischaemic attack. In light of slightly unusual CT scan I have proceeded to carry out an MRI scan of her brain just to exclude any other pathology. I simply suggest I that I will append this in due course and have not arranged any routine clinic review.

Yours sincerely


DR J McMANUS
Consultant Physician, Medicine for the Elderly

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STROKE AND TIA FAST-TRACK CLINIC

PATIENT DETAILS

SG00264113
VERONICA GLANCY
55 HODDAM AVENUE
FLAT 2/2
GLASGOW
G45 0EX
04/06/1969
CHI 0406694001

GP

CARTEMILK H/L
DOUGIE DRIVE
GLASGOW
G45 9AW

Consultant: DR. H. MANUS
Date of clinic: 12/7/10
Date of referral: 5/7/10
Date of event: .../.../...

DIAGNOSIS

TIA ☐ Yes ☒ No
☐ to be confirmed

STROKE ☐ Yes ☒ No
☐ Infarct
☐ Haemorrhage

SITE ☐ R ☐ Carotid
☐ L ☐ Posterior

OTHER DIAGNOSES

? Migraine

RISK FACTOR ASSESSMENT

☐ Sinus rhythm
☐ Atrial Fibrillation
☒ Carotid doppler ☐ <50% ☐ 50-70% ☐ >70%
☐ Blood pressure =
☐ Target BP =
☐ Glucose =
☐ Lipids =
☐ Smoking =
☐ Alcohol =

INTERVENTIONS

☐ Anti-platelets
☐ Anti-coagulants
☐ Referral vascular team ☐ Referral not indicated
☐ Long acting ACE (Please monitor U&Es)
☐ Thiazide ☐ Other agents
☐ Result to follow
☐ Advice given
☐ Advice given

OTHER INVESTIGATIONS

☐ CT scan - full result to follow
☐ Echocardiogram - result to follow
☐ Other bloods done E.C.T.A.S.

MEDICATION - Current:

Suggested changes:

NIL

ADVICE GIVEN

☐ Driving ☐ Occupation ☐ Exercise

THERAPY REFERRALS MADE

☐ PT ☐ Mobility ☐ Independent ☐ needs help
☐ OT ☐ Self-care ☐ Independent ☐ needs help
☐ ST ☐ Communication ☐ Normal ☐ impaired
☐ ST ☐ Swallow ☐ Normal ☐ impaired

FOLLOW UP

☐ Out patient clinic review
☐ Discharge from clinic ☐ GP review ☐ Other want more with

Signed: [Signature] **Grade:** 100
Name: [Signature] **Contact No:** Tel: 0141 201 6302

Further information in formal letter to GP to follow

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Veronica Glancy 04/06/1969 S644/1/69/785

Referral for Group Smoking Cessation

Referral for Group Smoking Cessation

Veronica Glancy 04/06/1969 Female NHS: S644/1/69/785 CHI: 0406694001

Flat 2-2 55 Hoddam Ave Glasgow G45 0EX

Mobile phone 07770468162

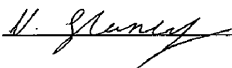
Telephone - home 583 2275

No data recorded.

Castlemilk Group Practice, Castlemilk Health Centre, Dougrie Drive, Glasgow G45 9AW.
0141 531 8585 fax 0141 531 8596 (49751)Is an interpreter needed? No ☒ Yes ☐ language _____**Patient consent to refer**

I would like to stop smoking and wish to be referred to the smoking cessation service

Signature



Date

5/7/10

Send this form to the Stop Smoking Services**Mansionhouse Unit****100 Mansionhouse Road, Glasgow G41 3DX****tel 232 9618 fax 232 9622**

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*** TX REPORT ***

TRANSMISSION OK

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Veronica Glancy 04/06/1969 S644/1/69/785

GGNHS Fast track Stroke / TIA Clinic

GGNHS Fast track Stroke / TIA Clinic

Fax this form to the Victoria clinic - 201 6305

Veronica Glancy 04/06/1969 Female NHS: S644/1/69/785 CHI: 0406694001

Flat 2-2 55 Hoddam Ave Glasgow G45 0EX

Mobile phone 07770468162

Telephone - home 583 2275

Does patient require wheelchair: ☐ Yes ☒ No

Castlemilk Group Practice, Castlemilk Health Centre, Dougrie Drive, Glasgow G45 9AW
0141 531 8585, fax 0141 531 8596 Practice No 49361

There must be a history **sudden onset** focal neurological symptoms.

There must have been (or still be) at least one of these signs/symptoms. Please tick relevant box (or boxes)

	RIGHT	LEFT		RIGHT	LEFT
LOSS OF POWER IN:			SENSORY LOSS IN:		
Face	☐	☐	Face	☐	☒
Arm	☒	☐	Arm	☐	☐
Leg	☐	☐	Leg	☐	☐
Hemianopia	☐	☐	Speech disturbance	☒	☐
Amaurosis Fugax	☐	☐			

If none of these apply the patient is inappropriate for this clinic

Date of onset of symptoms: 5/7/10 Duration of symptoms: <1h ☐ >1h and <24h ☒ >24h ☐**Please tick any existing risk factors****Current medication :**

Previous stroke ☐ Date 1/1/10 Angina ☐
 Previous MI ☐ Date 1/1/10 Diabetes ☐
 Intermittent claudication ☐ Atrial Fibrillation ☐
 History of hypertension ☐ Smoking ☒
 Current BP = ☒ Alcohol Abuse ☐
 Family history of stroke ☒ Total Cholesterol if known _____

120/82

Other information/symptoms: *Ataxia "talking nonsense" for about 2 hours
 with incontinence @ side of face & @ hand settled
 with the speech.*

Patient should be advised not to drive for one month after initial symptom

Telephone/Fax Numbers

- Western Infirmary: Tel 211-(5)2119 Fax 211-(5)2919
- Glasgow Royal Infirmary: Tel 211-(2)4811 Fax 211-(2)4944
- Victoria Infirmary: Tel 201-(6)6302 Fax 201-(6)6305
- Southern General Hospital: Tel 201-(6)2828 Fax 201-(6)2510
- Stobhill Hospital: Tel 201-(1)3247 Fax 201-(1)3218

For details of other risk factors and current medication see next sheet

Dr Wiggins

Page 1 of 2

05 July 2010 2:28:28pm

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Veronica Glancy 04/06/1969 S644/1/69/785

GGNHS Fast track Stroke / TIA Clini

Significant History

28/09/2007 Normal delivery Boy, 2kg 18g, 7/1, 9/5
14/11/2005 Open wound of wrist, unspecified self harm
23/03/2005 Anxiety with depression
10/03/2005 Overdose of drug also in 2001, 2000 and 1993
01/05/1999 Asthma
01/05/1999 Normal delivery male 2.82kg
01/09/1997 Left salpingoophorectomy dissection of adhesions
31/07/1997 Hydrotubation of fallopian tube L ovary - normal / R ovary - adhesions
05/06/1996 Ovarian cystectomy L ovarian cyst - benign
06/08/1989 Normal delivery male 3.29
23/12/1987 Normal delivery girl 3.35

Blood pressure and Smoking

05/07/2010 14:18:00 BP 120 / 82 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Ms Geraldine [REDACTED]
05/07/2010 Smoker Cigarettes: 40 Cigarette smoker Dr [REDACTED] Wiggins

Lipid results

No data recorded.
No data recorded.
No data recorded.

Repeat medication and allergies

Repeat SALBUTAMOL cfc free inh 100micrograms/inhalation Until: 07/05/2010 Last issued: 04/05/2010 Issued: 8 maximum 12 allowed Supply: (1) 200 dose inhaler 2 PUFFS INHALED WHEN REQUIRED WHEEZE UP TO FOUR TIMES A DAY Dr [REDACTED] Wiggins
Repeat CO-CODAMOL tabs 8mg+500mg Until: 07/05/2010 Last issued: 31/03/2010 Issued: 6 maximum 12 allowed Supply: (224) tablet(s) 2 TABLETS TO MAXIMUM 4 TIMES DAILY AS REQUIRED FOR PAIN Dr [REDACTED] Wiggins
20/12/2006 H/O: drug allergy Likely Moderate Allergy to PENICILLIN G inj 600mg/vial causing O/E - allergic rash

Dr [REDACTED] Wiggins

Page 2 of 2

05 July 2010 2:28:28pm

NHS Confidential: Personal data about a patient

06/07 2010 16:55 FAX 0141 531 8596

CASTLEMILK GP

001

*** TX REPORT ***

TRANSMISSION OK

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NHS Confidential: Personal data about a patient**NHS Greater Glasgow & Clyde OOH Services**

Call No: 2865258 05 Jul 2010 of Call: 00:15
 Patient's Name: Veronica Glancy DOB: 04/06/1969 Age: 41 Y
 Address Today: 2/2 55 Hoddam Avenue Castlemilk Home Address If different: 2/2 55 Hoddam Avenue Castlemilk
 Glasgow Intercom/Buzzer Entry Glasgow Intercom/Buzzer Entry
 Post Code: G45 0EX Post Code: G45 0EX
 Phone Number Today: (0141) 583 2275 - Home Phone If different: () -
 NHS24 Call ID : 8979144

Callers Name: Relationship to patient:
 Name of GP: McKinnon C Practice No: 338
 Surgery: 338 Castlemilk Health Centre Cipher No: G0715 3
 Address: Dr P Wiggins & Castlemilk Health Centre Fax No: 01415318596
 Douglas Drive Glasgow G45 9AW Speed Dial: 051
 Call Type: Dr to phone pt within 1 Hr Priority D Dual Time Passed: 00:36

Receptionist's Name: JIF Time Arrived: Time Complete: 05/07/2010 00:35:46

Patient's Complaint:

ALL SYMPTOMS GONE JUST NOW. NUMBNESS R SIDE FACE, NUMBNESS IN L HAND, PT HAS EXPERIENCED THIS BEFORE - SLURRED SPEECH HEADACHE. ((Non-Clinical User) (Cardonald))

 SLURRED SPEECH 8 HOURS SEE A/V

Clinical summary created by: (Nurse Advisor) (Cardonald) [05/07/2010 00:15:50]

1 X EPISODE SLURRED SPEECH FOR 2HRS - 8 HRS AGO AND SUDDEN ONSET OF EXPRESSIVE DYSPHASIA, SLURRED SPEECH, R FACIAL NUMBESS, NUMBNESS L ARM - NOW ALL SUBSIDED. MILD FRONTAL & OCCIPITAL HEADACHE - WHICH CONTINUES. SIMILAR EPISODE 3 MONTHS AGO - SPONTANEOUSLY RESOLVED - NIL MEDICAL ATTENTION TAKEN. ADVISED SPEAK TO DR 1 HR PLEASE.

 This call will be transferred directly to a nurse via serious and urgent telephony route.

Advise the caller that if they get cut off you will call them back immediately.

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).

WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor: D852 Follow Up: GP Follow Up

Consultation(s):

By: JeyaSingh Nieta Start: 05/07/2010 00:25:53 Finish: 05/07/2010 00:35:28

Clinical Assessment Details
 Started: 05/07/2010 00:25:53

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Finished-06/07/2010 09:35:28

History

1 episode of ? expressive aphasia lasting 2 hrs 8 hrs ago. Mild occipital headache & Right facial numbness. no fever/ neck pain/no other weakness/ visual disturbance. feels fine now. similar episode few months ago. nil GP review then normally well. NM h/o HTN/DM/raised cholesterol. ■ died of MI when she was 4

Examination**Diagnosis****Treatment**

TIA resolved Encouraged to liaise with GP for 2 week referral. risk of recurrence discussed. has a friend staying overnight

Clinical Coding

Clinical codes: G6... (Cerebrovascular disease)

Prescription Details

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H1N1 & Seasonal Influenza Immunisation consent Form.



PERSONAL DETAILS

Surname	GLANCY	Forename	VERONICA
Date of Birth	4, 6, 69		
Home address	55 HODDAM		
Postcode	GUS - OEX	Tel. number	
Mobile number			

Please answer the following questions

	Yes	No	Details
1. Do you have a history of a severe, life threatening allergic reaction to eggs and/or egg products?		☒	
2. Have you ever had a severe, life threatening allergic reaction to influenza vaccine in the past?		☒	
3. Are you, or do you think you might be, pregnant? (*see below for advice on this matter)		☒	
4. Do you have a condition, or are you having any medical treatment, that has weakened your immune system? **		☒	
5. If you have not yet had a seasonal flu jab this year, would you like to be offered this with the H1N1 vaccine? Co-administration of both vaccines is entirely safe.		☒	

* If you are pregnant, the Joint Committee on Vaccination and Immunisation has recommended that pregnant women be given one dose of the vaccine Pandemrix. The Committee for Medicinal Products for Human Use (CHMP) has given a clear recommendation that Pandemrix can be given safely to pregnant women.

** There are certain conditions and treatments that weaken the immune system and reduce the response to the vaccine. This means that two doses of the vaccine are needed to achieve immunisation. The nurse will discuss this further with you as appropriate.



Signature

V. Glancy

Date 10.12.2009

P/gmsnewcontract/flu/influenza h1n1 recordform1

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CHI: 0406694001
CLANCY, VERONICA 04/06/1969 F
Flat 2-2 55 Hoddam Ave G45 0EX
583 2275
R GMC 6061342
Castlemilk H.C., Practice: 149751

PHQ-9

The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in Primary Care.²

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?	Not at all Several days More than half the days ✓ Nearly every day 2
Feeling down, depressed, or hopeless?	Not at all Several days More than half the days 3 Nearly every day ✓
Trouble falling or staying asleep, or sleeping too much?	Not at all Several days ✓ More than half the days 1 Nearly every day
Feeling tired or having little energy?	Not at all Several days More than half the days 3 Nearly every day ✓
Poor appetite or overeating?	Not at all Several days More than half the days 3 Nearly every day ✓
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	Not at all Several days ✓ More than half the days 1 Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all Several days More than half the days ✓ Nearly every day 2
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	Not at all Several days More than half the days ✓ Nearly every day 2
Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at all Several days More than half the days Nearly every day 3 ✓
Total= 20 / 27	Answer all questions

File
164

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Neurology - MS
GGC General Referral

— Consultant / receiving
practitioner and/or specialty clinic

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

— Hospital and hospital address

Hospital location code.

G405H

Email address

-

Urgency of referral

URGENT (other priority reason)

Date of referral

07-Oct-2010

Date sent

07-Oct-2010

PATIENT DETAILS*Patient's address*

Surname: GLANCY
Forename(s): VERONICA
Title: MISS
Sex: Female
Date of birth: 04-Jun-1969
CHI no.: 0406694001

FLAT 2-2
55 HODDAM AVE
GLASGOW
G45 0EX

Contact number(s)

Voice: 5832275
Voice: 07770468162

1010010970304

Unique Care Pathway Number: 1010010970304

REGISTERED GP DETAILS*Practice address*

Name: Dr C Mckinnon
GMC code: 3128462 GP code: 07153
Practice name: Castlemilk Group Practice
Practice code: 49751

71 DOUGRIE DRIVE
CASTLEMILK
GLASGOW

Contact number(s)

Voice: 0141-5318585

REFERRING GP DETAILS*Practice address*

Name: Dr. [REDACTED]
GMC code: 6077029 GP code: 19461
Practice name: CASTLEMILK HEALTH CENTRE (49751)
Practice code: 49751

71 DOUGRIE DRIVE
GLASGOW

Contact number(s)

Voice: 0141 531 8585

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ?MS - abnormal MRI

Comment: Dear Doctor,

I would be grateful for your opinion on the above 41yr old woman who has been suffering from headaches which are currently being treated as migraine. The patient has had vague headaches for many months and in July was seen by Dr McManus (stroke / DME) because of a transient episode of right arm weakness and speech disturbance. At the time Dr McManus thought this was probably a migraine rather than a TIA but performed a CT scan. She also noted an abnormal looking right fundus which she could not explain (her vision has been normal).

Ct showed generalised cerebral atrophy which was unusually severe for the patient's age. A subsequent MRI has not shown such severe atrophy but has shown 2 small high signal foci in the right hemisphere. There was no mass lesion and the appearances were non-specific. The report concludes that this could be demyelination or possible ischaemic foci. (the patient is a smoker and has a FH of IHD).

At present Ms Glancy is still suffering from headaches but is under a lot of stress at home. She has had no focal neurological signs and has felt some benefit from sumatriptan. I have discussed the case with Dr McManus who is uncertain what to make of the CT and has suggested a neurology referral would be appropriate.

I would be grateful for your input in this case. Please find attached the last letter from the TIA clinic.

Yours Faithfully,

■■■■ (GPST1)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Open wound of wrist, unspecified	self harm	14-Nov-2005	14-Nov-2005
Anxiety with depression	-	23-Mar-2005	23-Mar-2005
Overdose of drug	also in 2001, 2000 and 1993	10-Mar-2005	10-Mar-2005
Asthma	-	01-May-1999	01-May-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Normal delivery	Boy, 2kg 18g, 7/1, 9/5	28-Sep-2007	28-Sep-2007
Normal delivery	male 2.82kg	01-May-1999	01-May-1999
Left salpingoophorectomy	dissection of adhesions	01-Sep-1997	01-Sep-1997
Hydrotubation of fallopian tube	L ovary - normal / R ovary - adhesions	31-Jul-1997	31-Jul-1997
Ovarian cystectomy	L ovarian cyst - benign	05-Jun-1996	05-Jun-1996
Normal delivery	male 3.29	06-Aug-1989	06-Aug-1989
Normal delivery	girl 3.35	23-Dec-1987	23-Dec-1987

Family conditions (All priorities)

Description	Comment	Date of Onset
Family history	nil of note	20-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
CO-CODAMOL tabs 30mg 500mg	100	tablet(s)	1 OR 2 UP TO FOUR TIMES A DAY [more]	-	06-Oct-2010	06-Oct-2010

SALBUTAMOL cfc free inh 100micrograms/inhalation	2	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Sep- 2010	16-Sep- 2010
CLENIL MODULITE cfc free inh 100micrograms/actuation	1	200 dose inhaler	2 [REDACTED] [more]	-	14-Mar- 2008	16-Sep- 2010
RANITIDINE tabs 150mg	112	tablet(s)	1 TABLET TWICE DAILY	-	07-Jul- 2010	16-Sep- 2010

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
SUMATRIPTAN tabs 50mg	6	tablet(s)	1 AS SOON AS HEADACHE DO NOT [more]	-	06-Oct- 2010	06-Oct- 2010
SUMATRIPTAN tabs 50mg	6	tablet(s)	1 AS SOON AS HEADACHE DO NOT [more]	-	15-Sep- 2010	15-Sep- 2010
AMITRIPTYLINE HCl tabs 10mg	56	tablet(s)	1 AT NIGHT FOR PAIN	-	12-Aug- 2010	12-Aug- 2010
SALBUTAMOL cfc free inh 100micrograms/inhalation	1	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	05-Aug- 2010	05-Aug- 2010
DEPO-PROVERA inj 150mg/1ml	1	pre-filled syringe	GIVEN AS 1ML PRE- FILLED SYRINGE	-	03-Aug- 2010	03-Aug- 2010
CO-CODAMOL tabs 8mg 500mg	224	tablet(s)	2 TABLETS TO MAXIMUM 4 TIMES [more]	-	15-Jan- 2007	16-Sep- 2010
SALBUTAMOL cfc free inh 100micrograms/inhalation	1	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Jan- 2007	04-May- 2010
FUCITHALMIC eye drp 1%	5	gram(s)	APPLY TWICE A DAY	-	07-Jul- 2010	07-Jul- 2010
ERYTHROMYCIN ec tab 250mg	28	tablet(s)	1 FOUR TIMES A DAY	-	07-Jul- 2010	07-Jul- 2010
DEPO-PROVERA inj 150mg/1ml	1	pre-filled syringe	GIVEN AS 1ML PRE- FILLED SYRINGE	-	17-May- 2010	17-May- 2010
CEFACLOX caps 500mg	21	capsule(s)	1 THREE TIMES A DAY	-	10-May- 2010	10-May- 2010
TEMAZEPAM tabs 10mg	7	tablet(s)	ONE TABLET TO BE TAKEN AT NIG [more]	-	27-Apr- 2010	27-Apr- 2010
ERYTHROMYCIN ec tab 250mg	20	tablet(s)	1 FOUR TIMES A DAY	-	27-Apr- 2010	27-Apr- 2010
DIPROBASE crm	500	g (dispenser)	APPLY FREELY TO SKIN OR USE A [more]	-	22-Apr- 2010	22-Apr- 2010
HYDROCORTISONE crm 1%	30	gram(s)	APPLY THINLY ONCE OR TWICE DAILY	-	22-Apr- 2010	22-Apr- 2010
CETIRIZINE tabs 10mg	56	tablet(s)	1 EVERY DAY FOR ITCH AND ALLERGIES	-	22-Apr- 2010	22-Apr- 2010
CITALOPRAM tabs 20mg	28	tablet(s)	1 EVERY DAY FOR DEPRESSION	-	22-Apr- 2010	22-Apr- 2010
SALBUTAMOL cfc free inh 100micrograms/inhalation	1	200 dose inhaler	2 PUFFS INHALED WHEN REQUIRED [more]	-	15-Jan- 2007	04-May- 2010

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	05-Jul-2010

Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker.	27-Apr- 2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	15-Feb- 2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	03-Dec- 2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	17-Jun- 2009
Drinks rarely:	Drinking status on eventdate: Current drinker.	15-Feb- 2010
Drinks rarely:	Drinking status on eventdate: Current drinker.	20-Dec- 2006
Exercise grading:	walks	20-Dec- 2006

Clinical warnings**Allergies**Description

H/O: drug allergy

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) Date

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Claveon ACCIDENT & EMERGENCY DEPARTMENT 03 JUL 2009 NHS
VICTORIA INFIRMARY
GLASGOW

BLOCK L SURNAME FORENAME ADDRESS POST CODE	SURNAME: GLANCY DOB: 04/06/69 AGE: 40 SEX: F A/E Number: AE0058976/09
	FORENAME: VERONICA OCCUPATION: CHI Number: 0406694001 UNIT Number: SG00264113 ARRIVAL DATE: 30/06/09 ARRIVAL TIME: 1917 MODE: OWN REFERRAL BY: GP
ADDRESS	ADDRESS: 55 HODDAM AVENUE FLAT 2/2 GLASGOW OCCUPATION: POST CODE: G45 0EX TEL: 0141 583 2275
G.P. NAME	GP Name: C MCKINNON ADDRESS: CASTLEMILK HEALTH CENTRE GLASGOW G45 9AW CODE: 4975111 TEL: 0141 531 8585
ADDRESS	PRESENTING COMPLAINT: REC CASE INCIDENT TYPE: MED INCIDENT LOCATION: IND
CODE	INCIDENT LOCATION
GP DISCHARGE LETTER	
DIAGNOSIS <i>Chest pain ? cause</i>	
INVESTIGATIONS	
• X-RAYS	
TREATMENT <i>Refused to stay for M1 screen → Self d/t</i>	
CODE	
PLEASE PRESCRIBE	
TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE	
DOCTOR'S NAME (PRINT) <i>R. ALAN</i>	CODE <i>STRALUP</i>
(SIGNATURE) <i>[Signature]</i>	DISCHARGE TIME <i>21.10</i>
FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME <i>2110</i>	
OUT PATIENTS (PLEASE CIRCLE)	
A&E CLINIC	ORTHOPAEDIC
SURGERY	MEDICINE
EYE	E.N.T.
GYNACEOLOGY	OTHER
ADMISSION	
TO WARD <i>MAJ Self d/t</i>	
MEDICINE	SURGERY
ORTHOPAEDIC	E.N.T.
GYNACEOLOGY	OTHER

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Dr. P. S. Wiggins
Dr. [REDACTED] McKinnon
Dr P. B. Climie
Dr. M. Rennick
Dr. R. White
Dr. D. [REDACTED]



CASTLEMILK HEALTH CENTRE
71 Dougrie Drive
GLASGOW G45 9AW

Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

SCREENING CHECK LIST OF RISK FACTORS - & CONSENT FORM

ADULT VACCINATION.

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS.

Are you feeling well enough today to receive this vaccine? YES/NO

Do you suffer from any severe allergies? YES/NO

• Are you allergic to eggs? YES/NO

Have you received this vaccine before YES/NO

If yes was there any reaction? YES/NO

Do you have any illness requiring treatment or hospital attendance? YES/NO
If yes please detail

Have you received any vaccines or immunoglobulin
within the last 3 months? YES/NO
(if YES, please detail)

PATIENT CONSENT

Name Heronica Glaney Date of birth 4.6.69

I have received and understand the advice given to me and consent to the administration of the influenza vaccine.

Signature H. Glaney Date 8.10.208

P:\wordproc\secretary\miscellaneous\fluconsent\08

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NHS
Greater Glasgow
and Clyde



South East Glasgow
Community Health & Care Partnership

STEPS PCMH
Govanhill Workspace
69 [REDACTED] Road
GLASGOW
G42 8AT
Phone: 0141 433 4934
Fax: 0141 433 4936

www.glasgowsteps.com
info@glasgowsteps.com

Our Ref:

15 June 2009

19 JUN 2009

Dr Wiggins
Dougrie Drive
Glasgow
G45 9AW

Dear Dr Wiggins

NAME: Veronica Glancy
ADDRESS: Flat 2-2 55 Hodam Avenue, Glasgow, G45 0EX
DOB: 04/06/1969

Your patient was referred to us on 06/05/2009 but failed to opt-in for an assessment appointment. We have now discharged them. If you feel your patient would like to use the service in the future, please do not hesitate to refer again.

Yours sincerely

McTigue
STEPS TEAM ADMINISTRATOR

NHS Greater Glasgow & Clyde and Glasgow City Council working together in your community

D50103

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veronica Glancy 04/06/1969 S644/1/69/785

Referral for person centered counselling

Referral for person centered counselling

Veronica Glancy 04/06/1969 Female NHS: S644/1/69/785 CHI: 0406694001
Flat 2-2 55 Hoddam Ave Glasgow G45 0EX
Mobile phone 07770468162
Telephone - home 583 2275

I saw this patient today and I would be grateful if you would arrange to see them.

Reason for referral:

23/04/2009 In-house counselling lots if relationship problems in family- oldest teenage child in jail, struggles at times with day to day stress. Minimal family support to discuss feeling. Feels that through counselling she can explore her feelings about her family in a safe non judgmental enviroment. Mrs R Mc Kinney

Current relevant medication

No data recorded.

I have checked the above contact details.

