

Patient name Mrs. Bette Davis Date of Birth 19/05/1948 Gender Female NHS Number AA17943 Hospital ID P41N111 Patient address: 1010 Argent Terrace, Fauxsonby, Auckland Patient email address: b.davis.eyes@email.com Patient telephone number: (310) 555- 9348	Attendance Details Date of appointment/contact: TBD Contact Type: GP referral Consultation method Face-to-face Seen by Outcome of patient attendance
	GP Practice Details GP practice identifier: A81007 GP name: Dr. Hugh Morris GP Address: The Decameron Wellness Group, Ague Crescent, Brigadier Bay, Auckland

Dear Urology Team,

RE: Ms. Bette Davis, DOB 19/05/1948

Reason for referral: Investigation of severe and debilitating polyuria.

History Ms. Davis presents with a six-month history of progressively worsening thirst (polydipsia) and urinary frequency. She estimates her daily water intake is between 8 and 10 litres and she is voiding hourly, day and night, which is causing significant sleep disturbance and daytime fatigue.

Her past medical history is notable for Bipolar Affective Disorder, which has been well-controlled on Lithium Carbonate for over a decade.

Examinations On examination, she appears well. Her blood pressure is 110/70 mmHg and her mucous membranes are somewhat dry. Her abdomen is soft and non-tender, with no palpable bladder or kidney masses.

Investigations to date

- **Renal Ultrasound:** This was performed last month to rule out any structural abnormality of her kidneys or bladder and was reported as entirely normal.
- **Urinalysis:** Shows persistently low specific gravity (<1.005) with no blood, protein, leucocytes, or nitrites. Mid-stream urine culture was negative.

- **Bloods:** Her renal function is normal (eGFR > 90). Her serum sodium is at the upper limit of normal at 145 mmol/L. Her therapeutic Lithium level was checked last week and is stable and within range.

Clinical summary I am referring Ms. Davis for a specialist opinion regarding her extreme urinary frequency. While she has no features of a urinary tract infection, incontinence, or outflow obstruction, the sheer volume of urine she is producing is having a major impact on her quality of life. I would be grateful for your assessment to rule out a primary bladder pathology or other urinary tract cause.

Yours sincerely,

Dr. Hugh Morris General Practitioner