

EXAMPLE PREMIUM CHRONOLOGY - FICTIONAL DATA
FOR DEMONSTRATIVE PURPOSES ONLY

CONFIDENTIAL

MEDICAL CHRONOLOGY AND RECORDS BUNDLE

Patient: John Smith

Date Completed: 01/01/2025

NOTE:

This example is designed to demonstrate our Premium Service's navigable bundle format. The fictional case is intentionally short and simple. For a more detailed and realistic case example, refer to the Basic Chronology Example.

Prepared by A1 Chronologies



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HOW TO USE THIS BUNDLE

- **Page numbers in this bundle are hyperlinked to the records.**
- **Click on a page number to go to that page.**
- **Click on <<Back to Chronology>> to go back to the chronology.**

Bundle Section	Page Range
A1 Chronologies – Summary	C1
A1 Chronologies – Medical Summary	C2 – C5
Example_GP_Records – 124 pages	1 – 124

Total Record Pages: 124 pages

Patient Information

Name: John Smith

DOB: 01/03/1988

Summary

The patient is a 36-year-old male whose past medical history includes Asthma diagnosed in 2015, managed with salbutamol inhaler and occasional short courses of oral steroids. Regular asthma reviews are documented. Other history includes low mood (2016–2017, improved with CBT), musculoskeletal issues (back pain, ankle sprain, shoulder strain), migraine, and mild hypertension and hyperlipidaemia monitored from 2021. Childhood vaccinations are up to date and annual influenza vaccinations are recorded.

The chronology spans 2015–2024, covering GP consultations, telephone contacts, nurse appointments, and hospital letters. It reflects asthma as the main ongoing condition, with additional routine and self-limiting health issues. The patient is currently stable under follow-up for asthma, blood pressure, and cholesterol.

Patient Information

Name: John Smith
DOB: 01/03/1988
Address: 123 Example Lane, London
Date Of Incident: N/A EXAMPLE

Key Health Metrics

Height	1.7 m	25/02/2021
Weight	70 kg	25/02/2021
BMI	24.22 Kg/m ²	25/02/2021
Blood Pressure	124/77 mmHg	15/03/2023
Significant Health Conditions	Asthma Diagnosed	14/05/2015

Source Map

- 1/ "John_Smith_GP_Records_EXAMPLE.pdf" – 124-page file
Chronology Review: 124 pages of records.
The page numbers referenced are those printed onto record pages – bottom-right.

Total pages reviewed: 124

Chronology Of Events

Date	Record Description	Page
	PAST MEDICAL HISTORY	
12/02/15	GP Consultation – Sore throat Patient presented with sore throat and fever. Exam: enlarged tonsils, no exudate. Diagnosis: viral pharyngitis. Advice: rest, fluids, paracetamol.	2
06/04/15	GP Consultation – Persistent cough Cough for 3 weeks. Chest clear. Impression: post-viral cough. Reassurance given.	4
14/05/15	Telephone Consultation – Asthma symptoms Mild asthma during exercise. Inhaler technique checked. Salbutamol prescribed.	6
19/11/15	GP Consultation – Back pain Pain after lifting. No neurological deficit. Advice: analgesia, stretching, return if worsening.	13
22/12/15	Nurse Appointment – Childhood vaccinations update MMR booster given. No adverse reaction.	15
16/06/16	GP Consultation – Asthma review Annual review. Occasional night wheeze. Peak flow 480. Salbutamol renewed.	21
12/08/16	GP Consultation – Rash Pruritic rash on forearms. Impression: allergic dermatitis. Topical hydrocortisone prescribed.	23
28/11/16	GP Consultation – Low mood Low mood and poor sleep 3 months. Mild depression. Referred to IAPT.	25
13/02/17	Telephone Consultation – Prescription request Requested repeat Salbutamol inhaler. Issued.	28
01/09/17	Follow-up Consultation – Depression Review of mood. Improvement with CBT. No medication required.	34

