

POC28WIL

CRICKET GREEN MEDICAL PRACTICE

Health Care Assistant:

Legal & General Assurance Society
Brunel House
2 Fitzalan Road
Cardiff
CF24 0EB

28th September 2011

Dear Sir or Madam,

Application reference:

I am writing with reference to your letter dated 20th September in connection with our above named patient.

Please find enclosed full copies of the records held for . together with our fee note for £40.00.

I would like to point out that the address on our records differs from that quoted by yourselves.

I trust this information will be of help to you.

Yours sincerely

Reception Supervisor

Patient No

PATIENT SUMMARY

EMIS no	:
Name	:
Age	:
D.O.B.	:
Address	:
Post Code	:

```

Records at                                     :
Telephone number                             :
NHS number                                   :
Hospital Number(s)                           :
Trading Partner                               :
Registering Dr                               :
Usual Dr                                      :
Dispensing?                                  :
RPP/Road miles                               :
Walking quarters                             :
Residential Inst.                            :
Special dist/Blocked                          :
Carer                                         :

```

23.2.1999 Registration status : Record Received

ACTIVE PROBLEMS

18.01.2010	Pooled	:
13.05.2011	Pyoderma gangrenosum	:w/ secondary infection w/ Staphylococcus aureus sensitive to Erythromycin and Flucloxacillin
16.06.2011	Rheumatoid arthritis+similar	:suggested RA/SLE overlap (St George's)
22.06.2011	Termination of pregnancy	:
27.06.2011	Systemic lupus erythematosus	:

SIGNIFICANT (NOT ACTIVE) PROBLEMS

13.07.2005	Cervical smear defaulter	:invited three times
26.10.2009	Seen in hospital casualty	:sgh limb prob
29.12.2009	Seen in hospital casualty	:SGH - Abdo Pain

ALLERGIES

11.04.2011 O/E - rash present

DISEASES OR OPERATIONS

07.08.2001	Cervicalgia - pain in neck	:
10.12.2002	Fungal infection of skin	:
01.04.2005	Conjunctivitis	:
27.05.2008	Upper respiratory infection NOS	:
02.02.2011	Subfertility	:
02.02.2011	Raynaud's syndrome	:
23.02.2011	Seroposit rheum arthr, unsp	:
11.04.2011	Erythema nodosum	:
20.04.2011	Cervical smear taken	:
13.05.2011	Pyoderma gangrenosum	:w/ secondary infection w/ Staphylococcus aureus sensitive to Erythromycin and Flucloxacillin
27.05.2011	Systemic lupus erythematosus	:
15.06.2011	Skin lesion	:
16.06.2011	Rheumatoid arthritis+similar	:suggested RA/SLE overlap

Patient No

22.06.2011 Termination of pregnancy :
 27.06.2011 Systemic lupus erythematosus :

HEALTH STATUS

Ethnic category :- - -
 Main spoken lang :- - -
 Last Smear :- - -
 27.5.2011 Weight :48 Kg
 27.5.2011 O/E - height :Height 157 cm
 7.1.1999 Body Mass Index :20.7
 7.1.1999 Ideal Weight :53.4 Kg
 27.6.2011 BP :145/97 mm Hg
 Lifestyle counse :- - -
 11.2.2010 Smoking Status :Never smoked tobacco
 Smoke Advice :- - -
 AUDIT C :- - -
 7.1.1999 Alcohol :0 units/week
 Diet :- - -
 7.1.1999 Exercise grading :Enjoys light exercise
 7.1.1999 FH: IHD<60 :No FH: Ischaemic heart Dis <60
 7.1.1999 FH:IHD>60 :No FH: Ischaemic heart Dis >60
 7.1.1999 FH: CVA/stroke :No FH: Stroke/TIA
 FH:Diabetes :- - -
 7.1.1999 Urine Protein :Urine protein test negative
 7.1.1999 Urine Glucose :Urine glucose test negative
 Occupations :- - -
 Carer :- - -
 Email Address :- - -
 7.1.1999 Em. contact name :Emergency Contact Name
 7.1.1999 Em. contact no. :Emergency Contact No

FAMILY HISTORY

07.01.1999 No FH: Ischaemic heart Dis >60 :
 07.01.1999 No FH: Ischaemic heart Dis <60 :
 07.01.1999 No FH: Stroke/TIA :

PRESENT MEDICATION

	Last Issue
Repeat Prescriptions	
Mepore Ultra Dressing 9 cm x 20 cm asd 20*1 dressing	22.8.2011
Omeprazole Capsules (Gastro-Resistant) 20 mg od 28 capsule	22.8.2011

Past Medication

Last Issue	Item
7.6.1999	Piriton Tablets 4 mg bd 20 t
21.11.2000	Terbinafine Hydrochloride Cream 1 % asd 15 grams
10.12.2002	Hydrocortisone And Miconazole Cream 1 % + 2 % bd 30 grams
5.9.2003	Microgynon 30 Tablets od 3*21 tablets
1.4.2005	Fusidic Acid M/R Eye Drops 1 % apply bd 5 grams
11.6.2007	Amoxicillin Capsules 500 mg 1 tds 21 capsule(s)
8.4.2008	Fexofenadine Hydrochloride Tablets 180 mg od 30 tablets
11.2.2010	Terbinafine Hydrochloride Cream 1 % bd 30 gram
23.2.2011	Prednisolone Tablets 5 mg 4 od asd for flare up 28 tablet
3.3.2011	Flucloxacillin Capsules 500 mg 1 qds 28 capsule
4.5.2011	Aqueous Cream apply bd 500 grams

Patient No

13.06.2007 Patient File Attachment :Posted from ApolloScan.
 18.06.2007 Patient File Attachment :Posted from ApolloScan.
 02.07.2007 Patient File Attachment :Posted from ApolloScan.
 31.07.2007 PHYSICIANS ASSISTANT QUESTIONNAIRE:
 03.09.2007 Patient File Attachment :Posted from
 03.09.2007 TWIMC letter and fee note for Five Pounds from KMB.rtf:
 05.09.2007 Medical report received :letter required kmb
 letter with caroline
 04.01.2008 Periorbital oedema :
 27.05.2008 Upper respiratory infection NOS:
 26.10.2009 Seen in hospital casualty :sgh limb prob
 05.11.2009 Patient File Attachment :Posted from ApolloScan.(88684.
 TIF)
 29.12.2009 Seen in hospital casualty :twic abdo pain
 29.12.2009 Seen in hospital casualty :SGH - Abdo Pain
 04.01.2010 Patient File Attachment :Posted from ApolloScan.(93399.
 TIF)
 06.01.2010 Patient File Attachment :Posted from ApolloScan.(93599.
 TIF)
 08.01.2010 Patient File Attachment :Posted from ApolloScan.(93810.
 TIF)
 18.01.2010 Pooled :
 11.02.2010 Never smoked tobacco :
 11.02.2010 Pre-pregnancy counselling :
 31.01.2011 Seen in walk in centre :SGH viral illness
 02.02.2011 No record of smear letter .rtf :
 02.02.2011 Subfertility :
 02.02.2011 Raynaud's syndrome :
 08.02.2011 Patient File Attachment :Posted from ApolloScan.(124110.
 TIF)
 23.02.2011 Seroposit rheum arthr, unsp :
 28.02.2011 Seen in walk in centre :SGH viral illness
 03.03.2011 Rheumatology SH.rtf :
 04.03.2011 Patient File Attachment :Posted from ApolloScan.(125825.
 TIF)
 04.03.2011 Referred to rheumatologist :
 Secondary Care (Sgn, Snn Etc)
 , Nhs Referral, SWELLING AND
 PAIN BILATERALLY IN FINGERS
 08.03.2011 Patient File Attachment :Posted from ApolloScan.(125968.
 TIF)
 11.04.2011 Walk In Dermatology Clinic SGH.rtf:
 11.04.2011 Erythema nodosum :
 11.04.2011 Urinalysis = no abnormality -Req.:
 11.04.2011 O/E - rash present :
 20.04.2011 Seen by urgent care team :
 20.04.2011 Cervical smear taken :
 20.04.2011 Liquid based cerv cytol screen :
 06.05.2011 Cerv.smear: borderline changes :
 10.05.2011 Patient File Attachment :Posted from ApolloScan.(130025.
 TIF)
 10.05.2011 Smear Borderline .rtf :
 13.05.2011 Pyoderma gangrenosum :w/ secondary infection w/
 Staphylococcus aureus
 sensitive to Erythromycin and

Patient No:

27.05.2011	Patient File Attachment	Flucloxacillin :Posted from ApolloScan.
27.05.2011	Patient File Attachment	:Posted from ApolloScan.
27.05.2011	Systemic lupus erythematosus	:
27.05.2011	TOP SGH AO .rtf	:
27.05.2011	Telephone consultation	:
27.05.2011	Requests pregnancy termination	:
31.05.2011	Patient File Attachment	:Posted from ApolloScan.
03.06.2011	Patient File Attachment	:Posted from ApolloScan.
10.06.2011	Patient File Attachment	:Posted from ApolloScan.
14.06.2011	Patient File Attachment	:Posted from ApolloScan.
15.06.2011	Skin lesion	:
16.06.2011	Rheumatoid arthritis+similar	:suggested RA/SLE overlap
21.06.2011	Patient File Attachment	:Posted from ApolloScan.
22.06.2011	Termination of pregnancy	:
23.06.2011	Patient File Attachment	:Posted from ApolloScan.
24.06.2011	Surgery Calculated Egfr	:>60
24.06.2011	Ascitic fluid glucose level	:GLUCOSE FLUORIDE 5.5mmol/L
24.06.2011	Serum alanine level	:ALANINE TRANSAMINASE 30U/L
24.06.2011	Adjusted serum calcium level	:2.49
24.06.2011	C reactive protein normal	:<4.0 mg/L
24.06.2011	Red blood cell distribution width	:13.6%
24.06.2011	RBC's - hypochromic	:%Hypo RBC 10.5%
24.06.2011	Erythrocyte sedimentation rate	:67
24.06.2011	Hct 0.0 x10 ¹² /l	:0.43
27.06.2011	Systemic lupus erythematosus	:
28.06.2011	Medication review with patient	:
29.06.2011	Patient File Attachment	:Posted from ApolloScan.
12.07.2011	Patient File Attachment	:Posted from ApolloScan.
18.07.2011	Patient File Attachment	:Posted from ApolloScan.
22.07.2011	Surgery Calculated Egfr	:60
22.07.2011	Serum alanine level	:19
22.07.2011	Red blood cell distribution width	:13.0
22.07.2011	RBC's - hypochromic	:8.6
25.07.2011	Patient File Attachment	:Posted from ApolloScan.
25.07.2011	Patient File Attachment	:Posted from ApolloScan.
22.08.2011	Patient File Attachment	:Posted from ApolloScan.
22.08.2011	Medical report received	:Stepping Stones Early Years Centre
25.08.2011	Fee Note Patient 17421.rtf	:
25.08.2011	A4 Letter headed alison Patient 17421.rtf	:
26.08.2011	Patient File Attachment	:Posted from ApolloScan.
06.09.2011	Patient File Attachment	:Posted from ApolloScan.

