

Medicine Writing Week - Patrick Newton

Notes:

Mr Patrick Newton (born on 6 July 1989) is a patient in your General Practice.

Patient details:

Name: Mr Patrick Newton
Residence: 10 Ashwood Street, Stillwater
Social background: 25-year-old accountant, single, lives with parents

21 Feb 2015

Subjective	<p>Presenting complaint: Presentation with 4 month Hx of chronic mild diarrhoea & low-grade intermittent R lower quadrant abdo pain; lethargy, ↓appetite, ↓weight (3kg in 4 months)</p> <p>Social/family Hx: Smokes 10-15 cigarettes per day Regular squash player Uncle has Crohn's disease ↑↑Anxiety and embarrassment relating to symptoms and impact on social participation: – dietary modification unsuccessful in alleviating symptoms – recently stopped attending Friday evening squash matches with work colleagues – has not sought medical advice until now (has attempted to self-manage illness by diet and OTC pain relief)</p> <p>Past medical Hx: 6 month Hx low-grade intermittent joint pain in R & L wrists</p> <p>Medications: OTC Ibuprofen 200-400mg, 3 or 4 times a day (as required) No known allergies</p>
Objective	<p>T – 36.4°C; P – 80 (regular); Ht – 175cm; Wt – 79kg Abdomen – generalised tenderness, no HSmegaly (enlargement of liver and spleen) Cardiovascular & resp examination – normal Urinalysis – normal FBE ↑ WCC 11.1x10⁹/L ↓ RCC 4.0x10¹²/L ↓ Hb 125g/L Faecal occult blood test – positive Mildly elevated CRP (13mg/L) and ESR (14mm/hr)</p>
Assessment:	<p>?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs</p>
Plan:	<p>Advise on smoking cessation Counsel on IBD & likely investigations Refer to gastroenterologist for diagnosis & assessment</p>

Writing Task:

Using the information given in the case notes, write a letter of referral to gastroenterologist, Dr Jack Thomas, seeking his advice on diagnosis and assessment. Address the letter to: Dr Jack Thomas, Department of Gastroenterology, City Hospital, Main Road, Stillwater.

Write an introduction and send to paul@set-english.com

Planning

- 1) **Who is the recipient?** gastroenterologist
- 2) **What do they already know?** stomach/digestive experts / medical & technical language / don't know the patient
- 3) **What do they need to learn?** build-up of symptoms/signs, investigations, patient history, family history
- 4) **Why am I writing today?** Patient presented today - subjective & objective findings point to possible diagnoses - need expert opinion
- 5) **Is it urgent?** No

Introduction	<ul style="list-style-type: none"> • Name: Patrick Newton • General medical context: signs suggestive of IBD • General medical request: diagnosis & assessment
Timeline 2	<ul style="list-style-type: none"> • Current condition - presenting complaint: Presentation with 4 month Hx of chronic mild diarrhoea & low-grade intermittent R lower quadrant abdo pain; lethargy, ↓appetite, ↓weight (3kg in 4 months) - objective findings - summary inc. abdomen / FBE / faecal occult blood test/ CRP & ESR - Diagnosis: * include here or in request paragraph ?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs
Background	<ul style="list-style-type: none"> • Social / medical history - Recent history: 6 month Hx low-grade intermittent joint pain in R & L wrists Medications: OTC Ibuprofen 200-400mg, 3 or 4 times a day (as required) No known allergies - summary of recent events, inc. ↑↑Anxiety and embarrassment relating to symptoms and impact on social participation: – dietary modification unsuccessful in alleviating symptoms – recently stopped attending Friday evening squash matches with work colleagues – has not sought medical advice until now (has attempted to self-manage illness by diet and OTC pain relief) family history: – Uncle has Crohn's disease
Request	<p style="text-align: center;">Advise on smoking cessation Counsel on IBD & likely investigations</p> <ul style="list-style-type: none"> • Inform: • Diagnosis: * include here or in timeline paragraph ?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs • Request: Refer to gastroenterologist for diagnosis & assessment

Background & Request Paragraphs - Send to paul@set-english.com

Introductions

What goes wrong with introductions?

