

Grampian Health Board

REQUEST FOR AN OUT PATIENT APPOINTMENT

Hospital Use Only	CLINIC	DATE	TIME	A.M. P.M.				
HOSPITAL: ARI CLINIC: SURGICAL CONSULTANT Please state Patient's:- Kindly complete the undernoted enabling patient identification:-								
Surname: LAING		Mr/Mrs/Miss	Unit No. 182396					
First Name (s) ALEXANDER		Year of last attendance						
Date of Birth	Day 07 Month 12 Year 23	CHI SUFFIX <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>			2	0	3	6
2	0	3	6					
Marital State	Maiden Name	Name of Hospital attended						
Address: 6 HILTON STREET ABERDEEN		Please tick appropriate box						
		1. Is an urgent appointment required?			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>	
		YES	NO <input checked="" type="checkbox"/>					
		2. Will Patient be sent by ambulance?			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>	
YES	NO <input checked="" type="checkbox"/>							
3. Has patient been resident in U.K. for the past 12 months?			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>			
YES	NO <input checked="" type="checkbox"/>							
Post Code: AB2 3QX		Name, Address and Telephone number of Medical/Dental Practitioner Drs Sinclair, Taylor, Crooks, Lynch, Deans, Stewart, Johnston, Aitchison & Irvine. 2 Calsayseat Road, Aberdeen AB25 9UY Tel: 634345 Fax: 620210						
Telephone No. Provisional Diagnosis								
Reason for Referral Thank you for seeing this 78 year old gentleman who was admitted to Ward 25 between the 8 th and 11 th of December with jaundice. Ultrasound examination did not reveal any metastatic disease, no gallstones were detected in the gallbladder and there is no evidence of dilatation of the bile duct. Despite the findings the Physician's have advised us to refer Mr Laing for surgical assessment as they feel that gallstone disease is the underlying problem. PMH – 1961 DU, 1990 Rectal CA, chronic active Hepatitis due Hepatitis C following a transfusion 1990, cervical spondylosis. Current medication – Quinine 200mg one nocte, Paracetamol as req. Thank you for seeing him. Yours sincerely								
Continue overleaf if necessary								
Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's present complaint.								
Approx. Date of Prescription	Medicine	Dose & Frequency	Duration of Prescription					
All Medicines Known to Disagree with Patient:								
AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS								
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination proceed if the patient is Pregnant?	Doctors Initials					
Signature of Doctor: DR M E JOHNSTON		Date: 31.12.01						