

Your online consultation request for  
General advice

SUBMITTED ON:  
17-03-2025 at 08:33:29

eConsult reference number for this request:  
561c55c8

PAUL,

The answers to your online GP consultation for general advice are below.

Your practice will respond by phone, text or email **before on .**

**Here are two important tips for ensuring you receive a response:**

- A call from your practice may sometimes appear on your phone as "Blocked", "No caller ID" or "Private number"
- Check your junk email folder

If your doctor gives you a prescription, they will let you know where and when you can pick it up when they call you.

IMPORTANT: if your condition worsens or if you find the details you submitted are incorrect, please call the practice immediately on 01642 827697.

NOW WE JUST NEED TO KNOW WHAT KIND OF HELP YOU WOULD LIKE:

Tell us how we can help you	I think I may need treatment
Please provide us with details of your problem	You said: "At my appointment with the emergency department at JCUH (15/3/2025), my recent unexplained weight loss - as recorded at JCUH - and fatigue were noted. The emergency medicine doctor recommended that I report these to you for your attention. The emergency medicine doctor mentioned that he will also mention this in his letter from this appointment, which you may have already received. I reported tiredness in my eConsult report 30/12/2024."
Have you tried anything to treat yourself?	Yes
What have you tried to help treat yourself?	You said: "prescribed iron tablets"
Has it helped?	No
Is there any particular treatment you would like to request?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

WE'LL NOW ASK YOU SOME QUESTIONS ABOUT YOUR SYMPTOMS:

Is this a problem your GP knows about?	Yes
How has your condition changed since you last saw someone about it?	Got worse
To ensure we only ask you relevant questions, please select your main symptom	Tiredness
How long have you had tiredness for?	You said: "December 2024"
Can you lift up both arms as much as normal?	Yes
Has your face fallen on one side?	No
Can you smile normally?	Yes
Is your speech slurred?	No

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	<b>No</b>
Have you had profuse sweating, severe chills or uncontrollable shaking?	<b>No</b>
Have you had any night sweats during this illness?	<b>Yes</b>
Are you feeling drowsy or confused?	<b>Yes</b>
Do you have an excessive, unexplainable thirst?	<b>No</b>
Do you get chest pain, or pain in the neck or jaw when walking or exercising?	<b>No</b>
Has your heartbeat become faster or irregular?	<b>No</b>
Has your breathing got worse during this illness?	<b>Yes</b>
Are you breathless on minimal exertion (moving about)?	<b>No</b>
Have you noticed any stool (poo) that is black and sticky?	<b>Yes</b>
Have you noticed blood in your stool (poo)?	<b>No</b>
Have you noticed a change in your bowel habit over the past 6 weeks?	<b>Yes</b>
Please tell us about your change in bowel habit.	<b>You said: "dark stool because of taking iron tablets; abdominal pain after stool."</b>
Have you had any problems with passing urine (peeing) during this illness?	<b>No</b>
Have you noticed blood in your urine (pee)?	<b>No</b>
Have you had a headache during this illness?	<b>No</b>
Have you had any problems with your sleep during this illness?	<b>No</b>
Do you snore?	<b>No</b>
Have you had any unexplained weight gain in the last 6 months?	<b>Yes</b>
<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	
Over the last 2 weeks, how often have you had little interest or pleasure in doing things?	<b>Nearly every day</b>
Over the last 2 weeks, how often have you felt down, depressed, or hopeless?	<b>Not at all</b>
<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	
Over the last 2 weeks, how often have you felt nervous, anxious or on edge?	<b>More than half the days</b>
Over the last 2 weeks, how often have you not been able to stop or control worrying?	<b>Not at all</b>
Have you had any unexplained weight loss in the last 3 months?	<b>Yes</b>
Please tell us how much weight you think you have lost in the last 3 months.	<b>You said: "At my appointment with the emergency department at JCUH (15/3/2025), my recent unexplained weight loss about 4 to 5 kg - as recorded at JCUH - and fatigue were noted. The emergency medicine doctor recommended that I report these to you for your attention. The emergency medicine doctor mentioned that he will also mention this in his letter from this appointment, which you may have already received. I reported tiredness in my eConsult report 30/12/2024."</b>
How often does your condition affect you?	<b>Not applicable</b>
Is there anything that makes your condition better?	<b>Not applicable</b>
Is there anything that makes your condition worse?	<b>Not applicable</b>
What do you do for a living?	<b>You said: "academic work"</b>
Have you travelled abroad recently?	<b>No</b>

<p>On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.</p> <p>Please keep in mind that any photos you upload:</p> <ul style="list-style-type: none"><li>• will be added to your clinical record and used for your clinical care,</li><li>• may be seen by male or female practice staff,</li><li>• should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.</li></ul>	<b>Skip this</b>
<p>Is there anything else you think we should know?</p>	<b>Yes</b>
<p>What else do we need to know?</p>	<b>You said: "pain in the right side and abdominal pain"</b>
<p><b>Based on your answers, you may need urgent advice.</b></p> <p>If you're concerned about any symptoms getting worse, please contact your practice during opening hours.</p> <p>Or, if you have not heard back from your practice by 6.30pm, urgently call 111.</p>	<b>Continue my consultation</b>

**JUST A FEW LAST QUESTIONS ABOUT YOUR GENERAL HEALTH:**

<p>Do you drink alcohol?</p>	<b>No</b>
<p>Do you smoke?</p>	<b>No, I've never smoked</b>
<p>In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?</p>	<b>No</b>
<p>Do you have any allergies?</p>	<b>No</b>
<p>Have you or anyone in your household had COVID in the last 1 month?</p>	<b>No</b>
<p>What's the best way to respond to this request?</p>	<b>Email</b>