- too much detail - dates, symptoms, specific investigations, request detail
- not enough detail regarding purpose/ purpose not included
- unclear purpose
- inaccurate purpose
- grammar/punctuation issues
- spelling

Teacher	Student
I am writing regarding Mr Patrick Newton, who visited our clinic today due to 4 months history of chronic mild diarrhea, lethargy, loss of appetite and weight loss. He is being referred to you and requires your further assesment and evaluation.	I am writing regarding Mr Patrick Newton, who visited our clinic today due to 4 months history of chronic mild diarrhoea, lethargy, loss of appetite and weight loss. He is being referred to you and requires your further assessment and evaluation. too much information - leave the symptom details for the timeline build-up
I am writing regarding Mr. Newton, who has signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you and now he requires your further assessment and definitive diagnosis.	
I am writing regarding Mr Newton, a 25-year-old accountant, who requires further assessment and confirmatory diagnosis for his lower GIT symptoms.	be careful. I'm not an expert but if 'lower' is not mentioned in the case notes then you don't need to mention it.
I am writing regarding Mr.Newton, who has signs and symptoms suggestive of inflammatuar bowel disease. He is being referred to you and requires your diagnosis and assessment.	I am writing regarding Mr.Newton, who has signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you and requires your diagnosis and assessment.
<p>Dr Jack Thomas Department of Gastroenterology City Hospital Main Road Stillwater</p> <p>21 February 2015</p> <p>Dear Dr Thomas,</p> <p>Re: Mr Patrick Newton, aged 25</p> <p>Thank you for seeing Mr Patrick Newton, who presented with signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you for your advice regarding his diagnosis and assessment.</p>	
I am writing regarding to refer Mr Patrick Newton, who presented with signs and symptoms suggesting of inflammatory bowel disease. She now requires assessment to confirm the diagnosis, and advice for management.	I am writing regarding / to refer Mr Patrick Newton, who presented with signs and symptoms suggestive of inflammatory bowel disease. He now requires assessment to confirm the diagnosis, and advice for management .

	<ul style="list-style-type: none"> - you'd lose marks for Purpose here. Be 100% accurate with the request.
Thank you for seeing Mr Newton, whose clinical features are suggestive of inflammatory bowel disease or Crohn's disease. He is being referred to your care for further assessment and treatment.	
Thank you for seeing Mr Newton a 25-year-old man, who presented with signs and symptoms suggestive of inflammatory bowel disease, I would appreciate your advice on diagnoses and assessment.	<p>Thank you for seeing Mr Newton, a 25-year-old man, who presented with signs and symptoms suggestive of inflammatory bowel disease and requires diagnosis and assessment.</p> <p>Be careful with commas! They can only be used in certain ways to separate clauses:</p> <p>Although I am tall, I am poor at basketball.</p> <p>Having eaten his breakfast, Paul felt amazing.</p> <p>Paul, who lives in Australia, is a teacher.</p>
I am writing regarding Mr Patrick Newton, who presented with symptoms suggestive of inflammatory bowel disease. He is being referred to you and requires your further assessment.	
I am writing to refer Mr Patrick Newton, who presented to our clinic due to gastrointestinal symptoms. He now requires a definite diagnosis of inflammatory bowel disease and further assessment.	I am writing to refer Mr Patrick Newton, who presented to our clinic due to gastrointestinal symptoms. He now requires a definite diagnosis and further assessment.
I am writing regarding Mr Patrick Newton, who visited our clinic due to symptoms and signs suggestive of inflammatory bowel disease. He is being referred to you and now requires your diagnosis and assessment.	
I am writing regarding Mr Newton, who visited our clinic due to symptoms suggestive of inflammatory bowel disease. He is being referred to you for diagnosis and assessment.	
I am writing regarding Mr Newton, who has signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you and now requires advice on diagnosis and assessment.	I am writing regarding Mr Newton, who has signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you and now requires diagnosis and assessment.
I am writing to refer Mr Newton, who has signs and symptoms suggestive of inflammatory bowel disease. Your advice on diagnosis and assessment would be highly appreciated.	I am writing to refer Mr Newton, who has signs and symptoms suggestive of inflammatory bowel disease. Your diagnosis and assessment is required.
I am writing regarding Mr Newton, whose signs and symptoms are suggestive of inflammatory bowel disease. He is being referred to your facility and now requires further assessment and evaluation.	Be careful about using the word 'facility'.
I'm writing regarding Mr. Newton, who presented with symptoms of inflammatory bowel disease, and now requires your further assessment and investigation.	
I am writing regarding Mr Thomas ,who presented to our clinic due to chronic diarrhea and abdominal pain together with melena during a four months period. He is being referred to you and requires your further assessment and evaluation.	<ul style="list-style-type: none"> - Too much information - symptoms, periods of time etc - Name! Get it right!