14/12/17	GP Consultation – Ear infection Right ear pain and fever. Diagnosis: otitis media. Amoxicillin prescribed.	38
09/03/18	GP Consultation – Ankle sprain Left ankle sprain playing football. No fracture. RICE advised. Sick note 1 week.	42
25/06/18	GP Consultation – Travel advice Travel to Thailand. Malaria prophylaxis and travel vaccines discussed. Hep A vaccine given.	45
14/01/19	GP Consultation – Migraine Episodic headaches with photophobia and nausea. Diagnosis: migraine without aura. Sumatriptan prescribed	51
22/12/19	Telephone Consultation – Flu-like illness Fever and myalgia. Managed at home. Advice: fluids and rest.	57
07/03/20	GP Consultation – Asthma exacerbation Worsening asthma after viral infection. Increased inhaler use. Prednisolone course prescribed.	60
20/06/20	Nurse Appointment – Asthma review Peak flow 470. Inhaler compliance discussed. Stop smoking advice given.	63
15/09/20	GP Consultation – Back pain recurrence Chronic lower back pain ongoing. Referred to physiotherapy.	66
25/02/21	GP Consultation – Hypertension check Routine BP 148/92. Stage 1 hypertension noted. Lifestyle advice. Plan to recheck.	73
12/07/21	Nurse Appointment – Blood tests Routine bloods for hypertension review. FBC, U&E, cholesterol. Awaiting results.	75
20/07/21	GP Consultation – Blood test results Cholesterol raised at 6.8. Lifestyle advice given. Statin therapy discussed.	77
05/10/21	Flu Vaccination – Nurse Annual influenza vaccine given. No adverse reaction.	79
28/01/22	GP Consultation – Chest infection Cough with sputum, fever. Crackles on chest exam. Prescribed doxycycline.	82

14/04/22	Telephone Consultation – Anxiety Reported increased anxiety and poor sleep. Given self-help resources, referral to counselling.	86
20/09/22	GP Consultation – Hypertension follow-up BP 152/95. Amlodipine 5mg daily started.	91
11/12/22	GP Consultation – Chest pain Sharp chest pain, non-exertional. ECG normal. Impression: musculoskeletal. Ibuprofen advised.	94
15/03/23	Nurse Appointment – Blood tests Monitoring hypertension and lipids. Cholesterol improved to 5.9.	98
04/07/23	GP Consultation – Shoulder pain Right shoulder pain after DIY. Diagnosis: rotator cuff strain. Physio referral.	101
12/09/23	Telephone Consultation – Repeat medication Requested repeat amlodipine and salbutamol. Issued.	104
18/01/24	GP Consultation – Viral illness Fever, cough, sore throat. No chest findings. Managed conservatively.	107
22/04/24	GP Consultation – Skin lesion Raised mole on back, irregular border. Urgent dermatology referral.	110
02/07/24	Hospital Letter – Dermatology Excision biopsy performed on mole. Awaiting histology.	113
15/07/24	Hospital Letter – Dermatology results Histology confirmed benign compound naevus. No further action required.	115

Disclaimer

This chronology is a factual summary of the medical records supplied. It does not constitute medical opinion, legal advice, or expert witness evidence and must be verified against the original records. Responsibility for completeness, accuracy, and relevance rests with the instructing client and any qualified professionals relying upon it. Some records have been summarised for readability and are clearly marked; all summaries must be checked against the full records. For the full limitations of use, refer to the A1 Chronologies Terms of Engagement.

[THIS IS AN EXAMPLE FOR ILLUSTRATIVE PURPOSES ONLY - ALL DATA CONTAINED IS FICTIONAL]

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Administrative Note

Date: 03/02/2015 Record Type: Admin

Change of address form scanned. New address confirmed via patient portal.

Recorded by: Ms L. Green (Admin)

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 12/02/2015

Record Type: GP Consultation

Subject: Sore throat

Entry:

Presented with sore throat and fever. Exam: enlarged tonsils, no exudate. Impression: viral pharyngitis.
Plan: rest, fluids, paracetamol. Safety-netting provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

SMS Reminder

Date: 10/02/2015 Record Type: System Message

Automated reminder sent for asthma review appointment. No reply required.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 06/04/2015

Record Type: GP Consultation

Subject: Persistent cough

Entry:

Cough for 3 weeks following URTI. Chest clear. Impression: post-viral cough. Reassurance given; expected recovery within 2-4 weeks.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pharmacy MUR

Date: 18/05/2016 Record Type: Pharmacy Note

Medicines Use Review completed at High Street Pharmacy. Inhaler adherence good. Copy filed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 14/05/2015

Record Type: Telephone Consultation

Subject: Asthma symptoms

Entry:

Mild wheeze during exercise. Inhaler technique reviewed verbally. Salbutamol inhaler prescribed. Advised pre-exercise use.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS App Registration

Date: 20/05/2019 Record Type: Admin

Patient registered for NHS App access. Proxy access declined.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Optician Letter

Date: 12/11/2019 Record Type: Third-party Letter

Routine eye test. Mild myopia; prescription updated. No ocular hypertension.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Travel Clinic Leaflet