Patient No:

15.09.2011 Patient File Attachment :Posted from ApolloScan. |

20.09.2011 Medical report received :legal & general

21.09.2011 Patient File Attachment :Posted from ApolloScan.

All consultations

21.9.2011
Apollo attached document

21.9.2011
Apollo attached document

D: *RA35 Posted from ApolloScan. legal & general/consent 20
9
11

15.9.2011
Apollo attached document

15.9.2011
Apollo attached document

D: *RA34 Posted from ApolloScan. Originator: St. Georges
Hospital. gynae clinic 10 9 11

6.9.2011
Apollo attached document

6.9.2011
Apollo attached document

D: *RA33 Posted from ApolloScan. Originator: St. Georges
Hospital. derm clinic 22 7 11

26.8.2011
Apollo attached document

26.8.2011
Apollo attached document

D: *RA32 Posted from ApolloScan. health reference request
25 8
11

25.8.2011
Third Partv

Patient No:

D: *RL8 Fee Note Patient 17421.rtf

25.8.2011
Third Party

D: *RL7 A4 Letter headed Patient 17421.rtf

22.8.2011
Apollo attached document

22.8.2011
Apollo attached document

D: *RA31 Posted from ApolloScan. Stepping Stones EYC req &
patient consent for GP report 15.8.11

25.7.2011
Apollo attached document

25.7.2011
Apollo attached document

D: *RA30 Posted from ApolloScan. Originator: St. Georges
Hospital. dept of dermatology

25.7.2011
Apollo attached document

25.7.2011
Apollo attached document

D: *RA29 Posted from ApolloScan. Originator: St. Georges
Hospital. dermatology summary

18.7.2011
Apollo attached document

18.7.2011
Apollo attached document

D: *RA28 Posted from ApolloScan. med 3 cert 25 5 11

12.7.2011
Apollo attached document

12.7.2011
Apollo attached document

Patient No:

D: *RA27 Posted from ApolloScan. Originator: St. Georges
Hospital. derm clinic 27 5 11

29.6.2011
Apollo attached document

29.6.2011
Apollo attached document

D: *RA26 Posted from ApolloScan. med 3 cert 28 6 11

28.6.2011 Review
G.P.Surgery

E: Rheumatoid arthritis+similar
S: came for review of back lesions and to get return
to work cert. Is managing well, has been started
on methotrexate by rheumatologists and had bloods
last wk. Dressings on back. Hands are dry.
O: back wounds appear to be healing, granulation
tissue present, no evidence of infection, not
completely healed so continue w dressings
P: dermol for hands, rpt dressings for back, fit note
written, omeprazole prescribed as put on by
rheumatologists.
D: Medication review with patient

23.6.2011
Apollo attached document

23.6.2011
Apollo attached document

D: *RA25 Posted from ApolloScan. Originator: St. Georges
Hospital. Rheum clinic 7.6.11

21.6.2011
Apollo attached document

21.6.2011
Apollo attached document

D: *RA24 Posted from ApolloScan. Originator: St. Georges
Hospital. derm clinic 9 6 11

15.6.2011 First
G.P.Surgery

E: Skin lesion
S: Had several infected skin lesions - secondary to
SLE - being reviewed next week by specialist -

Patient No.

currently on dermovate and flucloxacillin.
Recently had TOP as was taking meds when she
conceived that were not advised.
P: Med 3 written for 2 weeks - and dressings given
for skin lesion.

14.6.2011
Apollo attached document

14.6.2011
Apollo attached document

D: *RA23 Posted from ApolloScan. Originator: St. Georges
Hospital. rheumat clinic 3 5 11

10.6.2011
Apollo attached document

10.6.2011
Apollo attached document

D: *RA22 Posted from ApolloScan. Originator: St. Georges
Hospital. gynae discharge 3 6 11

3.6.2011
Apollo attached document

3.6.2011
Apollo attached document

D: *RA21 Posted from ApolloScan. Originator: St. Georges
Hospital. derm clinic 1 6 11

31.5.2011
Apollo attached document

31.5.2011
Apollo attached document

D: *RA20 Posted from ApolloScan. med 3 cert 27 5 11

27.5.2011 Review
G.P.Surgery

E: Requests pregnancy termination
P: height and weight recorded for above referral

27.5.2011

Patient No:

27.5.2011

Apollo attached document

D: *RA19 Posted from ApolloScan. Originator: St. Georges
Hospital. med plan 27 5 11

27.5.2011

Apollo attached document

27.5.2011

Apollo attached document

D: *RA18 Posted from ApolloScan. Originator: St. Georges
Hospital. derm clinic 27 5 11

27.5.2011

Telephone

First

E: Telephone consultation
S: clarified above with derm registrar, aspirin
recommended anyway, if she changes her mind we
will prefer urgently as high risk
pregnancy-awaaitng phsopholipid abx

27.5.2011

G.P.Surgery

Review

E: [Systemic lupus erythematosus] deleted
S: diagnosed. sufferring with skin sorews-nees help
with dressing, see DERM letter
Rx: Dermovate Ointment 0.05 % 100 gram.
Prednisolone Tablets 5 mg 126 tablet.
P: pn for dressing help
advise ++

27.5.2011

G.P.Surgery

First

E: Requests pregnancy termination
S: LMP 15/4, currently 6/40, cobncerned as she feels
so unwell. also on high dose pred and maybe
cytotoxic drugs for SLE, dosent want to go thru
with pregnancy
P: refer TOP, cert 4/5-17/6, long chat, advsie
D: *RL6 TOP SGH A0 .rtf

10.5.2011

Apollo attached document

10.5.2011

Apollo attached document

Patient No:

D: *RA17 Posted from ApolloScan. Originator: St. Helier
Hospital. smear 20 4 11
D: *RL5 Smear Borderline .rtf

10.5.2011
Telephone

S: tried to contact patient. mobile number on system
is not working and home number is incorrect. await
pt contact

4.5.2011
G.P.Surgery

S: been to rheumatologist and likely lupus as cause
of her symptoms. has been commenced on pred 10mg
od. also taking calchichew. symptoms have calmed
down a little. main problem has been lesions on
the lower part of her abdomen on her left side
which is very painful for her.
O: few punched out lesions on lower abdomen left
side. seen with lisa e. ?cutaneous manifestation
Rx: Aqueous Cream
Co-Codamol 30/500 Tablets
P: for derm rev in walk in centre. med 3 1 month.

26.4.2011
G.P.Surgery

S: has flare up on her skin. been to walk in clinic
about her shins and was advised that likely cause
is an allergy. however since then has developed dry
areas and discoloured skin lesions on her hands
and back. has been sore for her. present past 3
weeks. has been better of late but still present.
O: patch on back- 10cm dm roughened skin with some
dry and discoloured patches. also areas of swelling
to fingers and roughened skin. ?lupus skin
reaction.
P: pt has appt with rheum next tuesday. advised
would be better to await this appt before
referring to dermatologist to avoid duplication of
work. to use emollient on skin. to take photographs
of her lesions to show derm at appt
i will see post appt

20.4.2011
Path. Lab.

I: Cervical cytology screening test,
Borderline smear - repeat in 6/12 around
Oct 2011 (*R19)

Patient No

20.4.2011
G.P.Surgery

First

E: Seen by urgent care team
S: Has not been to dermatology WIC yet - advised to attend.
D: Cervical smear: negative - oportunistic smear, 1st ever smear, narboth follicles apparent.

12.4.2011
Path. Lab.

I: Plasma C reactive protein, No action (*R17)
I: !FBC, Erythrocyte sedimentation rate, raised- hass rheum appt next week, Differential white cell count (*R18)

11.4.2011
G.P.Surgery

First

E: Erythema nodosum
S: painful, tender lesions on legs and thighs, states present for several weeks, no fever or sob. Hx of possible RA noted
O: numerous purpuric lesions on lower limbs, no fever or neck stiffness
Rq: Urinalysis = no abnormality
P: for FBC and inflammatory makers and dermatology consult this week to confirm
D: *RL4 Walk In Dermatology Clinic SGH.rtf

11.4.2011
G.P.Surgery

First

E: O/E - rash present
S: Long standing body rash, went to The Wilson and prescribed cetirizine which is not working.
O: Small discoid lesions over lower legs, note pt reports new RA diagnosis.
P: Needs GP review.

8.3.2011
Apollo attached document

8.3.2011
Apollo attached document

D: *RA16 Posted from ApolloScan. Originator: St. Georges Hospital. wic 28 2 11

4.3.2011
Apollo attached document

Patient No.

4.3.2011

Apollo attached document

D: *RA15 Posted from ApolloScan. Originator: St. Georges Hospital. chest hand /feet result 28 2 11

3.3.2011

G.P.Surgery

Review

E: Seroposit rheum arthr, unsp
 S: jt swelling persists bilat in fingers. Prev has raynauds, this winter swelling and pain worse in morning. No other jts affected. Now has infection paronychia type infection at top of all nails, very sore. Swelling persists and some facial puffiness. No ankle swelling or foot swelling. no FH of RA
 O: paronychia all nails top of nail bed, swollen and scabbed.
 P: for oral flucloxacillin, advised to start oral prednisolone. Has had xrays at SGH. urgent rheum referral.
 D: *RL3 Rheumatology SH.rtf

1.3.2011

Path. Lab.

I: Anti-CCP antibody level, Normal, no action (*R16)

28.2.2011

Path. Lab.

I: Hepatitis, Normal, no action (*R12)
 I: Plain X-ray foot, Normal, no action (*R13)
 I: Plain X-ray hand, Normal, no action (*R14)
 I: Standard chest X-ray, Normal, no action (*R15)

23.2.2011

G.P.Surgery

First

: Seroposit rheum arthr, unsp
 S: past 2 months morning stiffness, joint swelling, lethargy. fh of diabetes.
 O: mildly swollen small joints in hand and wrists.
 P: RA strongly positive, ESR >100. plan 1. steroids if flare (some symptoms have resolved) 2. refer rheumatology st george's. info leaflet re RA given
 3. bloods and xrs inc anti ccp, hepatitis screen

23.2.2011

G.P.Surgery

Review

E: Subfertility

Patient No:

S: 1 year trying, not pregnant. partner not currently around.

P: advised partner needs sperm test then we can refer to one stop clinic. suggest needs to d/w rheumatology also

8.2.2011

Apollo attached document

8.2.2011

Apollo attached document

D: *RA14 Posted from ApolloScan. Originator: St. Georges Hospital. wic 31 1 11

7.2.2011

Path. Lab.

