Harborview Family Practice

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REFERRAL
HFP-REF-2026-0518

Gastroenterology, Stonebridge Clinic
Outpatient referrals
12 Stonebridge Road
Portland

18 May 2026

Re: Maya Chen — iron deficiency anaemia, cause not established

PATIENT
Maya Chen, born 14 March 1988

RECORD NUMBER
MRN 0000-4471

PRIORITY
Routine, within six weeks

HAEMOGLOBIN
11.4 g/dL, 6 May 2026

FERRITIN
9 µg/L, 6 May 2026

TREATMENT STARTED
Oral iron, 12 May 2026

COELIAC SEROLOGY
Negative, 6 May 2026

ALLERGIES
None recorded

INTERPRETER
Not required

Dear colleague,

I would be grateful for your assessment of this 38-year-old woman with a microcytic anaemia and a ferritin of 9. She has been tired since February and short of breath on modest exertion, and the blood count taken on 6 May is the first abnormal result she has had.

There is no obvious source. She reports no change in bowel habit, no rectal bleeding and no black stools. Her periods are regular and she describes them as unremarkable. She is not vegetarian, takes no anti-inflammatories and has never had a blood transfusion. **There is no family history of bowel or gastric cancer.**

Examination was normal, including abdominal and rectal examination. Coeliac serology was negative on 6 May and the remainder of the panel — renal, liver, thyroid and glucose — was within range. She started ferrous fumarate 210mg twice daily on 12 May and has tolerated it so far.

> **I am referring for investigation of the cause rather than for treatment**, which is already under way. She understands that the referral is to look for a reason and that this is routine practice at her age with these results.

Her only regular medicines are the iron and an occasional antihistamine in the spring. She has never smoked, drinks under five units a week, and has had no surgery other than a wisdom tooth extraction in 2014. There is nothing in the history that points anywhere in particular, which is itself the reason for referring rather than watching.

I have explained to her what an investigation of this kind usually involves and that the most likely finding is a minor one. She was matter-of-fact about it and asked sensible questions, chiefly about how long she would need to take time off. **She has not been told that anything serious is suspected, because nothing is.**

She works full time and has asked to be given as much notice as possible for any appointment or procedure. Her preference, if a choice arises, is a morning list.

I would be glad to hear the outcome and will repeat the blood count at twelve weeks in any case. Please contact me directly if anything further would help before she is seen.

Yours faithfully,

Dr Elena Marsh · General practitioner
Harborview Family Practice

Enclosed: full blood count and iron studies of 6 May 2026; coeliac serology of 6 May 2026; current repeat prescription list. Specimen layout, not for clinical use.