Date: 25/06/2018 Record Type: Information

General travel health advice leaflet scanned for patient information.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

COVID-19 Info

Date: 01/09/2020 Record Type: Public Health

Practice COVID-19 service changes leaflet scanned. Telephone triage first policy in effect.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Repeat Prescription Log

Date: 12/09/2023 Record Type: Medication

Amlodipine 5 mg daily issued: 56 tablets. EPS to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS Health Check Invite

Date: 05/06/2021 Record Type: Admin

Eligible for NHS Health Check. Invitation letter generated and sent.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 19/11/2015

Record Type: GP Consultation

Subject: Back pain

Entry:

Low back pain after lifting. No red flags, no neurological deficit. Advice: regular analgesia, gentle mobility, stretching, return if worsening.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Document Scanned

Date: 07/07/2022 Record Type: Admin

External document: employer letter for sick note verification. Filed to record.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 22/12/2015

Record Type: Nurse Appointment

Subject: Childhood vaccinations update

Entry:

MMR booster administered. No immediate adverse reaction. Post-vaccination advice given.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Telephone Triage

Date: 22/08/2022 Record Type: Telephone

Patient queried hay fever management. Recommended OTC antihistamine and nasal spray.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Vaccination History

Date: 22/12/2015 Record Type: Immunisation Summary

Childhood immunisations recorded as up to date.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Flu Vaccine Invite

Date: 15/09/2021 Record Type: Admin

Invitation for annual influenza vaccination issued via SMS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

EPS Nomination

Date: 05/02/2017 Record Type: Admin

Electronic Prescription Service nomination set to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Referral Acknowledgement

Date: 23/04/2024 Record Type: Admin

Dermatology 2WW referral acknowledged by hospital via e-RS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 16/06/2016

Record Type: GP Consultation

Subject: Asthma review

Entry:

Annual asthma review. Occasional night wheeze. Peak flow 480 L/min. Salbutamol renewed. Trigger avoidance discussed.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Out-of-Hours Report

Date: 29/12/2019 Record Type: OOH

OOH telephone advice for flu-like symptoms. Paracetamol advised; safety net given.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 12/08/2016

Record Type: GP Consultation

Subject: Rash

Entry:

Pruritic rash on forearms after gardening. Impression: allergic dermatitis. Topical hydrocortisone prescribed for 7 days.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Device Loan Form

Date: 25/02/2021 Record Type: Admin

BP monitor loaned for home readings for 1 week. Return date agreed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 28/11/2016

Record Type: GP Consultation

Subject: Low mood

Entry:

3 months low mood, poor sleep. PHQ-9 mild range. Referred to IAPT for CBT. Crisis advice provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Duplicate Page

Date: — Record Type: Scan

This page intentionally left blank due to duplicate scan.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Smoking Status

Date: 20/06/2020 Record Type: Lifestyle

Smoking status recorded: Non-smoker since 2018. Brief advice reiterated.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 13/02/2017

Record Type: Telephone Consultation

Subject: Prescription request

Entry:

Requested repeat Salbutamol inhaler. Issued as per repeat protocol. Advised book asthma review if increased use.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Third-party Consent

Date: 14/03/2018 Record Type: Admin

Consent form scanned permitting release of medical summary to insurer.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Appointment DNA

Date: 18/08/2016 Record Type: Admin

Did not attend for nurse BP check. Letter sent to patient.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Letter: GP Summary

Date: 01/02/2021 Record Type: GP Summary

Current problem list: Asthma. Medications: Salbutamol inhaler PRN; Amlodipine 5 mg (from 20/09/2022).

Allergies: NKDA.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 13/07/2021 Record Type: Lab

FBC normal; U&E normal; HbA1c 36 mmol/mol; Lipids elevated (TC 6.8).

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 16/03/2023 Record Type: Lab

Lipids improved (TC 5.9). LFT normal. eGFR >90.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 01/09/2017

Record Type: Follow-up Consultation

Subject: Depression review

Entry:

Mood improved with CBT. No medication required. Coping strategies reinforced. Safety-netting.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Allergy Status

Date: — Record Type: Admin

No known drug allergies recorded.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Administrative Note

Date: 03/02/2015 Record Type: Admin

Change of address form scanned. New address confirmed via patient portal.