I: !Rheumatoid factor, To make an appointment (*R4)

4.2.2011

Path. Lab.

I: NO REQUEST, SAVED SAMPLE, Normal, no action (*R5)

I: Thyroid function test, Normal, no action (*R6)

I: !Liver function test, To make an appointment, Bone profile, Serum free T4 level, Serum TSH level, Serum prolactin level, Serum LH level, Serum FSH level, Serum progesterone, Serum testosterone (*R7)

I: !FBC, Erythrocyte sedimentation rate, To make an appointment (*R8)

I: %Hypo RBC, No action (*R9)

I: NO REQUEST, No action, SAVED SAMPLE (*R10)

I: Serum 17alphahydroxyprogesterone lev, Normal, no action (*R11)

2.2.2011

Third Party

D: *RL2 No record of smear letter .rtf

2.2.2011

G.P.Surgery

First

E: Raynaud's syndrome

S: reports cold hands but also joint swellings in am and pm

no other joints affected but occ shoulder pains

O: normal cap refill and sensation

PIPJ do look slightly swollen

P: do bloods

Patient No

2.2.2011 First
G.P.Surgery

E: Subfertility
S: having USI for 1 year-not used any contraception
Gl. parter has had children.regular sex once a
week-slightly irreg cycle
P: do bloods

11.2.2010 First
G.P.Surgery

E: Pre-pregnancy counselling
S: has been trying for 3 months. regular intercourse,
regular periods, no medical problems, no problems
in past. advise++, for folic acid, has had all
imms inc rubella
O: small area tine on shoulder, for terbinafine
T: Never smoked tobacco
P: advsie++

8.1.2010
Apollo attached document
|

8.1.2010
Apollo attached document

D: *RA13 Posted from ApolloScan. Originator: St. Georges
Hospital. twic 29 12 09

6.1.2010
Apollo attached document

6.1.2010
Apollo attached document

D: *RA12 Posted from ApolloScan. Originator: St. Georges
Hospital. twic 29 12 09

4.1.2010
Apollo attached document

4.1.2010
Apollo attached document

D: *RA11 Posted from ApolloScan. Originator: St. Georges
Hospital. a/e 29 12 09

5.11.2009

Patient No:'

5.11.2009

Apollo attached document

D: *RA10 Posted from ApolloScan. Originator: St. Georges Hospital. a&e 26 10 09

27.5.2008

G.P.Surgery

First

E: Upper respiratory infection NOS
 S: 3/7 h/o sore throat and fever. worse yesterday. feels better today. has been takin panadol.E+D well. no other sx
 O: apyrexial, throat- mild congestn, sl tender JD nodes b/l palapble 1*2cm.
 P: as sx improving, likely viral, adv++. to contact if sx worse.salt water gargle. regular paracetamol

8.4.2008

G.P.Surgery

S: Swelling and stiffness of fingers first thing in the morning. Fingers become very white in the cold. Difficulty moving fingers first thing. Recent blood tests show raised ESR. Swelling around eyes still occur. No food triggers identified.
 Rx: Fexofenadine Hydrochloride Tablets 180 mg
 P: ? Raynaud's phemonenon. Pt info given. Plan: to try antihistamines for facial eodema. rv ini.

8.1.2008

Path. Lab.

1: Thyroid function test, Normal, no action (*R1), !Renal profile, Normal, no action, Liver function test, GFR calculated abbreviated MDRD (*R2), !FBC, Normal, no action, Erythrocyte sedimentation rate (*R3)

4.1.2008

G.P.Surgery

First

E: Periorbital oedema
 S: feels has had mild face swelling for months. commented on by friends/relatives.not known to be associated with allergy/rashes. systemically very well. no weight change/joint problems/rashes/viual problems. regular menstruation.
 O: mild periorbital oedema. no eye involvement.
 P: check thyroid function and basic bloods. will review is any abnormalities. keep diary for potential food triggers. pt happy with discussion.

Patient No: ----

3.9.2007

Apollo attached document

3.9.2007

Apollo attached document

D: *RA9 Posted from ApolloScan. letter 31 8 07

D: *RL1 TWIMC letter and fee note for Five Pounds from KMB.

rtf

2.7.2007

Apollo attached document

2.7.2007

Apollo attached document

D: *RA8 Posted from ApolloScan. Originator: St. Georges
Hospital. a&e 26 6 07

18.6.2007

Apollo attached document

18.6.2007

Apollo attached document

D: *RA7 Posted from ApolloScan. Originator: St. Georges
Hospital. discharge summ 8 6 07

13.6.2007

Apollo attached document

13.6.2007

Apollo attached document

D: *RA6 Posted from ApolloScan. Originator: St. Georges
Hospital. a&e 7 6 07

11.6.2007

G.P.Surgerv

First

E: Chest pain

S: one week hx of fever. Seen at St George and
investigated for meningitis. results all clear.
Discharged home Friday. Still has fever and now
chest, back and quad pain. Worse on moving around.
Also cough with grey phlegm. Also night sweats. No
recent travel. Drinking but not eating as no
appetite. No nausea, vomiting or diarrhoea.

O: Temp 38.8. Warm to touch. BP 110 / 83 mm Hg

Patient No:1.

pulse106 reg. Chest - clear. Throat - NAD.m Some
cervical lymphadenopathy. Abdo soft- non-tender.
No lymphadenopathy. No organomegaly.
Rx: Amoxicillin Capsules 500 mg 21 capsule(s).
P: Discussed with Dr Chana. Treat as URTI and review
as necessary. Advised re: sos signs, fluids, reg
paracetamol. If symptoms persist or worsen to
return.
D: Current non-smoker

29.1.2007

Apollo attached document

29.1.2007

Apollo attached document

D: *RA5 Posted from ApolloScan. Originator: St. Georges
Hospital. a&e 23 1 07

1.4.2005

Onset

Emergency Surgery

E: Conjunctivitis
S: 4d sore red eyes
O: bilat conjunct
Rx: Fusidic Acid M/R Eye Drops 1 %

1.4.2005

New

Emergency Surgery

E: Contraception
S: needs O/C and C/S -> nurse

5.10.2004

D

Externally entered

D: *RA4 Wandsworth Primary Play Association

5.9.2003

Onset

G.P.Surgerv

E: Contraception
S: starting pill, no ci's, nonsmoker, not yet had
smear-explanation, will book; BP 118 mm Hg
/ 68 mm Hg ; advice re when to start/missed
pill/abx/diarrhoea, leaflet given
Rx: Microgynon 30 Tablets
P: review 3/12

30.4.2003

D

Externally entered

D: *RA3 SGH EPA 25/4/03

Patient No:

25.4.2003 Onset
G.P.Surgery

E: Patient reviewed
S: is now bleeding PV, has been to hospital and they think is probably miscarrying although possible ectopic and is due for review and blood test again tomorrow
P: would like to come back and discuss contraception, appt 2w today

25.4.2003 D
Externally entered

D: *RA2 SGH EPA 22/4/03

22.4.2003 Onset
Emergency Surgery

E: Urine pregnancy test positive
S: has had L sided abdo pain for the last week, no BPV, feels well but period is late and worried may be pregnant
O: abdo soft tender in LIF no rebound or guarding
P: for referral to EPU to exclude an ectopic, wishes to have TOP and so will return on friday to discuss

10.12.2002 Onset
G.P.Surgery

E: Fungal infection of skin
S: for 2/52 lesion on left breast. itchy +++.
O: left outer breast approx 4cm across, well demarcated.
Rx: Hydrocortisone And Miconazole Cream 1 % + 2 %
P: advice.

10.12.2002 Onset
G.P.Surgery

E: General contraceptive advice
S: discussed options. pt will attend FPC to further discuss.

18.1.2002 D
Externally entered

D: *RA1 BPAS 12/01

4.1.2002

Patient No

E: refer BPAS for assesment ? late TOP possible.

3.1.2002
G.P.Surgery

3.1.2002
G.P.Surgery

E: just about to start university living with
grandparents boyfriend not supportive review mane
? poss late top.

3.1.2002
G.P.Surgery

27.12.2001
G.P.Surgery

E: 2 irregular and 1 late period.
S: erratic use of condoms for contraception check
preg test review for appropriate advice 1w.
O: 20 week + size uterus. review and book at later.

7.8.2001
G.P.Surgery

Onset

E: Cervicalgia - pain in neck
S: following rta 2 days ago, front seat passenger in
car, wearing seat belt, no head injury or loc
O: no localised injury, full rom of neck, shoulder
nad, movements preserved
P: soft tissue injury to neck and shoulder, mobilise
and r/v

21.11.2000
G.P.Surgery

S: noticed odd skin lesion on her neck past week,
getting bigger and iyching a bit, not painful, nos
O: looks like fungus on rt side of neck, nil else
abn
Rx: Terbinafine Hydrochloride Cream 1 %

7.6.1999
G.P.Surgery

Rx: Piriton Tablets 4 mg bd 20 t

Biological Values

7.1.1999 Urine glucose test negative

Value Units Ab

Patient No:

7.1.1999	Urine protein test negative		
7.1.1999	Alcohol consumption	0	
7.1.1999	O/E - height	152.4	cm
7.1.1999	Blood Pressure	128/88	mmHg
7.1.1999	O/E - weight	48	Kg
7.1.1999	Body Mass Index	20.7	
7.1.1999	Ideal weight	53.4	Kg
22.4.2003	Urine pregnancy test		
22.4.2003	Urine pregnancy test positive		
5.9.2003	Blood Pressure	118/68	mmHg
	Text : ; advice re when to start/missed pill/abx/diarrhoea, leafle...		
11.6.2007	Blood Pressure	110/83	mmHg
8.1.2008	Full blood count - FBC		
8.1.2008	Thyroid function test		
8.1.2008	Liver function test		
8.1.2008	Renal profile		
8.1.2008	Haemoglobin estimation	12.5	g/dL
8.1.2008	Red blood cell (RBC) count	3.82	10 ¹² /L
8.1.2008	Mean corpusc. haemoglobin (MCH)	32.7	pg
8.1.2008	Mean corpusc. Hb. conc. (MCHC)	33.5	g/dL
8.1.2008	Packed cell volume	0.37	
8.1.2008	Mean corpuscular volume (MCV)	97.6	fL
8.1.2008	Erythrocyte sedimentation rate	21	mm/h
8.1.2008	Total white cell count	5.7	10 ⁹ /L
8.1.2008	Neutrophil count	3.4	10 ⁹ /L
8.1.2008	Eosinophils 0.0 10 ⁹ /L	0.2	10 ⁹ /L
8.1.2008	Lymphocyte count	1.7	10 ⁹ /L
8.1.2008	Monocyte count	0.4	10 ⁹ /L
8.1.2008	Platelet count	356	10 ⁹ /L
8.1.2008	Red blood cell distribution width	12	%
8.1.2008	Serum free T4 level	11.9	pmol/L
8.1.2008	Serum TSH level	0.5	mu/L
8.1.2008	Serum bilirubin level	4	umol/L
8.1.2008	Serum alkaline phosphatase	71	u/L
8.1.2008	ALT/SGPT serum level	20	u/L
8.1.2008	Serum gamma GT level	14	u/L
8.1.2008	Serum potassium	4.6	mmol/L
8.1.2008	Serum sodium	138	mmol/L
8.1.2008	Serum chloride	104	mmol/L
8.1.2008	Serum bicarbonate	28	mmol/L
8.1.2008	Serum creatinine	42	umol/L
8.1.2008	Serum urea level	2.8	mmol/L
8.1.2008	Serum albumin	36	g/L
8.1.2008	GFR calculated abbreviated MDRD		
	Text : >60		
4.2.2011	Serum free T4 level	12.7	pmol/L
4.2.2011	Serum TSH level	1.35	mu/L
4.2.2011	Full blood count - FBC		
4.2.2011	Serum progesterone		
4.2.2011	Serum testosterone		
4.2.2011	Thyroid function test		
4.2.2011	Serum free T4 level		
4.2.2011	Serum TSH level		
4.2.2011	Serum LH level		
4.2.2011	Serum FSH level		
4.2.2011	Serum prolactin level		
4.2.2011	Serum 17alphydroxyprogest lev		