<p>I'm writing regarding Mr. Newton, who presented to our hospital with complaints of chronic mild diarrhea, and low-grade intermittent R lower quadrant abdominal pain since 4months ago. He is being referred to you for your assessment and diagnosis.</p>	<p>- Too much information - symptoms, periods of time etc</p>
<p>25 year old Patrick Newton is a patient of mine presenting with chronic mild diarrhoea and low grade intermittent right lower quadrant abdominal pain. I wanted to refer to you as a gastroenterologist for diagnosis because of the signs of inflammatory bowel disease.</p>	<p>25 year old Patrick Newton is a patient of mine presenting with signs suggestive of IBD. I am referring him for diagnosis and assessment.</p>
<p>I am writing regarding Mr Newton, who visited our clinic recently due to signs and symptoms suggestive of inflammatory bowel disease. He is being referred to you and now requires further assessment for the diagnosis.</p>	<p>I am writing regarding Mr Newton, who visited our clinic recently due to signs and symptoms suggestive of IBD. He is being referred to you for assessment and diagnosis.</p> <ul style="list-style-type: none"> - symptoms - subjective - signs - objective - clinical features - both
<p>Thank you for seeing Mr. Patrick Newton, 25 year old account, who visited our clinic with symptoms suggestive of Irritable Bowel Syndrome. Your assessment and diagnosis is greatly appreciated.</p>	<p>Thank you for seeing Mr. Patrick Newton, a 25-year-old accountant, who visited our clinic with symptoms suggestive of Irritable Bowel Syndrome. Your assessment and diagnosis is required.</p> <p>inaccurate condition</p>
<p>I am writing to refer Mr Newton, who has signs and symptoms suggestive of IBD. He now requires a definitive diagnosis and assessment.</p>	

Timeline 2/ Current Condition

- tenses
- include too much detail
- omit important information
- not concise / not summarised
- articles
- passive
- sentence structure
- incorrect spelling
- unprofessional phrasing

Timeline 2

- **Current condition**
- **presenting complaint:**
Presentation with 4 month Hx of chronic mild diarrhoea & low-grade intermittent R lower quadrant abdo pain; lethargy, ↓appetite, ↓weight (3kg in 4 months)
- **objective findings** - summary inc. abdomen / FBE / faecal occult blood test/ CRP & ESR
- **Diagnosis: * include here or in request paragraph**
?Inflammatory bowel disease (IBD)
?Crohn's disease/ulcerative colitis (UC)
No urgent systemic signs

Objective

T – 36.4°C; P – 80 (regular); Ht – 175cm; Wt – 79kg
 Abdomen – generalised tenderness, no HSmegaly (enlargement of liver and spleen)
 Cardiovascular & resp examination – normal
 Urinalysis – normal
 FBE ↑ WCC $11.1 \times 10^9/L$
 ↓ RCC $4.0 \times 10^{12}/L$
 ↓ Hb 125g/L
 Faecal occult blood test – positive
 Mildly elevated CRP (13mg/L) and ESR (14mm/hr)