Recorded by: Ms L. Green (Admin)

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

SMS Reminder

Date: 10/02/2015 Record Type: System Message

Automated reminder sent for asthma review appointment. No reply required.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 14/12/2017

Record Type: GP Consultation

Subject: Ear infection

Entry:

Right otalgia, fever. TM erythematous and bulging. Diagnosis: acute otitis media. Amoxicillin 5 days prescribed; analgesia advised.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pharmacy MUR

Date: 18/05/2016 Record Type: Pharmacy Note

Medicines Use Review completed at High Street Pharmacy. Inhaler adherence good. Copy filed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS App Registration

Date: 20/05/2019 Record Type: Admin

Patient registered for NHS App access. Proxy access declined.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Optician Letter

Date: 12/11/2019 Record Type: Third-party Letter

Routine eye test. Mild myopia; prescription updated. No ocular hypertension.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 09/03/2018

Record Type: GP Consultation

Subject: Ankle sprain

Entry:

Twist injury playing football. No fracture suspected. Management: RICE, elevation, ankle exercises. Fit note 1 week.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Travel Clinic Leaflet

Date: 25/06/2018 Record Type: Information

General travel health advice leaflet scanned for patient information.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

COVID-19 Info

Date: 01/09/2020 Record Type: Public Health

Practice COVID-19 service changes leaflet scanned. Telephone triage first policy in effect.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 25/06/2018

Record Type: GP Consultation

Subject: Travel advice

Entry:

Upcoming travel to Thailand. Malaria risk discussed; bite precautions. Hepatitis A vaccine given. Printed travel advice leaflet.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Repeat Prescription Log

Date: 12/09/2023 Record Type: Medication

Amlodipine 5 mg daily issued: 56 tablets. EPS to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS Health Check Invite

Date: 05/06/2021 Record Type: Admin

Eligible for NHS Health Check. Invitation letter generated and sent.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Document Scanned

Date: 07/07/2022 Record Type: Admin

External document: employer letter for sick note verification. Filed to record.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Telephone Triage

Date: 22/08/2022 Record Type: Telephone

Patient queried hay fever management. Recommended OTC antihistamine and nasal spray.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Vaccination History

Date: 22/12/2015 Record Type: Immunisation Summary

Childhood immunisations recorded as up to date.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 14/01/2019

Record Type: GP Consultation

Subject: Migraine

Entry:

Episodic headaches with photophobia and nausea. Neuro exam normal. Diagnosis: migraine without aura. Sumatriptan prescribed PRN.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Flu Vaccine Invite

Date: 15/09/2021 Record Type: Admin

Invitation for annual influenza vaccination issued via SMS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

EPS Nomination

Date: 05/02/2017 Record Type: Admin

Electronic Prescription Service nomination set to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Referral Acknowledgement

Date: 23/04/2024 Record Type: Admin

Dermatology 2WW referral acknowledged by hospital via e-RS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Out-of-Hours Report

Date: 29/12/2019 Record Type: OOH

OOH telephone advice for flu-like symptoms. Paracetamol advised; safety net given.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Device Loan Form

Date: 25/02/2021 Record Type: Admin

BP monitor loaned for home readings for 1 week. Return date agreed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 22/12/2019

Record Type: Telephone Consultation

Subject: Flu-like illness

Entry:

Fever, myalgia. No red flags. Managed at home with fluids and rest. Safety-netting advice documented.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Duplicate Page

Date: — Record Type: Scan

This page intentionally left blank due to duplicate scan.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Smoking Status

Date: 20/06/2020 Record Type: Lifestyle

Smoking status recorded: Non-smoker since 2018. Brief advice reiterated.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 07/03/2020

Record Type: GP Consultation

Subject: Asthma exacerbation

Entry:

Worsening asthma after viral infection. Increased SABA use. Prednisolone 30mg 5 days prescribed. Inhaler adherence checked.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Third-party Consent

Date: 14/03/2018 Record Type: Admin

Consent form scanned permitting release of medical summary to insurer.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Appointment DNA

Date: 18/08/2016 Record Type: Admin

Did not attend for nurse BP check. Letter sent to patient.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 20/06/2020

Record Type: Nurse Appointment

Subject: Asthma review

Entry:

Annual review. Peak flow 470 L/min. Inhaler compliance discussed. Smoking cessation advice provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Letter: GP Summary

Date: 01/02/2021 Record Type: GP Summary

Current problem list: Asthma. Medications: Salbutamol inhaler PRN; Amlodipine 5 mg (from 20/09/2022).

Allergies: NKDA.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 13/07/2021 Record Type: Lab

FBC normal; U&E normal; HbA1c 36 mmol/mol; Lipids elevated (TC 6.8).