Patient No

4.2.2011	Liver function test			
4.2.2011	Bone profile			
4.2.2011	Haemoglobin estimation	11	g/dL	!
4.2.2011	Red blood cell (RBC) count	3.49	10 ¹² /L	!
4.2.2011	Mean corpusc. haemoglobin(MCH)	31.6	pg	
4.2.2011	Mean corpusc. Hb. conc. (MCHC)	33.1	g/dL	
4.2.2011	Packed cell volume	0.33		!
4.2.2011	Serum progesterone	6	nmol/L	
4.2.2011	Serum testosterone			
	Text : <0.9			
4.2.2011	Mean corpuscular volume (MCV)	95.3	fL	
4.2.2011	Erythrocyte sedimentation rate			!
	Text : >120			
4.2.2011	Total white cell count	7.4	10 ⁹ /L	
4.2.2011	Neutrophil count	4.5	10 ⁹ /L	
4.2.2011	Eosinophils 0.0 10 ⁹ /L	0.1	10 ⁹ /L	
4.2.2011	Lymphocyte count	2.4	10 ⁹ /L	
4.2.2011	Monocyte count	0.4	10 ⁹ /L	
4.2.2011	Platelet count	417	10 ⁹ /L	
4.2.2011	Red blood cell distribution width	13	%	
4.2.2011	Serum free T4 level (c)	12.3	pmol/L	
4.2.2011	Serum TSH level	1.37	mu/L	
4.2.2011	Serum LH level	14.9	iu/L	
4.2.2011	Serum FSH level	6.5	iu/L	
4.2.2011	Serum prolactin level	465	mu/L	
4.2.2011	Serum 17alphydroxyprogest lev	4.7	nmol/L	
4.2.2011	Serum bilirubin level	4	umol/L	
4.2.2011	Serum alkaline phosphatase	59	u/L	
4.2.2011	ALT/SGPT serum level (c)	128	u/L	!
4.2.2011	Serum gamma GT level	23	u/L	
4.2.2011	Serum calcium	2.33	mmol/L	
4.2.2011	Serum inorganic phosphate	1.74	mmol/L	!
4.2.2011	Corrected serum calcium level (c)	2.43	mmol/L	
4.2.2011	Serum albumin	35	g/L	
7.2.2011	Rheumatoid factor			
7.2.2011	Rheumatoid factor	1120	iu/mL	!
28.2.2011	Plain X-ray hand			
28.2.2011	Standard chest X-ray			
28.2.2011	Plain X-ray foot			
28.2.2011	Plain X-ray hand (c)			
	Text : *RIT-Both hands and feet:			
28.2.2011	Standard chest X-ray (c)			
	Text : *RIT-Both hands and feet:			
28.2.2011	Hepatitis B core antibody level (c)			
	Text : Not detected No evidence of previous Hepatitis B infection.			
28.2.2011	Plain X-ray foot (c)			
	Text : *RIT-Both hands and feet:			
1.3.2011	Anti-CCP antibody level	2	U/mL	
11.4.2011	Urinalysis = no abnormality -Req.			
12.4.2011	Full blood count - FBC			
12.4.2011	Differential white cell count			
12.4.2011	Plasma C reactive protein			
12.4.2011	Haemoglobin estimation	10.6	g/dL	!
12.4.2011	Red blood cell (RBC) count	3.44	10 ¹² /L	!
12.4.2011	Mean corpusc. haemoglobin(MCH)	30.9	pg	
12.4.2011	Mean corpusc. Hb. conc. (MCHC)	32.2	g/dL	

Patient No:1

12.4.2011	Haematocrit	0.33		!
12.4.2011	Mean corpuscular volume (MCV)	96	fL	
12.4.2011	Erythrocyte sedimentation rate	122	mm/h	!
12.4.2011	Total white cell count	7.4	10 ⁹ /L	
12.4.2011	Neutrophil count	4.3	10 ⁹ /L	
12.4.2011	Eosinophils 0.0 10 ⁹ /L	0.2	10 ⁹ /L	
12.4.2011	Basophils 0.0 10 ⁹ /L	0.1	10 ⁹ /L	
12.4.2011	Lymphocyte count	2.5	10 ⁹ /L	
12.4.2011	Monocyte count	0.2	10 ⁹ /L	
12.4.2011	Platelet count	449	10 ⁹ /L	!
12.4.2011	Red blood cell distribution width	12.7	%	
12.4.2011	Large unstained cells	0.2	10 ⁹ /L	
12.4.2011	Plasma C reactive protein	1	mg/L	
20.4.2011	Cervical cytology screening test (c)			
	Text : Clinical Data :			
3.5.2011	Blood Pressure	121/72	mmHg	
3.5.2011	O/E - weight	49.8	Kg	
6.5.2011	Cerv.smear: borderline changes			
27.5.2011	O/E - height	157	cm	
27.5.2011	Blood Pressure	124/87	mmHg	
27.5.2011	O/E - weight	48	Kg	
1.6.2011	Serum alkaline phosphatase	94	U/L	
3.6.2011	Haemoglobin estimation	11.8	g/dl	
24.6.2011	RBC's - hypochromic			
	Text : %Hypo RBC	10.5%		
24.6.2011	Eosinophils 0.0 x10 ⁹ /l			
24.6.2011	Basophils 0.0 x10 ⁹ /l			
24.6.2011	Red blood cell distribution width			
	Text : 13.6%			
24.6.2011	C reactive protein normal			
	Text : <4.0 mg/L			
24.6.2011	Serum alanine level			
	Text : ALANINE TRANSAMINASE	30U/L		
24.6.2011	Red blood cell (RBC) count	4.27	x10 ¹² /l	
24.6.2011	Mean corpusc. haemoglobin(MCH)	31.4	pg	
24.6.2011	Mean corpusc. Hb. conc. (MCHC)	31	g/dl	
24.6.2011	Mean corpuscular volume (MCV)	101.3	fl	!
24.6.2011	Neutrophil count	97	x10 ⁹ /l	!
24.6.2011	Lymphocyte count	1.6	x10 ⁹ /l	
24.6.2011	Monocyte count	0.5	x10 ⁹ /l	
24.6.2011	Platelet count	544	x10 ⁹ /l	!
24.6.2011	Serum total bilirubin level	6	umol/l	
24.6.2011	Serum alkaline phosphatase	71	U/L	
24.6.2011	Gamma - G.T. level	45	U/l	!
24.6.2011	Serum potassium	5	mmol/l	
24.6.2011	Serum sodium	136	mmol/l	
24.6.2011	Serum chloride	102	mmol/l	
24.6.2011	Serum bicarbonate	28	mmol/l	
24.6.2011	Serum inorganic phosphate	1.05	mmol/l	
24.6.2011	Corrected serum calcium level	2.49	mmol/L	
24.6.2011	Serum creatinine	45	umol/l	
24.6.2011	Serum urea level	4	mmol/l	
24.6.2011	Serum albumin	40	g/l	
27.6.2011	Haemoglobin estimation	13.4	g/dl	
27.6.2011	Blood Pressure	145/97	mmHg	
27.6.2011	Total white cell count	11.8	*10 ⁹ /l	!
22.7.2011	RBC's - hypochromic			
	Text : 8.6			

Patient No:1

22.7.2011	Eosinophils	0.0	x10 ⁹ /l	
22.7.2011	Basophils	0.0	x10 ⁹ /l	
22.7.2011	Red blood cell distribution width			
	Text :	13.0		
22.7.2011	Serum alanine level			
	Text :	19		
22.7.2011	Haemoglobin estimation	12.2	g/dl	
22.7.2011	Haematocrit - PCV	0.38	l/l	
22.7.2011	Red blood cell (RBC) count	3.84	x10 ¹² /l	
22.7.2011	Mean corpusc. haemoglobin (MCH)	31.7	pg	
22.7.2011	Mean corpusc. Hb. conc. (MCHC)	32	g/dl	
22.7.2011	Mean corpuscular volume (MCV)	99	fl	!
22.7.2011	Total white cell count	11.6	*10 ⁹ /l	!
22.7.2011	Neutrophil count	8.3	x10 ⁹ /l	!
22.7.2011	Lymphocyte count	2.8	x10 ⁹ /l	
22.7.2011	Monocyte count	0.5	x10 ⁹ /l	
22.7.2011	Platelet count	500	x10 ⁹ /l	!
22.7.2011	Serum total bilirubin level	5	umol/l	
22.7.2011	Serum alkaline phosphatase	82	U/L	
22.7.2011	Gamma - G.T. level	24	U/l	
22.7.2011	Serum potassium	3.9	mmol/l	
22.7.2011	Serum sodium	140	mmol/l	
22.7.2011	Serum chloride	104	mmol/l	
22.7.2011	Serum bicarbonate	32	mmol/l	!
22.7.2011	Serum creatinine	46	umol/l	
22.7.2011	Serum urea level	3.2	mmol/l	
22.7.2011	Serum albumin	37	g/l	
22.7.2011	Serum glucose level	5.2	mmol/l	

St. George's Healthcare NHS Trust

*Early pregnancy unit, gynaecological
ultrasound and minimal access surgery*

Consultants:

Early Pregnancy Unit
Lead midwife specialist

Ref: :

Date:

Dea

Indication:

On and off suprapubic pain since last 2 weeks
Sharp in nature
Vaginal discharge, brownish in colour for 2 days
Itching in the vaginal area
STOP 2 months ago, copper coil at the same time
Opening bowels.