It is OK / NOT OK to contact by telephone (please delete)

Counselling sessions are held on

Tuesday afternoon

Wednesday morning

Thursday morning

Thursday afternoon

Please delete if any of these times are not suitable

Signature of referrer

***** for RECEPTION STAFF *****

Please scan this into the patient's record and send to STEPS

Dr. [REDACTED]
Castlemilk Health Centre
Glasgow G45 9AW
Tel: 0141 531 8585 Fax: 8596

Mrs [REDACTED]

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23 April 2009 2:26:49pm

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SCCRS Smear Taking

Page 1 of 1



sccrs smear taking

logged on user: Jean (password expires in: 44 days)



home



person



results



practice



requests

0406694001 GLANCY, VERONICA 04 Jun 1969 FLAT 2-2, 55 HODDAM AVE, GLASGOW, C

summary	
Name	GLANCY, VERONICA
Correspondence	
CHI Address	FLAT 2-2, 55 HODDAM AVE, GLASGOW, G45 0EX
Telecoms	
Sex	Female
Date of Birth	04 Jun 1969
Health Board	NHS Greater Glasgow & Clyde
Excluded	No
Legacy Cytology	
current management	
Status	Routine
Recall Date	07 May 2011
Most Recent Exam	07 May 2008
Most Recent Result	Negative
Most Recent Advice	Routine Recall
Last Event	Routine Result Mailer
cervical cytopathology request	
New	
Total	1
Open	0
Complete	1

[https://sccrs.nds.scot.nhs.uk/sccrs/SmearTakers/\(hk3nsczeczmq2zv45iqopnk55\)/Forms/P...](https://sccrs.nds.scot.nhs.uk/sccrs/SmearTakers/(hk3nsczeczmq2zv45iqopnk55)/Forms/P...) 23/05/08

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STEPS PCMHT
Govanhill Workspace
69 [REDACTED] Road
GLASGOW
G42 8AT
Phone: 0141 433 4934
Fax: 0141 433 4936

www.glasgowsteps.com
info@glasgowsteps.com

Our Ref:

12 MAY 2009

06 May 2009

Veronica Glancy
Flat 2-2 55 Hodam Avenue
Glasgow
G45 0EX

Date of Birth: 04/06/1969

Dear Veronica

Dr Wiggins has asked me to offer you an appointment at the assessment clinic. This will let us see which STEPS service is best suited to your needs. Please opt-in to the assessment clinic either by:

- phoning [REDACTED] McTigue, the STEPS administrator (433 4934)
- emailing [REDACTED] mctigue@glacomen.scot.nhs.uk)
- using the enclosed form and pre-paid envelope

Once I receive your opt-in form, I will send an appointment for my assessment clinic. You should be seen within 6 week(s) after sending back your form.

If you do not feel this service is for you could you let us know and then please see your GP to discuss other options or take a look at our website (www.glasgowsteps.com) to see what else STEPS can offer. If we do not hear from you within two weeks we will assume you do not want an appointment and will discharge you.

Yours sincerely

[REDACTED]
STEPS TEAM

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Veronica Glancy 04/06/1969 S644/1/69/785

Depression questionnaire (HADS)

Depression questionnaire (HADS)

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. ☐ each item and underline the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.



I feel tense or 'wound up': 2 ✓ Most of the time A lot of the time From time to time, occasionally Not at all	I feel as if I am slowed down: Nearly all the time Very often 1 ✓ Sometimes Not at all
I still enjoy the things I used to enjoy: 1 ✓ Definitely as much Not quite so much Only a little Hardly at all	I get a sort of frightened feeling like 'butterflies' in the stomach: Not at all Occasionally 2 ✓ Quite often Very often
I get a sort of frightened feeling as if something awful is about to happen: 3 ✓ Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all	I have lost interest in my appearance: Definitely I don't take as much care as I should 1 ✓ I may not take quite as much care I take just as much care as ever
I can laugh and see the funny side of things: As much as I always could Not quite so much now 2 ✓ Definitely not so much now Not at all	I feel restless as if I have to be on the move: Very much indeed Quite a lot 1 ✓ Not very much Not at all
Worrying thoughts go through my mind: A great deal of the time 2 ✓ A lot of the time From time to time but not too often Only occasionally	I look forward with enjoyment to things: As much as ever I did Rather less than I used to 2 ✓ Definitely less than I used to Hardly at all
I feel cheerful: Not at all 2 ✓ Not often Sometimes Most of the time	I get sudden feelings of panic: Very often indeed 2 ✓ Quite often Not very often Not at all
I can sit at ease and feel relaxed: Definitely Usually 2 ✓ Not often Not at all	I can enjoy a good book or radio or TV programme: Often 1 ✓ Sometimes Not often Very seldom

Now check that you have answered all the questions



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26-Dec-2007 16:38 Glasgow Emergency Medical Serv 01416166257

1/1

Call No: 2015065	CHI No: 040669400	Date: 26 Dec 2007	NHS 24 No: 5257986
Patients Name: Veronica Glancy		D.O.B. Age: 04/06/1969 38 Y	Callers Name
Address Today: 2/2 55 Hoddam Avenue Castlemilk		Home Address if different: 2/2 55 Hoddam Avenue Castlemilk	
Post Code: Glasgow Intercom/Buzzer Entry G45 0EX		Post Code: Glasgow G45 0EX	
Phone Number: (0141) 583 2275		Call Type: Pto Contact pract < 36	
Name of GP: McKinnon C		Time Call Received at NHS 24: 15:30	
Surgery: 338 Castlemilk Health Centre		Time Details Received at GEMS: 15:48	
Practice Number: 338		Time Patient Arrived:	
Fax Number: 01415318596		Consultation Start time:	
Speed Dial: 050V		Consultation End time:	
Dispatched To: No Action By GEMS			
Clinical Information WORSENING BLEEDING PV TODAY SEE A/V Clinical summary created by: (Nurse Advisor) (Glasgow) [26/12/2007 15:47:54] WORSENING PV BLEEDING FOR 2/7 AND CHANGING TOWELS EVERY HOUR FOR PAST 9 HOURS, FEELS TIRED, HAVING SEVERE ABDO PAIN WHICH SEEMS TO BE LESS TODAY, BLEEDING SINCE 7TH DECEMBER, RECENT CONTRACEPTIVE INJECTION, DECLINED TO ATTEND PCEC TONIGHT, WILL CALL BACK IF WORSENS/ PERSISTS, HAS GP APPOINTMENT TOMMOROW AM.			
Primary Care Nurse			
BP: /	Pulse	Temp: °C	Allergies
Clinicians Notes			
Referral: Seen by Dr: Rota No: Nurse:			

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Primary Care Division

STRICTLY CONFIDENTIAL

Dr S McPhilomy
Castlemilk Health Centre
71 Dougrie Drive
Glasgow
G45 9AW

Perinatal Mental Health Service
Department of Psychiatry
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Date 14 January 2008
Your Ref
Our Ref RC/HK

Direct Line 0141 232 7637
Extension
Fax 0141 232 7636

NHS
Greater Glasgow
and Clyde

121 JAN 2008

Dear Dr McPhilomy

**Re: Veronica Glancy, D.O.B. 04 06 69 (chi 4001)
Flat 2/2, 55 Hoddam Avenue, Glasgow, G45 0EX**

Veronica contacted us in advance of her appointment to say that she did not wish to attend and felt that she did not need further appointments. I know that she has engaged with the PACT Team and that, when I saw her in November, things were going relatively well. She does have a number of ongoing social pressures however and longstanding disadvantage. I have not sent her out a further appointment at present but if you or your health visitor felt that she would benefit and was willing to attend I would be more than happy to try to see her again.

Yours sincerely


Dr Roch Cantwell
Consultant Psychiatrist

Cc: Rhonda McKinnie, Health Visitor
[REDACTED] Lenaghan, PACT Team, C/o Castlemilk Community Centre, 121 Castlemilk Drive,
G45 9UG



D370787

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71 Dougrie Drive
Glasgow
G45 9AW

Perinatal Mental Health Service
Department of Psychiatry
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Date 05 December 2007
Your Ref
Our Ref RC/HK

Direct Line 0141 232 7637
Extension
Fax 0141 232 7636

NHS
Greater Glasgow
and Clyde

11 4 DEC 2007

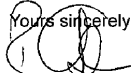
Dear Dr McPhilomy

Re: Veronica Glancy, D.O.B. 04 06 69 (chi 4001)
Flat 2/2, 55 Hoddam Avenue, Glasgow, G45 0EX

I reviewed Veronica on 23 November 2007.

As you know her [REDACTED] was born on 28 September 2007. She told me that her mood was low and that she was crying frequently and not eating. She described a range of ongoing social pressures including her [REDACTED] recent release from jail, with a return to jail for her again due in December. Her [REDACTED] is currently pregnant. Her oldest [REDACTED] has also been in trouble and she believes he is due to have a jail sentence in the near future. At interview however I found her mood to be reactive and appropriate. She felt that she was coping well with her [REDACTED] and said that she was getting regular support from the PACT Team. She was happy for me to copy letters to them and I have arranged to see her again in January to review her progress.

Yours sincerely


Dr Roch Cantwell
Consultant Psychiatrist

Cc: Rhonda McKinnie, Health Visitor
[REDACTED] Lenaghan, PACT Team, C/o Castlemilk Community Centre, 121 Castlemilk Drive,
G45 9UG



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Dr S McPhilomy
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71 Dougrie Drive
Glasgow
G45 9AW

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Department of Psychiatry
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1345 Govan Road
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G51 4TF

Date 05 December 2007
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Direct Line 0141 232 7637
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14 DEC 2007

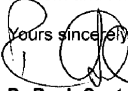
Dear Dr McPhilomy

Re: Veronica Glancy, D.O.B. 04 06 69 (chi 4001)
Flat 2/2, 55 Hoddam Avenue, Glasgow, G45 OEX

I reviewed Veronica on 23 November 2007.

As you know her [redacted] Devon was born on 28 September 2007. She told me that her mood was low and that she was crying frequently and not eating. She described a range of ongoing social pressures including her [redacted] recent release from jail, with a return to jail for her again due in December. Her [redacted] is currently pregnant. Her oldest [redacted] has also been in trouble and she believes he is due to have a jail sentence in the near future. At interview however I found her mood to be reactive and appropriate. She felt that she was coping well with her [redacted] and said that she was getting regular support from the PACT Team. She was happy for me to copy letters to them and I have arranged to see her again in January to review her progress.

Yours sincerely


Dr Roch Cantwell
Consultant Psychiatrist

Cc: Rhonda McKinnie, Health Visitor
[redacted] Lenaghan, PACT Team, C/o Castlemilk Community Centre, 121 Castlemilk Drive,
G45 9UG

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ECCI E-mail subject line Minor Surgery Clinic, 0406694001, Glancy, Veronica

Clinic	Day Date	Time	Hospital No.
--------	-------------	------	-----------------

Appointment category **Routine**

*Glasgow South - Victoria Infirmary

20 November 2007

CHI **0406694001**Please arrange for this patient to attend **Minor Surgery Clinic**

Surname **Glancy**
Forename **Veronica**
Address **Flat 2-2, 55 Hoddam Ave**

Glasgow

Post code **G45 0EX**
Previous name
" address

Previous hospital attendance None

*Glasgow South - Victoria Year
Infirmary

Unit number Unit No

Ambulance Required Yes/No

Date referral initiated 20/11/2007
Date referral printed 20 November 2007

Title **Miss**
Date of birth **04/06/1969**

Tel Home: **583 2275**Dr **McKinnon**

Castlemilk Health Centre
71 Dougrie Drive, Glasgow G45 9AW
0141 531 8585 fax 0141 531 8596
Clinical@GP49361.glasgow-hb.scot.nhs.uk
Practice Number 49751

Dear Doctor

I would be grateful if you could see this 38 year old who has an 8 mm cyst on the left side of her neck at the hairline. This has been present for over a month and was initially infected and she was treated with oral Clarythromycin (she is allergic to Penicillin). The inflammation and pain has completely settled now but I would be grateful if you could see her with a view to having this excised.

Yours sincerely

Significant medical history

23/12/1987 Normal delivery girl 3.35
06/08/1989 Normal delivery male 3.29
05/06/1996 Ovarian cystectomy L ovarian cyst - benign
31/07/1997 Hydrotubation of fallopian tube L ovary - normal / R ovary - adhesions
01/09/1997 Left salpingoophorectomy dissection of adhesions
01/05/1999 Normal delivery male 2.82kg
01/05/1999 Asthma
10/03/2005 Overdose of drug also in 2001, 2000 and 1993
23/03/2005 Anxiety with depression
14/11/2005 Open wound of wrist, unspecified self harm
28/09/2007 Normal delivery Boy, 2kg 18g, 7/1, 9/5

Dr **Dalton**
GP Locum

1 of 2

Veronica Glancy, 0406694001

Current repeat medication / known allergies and sensitivities

23/02/2007 CO-CODAMOL tabs 8mg+500mg 2 TABLETS TO MAXIMUM 4 TIMES DAILY AS REQUIRED FOR PAIN 224

23/03/2007 BECLOMETASONE inh 100micrograms/actuation 2 PUFF TWICE A DAY USED REGULARLY WILL REDUCE WHEEZE 1

19/06/2007 SALBUTAMOL cfc free inh 100micrograms/inhalation 2 PUFFS INHALED WHEN REQUIRED WHEEZE UP TO FOUR TIMES A DAY 1

20/12/2006 H/O: drug allergy PENICILLIN G inj 600mg/vial O/E - allergic rash

THIRD PARTY COPY

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SCCRS Smear Taking

Page 1 of 1



sccrs smear taking

logged on user: Jean (password expires in: 21 days)



home



person



results



practice



requests

0406694001 GLANCY, VERONICA 04 Jun 1969 FLAT 2-2, 55 HODDAM AVE, GLASGOW, C



Results

Exam Date	Event	Style	Lab No.	Result	Recall Advice	Infection	S
26 May 2005	CCS	CCS	05014695 200605AI	NEGATIVE	3 YEARS		L
26 May 2005	CCS	CCS	05014695 200605AI	NEGATIVE	3 YEARS		L
11 Mar 2004	CCS	CCS	CY4002366 070404EH	NEGATIVE	1 YEAR		L
11 Mar 2004	CCS	CCS	CY4002366 070404EH	NEGATIVE	1 YEAR		L
24 Jul 2003	CCS	CCS	CY007171 220803AI	BNC	6 MONTHS		L
24 Jul 2003	CCS	CCS	CY007171 220803AI	BNC	6 MONTHS		L
09 Nov 1998	CCS	CCS	CY9814976 081298EH	NEGATIVE	3 YEARS		L
09 Nov 1998	CCS	CCS	CY9814976 081298EH	NEGATIVE	3 YEARS		L
15 Aug 1996	CCS	CCS	CY9609562 020996EH	NEGATIVE	1 YEAR		L
15 Aug 1996	CCS	CCS	CY9609562 020996EH	NEGATIVE	1 YEAR		L

1 2 3

Page

back

[https://sccrs.nds.scot.nhs.uk/sccrs/SmearTakers/\(jjkswlrafto30ibmn4nwtstid\)/Forms/P...](https://sccrs.nds.scot.nhs.uk/sccrs/SmearTakers/(jjkswlrafto30ibmn4nwtstid)/Forms/P...) 19/11/2007

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03.OCT.2007 08:35 01412012202

SGH MIDWIVES

#4155 P.001 /002

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD GLASGOW, G51 4TF
TEL: 0141 201 1100

OBSTETRICS & GYNAECOLOGY DEPARTMENT

MATERNITY DISCHARGE DETAILS

NAME: GLANCY, VERONICA MARITAL STATUS: SIN UNIT NO: SG00264113
DOB: 04/06/69 GP: MCKINNON, [REDACTED] C ACCT NO: LP0052745/07
ADDRESS: 55 HODDAM AVENUE ADDRESS: CASTLEMILK HEALTH CENTRE
FLAT 2/2 GLASGOW
G45 0EX TEL: 0141 531 8585
Discharge Address SAME ADDRESS Discharge Date: 02/10/07
(If different from above): FLAT2/2

Postal Code:

Tel No: 583 2275

03 OCT 2007

Discharge Hb:

Date:

Guthrie (Y/N):

Date:

Artificial Formula Y/N: Y

B.C.G. (Y/N):

Date:

Breastfeeding - EBM Y/N:

Rubella Immune Y/N: Y

Discharge Weight: 2 Kg. 210 g

Cord: ON

MEDICATIONS

Mother:

Rhesus Factor:

Anti-D Reqd Y/N?

Anti-D Date

Mother Rh Factor: POSITIVE

FOLLOW UP

GP: Y

Consultant:

Date: 6/52

For Paediatric Follow Up Y/N: Y

DISCHARGE COMMENT

[REDACTED] BOTTLE FEEDING WELL PU BO HAS FOLLOW UP FOR HEARING SCREEN APPT TO BE SENT
EYES STICKY CLEANSED WITH NORMASOL. SWABS TAKEN

Mother: POSTNATALLY WELL HAS Hx OF DEPRESSION AND HAS PERINATAL TEAM REFERRAL APPT
WILL BE SENT OUT

COMMUNITY MIDWIFE NOTE (See Below)

NHS Confidential: Personal data about a patient

03.OCT.2007 08:35 01412012202

SGH MIDWIVES

#4155 P.002 /002

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF

Tel: 0141 201 1100

OBSTETRICS & Gynaecology Department

RECORD OF DELIVERY

NAMR: [REDACTED] DOB: 28/09/07 GP: DR [REDACTED] DC
 ADD: 55 HODDAM AVENUE UNIT NO: SG03211473 ADD: CASTLEMILK HEALTH CR
 ACCT NO: NB0002491/07 GLASGOW
 G45 0EX 045 9AW
 NAME: GLANCY, VERONICA CON: [REDACTED]

DETAILS

DOB: 04/06/69 Unit No: U#SG 00264113 Consultant: DR HOOD
 Parity: 3 + 0
 Gestation: 37 Weeks + 6 Days Blood Group: A Rh Factor: POSITIVE

Labour: INDUCED
 Third Stage: COMPLETED
 Blood Loss: 100 ml Post-Natal Thromboprophylaxis? N
 P.R.M. Y/N: N
 Perineum: INTACT Sutured: Y/N N
 Remarks:

Delivery FROM WARD 47 FOR ARM, PROGRESSED QUICKLY TO SVD OF LIVE BOY
 Comment:

DELIVERY DETAILS

Delivery Date: 28/09/07 at: 1616 Delivery Type: SVD
 Induction Date: 27/09/07 at: 2135
 Delivery Room: 5

Anaesthetic Y/N: N

Anaesthetic:

Anaesthetist:

Scrub Midwife:

DAA:

Other:

Analgesia: EQUANOX

Delivery Midwife:

Delivery Midwife: ST/M [REDACTED] S/R.C. WOOD

Delivery Dr:

Delivery Dr:

Paed:

DETAILS

Gender: BOY Weight: 2 Kg. 18 g
 Live/Still: LIVE Prem/Mat: MATURE

APGARS . 7 . 9
 -01- -05- -10-

Congenital Abnormalities: NAD

Mother to Ward: S47

[REDACTED] to Ward: S47

Vit K Given Y/N: Y

Completed By: NU.SHIMR SHIELDS, [REDACTED]

on: 28/09/07 at: 1828 Team:

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NHS
Greater Glasgow
and Clyde



South East Glasgow
Community Health & Care Partnership

Referral form sent to PACT team with
Additional info. as detailed

11.7 Sep 2011

NHS Greater Glasgow & Clyde and Glasgow City Council working together in your community

DS0110

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South East Glasgow
Community Health & Care Partnership

17 SEP 2007

Veronica Glancy

The above woman is pregnant with [REDACTED] 13/10/07.
She has been booked in to attend the Southern General Hospital for antenatal care and delivery. She initially came to our attention following refusal to attend the midwife.

She has a long history of depression and anxiety. She also has a history of self harm including numerous overdoses. Although she has been on antidepressants none of them helped her she stated.

Veronica agreed for an urgent referral to the Perinatal Unit at the Southern General for assessment and her initial appointment is on 14/09/07.

Veronica has resided in the Balloch area and only recently moved to the Castlemilk area. She has family locally. [REDACTED] (who is the father of this [REDACTED] is still in contact with her and they have shared care of their 8 year old [REDACTED] who apparently has ADHD.

She had previous involvement with Social Work when her oldest 2 children were young. There has been no Social Work involvement with [REDACTED] I have spoken to the family's previous [REDACTED] Jeanette Darroch 01389608080 who advised me that the two eldest children had spent some time in care when young due to Veronica's poor coping and parenting skills. She confirmed there had been no Social Work involvement with [REDACTED] She advised me that Veronica copes satisfactorily when children are [REDACTED] however as they become older she struggles.

At present I feel Veronica would benefit from individual work which could address her emotional needs and increase her resilience. I also feel a comprehensive assessment requires to be done to look at her overall ability to care for her expected [REDACTED]

NHS Greater Glasgow & Clyde and Glasgow City Council working together in your community

D50103

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Primary Care Division

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Dr S McPhilomy
 Castlemilk Health Centre
 71 Dougrie Drive
 Glasgow
 G45 9AW

Perinatal Mental Health Service
 Department of Psychiatry
 Southern General Hospital
 1345 Govan Road
 GLASGOW
 G51 4TF

NHS
 Greater Glasgow
 and Clyde

Date 19 September 2007
 Your Ref
 Our Ref RC/HK

25 SEP 2007

Direct Line 0141 232 7637
 Extension
 Fax 0141 232 7636

Dear Dr McPhilomy

Re: Veronica Glancy, D.O.B. 04 06 69 (chi 4001)
Flat 2/2, 55 Hoddam Avenue, Glasgow, G45 OEX

Many thanks for referring this 38 year old woman, currently in her fourth pregnancy with an expected date of delivery of 13 October 2007. You were concerned about low mood and I saw her at your urgent request on 14 September 2007.

Veronica told me that this pregnancy, her fourth, was unplanned. She is due to deliver at the Southern General Hospital on 13 October 2007. She is estranged from the father of this child and had moved from Balloch to Glasgow in December because of difficulties where she had been living. She told me that she had been threatened there by drug dealers in connection with the problems with [REDACTED]. Since moving she sees [REDACTED] around once a week and has regular phone contact with him. There are a number of other stressors at present in that her eight year old [REDACTED] has recently been diagnosed with ADHD and her 18 year old [REDACTED] has just become pregnant. Veronica describes continuing nausea and vomiting throughout this pregnancy and admitted to being a little anxious about how she would cope in the postnatal period. With regard to her current mood she describes it as "coming and going", with daily changes. Triggers tend to be difficulties in her life or upsetting conversations and at times when she feels lowest she describes not being bothered to go out or do anything. She finds it best to keep herself as occupied as possible. She could identify no particular patterns to her mood and described things at present as "seven out of ten", saying this was a good day but the previous two days had not been.

Past Psychiatric History

Veronica told me that she first took an overdose at age 16 when she was staying in hostel accommodation. She believes she has harmed herself on approximately four occasions in all and described each as occurring without planning or forethought, in the context of acute stressors. Over the year she describes depressed mood coming on out of the blue and lasting for around one to two weeks at a time.

Continued



D370787

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Re: Veronica Glancy, (cont.)

She has been treated with a variety of antidepressants in the past but says that frequently she will not stay on them for any great length of time and was not convinced that any were particularly helpful. She has, on one occasion, gone to a counsellor and said that this was of some help but that she did not stick with it. Veronica was adamant that, since her [REDACTED] death by suicide five years earlier, she could not harm herself again because of the effect on the family. However, I note in your and her health visitor's letter an overdose in March 2005 and a cut to her wrists in November 2005.

Background

Veronica is the youngest of six [REDACTED]. Her father died when she was aged six of an MI and her mother approximately fourteen years ago of cirrhosis of the liver. Her eldest [REDACTED] has been treated with antidepressant medication and has suffered alcohol problems. Her [REDACTED] had also suffered alcohol problems and had died following cutting her wrists. However, Veronica is of the opinion that her [REDACTED] death may have occurred in the context of an argument with her then [REDACTED]. She described no early life difficulties but said that at [REDACTED] she fell in "with a bad crowd". Her behaviour became more disruptive, including coming to the attention of the [REDACTED]. She left [REDACTED] at 11 and was moved to a residential childrens home being described as "outwith my mother's control". She began to drink to excess, was sniffing glue and said she used other drugs at the time. She had a number of childrens panel hearings and overall was in the childrens home to 15 years of age. She said her [REDACTED] at that time was intermittent and she left with no qualifications. She stayed with [REDACTED] [REDACTED] for approximately two years and then in hostel accommodation. Her first pregnancy was at 17 and she eventually moved in with the father of that child. She has a 20 year old [REDACTED] an 18 year old [REDACTED] both of whom have the same father. They now live away from home. She told me that her eldest [REDACTED] has had problems with the [REDACTED] and she believes he has also suffered from ADHD. Her younger [REDACTED] aged eight, has the same father as this pregnancy. She shares the care of her eight year old with [REDACTED] seeing him mostly at weekends. He has a recent diagnosis of ADHD.

Veronica told me that she was on no medication at conception and is not taking anything now. She smokes around 40 cigarettes a day and has not modified this during pregnancy. Her alcohol intake is minimal and she denies any drug misuse. Currently she described debts but says that she doesn't care about them and that she will deal with it when it becomes a problem. She has no current contact with social services and said that she did not want them "back in my life".

There is no significant past medical history but she does describe a rash with penicillin in the past.

Mental State Examination

At interview Veronica showed appropriate self care and talked freely of her difficulties. At times, conversation was a little difficult to follow and I felt that she had problems understanding themes of conversation. Her mood showed appropriate reactivity during the interview and there was no current evidence of suicidal ideation.

Continued

NHS Confidential: Personal data about a patient

Re: Veronica Glancy, (cont.)

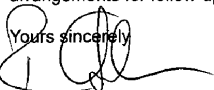
Thoughts were concerned with some anxieties about how she might cope postnatally and worries about her eight year old ■■■. There was no evidence of psychotic symptoms.

Conclusion

Veronica describes longstanding fluctuating moods with a history of impulsive self harm. Her social circumstances are somewhat chaotic and it is difficult to know who she can rely on clearly for support. She describes a deprived and disrupted upbringing with inconsistencies of care and ongoing disruption in her children's lives. There are a number of social pressures. I did not feel that she was currently significantly depressed but that she has longstanding dysthymic traits and impulsivity. Her educational attainment is low and she did acknowledge difficulties in reading and writing which I suspect also undermine her sense of ability to cope. It may be that her learning difficulties are a little more significant and she would undoubtedly benefit from help with this. Veronica was not keen on antidepressant medication and indeed I did not feel it would be of significant benefit to her at present. However I do think it important that we review her mental state in the postnatal period and she was happy for our service to be contacted once she has delivered so that we can arrange follow-up at that stage and review the need for any additional supports. Veronica herself was somewhat sceptical about support from social services or help with daily living skills but perhaps if we remain engaged with her, she may come round to seeing these as useful.

I will ask the postnatal wards to let us know once she delivers so that we can make appropriate arrangements for follow-up.

Yours sincerely


Dr Roch Cantwell
Consultant Psychiatrist

Cc: Rhonda McKinnie, Health Visitor
Dr Hood, Consultant Obstetrician, SGH
Community Midwifery Team, SGH

Ps Your health visitor kindly contacted us as well to let us know that she had referred Veronica to the PACT Team for assessment and additional support. This sounds like it would be very helpful for her.