Student	Teacher
<p>Today, Mr Newton presented with a 4-month history of chronic mild diarrhoea, low grade right lower quadrant abdominal pain, which did not alleviate with a dietary modification, and a 6-month history of both wrists pain, for which he is on 200 mg of ibuprofen. He reported that he had been experiencing a loss of appetite, loss of 3 kg in the last 4 months, and increased anxiety due to his symptoms. His vital signs and examinations were unremarkable apart from generalized abdominal tenderness. Consequently, his test results showed increased WCC, CRP, and ESR levels and decreased RCC</p>	<p>Today, Mr Newton presented with a 4-month history of chronic mild diarrhoea, low grade right lower quadrant abdominal pain, which was not alleviated with dietary modification, and a 6-month history of wrist pain, for which he is on 200 mg of ibuprofen. He reported that he had been experiencing a loss of appetite, increased anxiety due to his symptoms, and he has lost 3kgs in the last 4 months. His vital signs and examinations were unremarkable apart from generalized abdominal tenderness. Consequently, his test results showed mildly increased WCC, CRP, and ESR levels and</p>

<p>and Hb levels. Additionally, he had a positive faecal occult blood test.</p>	<p>decreased RCC and Hb levels. Additionally, he had a positive faecal occult blood test.</p> <p>in both of his wrists in both wrists</p> <p>in his both wrists</p>
<p>Today, Mr Newton presented with a 4-month history of chronic mild diarrhoea and low-grade intermittent abdominal pain of his right lower quadrant, along with lethargy. Additionally, he has lost 3 kg in the last 4 month. On examination, despite being generalized tenderness, hepatosplenomegaly was not found. Subsequently, his blood tests revealed leukocytosis and anaemia. In addition, his CRP and ESR were mildly elevated. It is important that his faecal occult blood test was positive. Please note, he was advised to stop smoking.</p>	<p>Today, Mr Newton presented with a 4-month history of chronic mild diarrhoea and low-grade intermittent abdominal pain of his right lower quadrant, along with lethargy. Additionally, he has lost 3 kg in the last 4 months. On examination, despite having generalized tenderness, hepatosplenomegaly was not found. Subsequently, his blood tests revealed mild leukocytosis and anaemia. In addition, his CRP and ESR were mildly elevated. It is important that his faecal occult blood test was positive. Please note, he was advised to stop smoking.</p> <ul style="list-style-type: none"> - The last sentence should probably be somewhere else! - wrists?
<p>Today, Mr Newton presented with a four-month history of mild diarrhoea and intermittent abdominal pain, along with lethargy and loss of appetite. He reported having lost three kilos in the last four months. He also states that he has been experiencing intermittent mild joint pain in his right and left wrists for the past six months, for which he uses over the counter ibuprofen. On examination, generalised tenderness and hepatosplenomegaly were noted in the abdomen, and his test results revealed mild leukocytosis, anemia, and slightly increased CRP, as well as a positive faecal occult blood test.</p>	<ul style="list-style-type: none"> - hepatosplenomegaly NOT noted!
<p>Today, Mr. Newton presented with complaints of a 4-month history of diarrhoea and intermittent right lower quadrant pain, as well as lethargy. Subsequently, his abdominal examination revealed a generalised tenderness, although there is no hepatosplenomegaly. His WBC, CRP and ESR levels was found to be increased, but his RBC and Hb was 13 mg/L and 14 mm/L, respectively, accompanied by</p>	<p>Today, Mr. Newton presented with a 4-month history of diarrhoea and intermittent right lower quadrant pain, as well as lethargy. Subsequently, his abdominal examination revealed generalised tenderness, although there is no hepatosplenomegaly. His WBC, CRP and ESR levels were found to be mildly increased, but his RBC and Hb were 13 mg/L and 14 mm/l, respectively, accompanied by</p>