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 15/09/2020

Record Type: GP Consultation

Subject: Back pain recurrence

Entry:

Chronic low back pain. No red flags. Referred to community physiotherapy. Self-management booklet provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 16/03/2023 Record Type: Lab

Lipids improved (TC 5.9). LFT normal. eGFR >90.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Allergy Status

Date: — Record Type: Admin

No known drug allergies recorded.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Administrative Note

Date: 03/02/2015 Record Type: Admin

Change of address form scanned. New address confirmed via patient portal.

Recorded by: Ms L. Green (Admin)

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

SMS Reminder

Date: 10/02/2015 Record Type: System Message

Automated reminder sent for asthma review appointment. No reply required.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pharmacy MUR

Date: 18/05/2016 Record Type: Pharmacy Note

Medicines Use Review completed at High Street Pharmacy. Inhaler adherence good. Copy filed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS App Registration

Date: 20/05/2019 Record Type: Admin

Patient registered for NHS App access. Proxy access declined.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 25/02/2021

Record Type: GP Consultation

Subject: Hypertension check

Entry:

Routine BP 148/92 mmHg on manual repeat. Stage 1 hypertension noted. Lifestyle advice given; plan recheck in 4-6 weeks.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Optician Letter

Date: 12/11/2019 Record Type: Third-party Letter

Routine eye test. Mild myopia; prescription updated. No ocular hypertension.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 12/07/2021

Record Type: Nurse Appointment

Subject: Blood tests

Entry:

Routine bloods for HTN review. Tests: FBC, U&E, LFT, lipid profile, HbA1c. Awaiting results.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Travel Clinic Leaflet

Date: 25/06/2018 Record Type: Information

General travel health advice leaflet scanned for patient information.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 20/07/2021

Record Type: GP Consultation

Subject: Blood test results

Entry:

Total cholesterol 6.8 mmol/L. Lifestyle modification advised. Statin therapy discussed; patient prefers diet/exercise trial.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

COVID-19 Info

Date: 01/09/2020 Record Type: Public Health

Practice COVID-19 service changes leaflet scanned. Telephone triage first policy in effect.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 05/10/2021

Record Type: Nurse Procedure

Subject: Influenza vaccination

Entry:

Annual flu vaccine given. No immediate reaction. Standard post-vaccination advice.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Repeat Prescription Log

Date: 12/09/2023 Record Type: Medication

Amlodipine 5 mg daily issued: 56 tablets. EPS to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS Health Check Invite

Date: 05/06/2021 Record Type: Admin

Eligible for NHS Health Check. Invitation letter generated and sent.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 28/01/2022

Record Type: GP Consultation

Subject: Chest infection

Entry:

Productive cough with fever. Chest exam: unilateral crackles. Doxycycline 7 days prescribed; review if no improvement.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Document Scanned

Date: 07/07/2022 Record Type: Admin

External document: employer letter for sick note verification. Filed to record.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Telephone Triage

Date: 22/08/2022 Record Type: Telephone

Patient queried hay fever management. Recommended OTC antihistamine and nasal spray.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Vaccination History

Date: 22/12/2015 Record Type: Immunisation Summary

Childhood immunisations recorded as up to date.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 14/04/2022

Record Type: Telephone Consultation

Subject: Anxiety

Entry:

Increased anxiety and poor sleep related to work stress. Provided self-help resources and referred to counselling services.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Flu Vaccine Invite

Date: 15/09/2021 Record Type: Admin

Invitation for annual influenza vaccination issued via SMS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

EPS Nomination

Date: 05/02/2017 Record Type: Admin

Electronic Prescription Service nomination set to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Referral Acknowledgement

Date: 23/04/2024 Record Type: Admin

Dermatology 2WW referral acknowledged by hospital via e-RS.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Out-of-Hours Report

Date: 29/12/2019 Record Type: OOH

OOH telephone advice for flu-like symptoms. Paracetamol advised; safety net given.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 20/09/2022

Record Type: GP Consultation

Subject: Hypertension follow-up

Entry:

BP 152/95 mmHg. Amlodipine 5 mg daily started. Side effects discussed; follow-up arranged.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Device Loan Form

Date: 25/02/2021 Record Type: Admin

BP monitor loaned for home readings for 1 week. Return date agreed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Duplicate Page

Date: — Record Type: Scan

This page intentionally left blank due to duplicate scan.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 11/12/2022

Record Type: GP Consultation

Subject: Chest pain

Entry:

Sharp non-exertional chest pain. ECG normal, chest wall tender. Impression: musculoskeletal chest pain. Ibuprofen advised.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Smoking Status

Date: 20/06/2020 Record Type: Lifestyle

Smoking status recorded: Non-smoker since 2018. Brief advice reiterated.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Third-party Consent

Date: 14/03/2018 Record Type: Admin

Consent form scanned permitting release of medical summary to insurer.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Appointment DNA

Date: 18/08/2016 Record Type: Admin

Did not attend for nurse BP check. Letter sent to patient.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 15/03/2023

Record Type: Nurse Appointment

Subject: Blood tests

Entry:

Monitoring HTN and lipids. Cholesterol improved to 5.9 mmol/L. Continue lifestyle measures; consider statin if needed.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Letter: GP Summary

Date: 01/02/2021 Record Type: GP Summary

Current problem list: Asthma. Medications: Salbutamol inhaler PRN; Amlodipine 5 mg (from 20/09/2022).

Allergies: NKDA.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 13/07/2021 Record Type: Lab

FBC normal; U&E normal; HbA1c 36 mmol/mol; Lipids elevated (TC 6.8).

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 04/07/2023

Record Type: GP Consultation

Subject: Shoulder pain

Entry:

Right shoulder pain after DIY. Exam suggests rotator cuff strain. Physio referral; rotator cuff exercise sheet provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pathology Result

Date: 16/03/2023 Record Type: Lab

Lipids improved (TC 5.9). LFT normal. eGFR >90.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Allergy Status

Date: — Record Type: Admin

No known drug allergies recorded.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 12/09/2023

Record Type: Telephone Consultation

Subject: Repeat medication

Entry:

Requested repeat amlodipine and salbutamol. Issued per protocol. Annual review reminder set.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Administrative Note

Date: 03/02/2015 Record Type: Admin

Change of address form scanned. New address confirmed via patient portal.

Recorded by: Ms L. Green (Admin)

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

SMS Reminder

Date: 10/02/2015 Record Type: System Message

Automated reminder sent for asthma review appointment. No reply required.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 18/01/2024

Record Type: GP Consultation

Subject: Viral illness

Entry:

Fever, cough, sore throat. Chest clear. Conservative management with rest and fluids. Safety-netting provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Pharmacy MUR

Date: 18/05/2016 Record Type: Pharmacy Note

Medicines Use Review completed at High Street Pharmacy. Inhaler adherence good. Copy filed.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS App Registration

Date: 20/05/2019 Record Type: Admin

Patient registered for NHS App access. Proxy access declined.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 22/04/2024

Record Type: GP Consultation

Subject: Skin lesion

Entry:

Raised mole on back with irregular border. Urgent 2WW dermatology referral made. Photos added to record.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Optician Letter

Date: 12/11/2019 Record Type: Third-party Letter

Routine eye test. Mild myopia; prescription updated. No ocular hypertension.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Travel Clinic Leaflet

Date: 25/06/2018 Record Type: Information

General travel health advice leaflet scanned for patient information.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 02/07/2024

Record Type: Hospital Letter

Subject: Dermatology: procedure

Entry:

Excision biopsy performed on back lesion. Histology pending. Wound care advice provided.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

COVID-19 Info

Date: 01/09/2020 Record Type: Public Health

Practice COVID-19 service changes leaflet scanned. Telephone triage first policy in effect.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Clinical Record

Date: 15/07/2024

Record Type: Hospital Letter

Subject: Dermatology: histology result

Entry:

Histology confirms benign compound naevus. No further action required. GP copied for records.

Recorded by: Dr A. Patel (GP)

Signed electronically via EMIS Web

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Repeat Prescription Log

Date: 12/09/2023 Record Type: Medication

Amlodipine 5 mg daily issued: 56 tablets. EPS to High Street Pharmacy.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

NHS Health Check Invite

Date: 05/06/2021 Record Type: Admin

Eligible for NHS Health Check. Invitation letter generated and sent.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Document Scanned

Date: 07/07/2022 Record Type: Admin

External document: employer letter for sick note verification. Filed to record.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Telephone Triage

Date: 22/08/2022 Record Type: Telephone

Patient queried hay fever management. Recommended OTC antihistamine and nasal spray.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Vaccination History

Date: 22/12/2015 Record Type: Immunisation Summary

Childhood immunisations recorded as up to date.

Patient: John Smith DOB: 01/03/1988 NHS No: 999 000 1111

Flu Vaccine Invite

Date: 15/09/2021 Record Type: Admin

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