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3

ACCIDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY

NHS
Glasgow
Clyde

(BLOCK) SURNAME: GLANCY	DOB: 04/06/69 AGE: 38 SEX: F	A/E Number: AE0080571/07
FORENAME: VERONICA	OCCUPATION:	CHI Number: 0406694001
ADDRESS: FLAT 2-2 55 HODDAM AVENUE GLASGOW		UNIT Number: S000264113
POSTCODE: G45 0EX TEL:		ARRIVAL DATE: 09/09/07
		ARRIVAL TIME: 0916
		MODE: OWN
		REFERRAL BY: GP

GP Name: C MCKINNON	PRESENTING COMPLAINT: REC CASE
ADDRESS: CASTLEMILK HEALTH CENTRE GLASGOW G45 9AW	INCIDENT TYPE: MED
CODE: 4975111 TEL: 0141 531 8585	INCIDENT LOCATION: IND

10 SEP 2007

POST CODE

G.P.

ADDRESS

CODE

GP DISCHARGE LETTER

DIAGNOSIS *Musculoskeletal chest pain*

INVESTIGATIONS *ECG - (N) Bloods (N)*

X-RAYS

TREATMENT *Advised to analgesia in pregnancy
Nil to suggest PTE or severe infection*

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) *W. Hutton* CODE

(SIGNATURE) *[Signature]* DISCHARGE TIME *1300*

FOLLOW UP NOT ARRANGED / ARRANGED DATE		TIME	
OUT PATIENTS (PLEASE CIRCLE)		ADMISSION	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNACEOLOGY	OTHER	GYNACEOLOGY	OTHER

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NHS Confidential: Personal data about a patient

09/09 2007 11:17 FAX

001/001

Call No: 1946860	Date: 09/09/2007 06:24	NHS 24 No: 134428
Patients Name: Veronica [REDACTED]	D.O.B: 04/06/1969 Age: 38 years	Callers Name: Relationship:
Address Today: 2/2 55 Hoddam Avenue Castlemilk Glasgow Post Code: G45 0EX Phone Number: 0141 583 2275	Home Address if different: 2/2 55 Hoddam Avenue Castlemilk Glasgow Post Code: G45 0EX Call Type: PTS within 4 Hrs	
Name of GP: McKinnon,C(338)	Time Call Received at NHS 24: 09/09/2007 06:05:29	
Surgery: 338 Castlemilk Health Centre	Time Details Received at GEMS: 09/09/2007 06:24:20	
Practice Number:	Time Patient Arrived: 09/09/2007 08:37:45	
Fax Number: 0141 531 8596	Consultation Start time:	
Speed Dial: 050V	Consultation End time:	
Dispatched To: Victoria		
Clinical Information PAIN IN LEFT LUNG, SEE A/VClinical summary created by: (Nurse Advisor) (Glasgow) [09/09/2007 06:23:06] LEFTR LUNG BASE PAIN FOR WORSENER TONIGHT AND COMMENCED ERYTHROMYCIN LAST TUESDAY FOR LUNG/CHEST INFECTION. FEVERISH AND PAIN RETURNED TONIGHT. SLIGHT BREATHLESS,PATIENT 35 WEEKS PREGNANT 4TH PREGNANCY [REDACTED] 13/10/2007 PCEC WITH TRANSPORT 4HR		Examination Results: HEAD AND NECK Temperature 36.30 C HEART Pulse 60 Pulse character Rhythm regular
Clinicians Notes Pain had been gone since Friday & started again yesterday, worsening overnight. No Paracetamol taken. pain worse on inspiration ,cough unwell ? exclude pleurisy refer medics [note 35 weeks pregnant]		
Prescription Items:		
Clinical Code/s: H06z1 Lower resp tract Infection		
Informational Outcome: Hospital Referral		
Referral: RECEIVING PHYSICIAN		Consulting Clinician:

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Call No:	1946860	CHI No:	0406694001	Date :	09 Sep 2007	NHS 24 No:	134428
Patients Name:	Veronica Glancy	D.O.B.	Age	04/06/1969	38 Y	Callers Name	
Address Today:	2/2 55 Hoddam Avenue Castlemilk	Home Address if different	2/2 55 Hoddam Avenue Castlemilk	Glasgow			
Post Code:	Glasgow Intercom/Buzzer Entry G45 0EX	Post Code:	G45 0EX	Call Type	PTS within 4 Hrs		
Phone Number	(0141) 583 2275	Name of GP:	McKinnon C	Time Call Received at NHS 24:	06:05		
Surgery	338 Castlemilk Health Centre	Time Details Received at GEMS:	06:24	Time Patient Arrived:			
Practice Number	338	Consultation Start time:		Consultation End time:			
Fax Number	01415318596						
Speed Dial	050V						
Dispatched To	VICTORIA						
Clinical Information	PAIN IN LEFT LUNG. SEE A/Clinical summary created by: (Nurse Advisor) (Glasgow) [09/09/2007 06:23:06] LEFTR LUNG BASE PAIN FOR WORSENERD TONIGHT AND COMMENCED ERYTHROMYCIN LAST TUESDAY FOR LUNG/CHEST INFECTON. FEVERISH AND PAIN RETURNED TONIGHT. SLIGHT BREATHLESS.PATIENT 35 WEEKS PREGNANT 4TH PREGNANCY ■■■ 13/10/2007 PCEC WITH TRANSPORT 4HR						
Primary Care Nurse							
BP:	/	Pulse		Temp:	°c	Allergies	
Clinicians Notes							
Referral:	Seen by Dr:	Rota No:	Nurse:				

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STRICTLY CONFIDENTIAL

Ms V Glancy
Flat 2-2
55 Hoddam Avenue
Glasgow
G45 0EX

Perinatal Mental Health Service
Department of Psychiatry
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Date 17 August 2007
Your Ref
Our Ref RC/EA/

Direct Line 0141 232 7637
Extension
Fax 0141 232 7636

22 AUG 2007

Dear Ms Glancy (Chi: 0406694001)

You have been referred to our service for a psychiatric assessment by Dr McPhilomy. If you would like an appointment to attend the outpatient clinic please telephone me on **0141 232 7637**, between 9.00am – 5.00pm, Monday to Friday.

If I do not hear from you within the next 10 days I will assume that you do not wish to be seen and you will be discharged from our service.

Yours sincerely



Killen
Administrator

Cc: Dr McPhilomy, Castlemilk Health Centre, 71 Dougrie Drive, Glasgow
Rhonda McKinney, Health Visitor

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04-Sep-2007 15:05 Glasgow Emergency Medical Serv 01416166257

2/10

Call No:	1942858	CHI No:	0406694001	Date :	01 Sep 2007	NHS 24 No:	109892
Patients Name:	Veronica Glancy		D.O.B. Age		04/06/1969 38 Y		
Address Today:	2/2 55 Hoddam Avenue Castlemilk		Home Address if different 2/2 55 Hoddam Avenue Castlemilk				
Post Code:	Glasgow Intercom/Buzzer Entry G45 0EX		Glasgow				
Phone Number	(0141) 583 2275		Post Code:		G45 0EX		
Name of GP:	McKinnon C		Call Type		Pt to Contact Midwife		
Surgery	338 Castlemilk Health Centre		Time Call Received at NHS 24:		19:59		
Practice Number	338		Time Details Received at GEMS:		20:17		
Fax Number	01415318596		Time Patient Arrived:				
Speed Dial	050V		Consultation Start time:				
Dispatched To	No Action By GEMS		Consultation End time:				
Clinical Information PREGNANT, NO MOVEMENT 1/7 SEE AV/Clinical summary created by: (Nurse Advisor) (Glasgow) (01/09/2007 20:20:24) NO FETAL MOVEMENTS FOR 21 HOURS AND 4TH PREGNANCY, 35 WEEKS PREGNANT, NOT FELT FETAL MOVEMENTS SINCE LAST NIGHT, SLIGHTLY BREATHLESS NOT USING INHALERS, BURNING SENSATION ON VOIDING, CONTACTED LABOUR WARD AT SGH AND TRANSFERRED TO MIDWIFE							
Primary Care Nurse							
BP:	/	Pulse		Temp:	°C	Allergies	
Clinicians Notes							
Referral:							
Seen by Dr:		Rota No:		Nurse:			

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02-Jul-2007 22:48 Glasgow Emergency Medical Serv 01416166257

1/1

Call No: 1908126	CHI No: 040669400	Date: 02 Jul 2007	NHS 24 No: 4715302
Patients Name: Veronica Glancy	D.O.B. Age: 04/08/1969 38 Y	Callers Name	
Address Today: 2/2 55 Hoddam Avenue Castlemilk Glasgow Intercom/Buzzer Entry	Home Address if different: 3/11 [REDACTED] Street Alexandria		
Post Code: G45 0EX	Post Code: G83 0PG		
Phone Number: (0141) 583 2275	Call Type: Pt to Contact Midwife		
Name of GP: McKinnon C	Time Call Received at NHS 24: 22:01		
Surgery: 338 Castlemilk Health Centre	Time Details Received at GEMS: 22:29		
Practice Number: 338	Time Patient Arrived:		
Fax Number: 01415318596	Consultation Start time:		
Speed Dial: 050V	Consultation End time:		
Dispatched To: No Action By GEMS			
Clinical Information PUNCHED IN STOMACH, 24/52 PREGNANT 30/60 SEE AVComments: [REDACTED] ATTACKED PT. [REDACTED] IN ATTENDANCE Clinical summary created: 02-Jul-2007 ASSAULTED BY 17 YEAR OLD [REDACTED] 45 MINS AGO, - PUNCH TO ABDOMEN, 24 WEEKS PREGNANT - MILD CRAMPY PAIN INITIALLY, NIL PV BLEEDING, ABDOMEN SOFT. LESS PMF TONIGHT. CONTACTED LABOUR SUITE, MIDWIFE ADVISED TO ATTEND, CALLER INFORMED.			
Primary Care Nurse			
BP: /	Pulse	Temp: °C	Allergies
Clinicians Notes			
Referral:	Seen by Dr:	Rota No:	Nurse:

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ECCI E-mail subject line Obstetrics , , 0406694001, Glancy, Veronica

Clinic	Day Date	Time	Hospital No.
--------	-------------	------	-----------------

Appointment category **URGENT**

Southern General N H S Trust

10 August 2007

CHI **0406694001**Please arrange for this patient to attend **Psychiatry – Perinatal Team**

Surname **Glancy**
Forename **Veronica**
Address **Flat 2-2, 55 Hoddam Ave**

Glasgow

Post code **G45 0EX**
Previous name
" address

Previous hospital attendance None
Southern General N H S Year
Trust

Unit number Unit No
Ambulance Required Yes/No

Title **Miss**
Date of birth **04/06/1969**

Tel Home: **583 2275**Dr **Mcphilomy**

Castlemilk Health Centre
71 Dougrie Drive, Glasgow G45 9AW
0141 531 8585 fax 0141 531 8596
Clinical@GP49361.glasgow-hb.scot.nhs.uk
Practice Number 49751

Date referral initiated 09/08/2007
Date referral printed 10 August 2007

Dear Doctor

I would be very grateful if you could assess this 30-year-old lady as soon as possible. She is currently 31 weeks pregnant and has a long history of depression and anxiety. She also has a history of self-harm including numerous overdoses. She has 2 grown up children as well as an 8 year old with ADHD and she is really struggling to cope with him. Her **Mcphilomy** does not **Mcphilomy** her and he is quite unsupportive from what I hear from her. Prior to pregnancy she was on Citalopram 40mg daily but when she found out she was pregnant she stopped this abruptly and has been struggling to cope ever since.

On reviewing her today she says that the Citalopram did not every really help her and made her feel quite sick, I am therefore reluctant to re-start it but she also says she has tried various antidepressants in the past and none of them really helped that much. I feel that she needs seen as soon as possible with a view to perhaps being started on medication but I am unsure which would be most appropriate in the circumstances. Unfortunately I will not be here after today but I will be passing on my concern regarding this patient to the health visitors who you could liase with in my absence. Many thanks for seeing her.

Yours faithfully

Faxed to: 201 1920

Dr **Mcphilomy**

1 of 2

Veronica Glancy, 0406694001

Significant medical history

23/12/1987 Normal delivery girl 3.35
06/08/1989 Normal delivery male 3.29
30/09/1993 Overdose of drug co proxamol
05/06/1996 Ovarian cystectomy L ovarian cyst - benign
31/07/1997 Hydrotubation of fallopian tube L ovary - normal / R ovary - adhesions
01/09/1997 Left salpingoophorectomy dissection of adhesions
01/05/1999 Normal delivery male 2.82kg
01/05/1999 Asthma
24/11/2000 Overdose of drug voltarol
23/09/2001 Overdose of drug coproxamol
10/03/2005 Overdose of drug
23/03/2005 Anxiety with depression
14/11/2005 Open wound of wrist, unspecified self harm

Current repeat medication / known allergies and sensitivities

23/02/2007 CO-CODAMOL tabs 8mg+500mg 2 TABLETS TO MAXIMUM 4 TIMES DAILY AS REQUIRED FOR PAIN 224
23/03/2007 BECLOMETASONE inh 100micrograms/actuation 2 PUFF TWICE A DAY USED REGULARLY WILL REDUCE WHEEZE 1
19/06/2007 SALBUTAMOL cfc free inh 100micrograms/inhalation 2 PUFFS INHALED WHEN REQUIRED WHEEZE UP TO FOUR TIMES A DAY 1
20/12/2006 H/O: drug allergy PENICILLIN G inj 600mg/vial O/E - allergic rash

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South Glasgow Hospitals

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
Telephone 0141-201-1100
Fax 0141-201-2999
www.nhsscotland.co.uk

NHS
Greater Glasgow
and Clyde

**Early Pregnancy Assessment Service
0141 201 2331 (Direct Line)**

Date: 7.3.07

11 2 MAR 2007

Patient Details

Veronica Gilanay

55 Hoddam Ave.

Castlemilk

G45 OEX.

Dear Dr McKinnon

The above patient has attended with vaginal bleeding/abdominal pain.

Assessment and ultrasound showed that the pregnancy is ongoing at 8+4 weeks.

FH+ve/ She has been advised to keep her ante-natal appointment as arranged.

Veronica has been advised re cigarette smoking > 40 cigs per day in respect of
maternal health / pregnancy & fetal well being / asthma

Yours sincerely,

SSmith RGN RM.

EPAS Midwife

MSGH: OHS/CIN 15828/31/04/02

Southern General Hospital • Victoria Infirmary • Mansionhouse Unit • Mearns Kirk House

SGH 1000

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WOMEN'S & CHILDREN'S DIRECTORATE

ACUTE SERVICES DIVISION - SOUTHERN GENERAL HOSPITAL

1345 Govan Road, Glasgow, G51 4TF

Tel: 0141 201 1100

Fax: 0141 201 2994

Secretary: 0141 201 2353

e:mail mhairi.carruth@sgh.scot.nhs.uk

Dr Valerie D Hood

Dr [REDACTED] J S Hawthorn

Dr [REDACTED] N Ramsay

Dr [REDACTED] Pringle

Dr [REDACTED] Gaudoin

Dr [REDACTED] Tierney

Dr [REDACTED] Hardwick

Dr Janice [REDACTED]

Dr [REDACTED] Locum Consultant

VN/MLC/264113

24/04/2007

Dr [REDACTED]

Castlemilk Health Centre

71 Dougrie Drive

Glasgow

G45 9AW

Dear Dr [REDACTED]

RE: Veronica Glancy DoB 04/06/1969 CHI 4001

55 Hoddam Ave, Glasgow, G45

Dr Hood's

Thank you for referring this 37 year old Para 3, who I met at my antenatal clinic on 26/04/07.

Her accepted [REDACTED] is 13/10/07 and she has entered the MSAFP/HCG screening programme. She is aware that it is a screening test and accepts the limitations of screening.

In the accordance with the new GGHB Guidelines for low-risk pregnant women, I should be happy to share care and have arranged to see her back at term. However, should you have any concerns in the interim regarding Veronica's pregnancy, please do not hesitate to contact the antenatal clinic and arrange for her to be seen sooner.

As part of the anti-D prophylaxis programme, if Veronica is Rhesus-negative I shall be in touch with her directly and will see her back at 28 and 34 weeks' gestation to check her antibodies and give her anti-D

Kind regards.

Yours sincerely

Vinde

DR V NELLORE
 REGISTRAR

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Call No: 1828592	CHI No:	Date: 04 Mar 2007	NHS 24 No: 4282929
Patients Name: Veronica Glancy		D.O.B. Age: 04/06/1969 37 Y	Callers Name: Veronica
Address Today: 2/2 55 Hoddam Avenue Castlemilk Glasgow		Home Address if different: 3/11 Alexander Street Alexandria	
Post Code: G45 0EX	Post Code: G83 0PG		
Phone Number: (07835) 416 975	Call Type: Dr to phone pt within 1 Hr		
Name of GP: McKinnon C	Time Call Received at NHS 24: 01:22		
Surgery: 338 Castlemilk Health Centre	Time Details Received at GEMS: 01:45		
Practice Number: 338	Time Patient Arrived:		
Fax Number: 01415318596	Consultation Start time: 04/03/2007 01:58:08		
Speed Dial: 050V	Consultation End time: 04/03/2007 01:59:54		
Dispatched To: VICTORIA			
Clinical Information ABDOMEN CRAMPS 48 HRS SEE A/VComments: ALSO SLIGHT SPOTTING OF BLOOD . IS PREGNANT Clinical summary created: 04-Mar-2007 9 WEEKS PREGNANT - SPOTTING PINKY/RED DISCHARGE TONIGHT X 2 , LOWER ABDO CRAMPY PAIN OVER 24HRS. NO URINE/BOWEL SYMPTOMS. PMH - ASTHMA. ADVISED RE: PARACETAMOL, & WORSENING SYMPTOMS. REFER TO SPEAK TO GP 1HR.			
Primary Care Nurse			
BP: /	Pulse	Temp: °C	Allergies
Clinicians Notes LMP 7 December - approx. 9/52 pregnant. Having mild cramps since yesterday and started to spot pink discharge tonight. No urinary/bowel upset, feels otherwise well. para 3+0			
4062			
Referral:	Seen by Dr:	Rota No:	Nurse:

2/8

07-Mar-2007 13:09 Glasgow Emergency Medical Serv 0141616166257

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UC113

Ms Veronica Glancy

Patient NINo:
NR933249A

Patient Date of Birth:
04.06.1969

Freepost RUGX-LXHK-UKEG
Glasgow BSC UC
Mail Handling Site A
Wolverhampton
WV98 2HG

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please
continue at Part 7.

1 When did your patient last see a GP?

16 / 4 / 28

2 Current conditions affecting ability to work:

Please give us details of those conditions which may have significant effect on the person's capacity to work. include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form,

Please complete **both sides** of this form,
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Anxiety with depression 2005	previous overdose + psychiatric input	Thioridazine 600mg daily
Cardiomyopathy / Insulin?	Acute MI 18-9-24	Angiotensin + insulin therapy
Focal Epilepsy 2002	previous tonic / clonic seizures and absence seizures	Remains under neurology follow up

Health Assessment Advisory Service provided by [REDACTED] on behalf of the Department for Work and Pensions
Universal Credit is operated by the Department for Work and Pensions

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UC113

About your patient - continued

NINo: NR933249A

3 Current conditions not affecting ability to work

Please list any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	☐	
Transferring between seats	☐	
Reaching	☐	
Picking up objects	☐	
Manual dexterity	☐	
Communicating with others	☐	
Continence	☐	
Learning simple tasks	☐	
Awareness of hazards	☐	
Initiating and completing personal actions	☐	
Coping with changes or social engagement	☐	
Appropriateness of behaviour	☐	
Eating or drinking	☐	

5 Does the patient have a history of threatening or violent behaviour?No ☐Yes ☐Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7****6 Could your patient travel to an examination centre by public transport or taxi?**No ☐Yes ☐Please tell us why at **Part 7****7 Additional information**

Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name
IN CAPITALSProfession
IN CAPITALS

Date

DR EISHY BROWN

GP

11 / 9 / 25

Practice stampCASTLEMILK GROUP PRACTICE
71 DOUGRIE DR, GLASGOW G45 8AW
TEL 0141 531 8585 ■ 0141 531 8596Health Assessment Advisory Service provided by ■ on behalf of the Department for Work and Pensions
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UC113

UC *Universal
Credit*

HEALTH ASSESSMENT ADVISORY SERVICE

19353 001044 0003 E 06900 112

Duty Dr
CASTLEMILK HEALTH CENTRE
71 DOUGRIE DRIVE
GLASGOW
G45 9AW

06900/3

46540

Our phone number is: 03000 927670

If you have a textphone,
you can call on: 18001 03000 927670If you get in touch with us, tell us this
reference number: NR933249A

Date: 7th September 2025

About your patient**Address**

Full Name Ms Veronica Glancy

2/1, 46, Hoddam Avenue, Glasgow, G45
0EZ

NINo NR933249A

Date of birth 4th June 1969

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

P0692971/001044/1/2

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Mr [REDACTED] Newham

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EMG

INFAI UK
The Breath Test Company**Data Report for Helicobacter ¹³C-Urea Breath Test**

Hospital / Surgery	Dr [REDACTED] & [REDACTED] Medical Centre 46 Bank Street Alexandria G83 0LS.	Test Date	14/01/2003
		Received Date	15/01/2003
		Analysis Date	15/01/2003

Patient Details

Name/PID	Veronica GLANCY	Date of Birth	04/06/1969
Tube Number	509385		
Unique ID		Machine ID	M084 - B071

Test Result

Data	T ₀ min	-22.74
	T ₃₀ min	-23.01
	Difference	-0.27

(> 4.00 per mill = Positive)

RECEIVED
16 JAN 2003

Test Result :

NEGATIVE

Approved Signature:

Comments

INFAI UK Ltd. Innovation Centre, Science Park, University Road, Heslington, YORK. YO10 5DG.
Tel 01904 435228 Fax 01904 435112 Mobile 0986 222454 Email infai@infaiuk.yrn.co.uk

Page 1 of 1

		S9H.		GYNAECOLOGICAL CYTOLOGY		HOSPITAL	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER		S	
Surname GLANCEY		Birth Date 04 06 69		CHL. Number 10714		93/ 00043	
Forenames VERONICA		Date of Examination 05 01 93		Hospital Record Number DM 66/86			
Previous Surname		Permanent Address (with postal code) 26 BRIGHTON ST. 10PR		Address Results to be sent if different		Previous Examination or Cytology Number	
Postal Code G51		Postal Code		Date of Previous Examination		MAY 91	
Name and Full Postal Address of G.P. DR. HERON GOWAN HC.		Name and Address of Sender Family Planning Centre 2 Claremont Terrace		Postal Code G3 7KR			
G.P. 1 F.P. Clinic 2 W.P. Clinic 3 Maternity 4 Gynaecology 5 G.U.M. 6 Other 7 Colposcopy 8		Reason for Smear 1st Ever Examination 1 Routine Repeat 2 Repeat of previous non-neg. 3 Other (specify) 4		Date of L.M.P. ON DEPO No. of Pregnancies 2 + 0 Age at Menopause Radiation (Pelvic) YES 1 Hormone Treatment YES 1		Contraception Nil 1 Past 2 Current 3	
Smear Type Cervical 1 Vaginal 2 Other 3		Appearance of Cervix Intact 1 Ectopy 2 Infected 3 Suspicious 4 Malignant 5					
Clinical Diagnosis and Comments Go Abdominal pain & discharge Clinical pelvic infection - given Haemol & Erit.				FOR LAB. USE ONLY Negative 1 Trich 1 Borderline 2 Yeast 2 Mild Dyskaryosis 3 Virus 3 Moderate 4 Severe 5 Other 6 Unsatisfactory 7			
Clinician's Signature Dr. Williams				Pathologist's Comments POSITIVE. Mild dyskaryosis with a few cells showing moderate dyskaryosis with viral changes. Refer to Colposcopy.			
Pathologist's Signature B. Whyte/N. Chazan P. Hoss				Date 12.1.93			

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GYNAECOLOGICAL CYTOLOGY										HOSPITAL				
USE BALLPOINT PEN FIRMLY										LAB NUMBER				
Surname				Birth Date		D M Y		← CHG Number →						
Foramen				Date of Examination				Hospital Patient Number						
Previous Surname				Address Results to be sent if different				Previous Examination or Cytology Number						
Permanent Address (with postal code)				Postal Code				Date of Previous Examination						
Name and Full Postal Address of G.P.				Postal Code				Name and Address of Sender		Postal Code				
Sender		Reason for Smear		Date of L.M.P.		Contraception		Smear Type		Appearance of Cells				
G.P.	1	1st Smear Examination	1	No. of Pregnancies	1	Oral	1	Cervical	1	Intact	1			
F.P. Clinic	2	Repeat of previous smear	2	Age at Menopause	2	Inject	2	Vaginal	2	Interv.	2			
M.W. Clinic	3	Repeat of previous smear	3	Radiation Patient	YES	Diaphragm	3	Other	3	Suspicious	3			
Menstru	4	Other (specify)	4	Hormone Treatment	YES					Malignant	4			
Gynaecology	5													
G.U. M.	6													
Other	7													
Clinical Diagnosis and Comments										FOR LAB. USE ONLY				
										Borderline		1	Iron	1
										Borderline		2	Yeast	2
										Mid Dyskaryosis		3	Virus	3
										Moderate		4		
										Severe		5		
										Other		6		
										Unsatisfactory		7		
Pathologist's Signature										Routine Repeat in 3 years		1		
Pathologist's Comments										Repeat in Months		2		
Pathologist's Signature										Refer to Gynaecology/Colposcopy		3		
Date														

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THIS FORM NOT TO BE US

264113

ATTACH ADDRESS LABEL IF DESIRED

SURNAME: GLANCY
VERONICA
ADDRESS: 49 FORTH STREET
GLASGOW G41
A. 6. 69

AGE: 31
HOSPITAL/DEPT: A&E

FAMILY DOCTOR'S NAME & ADDRESS: Dr. J. Macdonald, 11/12

PREVIOUS RUBELLA IMMUNISATION? YES/NO

PREVIOUS RUBELLA TEST? YES/NO

RUBELLA SINGLE RADIAL HAEMOLYSIS TEST

IMMUNE ☒ EQUIVOCAL ☐ SUSCEPTIBLE ☐

Low rubella level, may not be protective

Immunisation is indicated (after delivery) taking appropriate precautions.