<p>positive faecal occult blood test. Please note, he has lost 3 kg for the previous 4 months.</p> <p>--</p>	<p>positive faecal occult blood test. Please note, he has lost 3 kg for the previous 4 months.</p> <p>- incorrect data! Will affect content.</p>
<p>Earlier this morning, Mr Newton presented with a 4 month history of mild diarrhoea and intermittent abdominal pain in the right lower quadrant, as well as 3 kg weight loss. All of his observations were unremarkable, except generalised abdominal tenderness. His blood tests showed mild anemia and leukocytosis, along with mildly elevated CRP/ESR levels. Additionally his faecal occult blood test resulted positive.</p>	<p>Today, Mr Newton presented with a 4-month history of mild diarrhoea and intermittent abdominal pain in the right lower quadrant, as well as 3 kg weight loss. All of his observations were unremarkable, except generalised abdominal tenderness. His blood tests showed mild anemia and leukocytosis, along with mildly elevated CRP/ESR levels. Additionally his faecal occult blood test was positive.</p> <p>- will assume wrists elsewhere</p>
<p>Today, Mr Newton presented to our clinic with weight loss ,intermittent right lower quadrant abdominal pain and mild diarrhoea which have been existing for 4 months. Additionally, he informed me about that, he had experienced loss of appetite and lethargy recently. On examination, generalized tenderness was detected despite unremarkable vital signs. Regarding his FBE results, although increased WCC levels, his RCC and Hb levels were decreased. Please be aware of the fact that, his faecal occult blood test is positive and his CRP and ESR were mildly elevated. As a result of this, my provisional diagnosis is IBD.</p>	<p>Today, Mr Newton presented to our clinic with 3kg weight loss over 4 months, and a 4-month history of intermittent right lower quadrant abdominal pain and mild diarrhoea.</p> <p>Alternate phrasing: Today, Mr Newton presented to our clinic. Over the last four months, he has lost 3kgs and experienced intermittent right lower quadrant abdominal pain and mild diarrhoea.</p> <p>Additionally, he informed me he had experienced a loss of appetite and lethargy recently. On examination, generalized tenderness was detected despite unremarkable vital signs. Regarding his FBE results, although he has increased WCC levels, his RCC and Hb levels were decreased. Please be aware of the fact that his faecal occult blood test is positive and his CRP and ESR were mildly elevated. As a result of this, my provisional diagnosis is IBD.</p>
<p>Today, Mr Newton presented with a 4-month history of chronic mild diarrhoea, low-grade intermittent right lower quadrant abdominal pain, reduced appetite, and weight loss. He reported losing 3 kg in the 4 months prior to his presentation. During his physical examination, the only significant finding was generalised abdominal tenderness. Subsequently, he had laboratory investigations done, which revealed leukocytosis, anaemia, and mildly elevated c-</p>	<p>Subsequently, laboratory investigations revealed</p> <p>Very well written - but be careful not to be too 'flowery' - be direct and as concise as possible</p>