History:

Gynaecological History: Age: 32 years. Last period 25.8.2011, day of cycle 17. Cycle length 38 to 30 days. Bleeding duration 5 to 14 days. Non-smoker. No alcohol. Contraception: IUCD.
Past gynaecological disorders: None.
Past gynaecological operations: No surgery.
Past surgical history: none.
Obstetric History: Gravida: 1. Para: 0. Terminations <15W: 1.

Clinical Gynaecological Examination

PS NAD
IUCD thread seen
VE uterus NS, AV, adnexae NAD
swabs taken.

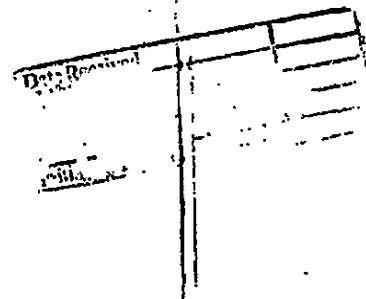
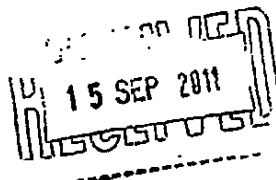
Gynaecological Ultrasonography:

Method: GE voluson 730 room 7, transvaginal ultrasound, view: good.
Uterus: anteverted, longitudinal 65 mm, AP 36 mm, transverse 38 mm, Volume 46.6 ml. Uterine anomalies: No congenital abnormalities seen.
Endometrium: endometrium clearly visualised, structure: secretory.
IUCD: in situ at the fundus of the uterus.
Pouch of Douglas: free fluid: none seen.
Right ovary: Visibility: visible. Normal. Outline smooth.
Left ovary: Visibility: visible. Normal. Outline smooth.

Diagnosis:

Normal pelvic scan.

Therapy / Recommendations:



St George's Healthcare **NHS**
NHS Trust

DEPARTMENT OF DERMATOLOGY
Ground Floor, Lanesborough Wing

Dear

RE:

Diagnoses:

1. Systemic lupus.
2. Cutaneous vasculitis.

Management:

1. Continue Methotrexate 17.5 mg in combination with Folic acid.
2. Currently on Prednisolone 25 mg, continue to wean by 5 mg every five days (about to reduce to 20 mg in two days' time).
3. Bloods today.

Follow Up: Six weeks.

Comment: I was delighted that this lady's progress continues. Her ulceration is nearly fully healed. All areas show granulation and the largest area is on the left lower quadrant. She looks entirely well today. We will see her again in six weeks' time and I have asked her to let me know via our secretaries if the skin flares and I would arrange to see her urgently. Blood tests were taken today and I will let you know if these show any abnormalities (show results slowly improving).

Yours sincerely

WHN 045 (07/07)

Hospital No.		Birth Date	
Surname		Forename	
Requesting Clinician		Current Consultant	
Location	DERMATOLOGY CLINIC	Lab Reference No.	
Receipt Date	22-Jul-2011	Receipt Time	12:44
Collection Date	22-Jul-2011	Collection Time	11:25
Profile	ELECTROLYTES ROUTINE (P), GLUCOSE, LIVER FUNCTIONS (P), eGFR - [EL, GL, LF, EGFR]		

Test	Results	Units	Ref Range	Status
SODIUM	140	mmol/L	133 to 146	Authorised
POTASSIUM	3.9	mmol/L	3.5 to 5.3	Authorised
CHLORIDE	104	mmol/L	95 to 108	Authorised
BICARBONATE	32	mmol/L	22 to 29	Authorised
UREA	3.2	mmol/L	2.5 to 7.8	Authorised
CREATININE	46	umol/L	60 to 110	Authorised
eGFR	>60	mL/min/1.73m ²		Authorised
Coded Comment For Above Test: Multiply eGFR by 1.21 if Afro-Caribbean. Guidance: see RCGP leaflet or www.emm.org.uk				
GLUCOSE	5.2	mmol/L	3.0 to 6.0	Authorised
Coded Comment For Above Test: Fasting glucose (3.0 - 6.0 mmol/L)				
BILIRUBIN	5	umol/L	0 to 21	Authorised
ALANINE TRANSAMINASE		U/L	0 to 40	Authorised
ALKALINE PHOSPHATASE		U/L	30 to 130	Authorised
ALBUMIN	37	g/L	35 to 50	Authorised
GAMMA GT	24	U/L	0 to 38	Authorised
Hospital No.		Birth Date		
Surname		Forename		
Requesting Clinician		Current Consultant		

Location	DERMATOLOGY CLINIC	Lab Reference No.	
Receipt Date	22-Jul-2011	Receipt Time	12:45
Collection Date	22-Jul-2011	Collection Time	11:25
Profile	FBC - [C]		

Test	Results	Units	Ref Range	Status
HB	12.2	g/dl	12.0 to 16.0	Authorised
WBC	11.6	$10^9/L$	4.0 to 11.0	Authorised A
PLATELET	500	$10^9/L$	150 to 450	Authorised A
MCV	99.0	fL	78 to 97	Authorised A
NEUTROPHIL	8.3	$10^9/L$	1.7 to 8.0	Authorised A
LYMPHOCYTE	2.8	$10^9/L$	1.0 to 4.0	Authorised
MONOCYTE	0.5	$10^9/L$	0.24 to 1.1	Authorised
EOSINOPHIL	0.0	$10^9/L$	0.1 to 0.8	Authorised V
BASOPHIL	0.0	$10^9/L$	0.0 to 0.3	Authorised
HCT	0.38		0.37 to 0.47	Authorised
RBC	3.84	$10^{12}/L$	3.8 to 5.5	Authorised
MCH	31.7	pg	27 to 33	Authorised
MCHC	32.0	g/dl	32 to 36.5	Authorised
RDW	13.0	%	11.5 to 14.5	Authorised
%Hypo RBC	8.6	%		Authorised

St George's Healthcare **NHS**

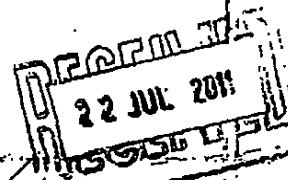
NHS Trust

Consultants:

Today's Date: 05/07/2011
Clinic Date: 27/06/2011

Dear

Re:



Diagnosis: Systemic lupus.

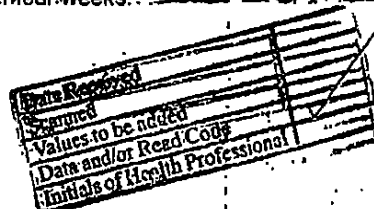
Management:

1. Continue to wean Prednisolone currently 45 mg reducing by 5 mg every five days.
2. Continue with Methotrexate to increase to 17.5 mg at the next dose.
3. Blood pressure 145/97 mmHg, urine dipstick negative.
4. Repeat bloods today including U&Es, LFTs, glucose, full blood count and CRP.

Follow Up: Four weeks.

I was delighted to see [redacted] looking so well today. She is no longer in as much pain and the ulcerated areas are gradually healing. They did not look infected today. In particular, the areas over the lower back and hands were nearly completely re-epithelialised and the ones over the upper shoulders showed healthy granulation tissue. The deepest areas remained on the lower abdomen but even these look healthy with pink granulation tissue. I am hopeful with the increased dose of Methotrexate we will be able to continue to wean the Prednisolone.

I have therefore not arranged to see for another four weeks.



St George's Healthcare **NHS**

NHS Trust

Pathology Report [Next Report 1 of 16](#) [Print Preview](#)
[Hide Request Details](#) [Cumulative View of ESR,FBC - \[E,C\]](#)
[Display Request Details](#) [Cumulative View of ESR,FBC - \[E,C\]](#)

Hospital No.		Birth Date	19-Nov-1978
Surname		Forename	
Requesting Clinician		Current Consultant	
Location	DERMATOLOGY CLINIC	Lab Reference No.	HD160154T
Receipt Date	24-Jun-2011	Receipt Time	14:50
Collection Date	24-Jun-2011	Collection Time	12:25
Profile	ESR,FBC - [E,C]		

Test	Results	Units	Ref Range	Status	
HB	13.4	g/dl	12.0 to 16.0	Authorised	
WBC	11.8	10 ⁹ /L	4.0 to 11.0	Authorised	A
PLATELET	544	10 ⁹ /L	150 to 450	Authorised	A
MCV	101.3	f	78 to 97	Authorised	A
ESR	67	mm/h	1 to 20	Authorised	A
NEUTROPHIL	9.7	10 ⁹ /L	1.7 to 8.0	Authorised	A
LYMPHOCYTE	1.6	10 ⁹ /L	1.0 to 4.0	Authorised	
MONOCYTE	0.5	10 ⁹ /L	0.24 to 1.1	Authorised	
EOSINOPHIL	0.0	10 ⁹ /L	0.1 to 0.8	Authorised	V
BASOPHIL	0.0	10 ⁹ /L	0.0 to 0.3	Authorised	
HCT	0.43		0.37 to 0.47	Authorised	
RBC	4.27	10 ¹² /L	3.8 to 5.5	Authorised	
MCH	31.4	pg	27 to 33	Authorised	
MCHC	31.0	g/dl	32 to 36.5	Authorised	V
RDW	13.6	%	11.5 to 15.0	Authorised	
%Hypo RBC		10.5	%	Authorised	

Pathology Report [Previous](#) [Next Report 2 of 16](#) [Print Preview](#)
[Hide Request Details](#) [Cumulative View of BONE PROFILE \(P\),C](#)
[Cumulative View of REACTIVE PROTEIN,ELECTROLYTES](#)
[Cumulative View of ROUTINE \(P\),LIVER FUNCTIONS](#)

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St George's Training Centre, Wolfson Rehabilitation Centre

St George's Healthcare **NHS**

Display Request Details - Cumulative View of BONE PROFILE (P), C
 REACTIVE PROTEIN, ELECTROLYTES
 ROUTINE (P), LIVER FUNCTIONS
 (P), eGFR - [BONE, CRP, EL, LF, EGFR]

Hospital No.		Birth Date	
Surname		Forename	
Requesting Clinician		Current Consultant	
Location	DERMATOLOGY CLINIC	Lab Reference No.	
Receipt Date	24-Jun-2011	Receipt Time	14:51
Collection Date	24-Jun-2011	Collection Time	12:25
Profile	BONE PROFILE (P), C REACTIVE PROTEIN, ELECTROLYTES ROUTINE (P), LIVER FUNCTIONS (P), eGFR - [BONE, CRP, EL, LF, EGFR]		