HISTORY OF CONTACT OR ILLNESS

Off Number: M17622/87

SPECIMEN: 5, 10ml

DATE COLLECTED: 23/1/87

DOCTOR'S SIGNATURE: [Signature]

Patient's result: 10.7 mm

TS (u) (normal): 7.2 mm

TS (u) (normal): 7.2 mm

RUBELLA SUSCEPTIBILITY TEST

Date Reported: 23/1/87

Signature: [Signature]

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GYNAECOLOGICAL CYTOLOGY HOSPITAL W.L.G.(C)

USE BALLPOINT PEN FIRMLY LAB NUMBER 8V 07759

Surname *McGeever* Birth Date *10/11/72* CEN Number *1*

Forname *Erin* Date of Examination *31/12/91* Hospital Record Number *1*

Previous Surname *McGeever*

Permanent Address (with postal code) *117A ST JOHN ST* Address Results to be sent to (different) *117A ST JOHN ST* Previous Examination or Cytology Number *1*

Postcode *LS1* Date of Previous Examination *1*

Name and Full Postal Address of G.P. *LA HALLAM CENTRE* Name and Address of Sender *LA HALLAM CENTRE* Postcode *LS1*

Sender: 1 G.P. 2 F.P. Clinic 3 W.W. Clinic 4 Maternity 5 Gynaecology 6 S.U.M. 7 Other

Reason for Smear: 1 1st Ever Examination 2 Routine Repeat 3 Repeat of previous non-req 4 Other (specify) *1*

Date of L.M.P. *10/11/72* No. of Pregnancies *1* Age at Menopause *45*

Contraception: Nil 1 I.U.C.D. 2 Oral 3 Post 4 Current 3 3

Smear Type: Cervical 1 Vaginal 2 Other 3

Appearance of Cervix: 1 Infant 2 Ectopy 3 Infected 4 Suspicious 5 Malignant

Clinical Diagnosis and Comments: *No abnormality seen*

FOR LAB USE ONLY: 1 Negative 2 Borderline 3 Mild Dyskaryosis 4 Moderate 5 Severe 6 Other 7 Unsatisfactory

Trich 1 Yeast 2 Virus 3

Clinician's Signature *Erin McGeever*

Pathologist's Comments: *No abnormality seen*

Pathologist's Signature *10* Date *31/12/91*

4 Routine Repeat in 3 years 5 Repeat in Months 6 Refer to Gynaecology/Colposcopy 7

Scanned Document
08-July-2026 ERIN MCGEEVER
Additional:Scanned Document

Filename: igprda202607081537350.tif
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Pages:

NHS Confidential: Personal data about a patient

Glancy, Veronica

DoB: 04/06/1969

Report Valid On 10/01/07 14:46

Dr [REDACTED] and [REDACTED]

Page number 1:

Registration

Miss Veronica Glancy

3-4 [REDACTED]

Balloch

Alexandria

Dunbartonshire

G83 8HD

Telephone: 07835 416 975

Contact: 0794 615 1641

(mobile phone)

Email: ?

CHI Number: 0406694001

Registered GP: DR E W [REDACTED]

Service Code: Permanent

DoB: 04/06/1969

Age: 37

Seen By GP: DR [REDACTED] GLEN

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review
Citalopram TABS 20MG	28 1 Tab Daily	07/11/2005	27/11/2006	28	28
Co-Codamol 8/500mg TABS	100 2 Tabs 4 times daily	30/08/2005	27/11/2006	28	28
Beclometasone Dipropionate 200 Dose INHAL 100MCG/DOSE	1 2 Puffs morning and night	21/10/2003	27/11/2006	28	26
Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE	1 o.p. 2 puffs as needed	21/10/2003	27/11/2006	28	28
Polytar Plus SOL	350 mL Use as directed	03/07/1997	27/11/2006	28	28

Adverse Reactions

Code	Description
14L...	H/O: drug allergy
2227.	O/E - rash present
SN53.	Allergy, unspecified

Last 4 Clinical Notes

Date	Clinical Notes
15/12/2006	now [REDACTED] glasgow awaiting NP appt in Vale c/o sore L ear drum intact canal NAD reassured a
02/11/2006	Batch add
11/10/2006	Stressed and not sleeping . Problems with Social and currently in homeless unit . Not happy re prospects for re housing Add trazodone 50 mg See 1/12 ? change over to this
05/10/2006	SCI Electronic Referral

Summary Sheet: Repeat medication details

Printed at 10/01/2007 14:46:08

NHS Confidential: Personal data about a patient

Glancy, Veronica
CHI Number:0406694001

DOB:04/06/1969
Printed On: 10/01/2007

Sex:Male

Biochemistry

Urea & Electrolytes

No Events Recorded

Thyroid Function Tests

442W.00 18/01/2006 Serum TSH level [18/01/2006 - 18 Jan 2006 00:00Migration: not specified] , 0.
442W.00 18/01/2006 Serum TSH level, 2.65mU/l [442W.00]
442..00 06/09/2001 Thyroid hormone tests, 0.0006092001 {1.6} [442..00]

Liver Function Tests

No Events Recorded

PSA

No Events Recorded

Glucose

No Events Recorded

eGFR

No Events Recorded

Fasting glucose

No Events Recorded

repeat bloods for eGFR due

No Events Recorded

HbA1c

No Events Recorded

Globulins

No Events Recorded

Bone Biochemistry

No Events Recorded

carbamazepine level

No Events Recorded

Serum cholesterol

No Events Recorded

Serum HDL cholesterol

No Events Recorded

Serum HDLnon HDL cholesterol ratio

No Events Recorded

Serum triglycerides

No Events Recorded

Serum Lipids (random)

No Events Recorded

Lithium Level

No Events Recorded

Lithium within therapeutic range

No Events Recorded

Hormone

FSH

18/01/2006 Follicle stim. hormone - F.S.H, 0.00 SCI Store import no clinical review - - Sent 18/01/2

LH

No Events Recorded

Microbiology

Urine test

No Events Recorded

Pregnancy testing

07/09/1998 Urine pregnancy test positive, 0.00Positive 07/09/1998 [4654.00]

Haematology

Ferritin

No Events Recorded

Full Blood Count

424..00 18/01/2006 Full blood count - FBC, 0.00 SCI Store import no clinical review - - Sent 18/01/.

NHS Confidential: Personal data about a patient

Glancy, Veronica
CHI Number:0406694001

DOB:04/06/1969
Printed On: 10/01/2007

Sex:Male

MCV

No Events Recorded

Clotting Tests

No Events Recorded

Folate

No Events Recorded

Inflammatory and auto antibodies**Erythrocyte Sedimentation Rate**

No Events Recorded

CRP

No Events Recorded

Radiology**X rays**

No Events Recorded

Endoscopy

No Events Recorded

Colonoscopy

No Events Recorded

Ultrasound

15/11/2006 Ultrasound scan normal [585H.00]

Other**Cytology status**

26/05/2005 Cervical smear: negative (Cerv screening) [4K22.00]
11/03/2004 Cx. smear: repeat 12 months (Cerv screening) [4K47.00]
24/07/2003 Cx. smear: repeat 6 months (Cerv screening) [4K45.00]

Cytology record pre GPASS

09/11/1998 Cervical smear: negative (Cervical Screening\$\$) [4K22.00]
15/08/1996 Cx. smear: repeat 12 months (Cervical Screening\$\$) [4K47.00]
24/08/1995 Cx. smear: repeat 12 months (Cervical Screening\$\$) [4K47.00]
05/11/1993 Cx. smear: repeat 12 months (Cervical Screening\$\$) [4K47.00]

Mamography

No Events Recorded

Breath test

14/01/2003 Helicobacter breath test negative [4JM1.00]

Glucose and HbA1c

No Events Recorded

NHS Confidential: Personal data about a patient

Glancy, Veronica
CHI Number:0406694001

DOB:04/06/1969
Printed On: 10/01/2007

Sex:Male

History / Symptoms

22/06/1998 No FH: Ischaemic heart disease, 0.00 old code 12C2. new code ZD005) (batch update 22/06/1998 No FH: Stroke/TIA, 0.00 old code 12C4. new code ZD003) (batch update 06/11/2006 : c 06/01/1995 No FH: Stroke/TIA, 0.00 PQ : FHS)n (batch update 02/11/2006 : old code 12C4. new cc 06/01/1995 No FH: Ischaemic heart disease, 0.00 PQ : FHH)n (batch update 02/11/2006 : old code

LVD

No Events Recorded

Operations, Procedures

15/11/2006 Diagnostic cystoscopy [7B2A.00]
31/07/1997 Diagnostic endoscopic examination of peritoneum, 0.00 PriorityFlag= O [7H29.00]
14/06/1996 Ovarian cystectomy, 0.00 PriorityFlag= O [7E20300]

Stroke

No Events Recorded

Hypertension

No Events Recorded

Diabetes

No Events Recorded

Diagnostic and lab procedures

No Events Recorded

COPD

No Events Recorded

Asthma

22/06/1998 Asthma, 0.00 PriorityFlag= 3 [H33..00]
01/01/1991 Asthma, 0.00 PriorityFlag= O [H33..00]

Epilepsy

No Events Recorded

Hypothyroidism

No Events Recorded

Neoplasms

No Events Recorded

Endocrine/Nutrition/Metabolism/Immune Disease

No Events Recorded

Disease of blood and blood forming organs

No Events Recorded

Mental disorders

No Events Recorded

Nervous system and sense organ disease

No Events Recorded

Circulatory System disease

No Events Recorded

Respiratory System disease

No Events Recorded

Digestive System disease

No Events Recorded

Genitourinary System disease

No Events Recorded

Musculoskeletal and Connective Tissue disease

No Events Recorded

Infectious and Parasitic disease

No Events Recorded

Congenital abnormalities

No Events Recorded

Causes of injury and poisoning

No Events Recorded

Skin and subcutaneous disease

No Events Recorded

NHS Confidential: Personal data about a patient

Glancy, Veronica
CHI Number:0406694001

DOB:04/06/1969
Printed On: 10/01/2007

Sex:Male

Perinatal conditions

No Events Recorded

Symptoms/ Signs and ill defined conditions

No Events Recorded

THIRD PARTY COPY

Page:2 * END OF REPORT *

NHS Confidential: Personal data about a patient

Consultation narrative from 1st April 2006 -electronic records, no A4 case note entry.

Forename Veronica **Surname** Glancy
DateOfBirth 04/06/1969 **CHINumber** 406694001

EncounterDate 15/12/2006 12:30:00 **ClinicianName:** DOT MCARA RENTO

Comment now [REDACTED] glasgow awaiting NP appt in Vale c/o sore L ear drum intact canal
 NAD reassured a

CommentContinuation

EncounterDate 11/10/2006 16:25:00 **ClinicianName:** DR C A P [REDACTED]

Comment Stressed and not sleeping . Problems with Social and currently in homeless unit
 . Not happy re prospects for re housing Add trazodone 50 mg See 1/12 ? change
 over to this

CommentContinuation

EncounterDate 05/10/2006 16:15:00 **ClinicianName:** DR EUAN GLEN

Comment SCI Electronic Referral

CommentContinuation

EncounterDate 18/09/2006 10:55:00 **ClinicianName:** DR EUAN GLEN

Comment Discussed haematuria and referral for Ix. Reports has been taking street valium-
 wonders if this is connected ; explaine dunlikely unless warfarin disguised as
 valium. Refer urology. Discussed depression/ compliance with rx- wont take
 fluoxetine; resume ci

CommentContinuation talopram.

EncounterDate 13/09/2006 12:53:00 **ClinicianName:** [REDACTED] CROMBIE

Comment MSSU shows no growth patient aware of possible further investigation re;
 haematuria. JC

CommentContinuation

EncounterDate 08/09/2006 08:55:00 **ClinicianName:** TRIAGE

Comment e-mail from [REDACTED] requesting that veronica make appt. to discuss recent [REDACTED]
 haematuria's and poss. scan/cystoscopy. phoned veronica explained situation
 advised not urgent and appt. made for next monday. pg

CommentContinuation

10 January 2007

Page 1 of 4

NHS Confidential: Personal data about a patient

EncounterDate 06/09/2006 15:56:00 **ClinicianName:** [REDACTED] CROMBIE

Comment MSSU shows Rbc +++Patient advised to repeat. JC

CommentContinuation

EncounterDate 06/09/2006 10:55:00 **ClinicianName:** EMERGENCIES

Comment Found [REDACTED] hanging this am . Distressed . Known him short term .
Tearful Chat Rx diazepam 2mg 20 no repeats. CH

CommentContinuation

EncounterDate 05/09/2006 16:14:00 **ClinicianName:** TRICIA GLANCY

Comment urine of 31/8/2006 shows, no bacterial growth, scanty white cells, and numerous red blood cells. pt. informed. will be homeless on thursday. mobile no. 07835416975. e-mail to dr. glen. re. above. pg.

CommentContinuation

EncounterDate 31/08/2006 16:34:00 **ClinicianName:** DOT MCARA

Comment Repeat routine urine shows [REDACTED] haematuria MSSU to lab. JC

CommentContinuation

EncounterDate 31/08/2006 10:40:00 **ClinicianName:** TRIAGE

Comment Tearful conversation- states taking Diazepam for pain relief of injury to foot as per NHS24. Refusing appt to discuss. Advised to take regular analgesia and stop antibiotics as per Sr Crombie.PLM.

CommentContinuation

EncounterDate 29/08/2006 10:40:00 **ClinicianName:** [REDACTED] CROMBIE

Comment Patient advised MSSU shows no growth, stop antibiotics, JC

CommentContinuation

EncounterDate 28/08/2006 12:30:00 **ClinicianName:** DOT MCARA

Comment see NHS 24 has now lost script for antibiotic repeat trimethoprim

CommentContinuation

EncounterDate 25/08/2006 14:45:00 **ClinicianName:** TRIAGE

Comment lost o/c script in washing repeated also c/o dysuria advised to submit urine

CommentContinuation

10 January 2007

Page 2 of 4

NHS Confidential: Personal data about a patient

EncounterDate 16/08/2006 17:30:00 **ClinicianName:** DR E [REDACTED]

Comment Declared herself homeless because of feeling unsafe in her flat. Been threatened by drug dealers due out on 11/09/2006. Does not know what is going to happen and children have been taken away. Her 7 year old has been taken by her [REDACTED] in trou

CommentContinuation ble and social work have "pulled her into the mess". Been charged with making bomb threats and assault etc. Weepy and emotional. Not suicidal. try fluoxetine advised re early worsening of mood

EncounterDate 07/08/2006 16:00:00 **ClinicianName:** TRIAGE

Comment c/o feeling unwell, weak and light-headed. not eating, vomited after diet yesterday, taking fluids. in bed all week-end, felt faint when in town today. no loss of consciousness. advised to take light frequent small meals, plenty fluids. rest. for gp app

CommentContinuation t. tomorrow.pg

EncounterDate 04/08/2006 14:55:00 **ClinicianName:** DR [REDACTED]

Comment Epigastric pains and reflux for past few weeks. Worse on eating. Also not sleeping at nights. Past 4/52 bneen [REDACTED] Glasgow due to "threats". Can't sleep due to anxiety. Now back in own house. OE abd - soft, mild epigastric tenderness. Imp -gastr

CommentContinuation itis. Try omeprazole. Few temazepam for short term

EncounterDate 30/06/2006 14:00:00 **ClinicianName:** DR J G [REDACTED]

Comment mood a little better. sleep still poor and forgetful at times. difficulty coping with 7 year old. review 4 weeks. discussed.

CommentContinuation

EncounterDate 15/06/2006 16:23:00 **ClinicianName:** DR E W ROBERTSON

Comment RAW AREA INNERASPECT r KNEEAPPEARS AS THO IT HAS BEEN BLISTERD FUCIDIN CREAM PRESCRIBED

CommentContinuation

EncounterDate 05/06/2006 15:45:00 **ClinicianName:** EMERGENCIES

Comment cannot cope with stress and depression. problems at home.was on citalopram but stopped taking them.says too sleepy with 40 mg. advised to take 20mg citalopram at night.discussed . review 4 weeks.

CommentContinuation

EncounterDate 03/05/2006 10:45:00 **ClinicianName:** DR [REDACTED] HAMILTO

Comment Wishes contraception 36y old smoker - discussed options, pop prescribed. Lots of stresses at present, short course temazepam

CommentContinuation

10 January 2007

Page 3 of 4

NHS Confidential: Personal data about a patient

EncounterDate 27/04/2006 15:40:00 **ClinicianName:** TREATMENT ROOM

Comment Complaining of throat pain difficulty in swallowing pain now resolving. O/e throat not particularly inflamed no sign of pus spots advised to increase fluid intake.CW

CommentContinuation

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

10 January 2007

Page 4 of 4

Page 579 of 866

[illegible]

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

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08-July-2026 ERIN MCGEEVER
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Filename: igprda202607081538030.tif
Extension:.tif
Pages:

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Handwritten: CURRENT 2 Files

SURNAME (BLOCK LETTERS)		FEMALE	
TITLE <u>Gracey</u>		OCCUPATION	
FORENAMES (BLOCK LETTERS) <u>Veronica</u>		DATE OF BIRTH	
DATE OF BIRTH <u>4/6/69</u>	SINGLE	NHS NUMBER <u>86441/69/785</u>	
	MARRIED (DATE)	G.M. NUMBER <u>4501</u>	
	DIVORCED (DATE)		
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADVERSE	U	M	DOCTOR'S NAME <u>C. McKinnon</u>
1. <u>212 55 Hazarm Ave</u>			CHIEF & DATE
2. <u>445 SEX</u>			
3.			
4.			
5.			
Cause of Death		055-2180	
(1) to be filled in by the doctor who certifies the cause of death		Form GP 111-A (Rev. 0/1/77)	
(2) to be filled in by the doctor who certifies the cause of death			
Issued by the NHS for 055-2180 07/01/01			

G.P.111.

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08-July-2026 ERIN MCGEEVER
Additional:Scanned Document

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Dr. P. S. Wiggins
Dr. [REDACTED] McKinnon
Dr. P. B. Clinie
Dr. M. Rennie
Dr. R. White
Dr. P. [REDACTED]



CASTLEMILK HEALTH CENTRE
71 Dougie Drive
GLASGOW G45 9AW
Appointments: 0141 531 8580
Any Other Business: 0141 531 8585

NEW PATIENTS REGISTRATION DETAILS

PATIENTS NAME..... Deanna GlancyPATIENTS DOB..... 11/6/66ADDRESS.....
.....
.....

CONTACT TELEPHONE NUMBER.....

MOBILE TELEPHONE NUMBER..... 07835116975

REGISTERED WITH THE PRACTICE PREVIOUSLY? YES/NO

DO YOU HAVE ANY ALLERGIES? YES/NO
(please give details) Penicillin

PLEASE LIST CURRENT MEDICATION BELOW

1	<u>Citalopram</u>	4	<u>C-codamol</u>
2	<u>Becothel</u>	5	
3	<u>Salsbutamol</u>	6	

PATIENTS SIGNATURE..... Deanna GlancyRECEPTIONIST SIGNATURE..... M. Larkin

[REDACTED]patientsregistrationdetails/10.05

NHS Confidential: Personal data about a patient

The Medical Centre
46 - 62 Bank Street
Alexandria
Dunbartonshire G83 0LS
Tel: (01389) 752650
Fax: (01389) 752361
Email : administrator@gp85244.ac-hb.scot.nhs.uk

Dr [REDACTED]
Dr [REDACTED]
Dr [REDACTED]
Dr [REDACTED] Glen
Dr Gillian Deveney
Mrs Morag Philips

Our ref: EMG/SMD

2nd February 2006

Ms Veronica Glancy
3/11 [REDACTED] Street
ALEXANDRIA
G83 0PG

Dear Veronica

Your recent blood test has shown a minor abnormality and it may suggest you are lacking folic acid or Vitamin B₁₂. I would be grateful if you could make an appointment in the Treatment Room to have your blood checked for folic acid and Vitamin B₁₂.

Please telephone the Surgery on 722272 to make the appointment and advise the Receptionist you have received this letter.

In the meantime if you have any queries about this, please do not hesitate to get in touch with me.

Yours sincerely

Dr [REDACTED] Glen



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Received 03/04/06

PATIENT ATTENDING SMOKING CESSATION CLINIC
PRESCRIPTION REQUEST FORM

To: Doctor Gruen Date: 30/3/06
Patient Details:
Surname: GRANCY Forename: VERANIC DOB: 4/6/69
Address: 3-11 [REDACTED] ST.
ALEXANDRIA Tel No: _____

This patient has attended the initial Counselling Session to stop smoking and is motivated to stop smoking now.

A. Please supply prescription for NRT :

28 MAR 2006

NiQuitin CQ	7	14	21mg (24hr) x 14 days	☐
Nicorette	5	10	15mg (16hr) x 14 days	☐
Nicotinell	7	14	21mg (24hr) x 14 days	☒
Other	_____			

B. I have asked the patient to arrange an appointment with you to assess suitability for NRT and prescribe. ☐

Signed

GRAHAM MATHIAS
Hazel Ann McWhirter, Smoking Cessation Advisor.

NHS Confidential: Personal data about a patient

Received 05/06/06APPOINTMENT INFORMATION REQUEST- CONFIDENTIALNAME: VERONICA GLANAY DOB: 4.6.69

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

Relley how

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

Long timeHAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)IF SO WERE THESE EFFECTIVE? (NO)

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.[http://p0zs/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p0zs/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

NHS Confidential: Personal data about a patient

Received 15/06/06

APPOINTMENT INFORMATION REQUEST- CONFIDENTIAL

NAME: Veronica Glancy

DOB: ☒ 6, 69

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

Sore Leg

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

1 week

HAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)

cream

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.[http://p02s/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p02s/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

NHS Confidential: Personal data about a patient

Received 07/08/06APPOINTMENT INFORMATION REQUEST- CONFIDENTIALNAME: *Jelena Graney* DOB: *Gordon ~~Stewart~~*

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

*FEELS UNWELL
PASS OUT*

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

HAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY
MODERATELY
SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.

[http://p02s/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p02s/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

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NHSmall - [REDACTED] AROSS_OPENCOPY
GM.S.1-AC-UHB.gp85244
Log out
Open (other accounts)

Mail options Move to gm.s.1om-pct-tr.gp85244
Inboxgm.s.1om-pct-tr.gp85244 Draftgm.s.1om-pct-tr.gp85244 Junk
MailSentTrashgm.s.1om-pct-tr.gp85244 April 2005gm.s.1om-pct-tr.gp85244
April 2006gm.s.1om-pct-tr.gp85244 Aug 2006gm.s.1om-pct-tr.gp85244 August

[REDACTED] Dec 2006gm.s.1om-pct-tr.gp85244 December
2005Draftgm.s.1om-pct-tr.gp85244 Feb 2005gm.s.1om-pct-tr.gp85244 Feb
2006gm.s.1om-pct-tr.gp85244 Jan 2006gm.s.1om-pct-tr.gp85244 January
2005gm.s.1om-pct-tr.gp85244 July [REDACTED] July
2006gm.s.1om-pct-tr.gp85244 June 2005gm.s.1om-pct-tr.gp85244 June
2006gm.s.1om-pct-tr.gp85244 Last monthgm.s.1om-pct-tr.gp85244 March
2005gm.s.1om-pct-tr.gp85244 March 2006gm.s.1om-pct-tr.gp85244 May
2005gm.s.1om-pct-tr.gp85244 May 2006gm.s.1om-pct-tr.gp85244 Nov
2006gm.s.1om-pct-tr.gp85244 November 2005gm.s.1om-pct-tr.gp85244 Oct
2006gm.s.1om-pct-tr.gp85244 October 2005gm.s.1om-pct-tr.gp85244 Sept
2006gm.s.1om-pct-tr.gp85244 September 2005gm.s.1om-pct-tr.gp85244 This
month

Previous|Next
Date:Mon, 28 Aug 2006 09:07:13 +0100
From:gm.s.1-ac-uhb.acpces@nhs.netSave address | This is Spam
Subject:Veronica Glancy
To:gm.s.1om-pct-tr.gp85244@nhs.net

Call No.:79455
26-Aug-2006 13:08

NHS ARGYLL AND CLYDE

Date:

Call Category: PCC

Priority: Within 4 Hours

Age: 04-Jun-1969 (Age: 37 years)

Patients Name: Veronica Glancy

Current Location:3/11 [REDACTED] Street
StreetHome Address: 3/11 [REDACTED]

Alexandria

Alexandria

G83 0PG

G83 0PG

Tel. No.: 01389 606102

Tel.No.: 01389 606102

NHS Confidential: Personal data about a patient

AROSS_OPENCOPY

Caller Origin: Other Caller Name: Tel. No.: 01389
606102

Gender: Female Community Health Index: 0406694001

Temporary Resident: Surgery: Medical Centre, AlexandrigP:
[REDACTED] [REDACTED]

Reported Condition:

PAIN PASSING URINE 3 DAYS SEE A/V

NHS24 Ref.No.: 3585033
12:57

NHS24 Date/Time: 26-Aug-2006

NHS24 Consultation Start: 26-Aug-2006 12:57 NHS24 Consultation Complete:
26-Aug-2006 12:57

NHS24 Outcome: Attend PCEC within 4 Hrs

NHS24 Clinical Summary:

Clinical summary created: 26-Aug-2006

DYSURIA 3 DAYS, IN AGONY TODAY, DRINKING PLENTY COFFEE, ADVISED TO DRINK
WATER EVERY
HOUR, AND TAKE ANALGESIA. TOOK OVERDOSE OF CITALOPRAM LAST WEEK AND SOME
COPROXAMOL-1 AM
UNSURE IF DR SAWARE OF THIS OR IF SHE WAS SEEN, ASKED TO PROVIDE URINE
SAMPLE. CENTRE

Page 2

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AROSS_OPENCOPY
CONSULT A+C 4HRS-HUB TO CALL WITH TIME.