<p>reactive protein. In addition to that, his faecal occult blood test was positive. As a result of that, a provisional diagnosis of inflammatory bowel disease has been made.</p>	
<p>Mr Newton presented with a 4-month history of chronic diarrhoea and mild intermittent pain in the right lower quadrant of the abdomen. Additionally, he complained of a loss of appetite, weight and lethargy. On examination, the palpation of the abdomen revealed its generalised tenderness without hepato- and splenomegaly. His test results showed mild leucocytosis and slightly elevated levels of CPR and ESR, accompanied by mild anaemia. His faecal occult blood test is positive.</p>	<p>Additionally, he complained of a loss of appetite and weight, and lethargy.</p> <p>No mention how much weight or timeframe</p> <p>On examination, the palpation of the abdomen revealed its generalised tenderness</p> <p>On examination there was generalised tenderness of the abdomen</p> <p>Don't explain things that the recipient already knows</p>
<p>In today's visit, Mr Newton presented with a 4-month history of chronic mild diarrhoea and low-grade intermittent right lower quadrant pain, as well as lethargy. Additionally, his appetite has decreased, resulting in him losing 3kg in four months. Upon examination, he had generalised tenderness in his abdomen. However, he had no hepatosplenomegaly. According to his laboratory results, he had a decreased RCC (4×10^{12}) and Hb (125g/dL), and an increased CRP (13 mg/dl) and ESR (14mm/hr), along with an increased WCC (11.1×10^9). Please note that his faecal occult blood test was positive and he has no urgent systemic signs.</p>	<p>In today's visit, Mr Newton presented with a 4-month history of mild diarrhoea and low-grade intermittent right lower quadrant pain, as well as lethargy. Additionally, his appetite has decreased, resulting in him losing 3kg in four months. Upon examination, he had generalised tenderness in his abdomen. However, he had no hepatosplenomegaly. According to his laboratory results, he had a decreased RCC (4×10^{12}) and Hb (125g/dL), and an increased CRP (13 mg/dl) and ESR (14mm/hr), along with an increased WCC (11.1×10^9). Please note that his faecal occult blood test was positive and he has no urgent systemic signs.</p> <p>- resulting in - do we know for sure?</p> <p>The details of the investigations can be summarised without writing all of the numbers. Remember, we are asking for assessment, so the gastroenterologist will do it anyway.</p>
<p>Today, Mr. Newton presented with chronic mild diarrhoea and intermittent low grade lower quadrant abdominal pain, lethargy along with loss of appetite. Additionally, he lost 3kg in 4 months. Subsequently, he stated that he has sought any medical advice and taken any treatment except OTC and dietary modifications. His examination was unremarkable except his generalised abdominal tenderness. Along with that, blood tests revealed increased WCC, CRP and ESR levels</p>	<p>Today, Mr. Newton presented with chronic mild diarrhoea and intermittent low grade lower quadrant abdominal pain, and lethargy, along with loss of appetite. Additionally, he has lost 3kg in 4 months. Subsequently, he stated that he has not sought any medical advice or taken any treatment except OTC and dietary modifications. His examination was unremarkable, except generalised abdominal tenderness. Along with that, blood tests revealed increased WCC, CRP and ESR levels</p>

<p>and decreased RCC and Hb levels, and faecal occult test was positive.</p>	<p>and decreased RCC and Hb levels, and faecal occult test was positive.</p> <ul style="list-style-type: none"> - How increased - investigations? Mildly? - any - generally used with negatives and questions
<p>Mr. Newton presented on 21 of February with symptoms of chronic mild diarrhea, which is unresponsive to diet and has been going on for four months, abdominal pain in the right lower quadrant, lethargy, loss of appetite, and weight loss. His physical examination was normal except a generalized tenderness on the abdomen. His laboratory results included slightly elevated white cell count, CRP, ESR, and reduced RCC and hemoglobin levels. In addition, faecal occult blood test was positive. Mr. Newton doesn't show any urgent systemic signs, however he needs your further assessment with prediagnosis of inflammatory bowel disease, Chron's disease, and ulcerative colitis.</p>	<p>Mr. Newton presented today with symptoms of chronic mild diarrhoea, which is unresponsive to diet and has been going on for four months, abdominal pain in the right lower quadrant, lethargy, loss of appetite, and weight loss. (all of this over 4 months - your list makes it sound like only diarrhoea) His physical examination was normal except a generalized tenderness on the abdomen. His laboratory results included slightly elevated white cell count, CRP, ESR, and reduced RCC and hemoglobin levels. In addition, his faecal occult blood test was positive. Mr. Newton doesn't show any urgent systemic signs. However, he needs your further assessment with prediagnosis of inflammatory bowel disease, Chron's disease, and ulcerative colitis.</p> <ul style="list-style-type: none"> - Be careful not to include parts of the request in the timeline! Keep the functions separate.
<p>On 21st February 2015, Mr Patrick Newton presented with a 4 month history of chronic diarrhoea, right lower quadrant abdominal pain, and weight loss, along with loss of appetite . On examination, there was generalised abdominal tenderness. However, no urgent systemic signs were noticed. His blood tests showed elevated WCC, low Hb, low RCC, and elevated CRP. His faecal occult blood test was positive. As a result of this, he was diagnosed with IBD.</p>	<p>On 21st February 2015, Mr Patrick Newton presented with a 4 month history of chronic diarrhoea, right lower quadrant abdominal pain, and 3kg weight loss, along with loss of appetite . On examination, there was generalised abdominal tenderness. However, no urgent systemic signs were noticed. His blood tests showed mildly elevated WCC, low Hb, low RCC, and slightly elevated CRP. His faecal occult blood test was positive. As a result of this, he was diagnosed with IBD.</p> <p>ESR?</p>
<p>On 21st February 2015, Mr Newton visited our clinic complaining of 4 months history of diarrhoea and right lower quadrant abdominal pain, along with loss of appetite. Additionally, he has 3 kilograms weight loss during a period of 4 months. Regarding his examination, there was generalised tenderness on his abdomen.</p>	<p>Today, Mr Newton visited our clinic complaining of a 4-month history of diarrhoea and right lower quadrant abdominal pain, along with loss of appetite. Additionally, he has 3 kilograms weight loss during the same period. Regarding his examination, there was generalised tenderness on his abdomen.</p>