Test	Results	Units	Ref Range	Status
SODIUM	136	mmol/L	135 to 145	Authorised
POTASSIUM	5.0	mmol/L	3.5 to 4.7	Authorised A
CHLORIDE	102	mmol/L	98 to 109	Authorised
BICARBONATE	28	mmol/L	22 to 32	Authorised
UREA	4.0	mmol/L	2.5 to 8.0	Authorised
CREATININE	45	umol/L	60 to 110	Authorised V
eGFR	>60	mL/min/1.73m2		Authorised
Coded Comment For Above Test: Multiply eGFR by 1.21 if Afro-Caribbean. Guidance: see RCGP leaflet or www.emrn.org.uk				
BILIRUBIN	6	umol/L	0 to 17	Authorised
ALANINE TRANSAMINASE	30	U/L	0 to 40	Authorised
ALKALINE PHOSPHATASE	71	U/L	35 to 120	Authorised
ALBUMIN	40	g/L	35 to 48	Authorised
GAMMA GT	45	U/L	0 to 38	Authorised A
CALCIUM	2.49	mmol/L	2.15 to 2.50	Authorised
PHOSPHATE	1.05	mmol/L	0.75 to 1.50	Authorised
ADJUSTED CALCIUM	2.49	mmol/L		Authorised
Coded Comment For Above Test: EXPECTED RANGE AS FOR TOTAL CALCIUM				
C REACTIVE PROTEIN	<4.0	mg/L	0.0 to 10.0	Authorised

St George's Healthcare NHS Trust incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

St George's Healthcare **NHS**

NHS Trust

Display Request Details Cumulative View of GLUCOSE FLUORIDE - [GLF]

Hospital No.		Birth Date	
Surname		Forename	
Requesting Clinician		Current Consultant	
Location	DERMATOLOGY CLINIC	Lab Reference No.	CB701555V
Receipt Date	24-Jun-2011	Receipt Time	14:50
Collection Date	24-Jun-2011	Collection Time	12:25
Profile		GLUCOSE FLUORIDE - [GLF]	

Test	Results	Units	Ref Range	Status
GLUCOSE FLUORIDE	5.5	mmol/L	3.0 to 6.0	Authorised
Coded Comment For Above Test: Fasting glucose (3.0 - 6.0 mmol/L)				

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

AO

St George's Healthcare **NHS**

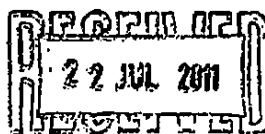
NHS Trust

Department of Dermatology
Ground Floor, Lanesborough Wing

Consultants:

www.stgeorges.nhs.uk

Today's Date: 12/07/2011
Clinic Date: 13/05/2011



Dear

Re:

Diagnoses:

1. RA/lupus overlap
2. Pyoderma gangrenosum with secondary infection with Staphylococcus aureus sensitive to Erythromycin and Flucloxacillin

Management:

1. Continue Prednisolone 30 mg for further two weeks.
2. Initiate Flucloxacillin 500 mg qds for seven days then stop

Follow-Up: In two weeks.

Date Received	
Scanned	
Values to be added	
Date and/or Read Code	
Initials of Health Professional	

This lady was seen seven days ago in the Dermatology Emergency Clinic. She has presented with punched out erosions affecting the lower abdomen, axillae and below the breasts. She was seen seven days ago and the working diagnosis was that of Pyoderma gangrenosum.

I have increased dose of Prednisolone to 30 mg. feeling better in herself and feels that some of the ulceration is healing. They are however still exquisitely painful and remain mucky.

A biopsy has shown perivascular lymphocytic and neutrophilic infiltrate with one example of endothelial swelling, but no conclusive evidence of fibrinoid necrosis. There was no evidence of LE. We were unable to remove the sutures today, so we will bring her back in the early part of next week when hopefully it will be lesser painful as the infection will be treated.

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

I note that her blood tests have now come back and she has a strongly positive ANA at 1 in 2082 and 1 in 2560, SSA is positive, anti-smooth muscle antibodies are positive, anti-RNP is positive and anti-double stranded DNA is normal at 33. She also has a raised ACE at 112. She indeed looked brighter today and we will continue with the Prednisolone, but keep her under close monitoring.

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

Mr, Mrs, Miss, Ms

I assessed your case on:

23 / 5 / 11

and, because of the
following condition(s):

Joint pain swelling.

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account
of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work

☐ amended duties

☐ altered hours

☐ workplace adaptations

Comments, including functional effects of your condition(s):

Currently under investigation

This will be the case for

or from

4 / 5 / 11

to 20 / 6 / 11

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

23 / 5 / 11

Doctor's address

AD

St George's Healthcare **NHS**

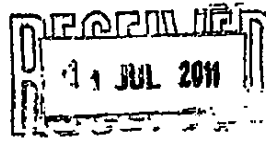
NHS Trust

Department of Dermatology
Ground Floor, Lanesborough Wing

Our ref: 1

Today's Date: 28/06/2011

Clinic Date: 27/05/2011



Date Received	
Screened	
Validated	
Date and/or Read (Date)	
Initials of Health Professional	

Dear

Re:

Diagnosis:

systemic lupus erythematosis.

Management:

1. Advice given to take Folic Acid prophylaxis.
2. Urine dipstick negative.
3. Blood pressure 124/87 mmHg.
4. Repeat bloods including U&Es, CRP and full blood count.
5. Continue Prednisolone 30 mg.
6. Add in Aspirin 75 mg per day.

Follow up: One week.

Comment: Some of the ulcerated areas secondary to the medium vessel vasculitis have healed. There are however non-healed areas. In view of her pregnancy, I have maintained her Prednisolone level at 30 mg. I have discussed her case with the Acute Gynaecology Registrar on-call. He suggested that she be referred to the Obstetric Medicine Department urgently. I understand from conversation with you today however that this patient is considering termination of the pregnancy. As you know, I felt that Prednisolone in itself is not a contraindication to continuing with the pregnancy. We will look forward to seeing her in one week's time.

Yours sincerely,

Specialist Registrar in Dermatology

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

PT 17421

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

Mr, Mrs, Miss Ms

I assessed your case on:

and, because of the
following condition(s):

Is fit to return to work

I advise you that:

- ☐ you are not fit for work.
☐ you may be fit for work taking account
of the following advice:

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work ☐ amended duties
☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from

to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Med 3 04/10

AR

St George's Healthcare **NHS**

NHS Trust

**Department of Rheumatology
Consultants****Appointments**

www.stgeorges.nhs.uk

Today's Date: 20/06/2011
Clinic Date: 07/06/2011For URGENT
RHEUMATOLOGY REFERRALS
And enquires
Please fax

Dear

Re:

Principal Diagnosis

1. Lupus, skin, vasculitis and synovitis.
2. Positive: SSA, SM, RNP, double-stranded DNA and rheumatoid factor.

was reviewed today. I have had discussions with her Dermatologist, who is caring for her meticulously with excellent results. She has lupus with the above immunopathology and high dose corticosteroid is having desired effect.

Examination today revealed synovitis at wrists, IPJs and MCPJs. There was a healing ulcer below the umbilicus and vasculitic rash over the abdomen and back. There seems to be a new leukocytoclastic rash over the legs.

I discussed further management with the patient and her mother and agreed the following plan:

1. Corticosteroid, she is currently taking Prednisolone 15 mg daily with Calcichew-D3 Forte two per day. She is due to see in approximately a week's time and I will leave her to titrate the corticosteroid levels with skin disease.
2. Diclofenac 25 mg tds with Omeprazole and Co-codamol one to two tablets four to six hourly can be used for pain and inflammation relief.
3. Commenced Methotrexate 10 mg per week in the first instance and then 17.5 mg per week thereafter. The rationale for this is that she has vasculitis, lupus and arthritis and this will be the best treatment for this combination.

Vassana has been referred to the ARUK website and has been instructed with regard to Methotrexate and its adverse effects by the Hotung nurse today. I shall review her personally in approximately six weeks' time.

23 JUN 2011
Data and/or Read Code

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

St George's Healthcare **NHS**

NHS Trust

Department of Dermatology
Ground Floor, Laneshorrough Wing

Today's Date: 13/06/2011
Clinic Date: 09/06/2011

Dear

Re:

Diagnoses:

1. Systemic lupus erythaematosus.
2. Cutaneous vasculitis.
3. Recent STOP

Management:

1. Swabs taken.
2. Initiate Flucloxacillin 500 mg qds.
3. Start Methotrexate after seven days, at that time start to wean Prednisolone from 50 mg reducing by 5 mg every seven days.

Follow up: Two weeks.

I am pleased to see that looking much improved. Her ulcers are generally re-epithelialising although the eroded skin on the back was infected today. Swabs were taken. In the meantime, we have started Flucloxacillin to cover her this infection (swabs show sensitivity to flucloxacillin). I have suggested deferring starting the Methotrexate until she has completed this course of Flucloxacillin.

We will see her again in two weeks' time.

Yours sincerely,

Specialist Registrar in Dermatology

20 JUN 2011

Date Prescribed	
Specialist	
Prescribed by	
Prescribed for	
Prescribed Code	
Initials of Professional	

St George's Healthcare NHS Trust incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

St George's Healthcare **NHS**

NHS Trust

Pathology Report

Hide Request Details

Display Request Details

Hospital No.		Birth Date	
Surname		Forename	
Requesting Clinician		Current Consultant	
Location	DERMC	Lab Reference No.	
Receipt Date	10-Jun-2011	Receipt Time	16:21
Collection Date	10-Jun-2011	Collection Time	Unknown
Profile	Culture - [WS]		

Specimen Type : Wound Swab Back

Investigation : Culture

Name	Quantifier	Level	Coded Text	Free Text
Staphylococcus aureus	+++	Authorised		
Coliform	+++	Authorised		
	Anaerobes NOT isolated	Authorised		

Organism: Staphylococcus aureus

Antibiotic Name	Result
Augmentin	Sensitive
Clindamycin	Sensitive
Erythromycin	Sensitive
Flucloxacillin	Sensitive
Penicillin	Resistant

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

St George's Healthcare **NHS**

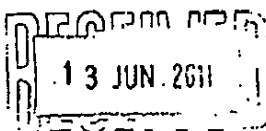
NHS Trust

SS
Department of Rheumatology
Consultants

Appointments

Today's Date: 08/06/2011
Clinic Date: 03/05/2011

For URGENT
RHEUMATOLOGY REFERRALS
And enquires
Please fax 020 8725 0362



Dear

Re:

Principal Diagnosis

Probable rheumatoid arthritis/lupus overlap.

Thank you for asking me to see this 33 year old lady who has a one year history of hand and feet pain swelling together with Raynaud's affecting her hands. This did not progress too much until January of this year when she developed what appears to be an inflammatory rash developing over the dorsum of her hand peripherally on the right side with increased joint swelling of the hands and the toes. The rash then spread and crops over the legs, back and shoulders and confluent over the anterior chest. The rash is broken down in the sub-umbilical region. She only gets five minutes early morning joint stiffness. Ibuprofen and Paracetamol help with symptom control. There is no pathology relating to respiratory, GI and GU system. The patient has no children but they are planned, hair is falling.