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

Allergies:

NICKEL RASH

PENICILLIN RASH

TIMES:- Arrival time: 14:07 Cons. begin: 14:07

Advice Doctor :
Consulting Doctor: Falconer, A D

Clinical Notes:
?uti> URINE PROT+++ BLOOD++++. MSSU

Prescribed Medication:

Page 3

NHS Confidential: Personal data about a patient

Doctor Falconer, A D

AROSS_OPENCOPY

trimethoprim tablets 200mg

(6) tablet(s)

1 twice daily

Follow-Ups:

follow up message (No Follow Up)

79455 Veronica Glancy

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Move to gm.s.lom-pct-tr.gp85244 Inboxgm.s.lom-pct-tr.gp85244
Draftgm.s.lom-pct-tr.gp85244 Junk MailSentTrashgm.s.lom-pct-tr.gp85244
April 2005gm.s.lom-pct-tr.gp85244 April 2006gm.s.lom-pct-tr.gp85244 Aug
2006gm.s.lom-pct-tr.gp85244 August 2005gm.s.lom-pct-tr.gp85244 Dec
2006gm.s.lom-pct-tr.gp85244 December 20050raftsgm.s.lom-pct-tr.gp85244
Feb 2005gm.s.lom-pct-tr.gp85244 Feb 2006gm.s.lom-pct-tr.gp85244 Jan
2006gm.s.lom-pct-tr.gp85244 January 2005gm.s.lom-pct-tr.gp85244 July
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2005gm.s.lom-pct-tr.gp85244 June 2006gm.s.lom-pct-tr.gp85244 Last
monthgm.s.lom-pct-tr.gp85244 March 2005gm.s.lom-pct-tr.gp85244 March
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2005gm.s.lom-pct-tr.gp85244 Oct 2006gm.s.lom-pct-tr.gp85244 October

Page 4

NHS Confidential: Personal data about a patient

2005gm.s.lom-pct-tr.gp85244 AROSS_OPENCOPY
2005gm.s.lom-pct-tr.gp85244 Sept 2006gm.s. [REDACTED] September
2005gm.s.lom-pct-tr.gp85244 This month

Acceptable use Policy

Search current folder:

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Search Directory
and Address Books

FoldersInboxDraftJunk MailSentTrash (54) (Empty)

Personal(organise)

April 2005April 2006Aug 2006August 2005Dec 2006December 200...DraftsFeb 2005Feb
2006Jan 2006January 2005July 2005July 2006 (3)June 2005June 2006Last monthMarch
2005March 2006May 2005May 2006Nov 2006November 200...oct 2006October 2005Sept
2006September 20...This month

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Log out
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Mail options Move to gm.s.1om-pct-tr.gp85244
Inboxgm.s.1om-pct-tr.gp85244 Draftgm.s.1om-pct-tr.gp85244 Junk
MailSentTrashgm.s.1om-pct-tr.gp85244 April 2005gm.s.1om-pct-tr.gp85244
April 2006gm.s.1om-pct-tr.gp85244 Aug [REDACTED] August
2005gm.s.1om-pct-tr.gp85244 Dec 2006gm.s.1om-pct-tr.gp85244 December
2005Draftgm.s.1om-pct-tr.gp85244 Feb 2005gm.s.1om-pct-tr.gp85244 Feb
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2005gm.s.1om-pct-tr.gp85244 March 2006gm.s.1om-pct-tr.gp85244 May
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2006gm.s.1om-pct-tr.gp85244 September 2005gm.s.1om-pct-tr.gp85244 This
month
Previous|Next
Date:Thu, 31 Aug 2006 08:49:40 +0100
From:gm.s.1-ac-uhb.acpces@nhs.netSave address | This is Spam
Subject:Veronica Glancy
To:gm.s.1om-pct-tr.gp85244@nhs.net

Call No.:80315
30-Aug-2006 18:36

NHS ARGYLL AND CLYDE

Date:

Call Category: NHS24 Advice

Priority: NHS24 Advised

Age: 04-Jun-1969 (Age: 37 years)

Patients Name: Veronica Glancy

Current Location:3/11 [REDACTED] Street
StreetHome Address: 3/11 [REDACTED]

Alexandria

Alexandria

G83 OPG

G83 OPG

Tel. No.: 01389 606102

Tel.No.: 01389 606102

NHS Confidential: Personal data about a patient

AROSS_OPENCOPY

Caller Origin: Other Caller Name: Tel. No.: 01389
606102

Gender: Female Community Health Index: 0406694001

Temporary Resident: Surgery: Medical Centre, AlexandriaGP:

Reported Condition:

BRUISING TO R FOOT, VOMITING, 1/2 HR A/V

NHS24 Ref.No.: 3598243
18:16

NHS24 Date/Time: 30-Aug-2006

NHS24 Consultation Start: 30-Aug-2006 18:19 NHS24 Consultation Complete:
30-Aug-2006 18:31

NHS24 Outcome: Pt advised to contact practice - Coop to forward to
Practice

NHS24 Clinical Summary:

Clinical summary created: 30-Aug-2006

RIGHT FOOT INJURY APPROX 30MINS AGO, DROPPED WARDROBE ON FOOT, BRUISING TO
TOES, SMALL
TOE PAINFUL TO TOUCH, SENSATION AND MOVEMENT NORMAL, ANALGESIA TAKEN,
VOMITED STRAIGHT
AFTER, NO EVIDENCE OF TABLETS IN VOMIT, COMMENCED TRIMETOPRIN TODAY FOR
POSSIBLE

Page 2

NHS Confidential: Personal data about a patient

AROSS_OPENCOPY
U.T.I., TOWARDS END OF CALL STATED HAS BEEN VOMITING 4-8 TIMES DAILY OVER
PAST 3WKS,
PREVIOUS EATING DISORDER IN PAST, NO OTHER SYMPTOMS. ANALGESIA AND SELF
CARE ADVICE
GIVEN. OUTCOME ROUTINE GP APPT

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

Allergies:

PENICILLIN RASH

TIMES:- Arrival time: __:__ Cons. begin: 18:19

Advice Doctor :
Consulting Doctor:

Clinical Notes:

Prescribed Medication:

NHS Confidential: Personal data about a patient

AROSS_OPENCOPY

Follow-Ups:

80315 Veronica Glancy

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 Draftgm.s.lom-pct-tr.gp85244 Junk MailSentTrashgm.s.lom-pct-tr.gp85244
 April 2005gm.s. [REDACTED] April 2006gm.s.lom-pct-tr.gp85244 Aug
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 2006gm.s.lom-pct-tr.gp85244 December 2005Draftsgm.s.lom-pct-tr.gp85244
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 2005gm.s.lom-pct-tr.gp85244 Sept 2006gm.s. [REDACTED] September
 2005gm.s.lom-pct-tr.gp85244 This month

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 2005March 2006May 2005May 2006Nov 2006November 200...Oct 2006October 2005Sept
 2006September 20...This month

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AROSS_OPENCOPY

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DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

THIRD PARTY COPY

Page 5

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Received 22/11/06

**Vale of Leven Hospital**

Greater Glasgow and Clyde Hospitals

Main Street, Alexandria. G83 0UA

Telephone: 01389 817630

Fax: 01389 817397

e-mail: [redacted]@vol.scot.nhs.uk

Clinical Director,
Mike McKirdy

Directorate Manager

Consultants

Dr G Canning, Hospital Practitioner
Rosemary Noon, Urology Nurse Practitioner

GC/JH/223139

(Haematuria List 15.11.06)

Tape Received 20.11.06
Typed 20.11.06Dr [redacted]
Medical Centre
46-62 Bank Street
Alexandria

Dear Dr [redacted]

VERONICA GLANCY (04.06.69) 3-4 [redacted] ROAD, BALLOCH. G83 8HD
CHI No. 0406694001
RAH Hosp No. 504626

Admitted/Discharged 15.11.06

Procedure: Flexible Cystoscopy

Thank you for referring this lady who was found to have microscopic haematuria. She has some urinary frequency at times and urgency which she attributes to high caffeine intake.

She had an ultrasound scan and KUB today which were entirely normal.

Cystoscopy today revealed a normal urethra and bladder.

I have found no obvious urological cause for microscopic haematuria. It is possibly gyn related. I have discharged her from the clinic.

Yours sincerely

DR GERRY CANNING
Hospital Practitioner

Copy for RAH notes.

NHS Confidential: Personal data about a patient

Received 04/12/06APPOINTMENT INFORMATION REQUEST- CONFIDENTIALNAME: *VERONICA GLANCY* DOB: *4.6.69*

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

to get the pill as I am moved on Sunday

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

HAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.[http://p02sf/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p02sf/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

NHS Confidential: Personal data about a patient

DR [REDACTED] and [REDACTED] TRIAGE QUESTIONNAIRE

Thank you for your request for an appointment in the practice. To enable us to deal with your request appropriately and offer you the best appointment for your needs, we would be grateful if you could complete the following brief questionnaire. This will then be assessed by a member of our nursing staff who will then be able to deal with your request.

Alternatively you can phone in to the surgery and speak directly with a nurse who will arrange an appropriate appointment with you.

<http://p0zs/ADMINISTRATION/Forms/Triage Questionnaire.doc>

NHS Confidential: Personal data about a patient

APPOINTMENT INFORMATION REQUEST- CONFIDENTIAL

NAME: VERONICA GLANCY DOB: 4, 6, 69

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

Pain on left side / Pins + Needles.
Vomiting keeping nothing down.

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

Weekend.

HAVE YOU TRIED ANY MEDICATION FOR THIS ?

(eg painkillers/cold remedies/ alternative therapies etc)

Painkillers

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.[http://p0zsf/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p0zsf/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 1 of 3

NHS

Date: 31 August 2005
From: gm.s.ac-hb.acpces@nhs.net |
Subject: Veronica Glancy
To: gm.s.lom-pct-tr.gp85244@nhs.net

Call No.: 85207 NHS ARGYLL AND CLYDE Date: 31-Aug-20

Call Category: Visit Priority: Within 4 Hours

Age: 04-Jun-1969 (Age: 36 years) Patients Name: Veronica Glancy
Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre

Alexandria

Alexandria

G83 0PG

G83 0PG

Tel. No.: 01389 606102

Tel.No.: 01389 606102

Caller Origin: Other Caller Name: Tel. No.: 01389 606

Gender: Female Community Health Index: 0406694001

Temporary Resident: Surgery: Medical Centre (Drs SteveGP: Robertson, E

Reported Condition:
COUGHING, VOMITED BLOOD 5 MIN

31/08/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 2335240NHS24 Date/Time: 31-Aug-2005 00:55
-----NHS24 Consultation Start: 31-Aug-2005 00:58 NHS24 Consultation Complete: 31-Aug-2005 01:03
-----NHS24 Outcome: Home Visit within 4 Hrs

NHS24 Clinical Summary:

Clinical summary created: 31-Aug-2005

VOMITING - FRESH BLOOD VISIBLE X1. UNWELL 2 DAYS - BAD COLD. SHARP PAIN IN LEF
COMING & GOING. ASTHMATIC, INHALERS EFFECTIVE. GP HOME VISIT WITHIN 4 HRS PLEA
WORSENING STATEMENT GIVEN.

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

Allergies:

NICKEL RASH

PENICILLIN RASH

TIMES:- Arrival time: 01:30

Cons. begin: 01:30

Advice Doctor : [REDACTED] K

Consulting Doctor: [REDACTED] K

Clinical Notes:

patient has vomited repeatedly tonight feeling nausea and had the cold sore th

[REDACTED]
31/08/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 3 of 3

vomit is mildly blood stained with flecks of blood actual blood loss probably
than 5 ml

abdo soft non tender pulse 80 bp 130/80

only on asthmatic medication no nsaid

probable gastroenteritis with mallory veiss tear

given stemetil 12.5 im has own maxolon 10 mg

--
Prescribed Medication:

--
Follow-Ups:

follow up message (No Follow Up)

--
85207 Veronica Glancy

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recipient please accept our apologies; please do not disclose, copy or
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for your co-operation.

[REDACTED]
31/08/2005

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NHS Contact - [REDACTED]

Page 1 of 3



Date: 03 May 2005
From: gm.s.ac-hb.acpces@nhs.net |
Subject: Call #59396 02-May-2005
To: gm.s.lom-pct-tr.gp85244@nhs.net

Call No.: 59396 NHS ARGYLL AND CLYDE Date: 02-May-20

Call Category: NHS24 Advice Priority: NHS24 Advised

Age: 04-Jun-1969 (Age: 35 years) Patients Name: Veronica Glancy
Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre

Alexandria

Alexandria

G83 OPG

G83 OPG

Tel. No.: 01389 606102

Tel.No.: 01389 606102

Caller Origin: Other

Caller Name:

Tel. No.: 01389 606

Gender: Female Community Health Index: 0406694001

Temporary Resident: Surgery: Medical Centre (Drs SteveGP: [REDACTED] E

Reported Condition:

ACCB PAIN LEFT BREAST AND ARM

03/05/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 1938052NHS24 Date/Time: 02-May-2005 20:47
-----NHS24 Consultation Start: 02-May-2005 20:57 NHS24 Consultation Complete: 02-May-2005 21:09
-----NHS24 Outcome: Pt advised to contact practice within 12 Hrs - Coop to forward Practice

NHS24 Clinical Summary:

Clinical summary created: 02-May-2005

LT AXILLA AND CLAVICLE PAIN INTERMITTENT SINCE YESTERDAY/NO WORSE ON
INSPIRATION/RELEIVED WHEN MOBILISING/WORSE LYING DOWN/INTERMIT SLIGHT TINGLING
LEFT ARM/NO SOB OR PYREXIA. VOMITED x3 YESTERDAY. COPROXAMOL NOT EFFECTIVE. HO
ASTHMA/DEPRESSION (NOT TAKING PRESCRIBED ANTIDEPRESSANTS) ADVISED IBUPROFEN AN
BACK IF SYMPTOMS WORSEN. CONTACT GP PRACTICE 12 HRS.

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

Allergies:

PENICILLIN RASH
-----TIMES:- Arrival time: __:__ Cons. begin: 20:57
-----Consulting Doctor:
-----Clinical Notes:

[REDACTED].html?

03/05/2005

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NHS Contact - [REDACTED]

Page 3 of 3

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Prescribed Medication:

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Follow-Ups:

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59396 Veronica Glancy

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for your co-operation.

[REDACTED]
03/05/2005

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NHS Contact - [REDACTED]

Page 1 of 3

NHS

Date: 01 May 2005
From: gm.s.ac-hb.acpces@nhs.net |
Subject: Call #58173 30-Apr-2005
To: gm.s.lom-pct-tr.gp85244@nhs.net

Call No.: 58173 NHS ARGYLL AND CLYDE Date: 30-Apr-20

Call Category: NHS24 Advice Priority: NHS24 Advised

Age: 04-Jun-1969 (Age: 35 years) Patients Name: Veronica Glancy

Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre

Alexandria

Alexandria

G83 OPG

G83 OPG

Tel. No.: 01389 606102

Tel.No.: 01389 606102

Caller Origin: Other

Caller Name:

Tel. No.: 01389 606

Gender: Female

Community Health Index: 0406694001

Temporary Resident:

Surgery: Medical Centre (Drs SteveGP: [REDACTED] E

Reported Condition:

ACCB SHOOTING PAIN IN LEFT ARM

03/05/2005

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NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 1922185NHS24 Date/Time: 30-Apr-2005 11:55
-----NHS24 Consultation Start: 30-Apr-2005 12:02 NHS24 Consultation Complete: 30-Apr-2005 12:04
-----NHS24 Outcome: Pt advised to contact practice - Coop to forward to Practice
-----NHS24 Clinical Summary:

Clinical summary created: 30-Apr-2005

AWOKE WITH SHOOTING PAIN IN LEFT ARM. NO OTHER SYMPTOMS NOTED. GIVEN HOME CARE

ANALGESIC ADVICE. REFERRED TO OWN GP IF PERSISTS. WORSENING STATEMENT GIVEN.
-----Past Medical History:

ASTHMA

DEPRESSION
-----Medications:

VENTOLIN

BECOTIDE

CITALOPRAM
-----Allergies:
-----PENICILLIN RASH
-----TIMES:- Arrival time: __:__ Cons. begin: 12:02
-----Consulting Doctor:
-----Clinical Notes:
-----Prescribed Medication:

[REDACTED]

03/05/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

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Follow-Ups:

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58173 Veronica Glancy

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recipient please accept our apologies; please do not disclose, copy or
distribute information in this e-mail or take any action in reliance on its
contents: to do so is strictly prohibited and may be unlawful. Please
inform us that this message has gone astray before deleting it. Thank you
for your co-operation.

[REDACTED]
03/05/2005

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The Medical Centre
46 - 62 Bank Street
Alexandria
Dunbartonshire G83 0LS
Tel: (01389) 752650
Fax: (01389) 752361
Email : administrator@gp85244.ac-hb.scot.nhs.uk

Dr [REDACTED]
Dr [REDACTED]
Dr [REDACTED]
Dr [REDACTED] Glen
Dr Gillian Deveney
Mrs Morag Philips

Our ref: EMG/SMD

26th April 2005

Ms Veronica Glancy
3/11 [REDACTED] Street
ALEXANDRIA
G83 0PG

Dear Veronica

Your recent blood test has shown a minor abnormality in your blood count which may be explained by a lack of Vitamin B₁₂ or folic acid in your diet. I would be grateful if you could make a further appointment in the Treatment Room to have blood tests done for this and once we have the results available we will be able to decide on further treatment.

Please telephone the Surgery on 722272 to make the appointment and advise the Receptionist you have received this letter.

Yours sincerely

Dr [REDACTED] Glen



Awarded for excellence

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 1 of 3

NHS

Date: 11 March 2005
From: gm.s.ac-hb.acpces@nhs.net |
Subject: Call #46140 10-Mar-2005
To: gm.s.lom-pct-tr.gp85244@nhs.net

Call No.: 46140 NHS ARGYLL AND CLYDE Date: 10-Mar-20

Call Category: NHS24 Advice Priority: NHS24 Advised

Age: 04-Jun-1969 (Age: 35 years) Patients Name: Veronica Glancy
Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre

Alexandria

Alexandria

G83 OPG

G83 OPG

Tel. No.: 01389 601278

Tel.No.: 01389 601278

Caller Origin: Other

Caller Name: [REDACTED]

Tel. No.: 01389 604

Gender: Female Community Health Index: 0406694001

Temporary Resident: Surgery: Medical Centre (Drs SteveGP: [REDACTED] E

Reported Condition:

HIGH TEMP - VOMITING - NOT RESPONDING

[https://webmail02.dcl\[REDACTED\]](https://webmail02.dcl[REDACTED])

11/03/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 1737003NHS24 Date/Time: 10-Mar-2005 19:51
-----NHS24 Consultation Start: 10-Mar-2005 19:51 NHS24 Consultation Complete: 10-Mar-2005 19:51
-----NHS24 Outcome: 999 contacted. For information only - Coop to forward to Practitioner

NHS24 Clinical Summary:

Clinical summary created: 10-Mar-2005

SEMI-CONCIOUS, VOMITING AND FEVERED, NOT RESPONDING TO VERBAL COMMAND, BREATHING
EYES OPENED. KNOWN MENTAL HEALTH ISSUES, ON ZISPIN, POSSIBLE OVERDOSE OF SAME
FRIENDS VERY CONCERNED. OUTCOME 999

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

CITALOPRAM

Allergies:

PENICILLIN RASH
-----TIMES:- Arrival time: __:__ Cons. begin: 19:51
-----Consulting Doctor:
-----Clinical Notes:

[REDACTED] 11/03/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

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Prescribed Medication:

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Follow-Ups:

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46140 Veronica Glancy

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contents: to do so is strictly prohibited and may be unlawful. Please
inform us that this message has gone astray before deleting it. Thank you
for your co-operation.

11/03/2005

NHS Confidential: Personal data about a patient

Our ref: EMG/SMD

23rd March 2005

TO WHOM IT MAY CONCERN

Re: Veronica Glancy
3/11 [REDACTED] Street
Alexandria, G83 0PG

I write to confirm that this lady attends the Surgery for treatment of her depressive illness. Currently her progress has been slow and as such she is not fit to attend Court as a witness at present. I would hope that her depression would improve within the next two to three months if she responds to her medication.

Yours faithfully

Dr [REDACTED] Glen

NHS Confidential: Personal data about a patient

ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST										G.P. COPY			
ACCIDENT & EMERGENCY DEPT. VALE OF LEVEN DISTRICT GENERAL HOSPITAL ALEXANDRIA GB3 0UA TEL: 01389 754121										ACCIDENT/EMERGENCY FORM		AE No. C/	
HOSPITAL No:													
P A T I E N T	Surname GLANCY		Forename VERONICA		Age 35	Date of Birth 04/06/1969	Arr Date 10/03/05	Time 20:55	AE Number 002373/05				
	Address 3/11 [REDACTED] STREET ALEXANDRIA			Sex FEMALE	Religion		Date of Inc 03/03/05		Time				
	Marital Status [REDACTED]			Type of Inc OTHER		Mode of Arrival AMBULANCE							
	PC G83	Tel 729757		SINGLE		NK							
G P	Name [REDACTED]			Address ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA			Referred by SELF REFERRAL						
	Name [REDACTED]			Address 437 PAPPERT BONHILL ALEXANDRIA			Complaint MEDICAL COND.						
NEXT OF KIN	Name [REDACTED]			Address 437 PAPPERT BONHILL ALEXANDRIA									
	Relat. FRIEND			Tel. No. 759943									
ROAD TRAFFIC ACCIDENT PLACE						DETAILS							
HOME ACCIDENT PROBABLE CAUSE													
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT													
Dear Doctor,													
The above-named patient attended Accident & Emergency Department today													
Diagnosis <u>Chest infection</u> 15/3/05													
X-Ray film/ECG shows <u>normal findings</u>													
Treatment given <u>Clarithromycin 500mg 2 bds</u> <u>Metochlopramide Tab. bds (before Abx)</u>													
Drugs <u>5</u> days supply of <u>(above)</u> has been given.													
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)													
Would you please arrange:													
DISCHARGE CODES: Please Circle 1. Discharge Home 2. [REDACTED] 3. Did not wait 7. Fracture Clinic 10. Admit Ward (see below) 4. Refer to G.P. 5. Ret A/E as advised 8. Refer to O.P. Clinic (see below) 11. Trans. other Hospital (see below) 6. Irregular Discharge 9. Ret A/E as necessary 12. Died in dept. 13. Dead on arrival 13. Dead on arrival													
Ward No. (if admitted)				Transfer to Hospital				Consultant (if admitted)					
Follow up		Not arranged		Arranged		To be arranged							
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify			
Medical Officers Name (In Block Letters) YAZIN MARIE						Signature of Medical Officer <i>Yazim Marie</i>							
Cons	SR	Reg	SHO/HO	Clin Assist	(please circle)								

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NHS Contact - [REDACTED]

Page 1 of 3



Date: 24 January 2005
From: gm.s.ac-hb.acpces@nhs.net |
Subject: Call #35542 22-Jan-2005
To: gm.s.lom-pct-tr.gp65244@nhs.net

Call No.: 35542 NHS ARGYLL AND CLYDE Date: 22-Jan-20

Call Category: NHS24 Advice Priority: NHS24 Advised

□(10U□(s0p12h0s3b4099T Age: 04-Jun-1969 (Age: 35 years) Patients Name
Veronica Glancy
Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre

Alexandria

Alexandria

G83 OPG

G83 OPG

Tel. No.: 01389 601278

Tel.No.: 01389 601278

□(10U□(s0p12h0s0b4099T

Caller Origin: Other

Caller Name:

Tel. No.: 01389 601

Gender: Female

Community Health Index: 0406694001

Temporary Resident:

Surgery: Medical Centre (Drs SteveGP: [REDACTED] E

Reported Condition:

ACCB PRODUCTIVE COUGH/BLOOD

24/01/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 1573372

NHS24 Date/Time: 22-Jan-2005 12:51

NHS24 Consultation Start: 22-Jan-2005 13:07 NHS24 Consultation Complete: 22-Jan-2005 13:11

NHS24 Outcome: Pt advised to contact practice - Coop to forward to Practice

NHS24 Clinical Summary:

Clinical summary created: 22-Jan-2005

COUGH FOR THE LAST 3 WEEKS, SMALL AMOUNT OF BLOOD THROUGH SPUTUM. NO SOB NO FE ADVISED
CALL GP PRACTICE ON MONDAY FOR APPOINTMENT.

Past Medical History:

ASTHMA

DEPRESSION

Medications:

VENTOLIN

BECOTIDE

CITALOPRAM

Allergies:

PENICILLIN RASH

TIMES:- Arrival time: __:__ Cons. begin: 13:07

Consulting Doctor:

Clinical Notes:

Prescribed Medication:

24/01/2005

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ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST										G.P. COPY			
ACCIDENT & EMERGENCY DEPT. VALE OF LEVEN DISTRICT GENERAL HOSPITAL ALEXANDRIA GB3 0UA TEL: 01389 754121										ACCIDENT/EMERGENCY FORM		AE No. C/	
HOSPITAL No:													
P A T I E N T	Surname		Forename		Age	Date of Birth	Arr Date	Time	AE Number				
	GLANCY		VERONICA		35	04/06/1969	14/01/05	17:06	000465/05				
	Address		Sex	Religion	Date of Inc		Time						
	3/11 STREET ALEXANDRIA		FEMALE		14/01/05								
G P	Name		Address		Referred by								
	GLEN		ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA		SELF REFERRAL								
N E X T O F K I N	Name		Address		Complaint								
	NOT STATED		18 JAN 2005		LACERATION								
Relat.		Address		LEFT WRIST									
No.													
ROAD TRAFFIC ACCIDENT PLACE										DETAILS			
HOME ACCIDENT PROBABLE CAUSE													
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT													
Dear Doctor,													
The above-named patient attended Accident & Emergency Department today													
Diagnosis <u>DEPRESSION / MINDR DSU L WRIST 2°</u> <u>FAMILY CRISIS</u>													
X-Ray film/ECG shows <u>/</u>													
Treatment given <u>REFER OOH GP FOLLOWING ASSESSMENT</u> <u>ADVISED TO MAKE GP F/U APPT. / COMPLIANCE & ANTI-</u> <u>DEPRESSANTS.</u>													
Drugs _____ days supply of _____ has been given.													
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)													
Would you please arrange													
DISCHARGE CODES: Please Circle 1. Discharge Home 2. Refer to G.P. <u>OOH</u> 3. Irregular Discharge 4. Did not wait 5. Ref A/E as advised 6. Ref A/E as necessary 7. Fracture Clinic 8. Refer to O.P. Clinic (see below) 9. _____ 10. Admit Ward (see below) 11. Trans. other Hospital (see below) 12. Died in dept. 13. Dead on arrival													
Ward No. (if admitted)		Transfer to Hospital				Consultant (if admitted)							
Follow up		Not arranged				Arranged				To be arranged			
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify			
Medical Officers Name (in Block Letters)										Signature of Medical Officer			
M. C. DARGIE NP										<u>M. C. Dargie</u>			
Cons	SR	Reg	SHO/JHO	Clin Assist	(please circle)								

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 1 of 3

NHS

Date: 15 January 2005
From: gm.s.ac-hb.acpces@nhs.net
Subject: Call #33814 14-Jan-2005
To: gm.s.lom-pct-tr.gp85244@nhs.net

Call No.: 33814 NHS ARGYLL AND CLYDE Date: [REDACTED]

Call Category: PCC Priority: Within 4 Hours

□(10U□(s0p12h0s0b4099T Age: 04-Jun-1969 (Age: 35 years) Patients Name
Veronica Glancy
Current Location: 3/11 [REDACTED] Street Home Address: 3/11 [REDACTED] Stre
Alexandria Alexandria
G83 G83
Tel. No.: 01389 601278 Tel.No.: 01389 601278
□(10U□(s0p12h0s0b4099T

Caller Origin: Walk In Patient Caller Name: Tel. No.:

Gender: Female Community Health Index:

Temporary Resident: Surgery: Medical Centre (Drs SteveGP: Glen E

Reported Condition:
p/t came in to miu for laceration nurse wants gp to see her for depression
\

[https://webmail02.\[REDACTED\].html?](https://webmail02.[REDACTED].html?)