<p>Subsequently, laboratory tests revealed Hb:12.5, a positive faecal occult blood test, and mildly elevated acute phase reactants, due to which he has a provisional diagnosis of inflammatory bowel disease.</p>	<p>Subsequently, laboratory tests revealed Hb:12.5, a positive faecal occult blood test, and mildly elevated acute phase reactants, due to which he has a provisional diagnosis of inflammatory bowel disease.</p> <p>This is over-summarised - we need to know the other results too, but without the numbers.</p>
<p>He presented today in the clinic with complaints of four months history of chronic mild diarrhoea, low grade lower quadrant abdominal pain, reduced appetite, reduced weight and lethargy.</p> <p>On examination, there was generalised abdominal tenderness.</p> <p>Investigations done revealed mild leucocytosis, mild anaemia, mildly elevated CPR and ESR with faecal occult blood test positive.</p> <p>As a result, a differential diagnosis of inflammatory bowel disease, Crohn's disease/ulcerative colitis was made and he was placed on Ibuprofen.</p>	<p>Mr Newton presented today in the clinic with a four-month history of chronic mild diarrhoea, low grade lower quadrant abdominal pain, reduced appetite, reduced weight (how much weight?) and lethargy. On examination, there was generalised abdominal tenderness. Investigations done revealed mild leucocytosis, mild anaemia, mildly elevated CPR and ESR with faecal occult blood test positive. As a result, a differential diagnosis of inflammatory bowel disease, Crohn's disease/ulcerative colitis was made and he was placed on Ibuprofen.</p> <p>Pretty good!</p>
<p>Today, Mr Newton was presented with chronic mild diarrhoea and low-grade intermittent lower quadrant abdominal pain, for 4 months. Additionally, he is experiencing lethargy and decreased appetite. Please be aware that, he has lost three kilograms in past four months. Although his abdominal examination was unremarkable, his faecal occult blood test is positive. His FBE has revealed high leukocytes, low reticulocytes and low haemoglobins. Please note that, his blood tests has resulted with mightly elevated CRP and ESR.</p>	<p>Today, Mr Newton presented with chronic mild diarrhoea and low-grade intermittent lower quadrant abdominal pain, which he has been experiencing for 4 months. Additionally, he is experiencing lethargy and decreased appetite. Please be aware that he has also lost three kilograms in the past four months. Although his abdominal examination was unremarkable (?), his faecal occult blood test is positive. His FBE has revealed high leukocytes, low reticulocytes and low haemoglobins (how high/low?). Please note that his blood tests also show mildly elevated CRP and ESR.</p> <ul style="list-style-type: none"> - 'Please note that/ Please note that' does not need a comma. - Also, the way you've done your two lists - presentation symptoms / blood results, could be more concise.
<p>On today's admission, Mr Newton presented with the complaints of a 4-month history of diarrhoea and right quadrant abdominal pain, together with lethargy. He reported that</p>	<p>Today, Mr Newton presented with a 4-month history of diarrhoea and right quadrant abdominal pain, together with lethargy. He reported that his appetite had decreased,</p>