On examination BP 121/72 mmHg, urinalysis negative, weight 49.8 kg. Slight facial puffiness noted. Vascuilitic rash was present over the dorsum of the hands, deltoid area, back, abdomen was breaking down in three areas in the sub-umbilical region. Small areas of rash noted over the legs. Synovitis present at the hands and wrists with flexion and extension is 45/45 bilaterally in MTPJs.

The symptoms associated with Raynaud's and the rash is suggestive of a RA/lupus overlap. I note your acute phase reactions with significant raised ESR in the presence of rheumatoid factors.

I reviewed the following management plan:

1. 120 mg Depo-Medrone IM.
2. Prednisolone EC 10 mg daily with Calcichew D3 Forte two per day.

Date Received	
Referral	
Referral	
Date of Referral	
Date of Referral	
Date of Referral	
Date of Referral	

St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

3. Diclofenac 25 mg tds prn, Omeprazole 20 mg when taking the anti-inflammatory.

I discussed essential efficacy of treatments and if this is not achieved the patient either contact you or yourself or in emergency to come to this hospital if the condition significantly worsen. Otherwise I shall review in one month.

Yours sincerely,

Professor of Clinical Rheumatology

A0

St George's Healthcare **NHS**
NHS Trust

UNKNOWN ADDRESS, PLEASE CHECK DESTINATION OF LETTER. CONTACT HELPDESK-MERLIN
TEAM IF PROBLEM PERSISTS

Date: 6/6/2011

Patient Name:

NHS Number:

Hospital Number:

Patient Address:

DoB:

Consultant:

Health Authority:

Ward:

Date of referral: 31/5/2011 Referred by: GP

Date of clinic: 3/6/2011

Date of procedure: 6/6/2011 (Day case)

Diagnosis: Unwanted pregnancy.

Thank you for referring this lady for termination of pregnancy. She was seen in the Pregnancy Advisory Clinic on 3/6/2011. Ultrasound scan revealed a gestation of weeks.

Prescribed: Prophylactic Doxycycline 100mgm bd, for seven days, prior to discharge from ward.

Operation: Suction Termination of pregnancy

Procedure: Uterine size weeks.

Post Op: Uneventful

Obstetric History: Gravida: 3 Para: 2

Hb: 11.8 g/dl

Blood Group: O Rh: Positive

Contraception choice post termination: IUCD.

Seen by Family Planning Nurse in clinic patient requested IUCD. Risks and benefits discussed including risk of miscarriage, pregnancy, expulsion, ectopic, infection and heavier periods. Advised to have IUCD checked by Family Planning Clinic/GP three to six weeks after insertion or earlier if she has problems.

Name: Kamal Ojha - Consultant in Obstetrics and Gynaecology

Signed:

Date Received	
Date sent to	
Initials of Health Professional	

00

St George's Healthcare **NHS**

NHS Trust

Department of Dermatology
Ground Floor, Lanesborough WingOur ref:
NHS No:

www.stgeorges.nhs.uk

Date: 01/06/2011

Dear

Re:

Diagnoses:

1. Subacute cutaneous lupus.
2. Systemic lupus erythematosus.
3. Skin ulceration secondary to medium vessel vasculitis

Management:

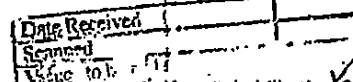
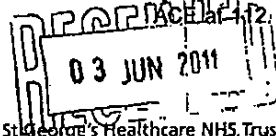
1. Dermovate to skin areas.
2. Continue dressings with Jelonet dressing and Mepore.
3. Tramadol 100 mg qds.
4. Prednisolone 30 mg od for seven days (has a prescription for Adcal-D3).
5. Swabs taken including the microbiology and viral swabs.

Follow Up: In seven days.

Thank you for referring the above patient to the Dermatology Emergency Clinic. I understand she was recently diagnosed in Rheumatology Clinic by Professor Axford with systemic lupus erythematosus. She has a history of swelling and painful joints since at least January 2011. She also developed a rash about that time which was scaly and itchy on the back of her hands. Recently, it has become more painful and she has developed ulcerated areas. On attendance today, she was taking Calcichew-D3, Prednisolone 10 mg od and Co-dydramol.

On examination, there were multiple punched-out erosions and more linear superficial ulcer with clean over her knee edges on the left side of the abdomen. She also had a thin punched-out erosions in the axillae and under the breasts. They were exclusively tender particularly when exposed to the air. She also has a more generalised scaly eruption over the backs of the hands that were certainly violaceous and on the upper arms. The skin looked wrinkled and atrophic over the breasts.

I note that she developed microcytic anaemia, a rheumatoid factor of 1120, raised ACE at 112. The U&Es and LFTs were normal other than alkaline phosphatase of



St George's Healthcare NHS Trust Incorporating: St George's Hospital, St John's Therapy Centre, Wolfson Rehabilitation Centre

WHN 045 (07/07)

94. She weighs 50 kg. The differential diagnosis for this are pyoderma gangrenosum or a cutaneous vasculitis leading to skin necrosis. In view of the appearance, it was more consistent with superficial pyoderma gangrenosum.

We will of course be seeing her in some days' time and she can contact us sooner if she runs into problem.

Patient's name	
I assessed your case on:	
and, because of the following condition(s):	
SLE, anxiety disorder Neurologist	
I advise you that:	
<input checked="" type="checkbox"/> you are not fit for work.	
<input type="checkbox"/> you may be fit for work taking account of the following advice:	
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input checked="" type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for	
or from	to
4 / 5 / 11	12 / 6 / 11
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	
Doctor's address	
Med 3 04/10	

OUTPATIENT MEDICATION PLAN PLEASE COMPLETE IN BLOCK CAPITALS

St George's Healthcare **NHS**
NHS Trust

Consultant:	Clinic ID/number:
Age if under 12 yearsyears months	Ext:
Weightkg	Known allergies: None

Comments/advice to GP

NEW MEDICATION

Class of drug or specific drug (with reason for choice)	Dose & frequency	Reason for starting	Duration
Prednisolone 30mg Dermatological treatment	od 3/52 supply (100g) apply daily		

ALTERATION OF DOSE

Drug(s)	Old strength and frequency	New strength and frequency	Duration

MEDICATION STOPPED THIS CONSULTATION

Drug(s)	Dose & frequency	Reason for stopping
		Date Received

Prescriber signature _____ Date _____ Bleep No _____

Print name _____ Tick. Cons ☐ SpR ☒ SHO ☐ Nurse ☐

Prescribe here ONLY if medication is required urgently or is "Hospital only"

Usual quantity supplied - 28 days

Drug & route	Dose & Frequency	Qty to be Supplied	Reason for supply Circle	GP action Circle	Pharmacy use Qty. supplied
Prednisolone 30mg	od 3/52 supply		Repeat / New Hosp only / Urgent	Stop / Review / Continue	
Dermatological treatment	od 100g		Repeat / New Hosp only / Urgent	Stop / Review / Continue	

If you have any questions about your medicines please ring our patient line

020 8725 1033

Pharmacist clinical check:	To be seen again by pharmacist circle YES/NO	Dispensed by:	Checked by:
----------------------------	--	---------------	-------------

Top 2 copies: to patient for GP or hospital dispensary

Bottom copy: for notes

Dear

Initial	Professional

R/O

27/5/11

St-George's Healthcare



NHS Trust

regular weekly follow up in the dermatology department. She rang to get an appointment with the practice but instead was given another letter to the walk in emergency clinic.

We have been seeing her with a ^{biopsy proven} vasculitis.
 She. Nurse test also showed her to be pregnant.
 She has probable systemic lupus which is very ^{With compliments}

active. Her Hb 10.3, Wcc 15.6, plt 515, ALT 103, alb 32, GGT 72

ANA tve at 1/1280 - 1/2560

Urine dipstick today is negative and her bp is 124/87.

Would it be possible to see her urgently to discuss her pregnancy? & If possible please could you provide a sick certificate (we do not have them, I have checked) for at least the next 2 weeks?

I am sorry that it appears my clinic letters are not getting through to your practice.

Pathology Services at St Helier Hospital
Telephone

Epsom and St. Helier
University Hospitals
NHS Trust



Surname Firstname(s)	Sex	DOB	Hospital Number	NHS Number
Address	Sender			
	Source			

Clinical Data :

Condition :

Symptoms :

Appearance of CX : Nabothian Follicles 10 MAY 2011

Sample from Cervix and Endocervix

RESULTS: Borderline nuclear abnormality is present.
Endocervical and/or metaplastic cells seen

FOR MEDICAL ATTENTION

Please repeat in 6 months.

Smear Taker Code:	LMP	Screener:	Previous Smear
	12.04.11		Previous Smear
	Date of Smear	Technical Authoriser:	
	20.04.11		
Laboratory Number	Test Requested	Date Received	Clinical Authoriser:
		21.04.11	
			Date of Report

TOOTING NHS WALK-IN CENTRE

PMI Number:
Visit Number:
Date: MONDAY 28th FEBRUARY 2011

Dear

The above named patient was seen in the Tooting NHS Walk-in Centre on 28th February 2011. The following details are for your clinical information.

TRIAGE NOTES:

pt reports night fever, sore throat, headache and cough for 2/52's~ pt taken paracetamola nd panadol wiht nil effect~ pmh- ? arthritis in hands~ attended twic sat for ?allergic reaction took piriotion with some effect~ Planf ro assessmtne please~

RECEIVED
07 MAR 2011
RECEIVED

Date Received	
Examined	
Valuation Received	
Initials of Health Professional	

DISPOSAL:

If you require any further information regarding this patient,
do not hesitate to contact us.

Yours sincerely

THIS REPORT WAS PRODUCED AT ST GEORGE'S HEALTHCARE NHS TRUST

Date of Birth
Attendance No.
Hospital No.

*** AUTHORISED ***



Both hands and feet:

No abnormality of the bones or joints are any of these views. No erosive arthropathy.

Chest X-ray

The heart size is normal. No acute focal lung lesion with normal cardio-mediastinal contour.



Consultant Radiologist

Radiologist:

Report Date: 28/02/2011

Area(s) reported on: CHEST PA, HANDS BOTH PA, FEET BOTH AP

Date Received	
Scanner	
Values	

Exam Date:

28/02/2011

Ad

TOOTING NHS WALK-IN CENTRE

PMI Number:
Visit Number:

Dear

The above named patient was seen in the Tooting NHS Walk-in Centre on 31st January 2011. The following details are for your clinical information.

TRIAGE NOTES:

Generalised body ache for 2 days. Also lower abdominal discomfort. Period not overdue. Urinalysis nad. Nil constipation or diarrhoea. T. 37.7c. Nil cough. Nil sore throat. Plan - Advised paracetamol. If symptoms persist or worsen see gp.