17/01/2005

NHS Confidential: Personal data about a patient

NHS Contact - [REDACTED]

Page 2 of 3

NHS24 Ref.No.: 0

NHS24 Date/Time: 14-Jan-2005 17:58

NHS24 Consultation Start: _:_:

NHS24 Consultation Complete: _:_:

NHS24 Outcome:

NHS24 Clinical Summary:

TIMES:- Arrival time: 18:22

Cons. begin: 18:22

Consulting Doctor: [REDACTED] E

Clinical Notes:

ACUTE EMOTIONAL REACTION

IMPULSIVE ACT OF SELF HARM IN RESPONSE TO HER [REDACTED] BEING ARRESTED FOR SMASHING
SW
DEPT. NO REAL DAMAGE AND NO INTENTION TO COMMIT SUICIDE UPSET

WEEPY AND UPSET

DIAZEPAM 5MG X6 FROM STOCK

Prescribed Medication:

□(10U□(s0p12h0s3b4099TFollow-Ups:

follow up message (Patient To Contact Own GP)

This e-mail is confidential and privileged. If you are not the intended
recipient please accept our apologies; please do not disclose, copy or
distribute information in this e-mail or take any action in reliance on its
contents: to do so is strictly prohibited and may be unlawful. Please
inform us that this message has gone astray before deleting it. Thank you
for your co-operation.

17/01/2005

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APPOINTMENT INFORMATION REQUEST- CONFIDENTIALNAME: *VERONICA GLANCY* DOB: *6/6/69*

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

Sore throat

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

HAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)*Painkillers*

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)SOON (WITHIN 48 HRS) ☒

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPOINTMENT OR APPROPRIATE
ADVICE.[http://p0zs/ADMINISTRATION/Forms/Triage Questionnaire.doc](http://p0zs/ADMINISTRATION/Forms/Triage%20Questionnaire.doc)

NHS Confidential: Personal data about a patient

APPOINTMENT INFORMATION REQUEST- CONFIDENTIAL

NAME: Veronica Glancy

DOB: 6, 69

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR SYMPTOMS:

Feeling Sick all day

HOW LONG HAVE YOU HAD THESE SYMPTOMS:

2 weeks

HAVE YOU TRIED ANY MEDICATION FOR THIS ?
(eg painkillers/cold remedies/ alternative therapies etc)

Painkillers

IF SO WERE THESE EFFECTIVE? NO

ONLY MILDLY

MODERATELY

SIGNIFICANTLY

DO YOU CONSIDER YOUR NEED FOR AN APPOINTMENT TO BE
URGENT ? (TODAY)

SOON (WITHIN 48 HRS)

ROUTINE (WITHIN 7 DAYS)

(PLEASE CIRCLE)

PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHO
WILL PASS IT TO A MEMBER OF NURSING STAFF. YOU WILL
THEN BE OFFERED AN APPROPRIATE APPOINTMENT
OR ADVICE<http://p0zs8/ADMINISTRATION/Forms/Triage Questionnaire.doc>

NHS Confidential: Personal data about a patient

Our ref: EMG/WK

20th May 2004

TO WHOM IT MAY COMCERN

Re: Veronica Glancy Dob: 04.06.1969
3/11 [REDACTED] Street, Alexandria G83 0PG

I write to confirm that Veronica suffers from depression and anxiety. Her symptoms are not helped by her current housing situation and I would be grateful if priority could be given to re-housing her. If further details are required please get in touch with me at the above address.

Yours sincerely

Dr E Glen

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**Vale of Leven District General Hospital**

Argyll and Clyde Acute Hospitals NHS Trust

Main Street, Alexandria, G83 0UA
Telephone 01389 603860
Fax 01389 603917
e-mail hiddich@vol.scot.nhs.uk

Clinical Director
Mike Haxton

Directorate Manager
■■■■

Consultants
Mr A. Butler *Mr A. H. M. Nassar*
Mr P. J. ■■■■ *Mr M. McKirdy*
Mr S. Mahmud (Locum)

MMCK/JH/223139

(Breast Clinic 19.09.02)

1 October 2002

Dr Deveney
Medical Centre
46-62 Bank Street
Alexandria

Dear Dr Deveney

VERONICA GLANCY (04.06.69) 3/11 ■■■■ STREET, ALEXANDRIA

You may recall your patient came up to the breast clinic in March of this year with a history of breast pain. Review had been arranged for her today and she has not attended and I have sent her out no further appointment.

Kind regards.

Yours sincerely


MR. M. McKIRDY
Consultant Surgeon



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VALE OF LEVEN HOSPITAL DISCHARGE SUMMARYArgyll & Clyde Acute Hospitals NHS Trust
Alexandria G83 OUA
01389 754121
29 April 2002

Dear Dr DeVenney, Medical Centre, Alexandria

Name:- **VERONICA GLANCY** Admitted on: 30.3.02 Emergency ☒ Arranged ☐ Transfer ☐

Address:- 3/11 [REDACTED] Street Discharged on: 31.3.02 From Ward 6

Alexandria G83 OPG

Discharged to: Home ☒ Other ☐D.O.B. Hospital No. 223139
4.6.69

Consultant: Dr Al-Shamma Reference: CC/MM

Principal Diagnosis: Collapse – probably vasovagalOther Conditions/Procedures/OperationsComments:- (hospital course & treatment/complications/allergies/tests awaited)

This lady presented to A&E. She had been suffering a tension type headache through the course of the day. She had been carrying boxes around the house and felt light-headed and then collapsed. She was unconscious for a few seconds. There was a history from her children of some brief shaking movements of the limbs. There was no tongue biting or incontinence. She rapidly recovered from this and had no clear post ictal features.

She was well and asymptomatic when seen. Clinical examination revealed no abnormality. There were no focal neurological defects. Fundoscopy was normal. Routine bloods and chest x-ray were normal. She was admitted overnight for observation. She remained well and was reviewed by Dr Al-Shamma. He felt that the most likely diagnosis was a vasovagal collapse related to the headache and exertion. She was allowed home with no follow up arranged.

Medication on Discharge:Follow-Up: Nil..

Doctor's Name: Dr [REDACTED] Carlin, Medical SHO

Doctor's Signature

Page 627 of 866

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GD

VALE OF LEVEN DISTRICT GENERAL HOSPITAL IMMEDIATE DISCHARGE LETTERArgyll and Clyde Acute Hospitals NHS Trust, ALEXANDRIA G83 0UA
Tel: 01389 754121

Name: **VERONICA GLANCEY**
 Address:
 3/11 ALEXANDER STREET
 ALEXANDRIA
 G83 0PG
 D.O.B. 4/6/69 Hospital No.: 228139

Admitted On: 30/3/02 Emergency ☒ Arranged ☐ Transfer ☐

Discharged On: 31/3/02 From Ward: 6

Discharged To: Home ☒ Other ☐Consultant: DR AL-SHAMMA
G.P.Principal Diagnosis:

Collapse 9 Vaso-vagal

Other Conditions/Procedures/Operations

1. Asthma
- 2.
- 3.
- 4.
- 5.
- 6.

Comments: (hospital course, investigations and treatment/complications/allergies/tests awaited)Overnight observation → No further episodes.
ECG → Normal

RECEIVED
- 4 APR 2002

The accompanying original format immediate discharge letter is intended only as the discharge prescription.

Review: No ☒ Yes ☐ Consultant/ClinicNo. of Weeks ☐ Appointment Made ☐ Appointment to Follow ☐Day Hospital: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

Day Care: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

District Nurse: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

Home Care: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

Nursing Comments:Doctor's Signature: *[Signature]*Nurse's Signature: *[Signature]*

JMC/2002/107

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JQS

ARGYLL CLYDE ACUTE HOSPITALS NHS TRUST

Breast Clinic

To: DR JAMES STEVENSON
ALEXANDRIA CLINIC
46/62 BANK STREET
ALEXANDRIA
GB3 0LS

W MBBS FRCS
Dunbartonshire. Telephone

Re:

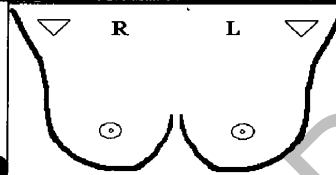
GLANCY VERONICA
3/11 ALEXANDER STREET
ALEXANDRIA
GB3 0PG

FEMALE 04/06/69 Single

CHI NUMBER: 0406694001

RECEIVED

25 MAR 2002

HISTORY Symptoms ☒ Yes ☐ No HRT Screen ☐ Family History Screen ☐ Left ☐ Breast Lump ☒ Breast Pain ☐ Nipple Discharge ☐ Right ☒ Tender ☐ Constant ☐ Yes ☐ No ☒ Both ☐ Painful ☐ Cyclical ☐ Blood Stained ☐ Yes ☐ No ☒		PREVIOUS MEDICAL HISTORY Previous Breast Surgery ☐ Yes ☒ No ☐ Benign ☐ Malignant ☐ Date:	
FAMILY HISTORY BREAST Ca. No ☒ Yes ☐ Sister 42 years Grand 72		CHILDREN No ☐ Yes ☒ Number of children: 3 Age at birth of first child: 17	
OTHER CURRENT ILLNESS No ☒ Yes ☐		CURRENT DRUG THERAPY Menopausal Status: Premenopause ☒ Perimenopause ☐ Postmenopause ☐ Hysterectomy ☐ Ovaries Remain ☐ OCP ☐ Yes ☐ No ☒ HRT ☐ Yes ☐ No ☒	
EXAMINATION 		CLINICAL DIAGNOSIS R ☒ Normal ☐ Benign Cyst ☐ Fibroadenoma ☐ Fibroadenosis ☐ Possible malignancy ☐ Carcinoma ☐ Other ☐ L ☒	
FINE NEEDLE ASPIRATE Not Done ☐ Benign ☐ Insufficient cells ☐ Atypia ☐ Malignant ☐ Cyst cytology to follow ☐		ULTRASOUND Not Done ☐ Nil abnormal ☐ Biopsy advised ☐	
PROPOSED MANAGEMENT Discharge from clinic ☐ Review in 6 weeks months ☒ Repeat FNA/Mammo in weeks ☐ Admit for biopsy / ?WLE / Mastectomy ☐ Date:		DRUGS RECOMMENDED Efamast 80mg x 2 x RD. /	
Comments: Resistant			
Signed:  Date: 21/03/02			

NHS Confidential: Personal data about a patient

Dr [REDACTED] & [REDACTED] 46-62 Bank Street, Alexandria G83 0LS

Tel: (01389) 752650 Fax: (01389) 752361

Hospital use only	Clinic	Day Date	Time	Hosp no.
REQUEST FOR OUT PATIENT CONSULTATION				App category
				Routine
				Soon
				Urgent

HOSPITAL: Vale of Leven
Date of referral: 28/02/2002

CHI No: 406694001

Please arrange for this patient to attend the **Breast** Clinic of Mr [REDACTED]Patient's surname: **Glancy**First names: **Veronica**

Date of Birth: 04/06/1969

Address: **3-11 [REDACTED] Street, Alexandria, Dunbartonshire, G83 0PG**

Telephone no: 0794 6151 641

HB of residence: Argyll & Clyde

Previous hospital attendance: 223139

Hospital no.: **223139**

GP's Code: C35599

Practice Code: **85244**

Referral No: 108201

'Soon' appointment please

Dear Mr [REDACTED]

I would be very grateful if you could see Veronica, a 32 year old who attended the Surgery with discomfort in her right breast. She goes on to tell me that her [REDACTED] aged 44, was recently diagnosed with breast carcinoma. She is currently not on any oral contraceptive medication.

On examination, Veronica's left breast was entirely normal, but I was able to palpate a small pea sized tender thickened area above her right nipple and would be very grateful for your opinion as to the nature of this. She has had three previous pregnancies and has never breast fed and I have commenced her on Efamast 80mg capsules 4 daily, for the breast tenderness.

Many thanks for seeing her.

Yours sincerely

Dr Gillian Deveney



Awarded for excellence



NHS Confidential: Personal data about a patient

VALE OF LEVEN HOSPITAL DISCHARGE SUMMARY

HO/CS

Argyll and Clyde Acute Hospitals NHS Trust

Alexandria G83 OUA

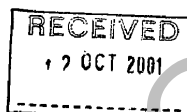
01389 754121

7th October 2001

Dear Dr [REDACTED] (Medical Centre Alexandria)

Name:- VERONICA GLANCY Admitted on: 23 9 01 Emergency ☒ Arranged ☐ Transfer ☐Address:- 3/11 [REDACTED] Street Discharged on: 24 9 01 From Ward 6
ALEXANDRIADischarged to: Home ☒ Other ☐D.O.B. Hospital No. 223139
4 6 69

Consultant: DR H A CARMICHAEL

Principal Diagnosis: Overdose of ParacetamolOther Conditions/Procedures/OperationsComments:- (hospital course & treatment/complications/allergies/tests awaited)

Miss Glancy was admitted to the Vale of Leven Hospital on 23rd September following an overdose of 50 to 60 Co-proxamol tablets. She did not take any alcohol with this and reports that was an impulsive overdose following problems with her [REDACTED]. She vomited after this and on attendance to A & E described no on-going suicidal ideation. She has a past medical history of headache and takes only occasional Co-proxamol.

On examination she appeared well and cardiovascular, respiratory and abdominal examinations were unremarkable. She was, therefore, admitted and routine bloods performed. She was commenced on Parvolex as this seemed a significant attempt although when her Paracetamol level was returned at 0.07mmol/l at 14 hours, this was discontinued as it was beneath the treatment line. She was reviewed by the on-call Consultant the following day who felt that this was an impulsive overdose secondary to social problems and that she was safe to be discharged home. She refused the in-pat of the psychiatry services and no arrangements for follow-up have been made at this time.

Medication on Discharge: NilFollow-up: NilDoctor's Name: [REDACTED] ORAM
Medical SHODoctor's Signature: Sean

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orange
G.P. COPY

ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
ACCIDENT/EMERGENCY FORM
AE No. C/

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
G83 0UA
TEL: 01389 754121

HOSPITAL No:

P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	GLANCY	VERONICA	32	04/06/1969	23/09/01	13:02	014312/01
	Address 3/11 [REDACTED] ST\ ALEXANDRIA		Sex FEMALE	Religion	Date of Inc 23/09/01	Time 02:00	
	PC G83 Tel		Marital Status SINGLE	Type of Inc OTHER	Mode of Arrival WALKING/OT		

G P	Name	Address ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA	Referred by SELF REFERRAL
	Next of Kin Name NOT STATED	Address	Complaint OVERDOSE - NON
	Relat.		vomiting since
Tel. No.			

ROAD TRAFFIC ACCIDENT PLACE

DETAILS ?? 40-50 Distalgeic

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor, *G. Stevens*

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

Diagnosis *? overdose of G-proxolol*
? haematemesis

X-Ray film/ECG shows

Treatment given

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

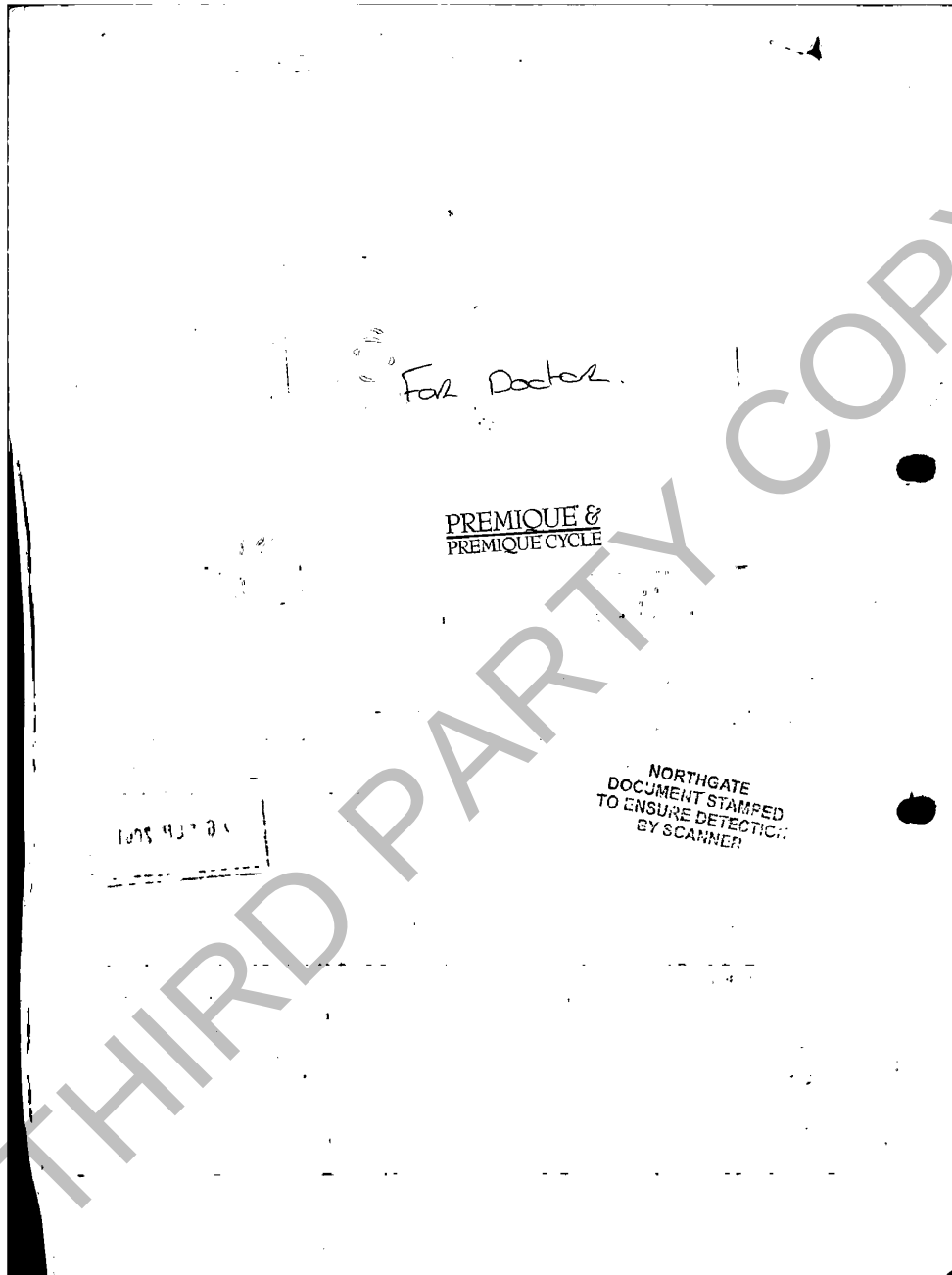
DISCHARGE CODES: Please Circle												
1. Discharge Home			4. Did not wait			7. Fracture Clinic			10. Admit Ward (see below)			
2. Refer to G.P.			5. Ref A/E as advised			8. Refer to O.P. Clinic (see below)			11. Trans. other Hospital (see below)			
3. Irregular Discharge			6. Ref A/E as necessary			9. [REDACTED]			12. Died in dept.			
									13. Dead on arrival			
Ward No. (if admitted) 6			Transfer to Hospital			Consultant (if admitted) <i>Connickael</i>						
Follow up			Not arranged			Arranged			To be arranged			
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify		

Medical Officers Name (In Block Letters) *Stevens*

Signature of Medical Officer *Stevens*

Cons SR Reg SHO JHO Clin Assist (please circle)

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

THE MEDICAL CENTRE
45-62 BANK STREET
ALEXANDRIA
DUNBARTONSHIRE G83 0LS
Tel: (01389) 752650 Fax: (01389) 752361
GPHH Tel: (01389) 755467

Dr: [REDACTED]
Dr: [REDACTED]
Dr: [REDACTED]
Dr: GLEN
Dr: DAWN HARRINGTON
MRS. MORAG PHILLIPS (Manager)

An open door to HEALTH



Dear Jenny and Gill,

Please include

Velonica Glancy DOB 14.6.69
3/11 Alexandria St
Alexandria

in your next parenting group.
She has two older children
and [REDACTED] Stewart Watson
DOB 1.5.99.

Thanks

Sandra Crawford
Health Visitor

Dr. J. G. [REDACTED] MB, ChB, MRCP
Dr. E. W. [REDACTED] BSc(Hons), MB, ChB, MRCP, DRCOG
Dr. D. S. Harrington MB, ChB, FFA RCSI, MRCP

Dr. C. A. P. [REDACTED] MB, ChB, MRCP, DRCOG
Dr. E. M. Glen MB, ChB, DRCOG, MRCP
Mrs. M. S. Phillips MAFHEd, MEd, MRCH



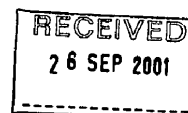
Awarded for excellence

NHS Confidential: Personal data about a patient

bmls

VALE OF LEVEN DISTRICT GENERAL HOSPITAL IMMEDIATE DISCHARGE LETTERArgyll and Clyde Acute Hospitals NHS Trust, ALEXANDRIA G83 0UA
Tel: 01389 754121Name: VERONICA CLANCYAddress: 3/11 ALEXANDER ST
ALEXANDRIAD.O.B. 04/06/1969 Hospital No.:Admitted On: 23/9/01 Emergency ☒ Arranged ☐ Transfer ☐Discharged On: 24/9/01 From Ward: 6Discharged To: Home ☒ Other ☐Consultant: Dr CamichaelG.P.: Dr StevensonPrincipal Diagnosis:Overdose - ParacetamolOther Conditions/Procedures/Operations

1.
2.
3.
4.
5.
6.

Comments: (hospital course, investigations and treatment/complications/allergies/tests awaited)

The accompanying original format immediate discharge letter is intended only as the discharge prescription.

Review: No ☒ Yes ☐ Consultant/Clinic No. of Weeks Appointment Made ☐ Appointment to Follow ☐Day Hospital: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

Day Care: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

District Nurse: Not Required/Arranged/To be arranged forHome Care: Not Required/Arranged/To be arranged for

Mon Tue Wed Thu Fri Sat Sun

Nursing Comments:

Refused to see psychiatrist
 Regrets taking overdose, has family problems
 but not interested in any help.

Doctor's Signature:

Nurse's Signature:

JMC/2001/07

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ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
ACCIDENT/EMERGENCY FORM

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
G83 0UA
TEL: 01389 754121

AE No. C/ ☒ G.P. COPY

HOSPITAL No: _____

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	GLANCY	VERONICA	31	04/06/1969	18/04/01	21:35	005236/01
	Address 3/11 [REDACTED] ST ALEXANDRIA		Sex FEMALE	Religion	Date of Inc 18/04/01	Time 20:15	
	PC G83 0PG Tel 729757		Marital Status SINGLE	Type of Inc OTHER	Mode of Arrival WALKING/OT		

G.P.	Name	Address	Referred by
	GLEN	ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA	SELF REFERRAL
	Next of Kin Name [REDACTED] Relat. [REDACTED] Tel. No. [REDACTED]	Address 437 PAPPERT BONHILL	Complaint INJURY NOS L ANKLE

ROAD TRAFFIC ACCIDENT PLACE _____ DETAILS _____

HOME ACCIDENT PROBABLE CAUSE _____

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis _____

X-Ray film/ECG shows NO # ankle sprain

Treatment given _____

Drugs 3 days supply of Co-codamol has been given.

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

Would you please arrange _____

DISCHARGE CODES: Please Circle												
1. Discharge Home	4. Did not wait	7. Fracture Clinic	10. Admit Ward (see below)									
2. Refer to G.P.	5. Ret A/E as advised	8. Refer to O.P. Clinic (see below)	11. Trans. other Hospital (see below)									
3. Irregular Discharge	6. Ret A/E as necessary	9. [REDACTED]	12. Died in dept.									
			13. Dead on arrival									
Ward No. (if admitted)		Transfer to Hospital		Consultant (if admitted)								
Follow up		Arranged		To be arranged								
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical							
				Surgical	Skin							
				ENT	Gyn.							
Others Specify												

Medical Officers Name (In Block Letters) KENNEDY Signature of Medical Officer MM

Cons SR Reg SHD/UHO Clin Assist (please circle)

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ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
ACCIDENT/EMERGENCY FORM

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
G83 0UA
TEL: 01389 754121

G.P. COPY
AE No. C/

HOSPITAL No:

P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
		VERONICA	31	04/06/1969	24/11/00	21:00	29 016304/00
	Address	Sex	Religion	Date of Inc	Time		
	3/11 ST ALEXANDRIA	FEMALE		24/11/00	21:00		
G P	PC	Tel	Marital Status	Type of Inc	Mode of Arrival		
N E X T O F K I V	Name	Address	Referred by	WALKING/OUT			
		ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA	SELF REFERRAL				
	Name	Address	Complaint				
	NOT STATED		OVERDOSE-NON				
	Relat.						
	No. No.						
ROAD TRAFFIC ACCIDENT PLACE			DETAILS				
HOME ACCIDENT PROBABLE CAUSE							
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT							
Dear Doctor, <u>Robertson</u>							
The above-named patient attended Accident & Emergency Department today.							
Diagnosis <u>Overdose</u> - <u>14</u> <u>voltarel</u> <u>50mg</u> <u>tablets</u>							
X-Ray film/ECG shows							
Treatment given <u>Activated charcoal</u>							
RECEIVED 28 NOV 2000							
Drugs _____ days supply of _____ has been given.							
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)							
Would you please arrange							
DISCHARGE CODES: Please Circle							
1. Discharge Home 2. Refer to G.P. 3. Irregular Discharge 4. Did not wait 5. Ref A/E as advised 6. Ref A/E as necessary 7. Fracture Clinic 8. Refer to O.P. Clinic (see below) 9. _____ 10. Admit Ward (see below) 11. Trans. other Hospital (see below) 12. Died in dept. 13. Dead on arrival							
Ward No. (if admitted)		Transfer to Hospital			Consultant (if admitted)		
Follow up		Not arranged			Arranged		
To be arranged							
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin
							ENT
							Gyn.
Others Specify							
Medical Officers Name (in Block Letters)				Signature of Medical Officer			
Cons	SR	Reg	SHO/WHO	Clin Assist	(please circle)		

NHS Confidential: Personal data about a patient

**Vale of Leven District General Hospital**Argyll and Clyde Acute Hospitals NHS Trust
Department of Obstetrics and GynaecologyMain Street, Alexandria, G83
Tele: 01389 603856
Fax: 01389 603917Clinical Director
*Mike Haxton*Directorate Manager
■■■■Consultants
Dr. A. S. ■■■■ FRCOG
Dr. M. J. Haxton, FRCOG
Dr. N. J. Kenyon, FRCOG

HKLD\223139

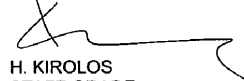
13th September, 2000Dr. E. ■■■■
Medical Centre
ALEXANDRIA

Dear Dr. ■■■■

VERONICA GLANCY, 3111 ■■■■ ST. ALEXANDRIA
D.O.B. 4.6.69

Your patient attended the gynaecology clinic for review. She came off the pills as she had a cough but she feels alright without them and is happy to continue without any medication as she had a normal period. I have discharged her from the clinic but I have advised her that she can phone and make another appointment if she feels she needs it.