<p>his appetite had decreased, and he had lost 3 kg in 4 months. Subsequently, his examination revealed a generalised tenderness on his abdomen, without hepatosplenomegaly. His WBC, CRP and ESR levels were mildly increased, but his RBC and Hb levels were slightly decreased. Faecal occult blood test was positive. My provisional diagnosis is inflammatory bowel disease.</p>	<p>and he had lost 3 kg in 4 months. Subsequently, his examination revealed a generalised tenderness on his abdomen, without hepatosplenomegaly. His WBC, CRP and ESR levels were mildly increased, but his RBC and Hb levels were slightly decreased. His faecal occult blood test was positive. My provisional diagnosis is inflammatory bowel disease.</p> <p>really well written</p>
<p>Mr Newton presented today with a 4- month history of chronic mild diarrhoea, associated with mild intermittent abdominal pain in the right lower quadrant. He also reported feeling lethargic as well as reducing appetite and losing 3 kg within the same period. His examination was normal, apart from abdominal generalized tenderness without enlarged organs. The blood test showed that his WWC was 11.1x10⁹/l, RCC was 40x10¹³, Hb was 12.5gl. His CRP and ESR were mildly elevated (13mg/l, 14mm/hr) respectively.</p>	<p>Mr Newton presented today with a 4- month history of mild diarrhoea, associated with mild intermittent abdominal pain in the right lower quadrant. He also reported feeling lethargic as well as having a reduced appetite and losing 3 kg within the same period. His examination was normal, apart from abdominal generalized tenderness without enlarged organs*. The blood test showed that his WWC was 11.1x10⁹/l, RCC was 40x10¹³, Hb was 12.5gl. His CRP and ESR were mildly elevated (13mg/l, 14mm/hr) respectively.</p> <p>- *just use the medical terms for this recipient - no need for all of the data - the recipient will do their own assessments. A summary will suffice.</p>
<p>On 21 st February 2015, Mr Newton presented with four month history of mild diarrhea associated with intermittent lower abdomen pain . In addition to that, he has experienced lethargy, loss of appetite, and weight loss. Upon examination, there was no abnormality found, apart from a generalized tenderness on his abdomen. His test result showed , there was mild elevation in CRP and ESR, and also decreased level of heamoglobin, RCC with increased WBC. Please mote that his fecal occult blood test is positive.</p>	<p>On 21 st February 2015, Mr Newton presented with a four month history of mild diarrhea, associated with intermittent lower abdomen pain . In addition to that, he has experienced lethargy, loss of appetite, and weight loss. (how much?) Upon examination, there was no abnormality found, apart from a generalized tenderness on his abdomen. His test result showed there was mild elevation in CRP and ESR, and also a decreased level of haemoglobin, RCC with increased WBC. Please note that his fecal occult blood test is positive.</p> <p>You don't say how much the other results were elevated?</p>
<p>On 21 February 2015, Mr Newton presented with clinical features suggestive of IBD. These symptoms include mild diarrhoea, low-grade intermittent right lower quadrant abdominal pain, lethargy, reduced appetite, and loss of</p>	<p>This is really well written!</p> <p>Like I said in class, I think a general summary of the investigation results would suffice. Very, very nice writing, however.</p>

weight over a period of 4 months. On examination, all vital signs were within the reference range and abdominal examination revealed generalised tenderness. Following that blood tests were requested, which revealed elevated WBC (11.1×10^9 L), reduced RBC (4.0×10^{12} L), reduced Hb (125 g/L), and elevated CRP (13 mg/L) and ESR (14 mm/hr) levels. A faecal occult blood test was also requested and the result was positive.