DIAGNOSIS:

VIRAL ILLNESS

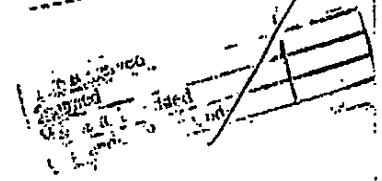
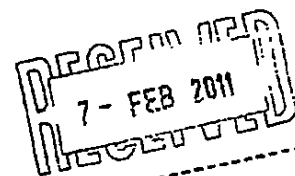
INVESTIGATION(S):

HEALTH SCREENING
OBSERVATION

TREATMENT:

NONE REQUIRED

DRUGS:



DISPOSAL:

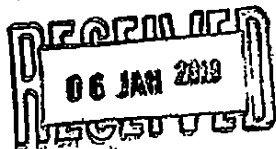
If you require any further information regarding this patient,
do not hesitate to contact us.

Yours sincerely

Jw

Tooting NHS Walk-in Centre

Wandsworth NHS



GP COPY

Date: 30 Dec 2009

Dear

Your Patient:

Date of Birth:

Hospital Number:

NHS Number:

TWIC Attendance No:

No. of attendances:

Triage Notes:

The above patient attended the TWIC on 29 Dec 2009 at 17:20. The complaint was Abdo Pain - Adult.

Your patient was seen by

Our management summary is as follows:

Imaging:**Pathology:****Diagnosis:****Treatment:****Discharge Outcome:**

Home - no follow up

Discharge Destination:

Home

Comments to GP:

LOW ABDOMINAL PAIN

Few days pain in lower abdomen and getting worse, no vomiting, no diarrhoea, eating/drinking ok. No urinary symptoms. Bowel ok. No allergies. Trying for a baby

Looks well, abdomen soft, slightly tender in lower middle area, no guarding/rebound, no masses. Urine: ket+, prot+, nitr +.

CEPHALEXINE 250 mg tds 1/52 - Call back if necessary.

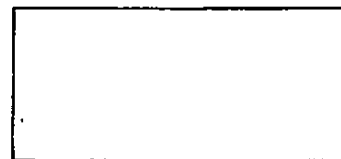
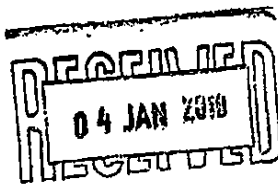
Yours sincerely,

Date Received	
Received	
Notes to be sent	
Date and Time of Call	
GP Name	

JW

St. George's Healthcare **NHS**
NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT



Date: 29 Dec 2009

Dea

Your Patient:

Date of Birth:
Hospital Number:
NHS Number:
A&E Attendance No:
No. of attendances:

GP COPY

The above patient attended the A&E department on 29 Dec 2009 at 15:28. The complaint was Abdo Pain - Adult.

Our management summary is as follows:

Pathology

0

Diagnosis

Other

Treatment

Verbal Advice

Observation

Other The Specialists Comments were;

Discharge Outcome:

TWIC GP

Discharge Destination:

Tooting Walk in Centre

Comments to GP:

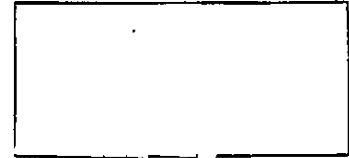
Yours sincerely,

Date Received	
Received	
Received by	
Received by	
Received by	
Received by	



St. George's Healthcare **NHS**
NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT



Date: 26 Oct 2009

GP COPY

Dear

Your Patient:

Date of Birth

Hospital Number:

NHS Number:

A&E Attendance No

No. of attendances:

The above patient attended the A&E department on 26 Oct 2009 at 18:49. The complaint was Limb problems.

Your patient was seen by

Our management summary is as follows:

Pathology

0

Diagnosis

Joint problem, Shoulder Girdle, Left
supraspinatus tendonitis left shoulder

Treatment

Home exercises The Specialists Comments were;

Discharge Outcome:

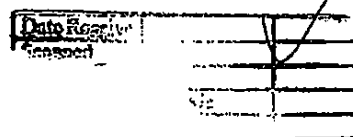
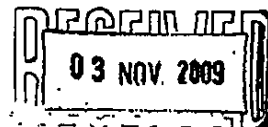
GP Followup

Discharge Destination:

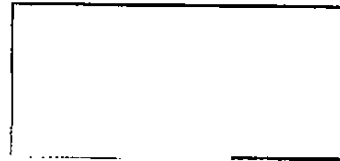
Home

Comments to GP: advice to gently mobilise. Please would GP review as needed

Yours sincerely,



55

St. George's Healthcare
NHS Trust **NHS****ACCIDENT & EMERGENCY DEPARTMENT****GP COPY****Your Patient:**

Date of Birth:
Hospital Number:
NHS Number:
A&E Attendance No:
No. of attendances:

The above patient attended the A&E department on 26 Jun 2007 at 17:00. The complaint was Falls.

Your patient was seen by

Our management summary is as follows:

Diagnosis
Back Pain

Treatment
Observation The Specialists Comments were;

Discharge Outcome:
GP Followup

Discharge Destination:
Home

Comments to GP:

Yours sincerely,



GP

Department of Infectious Diseases Discharge Summary

Page 1 of 1

St George's Healthcare **NHS**
NHS Trust

Patient Name:
NHS Number:
Patient Address
DoB:
Admission Date
Consultant :

Hospital Number:

Ward:
Discharge Date

Diagnosis:

Probable viral illness

Investigations: Brain CT: NAD

Throat swab: beta haemolytic streptococcus NOT isolated
Blood culture: no growth

Management: Admitted with 2/7 Hx of frontal headache, fever, shoulder pain and sore throat.
Lumbar puncture: acellular with normal protein, culture negative.
Improved without specific Rx.

Drugs on Discharge: see TTO or select below**Follow up:**

No Follow Up :

Name:

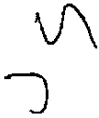
Bleep No :

c.c. GP; Notes; Patient;

N.B. For further details please login to the EPR
(<http://nww.stgeorges.nhs.uk>)

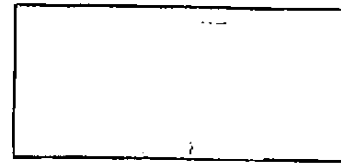
Signed:

Date Recd	
Scanned	
Value	
Date and	
Initials of	



St. George's Healthcare
NHS Trust **NHS**

ACCIDENT & EMERGENCY DEPARTMENT



Date: 08 Jun 2007

GP COPY

Your Patient:

Date of Birth: _____
Hospital Number: _____
NHS Number: _____
A&E Attendance No: _____
No. of attendances: _____

The above patient attended the A&E department on 07 Jun 2007 at 18:59. The complaint was Limb problems.

Your patient was seen by

Our management summary is as follows:

Imaging

CT Scan, Head - 3 day history of headache, neck stiffness and high temperature, sore throat 2 days previously, body aching rigours

Pathology

0 - High temperature and Headache
0

Diagnosis

Viral illness

Treatment

Observation

Specialty

Your Patient was referred to General Medicine for further consultation.The Specialists Comments were;

Discharge Outcome:

Admitted St Georges

Discharge Destination:

Richmond Ward

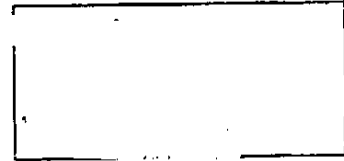
Comments to GP:

Yours sincerely,

Initials of Health Professional	
---------------------------------	--

St. George's Healthcare **NHS**
NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT



Date: 23 Jan 2007

GP COPY

Your Patient:

Date of Birth:
Hospital Number:
NHS Number:
A&E Attendance No:
No. of attendances:

The above patient attended the A&E department on 23 Jan 2007 at 18:54. The complaint was Limb problems. Lee-ann Orwin.

Our management summary is as follows:

Imaging

XRay, Finger - tender and swollen ?#

Pathology

0

Diagnosis

Sprain, Finger, Right
soft tissue sprain on right index finger
Sprain, Finger, Right
buddy strap, h.a.s anti-Inflammatories, elevate and to return in 3/7 for r/v clinic

Treatment

Verbal AdviceThe Specialists Comments were;

Discharge Outcome:

A&E review clinic

Discharge Destination:

Home

Comments to GP:

St. George's Healthcare NHS Trust

*Early pregnancy assessment,
gynaecological ultrasound
and minimal access surgery*

Dear
Thank you for referring your patient

Indication:
Today started bleeding, experiencing normal period like pains.

Last period: 15.3.2003.
EDD by LMP and ultrasound: 20.12.2003.
Gestational age: 5 weeks + 6 days

First Trimester Ultrasound:
Transvaginal US with GE200. Ultrasound view: good.

Early pregnancy assessment:
Intrauterine sac absent.
Uterine findings: endometrial thickness 3.8 mm, midline echo: intact.
Left ovary: visible. Morphology: normal. Outline smooth. Size 21 mm x 10 mm.
Right ovary: visible. Morphology: normal. Outline smooth. Size 23 mm x 16 mm.
Pouch of Douglas: free fluid - none seen.

Serial BhCG levels:
Date: 22.4.2003, 519 IU/l, action taken: prog = 10
Date: 24.4.2003, 491 IU/l, action taken: Serial hCG
measurements arranged with close follow up. prog = 5.

Summary of ultrasound findings: Pregnancy of unknown location (PUL)
Serial hCG assessments have been arranged at 48 hour intervals with a review in the clinic.
Fall in serial Bhcg's, mostly likely non viable pregnancy.

Diagnosis:
Pregnancy of unknown location.

To return tomorrow for a repeat Bhcg.

RECEIVED

30 APR 2003

St. George's Healthcare NHS Trust

*Early pregnancy assessment,
gynaecological ultrasound
and minimal access surgery*

Dear
Thank you for referring your patient

Indication:
Abdominal pain.

Last period: 15.3.2003.
EDD by LMP and ultrasound: 20.12.2003.
Gestational age: 5 weeks + 3 days

First Trimester Ultrasound:

Transvaginal US with GE200. Ultrasound view: good.

Early pregnancy assessment:

Intrauterine sac absent.

Uterine findings: endometrial thickness 15.0 mm, midline echo: intact, endometrial structure: no evidence of intrauterine pregnancy.

Pouch of Douglas: free fluid - none seen.

Left ovary: visible. Morphology: normal. Outline smooth. Size 21 mm x 21 mm x 9 mm. Volume 2.1 ml.

Right ovary: visible. Morphology: normal. Outline smooth. Size 33 mm x 29 mm x 16 mm. Volume 8.0 ml.

Corpus Luteum: cystic.

Summary of ultrasound findings: Pregnancy of unknown location (PUL)

Serial hCG assessments have been arranged at 48 hour intervals with a review in the clinic.

Patient not tender during examination.

Diagnosis:

Pregnancy of unknown location.

Serial hCG and progesterone.