Yours sincerely


H. KIROLOS
STAFF GRADE

NHS Confidential: Personal data about a patient

ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST										G.P. COPY			
ACCIDENT & EMERGENCY DEPT. VALE OF LEVEN DISTRICT GENERAL HOSPITAL ALEXANDRIA GB3 0UA TEL: 01389 754121										ACCIDENT/EMERGENCY FORM		AE No. C/	
HOSPITAL No. ☒													
P A T I E N T	Surname GLANCY		Forename VERONICA		Age 31	Date of Birth 04/08/1969	Arr Date 09/09/00	Time 22:33	AE Number 012723/00				
	Address 3/11 [REDACTED] ST ALEXANDRIA		Sex FEMALE	Religion		Date of Inc 09/09/00		Time 22:10					
	PC G830PG		Tel 01389729257	Marital Status SINGLE		Religion UE		Type of Inc EMERG.		Mode of Arrival AMBULANCE			
	Name [REDACTED]		Address ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA		Referred by SELF REFERRAL								
NEXT OF KIN	Name MRS MCKILLOP		Address 5/9 [REDACTED] ST		Complaint INJURY NOS								
	Relat. [REDACTED]		Tel. No. 01389609099		NECK/ARM/LEG								
ROAD TRAFFIC ACCIDENT PLACE										DETAILS			
HOME ACCIDENT PROBABLE CAUSE													
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT													
Dear Doctor,													
The above-named patient attended Accident & Emergency Department today.													
Diagnosis <u>Neck strain, Soft tissue injury to @</u> <u>Right arm and @</u>													
X-Ray film/ECG shows													
Treatment given <u>Soft collar</u> <u>Analgesic</u>													
Drugs _____ days supply of _____ has been given.													
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)													
Would you please arrange _____													
DISCHARGE CODES: Please Circle 1. Discharge Home 4. Did not wait 7. Fracture Clinic 10. Admit Ward (see below) 2. Refer to G.P. 5. Ret A/E as advised 8. Refer to O.P. Clinic (see below) 11. Trans. other Hospital (see below) 3. Irregular Discharge 6. Ret A/E as necessary 9. [REDACTED] 12. Died in dept. 13. Dead on arrival													
Ward No. (if admitted)		Transfer to Hospital				Consultant (if admitted)							
Follow up		Not arranged _____				Arranged _____				To be arranged _____			
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify			
Medical Officers Name (in Block Letters) <u>Crow</u>						Signature of Medical Officer <u>C</u>							
Cons	SR	Reg	SHO	HO	Clin Assist	(please circle)							

NHS Confidential: Personal data about a patient

**Vale of Leven District General Hospital**Argyll and Clyde Acute Hospitals NHS Trust
Department of Obstetrics and GynaecologyMain Street, Alexandria, G83 0UA
Telephone: 01389 603854
Fax: 01389 603917Clinical Director
Mike HaxtonDirectorate Manager
[REDACTED]Consultants
[REDACTED] FRCOG
Dr. M.J. Haxton, FRCOG
Dr. N.J. Kenyon, FRCOG

MJH/MH 223139

14th June 2000

Dr. J. Dudgeon

Dr. [REDACTED] & [REDACTED]
Medical Centre
Alexandria.

Dear Dr. Dudgeon

VERONICA GLANCY, 3-11 [REDACTED] STREET, ALEXANDRIA
DOB 04 06 1969

I saw Veronica at my Gynaecology Clinic on the 14th June with her complaint of irregular menstruation accompanied by vague right-sided lower abdominal pain. I note her past history of ovarian cystectomy and left salpingo-oophorectomy.

Examination showed no specific abnormality and specifically no tenderness or masses. A scan showed a right ovary which was polycystic in appearance and 4 cms., in diameter only. There is no obvious cyst formation.

It may well be that her irregularity of menstruation is related to this and I would like her to try Primolut, 10 mgs., t.i.d. from day 5 to 26 of her cycle for 3 months. If she continues to complain of significant discomfort then there may well be a place for laparoscopy.

Yours sincerely

M.J. HAXTON
CONSULTANT GYNAECOLOGIST**RECEIVED**
19 JUN 2000

NHS Confidential: Personal data about a patient

Lomond Healthcare NHS Trust Out-Patient Prescriptions

Clinic Location

Vale of Leven Hosp.

Dumbarton H.C.

Victoria Infirmary

Hardfield Clinic

☒ James Street Clinic☐ Bank Street Clinic☐ Clydebank H.C.☐ Mid. Argyll Hosp.☐ Dunoon Gen. Hosp.☐ Lorn and Islands☐ District General Hospital☐ Argyll and Bute Hospital

Dr:-

Robertson

Date:-

14/6/00

Dear Doctor:

RE:

223139
GLANCY VERONICA
3/11 [REDACTED] DER STREET
ALEXANDRIA
683 OPG
FEMALE 04/06/69 Single
CHI NUMBER: 0406694001

RECEIVED
14 JUN 2000

Your patient was seen in the Gynaecology clinic today. I should be most grateful if you would prescribe the undernoted drugs. A full out-patient consultation letter will follow.

Drug**Dose****Duration**

PRIMUMCOS N 5mg tabs bx 2 tabs tid.
5-26 June
15/3/02

The prescription is required urgently / within 3 days / at your convenience.

Yours sincerely,

Signature

Name

Consultant / Registrar / S.H.O.

A4N20125 545 Trust Printing Services

NHS Confidential: Personal data about a patient

Dr [REDACTED] & [REDACTED] 46-62 Bank Street, Alexandria G83 0LS

Tel: (01389) 752650 Fax: (01389) 752361

Hospital use only	Clinic	Day Date	Time	Hosp no.
REQUEST FOR OUT PATIENT CONSULTATION				App category
				Routine
				Soon
				Urgent

HOSPITAL: Vale of Leven
Date of referral: 15/05/2000

CHI No: 0406694001

Please arrange for this patient to attend the Gynaecology Clinic of Dr Haxton

Patient's surname: Glancy

First names: Veronica

Date of Birth: 04/06/69

Address: 3-11 [REDACTED] Street, Alexandria, Dunbartonshire, G83 0PG

Telephone no: 729757 Ex dir

HB of residence: Argyll & Clyde

Previous hospital attendance: 223139

Hospital no.: 223139

GP's Code: C 3841

Practice Code: 85244

Referral No: 013500

Dear Dr Haxton,

You last saw this lady with her pregnancy a year ago, but you had seen her prior to this with some trouble with ovarian cysts. Over the last year she had increasing amounts of pain, maximally in the right iliac fossa but also in her low back, they are worse in the morning, sharp in nature and she describes them as having increased significantly over the last few weeks and being quite severe at times. She describes some urinary frequency but no dysuria and she had no vaginal discharge. Her periods have always been irregular which may be contributed to by the rather erratic use of her contraceptive pill. Of note she is not sexually active and has not been for a year, and we have agreed that she will come off her pill just now to see if this improves things.

When I first saw her on 4th May she had blood and protein in her urine and was tender suprapubically. I treated her as an UTI, but the MSU came back negative and antibiotics did not improve things. Today I examined her vaginally, she had normal external genitalia, rather lax vaginal walls, normal looking cervix with a small amount of normal discharge at the os. I carried out two inter-cervical swabs, one for chlamydia and by manual examination she appeared to have a very tender small mobile spherical mass in the right adnexa. My suspicion is that she had a recurrence of an ovarian cyst and I would be grateful for your further opinion on her management. I have added Diclofenac to her pain control regime and will forward the results the any abnormal swabs.



Awarded for excellence

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Her past history includes an abnormal right optic disc in 1982, SVD female child 1987, SVD male child 1989, retained products which required suction evacuation, mild asthma 1991, CIN2 1993 laser treatment, she is now on a routine recall for smears, parasuicide 1993, a normal barium meal 1993, her mother died of primary biliary cirrhosis, ovarian cystectomy 1996, diagnostic laparoscopy 1997, left salpingo-oophorectomy 1997 and SVD male child May 1999.

Yours sincerely

Dr [REDACTED] Dudgeon
Locum GP

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER



Awarded for excellence

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Post Natal Depression Questionnaire

(to be completed by mother and discussed with health visitor/family doctor).

Once completed (and if mother agreeable) pages 17 & 18 will be removed from this record, discussed with the mother's own GP, and filed in her own GP medical records for information.

Name Veronica Glancy D.O.B. 4/6/69
 Address 311 Alexander St, Alexander
 Today's Date 26/7/99

As you have recently had a [REDACTED] we would like to know how you are feeling now. Please underline the answer which comes closest to how you have felt in the past week, not just how you are feeling today.

Here is an example, already completed.

I have felt happy:

- ☒ Yes, all of the time
☒ Yes, most of the time
☐ No, not very often
☐ No, not at all

In the past week ...

1. I have been able to laugh and see the funny side of things :

- ☒ As much as I always could
☐ Not quite so much now
☐ Definitely not so much now
☐ Not at all

2. I have looked forward with enjoyment to things:

- ☒ As much as I ever did
☐ Rather less than I ever used to
☐ Definitely less than I used to
☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong :

- ☒ Yes, most of the time
☐ Yes, some of the time
☐ Not very often
☐ No, never

4. I have been anxious or worried for no good reason :

- ☐ No, not at all
☐ Hardly ever
☐ Yes, sometimes
☐ Yes, very often

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Post Natal Depression Questionnaire (continued)

5. I have felt scared or panicky for no good reason:

- Yes, quite a lot
☒ Yes, sometimes
 No, not much
 No, not at all

2

6. Things have been getting on top of me:

- Yes, mostly I haven't been able to cope at all
 Yes, I haven't been coping as well as usual
 No, most of the time I have coped quite well
 No, I have been coping as well as ever

7. Being unhappy has made sleeping difficult:

- Yes, most of the time
☒ Yes, sometimes
 Not very often
 No, not at all

2

8. I have felt sad or miserable:

- ☒ Yes, most of the time
 Yes, quite often
 Only occasionally
 No, not at all

3

9. I have been so unhappy that I have been crying:

- Yes, most of the time
☒ Yes, quite often
 Only occasionally
 No, not at all

2

10. The thought of harming myself has occurred to me:

- Yes, quite often
☒ Sometimes
 Hardly ever
 Never

2

Thank you.

(to be completed by health visitor)

Total Score: 11

To be reviewed ☒ Yes ☐ No

(Please circle where appropriate)

If Yes, review date 27/7/99

Tel. today
 Trotter & Sagovsky (1984).

Mother does not wish
 follow-up SW.

18

NHS Confidential: Personal data about a patient



Vale of Leven District General Hospital

Argyll and Clyde Acute Hospitals NHS Trust
Department of Obstetrics and Gynaecology

Main Street, Alexandria, G83
Tele: 01389 603856
Fax 01389 603917

Clinical Director
Mike Haxton

Directorate Manager
[Redacted]

Consultants
Dr. A. S. [Redacted] FRCOG
Dr. M.J.Haxton, FRCOG
Dr. M.J.Kenyon, MRCOG

DP\LD\223139

6th May, 1999

Dr. E. [Redacted]
Medical Centre
ALEXANDRIA

Dear Dr. [Redacted]

VERONICA GLANCY, 311 [Redacted] ST. ALEXANDRIA
D.O.B. 4.6.69

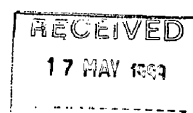
This 29 year old para 2+0 in her 38th week of gestation with a history of hydronephrosis referred herself on 21.4.99 to Labour Ward with ? vaginal bleed. Physical examination was normal. Abdominal examination revealed cephalic presentation with long lie, reactive CTG, plenty of fetal movements. Ultrasound scan revealed a fundal placenta, not praevia and she was discharged on 23.4.99.

She was readmitted on 1.5.99 with abdominal pain and backache, contracting 1:4. Physical examination again was normal and as she was found to be in labour, she was subsequently delivered of a 2.250kgs live male [Redacted] with Apgars of 9 and 10 via SVD. After an unremarkable post natal period, she was discharged on 4.5.99 with an outpatient appointment to have a renal ultrasound.

Yours sincerely

D. Pilat

D PILAT
S.H.O



NHS Confidential: Personal data about a patient



LOMOND HEALTHCARE NHS TRUST
 Vale of Leven District General Hospital, Alexandria G83 0UA
 Telephone: 01389 754121 Fax: 01389 741150

Dismissal Summary**MATERNITY UNIT****Midwife / Health Visitor / GP****Unit Number** 223139

223139
 CLANCY VERONICA
 3/11 ALEXANDER STREET
 ALEXANDRIA
 G83 0PG
 PMMATR 04/06/69 Single
 CRT NUMBER: 0406694001

GP **DR E**Age **29yrs** Parity: **2+0** Blood Group: **A POS**Medical History: **OVARY REMOVED IN 1997**Date of Birth: **04 06 69**Consultant: **Dr M J Haxton**GP Address **Medical Centre, Bank St, Alexandria**Discharge Address **A/A**
Telephone No **729757**Date of Discharge **04/05/99** Mother **04/05/99****ANTENATAL**Hospital Admission **YES**Gestation: **23 WEEKS TO 36 WEEKS**Reason / Complication: **ABDO PAIN ? RENAL COLIC****DELIVERY**Date: **01/05/99** Time **11.55** Type of Delivery **SVD** Indication for LUSCS
Skin Closure

Gestation **38+2** Placenta: **Complete** Membranes **Complete**
 Perineum **Intact** Repaired with:
 Blood Group **A Pos** Blood Transfusion: **no** Blood Loss **50MLS**
Male **Alive** Apgar **9:10** Weight: **2.825kg.**

Remarks:

Konakion Given Yes ☒ No ☐**POSTNATAL**

Mother

Hb: **11.4g** Anti D **no** Rubella: **Immune**

Abdominal Sutures / Staples / Clips

Wound: Removed Date removed

Postnatal **6/52 GP.** Drugs:Remarks: **Renal Ultrasound to be arranged for 4 - 6/52 Post Natally, appt will be sent out.**

Feeding **Bottle** Cord **On** Guthrie Test **no**
 Dismissal Weight **2.780kg.** OFC **33cm.** Length **51cm.**

Admitted to SCBU **no**

Reason

Follow up

Remarks

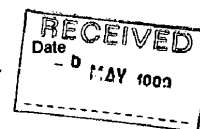
Report to Community Midwife by: **B Copeland****COMMUNITY**

Mother:

Signature

Date

To Health Visitor at



NHS Confidential: Personal data about a patient



Direct Line to Secretary - 01389 603856

DP\LD\223139

26th March, 1999

Dr. E. [REDACTED]
Medical Centre
ALEXANDRIA

Dear Dr. [REDACTED]

VERONICA GLANCY, 311 [REDACTED] ST. ALEXANDRIA
D.O.B. 4.6.69

This 29 year old para 2+1 at 31 weeks gestation was admitted with abdominal pain. On examination she was afebrile. On examination fetal heart and movement were seen on ultrasound scan and CTG was reactive. Renal ultrasound scan showed appearances of a very mild hydronephrosis which could be pregnancy or calculus related. She was discharged home and advised to keep her ante natal clinic appointment as already arranged.

Yours sincerely,

D PILAT
S.H.O.

SURGICAL
& WOMEN'S
SERVICES
DIRECTORATE

CLINICAL
DIRECTOR:
Dr Mike Haxton

DIRECTORATE
MANAGER
[REDACTED]

OBSTETRICS &
GYNAECOLOGY
DEPARTMENT

CONSULTANTS

A S [REDACTED] FRCOG
M J Haxton FRCOG
N J Kenyon MRCOG

RECEIVED
- 2 APR 1999

Vale of Leven
District
General
Hospital
Alexandria
Dunbartonshire
G83 0UA

Tel: 01389 754121
Fax: 01389 603817

NHS Confidential: Personal data about a patient

Lomond Healthcare NHS Trust Out-Patient Prescriptions

Clinic Location

Vale of Leven Hosp.

Dumbarton H.C.

Victoria Infirmary

Hardfield Clinic

☒ Street Clinic☐ Bank Street Clinic☐ Clydebank H.C.☐ Mid. Argyll Hosp.☐ Dunoon Gen. Hosp.☐ Lorn and Islands☐ District General Hospital☐ Argyll and Bute HospitalDr:- HARRINGTON.Date:- 9. 11. 98.

Dear Doctor:

RE:-

CLANCY VIKONICA
3/11 STREET
ALFAXANUA
GB3 0PG

223139

PHONE: 04/06/69 Single

CIC NUMBER: 0406694001



Your patient was seen in the ENDRICK'S SUITE clinic today. I should be most grateful if you would prescribe the undernoted drugs. A full out-patient consultation letter will follow.

Drug**Dose****Duration**ERYTHROMYCIN.250 mg.
Qid7 days

The prescription is required urgently / within 3 days / at your convenience.

Yours sincerely,

Signature [Signature]Name WISSA

Consultant / Registrar / S.H.O.

A4N20125 5:55 Trust Printing Services

NHS Confidential: Personal data about a patient



Direct Line to Secretary - 01389 603856

MJHLD\223139

27th October, 1998

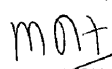
Dr. E. [REDACTED]
Medical Centre
ALEXANDRIA

Dear Dr. [REDACTED]

VERONICA GLANCY, 311 [REDACTED] ST. ALEXANDRIA
D.O.B. 4.6.69

I saw Veronica at my ante natal booking clinic on 27th October where I confirmed her to be 12 weeks advanced in her present pregnancy. I would be delighted to share care on the basis of her being a relatively low risk patient.

Yours sincerely,


M.J. HAXTON
CONSULTANT GYNAECOLOGIST

SURGICAL
& WOMEN'S
SERVICES
DIRECTORATE

CLINICAL
DIRECTOR:
Dr Mike Haxton

DIRECTORATE
MANAGER
[REDACTED]

OBSTETRICS &
GYNAECOLOGY
DEPARTMENT

CONSULTANTS

A S [REDACTED] FRCOG
M J Haxton FRCOG
N J Kenyon MRCOG

RECEIVED

- 2 NOV 1998

Vale of Leven
District
General
Hospital
Alexandria
Dunbartonshire
G83 0UA

Tel: 01389 754121
Fax: 01389 603917

NHS Confidential: Personal data about a patient

LOMOND HEALTHCARE NHS TRUST
ACCIDENT/EMERGENCY FORM

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
G83 0UA
TEL: 01389 754121

G.P. COPY
AE No. C/ yellow

HOSPITAL No. ENDRICK SUITE → HOME. (WILL RETURN AT A LATER DATE FOR ADM)

P	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
A	GLANCY	VERONICA	29	04/06/1969	10/09/98	21:08	012216/98
T	Address		Sex	Religion	Date of Inc	Time	
I	3/11 [REDACTED] ST		FEMALE		10/09/98	18:00~	
E	ALEXANDRIA		Marital Status	Occupation/	Type of Inc	Mode of Arrival	
N							
T	PC	Tel					
	G83		SINGLE		HOME ACC WALKING/OT		
G	Name	Address			Referred by		
P	[REDACTED]	ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA			SELF REFERRAL		
NEXT OF KIN	Name	Address			Complaint		
	NOT STATED				BLEEDING PV 6/52 pregnant.		
	Relat.						
	Tel. No.						

ROAD TRAFFIC ACCIDENT PLACE _____ DETAILS _____

HOME ACCIDENT PROBABLE CAUSE _____

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis 2 Threatening abortion / 2 Ectopic pregnancy

X-Ray film/ECG shows transfer Endrick Suite

Treatment given _____

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

DISCHARGE CODES: Please Circle											
1. Discharge Home			4. Did not wait			7. Fracture Clinic			10. Admit Ward (see below)		
2. Refer to G.P.			5. Ref A/E as advised			8. Refer to O.P. Clinic (see below)			11. Trans. other Hospital (see below)		
3. Irregular Discharge			6. Ref A/E as necessary			9. [REDACTED]			12. Died in dept.		
									13. Dead on arrival		
Ward No. (if admitted)				Transfer to Hospital				Consultant (if admitted)			
Follow up		Not arranged		Arranged		To be arranged					
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify	
Medical Officers Name (In Block Letters)						Signature of Medical Officer					
Cons SR Reg <u>SHO</u> JHO Clin Assist (please circle)											

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Dr [REDACTED] & [REDACTED] 46-62 Bank Street, Alexandria G83 0LS

Tel: (01389) 752650 Fundholding: (01389) 755467 Fax: (01389) 752361

Hospital use only	Clinic	Day Date	Time	Hosp no.
REQUEST FOR OUT PATIENT CONSULTATION				App category
				Routine
				Soon
				Urgent

HOSPITAL: Vale of Leven
Date of referral: 09/09/1998

CHI No: 0406694001

Please arrange for this patient to attend the Antenatal Clinic of Dr Haxton

Patient's surname: Glancy

First names: Veronica

Date of Birth: 04/06/69

Address: 437 Pappert, Bonhill, Alexandria, G83 9LL

Telephone no: 759943

HB of residence: Argyll & Clyde

Previous hospital attendance: 223139

Hospital no.: 223139

GP FUNDHOLDER GP's Code: C 3841

Practice Code: 85244

Referral No: 048298

Dear Dr Haxton,

I should be grateful if you would book this Para 2+0 in your Unit. She had an LMP of 31st July, 1998 giving an [REDACTED] of May 1999. Her two previous pregnancies were uneventful but occurred some 10½ years and 9 years ago and to a different father. Examination today shows her weight to be 67kg, normotensive and smoking 20 cigarettes a day about which I have advised her. I do not as yet have the results of her blood tests, but will forward them to you in due course. I shall be pleased to share care.

Yours sincerely,

Dr E W [REDACTED]

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Lomond Healthcare NHS Trust Out-Patient Prescriptions

Clinic Location

Vale of Leven Hosp.

Dumbarton H.C.

Victoria Infirmary

Hartfield Clinic

☒ **Street Clinic**☐ Bank Street Clinic☐ Clydebank H.C.☐ Mid. Argyll Hosp.☐ Dunoon Gen. Hosp.☐ Lorn and Islands☐ District General Hospital☐ Argyll and Bute Hospital

Dr:- **ALEXANDRIA CLINIC**
46/62 BANK STREET
ALEXANDRIA
G83 0LS

PRACTICE:-8524411

Date:- 12.11.99

Dear Doctor:

RE:-

GLANCY VERONICA
437 PAPPERT
BONHILL
ALEXANDRIA G83 9LL

FEMALE 04/06/69 Single

CHI NUMBER:0406694001

223139

Your patient was seen in the Gynaecology clinic today. I should be most grateful if you would prescribe the undernoted drugs. A full out-patient consultation letter will follow.

Drug**Dose****Duration**CDPAXA MCL2TAb 4-6 hourly PRN.(max 8 TAb/24h)

The prescription is required urgently / within 3 days / at your convenience.

Yours sincerely,

Signature

Name

Consultant / Registrar / S.H.O.

A4N20125 5:95 Trust Printing Services

Page 654 of 866

Page 655 of 866

Page 656 of 866

Page 657 of 866

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IWLD/223139

13th November, 1997

Dr. A. [REDACTED]
Medical Centre
ALEXANDRIA

Dear Dr. [REDACTED]

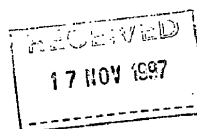
VERONICA GLANCY, 437 PAPPERT, BONHILL
D.O.B. 4.6.69

I reviewed this lady in the gynaecology clinic on 12th November. It is now 10 weeks since her laparotomy and left salpingo-oophorectomy. She is still complaining of bilateral abdominal pain since her operation. LMP was 3.11.97 and lasted 3 days. I have explained to her the findings of the operation and the histology report.

There was nil of note on abdominal examination and the wound has healed well. I have reassured her regarding the pain she is experiencing. I have not arranged a further appointment for her and she has been discharged to your care.

Yours sincerely,

[Signature]
I WISSA
REGISTRAR



**SURGICAL
& WOMEN'S
SERVICES
DIRECTORATE**

**CLINICAL
DIRECTOR:**
Dr M J Haxton

**DIRECTORATE
MANAGER**
Miss P [REDACTED]

**OBSTETRICS &
GYNAECOLOGY
DEPARTMENT**

CONSULTANTS

A S [REDACTED] FRCOG
M J Haxton FRCOG
N J Kanyon MRCOG

Vale of Leven
District
General
Hospital

Alexandria
Dunbartonshire
G83 0UA

Tel: 01389 754121
Fax: 01389 711150

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Gynaecology Unit
Vale of Leven District General Hospital
 Alexandria, Dunbartonshire
 Telephone: 0389 54121 Ext:

In-Patient Summary Sheet

Surname Glancy Veronica		Date of Birth 04/06/1969	
First Names		Hospital No 223139	
Address 437 Pappert Bonhill Alexandria		CHI No	
GP Name Dr [REDACTED]		Address Medical Centre Bank Street Alexandria	
Date of Admission 31/08/1997	Consultant in Charge on Discharge Dr M Haxton	Destination Home	
Type of Admission elective admission	Date of Discharge 04/09/1997	Follow Up in 6 weeks Vale of Leven Clinic	
Main Diagnosis at Discharge OVARIAN CYST			Code Number K5322 6202
Principal Complications			
Non Operative management Analgesics Oral Anti-emetics		Analgesics Parenteral	
Main Operation Salp Oophorec Left	Date 01/09/1997	7E117 Q231/Z94	
Other Operations			
Drugs on Discharge Co-codamol			
Summary of Case Good post-operative recovery. <u>Histology of ovarian cyst 0</u> <u>haemorrhagic corpus luteum.</u> H KIROLOS STAFF GRADE RECEIVED - 6 OCT 1997 Date 02/10/1997 Signature 			

ADD144 795
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LOMOND HEALTHCARE NHS TRUST

VALE OF LEVEN DISTRICT
GENERAL HOSPITAL

WARD '3' - GENERAL SURGERY

Date of Operation 1/9/97

Operation Left Ovarian Cystectomy
+ Left Sigmoid - Ooligorectomy

Dressing.....

Sutures

PLEASE ATTEND YOUR OWN HEALTH CENTRE ON:-

9/9/97

FOLLOW UP APPOINTMENT:-

6 WEEKS. 0

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LOMOND HEALTHCARE NHS TRUST
ACCIDENT/EMERGENCY FORM

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ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
GB3 OUA
TEL: 01389 754121

AE No. C/ 559

HOSPITAL No. 559

PATIENT	Surname GLANCY		Forename VERONICA		Age 28	Date of Birth 04/06/1969	Arr Date 14/08/97	Time 15:20	AE Number 010973
	Address 437 PAPPERT BONHILL		Sex FEMALE	Religion CATHOLIC	Date of Inc 13/08/97		Time		
	PC G83 9LL Tel 759943		Marital Status SINGLE	Occupation/School	Type of Inc OTHER	Mode of Arrival WALKING/OT			

G.P.	Name [REDACTED]		Address ALEXANDRIA CLINIC 46/62 BANK STREET ALEXANDRIA		Referred by SELF REFERRAL
	NEXT OF KIN Name [REDACTED]		Address SAME		Complaint INJURY NOS R WRIST
	Relat. [REDACTED]		Tel. No. [REDACTED]		

TRAFFIC ACCIDENT PLACE

DETAILS

18 AUG 1997

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis Soft tissue injury (R) wrist

X-Ray film/ECG shows No H

Treatment given Tubigrip

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

DISCHARGE CODES: Please Circle 1. Discharge Home 2. Refer to G.P. 3. Irregular Discharge 4. Did not wait 5. Ret A/E as advised 6. Ret A/E as necessary 7. Fracture Clinic 8. Refer to O.P. Clinic (see below) 9. [REDACTED] 10. Admit Ward (see below) 11. Trans. other Hospital (see below) 12. Died in dept. 13. Dead on arrival												
Ward No. (if admitted)			Transfer to Hospital					Consultant (if admitted)				
Follow up		Not arranged			Arranged			To be arranged				
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify		

Medical Officers Name (In Block Letters)

Signature of Medical Officer

Cons SR Reg SHO/JHO Clin Assist (please circle)

m m Thomas

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118-748

MR
924
11P
18
T30
666197

Gynaecology Unit
Vale of Leven District General Hospital
 Alexandria, Dunbartonshire
 Telephone: 0389 54121 Ext:

In-Patient Summary Sheet

Surname Glancy Veronica		Date of Birth 04/06/1969	
First Names		Hospital No 223139	
Address 437 Pappert Bonhill Alexandria		CHI No	
GP Name Dr HARPER		Address Medical Centre Bank Street Alexandria	
Postcode			
Date of Admission 31/07/1997		Consultant in Charge on Discharge Dr M Haxton	
Type of Admission elective admission		Destination	
Main Diagnosis at Discharge ABDOMINAL PAIN INFERTILITY - PRIMARY		Code Number R090z 7890 K5By0 6288	
Principal Complications		RECEIVED 11 AUG 1997	
Non Operative management			
Main Operation Laps Hydrotubation			
Other Operations		Date 31/07/1997	
Drugs on Discharge		7E1G. Q39	

Summary of Case

Signikficant omental adhesions. Left tube and ovary found to be emeshed in adhesions. The right ovary was normal, but the right tube was the site of significant convolutions. There was rapid dye flow through the right fallopian tube, but none was seen on the left side. The complaint is that of left iliac fossa discomfort and I think this may well be related to a previous ovarian cystectomy and subsequent adhesion formation. I discussed the situation with her and we have arranged for her admission for larotomy, division of adhesions and possible left salpingo-oophorectomy.

M.J. HAXTON, CONSULTANT GYNAECOLOGIST

04/08/1997

Date Signature

A481166 755
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MJH/MH 223139

18th June 1997

Dr. A. [REDACTED]
Medical Centre
Alexandria.

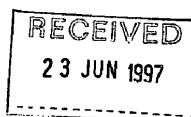
Dear Dr. [REDACTED]

VERONICA GLANCY, 437 PAPPERT, BONHILL
DOB 04 06 1969

I saw your patient back for review again on the 18th June. She is still complaining of left iliac fossa discomfort and swabs were taken. A scan was unrevealing. She was also complaining of long-term infertility and on that basis I think it would be worth carrying out a diagnostic laparoscopy and also doing hydrotubation at that time. Her present [REDACTED] is of unproven paternity and apparently refuses to hand in a sample for analysis, so investigations in that area are to a degree limited.

Yours sincerely

M.J. HAXTON
CONSULTANT GYNAECOLOGIST



SURGICAL
& WOMEN'S
SERVICES
DIRECTORATE

CLINICAL
DIRECTOR:
Dr M J Haxton

DIRECTORATE
MANAGER
Miss P [REDACTED]

OBSTETRICS &
GYNAECOLOGY
DEPARTMENT

CONSULTANTS

A S [REDACTED] FRCOG
M J Haxton FRCOG
N J Kenyon MRCOG

Vale of Leven
District
General
Hospital

Alexandria
Dunbartonshire
G83 0UA

Tel: 01389 754121
Fax: 01389 711150

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08-July-2026 ERIN MCGEEVER
Additional: Scanned Document

Filename: igprda202607081538130.tif
Extension: .tif
Pages:

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<<<<W PROGRAM: OCY292 CERVICAL CYTOLOGY SYSTEM REPORT: 0001 ON: 1994/08/02 AT: 04:27
 CYTOLOGY PATIENT TRANSFERS

PATIENTS TRANSFERRED FROM GREATER GLASGOW
 TO AREA C ARGYLL AND CLYDE AS AT 02/08/1994

CHT NO	NAME & ADDRESS	GP REF	SCREENING STATUS	RE-CALL DATE	HOME CORR.
0406699000	VERONICA GLANCEY GLASGOW GLASGOW G 512EH	NS Hesper	60158	ELIGIBLE	05/11/1994 Y
NHS NUMBER 564411669/785		DATE OF BIRTH 04/06/69			
DATE EXAMINED: 05/11/1993 SOURCE: COLPOSCOPY TEST TYPE: UNKNOWN SMEAR REASON: NOT KNOWN INFECTION: NO INFECTION RESULT: NEGATIVE RE-CALL ADVICE: 1 YEAR SLIDE NO.: 9314713 DATE READ: 10/11/1993 LAB: WESTERN INFIRMARY					
DATE EXAMINED: 10/08/1993 SOURCE: FAMILY PLANNING TEST TYPE: REPEAT NON-NEGATIVE SMEAR REASON: NOT KNOWN INFECTION: NO INFECTION RESULT: NEGATIVE RE-CALL ADVICE: 6 MONTHS SLIDE NO.: 9310503 DATE READ: 25/08/1993 LAB: WESTERN INFIRMARY					
DATE EXAMINED: 05/01/1993 SOURCE: FAMILY PLANNING TEST TYPE: OTHER SMEAR REASON: NOT KNOWN INFECTION: NO INFECTION RESULT: MILD DYSKARYOSIS RE-CALL ADVICE: REF. TO GYN/GEN SLIDE NO.: 9310063 DATE READ: 12/01/1993 LAB: STOBHILL GENERAL					
DATE EXAMINED: 15/05/1991 SOURCE: OTHER TEST TYPE: ROUTINE RECALL SMEAR REASON: NOT KNOWN INFECTION: NO INFECTION RESULT: NEGATIVE RE-CALL ADVICE: 3 YEARS SLIDE NO.: 91/07759 DATE READ: 31/05/1991 LAB: WESTERN INFIRMARY					
DATE EXAMINED: 22/09/1989 SOURCE: OWN GP TEST TYPE: OTHER SMEAR REASON: NOT KNOWN INFECTION: NO INFECTION RESULT: NEGATIVE RE-CALL ADVICE: 3 YEARS SLIDE NO.: 00000000000000000000 DATE READ: 06/00/0000 LAB: SOUTHERN GENERAL					

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94007344 M

16/02/94

XR 0011451

X-RAY REPORT

GLANCY, Veronica

24Y

F

J,

GP

26 BRIGHTON STREET, GLASGOW

ULTRASOUND PELVIS

AND KIDNEYS THE BLADDER OUTLINES NORMALLY. UTERUS AND OVARIES WERE OF NORMAL SIZE AND APPEARANCE. BOTH KIDNEYS WERE OF NORMAL SIZE AND APPEARANCES WITH NO EVIDENCE OF OBSTRUCTION.

*Dr. L

ART/EF

16/02/94

NC

JH

JM

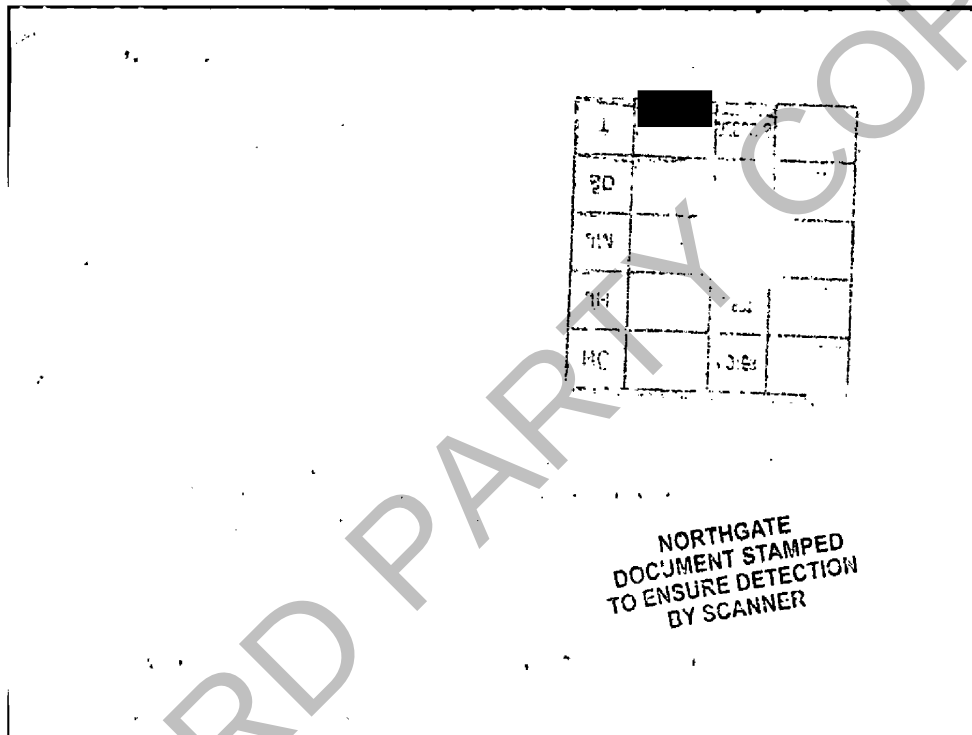
BD

T

RESULTS

16/02/94 - ULT PELVIS

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COLLEGE INV. HOSPITAL
Cervical Cytology Report

Name : Veronica GLANCY
Address: 3/11 [REDACTED] ST
ALEXANDRIA

Lab No: CC014695/2005
D.O.B. : 04-JUN-1969
CHI No. : 0406694001
Hosp. No. :
Date of Examination : 26-MAY-2005

Sender : [REDACTED] J CROMBIE
[REDACTED] Med Centre 2
46 - 62 Bank Street
Alexandria
Dunbartonshire G830LS

GP: DR [REDACTED]
[REDACTED] Med Centre 2
46 - 62 Bank Street
Alexandria
Dunbartonshire

Date Received : 30-MAY-2005
Date Issued : 06-JUN-2005

History: Annual smear.

Report:

Result: NEGATIVE. ENDOCERVICAL CELLS PRESENT.

Advice: ROUTINE RECALL

BMS Authorised

RECEIVED
- 7 JUN 2005

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CERVICAL CYTOLOGY REPORT		CY04002366
Name : Veronica GLANCY	Hosp No:223139	
Address: 3/11 [REDACTED] ST	CHI No:0406694001	
ALEXANDRIA	Date of Birth:04 Jun 1969	
Home Corr: Y	Date of Exam :11 Mar 2004	
	Date Received:12 Mar 2004	
GP: Dr G [REDACTED]	Sender: GP	
* AMC2		
46-62 BANK ST		
Smear Taker: PRACTICE NURSE		
Clinical Comments: (1.No symptoms)		
Prev abnormal.		
Report: Endocervical and metaplastic cells seen.		
RESULT:Negative Smear		
ADVICE:Repeat In 1 Year		
For Practice Use Only		
*		
Authorised : 25 Mar 2004 *		
*		
Consultant: Dr F Forbes *		
NHS ARGYLL AND CLYDE GYNAECOLOGICAL CYTOLOGY REPORT		
Vale of Leven District General Hospital Tel : 01389 754121 Ext 3870		
CPA		

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CERVICAL CYTOLOGY REPORT		CY03007171
Name : Veronica	GLANCY	Hosp No:223139
Address: 3/11	ST	CHI No:0406694001
ALEXANDRIA		Date of Birth:04 Jun 1969
	Home Corr: NG	Date of Exam :24 Jul 2003
		Date Received:25 Jul 2003
GP: Dr C	Sender: GP	
* AMC2		
46-62 BANK ST		
Smear Taker: PRACTICE NURSE		
Clinical Comments: Overdue smear.		
Report: No endocervical or metaplastic cells identified. Occasional groups with nuclear atypia.		
ACTION REQUIRED		
RESULT:Borderline Changes	ADVICE:Repeat In 6 Months	
	For Practice Use Only	
	*	
	*	
	*	
	*	
Consultant: Dr F Forbes	Authorised : 18 Aug 2003	
NHS ARGYLL AND CLYDE GYNAECOLOGICAL CYTOLOGY REPORT		
Vale of Leven District General Hospital Tel : 01389 754121 Ext 3870		



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CERVICAL CYTOLOGY REPORT		Lab No :CY98014976
Name : Veronica	GLANCY	Hosp No:223139
Address: 3/11	ST	
ALEXANDRIA		Date of Birth:04 Jun 1969
G83 OPG	Home Corr: NG	Date of Exam :09 Nov 1998
		Date Received:10 Nov 1998
GP:Dr D. HARRINGTON	Sender: Dr A.S	
* AMC2-	Gynaecology Out Patient Clinic	
46-62" BANK ST	Vale of Leven DG Hospital	
Taken by Nurse: NG		
Clinical Comments: 14 weeks pregnant, missed follow up smears after laser treatment. PV spotting.		
Report: Endocervical cells present.		
RESULT:Negative Smear		ADVICE:Routine Recall
		For Practice Use Only
Authoriser: Dr F Forbes	Date Printed: 12 Nov 1998	*
Consultants Dr F Forbes		*
Dr H Scullion		*
LOMOND HEALTHCARE NHS TRUST GYNAECOLOGICAL CYTOLOGY REPORT		
Vale of Leven District General Hospital Tel : 01389 754121 Ext. 3870		

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MICROBIOLOGY REPORT		LOMOND HEALTHCARE NHS TRUST		Vale of Lewes Hospital, Alexandria, Dorsetshire, G83 0UA, Tel 01383 751121 Fax 3504		CPA													
Surname GLANCY	Patient ID No 223139	Lab Ref No S024157	Source Alexandria Medical Centre 2																
Forename Veronica	Date of birth 04 Jun 1969	Date received 09 Sep 1998	46-62 Bank Street																
437 PAPPERT 80NHILL	Female	Date of report 14 Sep 1998	Alexandria	Time															
Clinical details: 06/05/99																			
<table border="1"><tr><td>Rubella IgG</td><td>Positive</td></tr><tr><td>Hepatitis B HBs Ag</td><td>Negative</td></tr><tr><td>Syphilis IgG</td><td>Negative</td></tr></table>								Rubella IgG	Positive	Hepatitis B HBs Ag	Negative	Syphilis IgG	Negative						
Rubella IgG	Positive																		
Hepatitis B HBs Ag	Negative																		
Syphilis IgG	Negative																		
<table border="1"><tr><td>Refer to Doctor</td><td></td></tr><tr><td>To make appointment</td><td></td></tr><tr><td>To collect script</td><td></td></tr><tr><td>Repeat specimen req'd</td><td></td></tr><tr><td>Result OK - Tell Patient</td><td>✓</td></tr><tr><td>- Issue Letter</td><td></td></tr></table>								Refer to Doctor		To make appointment		To collect script		Repeat specimen req'd		Result OK - Tell Patient	✓	- Issue Letter	
Refer to Doctor																			
To make appointment																			
To collect script																			
Repeat specimen req'd																			
Result OK - Tell Patient	✓																		
- Issue Letter																			
Specimen Type: Blood Date of Specimen: 09 Sep 1998																			

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Microbiology Department Telephone Numbers

Laboratory	ext 3504
Consultant	ext 3508 (page 187)
Senior Chief MLSO	ext 3516
Infection Control Nurse	3514 (page 308)
Fax	01389 759634

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HAEMATOLOGY REPORT		LOMOND HEALTHCARE NHS TRUST				CPA Accredited					
Valc of Leven Hospital Alexandria, Dumfriesshire, G83 0UA Tel 01389 754121 Ext: 3503											
Surname GLANCY	Patient ID No 223139	Lab Ref No H323356	Source ewr								
Forename Veronica	Date of birth 04 Jun 1969	Date received 09 Sep 1998	Alexandria Medical Centre 2								
437 PAPPERT	Female	Date of report 09 Sep 1998	46-62 Bank Street Alexandria								
Time											
Clinical details: 06/05/99											
<i>ECZ</i> <i>OK</i>											
Please see reverse for normal values											
Neuts X 10 ⁹ /l	Lymphs X 10 ⁹ /l	Monos X 10 ⁹ /l	Eosinos X 10 ⁹ /l	Basos X 10 ⁹ /l	Metamyelocyte X 10 ⁹ /l	Myelocyte X 10 ⁹ /l	Promyelocyte X 10 ⁹ /l	Giant X 10 ⁹ /l	NRBC per 100 WBC	ESR mm/hour	IM Test
7.5	2.0	0.8	0.10	0.0							
WBC x 10 ⁹ /l	RBC x 10 ¹² /l	Hb g/dl	Hct ratio	MCV fl	MCH pg	RDW %	Plats x 10 ⁹ /l	Other results		Date of Specimen	
10.4	3.73	13.4	0.360	98	35.8	12.1	269	FBC		09 Sep 1998	

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NORMAL HAEMATOLOGICAL VALUES IN ADULTS

	Male	Female
Haemoglobin (Hb)	14-18 g/dl	12-16 g/dl
Red cell count (RBC)	$4.5-6.5 \times 10^{12}/l$	$3.8-5.8 \times 10^{12}/l$
Haematocrit (Hct)	0.40-0.54	0.37-0.47
Mean cell volume (MCV)	80-98 fl	
Mean cell haemoglobin (MCH)	27-32 pg	
Red cell distribution width (RDW)	11.6-13.7 %	
White cell count (WBC)	$4.0-11.0 \times 10^9/l$	
Differential white cell count		
Neutrophils	$2.0-7.5 \times 10^9/l$	
Lymphocytes	$1.5-4.0 \times 10^9/l$	
Monocytes	$0.2-0.8 \times 10^9/l$	
Eosinophils	$0.04-0.4 \times 10^9/l$	
Basophils	$0.02-0.1 \times 10^9/l$	
Platelet count	$150-400 \times 10^9/l$	
Reticulocyte count	0.5-2.0%	

ESR

age (years)	Male	Female
17 - 60	15	20 mm hour
> 60	20	25 mm hour

THERAPEUTIC RANGES FOR ORAL ANTI-COAGULATION

INR 2.0-2.5

DVT prophylaxis for high-risk surgery

INR 2.0-3.0

treatment of DVT/PTE

atrial fibrillation

prosthetic tissue heart valves

TIA's/systemic arterial emboli

INR 3.0-4.5

mechanical prosthetic heart valves

recurrent DVT/PTE

arterial disease including MI

arterial grafts

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BLOOD TRANSFUSION REPORT		LOMOND HEALTHCARE NHS TRUST		CPA Accredited												
Vale of Leven Hospital,		Dunbartonshire, G83 0UA, Tel 01389 754121 Ext. 3502														
Surname GLANCY	Patient ID No 223139	Lab Ref No BT024157	Source [Redacted]													
Forename Veronica	Date of birth 04 Jun 1969	Date received 09 Sep 1998	Alexandria Medical Centre 2 46-62 Bank Street Alexandria													
437 PAPPERT BONHILL	Female	Date of report 09 Sep 1998	Time													
Clinical details: 06/05/99																
Group	[Redacted] Positive															
Antibody Screening Test	No antibodies detected															
		<table border="1"> <tr> <td>Refer to doctor</td> <td></td> </tr> <tr> <td>Refer to treatment</td> <td></td> </tr> <tr> <td>Refer to CC</td> <td></td> </tr> <tr> <td>Refer to GP</td> <td></td> </tr> <tr> <td>Result OK</td> <td>☒</td> </tr> <tr> <td>Issue letter</td> <td></td> </tr> </table>			Refer to doctor		Refer to treatment		Refer to CC		Refer to GP		Result OK	☒	Issue letter	
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Refer to GP																
Result OK	☒															
Issue letter																
AUTHORISED BY: <i>[Signature]</i>			Date of Specimen													
BLOOD TRANSFUSION			09 Sep 1998													

NHS Confidential: Personal data about a patient

HAEMATOLOGY REPORT		LOMOND HEALTHCARE NHS TRUST				CPA Accredited													
Vale of Leven Hospital, Alexandria, Dunbartonshire, G83 0UA. Tel 01389 754121 Ext: 3503																			
Surname GLANCY	Patient ID No 223139	Lab Ref No H244068	Source Dr . GLEN																
Forename Veronica	Date of birth 04 Jun 1969	Date received 29 Nov 1997	Alexandria Medical Centre 2 46-62 Bank Street																
437 PAPPERT	Female	Date of report 01 Dec 1997	Alexandria																
Clinical details: SORE THROAT		Time																	
Borderline macrocytosis.																			
<table border="1"> <tr> <td>Refer to Doctor</td> <td></td> </tr> <tr> <td>To make appointment</td> <td></td> </tr> <tr> <td>To collect script</td> <td></td> </tr> <tr> <td>Repeat specimen req'd</td> <td></td> </tr> <tr> <td>Result OK - Tell Patient</td> <td></td> </tr> <tr> <td>- Issue Letter</td> <td></td> </tr> </table>								Refer to Doctor		To make appointment		To collect script		Repeat specimen req'd		Result OK - Tell Patient		- Issue Letter	
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To collect script																			
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- Issue Letter																			
Please see reverse for normal values																			
Neuts X 10 ⁹ /l 6.1	Lymphs X 10 ⁹ /l 2.8	Monos X 10 ⁹ /l 0.5	Eosinos X 10 ⁹ /l 0.20	Basos X 10 ⁹ /l 0.1	Metamyelocyte X 10 ⁹ /l	Myelocyte X 10 ⁹ /l	Promyelocyte X 10 ⁹ /l												
Blatz X 10 ⁹ /l	NRBC per 100 WBC	ESR mm/hour	IM Test NEG																
WBC X 10 ⁹ /l 9.7	RBC X 10 ¹² /l 3.96	Hb g/dl 13.7	Hct ratio .400	MCV fl 100 *	MCH pg 34.6	RDW % 12.2	Plats X 10 ⁹ /l 214												
Other results FBC IN test Film						Date of Specimen 28 Nov 1997													

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NORMAL HAEMATOLOGICAL VALUES IN ADULTS			THERAPEUTIC RANGES FOR ORAL ANTI-COAGULATION	
	Male	Female		
Haemoglobin (Hb)	14-18 g/dl	12-16 g/dl	INR 2.0-2.5	DVT prophylaxis for high-risk surgery
Red cell count (RBC)	$4.5-6.5 \times 10^{12}/l$	$3.8-5.8 \times 10^{12}/l$	INR 2.0-3.0	treatment of DVT/PTE
Haematocrit (Hct)	0.40-0.54	0.37-0.47		atrial fibrillation
Mean cell volume (MCV)	80-98 fl			prosthetic tissue heart valves
Mean cell haemoglobin (MCH)	27-32 pg			TIA's/systemic arterial emboli
Red cell distribution width (RDW)	11.6-13.7 %		INR 3.0-4.5	mechanical prosthetic heart valves
White cell count (WBC)	$4.0-11.0 \times 10^9/l$			recurrent DVT/PTE
Differential white cell count				arterial disease including MI
Neutrophils	$2.0-7.5 \times 10^9/l$			arterial grafts
Lymphocytes	$1.5-4.0 \times 10^9/l$			
Monocytes	$0.2-0.8 \times 10^9/l$			
Eosinophils	$0.04-0.4 \times 10^9/l$			
Basophils	$0.02-0.1 \times 10^9/l$			
Platelet count	$150-400 \times 10^9/l$			
Reticulocyte count	0.5-2.0%			
ESR				
age (years)	Male	Female		
17 - 60	15	20 mm hour		
> 60	20	25 mm hour		

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HAEMATOLOGY REPORT		LOMOND HEALTHCARE NHS TRUST				CPA Accredited													
Vale of Leven Hospital, Alexandria, Dunbartonshire, G83 0UA. Tel: 01389 754121 Ext: 3503																			
Sumama GLANCY	Patient ID No 223139	Lab Ref No H244068	Source Dr. GLEN																
Forename Veronica	Date of birth 04 Jun 1969	Date received 29 Nov 1997	Alexandria Medical Centre 2																
437 PAPPBRT BONHILL	Female	Date of report 29 Nov 1997	46-62 Bank Street Alexandria																
Time																			
Clinical details: SORE THROAT																			
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Platelet count	$150-400 \times 10^9/l$	
Reticulocyte count	0.5-2.0%	

ESR

age (years)	Male	Female
17 - 60	15	20 mm hour
> 60	20	25 mm hour

THERAPEUTIC RANGES FOR ORAL ANTI-COAGULATION

INR	2.0-2.5
	DVT prophylaxis for high-risk surgery
INR	2.0-3.0
	treatment of DVT/PTE
	atrial fibrillation
	prosthetic tissue heart valves
	TIA's/systemic arterial emboli
INR	3.0-4.5
	mechanical prosthetic heart valves
	recurrent DVT/PTE
	arterial disease including MI
	arterial grafts

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MICROBIOLOGY REPORT		LOMOND HEALTHCARE NHS TRUST		GPA Accredited													
Vale of Leven Hospital, Alexandria, Dunbartonshire, G83 0UA, Tel 01389 754121 Ext: 3504																	
Surname GLANCY	Patient ID No 223139	Lab Ref No H139271	Source Dr E ROBERTSON														
Forename Veronica	Date of birth 04 Jun 1969	Date received 03 Nov 1997	Alexandria Medical Centre 2 46-62 Bank Street Alexandria														
437 PAPPERT BONHILL	Female	Date of report 04 Nov 1997		Time													
Clinical details: FREQUENCY																	
WBC	-	<table border="1"><tr><td>Refer to Doctor</td><td></td></tr><tr><td>To make appointment</td><td></td></tr><tr><td>To collect swab</td><td></td></tr><tr><td>Repeat specimen req'd</td><td></td></tr><tr><td>Result OK Tell Patient</td><td>☒</td></tr><tr><td>Issue Letter</td><td></td></tr></table>				Refer to Doctor		To make appointment		To collect swab		Repeat specimen req'd		Result OK Tell Patient	☒	Issue Letter	
Refer to Doctor																	
To make appointment																	
To collect swab																	
Repeat specimen req'd																	
Result OK Tell Patient	☒																
Issue Letter																	
RBC	-																
Casts	-																
Urine culture 1) No Significant Growth																	
Specimen Type: Mid stream urine Date of Specimen: 03 Nov 1997																	